

**Exploring social supports/support services and decisions to leave or change
with women who have experienced domestic partner violence**

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Philosophy

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Statement of Originality

The thesis contains no material which has been accepted for the award of any other degree or diploma in any university or other tertiary institution and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference has been made in the text. I give consent to this copy of my thesis, when deposited in the University Library**, being made available for loan and photocopying subject to the provisions of the Copyright Act 1968. **Unless an Embargo has been approved for a determined period.

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Abstract

This research examined how women perceive their experience of ending or leaving domestic violence and help seeking during that process. Additionally this research investigated how service providers identified their professional role in assisting women to end abusive relationships.

Domestic violence continues to occur worldwide with the long term consequences to health for woman experiencing such abuse being well known. Many women do not recognise their situation as violence and they may choose not to disclose violent behaviour or seek help. Social support provided by informal sources or professional support providers has been associated with a decrease in health effects for women experiencing abuse, particularly where the support provided is matched to the woman's perceived needs.

The research process was undertaken using a narrative inquiry framework with thematic analysis utilised to identify themes. I conducted twelve interviews with women who had experienced and ended violent relationships (Phase 1). Additionally I conducted three focus groups with professionals whose work includes assisting women experiencing domestic violence (Phase 2).

This project identifies and describes the difficulties for women experiencing domestic violence in identifying or acknowledging the abuse in their relationship. Self-blame and other barriers were identified as preventing disclosure but also led women to normalise the violence to enable women to feel 'safe'. This 'culture of pretence' inhibited disclosure and help seeking. This research explores how women overcame the culture of pretence and other barriers in order to leave or end domestic violence. The professional's identified role in this process is reported and analysed.

This project articulated what women said they needed in order to support them in making stay/leave decisions regarding the violent relationships. The provision of tailored support and the difficulties inherent in providing support specifically tailored to women's needs were correspondingly explored. The strength of this narrative research approach included the identification of issues by women and service providers that are pertinent to providing tailored support, including a multipronged approach which incorporates a variety of services that vary depending on her individual requirements at that point in time.

Glossary

AVO/ADVO – Apprehended Violence Order. In NSW AVOs protect people by ordering the defendants not to do specific acts which are set out in a list. Women experiencing abuse from an intimate partner relationship would be seeking a specific type of order called an Apprehended Domestic Violence Order (ADVO) although the participants in this research referred to these orders as ‘AVOs’ hence the use of this term in this research. In other states different terminology may be used including ‘restraint order’ which is also referred to in this research.

CALD – culturally and linguistically diverse

CAS – Composite Abuse Scale

Children and Young Persons (Care and Protection) Act NSW (1998) – shortened to ‘Care Act’ 1998

CLE – community legal education which may be provided by the NGO sector to others in the NGO sector, the public and/or women experiencing domestic violence.

DOCS – Department of Community Services; this NSW government department changed its name to Family and Community Services (FACs) however participants in this research still referred to them as DOCS.

DOH – Department of Health NSW (name changed to Ministry of Health NSW in 2012 following change of government)

DV – domestic violence

DVLO – domestic violence liaison officer. Police officer with additional training or qualifications in order to deal with domestic violence matters.

HREC – Human Research Ethics Committee (University of Newcastle)

IVAWS – International Violence Against Women Survey

NGO – non government organisation. They are smaller organisations who are not part of the government sector although rely on the government for funding in addition to raising funds from donations or the private sector. Called the ‘third sector’ in some countries (first sector government, second sector private).

PSS – Personal Safety Survey (Australia 2005 and 2012)

SOC – Stages of Change model

TTM – The Transtheoretical Model also called the Stages of Change (SOC) model

US – United States of America

WAST – Woman Abuse Screening Tool

WHO – World Health Organization

Chapter 1: Introduction

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The aim of this study was to explore in detail how women who have experienced domestic violence make sense of their personal and social world regarding ending such a relationship. This research investigated the significance for the participants in leaving or ending domestic violence and examined how service providers identified their professional role in assisting women to end such relationships.

The current chapter includes a statement regarding the significance of the research, a discussion about the definitions of domestic violence (DV), prevalence of DV and an overview of social support. This chapter concludes with an introduction to the thesis.

The main research questions are:

How do women perceive their experience of leaving or ending domestic violence?

How do women perceive their experience of social support while leaving or ending domestic violence?

How do support service providers perceive their role in helping women leave or end domestic violence?

1.1 Significance of the study

Abuse of women by intimate partners, called domestic violence in this research, continues to occur worldwide. Reliable statistics are difficult to capture because of inconsistent definitions, contradictory methods of acquiring data, and unreported incidents. Many women do not recognise their situation as violence and they may choose not to disclose violent behaviour or seek help for a myriad of reasons, including shame or fear.

Domestic violence is a breach of fundamental human rights and has been acknowledged and identified as such by international United Nations (UN) Conventions, particularly the Right to Life (Article 2), the Prohibition of Torture (Article 3) and the Right to Liberty and Security (Article 5). The Convention of the Elimination of all forms of Discrimination Against Women (CEDAW) adopted by the United Nations General Assembly in 1979 was signed by Australia in 1980 and ratified by Australia in July 1983. Australia, and many other countries, have formally committed to eliminating all forms of discrimination against women including domestic violence.

The short and long term health effects of domestic violence, identified as an “urgent public health priority” by the World Health Organization (Garcia-Moreno & Watts, 2011), have challenged governments and health, justice and social service providers to

undertake programs designed to eliminate domestic violence. From an international perspective research has found that women who have lived in domestic violence situations have more physical symptoms of ill health and increased numbers of days in bed (Ellsberg, Jansen, Heise, Watts, & Garcia-Moreno, 2008; WHO, 2005) and attend doctors surgeries (Campbell, 2002; Coker, Smith, Bethea, King, & McKeown, 2000) or see their gynaecologists (John, Johnson, Kureja, Found, & Lindow, 2004) far more often than women who have not been abused. Domestic violence, seen as a form of traumatic stress, is consistently associated with detrimental health effects to women worldwide (Campbell, 2002; Coker et al., 2000). Australian reports found that domestic violence was responsible for more avoidable ill health and untimely deaths in Victorian women aged under 45 than any other identified risk factor, including smoking (VicHealth, 2004), accounting for 7.9% of the overall disease burden for women 18-44 years of age (Vos et al., 2006). The consequences to victims of domestic violence that may include death, disability or chronic ill health (Campbell, 2002; Campbell, Glass, Sharps, Laughon, & Bloom, 2007; WHO, 2005) and the economic costs (Waters et al., 2004) associated with violence and abuse reinforce the importance of introducing cost effective prevention programs.

The annual cost of domestic violence, that may include direct effects to victims such as impacts on health status (VicHealth, 2004), or indirect effects such as lost time at work, long term psychological costs, law enforcement including incarceration of perpetrators, and life insurance, can only be estimated (Waters et al., 2004). Australian estimates indicate that domestic violence costs more than eight billion Australian dollars a year, with over 388 million attributed to health care costs associated with domestic violence (Access Economics, 2004). More recent estimates calculate the current cost of domestic violence to the Australian economy is \$13.6 billion dollars and suggest that if violence against women and children is not stopped costs to the Australian economy will rise to approximately \$15.6 billion dollars in the period 2021-2022 (KPMG, 2009; VAWC, 2009).

The reasons women leave or stay in violent relationships are complex, so an introduction to this topic rightfully includes a discussion of the definitions and prevalence of domestic violence. This section will be followed by a definition of social support then social support in regard to domestic violence.

1.1.1 Definitions of domestic violence

Domestic violence is understood differently and responses to violence against women vary considerably within and between countries. Consequently domestic

violence is not always seen as a human rights issue that requires a collective response by governments, communities and professional services (Fawcett & Waugh, 2008). Violence occurs against both women and men. In population-based surveys men have been found to be predominantly the perpetrators of violence whether the victim is female or male (ABS, 2005). On the other hand national and international prevalence rates demonstrate that domestic violence occurs predominantly against women and that the victims with the most severe injuries are women (ABS, 2005; WHO, 2005).

Definitions of terms relating to violence occurring between intimate partners are inconsistent (McKinnon, 2008). 'Domestic violence' is the term more commonly used in Australia to define violence or abuse occurring between intimate partners (Laing, 2000) and will be used in this research. Broadly speaking, domestic violence is an abuse of power by one partner, predominantly but not always the male, against the other partner, usually a female (ABS, 1996, 2005; Mouzos & Makkai, 2004; WHO, 2005).

The United Nations Declaration on the Elimination of Violence against Women (U.N., 1994, p.3) provides this definition for violence occurring against women:

"Any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life."

Domestic violence may include physical, sexual, economic, emotional or verbal abuse inflicted on a victim by a current intimate partner or an ex-partner (Cox, Cash, Hanna, D'Arcy-Tehan, & Adams, 2001). This broad definition, in line with the definition provided by the United Nations above, has been used as a guide in this thesis.

The Australian component of the International Violence Against Women Survey (IVAWS) (Mouzos & Makkai, 2004) captured information from telephone interviews with 6,677 women that included threats of or acts of physical abuse, sexual abuse, unwanted sexual touching and psychological abuse by an intimate partner. Psychological abuse in that survey included specified controlling behaviours such as name calling, insults, surveillance and tracking of whereabouts, restricting access to family and friends, and damaging or destroying her personal property (Mouzos & Makkai, 2004). Women were also asked about their perceptions of the most recent incident of violence regarding the seriousness of the incident and whether they considered the violent incident a crime. The survey tool used was piloted and developed in consultation with other countries and further refined following a second pilot study more relevant to the Australian context. Unlike the WHO survey (2005) the IVAWS survey was not focusing on health impacts of

domestic violence but on the type of violence (physical, sexual or psychological) or threats of such violence against women by both intimate partners and non-partners (Mouzos & Makkai, 2004). In comparison to the WHO survey (2005) the IVAWS survey (Mouzos & Makkai, 2004) did not specify levels of severity regarding acts of physical violence.

In contrast the Australian Personal Safety Survey (PSS), undertaken in 2004, involved interviews with people in all states and territories and excluded emotional abuse as an incident of violence unless it was considered at that time to be a crime (ABS, 2005). The PSS was repeated in 2012 with a larger sample size (17,050 compared to 16,400 persons in 2004) and changes to data collection that incorporated a broader range of response categories including those for emotional abuse that included a wide range of actions such as ill-treatment of domestic pets (ABS, 2012). In the PSS (ABS, 2005, 2012) the definition of violence was based on incidents or threats of physical or sexual assault. Threats or attempts at assault were included only where the person believed the act was likely to be executed. Terms used to describe acts of violence or abuse against women may not necessarily equate to criminal offences under state or territory legislation.

Australians may also refer to domestic violence as intimate partner violence, relationship violence or family violence (VicHealth, 2009). 'Family violence' is usually viewed as being broader in scope than violence that occurs between intimate partners (Drabsch, 2007). Some researchers suggest the term 'domestic violence' clearly names violence that occurs in the home and does not obscure the gendered nature of violence that most frequently occurs to women by their male partners (Laing, 2000). Domestic violence has been defined by researchers and many guiding government reports and policies; however, numerous definitions are based on the risk or measurement of physical harm and not on other forms of abuse that may not involve physical contact, sometimes called non-physical contact abuse (McKinnon, 2008).

Consensus is lacking in definitions of domestic violence, limitations occur in surveys and questions asked, and gaps in data collation and collection remain (ABS, 2013; Access Economics, 2004; Loxton, Schofield, & Hussain, 2004). Researchers report many studies exclude violence that cannot be measured on physical violence scales, which results in underestimates of women experiencing abuse (Coker et al., 2000). For example, findings in past research suggested under-reporting of domestic violence where there is only one standardised item asking women if they have experienced domestic violence (De Vries Robbe, March, Vinen, Horner, & Roberts, 1996). It seems women do not always equate their personal situation as being one of domestic violence and unless questioned further about particular incidents of violence or

abuse by their partner underestimated figures may continue (De Vries Robbe et al., 1996). Ignoring the numerous ways that women experience abuse apart from physical assaults contributes to a hidden population of women experiencing domestic violence (Walsh, 2008). The importance of exploring their personal experience of abuse or violence with women cannot be overestimated.

This current research incorporates a broad definition of domestic violence that includes any form of abuse or violence, which includes but is not limited to, physical, verbal or emotional abuse that occurs against women in the context of an intimate relationship. When participants in the current research perceived actions to be an abuse of power and control inflicted by a male partner, domestic violence was considered to have occurred.

1.1.2 Prevalence of domestic violence

The prevalence rates for domestic violence against women in Australia (ABS, 1996) and worldwide are estimated to be about one in four to one in five women (Garcia-Moreno, Jansen, Ellsberg, Heise, & Watts, 2006). However the variety of definitions of domestic violence leads directly to difficulties in estimating true prevalence or incidence rates of domestic violence.

Women in violent relationships may not acknowledge or realise their situation is violent and this also contributes to difficulties in determining prevalence. In addition, women's experience of violence may not be disclosed or acknowledged as domestic violence by professionals (Peckover, 2003; Scutt, 1992) or peers (Letourneau et al., 2013), further contributing to underestimates of prevalence. I will discuss the world-wide situation regarding rates of domestic violence before examining the local context.

Overseas studies such as the WHO study of rates of physical and sexual violence committed by a male partner found the proportion of women reporting domestic violence during their lifetime ranged from 15% to 71% (WHO, 2005 p.5). Across the 10 countries in the study, 20% to 75% of women reported one or more acts of emotional abuse, most occurring within the 12 months prior to the study (Fathalla, 2005; WHO, 2005, p. 9). According to one report utilising data from 81 countries, it was estimated that globally 30% of women aged 15 and over have experienced physical and/or sexual domestic violence by a male partner during their lifetime (Devries et al., 2013).

Records from the United Kingdom show that as many as one in four women have experienced domestic violence at some stage in their life (Harne & Radford, 2008; NHS, 2010). Figures from other western countries, including the United States (US) indicate

that one in five women will experience violence from an intimate partner sometime during their lifetime (P. Tjaden & Thoennes, 1998).

Findings from the Australian component of the International Violence Against Women Survey (IVAWS) reported that over a third of women surveyed had experienced one or more incidents of physical and/or sexual violence from a current or previous intimate partner over their lifetime (Mouzos & Makkai, 2004). The IVAWS also measured emotionally abusive and controlling behaviours of intimate partners with findings that between 37% and 40% of women reported experiencing at least one type of defined controlling behaviour from a current partner (Mouzos & Makkai, 2004). Limitations in the IVAWS may have affected results with participation limited to women who had land-line telephones in their home and an overall participation rate of only 39% of those invited possibly causing bias in results (Mouzos & Makkai, 2004). The 2012 Australian Personal Safety Survey (PSS) estimated that 17% of all women aged 18 years and over had experienced violence by a partner since the age of 15 (1,479,900 women) (ABS, 2012). An estimated 132,500 women were estimated to have experienced violence by a partner in the 12 months prior to the survey with no statistically significant changes from the 2005 survey (ABS, 2005, 2012). Estimates of physical threat appeared to have dropped compared with the Women's Safety Survey (WSS) undertaken in 1996; but care should be taken because the PSS, unlike the WSS, specifically asked respondents to exclude incidents of threat that resulted in an assault (ABS, 2005, 2012). A government report used statistics from the WSS (1996) to estimate that 21.5% of Australian women from the age of 15 have experienced domestic violence, which is the generally accepted lifetime prevalence rate in Australia (Access Economics, 2004).

It is a common criticism that women who do not recognise their position as being one of violence are not captured in research (De Vries Robbe et al., 1996; Loxton et al., 2004). In one survey conducted in a Sydney emergency department a number of participants stated they were not victims of domestic violence (De Vries Robbe et al., 1996). However De Vries Robbe et al. (1996) commented that on further questioning some respondents did report incidents of abuse consistent with domestic violence, implying under-reporting. Similarly Abrahams (2007) reported that some women did not consider themselves as either 'victims' or 'survivors' of domestic violence but later agreed, upon further questioning, they had experienced domestic violence. These results are similar to earlier research findings in Australia (De Vries Robbe et al., 1996). Unlike physical incidents of violence, other indicators of domestic violence including psychological, sexual or verbal abuse, enforced isolation and control of finances by the women's partners are not always clearly identified as being domestic violence (De Vries

Robbe et al., 1996). A study in the US by Coker et al. (2000 p.456) reported that without including interviewing, in addition to the use of survey tools, their research would have missed 25% of women experiencing domestic violence.

The measures used to determine prevalence rates of domestic violence do not necessarily reflect the context or reality of that abuse, particularly for women. Holtzworth-Monroe (2005) suggests that the Conflicts Tactics Scale (CTS), for example, that was commonly used to measure partner violence, did not sufficiently assess the circumstance or outcomes of violence. Further, there is a lack of attention given to the impact of continuing long term violence and similar ratings are given for both severe physical violence and minor verbal abuse (Koss, Bailey, Yuan, Herrera, & Lichter, 2003). Flood (2006) agrees, and suggests that many quantitative instruments used to measure domestic violence, including the CTS, just focus on the 'acts' of violence and not the context. Acts-based research rarely considers the wider context of the abuse within the relationship, the nature of the act, the intentions of the act or the impacts of the act (Dobash & Dobash, 2004). The need to understand coercive control in the context of acts and behaviours perpetrated by one person against another is arguably more important than disconnected acts of abuse (Wangmann, 2011).

Measurement of domestic violence is problematic and it is likely that current prevalence rates of domestic violence are underestimated with quantitative tools used by researchers and government bodies unable to capture incidents of domestic violence as perceived by women. Further qualitative research is needed to explore women's perceptions of domestic violence in order to contribute to knowledge in this area and ensure all types of violence are more accurately reflected in government reports. This may then more clearly assist government in measurement of DV and subsequently in decision making regarding allocation of resources and in the provision of policy directives regarding abuse and violence against women.

1.1.3 Definitions and models of social support

The availability, as well as use, of informal or formal support services may all play a role in how a woman responds to domestic violence. Social support may assist women to leave a violent relationship (Waldrop & Resick, 2004) and may mediate the relationship between domestic violence and health (Escriba-Agur et al., 2010). In this section, following a discussion regarding definitions, literature that has examined social support in relation to domestic violence will be considered.

Definitions of social support vary from being short and simple to quite complex depending on the researcher and those persons being researched. A simple definition

of social support is “resources provided by others” (Cohen & Syme, 1985). Examples of ‘others’ may include professional support services or forms of support provided by friends, family or different contacts (Cohen & Syme, 1985) including neighbours or fellow employees (Belknap, Melton, Denney, Fleury-Steiner, & Sullivan, 2009). Social support may include a belief that one is cared for, respected, loved and valued (Belknap et al., 2009 citing El-Bassel, Gilbert, Rajah, Folleno & Frye 2001) within a framework of mutual and supportive exchange of resources in which parties contribute and benefit (Aron & Lorion, 2003; Coker et al., 2002) and may be provided by more than one person (L. E. Rose, Campbell, & Kub, 2000). The availability of one or more persons in whom a woman can confide has also been described as social support by earlier research (Thoits, 1982).

Research into social support undertaken in the 1970s and 1980s still underpins research in the 21st century as the research continues to provide evidence that adequate social support decreases the impact of stressors on health. These models are important to discuss in this introduction as they are still relevant in relation to assisting women living in violent relationships today.

Social support may be separated into informal or non-professional support, or more formal helping assistance (House, 1981). Formal support has also been termed institutional support, where the relationship is based on the provision of professional service, including health, legal, social services, counselling services and pastoral care (Belknap et al., 2009).

Social support can be tangible, with the provision of material goods or services, or intangible, for example providing education or information. Human interactions that incorporate social support include emotional support from a mentor or support person, positive feedback from others, assistance with day-to-day living activities, education, advocacy, finance and advice or help with childcare (Martinez-Schallmoser, MacMullen, & Telleen, 2005). There has been some research in non-western cultures which suggests social supports may come from a variety of sources in the local community. For example Sricamsuk (2006) found that cultural beliefs in Thailand enable Buddhist priests to be a supplier of mental and emotional support for many people. More specifically she found that pregnant women living in violent relationships in Thailand identified Buddhist priests, legal workers and social networks as being sources of available support, particularly emotional support (Sricamsuk, 2006).

One early framework suggested requirements for social support included attachment within a relationship where social and security needs are met, a need to belong, having skills and capability recognised, the ability to nurture and be nurtured and

the availability of persons willing to provide assistance, advice or guidance (Weiss, 1974). Beeber and Canuso cite a working definition of social support as being the “instrumental, informational and social-emotional assistance accessed through the interpersonal relationships within a person’s network of connections to others” (2005 citing House, 1981 and Thoits, 1985). House (1981) divided social support into emotional support, instrumental support, informational support and appraisal support. House (1981) suggests that enhancing the effectiveness of informal support systems reduces the need for more formal support while maintaining that professional support should still be available if needed.

House (1981) writes that *emotional support* seems to be the most important – this includes being empathetic, caring, providing love and trust. House (1981) writes that emotional support is almost always positive and has a buffering effect on stress-related health issues whereas other types of support may increase stress or impair health. Trusted friends who provide emotional support to women experiencing domestic violence have also been found in some research to be pivotal in assisting women to then seek other sources of support (L. E. Rose et al., 2000).

Instrumental support is actively providing assistance such as paying bills or taking care of the person seeking help. House (1981) states this form of tangible aid may encourage dependence on others and increase stress by feelings of obligation on the person who has sought help.

Informational support provides information that a person can use in coping with personal and environmental problems. This form of support helps people to problem-solve themselves whereas instrumental assistance directly helps the person (House, 1981).

Appraisal support is a term used when other people are sources of information that individuals use in evaluating themselves (House, 1981). Appraisal support involves transmission of information only (House, 1981). For example an employer may tell workers they are doing a good or bad job or may tell workers what the performance of an average worker looks like, allowing them to then decide whether they are above or below that level. Appraisal support may also increase a person’s experience of stress if their self-evaluation fails to meet that of their peer (House, 1981). In the case of women experiencing domestic violence, their interactions with peers who have also experienced abuse have not always been found to be positive with criticism found to outweigh any benefits of support given (Levendosky et al., 2004). Similarly Revenson, Schiaffino, Majerovitz and Gibofsky (1991) used the terms ‘positive’ support for social support

events that expressed validation or assistance and 'problematic' to describe events that, although not intended by the giver, were perceived by the receiver as not being supportive.

Cohen, Underwood and Gottlieb (2000) prefer to emphasise the role of social relationships rather than using the specific term 'social support' (p.4). "Social support is often used in a broad sense, referring to any process through which social relationships might promote health and well-being" (Cohen, Underwood, & Gottlieb, 2000 p.4). Cohen et al. (2000) suggested this definition should also identify different processes through which social relationships can influence health.

Cohen et al. (2000) described two groups for such processes. The first category is providing or exchanging emotional, informational or instrumental resources where there is a response to a perception that these are needed by others and may be associated with chronic illness, life-changing events or other stressful experiences. The second category is in regard to health benefits that accrue from participation in one or more distinct social groups.

The social support here is the actual social resources the person perceives to be available or that are provided to them in the circumstance of both formal support groups and informal help from others (Cohen et al., 2000). Research with abused women living in refuges has also found that a stressful event may be experienced as more manageable when social support is perceived as being available (Constantino, Kim, & Crane, 2005).

Cohen et al. (2000) suggest that others can influence emotions, behaviours and responses that may be beneficial to health even though the specific intention was not to exchange help or support – the implication being that the diverse impact of human relationships and interactions affects our health (Cohen et al., 2000).

House (1981) suggests asking people what they consider to be supportive in their relationships to find the meaning of social support for that individual. Aligning the person's particular stressful situation with a specific type of support has been found to be important in some studies (Revenson et al., 1991), particularly in decreasing the health effects of stress (Rook & Underwood, 2000). Tailoring support for the individual person to be of most benefit is particularly the case for women experiencing domestic violence (Crane & Constantino, 2003) and this is explored further in subsequent chapters.

1.1.4 Social support and domestic violence

Research consistently reports that women in violent relationships have inadequate social support and are reluctant to request help (Dunham & Senn, 2000; Garcia-Moreno, Jansen, Ellsberg, Heise, & Watts, 2005; L. E. Rose et al., 2000). It has been proposed that many women experiencing domestic violence never tell anyone and never seek help (Walsh, 2008). However the actual number of women never disclosing abuse is obviously unknown.

Recent research in the United States found that women who self-reported higher numbers of exposures to domestic violence also reported poorer health status, higher rates of depression and less social support (J. Humphreys & Lee, 2009). The researchers suggested that social support does play a protective role for the health of mid-aged women who reported lower levels of abuse, however how this occurs could not be determined (J. Humphreys & Lee, 2009).

In relation to types of support, as outlined above, and domestic violence Levendosky et al. (2004) found that for pregnant women in the community experiencing domestic violence, practical assistance was linked to improved mental health outcomes more so than emotional support. It was posited that perhaps more practical aid assists the woman to be able to solve problems herself that are separate to the violence and thereby reducing helplessness which has been associated with depression and domestic violence (Levendosky et al., 2004). Contrary to the findings of House (1981) it appears that in regard to women, particularly those experiencing severe domestic violence, the requirement for tangible aid for day-to-day survival is arguably more important at that time than emotional support (Levendosky et al., 2004).

High levels of emotional support have been found to reduce symptoms of mental health problems in women experiencing domestic violence (Coker et al., 2002). However, high levels of emotional support for women experiencing abuse may also include increased levels of criticism (Levendosky et al., 2004). Emotional support provided by women who have also experienced similar circumstances of domestic violence has been found to be negative and critical, with Levendosky et al. (2004) suggesting this may possibly be due to depression in those supporters. Some assistance provided may prove to be problematic rather than helpful, causing further stress rather than relief (Button, 2008; Fanslow & Robinson, 2010; Revenson et al., 1991; Taket, O'Doherty, Valpied, & Hegarty, 2014).

The cost of help seeking, including the amount of energy that needs to be expended to obtain support, may be higher than any benefits obtained. For example

Beeber and Canuso (2005) found that mothers with little income were providing sex to their partners in exchange for socio-emotional support. This resulted in a high cost to the woman, including continuing domestic violence, unintended pregnancy and sexually transmitted infections. This pilot study with 16 mothers was undertaken in the United States (Beeber & Canuso, 2005; Beeber, Canuso, Holdich-Davis, Belyea, & Funk, 2004). All women were part of an existing early support program, had limited income and had symptoms of depression in addition to caring for young children. Additional home visits and telephone calls from professional nursing staff were offered to the intervention group in this study (Beeber et al., 2004). Nurses identified the women's strengths and assisted mothers to distinguish and utilise available social support. The researchers reported a significant reduction in symptoms of depression in the intervention group at 8 and 16 weeks compared to the baseline (Beeber & Canuso, 2005; Beeber et al., 2004).

Women who sought support from other women who were also experiencing domestic violence, was found to restrict interactions with other societal role models including women who do not live in violent relationships (Beeber & Canuso, 2005). Additionally research has found that homophily may be associated with increased emotional support but also criticism (Levendosky et al., 2004). Criticism has been found to override any positive effects of emotional support and to impact negatively on already poor self-esteem (Levendosky et al., 2004).

Beeber and Canuso (2005) found there may be incongruence between health care workers' perception of ideal forms of social support for mothers and the essential immediate needs as perceived by mothers who are trying to survive on limited income. The study by Beeber and Canuso (2005) suggested professional services need to be aware that in order for women with little income to be able to attend to necessary services, including health care, other higher priority needs, including emergency crises that arise, transport or childcare, must be taken care of first (Beeber & Canuso, 2005). The service provider may not be aware of the complex nature of decision making required by these women and how they make these seemingly inappropriate choices, unless the service provider asks the right questions (Beeber & Canuso, 2005). The suggestion that tangible support here is a priority rather than emotional support is in contrast to House (1981) who suggested that emotional support is the most important form of social support.

Health workers sometimes expect women to be able to utilise available resources and to cope with the stressful experience of leaving domestic violence; however, even in research where social support interventions were provided women were not always able to complete support sessions due to transport, day-to-day living problems or a lack of

child care (Beeber & Canuso, 2005; Beeber et al., 2004; Constantino et al., 2005). The effects of social relationships on how people adapt to illness (Rook & Underwood, 2000), particularly in relation to women who have experienced domestic violence, is not well researched. The perceptions of health care workers and other support workers regarding referral to support services is not always congruent (Krugman et al., 2004) and indeed may not be what the victim perceives they may need (Crane & Constantino, 2003). Further qualitative research that more clearly identifies women's perception of social support, its constituent elements and their need for types of support at particular times during and after a violent relationship is required.

1.1.5 Summary

The consequences to health for woman experiencing domestic violence in Australia and worldwide are well known (Campbell, 2002; Coker et al., 2000; Kelsey Hegarty et al., 2012; J. Humphreys & Lee, 2009) and may include adverse physical, mental and psychological sequelae (VicHealth, 2004; WHO, 2005) that may last long after the violence has ended (Bonomi et al., 2006; Golding, 1999). Disclosure of abuse to a supportive person may be the first important step for a woman intending to change or leave her violent relationship. Social support, whether provided by informal sources or professional support providers, has been associated with a decrease in health effects for women experiencing abuse (Coker et al., 2002). However, others have found social support to be of most benefit where the support provided is matched to the woman's perceived needs (Constantino et al., 2005; Crane & Constantino, 2003). For example, women may not be ready to leave a violent relationship but still need assistance (Chang et al., 2005).

Women's perception of social support and how this may assist women to remain or leave a violent relationship requires further research. For the past 50 years health, social, legal and public health services have conducted community awareness campaigns and have sought to prevent domestic violence and to assist women to end domestic violence. It is timely to consider what women say they need in order to support them in making decisions about leaving or remaining in violent relationships. It is also appropriate to determine how workers see their role in assisting women to leave or end domestic violence. The provision of tailored support and the difficulties inherent in providing support specifically tailored to women's needs is correspondingly explored in this research.

1.2 Organisation of the thesis

Chapter 1 provides an overview of the study and focuses on the significance of this research. Chapter 1 describes the definitions of domestic violence, the scope of the problem of DV, the impact of DV as well as introducing the value of social support for women ending or leaving DV.

Chapter 2 provides a review of current literature in the area of domestic violence with specific regard to women's experience of leaving or ending domestic violence. The literature review includes a discussion of the research regarding the complexity of leaving and the issues regarding barriers to disclosure of abusive relationships. I review research regarding the individual coping skills of women and the availability, as well as use, of informal or formal support services. I examine current literature and social support in regard to effects of domestic violence. The factors identified in the literature which may play a role in women choosing to leave or stay in a violent relationship are considered. Chapter 2 concludes with an examination of gaps in existing knowledge that include limited research in regard to women leaving or ending domestic violence and their perceptions of social support during that process.

Chapter 3, named the 'Mode of Inquiry', explores the methodological approach chosen for this research and justification for the use of a narrative inquiry framework. Chapter 3 includes a discussion about the methodological framework and the theory behind this mode of inquiry. The concluding sections of chapter 3 discuss the analytical framework used in this research and a discussion of issues regarding rigour and validity.

Chapter 4, the methods chapter, articulates the research process using a narrative inquiry framework. Phase 1 and Phase 2 of the research are described. I then outline the process regarding 12 semi-structured and recorded interviews with women who had experienced and ended violent relationships (Phase 1) and three focus groups with professionals whose work includes assisting women experiencing domestic violence (Phase 2). Chapter 4 then considers the processes of sampling, participant selection, thematic analysis and ethical considerations. This chapter also discusses data collection, storage of information, the interview process, my own pre-conceptions, analysis of records and validity relating to this project.

Chapter 5 is the first of three chapters that report the findings of the research. Chapter 5 explores the women's experience of domestic violence, the build-up to leaving and the process of ending the abusive relationships. The barriers to disclosure, leaving and help seeking are discussed. In chapter 5 discussion of the main themes are presented following analysis of the data for Phase 1 of this research project. Phase 1

involved the collection of 12 women's stories of experiencing and ending violent relationships. Among the findings considered are the enormous barriers that women faced that prevented or delayed them from ending violent relationships. These barriers included both internal factors, for example low self-esteem or love for their partner in addition to external factors involving financial restrictions or threats by their partner. I found the leaving process to be complex for many reasons including the need for a 'culture of pretence' in order to survive the violent relationship. Often participants did not disclose the abuse or were not aware their relationship was one of domestic violence. Ultimately women overcame these barriers through a gradual and incremental process or following events such as increasing violence and identification of the reality of their relationship triggering action to leave.

In chapter 6 the main themes identified from the Phase 1 data regarding social support are explored. Women's experiences of help seeking while undergoing violent relationships and then ending their abusive relationships are discussed. In particular, the main themes included barriers to social support that involved isolation, a lack of energy, self-blame for the violence, difficulty asking for help and a perception there was no one who could provide assistance. However, women did utilise both formal and informal support, particularly during the build-up to leaving, when ending the relationship and after leaving the abusive relationship. Women perceived that informal support, particularly from family or friends, was available at short notice although supporters were sometimes judgemental or attached conditions to help provided. Women reported that formal support was helpful, not helpful and sometimes harmful. I found that women had complex needs and that they required assistance from many different services. Women had difficulty obtaining support that was specific to their needs at one or more periods of time.

In chapter 7 the themes following analysis of data obtained from three focus groups with service providers (Phase 2) are identified. The focus groups for Phase 2 comprised 25 professionals from law, health and the social sector whose work includes assisting women who experience and/or leave or end domestic violence. How the participants in the focus groups perceived their role in helping women leave or end domestic violence is discussed. Among the findings discussed in this chapter were the acknowledgement by professionals that women leaving or ending domestic violence had complex requirements that often needed a multipronged approach. I found that professionals were flexible in the delivery of service but also limited in providing assistance including tailored support due to funding restrictions and other barriers involving a lack of inter-sectorial collaboration. In particular, the main themes concerned the need for professionals to support women to maintain a culture of pretence while also

acknowledging the need to help them to recognise the reality of their violent relationship. Professionals assisted women to become empowered but conversely abetted women to present as disempowered in order to obtain government services including housing. Professionals expressed their dissatisfaction with the deficits approach by government that was in distinct opposition to the strengths based approach that the non-government organisations (NGOs) utilised.

In chapter 8 the findings are placed in the context of current literature with a particular emphasis on the areas where current research contributes knowledge and those areas that require further research. Current literature that supports or refutes the core outcomes are discussed followed by an examination regarding limitations of this research and recommendations for future research.

Chapter 2: Literature Review

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The previous chapter discussed the various difficulties of defining DV, the prevalence of DV in Australia (between 17 – 40%) and overseas, and an overview of the adverse health, social and economic impact of DV on women and society. With the importance of ending DV being clearly demonstrated, I now turn to the topic of this thesis: ending or leaving DV. The current literature review chapter includes research that has been published in the area of domestic violence with specific regard to the leave or stay period in a violent relationship and the influence of support services during that process.

Through a critical review of studies drawn from the psychological, medical and social science literature this review explores the complex nature of ending or leaving domestic violence and the interplay between women and support services in that process. Gaps in existing knowledge will be identified.

2.1 Search strategy

This literature review focuses on, but is not limited to, research undertaken from 1998 to 2014.

Domestic violence has been identified as a continuing international concern and therefore deserves increasing recognition as a research priority particularly in wealthy western nations such as the United States, United Kingdom and Australia.

I undertook an extensive review of electronic databases that included research related to domestic violence. The initial search strategy used the key words: domestic violence, intimate partner violence, hope and social support. Further linked word searches covered domestic violence or intimate partner violence and law; domestic violence or intimate partner violence and social support; and intimate partner violence or domestic violence and health impacts as well as more specific health-related terms including domestic violence and post-traumatic stress disorder and/or depression. Further linked word searches using domestic violence or intimate partner violence and barriers to disclosure, barriers to help seeking and barriers to ending or leaving were undertaken on a continuing basis over the course of the thesis. Australian and non-Australian government publications were utilised in this literature review.

Much material resulted, although there was limited research which linked domestic violence with the experience of leaving or staying in a violent relationship in the context of social support in Australia. Journal articles reporting research involving women experiencing, changing or leaving violent relationships were included. Articles regarding social support outside the context of domestic violence were also included in this review,

where applicable, and were discussed in the introduction chapter (1). I discarded journal articles if not relevant to this review, particularly where the research was not specific to women leaving or ending domestic violence. There were limited studies regarding the personal impact of domestic violence on women, particularly during the process when women choose to leave or stay in a violent relationship.

Electronic database searches included AustHealth, Informit, Apais, Proquest, Blackwells Synergy, Mary Ann Liebert Inc, Metapress, Scopus, Megafire Premier, CSA Sociological Abstracts, Sage, Ovid and Cinahl.

Endnote Version X6 was used to keep citations in order. Time frames were 1998 – 2014. Seminal research articles published before 1998 were also included where relevant.

2.2 Women leaving or ending domestic violence

Given that approximately 21% of Australian women live with violent partners (ABS, 1996; Access Economics, 2004), that this impacts adversely on their health and wellbeing (Campbell, 2002), and that describing abuse and seeking support are problematic, how do women leave and/or end domestic violence in their lives?

The reasons women decide to leave or remain in a violent relationship are complex, with issues regarding safety, the women's relationships with their partners and practical considerations all needing to be addressed (Abrahams, 2007). Timing, support systems and intuition have been found to assist women to know the best time for her, and her children, to leave or remain in a violent relationship (Davis, 2002a). Every woman's situation is different and there is often no one reason women leave or stay (Davis, 2002a). Knowledge is limited about what enables a woman to leave a violent relationship and research suggests that women find it difficult to totally end these relationships (Bogat, Levendosky, & von Eyre, 2005) and may leave and return several times before leaving the relationship permanently (Abrahams, 2007; Bogat et al., 2005; Davis, 2002a). The actual leaving process may continue for a year or longer, with the ending of both her emotional and physical involvement in the relationship difficult to achieve (Hyden, 1999). Leaving is a multidimensional process that may require many decisions to be made which may take place over a long period of time, the process of 'leaving' beginning well before the actual physical departure, with changes occurring much earlier at the emotional and cognitive levels (D. K. Anderson & Saunders, 2003).

Davis (2002b) suggests that the process of leave taking and terminating the relationship are not one and the same thing. Women in some situations physically leave the relationship but are forced to remain in contact with their violent partner, for example,

in relation to childcare (Davis, 2002b). Leaving a relationship for the first time or after many times leaves women fearful of the present and the future as well as feeling emotionally and physically drained (Abrahams, 2007). Some women choose to leave without assistance and without support or remain within the violent relationship (Walsh, 2008).

In contrast to this some research has found that women experiencing domestic violence had sought interventions, particularly from services that offered safety, privacy and autonomy (Chang et al., 2005). Other findings report that women do not always find support helpful (Peckover, 2003). Researchers have reported that any interventions should be specific to the particular woman's needs and concerns at that particular time in her life (Chang et al., 2005; Constantino et al., 2005). Women may access multiple service providers at any time during or after the relationship so it is important for service providers to be mindful that women may not plan on leaving necessarily but still require support (Chang et al., 2005).

Service providers may be able to assist women experiencing abuse by providing information in a safe and supportive environment that may increase awareness of issues regarding domestic violence (Chang et al., 2005). Women do not necessarily choose to disclose at that time but may be assisted by providing a choice of options for consideration in the future (Chang et al., 2005).

The issues regarding domestic violence and help seeking are complex and the WHO international study (2005) highlighted such concerns. In 2004 the World Health Organization (WHO) in collaboration with a core research team from the London School of Hygiene and Tropical Medicine undertook a major research project at 15 sites in 10 different countries worldwide to determine the prevalence of domestic violence, health outcomes, women's coping strategies and risk or protective factors associated with domestic violence perpetration against women (WHO, 2005). WHO preferred the use of the term 'intimate partner violence' and used standard definitions of violence (discussed in chapter 1) that were incorporated into a questionnaire collected from over 24,000 participants (WHO, 2005). The questionnaires were standardised but were adapted by researchers in several countries to ensure the questions asked were culturally appropriate (WHO, 2005). In addition to the questionnaires at least five women who had experienced violence were recruited from each country to participate in semi-structured interviews (WHO, 2005). The survey included questions in relation to leaving home because of the violence (WHO, 2005). The WHO study (2005 p.20) reported that between 19% and 51% of women who had been physically abused by their partner had left the relationship for a minimum period of one night. In this study, between 8% and

21% of women had also reported leaving two to five times (WHO, 2005 p.20). The main reasons cited for women leaving a relationship in the WHO study were related to increasing levels of violence from the woman's partner, including severe physical injuries or threats to kill her, or the inability of the woman to continue coping with the violence in the relationship (WHO, 2005). Reasons provided by women for returning to their partner or not leaving included not knowing where to go for help, not being willing to leave the children, a hope that the partner would change and pressure from the family to return (it was not stated in this report whether it was the woman's family or her partner's family applying pressure to return) (WHO, 2005). In this cross sectional study it was not possible to demonstrate causality between domestic violence and health or other outcomes, however the findings do provide an indication of associations between violence and leaving (WHO, 2005).

Many women in the WHO study (2005) had told no one about the violence in their relationship. When they did disclose the abuse, friends, family or other informal supporters were told, rather than professional services (WHO, 2005). Disclosure of abuse to others is not always helpful to women experiencing abuse. Conversely some women make decisions to leave or end domestic violence following disclosure. The following section discusses research regarding disclosure of domestic violence.

2.3 Disclosure of domestic violence

Early detection of domestic violence may lead to interventions, including the opportunity for practitioners to provide support and healthcare, that may assist women to leave or end domestic violence thereby reducing the associated harmful effects for women and their families (Coker et al., 2000). By providing a supportive environment for disclosure of current or past violence, health professionals may increase disclosure rates (Coker et al., 2002). For some women experiencing violence, disclosure to someone who is consistently supportive has been associated with a reduction in suicide ideation and suicide attempts (Coker et al., 2002). In line with these findings, Taft (2001) suggests the main motive for early identification of domestic violence is the possibility to assist women early on by offering them support and interventions designed to prevent further violence. Interventions that may be provided have been described as being primary; in order to prevent abuse in the first place, secondary; in order to prevent further abuse and tertiary interventions that manage the repercussions of abuse once the abuse has stopped (Ramsay et al., 2009).

In a systematic review of randomised controlled trials (RCTs) Ramsay et al. (2009) suggested that interventions may directly assist women by offering advocacy or

counselling services, for example, to women experiencing domestic violence or indirectly by providing education or training to improve responses by service providers when reacting to women experiencing abuse. Ramsay et al. (2009) suggested there is a need to have all interventions evaluated to ensure the safe and efficient provision of services and decrease impacts on women experiencing abuse.

Disclosure itself could be considered an intervention (Spangaro, Zwi, & Poulos, 2009) that may assist women to change their perspective about their situation and provide validation by naming the abuse occurring in their relationship (Chang et al., 2005). Their acknowledgement and validation that the abuse is real may be the first step to recovery for some women experiencing domestic violence (Walsh, 2008).

One study found that talking to a health professional about domestic violence increased the use of service provision with women utilising such services more likely to leave the abusive relationship (McCloskey et al., 2006). Women in this study who utilised services then left a violent relationship, reported higher levels of improvements to physical health than women who stayed (McCloskey et al., 2006). McCloskey et al. (2006) reported that no causal relationship could be drawn between use of service provision, leaving and improved self-reported health status and suggested the need for further prospective research in this area.

From another viewpoint it cannot be assumed that women who disclose a violent relationship necessarily want to leave the relationship and other interventions should be provided to assist women who choose to remain (Chang et al., 2005). One qualitative study reported that women who disclosed abuse emphasised the need to have interventions appropriate to their particular need at that particular time (Chang et al., 2005). Other studies point out that interventions must be specifically tailored to women's perceived needs in order to be of most benefit (Crane & Constantino, 2003) and this may include the provision of support to women who choose not to leave a violent relationship.

In agreement with this, women in other studies said that they may tell someone about the violence but do not necessarily want to leave at that point in time; they stated they loved their partner but they just want the violence to stop (Lempert, 1997). Women found disclosure itself was therapeutic, but the desire by some helpers to intervene was not always seen to be positive (Lempert, 1997). For example, it has been found that women may not always disclose when there is a perception that support services are only there for women who wish to leave a relationship and not for those who want to stay (Walsh, 2008). Some criticism has been levelled towards supporters that dismiss women's autonomous decision making not to leave a violent relationship (McCloskey et

al., 2006), or where helpers only assist if the woman chooses to leave following disclosure (Lempert, 1997). Some support workers express frustration when the woman does not wish to leave the relationship and see little reason to offer further assistance (Abrahams, 2007). However, while there is a need to recognise a woman's choice to remain, it also needs to be acknowledged that enduring a violent relationship exposes women to the risk of harm that includes a lowering of physical, mental and emotional health status as well as a risk of death (McCloskey et al., 2006).

Disclosure of domestic violence is complex with the type of abuse, risk levels present, the relationship between the woman and her partner influencing possible disclosure and types of interventions (Spangaro et al., 2009). Women may choose to disclose domestic violence to service providers without prompting or reply affirmatively to prompts from service providers asking about domestic violence (Spangaro et al., 2009). Some research has found that women may not disclose and prefer to attempt 'private' strategies, including placating or resisting the violent partner, only seeking more 'public' help if the violence does not stop (Goodman, Dutton, Vankos, & Weinfurt, 2005).

Women have been found to be more inclined to report domestic violence to informal networks such as friends or family (Goodkind, Gillum, Bybee, & Sullivan, 2003) rather than formal support services such as police, doctors or counselling services (NSW Government, 2008). The reaction of family and friends to disclosure of abuse is not always reported to be helpful (Fanslow & Robinson, 2010; Taket et al., 2014) particularly when disbelief is expressed and the response is perceived as judgemental or lacking in empathy (Goodkind et al., 2003) or if the woman feels she is blamed for the abuse or for not leaving the relationship (Taket et al., 2014). One cross-sectional quantitative study with 137 women residing in women's shelters reported that judgemental and critical responses from friends or family related to a reduced measurement on quality of life scales (Goodkind et al., 2003). This US study by Goodkind et al. (2003) found unhelpful responses to disclosure did impact on the overall wellbeing of women experiencing abuse although whether this delayed women from leaving or ending domestic violence could not be determined.

Women have been found to be more likely to report violence to police or other agencies where friends or family encouraged victims to seek help (WHO, 2005). Family doctors have been found to be the first formal supporter to whom a woman may disclose violence (WHO, 2005). Women may feel confident to disclose violence if they perceive the clinician is caring and easy to talk to, and follow-up offered (McCauley, Yurk, Jenckes, & Ford, 1998). The level of trust in the practitioner, familiarity with the

healthcare setting and the degree of fear the woman is experiencing at the time will all influence responses to questions about domestic violence (Taft, 2002).

Service providers may prefer not to raise the issue of domestic violence or undertake screening tests with their clients due to lack of training, inadequate resources including time or lack of services to refer to, concerns they may offend their client and possibly their own experience of violence or abuse (Taft, 2002). Health practitioners may not want women to disclose domestic violence because options for ongoing referrals or assistance may be limited (Marks & Cassidy, 2006; Ramsay, Richardson, Carter, Davidson, & Feder, 2002). In addition, service providers may not be able to provide the opportunity for the woman to disclose (Taft, 2001).

In summary, disclosure has generally been found to be beneficial (Coker et al., 2002) when the response is supportive and non-judgemental (McCauley et al., 1998; Spangaro et al., 2009). However some studies have found no benefit of disclosure (Ramsay et al., 2002) and others reported detrimental impacts when responses were negative (Fanslow & Robinson, 2010; Goodkind et al., 2003; Taket et al., 2014). While this research is helpful, the impact of disclosure on stay/leave decision making and in the leaving process remains unclear, with some studies showing a relationship with leaving (McCloskey et al., 2006) and others not (Goodkind et al., 2003). The current study addresses this issue as one of the main foci of inquiry. Some of the barriers to disclosure will now be further discussed.

2.3.1 Barriers to disclosure

Barriers to women disclosing domestic violence are complex and may include a choice not to disclose violence for many reasons including obstacles put into place by the woman's partner, fear of undesirable consequences or lack of trust in service providers (Coker et al., 2000; Ramsay et al., 2002). Many women who have experienced domestic violence do not disclose the fact to any services, including the police (Braaf & Sneddon, 2007). Barriers set up by the perpetrator may be physical and emotional, such as the continuous presence of the perpetrator or blockage of the female victim's ability to access money or transport (Braaf & Sneddon, 2007). These barriers decrease the opportunity for the woman to disclose and to access support services or social support (McCauley et al., 1998).

Women may not wish to disclose domestic violence to service providers, even if directly asked, for many reasons including fear of reprisal from their partner or lack of trust in their service provider (Taft, 2001). Women have reported not wanting to disclose to professionals because they did not want to be pressured into leaving the relationship

before they were willing to go (Gerbert, Abercrombie, Caspers, Love, & Bronstone, 1999). Conversely other women, while reluctant to disclose, would have welcomed enquiries (Peckover, 2003) or direct questioning about the abuse in their relationship (Rodriguez, Quiroga, & Bauer, 1996). Women may not feel comfortable revealing to service providers that they are experiencing domestic violence (Koss et al., 2003) due to shame or self-denial of the abuse (McCauley et al., 1998). Some women may provide hints about domestic violence to health care professionals but not actually disclose it (McCauley et al., 1998; Taft, 2002). Women may be attending doctors' surgeries for worsening health status but this is not always considered in relation to the domestic violence (McCauley et al., 1998). Similarly indicators of violence or abuse may be identified by the service providers but the woman chooses not to disclose or does not identify her situation as being one of domestic violence (Coker et al., 2000; De Vries Robbe et al., 1996; Rodriguez et al., 1996).

Women in one qualitative study were reluctant to disclose abuse due to fear regarding their safety, concern they may lose their children and lack of awareness regarding available services (Peckover, 2003). This UK study reported that even with indicators of abuse, including physical and mental signs of violence, health workers visiting women in their home did not recognise that domestic violence was occurring (Peckover, 2003).

Fear of consequences including further violence, losing custody of children, not being believed or bringing shame to the family may inhibit disclosure (Garcia-Moreno, 2002; Keys, 1998; Peckover, 2003; Ramsay et al., 2002; WHO, 2005). Women may fear a breach of confidentiality regarding sharing of files that may also result in loss of their children if domestic violence is disclosed or reported (Taft, 2001). Women with children may be reluctant to call on police or child protection services if they do not believe that these services will provide the help that they need (Douglas & Walsh, 2010). Garcia-Moreno (2002) referred to the need for health professionals to ensure absolute privacy and confidentiality, and be aware of the potential risks to the woman should she choose to disclose the violent relationship.

On the other hand women with mental illness who report domestic violence are sometimes disbelieved, the reported violent event being discounted as being an illusion or part of the mental illness (Victorian Department of Human Services, 2006). If women disclose DV and this is not believed then the woman may be deterred from subsequent disclosures to others. Women may also fear disclosure will lead to medication being offered, following a report of mental health concerns, for example, which may lead to

addiction, loss of control or being at higher risk of abuse due to less vigilance while taking medications (McCauley et al., 1998).

Many women fear disclosure and are uncertain of the consequences of asking for assistance from support services including health services. Women may fear the perception of the health professionals' attitude, when women do not leave the relationship following disclosure, as being judgemental and lacking understanding of attachment and emotional ties to the abuser (Lutenbacher, Cohen, & Mitzel, 2003). Assessment and screening for domestic violence in the health sector will now be further discussed.

2.3.2 Screening for domestic violence in the health sector

The justification for screening undertaken by many health services, it has been assumed, will lead to increased detection of women experiencing domestic violence, the provision of services to these women and, in due course, a decrease in the physical and psychological impacts of domestic violence (Ramsay et al., 2002).

Early detection of domestic violence resulting in effective intervention may decrease the long term health effects of violence and abuse (Campbell 2002; Coker et al., 2000) and result in a decrease in ongoing DV. Women who are experiencing domestic violence are attending health services more often than women not experiencing domestic violence (Loxton et al., 2004) and therefore it would appear that the health setting is an ideal venue for undertaking assessment and providing options for interventions that may assist women to leave/end DV or make changes.

In line with this, routine health screening has been implemented in many areas of health care in several countries, including the United States and Australia (Brown, Lent, Sas, & Schmidt, 2000; Spangaro et al., 2009). Screening and increased identification of domestic violence is purported to provide the opportunity for support and referrals for women living with domestic violence (MacMillan, Wathen, et al., 2009).

It has been suggested that in order to improve the rate of disclosure, routine screening with structured questionnaires or direct interview with trained professionals is required (John et al., 2004). Disclosure rates of domestic violence without direct questioning has been reported to be poor (John et al., 2004). Recent findings in Australia suggest that screening programs that include standard protocols for asking about domestic violence and referral to appropriate services do provide opportunities for women to disclose abuse and receive help (Spangaro, Zwi, Poulos, & Man, 2010).

Some research findings support routine screening by health professionals for domestic violence in vulnerable populations including patients with a psychiatric history

and suicidal intent (Heru, Stuart, Rainey, Eyre, & Recupero, 2006). Women who have experienced domestic violence have reported that by disclosing domestic violence to a compassionate professional the notion of being taken seriously is reinforced (Heru et al., 2006). Other studies have reported that women do not mind being assessed for domestic violence as long as it was not undertaken in “an atmosphere of interrogation” (Hamberger, Ambuel, Marbella, & Donze, 1998 p.580), a non-threatening attitude of trained assessors being crucial to disclosure (Koziol-McLain, Giddings, Rameka, & Fyfe, 2008). Indeed some researchers suggest that not acknowledging abuse may, in itself, be psychologically detrimental to women in violent relationships (Flitcraft, 1993) although it needs to be acknowledged that disclosure may also have adverse effects (Chang et al., 2005).

It has been suggested that care needs to be taken when relying on specific tools to identify abuse and the potential for reporting significant rates of misidentified cases of domestic violence (Wathen, Jamieson, MacMillan, & The McMaster Violence Against Women Research Group, 2008). This, it has been suggested, may increase the reluctance of health professionals to screen for domestic violence (Wathen et al., 2008). In a randomised controlled trial 5,607 Canadian women were randomised to a control group or intervention group. The intervention group were initially asked to complete a screening test for domestic violence using a brief 8-item Woman Abuse Screening Tool (WAST) (Wathen et al., 2008) that has been reported as reliable and valid (Brown et al., 2000). After completion of the WAST the women in the intervention group saw a health practitioner and were then asked to report on the frequency of domestic violence over the past year using the Composite Abuse Scale (CAS), a 30 item screening tool that has been validated by other researchers (Hegarty, Bush & Sheehan 2005). The WAST screening tool identified 22.1% of women in the intervention group as having experienced domestic violence in the past year (Wathen et al., 2008). On the other hand, the CAS only identified 14.4% of women in the intervention group as having experienced abuse in the past 12 months (Wathen et al., 2008). Women in the intervention group were offered future health care visits. The researchers suggested the WAST over-identified women experiencing abuse. There were however several limitations to this study with no in-depth interviews undertaken to validate the findings and a high loss of participants following the first health visit (43%) so potential findings of over-identification remain estimates only (Wathen et al., 2008).

Beeber and Canuso (2005) reported results from studies in the US that suggested health care professionals, including nurses, need to undertake routine assessment for domestic violence but also be aware of non-verbal behaviours indicating

problems with obtaining support. If the health professional is attuned to concerns that the woman may not be able to verbalise problems, they may then be able to ask the right questions which may enable the woman to discuss violence in her relationship (Beeber & Canuso, 2005). Observing interactions with partners or others that come with her may indicate strain in the relationship, alternately if the opportunity arises they may speak with the woman when that person leaves the room or arrange for interviews with the partner absent (Beeber & Canuso, 2005).

One cross-sectional study followed 241 women, who had been provided routine screening tests for domestic violence six months previously, in ten Australian health care settings (Spangaro et al., 2010). Two samples of women were surveyed; 122 women who had screened positive for domestic violence and 241 women who did not screen positive for domestic violence (Spangaro et al., 2010). Fourteen percent (34/240) of women who did not disclose domestic violence during the screening test admitted at follow up interviews that they had experienced domestic violence (Spangaro et al., 2010 p.6). Research findings from this study suggested that many women do not disclose domestic violence following routine screening (Spangaro et al., 2010). Women in this research reported they did not disclose, even recent or current abuse, as they did not consider the abuse to be serious, they held fears the perpetrator would find out and they did not feel comfortable with the health professional (Spangaro et al., 2010).

Not all studies support the use of routine screening for domestic violence and it cannot be assumed that all women necessarily want to be asked (Taft, 2002). Taft (2001) suggests there has been too much emphasis on disclosure and assessment tools that are appropriate to all women in violent relationships rather than focusing on appropriate and quality responses and follow ups to disclosure that may have long term impacts for these women.

Providers of health services in one UK study did not agree to undertake domestic violence screening: reasons for not providing a screening process included not wanting to offend the female patient or put her at further risk; lack of appropriate training regarding domestic violence; and lack of time for service provision (Ramsay et al., 2002). Other researchers suggested the need for a carefully evaluated screening tool which contained less confronting questions in order to improve detection rates, particularly for women who attend emergency departments and other healthcare settings (Stuart, 2004).

Current NSW state health policy mandates routine screening for domestic violence in antenatal and early childhood health services, for women attending public health facilities, and women aged over 16 attending mental health or alcohol and other

drug services (NSW Department of Health, 2006). The Department of Health (DOH) (now called the Ministry of Health) routine screening form was evaluated in a pilot study, which reported increased numbers of women disclosing domestic violence after the screening process; however the majority of women (71%) did not complete the screening forms. Health professionals cited reasons for non-use of the screening tool developed by the DOH included a lack of training, lack of confidence in use of the tool, lack of privacy, presence of the partner, and lack of time (NSW Department of Health, 2001) in addition to frustration when the woman did not leave the abusive relationship (Spangaro, Poulos & Zwi 2011). Recent research suggests that health staff, while finding that screening increased the complex nature of their role, have become more familiar with routine screening which had also increased their awareness of domestic violence and their response to women experiencing abuse (Spangaro, Poulos & Zwi 2011).

The screening process itself has been reported to be stressful and frustrating for midwives using a screening tool that included assessment for domestic violence in two hospital antenatal clinics in Australia (Mollart, Newing, & Foureur, 2009). This qualitative study reported that the repeated and cumulative effect of continued disclosures of DV by women to midwives impacted on the physical and mental health of the midwives (Mollart et al., 2009).

Howard (2008) reported use of the DOH screening tool in a community health service project in Victoria; no significant rise occurred in disclosure, but results indicated an increase in the ability of allied health staff to respond to domestic violence.

Ramsay et al. (2002) undertook a systematic review of quantitative published research in Canada, the US and Australia and found that while women generally supported screening for domestic violence, very few health professionals, particularly doctors, supported routine screening. Although it was found that screening in antenatal wards, accident and emergency departments and healthcare clinics did increase rates of identification of domestic violence, there was little evidence to support the effectiveness of follow up interventions (Ramsay et al., 2002). No recommendation could be made for routine screening of domestic violence and the report suggested that randomised controlled trials (RCTs) in this area were lacking (Ramsay et al., 2002). However undertaking RCTs in this area in order to find 'gold standard' evidence of the effectiveness of such an intervention has proven to be difficult, due to the complex nature of evaluating the effectiveness of interventions for women experiencing domestic violence (Spangaro et al., 2009). Difficulties identified include the actual intervention of the assessment, identifying the group to be studied, difficulty isolating a control group

partly due to ethical issues inherent in women reporting violence, the need to provide interventions and inadequate baseline data and recall bias (Spangaro et al., 2009).

The consistent use of evaluated screening tools might improve disclosure of domestic violence, but appropriate training in detecting its presence, for referral, and for the provision of services to assist women who do disclose is also needed. Consequences following disclosure or suspicion by service providers that the woman is experiencing domestic violence may have unexpected and possibly unwanted impacts for the woman experiencing domestic violence (Chang et al., 2005). If interventions are offered following disclosure the service providers need to take into account the woman's perception of what is needed (Constantino et al., 2005) and as pointed out by Spangaro et al. (2009) this may vary over time. Respecting women's autonomy and acknowledging their strengths while also being concerned about their health and safety is vital if assessment and interventions are to be moved forward (Campbell, 2002). Service providers need to be consistent in their support for women disclosing abuse (Coker et al., 2002) with adequate follow up services in place for both the woman and the health professional undertaking screening (Coker et al., 2000).

In a recent systematic review and meta-analysis it was reported that screening for domestic violence in the healthcare setting was not found to improve outcomes for women experiencing domestic violence with limited findings regarding effective referral to social support agencies (O'Doherty et al., 2014). This review suggested that it was more important to train health workers to provide assistance to women whether they disclose domestic violence or not (O'Doherty et al., 2014). On the other hand, one randomised controlled trial undertaken in Australia did suggest that a brief counselling session from the family doctor following a positive screening test for domestic violence reduced the symptoms of depression although there were no detectable improvements in quality of life recorded (Hegarty et al., 2013).

Recent research (Hegarty et al., 2013; Ramsay et al., 2002; Spangaro et al., 2009) suggests that there remains a lack of conclusive evidence to support the use of routine screening for women in violent relationships. Although screening may increase the number of disclosures of domestic violence it cannot be determined that this will result in effective referrals following such disclosures (O'Doherty et al., 2014). Despite recent research in this area the elements that constitute the best environment for disclosure and follow up that leads to improved outcomes for women experiencing domestic violence have not been determined. The current study provides further insights and adds to the literature regarding the reasons women may or may not disclose

domestic violence. The issue of service providers and mandatory reporting of domestic violence when children are involved will now be briefly discussed.

2.3.3 Mandatory reporting of DV when children are involved

Women may choose not to disclose domestic violence but the police and health providers may be called by the woman or others following a violent incident. The Personal Safety Survey (ABS, 2005) found that about half of the victims (who were predominantly women) who had experienced domestic violence by a current partner also had children in their care at some stage during the relationship with over 25% stating children had witnessed the violence. Recently there has been wide recognition of the risk of harm not only for the victim living in a violent relationship but also the children in that relationship (C. Humphreys, 2008). There is currently a lack of interface between the issue of domestic violence under the *Family Law Act 1975* (Cth.) and statutory child protection legislation regarding children experiencing domestic violence (C. Humphreys, 2008) although recent government reviews of family violence laws and legal frameworks have been undertaken in Australia in order to improve this situation (ALRC & NSWLRC, 2010). Further discussion is beyond the scope of this review which is focusing on reporting and disclosure of domestic violence.

Routine screening for domestic violence in the NSW health sector currently includes asking questions about child safety (NSW Department of Health, 2006). While each state and territory in Australia has different legislation there is a common requirement for health professionals to report to a statutory child protection system in order for action to be taken to protect children at risk of harm from domestic violence (C. Humphreys, 2008). Following the NSW Report of the Special Commission of Inquiry into Child Protection Services by the Honourable James Wood AO QC during 2008, the *Keep Them Safe* five year action plan by the NSW government was developed and changes to legislation approved in line with the recommendations (NSW Department of Health, 2009; NSW Government, 2013).

There is a currently a legislative requirement for mandatory reporters which includes police, teachers and health workers where they suspect a child or young person may be at risk of significant harm, including the child witnessing or experiencing domestic violence, to make a report to the Community Services (previously called DOCs - Department of Community Services) or a Child Wellbeing Unit. The *Children and Young Persons (Care and Protection) Act* ("Care Act,") states that children or young persons (aged under 16) may be deemed to be at risk of significant harm under section 23(d) of the Care Act if the child or young person is living in a household where there have been

incidents of domestic violence and, as a consequence, the child or young person is at risk of serious physical or psychological harm and a duty to report remains (s27 of the Care Act, 1998).

The *Keep Them Safe* Plan recognises child protection as a shared responsibility, not just the task of the Community Services and also encourages a freer exchange of information between non-government and government organisations working with children at risk of harm (NSW Department of Health, 2009). Changes to legislation and government policies include the provisions of Chapter 16A (Care Act, 1998) regarding coordination and exchange of information between service providers with the aim of ensuring the safety and welfare of children and young people (NSW Department of Health, 2010).

There has been opposition to mandatory reporting and the Australian Medical Association in Northern Territory, for example, voiced concerns that this could deter victims from seeking medical help (ABC, 2009). C. Humphreys (2008) suggests that while acknowledgement of the need for service provision to women as well as children in the area of domestic violence is to be commended, the mandatory reporting of children living in domestic violence situations remains problematic. Although there has been an increase in reporting of children this has not resulted in an increase in referral of children, particularly in domestic violence situations, to other agencies who deal with domestic violence (C. Humphreys, 2008).

Amendments to the *Children and Young Persons (Care and Protection)* Act commenced early in 2010 and included changes to section 9 to ensure the care and protection of the child is paramount in all decisions, and section 23 mandatory reporting has been changed from 'risk of harm' to risk of 'significant' harm adding further ambiguity. The mandatory reporting threshold is now higher in line with recommendations that children most at risk will be followed up in line with improvement in services (NSW Department of Health, 2009). However whether the management of mandatory reporting of children living in domestic violence situations is better managed or not under this legislation remains unclear. As C. Humphreys (2008) has suggested, the boundary between specialist services focusing on women experiencing domestic violence that women opt to attend and an involuntary child protection system mandated by law is not clear. Statutory child protection has historically been seen as the authoritarian state sometimes unnecessarily intervening rather than providing support to the family unit and a sense of mistrust and fear remains in regard to removal of children from their family (Douglas, Walsh, & Blore, 2009; C. Humphreys, 2008).

Conversely women's organisations have traditionally aimed to empower women and keep them and their children safe (C. Humphreys, 2008). Of concern is the finding that statutory child protection agencies in Australia continue to hold the mother responsible for not protecting her children from domestic violence rather than holding the perpetrator to account for the abuse (Douglas et al., 2009; C. Humphreys & Absler, 2011).

There currently remains a lack of coordinated and supportive interventions that address both the safety of the child and the woman experiencing domestic violence (Douglas et al., 2009). C. Humphreys (2008) acknowledges that while some children living in a domestic violence situation are at high risk and need urgent protection she also suggests that referral to a statutory child protection agency should be the last point of call for a child at risk rather than the first. C. Humphreys (2008) also suggested that if funding was provided to the health, education and community sector instead of the statutory child protection services this would likely produce a more "efficient, efficacious, effective and ethical response to children living with domestic violence" (p.23).

It is difficult to ascertain the long term impacts that mandatory reporting of children, where children are seen by reporters to be at significant risk of harm due to domestic violence, will have on women experiencing domestic violence. Assessment, screening and mandatory reporting may or may not assist women to recognise and/or disclose the abusive relationship. It is far from clear that increased disclosures of domestic violence results in appropriate referrals and assistance for women (and their children) experiencing abuse.

Although research clearly indicates the need for increased education of health workers regarding domestic violence (Hegarty et al., 2013; O'Doherty et al., 2014) there remains a need for further research to determine what interventions women who have been in violent relationships have found useful, and why (Garcia-Moreno, 2002).

Sometimes events occur, including disclosure of abuse, that precipitate decision making for women experiencing domestic violence. The following section discusses factors that may assist women to leave or end abusive relationships.

2.4 Facilitators for ending or leaving domestic violence

Decisions regarding disclosure of abuse and/or ending violent relationships may follow internal changes including acknowledgement of domestic violence and/or external events such as escalating violence or threats toward the woman and/or her children. Women often plan to leave for a long time before they actually depart (Davis, 2002b) with the leaving being only one part of a complex process (Khaw & Hardesty, 2007;

Lempert, 1994). The following sections discuss factors that may facilitate decision making involving ending or leaving abusive relationships. These include theoretical models including 'stages of change' and 'turning points' in addition to other factors that have been found to assist women in decision making regarding ending or leaving domestic violence.

2.4.1 Readiness to change

The Transtheoretical Model (TTM) also called the Stages of Change (SOC) model originally applied to research on smoking cessation (Prochaska & DiClemente, 1983) has been applied to women experiencing domestic violence to help determine their readiness to leave or not and how this process can be facilitated (C. Anderson, 2003a; Chang et al., 2005). The TTM is an intervention that has been used with mixed success in several areas of primary health care including smoking cessation, physical activity and weight loss (van Sluijs, van Poppel, & van Mechelen, 2004). The TTM originally described five stages of change being precontemplation, contemplation, preparation, action and maintenance (Prochaska & DiClemente, 1983). Women experiencing domestic violence have been found to go from the earlier stages of precontemplation, contemplation and preparation by using cognitive processes of changes that may include raising awareness of abuse, reflection and re-evaluating their current situation to more behavioural or action-based efforts in order to make changes (Khaw & Hardesty, 2007) although this process is not straightforward (Landenburger, 1989).

2.4.2 Turning points

Khaw and Hardesty (2007) used the SOC model in combination with 'turning points', that were particular events or a build-up of incidents, that assisted women in moving from one of the Stages of Change to another according to this model. This qualitative research (Khaw & Hardesty, 2007) involved interviews with 19 mothers experiencing domestic violence who were all mandated by court orders to attend parent education classes. The majority (15) of these women were experiencing severe levels of abuse. Analysis and coding of the interviews resulted in findings that generally supported the order of the SOC model (Khaw & Hardesty, 2007). The researchers found that particular turning points activated the process for some of the women from one stage to the next. Three triggers that were found to consistently occur were 'Realisation', 'Pushed to React' and 'Final Exit' (Khaw & Hardesty, 2007 p418).

The 'realisation' turning point that moved women from the precontemplation to the contemplation stage in this research was an alteration in the women's perception

regarding their relationship; for example realising something was wrong in the marriage or not what the woman expected (Khaw & Hardesty, 2007). The 'pushed to react' trigger may be a build-up of continuous abuse causing the woman to react differently from before; for example deciding or planning to leave or defending herself against progressive incidents of violence and thus moving from the contemplation to preparation stage (Khaw & Hardesty, 2007). Moving from the action and maintenance stages commonly involved the 'final exit' turning point, being the action of permanently leaving their abusive partner which was similar for all the women in this study (Khaw & Hardesty, 2007). Some women could not identify any clear turning point for change and women did not always move from one stage to the next in a linear fashion but moved back and forth between preparation to contemplation or alternately straight from contemplation to leaving (action stage) (Khaw & Hardesty, 2007). Triggers for action included increased violence or an awareness that their children were now being abused or at risk of being abused (Khaw & Hardesty, 2007). Other women were more hesitant in leaving although they had prepared and contemplated, but they were held back by threats by the partner or fear they would not be able to cope on their own with the children financially (Khaw & Hardesty, 2007). Women described their final exit as an attempt to reclaim their own identities which they had lost during the violent relationship (Khaw & Hardesty, 2007). Some women left after their partner had affairs with other women or when others became aware of the violence resulting in fear of losing her children if she did not take action to remove them from the violence (Khaw & Hardesty, 2007). The researchers suggested that service providers need to be prepared to offer a variety of supports to help women at various stages of change and to be prepared to continue that support, even when women leave and then return to an abusive relationship several times (Khaw & Hardesty, 2007).

Turning points have been identified as meaning different things to women and the decision to leave is not always the 'turning point' for women experiencing domestic violence (Campbell, Rose, Kubb, & Nedd, 1998; Eisikovits, Buchbinder, & Mor, 1998). Eisikovits et al. (1998) interviewed 20 Israeli women who contacted a domestic violence phone line seeking professional help. The women had all experienced domestic violence but chose to remain with their abusive partners. The turning point in this research was when women decided to take active steps, including seeking professional help, to stop the violence while also choosing not to terminate the relationship (Eisikovits et al., 1998). The build-up to this turning point was interpreted as a series of interpersonal and other losses that led to changes in how women viewed the violence in their relationship. The losses for the women included loss of love, loss of faith the partner would stop the abuse

and loss of their sense of self-worth (Eisikovits et al., 1998). Women in this research came to realise that the perpetrator had crossed the boundaries they had constructed around the violence and a decision to stop the violence and remain with the partner was made (Eisikovits et al., 1998) similar to findings by other researchers (Campbell et al., 1998). Campbell et al. (1998) reported that most women in their research initiated strategies to reduce violence rather than leaving. Women did identify specific incidents that changed how the relationship was viewed or how the woman viewed herself, for example, identifying they were abused or had become abusive themselves did contribute to leaving the relationship. Sometimes a series of small incremental changes rather than specific events resulted in women leaving and this process was circular not linear (Campbell et al., 1998).

Chang et al. (2010) interviewed 20 women recruited following responses to posters in outpatient departments or referred directly by health professionals. Seven focus groups were also held with an additional 41 women (Chang et al., 2010). All participants had experienced current or previous domestic violence. Researchers asked women to identify specific actions, turning points or events that changed how they dealt with their violent relationship (Chang et al., 2010). Chang et al. (2010) reported five main turning points that assisted women to view their relationship differently: Firstly women feared the domestic violence was affecting others particularly their children; secondly women reported an increase in severity of degradation and/or level of violence by the perpetrator toward them; thirdly there was a growing awareness of available options including accessible social support; fourthly there was an acknowledgement that the abuser was not going to change. Finally there was partner betrayal or infidelity. Chang et al. (2010) suggested healthcare providers can use this knowledge of triggers or turning points to assist women to become aware of domestic violence. It was identified in this research that the ability to change the women's situations was challenged or altered by either an external event or internal realisation (Chang et al., 2010). This was similar to earlier findings (Eisikovits et al., 1998) where it was found that women were ready to make changes as a result of internal processes but external events precipitated the decision making.

Further Baly (2010) found that women started to have an understanding of their situation of abuse and identified that their own needs were not being met but needed a trigger to actually leave. Triggers or turning points in this research helped women to overcome their own misgivings about leaving the violent relationship and helped explain their actions to others, particularly those who were judgemental, critical or unsupportive of women's decision to end the relationship (Baly, 2010). Sometimes leaving followed a

specific event (Brosi & Rolling, 2010) but this was not a consistent finding (Khaw & Hardesty, 2007).

Domestic violence has been described as a continuum or series of events continuing over time, requiring different coping strategies for all possible contingencies, until some breaking point or build-up of circumstances culminates in decisive action by the woman or from an external source when all other avenues have not resolved the situation (Keys, 1998). Decisions to change or leave may be triggered when women regain a sense of self and have increased perceptions of support and independence (Flinck, Paavilainen, & Astedt-Kurki, 2005; Kelsey Hegarty, O'Doherty, Gunn, Pierce, & Taft, 2008). The 'turning point' that eventually leads many women to disclose, seek help or take action varies. Some women are able to identify a critical point for making decisions, but for many the realisation is arrived at gradually (Keys, 1998; Khaw & Hardesty, 2007). Sometimes outside intervention assists the realisation that their partner will never change and therefore their life will not improve without action (Kelsey Hegarty et al., 2008). Women may reach a point of having 'had enough' and change their goals, eventually regaining a new sense of self, as being a person separate to their violent relationship, and then as a consequence leaving or changing the relationship (Kearney, 2001).

Kearney (2001) postulated that turning points may include purposeful outside intervention; unintentional revelation regarding the violence allowing the woman to see the situation from a different perspective; an act by the partner that is so horrifying that the woman can no longer deny the existence of the violence; a build-up of suffering and disenchantment that finally outweighs any hope of change for the better in the relationship; or a growing sense of self and independence due to experiences outside of the relationship.

Critical points for change may follow a series of events rather than there being one major incident (Keys, 1998). Outside intervention causing the woman to confront her existence in a domestic violence relationship may be triggered by a crisis such as confrontation from parties outside the relationship or a threat to life, including illness or episodes of violence where death was a distinct possibility. Intervention and empowerment have been found to be important reasons why women leave and do not return to abusive relationships (Pellegrino, 1999). The ability to be able to utilise outside resources such as friends, family or community services has been found to assist women to see that escape from an abusive relationship was a possibility, which then triggered action to leave (Davis, 2002b).

One Australian qualitative research project reported that the main trigger points that facilitated women experiencing physical violence to contemplate leaving or end the relationship (Patton, 2005) included fear of further violence, fear of impacts of abuse on children and/or a change in viewpoint which is similar to findings in US studies (Kearney, 2001; Khaw & Hardesty, 2007). Similarly other research has shown that women leave abusive relationships due to extreme levels of violence or anger, by final acknowledgement that the violence is not going to end or that their partner is not going to change or for a desire to change their current life in an abusive relationship (Abrahams, 2007). The reasons for leaving appear to differ for each woman.

Turning points and the lead up to action can be seen as factors that overcome barriers to disclosure and leave taking. The cognitive changes women experience as they come to realise the destructive nature of their relationships (Abrahams, 2007; Eisikovits et al., 1998; Kearney, 2001) appear to be enhanced in a positive way by external interventions and forces such as identification of the violence and offers of assistance (Kelsey Hegarty et al., 2008). Further research is needed to understand the ways in which this occurs.

2.4.3 Other facilitators

As reiterated in the literature there are multiple pathways that women may take to leave or end domestic violence. In this section I examine other factors that may facilitate this process, not previously discussed and relevant to this research. Internal factors including hope, gaining strength and self-confidence, in addition to external factors, such as goal setting and obtaining skills and qualifications have been reported to assist women end or leave domestic violence. The role that social support may play in facilitating leave/stay decision making will be discussed further in section 2.6.

One phenomenological study in the US included semi-structured interviews with 17 women who had experienced and left violent relationships (Davis, 2002a). Women in this study utilised both internal resources, including resilience, and external resources, such as informal or formal support, to help them plan and eventually leave (Davis, 2002b). Women in this exploratory study made plans to leave and hoped for a time when that plan could be executed (Davis, 2002b), with timing, use of support services and intuition helping women to eventually leave (Davis, 2002a). Women in this study saved up small amounts of money to help them eventually leave, found employment and/or informed trusted friends or family of their eventual plan to terminate the relationship (Davis, 2002b). Other women set goals of obtaining further educational qualifications or skills on which they could focus and which provided a sense of identity that the partner

could not intrude on or take away (Davis, 2002b). Women identified self-protection mechanisms and intuition that helped them to determine when they were most at risk of abuse from their partner and used these skills to determine the best time to leave the relationship (Davis, 2002a). The findings in this research suggested that the women exhibited strength in leaving and also used strength to choose to remain in the relationship. This was particularly the case when leaving was deemed to be more dangerous than staying, with a higher risk either to themselves or to their children if they left at a particular time (Davis, 2002b). Other research suggests that women experiencing domestic violence are not weak-willed but rather have strength and resilience (Beeber & Canuso, 2005; Davis, 2002b) that should be acknowledged and supported in the most appropriate way. There are many ways of leaving violent relationships and the pathways are often convoluted and multilayered.

Patton (2005) explored the pathways out of violence in a feminist study utilising thematic analysis of semi structured interviews with 53 women who had experienced domestic violence and their use of formal and informal social supports. Patton (2003) reported that 72% (42) of participants had children (p.119). Furthermore, 55% of these women with children in Patton's (2003) study identified concerns for their children witnessing violence in the relationship as being a major reason for leaving. This was similar to findings in a US study when women (18 out of 32) sought help for the abuse following concern about their children being impacted by domestic violence (Zink, Elder, & Jacobson, 2003). The women sought help when the perpetrator directly threatened or became violent towards the children or indirectly, for example, when children mimicked the violent behaviour of the perpetrator (Zink et al., 2003). Children may also act as barriers to leaving violent relationships and this is discussed further at section 2.5.3.

Additionally Patton's (2005) research indicated that hope played an important role as both a barrier to leaving, when a woman hopes that her partner will change or the violence will stop, but also as a way out when there is a change in belief about the relationship and the woman eventually regains hope in a future life free of violence enabling her to leave. This is similar to findings by Davis (2002b) who described hope as being a 'sense of direction' that provides meaning and a reason for existing with hope being linked to spirituality and social supports and through hope a better quality of life can be achieved (p.1249). Hope and resilience have been linked to women taking action to change and leave violent relationships (Nielson, 2004). Hope is difficult to define, with some authors suggesting there is limited evidence to support the concept (Lipscomb, 2007). Hope is also a difficult concept to measure although some tools have been designed to measure specific aspects of hope (Nunn, Lewin, Walton, & Carr, 1996;

Snyder, 2002). Further research is needed regarding hope as a possible facilitator for leaving domestic violence.

Factors that facilitate decisions to leave or end domestic violence may also act as barriers to leaving abusive relationship. Further research is needed to determine the context of barriers/facilitators in leave/stay decision making. The next section explores current research regarding deterrents that may delay or prevent women's decision making to leave or stay in a violent relationship.

2.5 Barriers to leaving or ending domestic violence

Barriers to disclosure of domestic violence previously discussed (section 2.3.1) increase the complexity inherent in decision making by women to leave or end abusive relationships. Women who leave violent relationships face enormous hurdles including the risk of increased violence or even death from abusive partners (Campbell et al., 2007). In addition to feeling fear women experiencing abuse often lack self-esteem, are isolated both physically and mentally and have little energy to make decisions to leave or end domestic violence. External barriers, in addition to physical barriers erected by partners, include family pets and financial restraints.

The inability to predict the type of violence and when it might occur has been found to reduce their sense of mental and physical safety (Abrahams, 2007). The isolation from friends, family and social networks or supports often enforced by a violent partner restricts the ability of the woman to leave the relationship (Abrahams, 2007). Women's self-worth is often eroded, women believing negative values placed upon them by their violent partner (Abrahams, 2007). The emotional abuse and low self-esteem that often accompanies living in a violent relationship may make it extremely difficult for women to take independent action to leave. Women experiencing abuse may have difficulty just coping with day-to-day living and just trying to keep themselves and their children safe (Abrahams, 2007) with little energy left to make decisions regarding leaving or ending domestic violence (Letourneau et al., 2013).

Women experiencing domestic violence often blame themselves for the violence and hold themselves responsible for trying to stop their partner from continuing the abuse (Landenburger, 1989) and this delays ending or leaving the relationship. As discussed in the prior section on disclosure of abuse women may deny or fail to acknowledge the violence in their relationships. Women may be experiencing domestic violence while appearing to others outside the home to have a normal relationship. This process has been described by one researcher as living in two separate realities (Landenburger, 1989). Women experiencing abuse who avoid admitting, even to themselves, any

thoughts or feelings regarding the abusive relationship become even further isolated as others outside of the relationship are not aware of the violence (Hyden, 1999) and this may deter seeking help to leave or end abuse.

Researchers, in one grounded theory study, interviewed eight women in the US who had experienced and left violent relationships (Wesely, Allison, & Schneider, 2000). Researchers reported that some women found it difficult to leave because they thought that the relationship they had was better than no relationship, they were 'desperate to be loved' and were trapped by their own feelings of unworthiness (Wesely et al., 2000). Women may not identify controlling behaviours exhibited by partners as signs of domestic violence but see these as signs of love (Power, Koch, Kralik, & Jackson, 2006). Researchers reporting that the most commonly stated reason why women do not leave a violent relationship is because of feelings of love for their partner (Davis, 2002a; Kearney, 2001) in addition to promises by the partner that he would change (Strube & Barbour, 1984). Fear of retaliation or of a future outside the relationship, lack of support, or hope that their partner will change or stop the violence often deter women from leaving and prevent them from taking other action to end DV (Kearney, 2001; Keys, 1998; M. E. Smith & Randall, 2007).

Women may not be ready to leave or to seek any intervention about their violent relationship (Chang et al., 2005). Some women have stated that lack of information was an important reason holding them back from leaving and that once resources that included helplines and support centres were obtained, they provided valuable help and support (Abrahams, 2007). Many women abused by their partner may remain in or return to domestic violence relationships because they perceive the financial, emotional and risk-taking costs to be higher if she leaves than if she stays (Bell & Naugle, 2005; Meyer, 2012).

2.5.1 Loss of personal identity

Women experiencing abuse may disassociate themselves from their physical body in order to survive or as an act to preserve some autonomy (Lempert, 1996; Wesely et al., 2000). Lempert (1996) interviewed 32 women attending support groups for domestic violence in the US and used a grounded theory approach to identify themes. Lempert (1996) reported that a woman's sense of self identity may be eroded as the abusive partner attacks her body both physically and emotionally by pointing out her apparent deficiencies as a woman, for example telling her she is fat or ugly (Lempert, 1996) which has also been reported by other researchers (Wesely et al., 2000). Women reported being bodily present while being physically abused but not being present

emotionally (Lempert, 1994, 1996). The researcher suggested these women may be resisting the violence by emotionally closing off in order to have some control over their 'self' (Lempert, 1994). However this 'passive acceptance' of the abuse also rendered the violence invisible, inhibiting help seeking or decision making to leave or end the abuse (Lempert, 1996).

Kearney (2001) used a grounded theory approach to analyse 13 qualitative research reports regarding women and their responses to staying in or leaving a domestic violence environment. The findings conclude that women remain in domestic violence situations because of economic, social and emotional dependence on their male partner, following a loss of self-identity; women were found to have sacrificed their independence and put their emotions on hold in order to survive the ever-present risk of unpredictable violence (Kearney, 2001). Some women give up valued parts of their identity such as care of their physical body and eventually their own estimation of self to avoid further violence. This has been called the 'shrinking of self' (Kearney, 2001).

The loss of self or putting emotions on hold may be a coping strategy used by some women to cope with continued violence but may also delay help seeking (Kearney, 2001; Lempert, 1996). Further Wesely et al. (2000) asserted that the loss of female identity and sense of self when combined with depression might make it even more difficult for women wishing to leave the violent relationship.

2.5.2 Financial barriers

Lack of economic resources have been linked to women not leaving, or returning to, an abusive partner (D. J. Anderson, 2003b; Bogat et al., 2005 ; Meyer, 2012). Economic dependence on their partner combined with a lack of accommodation has been found to delay decisions by women to leave abusive relationships (Strube & Barbour, 1984). Anderson and Saunders (2003) undertook a literature review, that included both quantitative and qualitative studies, that focused on factors related to leaving violent relationships and reported that women with independent incomes, including welfare, were more likely to leave.

In another study welfare payments were not found to be a significant predictor in leave-making decisions for women experiencing violence when the level of financial dependence on her partner was taken into account (Kim & Gray, 2008). Financial dependence on her partner was found to be one of the main reasons the woman did not leave a violent relationship (Kim & Gray, 2008) which was similar to findings in Australia (Patton, 2005). The inability to obtain financial resources, independently of their abusive

partner, is a barrier to leaving or ending domestic violence. This may be complicated by several other factors compounding the situation.

2.5.3 Other barriers

Children, marriage vows and religious beliefs in addition to family pets may influence decision making to leave or stay in violent relationships and these additional barriers will now be discussed briefly.

Children may be facilitators for ending violent relationships as discussed (section 2.4.3) but may also inhibit decisions to leave or end domestic violence. Meyer (2012) interviewed 29 women who had sought specialist DV services in Queensland. Women made decisions to leave or remain in violent relationships based on what they perceived to be in the children's best interest at that point in time (Meyer, 2012). Reasons provided by women for remaining in the relationship included the desire to keep the family unit together and to provide a financially stable and 'safe' environment for their children (Meyer, 2012). Sixty-two percent (18) of women interviewed in this research said they stayed in the relationship because they perceived they would be unable to protect their children from retaliatory action by the perpetrator should she decide to leave (Meyer, 2012 p.9). Alternatively some women perceived they could better protect their children by remaining or returning to the relationship, rather than allowing the perpetrator to have unsupervised visits with the children (Meyer, 2012). However, the presence of children encouraged some women to leave the relationship eventually. Several of the women strategically planned to leave when it was deemed safe and the women had secured financial resources and accommodation for the children (Meyer, 2012).

Likewise marriage vows and religious beliefs may influence a decision to stay (Flinck et al., 2005; Knickmeyer, Levitt, Horne, & Bayer, 2003) or leave (Knickmeyer et al., 2003). Fundamentalist religions may encourage women living in violent relationships only to seek help from the clergy and trusting in prayers to God to change the woman's violent partner rather than leave the marriage (Strickland, Welshimer, & Sarvela, 1998). One grounded theory project in the US included interviews with 10 women who had experienced domestic violence and were practising Christians (Knickmeyer et al., 2003). Women in this study reported being given conflicting messages by their church minister and church community, when abuse was disclosed, that varied from emotional or material support to alienation or rejection, thereby increasing the difficulty in making a decision whether to leave or remain in an abusive relationship (Knickmeyer et al., 2003). For the majority of participants advice from church ministers suggested the women return to their abusive partner, honour their marriage vows and to continuously forgive the

perpetrator (Knickmeyer et al., 2003). The report suggested this placed values of the church over safety of the woman (Knickmeyer et al., 2003) similar to findings in more recent qualitative research in the US (Potter, 2007). Similarly one Australian study (Patton, 2003) reported that, while ministers of religion did not condone domestic violence, the woman was blamed for the violence and the focus for support was on keeping the couple together rather than supporting the woman to leave.

Family pets may delay stay/leave decision making by women experiencing domestic violence. A higher incidence of DV has been associated with abuse of family pets compared to relationships where no abuse or threats to pets occurs (Volant, Johnson, Gullone, & Coleman, 2008). The *Family Law Act (Cth.)* 1975 s4AB includes a section which includes intentionally causing injury or death to a family pet to constitute an act of family violence. In addition, the most recent Australian Personal Safety Survey incorporated abuse or threats of abuse toward family pets as being an act of psychological abuse toward the non-violent partner (ABS, 2012). Additionally researchers have found that concerns about family pets have also delayed women from leaving violent relationships (Volant et al., 2008). In one quantitative Australian study (Volant et al., 2008) 33% of women who had left violent relationships (11 out of 33) reported they had delayed leaving for a week or longer because of concerns about their family pet (p.1288). This was similar to findings in a US study reporting 22.8% of women who had left domestic violence reported concerns for their pet had deterred them from leaving the abusive relationship and this was particularly the case for women who did not have children (33.3%) compared to women with children (19.5%) (Ascione et al., 2007 p.364).

Barriers to ending or leaving domestic violence are complex and often compounded by both internal and external factors. Many women need to overcome multiple barriers in order to take action to end the abusive relationship. Deterrents to leaving abusive relationships may be internal including love and attachment to their partner, wishing to remain as a 'family' for their children or a lack of energy. External factors include financial barriers, lack of housing, family pets and/or isolation from the provision of services. Further research is needed to understand the complex and overlapping nature of barriers in order for service providers to more efficiently support women to leave or end abuse in their relationships.

2.6 Social support; referrals and helpfulness

Social support was examined in the introductory chapter (1). The subsequent section will discuss literature regarding referrals and helpfulness of social support

followed by an overview of social support that may assist women leaving or ending domestic violence.

Support services may be offered to women experiencing violence, however the support offered may or may not be the most appropriate. Referral to services may also be reliant on choices provided by initial helpers, including other service providers, sought by a woman experiencing abuse.

Krugman et al. (2004) surveyed 108 emergency department workers and 146 community members at three hospitals in the US to determine what services they perceived were most helpful for victims of domestic violence. Krugman et al. (2004) found that support services that would be offered to women experiencing domestic violence varied between general people in the community and health workers and that referral to services depended on the perception of the referrer whether that service would be useful or not (Krugman et al., 2004). When asked if they had personally experienced domestic violence (either themselves or close friends/family) 119 participants (47%) stated yes while 101 participants (40%) stated they had utilised support services in relation to domestic violence (Krugman et al., 2004).

Participants were requested to read three scenarios regarding hypothetical episodes of domestic violence that varied in severity of physical abuse and to rate support services they would refer the women to in each case (Krugman et al., 2004). Both groups of participants in this study rated the police and emergency department as being the most useful resources, with friends and family being seen as less important (Krugman et al., 2004). This is in contrast to other US studies where women actually experiencing abuse reported they turned to friends and family first (71%) then sought police intervention (45%) or the ED department (Pakieser, Lenaghan, & Muelleman, 1998 p17). The health care workers also preferred to refer to women's refuges up to 2.3 more times than the community participants, and counsellors up to 1.6 more times (Krugman et al., 2004). The community participants referred to the police up to 1.6 more times than the health workers and lawyers up to 2.5 more times, particularly in a scenario where children were involved (Krugman et al., 2004). Interestingly the researchers suggested that mandatory reporting of domestic violence in some states in the US and associated negative experiences with police following mandatory reporting may be associated with lower preferred referrals to the police by health professionals in this study (Krugman et al., 2004). This study has distinct limitations with no control group, the use of a survey tool that had not been validated and all participants were recruited from three hospital emergency departments so they may rate particular services as being more useful than the general population (Krugman et al., 2004). However this research, while

not generalisable, does suggest that perceptions differ as to what support services are considered helpful or not by service providers, the general community and to women experiencing violence. It also reinforces the importance of ensuring service providers find out what support and help the individual woman is seeking before referral.

In Australian studies women experiencing abuse usually approach family and friends before approaching formal supporters including their medical practitioner and/or the police (Patton, 2003) other legal services and/or Centrelink (Evans, 2007). Women experiencing more severe types of abuse have been reported as being more likely to seek formal support including police assistance (Meyer, 2010). Further research is needed to determine how decisions are made regarding referrals by health care and other providers to services involving women experiencing domestic violence.

Some health services suggest a one size fits all approach to providing support services to women experiencing domestic violence will lead to early identification, increased support, referral and ongoing service provision resulting in a reduction of health effects due to domestic violence (Coker et al., 2002 citing Rosenberg & Fenley 1991). This is in contrast to other research suggesting women experiencing domestic violence obtain the most benefit from social support that is tailored to their particular circumstances (Constantino et al., 2005).

2.7 Social support that may help

Both informal and formal support have been found to both facilitate and/or delay women ending or leaving abusive relationships. Validation, having someone that can be trusted and relied upon to give non-judgemental support and advice in addition to providing tangible assistance such as childcare and transport have been reported to assist women to leave or end violent relationships.

Validation of abuse in the relationship by others has been found to be important for women making leave/stay decisions. In one study friends, family and some community supports including housing, welfare, legal services and counselling helped validate women's experiences of domestic violence and assisted the women to see that escape from the abuse was possible (Davis, 2002b).

A trusted informal support provider may also provide a link between informal and formal support services by acting as an advocate (Liang, Goodman, Tummala-Narra, & Weintraub, 2005). Liang et al. (2005) suggest that current research is limited to what women decide to do rather than on how women perceive the violence in their lives and how these self-perceptions shape the subsequent processes of help seeking. This is

similar to other findings that indicate women's perception of violence and help services must be defined by the women (Crane & Constantino, 2003; Liang et al., 2005).

Issues regarding disclosure of domestic violence have been discussed (section 2.4). This section focuses more on the issue of disclosure in relation to social support. A recent analysis of findings from the Australian component of IVAWS reported that the majority of women disclosed domestic violence to informal supports and no one else (Meyer, 2010). The process of seeking professional services was usually in addition to obtaining informal support (Meyer, 2010). Approaching services including legal services, crisis information services and financial support were associated with being married, having children who witnessed the violence, alcohol or other drug use, having an abusive partner who had obtained counselling services and an escalation of violence (Meyer, 2010). Interestingly the finding that women who had partners that had previously attending counselling services in relation to their battering behaviours implies that while the abuse continued the women were able to tap into services they had been alerted to as a result of their partner's prior counselling (Meyer, 2010). Alternatively, it may be that women feel that all other avenues for stopping the abuse have been exhausted, so more formal services including police intervention and services for victims of domestic violence can now be utilised (Meyer, 2010).

Women do not always seek professional support for themselves but where children are involved and at risk, women are increasingly more likely to seek formal assistance (Meyer, 2010). However, findings from other studies have reported that women may not disclose domestic violence as they fear the loss of their children if they admit their children may be at risk of emotional or physical harm due to the violence (Fugate, Landis, Riordan, Naureckas, & Engel, 2005). Decision making regarding disclosure and help seeking for women experiencing domestic violence is complicated and this is intensified when children are involved. Some of these issues have been discussed previously (sections 2.4.3 and 2.5.3).

The Australian component of the IVAWS was limited as the survey only recorded information in regard to help seeking for the most recent incident of violence and did not record perceived levels of health experienced by the women at the time of the survey (Meyer, 2010; Mouzos & Makkai, 2004). As was previously mentioned DV occurs on a continuum and not in a linear manner. In line with other research this analysis also found that women seek informal support initially then if the response is a positive and supportive one may then decide to utilise more formal support services (Davis, 2002b; Meyer, 2010; Moe, 2007). The process of being able to identify their relationship as being

problematic is the first step towards taking further action to seek a way of being safe, leaving the relationship or using professional services (Davis, 2002b; Meyer, 2010).

Further research is required regarding the use of social support by women and how service providers may utilise women's social support networks as part of existing or new programs (Goodman et al., 2005). This highlights the need for a narrative approach where women can tell their story about their needs, accessibility of services and their use of social support. Researchers have identified the need for service providers to be afforded appropriate education and training regarding violence against women and also suggested that there is a need for a consistent and coordinated response in services provided (Patton, 2005) which has been confirmed in more recent studies (O'Doherty et al., 2014).

Women experiencing domestic violence have been found to support models of healthcare that tailors support to individual needs rather than directing women in a particular direction (Feder, Hutson, Ramsay, & Taket, 2006). What women find helpful or supportive may well be different to what a standardised model of care suggests with the needs of women changing and evolving over time and further research is needed in this area.

2.8 Barriers to social support

Despite the potential benefits of social support women living in violent relationships do not always seek or accept assistance from anyone (WHO, 2005). Women may use self-protection strategies including attempts to pacify their partner in order to keep the peace or use confrontation strategies that may include physically fighting back instead of seeking any form of social support (Liang et al., 2005; Waldrop & Resick, 2004).

As identified earlier, some women initially report domestic violence to informal networks including family or friends rather than more formal service providers such as doctors, counsellors or police (Keys, 1998; WHO, 2005). Informal sources of support from family and friends, such as emotional resources and tangible support, including short term accommodation or financial assistance, may also be depleted over time (Lempert, 1997; Liang et al., 2005; Thompson et al., 2000). Supporters are restricted in their ability to continuously provide assistance and their understanding regarding the complex nature of domestic violence may be inadequate (Lempert, 1997; Liang et al., 2005). Some women may only seek help from formal services when they have tried all alternatives, including self-protection strategies, and they lose hope in being able to stop the violence themselves (Lempert, 1997).

Liang et al. (2005) suggest that women are influenced in their decisions about help seeking by several factors. At an individual level women may be deterred from seeking help by emotions such as guilt, shame and self-doubt (Liang et al., 2005). Secondly, at an interpersonal level, women's comparison of themselves to others – including minimising their own experience of abuse when compared to someone else experiencing more serious abuse – may delay help seeking (Liang et al., 2005). Alternatively when informal supports respond negatively, such as with disbelief, to their disclosure of violence this may also deter further help seeking (Liang et al., 2005). Thirdly sociocultural influences to help seeking include the ability to access support, which is more limited for women with fewer resources including women who may have no family support due to immigration and limited cultural supports (Liang et al., 2005). Culturally and linguistically diverse (CALD) women in particular may have to rely on their abusive partner for both tangible and emotional support and may be unable to access available supports, even if they are aware to them, due to educational or language barriers (Liang et al., 2005).

Women may have concerns about losing rights to privacy, being disempowered or possible stigmatisation should they seek the provision of services (Liang et al., 2005). However, if the violence is severe and informal supports are not able to protect the woman then the risks of not seeking professional support may outweigh the risks of seeking formal support (Liang et al., 2005).

Women often make choices to leave or stay based on whether the risks of leaving, including safety to themselves or their children and financial stability, outweigh the benefits of leaving (Meyer, 2012). In this Australian study women made decisions to stay or return to violent relationships if they perceived, at that time, that they were better able to protect their children from abuse from the perpetrator by remaining in the relationship (Meyer, 2012) and this has been discussed previously (section 2.5.3).

Some research has found that women in violent relationships may not want to burden their family with knowledge of the abuse in their relationship and may prefer to use external social supports for assistance (Davis, 2002b). Reasons for not disclosing domestic violence have been discussed elsewhere (section 2.3.1) and may include (but are not limited to) physical or emotional, financial or physical barriers set up by the perpetrator (Braaf & Sneddon, 2007) which also decrease the opportunity for the victim of violence to access support services or social support (McCauley et al., 1998). Women living with violent partners may be socially isolated from social networks or alienate themselves due to eroding self-esteem and personal self-worth (Coker, Watkins, Smith, & Brandt, 2003; L. E. Rose et al., 2000). Some male partners deliberately isolate their

female partner in order to have continued control over them limiting where and who the woman may contact (L. E. Walker, 2006).

Although social support has been found to moderate the mental and physical impacts on women living in violent relationships (Coker et al., 2003) the women may be excluded from such networks or unable to access social support even when it is available.

Women may minimise and not disclose abuse because of reasons discussed previously (section 2.3.1) and therefore potential supporters may be unaware of the need to provide support (Levendosky et al., 2004). Barriers to disclosure of domestic violence (see section 2.3.1) also inhibit women from seeking professional or non-professional support particularly when reactions to requests for assistance are inconsistent, non-supportive or judgemental (Feder et al., 2006; Garcia-Moreno, 2002; Keys, 1998; Peckover, 2003; Ramsay et al., 2002; Victorian Department of Human Services, 2006).

Women may fear a critical reaction if they disclose violence or may be concerned that nothing will happen and no help will ensue even if they do disclose (Levendosky et al., 2004). Women may be influenced not to seek police help when they are threatened by the perpetrator or supporters advise women not to contact the police (Wolf, Ly, Hobart, & Kernic, 2003). Women may have experienced poor reactions to reported violence including mistaken arrest of the woman, minimalising or not listening to the woman's experience of violence, failure by the police to arrest or take any action against the perpetrator and racist or other stereotyping responses by police (Wolf et al., 2003).

Other findings discuss the difficulty women have in accessing multiple services, including the health and legal sector, that can provide the support they need (Pajak, Ahmad, Jenney, Fisher, & Chan, 2014). Women in this Canadian study perceived that service providers, particularly in the legal sector, were judgemental, expressed disbelief or failed to respond to requests for assistance thus deterring further help seeking (Pajak et al., 2014).

Additionally researchers report that potential support may not be provided as workers may blame the victim or not be trained or able to deal with possible disclosures of violence (Coker et al., 2002). Sometimes well-meaning supporters may undermine the decision making capacity of the woman by imposing options, rather than promoting decision making, and this has not been found to be helpful (Lempert, 1997).

Women face many difficulties in order to leave or end domestic violence and in obtaining help during that process. Leaving domestic violence is complex. More research is needed to find out how women perceive their own situation of violence and how they

process that information in order to seek further support or not (Liang et al., 2005). This agrees with findings by other researchers that tailoring social support to meet a particular woman's need to cope with an abusive relationship is of most benefit (Crane & Constantino, 2003).

Social support may help women living in or leaving a violent relationship in addition to alleviating symptoms of ill health associated with living in such relationships. However, it appears that social support needs to be specifically tailored to the individual woman in order to be most effective. Further research is required to determine what forms of social support, as identified by women who have lived in a violent relationship, may assist women to leave or make changes in that relationship to end the violence. Additional research is also needed to determine if the perceived needs of women leaving domestic violence equates with that identified by helpers of women leaving violent relationships. Professional services that support women in determining their own tailored interventions that take into account the often chaotic and stressful lives many abused women live with every day may prove to be more useful in helping women leave violent relationships.

By contrast, an undesirable response from the service provider may inhibit the woman from leaving, or encourage a woman to return to a violent partner. The level of support provided to women who disclose domestic violence is far from clear (O'Doherty et al., 2014) and requires further research. The provision of service and resources must match the perceived need of the woman at that time in order to be of most benefit (Crane & Constantino, 2003). Revenson et al. (1991) state that further research is needed to determine if the perception of social support provided by service providers is the same as that experienced by the individual. Whether some aspects of social support predict whether a woman leaves or stays in a domestic violence situation is currently unknown and further research, particularly longitudinal studies, is needed (Levendosky et al., 2004). In the interim, taking a life story approach may answer some of these questions.

2.9 Social support and leave or stay decision making

There are complex issues around the decision to leave or stay in a violent relationship that need to be considered by support services including professional service providers in order to provide the most efficient help to women experiencing domestic violence (Davis, 2002b). While research has identified some catalysts for change and recognised the need for tailored services, it is currently unclear what the important elements of such a tailored program might be.

In addition to the points raised in the prior section current research has not demonstrated if and how support services accommodate the perceived needs of women experiencing domestic violence. There has been little research undertaken in Australia to explore with women their perception of services needed to leave or change a violent relationship. Consequently, it is far from clear if current services are meeting the requirements of women experiencing domestic violence in Australia.

Particular trigger points or catalysts, as discussed earlier in this chapter (section 2.5.2) have not been clearly identified although some factors have been shown to influence the woman's decision to leave or stay. For example safety, privacy, respect for autonomy and offering interventions applicable to the woman at that particular time in her life have been shown to assist women in stay/leave decision making (Abrahams, 2007; Chang et al., 2005; Davis, 2002a). Lack of, or conflicting information, lack of material resources, fear and love for their partner, loss of identity and low self-esteem combined with depression deter women from leaving or changing violent relationships (Kearney, 2001; Kim & Gray, 2008; Knickmeyer et al., 2003; Lempert, 1996; Patton, 2005; Wesely et al., 2000). Women may be supported in decision making regarding leaving or ending violence by services offering appropriate support at the appropriate time in their life (Crane & Constantino, 2003; Revenson et al., 1991). However how this is currently managed has not been well researched. The importance of providing options for the woman experiencing domestic violence that are going to be useful needs to be further explored.

2.10 Conclusion

The prevalence rates for domestic violence against women in Australia and worldwide is estimated to be about one in four to one in five women. The consequences to health for woman experiencing domestic violence in Australia and worldwide are well known (Campbell, 2002). Disclosure of abuse to a supportive respondent may be the first important step for a woman to change or leave her violent relationship. Social support, whether provided by informal sources or professional support providers, has been associated with a decrease in health effects for women experiencing abuse. However, social support has been found to be of most benefit where the support provided is matched to the woman's perceived needs.

Women's perceptions of social support and how this may assist them to remain in or leave a violent relationship requires further research. For the past 50 years social, legal and public health services have conducted community awareness campaigns and have sought to prevent domestic violence and to assist women to end domestic violence.

It is timely to consider what women say they need in order to support them in making decisions about leaving or remaining in violent relationships. It is also important to determine what workers in the field of domestic violence perceive as their role in helping women to leave or end domestic violence in order to compare this with women's perceptions of support while leaving or ending domestic violence.

The participants in the current research have all left or ended abusive relationships although the process of leaving was complex and fraught with danger at times. This research examined what these women perceived to have helped or hindered their journey out of violent relationships. Chapter 3 will outline the methodological framework chosen for this research and chapter 4 will discuss the research process using a narrative inquiry approach. Triggers for leaving or ending the abusive relationships were explored (section 2.5.2) and are discussed further in light of the current research in chapter 5. Further discussion regarding the role that formal and informal supporters played in assisting participants to leave or end abusive relationships are examined in chapters 5 and 6. How professionals perceived their role as helping women leave or end domestic violence will be addressed in chapter 7. The perceptions of help providers for women leaving abuse and the perceptions of help giving by those providing support will be explored and analysed in the final chapter 8 in light of the current literature.

This chapter has provided information about the current evidence for the manner in which women make stay/leave decisions when experiencing domestic violence. In the following chapter, theoretical frameworks for these processes will be discussed which underpin the methodology for this research.

Chapter 3: Mode of Inquiry

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This chapter explores the methodological approach chosen for this research.

The aim of this study was to explore in detail how women who have experienced domestic violence make sense of their personal and social world. In particular this research investigated the significance for the participants in leaving or ending domestic violence and examined how service providers identified their professional role in assisting women to end such relationships.

Based on the gaps identified in current knowledge (see chapter 2), the main research questions are:

How do women perceive their experience of leaving or ending domestic violence?

How do women perceive their experience of social support while leaving or ending domestic violence?

How do support service providers perceive their role in helping women leave or end domestic violence?

To answer these questions, I interviewed 12 women who had experienced and left domestic violence and conducted focus groups with service providers. A semi-structured interview was used to encourage women to tell their stories of violence with prompting or probing utilised to encourage in-depth discussion and uncover more meaningful responses. I named this stage of interviewing individual participants '*Phase 1*'. I also convened three focus groups with professionals in the non-government sector who work with clients who have experienced domestic violence. I called this second stage of focus groups '*Phase 2*'. Open-ended questions were used in the focus groups to initiate dialogue and promote discussion between the participants and me as researcher. The focus groups for Phase 2 of the study were undertaken in order to elicit information from professionals regarding how they see their role in helping women to leave or end domestic violence. The actual methods used in this research will be further discussed in chapter 4, with findings of the research discussed in ensuing chapters of this thesis.

The purpose of the current chapter is to discuss why these qualitative approaches were more suited to answer the research questions than quantitative approaches, followed by a discussion about the methodological framework and theory behind the modes of inquiry utilised in the research. The concluding sections of this chapter will discuss the analytical framework, concerns regarding focus groups, followed by issues regarding rigour and validity of the mode of inquiry.

3.1 Why a qualitative approach?

This chapter was originally titled 'Methodology'. However after extensive reading I decided to change it in line with other narrative researchers (Josselson & Lieblich, 2003); the chapter is now more appropriately titled 'Mode of Inquiry.' The term *methodology* has a meaning too close to that of the quantitative paradigms whereas this research, using a narrative framework, involves a creative search for meaning where the journey is part of the research itself. The term 'methodology' when used in this chapter refers to the 'plan of inquiry' (Josselson & Lieblich, 2003) I adopted. Chapter 4 remains with the title of 'method,' as the actual research process during the journey is important in explaining to others how the research was undertaken (Josselson & Lieblich, 2003).

Qualitative research is concerned with describing the inherent properties of the particular phenomenon of interest (J. A. Smith, 2008). Data collection may include detailed interviews including focus groups, observation studies or written records with a rich source of potential data that is not restricted to pre-determined responses (Quinn Patton, 2002). In comparison, quantitative approaches are focused on units of interest with the use of volume, quantities and size measured with standardised tools such as surveys (J. A. Smith, 2008) that have a finite number of responses that are assigned numbers (Quinn Patton, 2002). Qualitative research is considered inductive with specific observations, that may include in-depth interviews, development of hypotheses and generation of theories which may be tested or alternate theories used to explain data (Quinn Patton, 2002). Quantitative research is deductive research with data being used to test developed theory (Morse & Field, 1995) and hypotheses determined before data collection (Quinn Patton, 2002). Quantitative approaches are conceived from the top down with hypotheses put forward before the research, whereas qualitative methodologies use a bottom up approach with no testing of hypotheses and avoidance of presumptions in relation to the data (Reid, Flowers, & Larkin, 2005).

Qualitative methodologies are appropriate to explore in depth the cultural, interpersonal, ethical, context and meaning of particular life events or circumstances from the perspective of individuals participating in a study (Yardley, 2000). How individual women perceive the process of help seeking and leaving domestic violence is well-suited to a qualitative methodology. The stories as told by the women about their own unique experience of violence, the planning toward the leaving, the lived-through leave-taking encounter and help seeking during this time would have been difficult to capture in quantitative approaches. Using qualitative approaches such as analysis of stories about women's personal experience of leaving or changing their domestic violence situation

will increase understanding and complement existing knowledge captured using more statistically based approaches (Polkinghorne, 1988).

I chose to use qualitative methodology in this research because I anticipated that gathering data from interviews should be able to offer valuable, insightful information from women who have experienced and left domestic violence that would not be available from quantitative methods such as questionnaires (Quinn Patton, 2002). There were no prior hypotheses, rather the careful framing of questions that provided the opportunity to open up a dialogue between the participant and the researcher and allowed the participant to tell their own story. The researcher in qualitative research is required to listen intensely to participants as they construct their own experience followed by the researcher's thoughtful analysis of data (Josselson, Lieblich, & McAdams, 2003).

When unique responses are required to capture experiences of human existence, such as a woman's experience of domestic violence and the meaning of leaving such a relationship, qualitative research is the best method of choice (J. A. Smith, 1996). To obtain a richer account of how women are thinking about and dealing with complex issues, such as domestic violence, qualitative research that includes information gathering is more appropriate than quantitative methods (Holliday, 2007; J. A. Smith, 1996). The loosely structured nature of a semi-structured interview, for example, provides an opportunity for the researcher to probe below surface responses and obtain multi-layered details about the participants' responses as they arise. Qualitative research allows for claims to be made about individuals, unlike more quantitative methodologies, where analysis is at the level of groups and populations and only probabilistic claims can be made (J. A. Smith & Osborn, 2008).

In an era where evidence based practice is dominating the health sector Grypdonck (2006) claims that many qualitative researchers feel the need to constantly defend their research against claims that it is not based on scientific evidence using quantitative methods such as randomised controlled trials (RCTs). Quantitative research using scientific 'evidence' such as RCTs is arguably the correct route in straightforward situations to determine the relationships between interventions and outcomes, for example, the use of a medication to treat a particular disorder (Grypdonck, 2006). However, quantitative research including RCTs can only inform decision making, by policy makers, health workers and bodies providing grant funding, to some extent (Grypdonck, 2006). A woman diagnosed with depression for example, who is also living in a violent relationship, may actually have a worse outcome from antidepressants if the complexity of her violent relationship is not also addressed (McCauley et al., 1998). Quantitative research would test a pre-existing hypothesis with standardised

methodologies that are able to be repeated to obtain the same results (Hanson, 2006). The current state of domestic violence research is arguably not yet at a phase where the researcher would know what to test using quantitative methodologies and therefore a qualitative mode of inquiry is better suited to identify what these facets are in regard to women leaving domestic violence.

A recent United Kingdom document states “the statistics can only take us so far” (NHS, 2010 p.10) with each individual story of violence and abuse experienced differently. The use of qualitative methodologies was well suited to capture the nuances of individual women’s experiences and what women perceived to be helpful in making leave/stay decisions regarding a violent relationship.

The use of qualitative methodologies in this research enabled women’s perceptions of what they found helpful, when considering whether to leave a violent relationship, to inform policy makers regarding the appropriateness of interventions in a much broader way than that captured solely by quantitative research (Grypdonck, 2006). In this research project I was seeking a personal construction of women’s past experience with domestic violence and ending such a relationship. The type of qualitative methodology I chose for this research was narrative inquiry.

3.2 Narrative inquiry

A narrative inquiry approach forms the framework for information collection and interpretation of data in this project. Some researchers (e.g. Andrews, Squire, & Tamboukou, 2008) claim that unlike other qualitative methods there is no automatic start or end point for narrative research and clear guidelines regarding analysis of narrative data are difficult to find.

Controversy surrounds the term ‘narrative’; for example the term is used descriptively by politicians in common speech, by journalists to promote understanding of newsworthy events or scholars in the social science field where it may refer to diversity of study or method of analysis (Andrews et al., 2008). Narrative inquiry has been criticised by some researchers as being overly complex, too simple, too lengthy or overly conventional (Andrews et al., 2008).

The term ‘narrative’ has multiple meanings but is often used synonymously with ‘story’ (Riessman, 2008) or as Clandinin and Connelly (2000) write “stories lived and told” (p.20). The word *story* will be used in this chapter interchangeably with the word

*narrative*¹. Polkinghorne (1988) describes a narrative as a “kind of organisational scheme expressed in story form” (p.113). Narrative may refer to the process of the story making or the results of the process such as stories or histories (Polkinghorne, 1988).

Human behaviour is generated and informed by the meaningfulness of life experiences. The main way in which a person’s human experiences are made meaningful is through narratives. Experiences are organised by human beings using cognitive processes and the meanings of these episodes can then be observed by others, for example, by telling stories about day-to-day happenings in order to explain the actions of the self or others (Polkinghorne, 1988).

A narrative may also be understood to be a meaningful, ordered sequence of events that builds up to demonstrate a total picture and is produced for a specific audience (Elliott, 2008). Stories typically have a beginning, middle and end, and a plot or point of interest that will answer the ‘so what?’ question (Chase, 2003; Riessman, 2008). Historically the meaning of narrative began with Aristotle’s examination of the Greek tragedy where events are structured with a clear start, middle, plot and finish. Aristotle described the plot as the lifeblood of the story because it is the plot that heightens emotions in the audience when something unexpected occurs (McQuillan, 2000; Riessman, 2008). Narrative is a way of displaying the significance of the connections that occur between two or more events that are combined by a plot or organising theme. Human beings explain events by integrating events into a plot or key theme that makes the event understandable in the context of what has happened (Polkinghorne, 1988). For example Polkinghorne (1988) suggests that the significance of an event such as running out of petrol might be understood and have more meaning in light of a friendship that subsequently developed when a person offered to help. The plot, which, in this case, is the action of friendship-making, links the events in this story together and contributes to the total experience that occurred (Polkinghorne, 1988).

Contemporary narrative inquiry developed from researchers across several disciplines including sociology, anthropology and sociolinguistics. Researchers assert that the main idea of narrative inquiry is so that others may see the cultural and social meanings inherent in that person’s story (Chase, 2005). Personal narratives may serve

¹ Although it needs to be acknowledged that there are different forms of narrative such as habitual (repeated incidents with no plot) or hypothetical (incidents that did not occur) narrative (Riessman, 2008).

other purposes including the promotion of action by political groups and governments and also fostering a sense of belonging in groups (Riessman, 2008).

The concept of narrative may refer to past events as told by the narrator or stories surrounding experiences that may or may not have happened to the storyteller (Andrews et al., 2008). These events may include oral stories as well as pieces of writing such as diaries, photos etc. (Andrews et al., 2008). Narrative inquiry may be comprised of single or multiple research interviews, natural conversations, oral or written stories obtained during fieldwork and more recently visual materials used to construct stories (Chase, 2005; Riessman, 2008). Narratives may be fictional or non-fictional (Polkinghorne, 1988) and include a story about a person's whole life or a short story about a particular occasion and special individuals (Chase, 2005).

Alternatively a narrative may be an extended story about a noteworthy aspect or life-changing event (Chase, 2005). Turning point moments, called 'epiphanies' by Denzin (1989), may include minor and major events that impact on a person's life. The meaning of that life-changing event is always retrospective as the narrator relives and re-experiences what happened while narrating their story (Denzin, 1989). In this research epiphanies that women talked about included one or more events that initiated their leave taking from a violent relationship.

This study explored narratives as personal stories of experience (called experience-centred narratives) not just stories about actual events (event-centred narratives). Event-centred research tends to be more structured and orderly whereas experience-centred narratives include all chronological and significant stories of personal experiences defined more by themes than events (Squire, 2008). According to Squire (2008) event-focused narrative research tends to overlook the narrator's story of who they are outside the event, stories tend to be distanced from the actual events described and the interactions between the researcher as listener and participant as storyteller is likely to be neglected. Experience-centred narrative research, on the other hand, is more flexible and may include meaningful accounts that are wide-ranging or about specific life-changing events; in this research women leaving domestic violence. Experience-centred research may involve the narrator as 'self' telling about meaningful past events but may also include others from the present or speculation about the future (Squire, 2008). Experience-centred narrative research is interested in personal changes or transformations that form part of human existence (Squire, 2008). Experience-centred narratives involve some reconstruction in the telling of the stories at that particular time and place. Different contexts, different listeners and different times will necessarily change the meaning of that story if it is told again (Squire, 2008). Different

representations of speech in the transcripts will also change how the story is retold, for example whether pauses are left out, speech corrected and whether the transcript has such nuances removed so that just text remains (Mishler, 1991).

This research was particularly aimed at investigating the build-up to leaving and ending domestic violence as well as help seeking during that time. Examples of experience-centred themes may include life-changing moments including triggers, epiphanies or catalysts (Denzin, 1989) discussed earlier, that may have occurred, for example women realising their partner was not going to change and consequently ending the violent relationship. How the stories are reconstructed during the storytelling involves both the storyteller being the participant and the researcher being myself who responded to particular issues raised at times during the story therefore co-constructing the story with the participant (Ricoeur, 1991).

The stories people tell represent data that the inquirer needs in order to understand how people construct meanings out of events in their lives (Chase, 2005). In this research, this is the experience of domestic violence and the process of leaving or ending violent relationships. Riessman (2008) suggests that telling stories about difficult events in our lives allows the storyteller to create some order in their life and enables the withholding of emotion so that the person can more clearly reflect on and make sense of those events. Based on the narratives women shared with me I have attempted to understand and interpret the meanings women have constructed in regard to leaving or ending domestic violence.

The following section will discuss some of the theoretical perspectives concerning the collection of narratives followed by a discussion on the interpretation of collected stories and the role of the researcher in these processes.

3.3 Collecting narratives

Historically, feminist researchers and others in the 1960s to 1980s (Chase, 2005 citing Personal Narratives Group, 1989) questioned the role that researchers had in the collection of narratives from women that included journals, autobiographies and personal stories. Issues regarding power imbalances between the researcher and the storyteller were identified and debated including whether women's personal narratives "speak for themselves" and how the researcher interprets the narratives (Chase, 2005). However, it has been acknowledged more recently that participants in any research are unlikely to remain uninfluenced by their social background so are not actually revealing their true selves or speaking in their own voices (Chase, 2005). Storytellers may be selective about which perspectives they wish to review or alternately they may remember, forget or

amplify pivotal events that occurred at a time in the past (Riessman, 2008). The story told by the participant will be unique to that point in time and told that way for the particular audience present (Chase, 2005; Riessman, 2008). The audience may include both the researcher and others anticipated to hear their story that is later interpreted and re-told (Riessman, 2008).

The narrative should be acknowledged as a joint effort between the narrator and the researcher (Chase, 2005). The experience of interviewing and the relationship of interviewer to the interviewee needs to be identified and acknowledged as part of the research process (Elliott, 2008) particularly in narrative enquiry research (Chase, 2005). In this research I explored how women defined the domestic violence situation they lived through and their subjective interpretation of the realising, leaving or changing that situation. I have attempted to grasp the meanings of the stories as constructed and told by these women at a particular point in time and in a specific context.

Researchers using narrative inquiry are likely to use the first person when presenting work, acknowledging their own voice alongside the narrative (Chase, 2005). In this study I have kept recorded notes of my personal reactions that were experienced during the interviews. I have also used a journal reflecting on both individual and focus group participants' stories after the interviews and during analysis. This data was taken into account in the findings and discussion chapters.

Interviews may be undertaken in several modes including face to face interviewing, telephone interviewing or internet videoconferencing (Minichiello, Aroni, & Hays, 2008). Interview models may be structured with set questions that are asked in a definite order to elicit specific responses, may be very loosely structured and more like a conversation or may lie somewhere between the two (Minichiello et al., 2008). The interviewer may be well prepared in order to elicit responses from the participant, but the researcher cannot envisage what the participant's story may bring to light. The need for the researcher to be fully listening and open to understanding the participant's story is pivotal in order to know when to prompt for further information that may enhance understanding or provide further meaning (Chase, 2005).

Semi-structured interviews provide the opportunity for the researcher and participant to engage in a dialogue where the researcher can adjust questions and probe interesting and valuable matters as they arise (J. A. Smith & Osborn, 2008). In this research I used a semi-structured interview format either face to face or by telephone with adequate time (up to three hours) and space allowed for the participant to tell their story. I chose the semi-structured interview format for this research because the less

structured interview is more likely to elicit stories from participants instead of relying too closely on set questions that may have prevented more in-depth responses or inhibited important issues being raised (Minichiello et al., 2008).

The use of a pre-prepared set of questions as a guide, rather than a fixed to-do list, will enable the interviewer to think about what issues need to be raised during the interview, consider any potential difficulties and responses that could occur and allow the interviewer to be fully focused on what the participant is saying (J. A. Smith & Osborn, 2008). Smith and Osborn (2008) suggest questions used for interviews be structured in order to allow minimal prompting by the interviewer while endeavouring to get as close as possible to what the narrator thinks without overly leading by the questions. On the other hand narrative researchers suggest that the first major question asked should be one that invites the participant to tell their story and that less structured questions provide a guide to prompt or probe only that should be put aside as the interview develops (Chase, 2003). Good interview techniques often start off with general questions, following the direction the participant is taking as much as possible, then asking questions that are more specific about topics of interest (J. A. Smith & Osborn, 2008). The interview process in this project will be discussed further in chapter 4.

There is no minimum number of participants needed for a qualitative research project. Some researchers may decide not to recruit further participants once the data reaches 'saturation' point and there is no new information emerging from the data, however it is arguable that there is always something to learn from each unique individual's story (Josselson & Lieblich, 2003). Josselson and Lieblich (2003) suggest the point to stop is when the researchers feel somewhat inundated by the huge amount of knowledge obtained and have an adequate amount of diverse and rich data to communicate and share regarding the phenomena of interest. This was the approach taken regarding data collection for the current project.

3.4 Analysis

This section is an overview of the theory regarding narrative analysis. Issues regarding focus groups and interpretation of the Phase 1 and Phase 2 interviews will be discussed towards the end of the chapter.

The analysis of narratives involves the systematic study of narrative data (Riessman, 2008); in this study data includes the transcribed interviews of participants, notes taken by the researcher during the interview and reflections of the researcher taken during and after the interviews. The approach to analysis was concerned with exploring how people make sense of significant life experiences, in this research, women

experiencing and leaving domestic violence. Examining and attempting to decipher the stories told by women, who have experienced a life-changing event, was an important aim of this research.

The analysis of the participant interviews is more than a summary of what the participants are saying (Larkin, Watts, & Clifton, 2006). There is a need to allow the claims and concerns of the participants to shine through as well as making sense and putting these concerns and claims into context (Larkin et al., 2006). The researcher however, is limited to what the participant tells them and the detailed examination of what is revealed through the narrative in each particular case (J. A. Smith, Flowers, & Larkin, 2009). The researcher may assume a connection between what the participant is saying and their thinking and emotional state at that time. However, people may not always express what they are thinking or feeling. Participants may also choose not to self-disclose and the researcher has to interpret participants' mental and emotional state from what they say (J. A. Smith, 2008).

In addition the interpretation of experiences, as pointed out by Heidegger, are shaped by the facilitation or limitations of language (Larkin, Eatough, & Osborn, 2011). An account narrated by one person to a researcher is never purely a first person account; the account is always constructed by both the participant and the researcher (Larkin et al., 2006; Riessman, 2008).

When we carefully listen to stories told by people we learn how those people as individuals and as groups make sense of their experiences and how people construct meanings as they talk about their lives (Chase, 2003). The focus on the individual experience and their story about a particular phenomenon is most easily managed when there is only the social interaction between the participant and the researcher. One-to-one interviews in this research were the most appropriate mode for the women in Phase 1 interviews because the story of leaving domestic violence is unique to each individual woman. On the other hand, service providers always approach their jobs as part of a collective so focus groups, as a collective or joint enterprise, were the more appropriate method of data collection in Phase 2 focus groups. In the Phase 2 focus groups the aim was to capture the collective experience from professionals whose occupation includes working with women who have experienced domestic violence. A brief outline of the philosophy behind focus groups will now be provided.

3.5 Focus groups

A successful focus group involves several participants able to interact with each other and focus in-depth on a specific area of interest rather than just responding to

questions provided by a moderator (Liamputtong, 2009). Focus groups usually entail 6-10 participants who come from a similar cultural and social background or alternately share similar interests or knowledge (Liamputtong, 2009).

Wilkinson (2008) suggests that focus group participants will not be inhibited from sharing stories, including personal stories, in focus groups. Groups may give rise to insights of not just the individuals present but revelations and solutions might then be identified by other participants in the group (Quinn Patton, 2002). Memories may be triggered by responses by other participants stimulating further disclosure and debate and providing the researcher opportunity to collect detailed accounts more so than with individual participants (Wilkinson, 2008). Sense making, it is suggested, may be a combined effort that occurs during the social interactions with the other participants in the group rather than being an isolated cognition already existing inside a participant's head (Wilkinson, 2008). The researcher has the opportunity here to observe the collaborative sense making and the divergence or convergence of expressed viewpoints during a focus group (Wilkinson, 2008).

The use of focus groups allows multiple voices to be heard at the one sitting rather than over several data collection proceedings (Palmer, Larkin, De Visser, & Fadden, 2010). The use of both individual interviews and focus groups may provide a source of complementary data that have different although linked objects of analysis (De Visser & Smith, 2007). In this research the linked objects of analysis included the process of leaving domestic violence and help seeking that was explored from the perspective of individual women and the role that may be played in that process from the collective viewpoint of professionals who work with women experiencing domestic violence. The exploration of one phenomenon, in this research domestic violence, from multiple viewpoints may assist to develop a more detailed and many-sided account of that topic of interest and to allow comparisons to be made (Reid et al., 2005).

Focus groups allow researchers to interact with a naturally occurring group such as a team (Palmer et al., 2010). Group discussions may draw out more experiential reflection than individual interviews (Palmer et al., 2010). For example group interactions may lead to participants challenging each other and raising issues not previously identified (Hanson, 2006). The group dynamics may enhance the analysis as participants share experiential reflections about the phenomena in question (Palmer et al., 2010). Indeed participants may come away from the focus group interview with a sense of having learned something new from other group members (Hanson, 2006). Insights may arise because of shared experiences, and understandings of the group-accounts from multiple perspectives may appear that might not surface in individual participant

interviews (Palmer et al., 2010). The facilitation of group interviews may allow for expressing criticism about issues, such as service provision, and then exploring different solutions which may enable improvements (Kitzinger, 2006).

On the other hand focus groups operate from a more complicated interrelated setting (Palmer et al., 2010). The role the interviewer plays and the questions asked will impact on the stories provided by participants in focus groups (Palmer et al., 2010) and the researcher needs to reflect and record on their own preconceptions (knowledge and position) as researcher/interviewer (Pringle, Hendry, & McLafferty, 2011).

Shared experiences by the participants in focus groups may influence the structure of accounts offered during the focus group interview (Palmer et al., 2010). Pre-existing relationships within the group and how participants interact with one another may open or potentially close the opportunity for elaboration of responses, sensitivity, privacy and confidentiality of the topic under discussion. How the focus group interaction itself develops will impact on the way the responses in the focus group are shaped (Palmer et al., 2010). Some focus group participants may feel inhibited from freely responding and may instead agree with other dominant members of the focus group (Liamputtong, 2009). These issues and how participants were approached for this research will be discussed further in the following chapters.

Focus groups produce a large amount of data that is very time-consuming to analyse (Liamputtong, 2009). Researchers have less 'control' over the process of focus groups and the quality of data collection is reliant on the skills of the focus group moderator (Minichiello et al., 2008).

Focus groups were an ideal and meaningful source of data collection for this research regarding the focused topic of women ending or leaving domestic violence and help seeking during that time. How focus groups were undertaken and relevant issues that emerged and how these were dealt with will be discussed in chapter 4. Interpretation of narratives, or how to write about what is said in the interviews, will now be further discussed.

3.6 Interpretation of narratives

What is interpretation and how does a researcher analyse and write up findings in relation to narratives? I begin this section with a definition of interpretation by Denzin (1989):

Interpretation, the act of interpreting and making sense out of something, creates the conditions for *understanding*, which involves being able to grasp the meanings of an interpreted experience for another individual (p.29).

Understanding, Denzin (1989) states, in relation to analysis of narratives, is an emotional process, gained from experience shared and knowledge gained when there is understanding of the life experiences of the other as well as one's own life experiences. The shared experience in this research was the storytelling experienced between me and the women I interviewed. My own experience particularly working in the field of domestic violence as both a health worker, refuge worker and legal practitioner all played a role in how I interpreted and attempted to understand and grasp the meanings expressed by these women in their stories about experiencing and leaving or ending domestic violence.

There are no hard and fast rules regarding 'how to' undertake analysis of people's stories (Riessman, 2008). Narrative analysis is an approach that attempts to determine how each individual story has been put together in the mind of the narrator and by doing this gains increased understanding about human experience, in this research the experience of leaving domestic violence (Minichiello et al., 2008).

Detailed analysis requires asking critical questions of the data to determine what the participant may or may not be saying and being sensitive to issues that may arise whether or not the participant is even aware of these (J. A. Smith, 2008). Data, called field text by some researchers (Clandinin & Connelly, 2000), includes the transcribed recordings as well as notes recorded while undertaking the interviews and during analysis of data. In this research interviews from individual participants and focus groups were recorded then each transcript was analysed by the researcher. 'What' participants have said was given priority with thematic analysis used to interpret each participant's story. Thematic analysis involves searching throughout the data set in order to identify recurring patterns of significance (Braun & Clarke, 2006).

Analysis and interpretation of narrative data includes both identification of themes and patterns within interviews. Identifying how the social world is embodied in individual stories is, according to Chase (2003), the second part of narrative analysis. For example the social and cultural restraints in the process of leaving domestic violence may be identified during the process of analysis.

Riessman (2008) writes that there is a complex, somewhat dynamic relationship between narrative, time and memory with storytelling about past events providing the

storyteller the opportunity to edit and make sense out of that past event to now fit in with their identities in the present.

Some researchers claim the representation of the discourse itself in the form of transcriptions is interpretive (Mishler, 1991). How transcripts are recorded may provide quite different representations of the same interview (Mishler, 1991). Some transcribers, for example, choose to include nuances in the transcript, such as pauses in speech, periods of silence or speech interruptions that occurred during the spoken interview (Mishler, 1991). Observing and recording verbal and non-verbal responses of participants during the interview as well as ensuring significant pauses, false starts, laughs etc. may be significant during analysis (J. A. Smith & Osborn, 2008).

Decisions regarding whether the recording of interviews will also document other information, for example actions such as crying observed during the interviews, will impact on subsequent interpretation and reported findings from the data (Mishler, 1991).

Narrative analysis is concerned with what is said, written or observed (Riessman, 2008). In this research I am particularly interested in thematic narrative analysis. The content of what was said during the interviews is particularly important in thematic analysis rather than the form, language or context (Riessman, 2008). What participants conveyed in the oral stories they told me about leaving domestic violence is particularly pertinent here. The use of metaphors in participants' stories and the context, including the role of the researcher in analysis, is also explored in this project. Using metaphors may allow participants to convey powerful experiences or feelings that they may have been unable to raise directly (Shinebourne & Smith, 2010) and this will be explored further in subsequent chapters.

Each interview for Phase 1 was analysed separately with relevant events placed together in a chronological account, that is separate to the actual told story, in order to determine how the speaker is making sense from the story they have told (Bazely, 2007; Riessman, 2008). An important part of this research is what participants told me in their attempt to make meaning out of their experiences of domestic violence, the build-up and the ending or leaving of domestic violence.

The aim of the focus groups for Phase 2 was to determine how participants saw their role in helping women to leave or end a violent relationship. Thematic analysis was also used as an aid to interpretation of the focus groups. I undertook a comparison of themes, such as clients' help seeking behaviours, and divergent viewpoints that arose between different focus groups. I also explored divergent themes that arose following analysis of individual participant interviews in Phase 1.

In both Phase 1 and Phase 2 I conducted a thorough search for themes in each transcription. This process was assisted by a qualitative data analysis program called NVivo developed by QSR International. NVivo is a software program which assists in the management of data and is used to help clarify and categorise codes that are identified by the researcher interpreting the data (Bazely, 2007).

Meaningful analysis requires much more than superficial identification of key themes (Bazely, 2009). Bazely (2009) suggests a three step procedure to guide analysis of qualitative data and subsequent documentation which will be used as a guide for analysis in this research. The three steps are firstly describing the data that will include some background demographic details of participants and then a description of each theme identified in turn. Secondly, comparison of differences and meaningful associations or lack of association for each theme for different participant groups and thirdly, ask further questions of themes that arise and how they compared or contrasted with findings in other current research and why any variations may have arisen (Bazely, 2009). This three step process was used as a guideline for analysis using the NVivo program as a tool to assist with storage and presentation of data.

When all interviews were individually analysed and themes identified further questions were then asked of the data with differences and similarities examined across all interviews. Categories and concepts were then developed applicable to the participants in this research (Bazely, 2007). Flow charts, models and other matrix displays available using NVivo were developed and offered alternative means of identifying patterns in the data, linking themes into a more comprehensive model (Bazely, 2009) and assisted in the process of analysis (Quinn Patton, 2002). Ideas generated following interpretation of data were compared to current literature and findings reported were supported by applicable quotes from participant interviews. The clusters or groups of patterns identified from the data were considered with reference to my original research questions in relation to the main themes presented (Hardy, Gregory, & Ramjeet, 2009).

The validity or truthfulness of qualitative research findings has been debated and findings presented in the documentation of this project may be questioned by other researchers (Riessman, 2008). With this in mind the following section discusses issues regarding validity and the processes that were followed in this narrative research project.

3.7 Validity

According to Riessman (2008) there are two main facets of validity that are relevant in narrative inquiry research. These two aspects are the story as told by the

research participant and the story as analysed and told by the researcher (Riessman, 2008). Some researchers (e.g. Riessman, 2008) suggest that set standards or criteria should be avoided in relation to the validity of qualitative research. On the other hand, in order for research findings to be considered trustworthy, a researcher should be able to demonstrate they followed a systematic method of data collection and analysis that was guided by ethical considerations and theory (Riessman, 2008).

Assessing quality and validity in qualitative research is the subject of ongoing discussion and development. Smith (2011) suggests the continuing discussion remains important for qualitative research. Yardley (2000) suggests assessing the validity of qualitative research using four sets of criteria; firstly sensitivity to context, followed by commitment and rigour, then transparency and cohesiveness and fourthly impact and importance. These criteria are not meant to be strict rules but rather guidelines that are flexible and open to interpretation depending on the individual research technique utilised (Yardley, 2000). Smith et al. (2009) suggest researchers utilise these procedures described by Yardley (2000) as starting points when using qualitative methodologies. These criteria will now be discussed further.

3.7.1 Sensitivity to context

Sensitivity to context requires acknowledging of prior research that applied similar methodologies or analysed comparable topics and the use of prior knowledge to build onto and to challenge existing knowledge (Yardley, 2000). There is a need to be mindful not only of the social context, the language and the culture in which the participant perceives their world but also the impact the researcher may have in the responses from the participant (Yardley, 2000). In regard to sensitivity to context a good qualitative study will have a considerable number of verbatim extracts from participants to support claims being made by the researcher (J. A. Smith et al., 2009). This has been complied with for the current research.

3.7.2 Commitment and rigour

Commitment is recognition of the need to require necessary experience and skills in the research method employed, a high level of commitment to the subject matter and immersion in the data (Yardley, 2000). *Rigour* refers to completion of data collection and comprehensive analysis of data collected (Yardley, 2000) and will vary depending on the aim of the particular research (Yardley, 2008). Rigour may be demonstrated by the recruitment of participants from a variety of backgrounds who have differing perspectives about their experiences with the phenomenon of interest resulting in findings that demonstrate an addition to existing knowledge (Yardley, 2008). For example, in the

current research, participants included women who have experienced and left domestic violence, professionals who work in courts with women who have left a violent relationship and psychologists, counsellors or social workers who counsel women in a refuge. The context in which violence may be perceived would be different between participants who have experienced violence and the professionals who work with women who have experienced domestic violence. The opportunity for distinctive insights into leaving domestic violence was available from different participants.

Rigour may be demonstrated by the use of a particular research method that is thorough and appropriate (Kitto, Chesters, & Grbich, 2008). Good interviewing that ensures participants move beyond a simple description of what may be there to an interpretation of what this means assists to demonstrate commitment and rigour. The analysis of the data, such as interviews, should demonstrate a deep and meaningful relationship between the data and the researcher that is able to be exhibited in a clear and insightful way (Yardley, 2008).

In short, this study should tell the reader something important about the particular participants and about the subject matter the participants share (J. A. Smith et al., 2009). In the current research the women's experience of ending or leaving abusive relationships and the use of social support to assist that process is clearly revealed and will be discussed in chapters 5 and 6.

3.73 Transparency and cohesiveness

Transparency and cohesiveness are needed to ensure that the researcher demonstrates the ways in which sense is made of the participant's experience (J. A. Smith et al., 2009). In regard to transparency and cohesiveness the quality of research can be improved by detailing each aspect of how data was collected and analysed, using excerpts from transcripts to allow others to see patterns identified; and the use of reflective accounts to demonstrate how data was analysed or influenced by the researcher (Yardley, 2000). Linking pieces of data, including both similar and divergent accounts from participants, into a meaningful and credible account will also support the validity of the research findings (Riessman, 2008). Providing extracts that support themes developed are important and Smith (2011) suggests for larger studies with over eight participants that illustrations should be provided from at least 3-4 participants for each theme. Riessman (2008) suggests excerpts from narratives should also include some context including who the potential audience may have been. The researcher's reflective account will also be utilised to clearly acknowledge any potential influence the particular values held by the researcher may have had on analysis and interpretation of

the data (Kitto et al., 2008). Further ethical aspects inherent in this research will be discussed in the following chapter.

3.7.4 Impact and importance

The validity of research suggests Yardley (2000) is ultimately judged depending on whether it tells the reader something practical, significant or thought-provoking. To be considered meaningful research should influence the perceptions and/or actions of others (Yardley, 2000). It is envisaged that this research will enrich understanding regarding leaving or ending domestic violence in addition to influencing policy makers regarding DV.

The guidelines outlined above were used to ensure, as much as possible, the validity or, as Riessman (2008) states, the trustworthiness of the stories and interpretations. The process of validation in the process of qualitative research continues unabated although it has been suggested that instead of wasting time with this issue it would be better utilised by building up a growing body of knowledge in the field of narrative research (Riessman, 2008). For this research careful documentation of processes used here to both collect and interpret narratives was recorded and reported in the discussion chapters of this report.

3.8 Conclusion

It may be possible following qualitative modes of inquiry that specific statements can be made about individual participants, including women who have experienced domestic violence, following in-depth examination of the individual case studies (J. A. Smith & Osborn, 2008). Narratives obtained from women who have experienced domestic violence and subsequently ended or left such relationships provided documented accounts regarding what helped or hindered this process. A narrative mode of inquiry was well suited to providing further insight into women leaving or ending domestic violence. The data obtained from the focus groups provided additional insights regarding the role of service providers in assisting women during the process of leaving or ending domestic violence. I anticipate my following careful analysis and interpretation of all interviews in Phase 1 and Phase 2 will help ensure that findings will contribute to social change such as modifications to policies for services providing assistance to women experiencing domestic violence.

In this chapter I have outlined the reasons why a qualitative research method was suited to answering my research questions related to women who have experienced domestic violence. I have provided a theoretical background about my chosen methodological framework called narrative inquiry. Following this discussion I also

considered the reasons why a narrative mode of inquiry provided a relevant framework for undertaking research about women leaving domestic violence. Further to this I examined the advantages and possible concerns regarding focus groups and why I conducted interviews with individual women and groups of professionals for this research project. This chapter was then completed with a consideration of issues regarding analysis of narratives and issues concerning validity and reliability applicable to this research project.

The following chapter discusses the actual processes utilised for this research project including sampling, participant selection and details of ethical considerations.

Chapter 4: Method

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This chapter articulates the research process using a narrative inquiry framework. As mentioned in the previous chapter, a qualitative approach is well suited for this research in order to explore in detail the particular lived experiences of women who had encountered violent relationships, the build-up to leaving or ending the relationship and help seeking during that process.

This chapter describes the methods undertaken in this research regarding sampling, participant selection and ethical considerations. Data collection, storage of information, the interview process, my own pre-conceptions, analysis of records and validity relating to this project will then be considered. Findings will be examined in the following chapters.

4.1 Sampling and participant selection

Data collection for this research included individual interviews with women (Phase 1) and focus groups (Phase 2). Sampling strategies used in this research were based on the reason or the purpose behind the research project (Britten, 2006) called purposive or theoretical sampling (Hanson, 2006; Quinn Patton, 2002). The strength of purposive sampling is due to participants being chosen who will potentially add rich information and insight to issues that are relevant to the particular research (Quinn Patton, 2002). The design strategy for participant selection in Phase 1 and Phase 2 was purposive sampling.

Quinn Patton (2002) further defines purposive sampling into different categories including 'intensity' sampling where sampling will consist of participants who can provide intense or deep information about the phenomenon of interest, in this research women who have experienced and left domestic violence. Phase 1 involved interviews with a purposive sample of women who had all experienced and left domestic violence in prior relationships. An information-rich collection of data was anticipated that would assist in providing insight into the main research questions stated above. These women were sought because I felt I could learn the most from them about leaving domestic violence and help seeking during that process. The decision was made to undertake interviews with the participant and the researcher rather than in a group situation to avoid the possibility the woman's story may be influenced by other participants present.

The purpose of the Phase 2 focus groups was to enhance understanding and obtain a collection of meaningful, powerful data particularly focused on one of the major research questions regarding how professionals see their role in assisting women to leave or end domestic violence. The use of focus groups allowed further exploration of leaving domestic violence from multiple viewpoints and provided the opportunity for a

diversity of accounts (Reid et al., 2005). Participants for the focus groups were specifically chosen because they were collective groups who shared the common experience (Quinn Patton, 2002) of working in the NGO sector with women who have experienced domestic violence.

The participants in each of three focus groups knew each other professionally although not all the participants in the focus groups met regularly as part of a group. In this research the three focus groups included lively interaction and debate and I was able to concentrate on listening, recording personal notes of observations regarding group interaction and guiding the group discussion rather than leading it.

The participants in Phase 1 interviews were asked to respond, if they chose to do so, to a few demographic questions at the beginning of each individual interview (see Text box 1 below). The focus group participants in Phase 2 were each given the option of completing an anonymous brief demographic survey prior to the focus group that asked each participant their gender, age, type of job and how many years in this type of work (Appendix 1). The demographic data were collected to provide background information about participants and to determine diversity or uniformity between the participants.

One of the most important aspects of qualitative research is the 'depth' of findings from smaller numbers of participants rather than frequency of findings with larger numbers of participants, where results may be generalised (Liamputtong, 2009). There were 12 participants in Phase 1 individual interviews at which stage, after analysing, I determined that this was enough data to allow a deep and meaningful interaction with the stories told by participants. Three focus groups were then undertaken which provided an interesting and diverse range of additional stories to complement those told by individual participants.

The number of participants in Phase 2 focus groups was 25; being 12 in Group 1, 7 in Group 2 and 6 in Group 3. Further discussion regarding findings from the focus groups will be undertaken in pursuing chapters. I now provide an overview of matters regarding ethical considerations that were particularly relevant for the current research, undertaken in the sensitive area of domestic violence.

4.1.2 Researching sensitive topics

Ethical issues pertinent to all research include matters such as protecting confidentiality and privacy of participants, obtaining consent from participants after they are fully informed about the research project, ensuring protection for vulnerable participants and respect for autonomy (Duma, Khanyile, & Daniels, 2009). It is important

that the safety of both participants and the researcher be considered prior to undertaking research. This is particularly the case with sensitive issues including domestic violence (Ellsberg & Heise, 2002). Domestic violence is a potential danger for women experiencing abuse and violence particularly for women who have recently left violent partners (Campbell et al., 2007; Langford, 2000). There are also potential risks to researchers when conducting research in areas including domestic violence (Dickson-Swift, James, Kippen, & Liamputtong, 2008). Safety protocols for both participants and me were included in the ethical requirements considered for this research and the process will be discussed below.

When conducting the interviews, I was mindful of raising sensitive topics that may cause the storyteller, or the listener, to feel threatened or cause discomfort. This was particularly relevant as the participants I interviewed were women who have experienced violent relationships (Hyden, 2008). It has been suggested that whether a topic is sensitive or not will depend on the relationship between the teller and the listener and the relational circumstances include cultural, contextual and personal views held by the parties involved (Hyden, 2008). My personal experience as a worker in the area of domestic violence is discussed later in this chapter.

The women I interviewed in Phase 1 were asked to discuss events regarding domestic violence that may have caused them to feel vulnerable or ashamed. Further, there is a risk that discussing traumatic events such as domestic violence may re-traumatise the victim, but on the other hand, it may have the potential to promote healing (Hyden, 2008) or at the very least convey the message that domestic violence is an important issue that needs to be further researched (Ellsberg & Heise, 2002). Participants have been found to welcome the opportunity to share their story if the listener responds in a sympathetic and non-judgemental way (Ellsberg & Heise, 2002). In this research I do not know how participants felt after the interviews although several women stated they had never told anyone their story and told me they felt relieved to share their journey of experiencing and leaving domestic violence. One participant, who I met randomly a couple of years after the interview, said that telling me her story of domestic violence had changed her life.

There are always issues of power relations in the research interview situation including narrative research (Hyden, 2008). The women I interviewed had approached me after seeing an ad or poster and agreed to be interviewed. The women made a choice to participate in my research and I emphasised this choice to participate, or not, prior to and during my research. The women I interviewed more likely than not saw me as being in a superior position as a researcher academic. I did not want the women I interviewed

to feel they were in a position inferior to me however it is unlikely I really achieved this. I attempted to be supportive and empower my participants. However I observe the note of caution from one narrative researcher (Riessman, 2008) suggesting that there is an assumption that storytelling may be healing and empowering but we have no guarantee this is the case. I asked participants if they appeared to be a bit distressed if they were okay or did they want to stop and have a break or if they became tearful we would stop the interview. The women were advised they could choose to continue with the interview, or not, and I allowed the women space to make that decision. On a couple of occasions during the interviews women became tearful. At this time the interview was stopped giving the opportunity for the participant to discontinue the interview should she choose to. However none of the participants made a decision not to continue with their story. This is consistent with findings from other studies (Ellsberg & Heise, 2002).

As suggested by other researchers it may be that I affected different participants in different ways and I acknowledge that this may have occurred (Bishop & Shepherd, 2011). I have recorded my own thoughts during the process of undertaking the interviews and interpreting the data but I acknowledge that even with deep reflection I will be unable to determine how much I impacted on the telling of the participants' stories. Bishop and Shepherd (2011) suggest that researchers have an ethical obligation to ensure that reflective accounts clearly acknowledge that we do shape the interview process and that we do impact on participants' storytelling in ways that we do not know. The section following outlines the process adopted in my research to ensure attention was paid to ethical details.

4.2 Attention to ethical details

Ethics approval for my study was originally sought and approved from the Human Research Ethics Committee (HREC) at the University of Newcastle in May 2007 (Reference number H-478-0507) (Appendix 2). The protocol title was initially '*Exploring social support and hopefulness with women who have lived through situations of Intimate Partner Violence (IPV)*'. However the title was subsequently changed to '*Exploring social supports/support services and decisions to leave or change with women who have experienced domestic partner violence*' approved in September 2010 (see Appendix 3 for HREC approved variations).

These headings below addressing ethical details have been taken from the Quality Framework produced for the Government of the United Kingdom (Spencer, Ritchie, Lewis, & Dillon, 2003 p. 15). They are useful here as guiding principles suggested for consideration when undertaking qualitative research (Mays & Pope, 2006)

such as this project. I have included information regarding ethics with headings as applicable for Phase 1 and Phase 2 interviews.

4.2.1 Documentation to participants

This section describes the documentation of how research was presented to participants including any possible consequences of taking part.

Phase 1 individual participant interviews – originally posters were used seeking persons interested in being participants for my research (Appendix 4) approved by the University of Newcastle Human Research Ethics Committee (HREC). Posters asked if there had been domestic violence or abuse in a past relationship and invited participants to talk about this experience in a one-off interview. The posters were initially displayed in non-government organisations including women's health centres and women's resource centres and following approved variations to HREC displayed on notice boards at the University of Newcastle and on the University of Newcastle website.

Following difficulty recruiting participants a variation to HREC was sought and approval provided for an advertisement to be displayed in the Family and Domestic Violence Clearinghouse (Appendix 5). The poster and advertisement invited participants to contact me by phone or email if they were interested in obtaining further information. Contact details for HREC were also provided on the poster. Participants were advised they could contact the Human Research Ethics Officer for any concerns about their rights in this research or regarding any complaints about the research. Participants were advised to contact me as researcher to obtain further information including possible consequences of taking part. The posters did not contain information regarding possible consequences of taking part however if participants expressed interest in the research further information was sent out – the information statement (Appendix 6) and consent forms (Appendix 7) are discussed below. Participants who contacted me asking about the research were advised that there were no guarantees that participation would be of benefit to them, however they were informed that participants may find interviews to be healing and therapeutic. Participants were also made aware they may experience some distress during the interview.

Phase 2 focus groups – I initially contacted the manager of three non-government organisations (NGOs) that employed professionals whose work included assisting women experiencing domestic violence. The NGOs in question provided a range of free services including formal support in the areas of health and law to women experiencing domestic violence. Initial contact was to managers of each service, by email or telephone, to discuss my research. Managers were then asked if they would be

interested in obtaining further information about my research with the aim of offering employees the opportunity to be involved in one focus group. The manager of each NGO was provided with a copy of the information statement (Appendix 8) and consent form (Appendix 9) and the manager was asked to consider whether staff may be interested in participating in my research. The managers of the three NGOs advised me that the research would be discussed with staff and agreed I could contact them again to discuss possible options for undertaking the focus groups if staff agreed to participate. I also offered to present an overview of my research at a staff meeting if staff would be interested. I contacted the NGOs approximately one month later and as staff agreed to participate in the three NGOs the manager and I discussed a suitable place and time to conduct the focus group. Information sheets and consent forms were then provided for all staff members interested. The staff members from the NGOs were provided with my contact details should further information regarding the research be required. It was agreed that the focus groups would occur during normal team meeting times for two of the focus groups and before lunch for one focus group. Lunch was provided for all three focus group participants. Potential benefits and risks were outlined in the information statement for participants (Appendix 8) which included the possibility there may be some minor distress to participants. Potential benefits were not promised however participants were advised there may be the opportunity to raise and share new ideas or to explore more deeply issues regarding service provision to women experiencing domestic violence.

4.2.2 Information and consent procedures

This section describes the documentation including information and consent procedures provided to participants.

Phase 1 – Persons interested in my research contacted me by email or telephone. I then sent them by email or hard copy a duplicate of the approved information statement (Appendix 6) and consent form (Appendix 7) with a reply paid envelope (for participants who preferred their information to be posted out). Participants were provided with the reason the research was being undertaken, what they would be asked to do and the possible risks and benefits of participation. Participants were advised they may not obtain any benefit from participating or alternately may suffer some emotional distress during or after the interview. Participants were advised they may find the interview itself healing and therapeutic and that the interview would be provided in an empathetic and non-judgemental manner. Participants were advised they would be referred to counselling if required immediately following or during the interview. Participants were advised they may stop the interview or choose to withdraw from the research at any time.

Participants were asked if they had any further questions regarding the research prior to the interview. Participants were asked to agree that they had the opportunity to have questions answered to their satisfaction prior to signing the consent form. Participants were given the option of signing a consent form or alternately providing a verbal recorded consent prior to commencing the interview.

Participants who agreed to participate were also given the option of receiving a copy of the verbatim transcribed interview, a brief copy of the report regarding participant interviews and the option of receiving a copy of a proposed Safety Plan Kit². Issues regarding participant feedback are discussed further below.

Phase 2 – Managers of the NGOs were provided with copies of the information statement (Appendix 8) and consent form (Appendix 9) for all participants. Managers were asked to distribute these forms prior to the focus group interview. In all cases this was 3-6 months prior to the focus groups. Participants were given my contact details if they wished to discuss the research prior to the day of the focus group interview. On the day of the focus group interview signed consent forms were collected. Participants were asked to agree that they had the opportunity to have questions answered to their satisfaction prior to signing the consent form. Most participants in the focus groups preferred to sign their consent forms on the same day as the interview after asking me questions regarding the research. All participants in the focus groups were given the option of anonymously completing a basic demographic information sheet prior to commencing the focus group interview. Participants were advised they could be referred to counselling if required immediately following or during the interview. Counselling would be provided by the employee assisted program available through the NGO or alternately Lifeline or if preferred a private counsellor. Handouts were available for participants regarding services for counselling at the interviews and participants were given my contact number should they require this information after the focus group interview. Participants were advised they could leave the interview or choose to withdraw from the research at any time without providing any reason for doing so.

Participants consenting (Appendix 8) to participate in the focus groups were also given the option of receiving a copy of the recorded transcript and a copy of the summary of the results of the study.

² The Safety Plan Kit was part of the original research project that was later withdrawn.

4.2.3 Confidentiality and privacy

This section is a discussion of confidentiality of data and procedures for protecting privacy of participants.

Phase 1 – Information contained in the information statement and consent forms was discussed prior to the interview (**Appendices 6 and 7**). Names, dates of birth, place names and other potentially identifiable data were removed from the verbatim transcripts during transcription and replaced with pseudonyms. Individual participants were given the option of choosing a pseudonym and some participants preferred, and requested, me to do this. Participants were advised they would not be identified in any reports arising from the research. Participants were advised that any personal data collected would remain confidential to the researchers except as required by law. Researchers are obliged to report to police specific information about serious criminal offences that may assist the police to apprehend an offender. I reminded participants of this legal requirement and I was particularly mindful about highlighting to participants the legal requirements of mandatory reporting of child abuse prior to the interview.

Phase 2 – Information contained in the information statement and consent form was discussed prior to the focus groups (Appendices 8 and 9). Information collected in the demographic survey was anonymously completed by most participants. Participants were advised that any personal data collected would remain confidential to the researchers except as required by law. Participants were asked to sign an agreement included in the consent form (Appendix 9) that they would respect the confidentiality of the group and not divulge the specific content of the discussion to persons outside the group. Participants were advised prior to commencing the focus group interview that their confidentiality could not be guaranteed as this depended on all members of that group interview to respect the confidentiality of all members of the focus group. Participants were asked not to specifically state names or raise any identifying data about any particular clients from their service during the focus group interview. All participants were given pseudonyms rather than names when the interviews were transcribed. Participants were advised that neither their names nor the name of their organisation would be identified in any reports.

Participants in Phase 1 and Phase 2 interviews were advised that all records would be securely locked and stored as per section 4.3.4 following.

4.2.4 Storage of data for all interviews

Storage of data was as per HREC approved protocol. Interviews for individual participants were recorded using one digital recorder with a phone attachment for phone

interviews or speaker attached for face to face interviews. Two digital recorders were used for focus groups. Digital recordings were copied onto a laptop computer that is accessible to the researcher only. Each recording was copied onto a CD and given to the person transcribing the interview who returned each record back to me after transcription. The CDs were then stored in a locked filing cabinet only accessible to me and destroyed after five years. All electronic files were protected with passwords on both CDs and hard drives on any computers on which files were stored. Signed consent forms were stored and locked in separate filing cabinets not with other research material including transcripts. All other research data was stored on a computer with passwords known only to me and hard copies of data are in a locked filing cabinet that only I have access to and will be destroyed on completion of this research.

4.2.5 Discussion of anonymity of participant and data

Phase 1 – Participants were asked to choose a pseudonym prior to the commencement of the interview and this was used during transcription replacing the participant's real name.

Phase 2 – Participants were advised that any identifiers such as names, places or dates would be removed during transcription and replaced with pseudonyms.

4.2.6 Information/advice/services offered to participants

This section is a discussion of measures taken to offer information/advice/services etc. where participants expressed a need for such resources.

Phase 1 – Participants were offered information including contact details or pamphlets regarding counselling services such as Lifeline as well as other local counselling, health and legal services.

Phase 2 – Participants were advised they could utilise the employee assisted counselling service or Lifeline counselling should this be required – this was discussed with the manager of the service prior to the focus group interview. Information regarding services was available for participants attending the focus group interview and this was outlined in the information statement (Appendix 8).

4.2.7 Risk of potential harm to participants

This section is a discussion of potential harm or difficulty that may have occurred through participation and actions taken to avoid such risk.

Phase 1 – The possible issue of distress that may be experienced during the interview was outlined in the information statement (Appendix 6) and this was reiterated by me prior to commencing the interview.

The issue of safety was vital for the participants in this research. Women are at higher risk of harm, including the risk of being murdered by their ex-partner, when they leave a violent relationship (Wilson & Daly, 1993). Research suggests the most dangerous period for a woman to be murdered following estrangement from her partner is in the first three months after leaving although the woman still remains at risk (of being murdered by her ex-partner) in the 12 months after leaving the relationship (Campbell et al., 2007; Wilson & Daly, 1993). It was a HREC requirement that women who had not remained out of a violent relationship for at least 12 months were excluded from my research – the issue of safety being paramount.

For undertaking face to face interviews the venues for women included the options of local community health centres, women's centres, rooms at the university or other appropriate non-government venues that were pre-arranged with participants prior to the interview. The rooms needed to have both front and back exits and also needed to be quiet. Women chose the venue most suitable to them.

Participants in Phase 1 were given the option of having one face to face or one telephone interview. For telephone interviews participants were asked for preferred telephone numbers and were asked if it was safe to undertake the interview. Participants were excluded if they had not remained out of a violent relationship for at least 12 months, however there was no way I could be sure this was indeed correct.

Phase 2 – Participants were advised that the interview may cause some minor distress as issues may be raised from previous uncomfortable situations (Appendix 8) and counselling services were offered as applicable.

While the participants' safety is a priority in this research my own safety also needed to be addressed. The safety of researchers needs particular consideration in relation to research about sensitive topics which includes interviews with women who have experienced violence from ex-partners (Dickson-Swift et al., 2008). As part of the HREC requirement I was obliged to identify any potential hazards or risks in undertaking this project, to complete a health and safety risk assessment and obtain a safety clearance prior to commencing my research. The decision was made by me, in consultation with my supervisors, not to interview women in their homes but in a setting that was agreed to in consultation with the participants as discussed above. My primary supervisor was notified of the details regarding when and where the interviews were held

and mobile phone contact was available between me and my primary supervisor as required. My supervisor, or a colleague at work, was advised of the times I would leave and return from the interviews.

The stories women related to me about domestic violence were distressing. I made prior plans to contact either my supervisor to debrief following interviews or alternately a colleague who was a mental health nurse and experienced researcher. There were no other issues apparent regarding my safety during the focus groups.

4.3 Procedure

The issues regarding participant recruitment for Phase 1 and Phase 2 interviews have been discussed above. Other issues not previously raised regarding the procedure for the interviews will now be outlined.

4.3.1 Participants – inclusion and exclusion criteria

Phase 1 interviews – As previously discussed, persons interested in my research after viewing a poster or ad contacted me to find out more information. The participants I was seeking for my research were women aged 18 or over who had experienced domestic violence³, preferably 1-3 years prior to my research.

Exclusion criteria as per HREC – As previously discussed, women were asked if they were currently experiencing domestic violence or had experienced such a relationship within the past 12 months. This was to avoid any possible risk to these women as research has demonstrated that women have a higher risk of being victims of assault, or homicide, if they have been previously assaulted by a violent partner or are estranged from their partner (Campbell et al., 2007; Wilson & Daly, 1993). If women, or in a few instances men, did contact me and state they were currently in a violent relationship or had been estranged from that relationship for 12 months or less they were offered the phone number for Lifeline and excluded from the study as per HREC requirements.

Women who were identified as having severe mental, physical or intellectual disabilities and women unable to speak and understand the English language were also excluded. While it is acknowledged, in line with the National Statement on Ethical Conduct in Human Research (NHMRC, 2007), that persons who have impairments, including a mental illness or intellectual disability, are capable of participating in research it was decided in consultation with my supervisors to exclude this population. This

³ The term 'intimate partner violence' was replaced with the term 'domestic violence' being the preferred term in Australia at the time – see Chapter 1 section 1.1.1 for further discussion.

decision was based on possible additional risks that may be involved in participation including increased risks of distress or discomfort. There were also concerns that women who were identified with severe impairments and/or were unable to speak or understand the English language were at risk of not understanding what the research involves and may not be able to provide a valid consent. A decision was made not to use an interpreter in this research due to concerns about privacy and confidentiality.

Phase 2 – For the focus groups most of the participants were professionals employed in the NGO sector and it was anticipated that women with severe disabilities or who were unable to speak and understand the English language would not be employed as professionals in these particular areas and so there would not be the need to exclude participants.

4.3.2 Reimbursements for participating in the research

Phase 1 – Participants were offered a contribution of \$20 towards the cost of childcare or transport for attending the interview (see Appendix 3 HREC approved variations). Participants were all offered refreshments during the interview.

Phase 2 – No reimbursements were offered however participants were provided with lunch and refreshments either before or after the focus groups. The interviews were held during working time and over their lunch period.

4.3.3 Benefits of participation

As previously discussed, participants in Phase 1 and Phase 2 were advised I could not guarantee any benefits from participation in the research (Appendices 6 and 8). A minimal effect may be that the interview could reinforce the message that domestic violence is a topic worth investigating and is therefore not acceptable behaviour (Ellsberg & Heise, 2002). Consistent with other projects one of the aims of this study was to inform and potentially advance policy and assist in the further development of interventions for domestic violence in the community (Ellsberg & Heise, 2002).

Phase 2 – Participants in the focus groups were also advised there was no guarantee of any benefits from participation although there may be an opportunity in the focus group to raise new ideas that may not have been thought of before, or may provide deeper insights into issues regarding service provision to women who have experienced domestic violence (Appendix 8). As stated in chapter 3 groups may give rise to insights of not just the individuals present but revelations and solutions might then bounce off other participants in the group (Quinn Patton, 2002). Memories may be triggered by responses from other participants stimulating disclosure and debate (Wilkinson, 2008).

4.3.4 Difficulty with recruiting

Phase 1 – Unfortunately I was unable to recruit more than three participants after 15 months of undertaking my research so a variation to HREC was applied for and approved. This variation allowed me to revise the information sheet and consent form using the term ‘domestic violence’ – prior to this I had used the term ‘intimate partner violence’.

The variation to HREC allowed me to submit a short advertisement seeking participants in the Australian Domestic Violence Clearinghouse newsletter (Appendix 5) and to use the University of Newcastle website and radio program to promote participation – a further nine women agreed to participate in my research.

Phase 2 – There was no difficulty recruiting professionals to participate in the focus groups.

4.3.5 Phase 1 interviews

Participants predominantly lived in NSW with two participants living interstate. I was the interviewer for the 12 interviews. Five participant interviews took place face to face in a quiet office as agreed to by participants and seven interviews took place over the phone.

Interviews took place during 2007 to 2011. Timeframes for the recorded interviews ranged from 47.5 minutes to 1.59 minutes.

All interviews were recorded using a digital recorder with a telephone pick up microphone utilised to record telephone interviews. Three telephone interviews had to be terminated and re-scheduled due to difficulties with communication over the phone and in one case a childcare issue. Conversations that took place regarding general questions or exchange of information prior to the interviews were not recorded.

4.3.6 Phase 2 focus groups

The three focus groups took place in different areas of NSW. Two interviews were held in urban regions and one in a rural area. Two focus groups were held in large meeting rooms that were in the participants’ workplace, one focus group interview took place in an external venue paid for with grant funding. The decision as to where interviews took place was made by the manager of the organisation in consultation with staff who wished to participate.

Interviews took place early in 2011. Timeframes for the recorded interviews ranged from 1.30 minutes to 1.45 minutes. Conversation and questions regarding the procedure that occurred prior and following the interviews were not recorded.

All focus groups took place face to face. I recorded all interviews using two digital recorders in case one recorder did not work. Recordings taken from both recorders were transcribed by an external transcriptionist. I then listened to the recordings from each digital recorder and the two transcribed documents were then checked for accuracy by me and combined into one document for each focus group.

The decision to conduct focus groups was made after the participant interviews in Phase 1 had commenced. Following consultation with my supervisors and preliminary findings from my research with individual participants, I decided to undertake focus groups with professionals whose occupation includes working with women who have experienced domestic violence. I felt this would enhance and deepen the collection of data and would allow for an exploration of how professionals see their role in helping women leave domestic violence. I applied for another variation to HREC which was duly approved.

4.4 Transcribing data

All interviews in Phase 1 and Phase 2, except one interview, were transcribed by a transcriptionist employed by the researcher – the transcriptionist had to sign a confidentiality agreement (Appendix 10). I transcribed one Phase 1 interview.

Pseudonyms replaced any identifying data including names or places during the transcription for all interviews (Phase 1 and Phase 2) as discussed previously.

4.5 Participant feedback

Phase 1 – 11 out of 12 participants agreed to have a copy of the verbatim transcribed interview sent or emailed to them. Participants were invited to provide comments and feedback. The aim of sending these out was to ensure the written record of the interview that took place was accurate from the perspective of the participant (Minichiello et al., 2008). This was challenging as two participants had concerns about the recorded transcripts; one participant correcting the grammar which included taking out every 'um' and 'ah' and another participant crossing out vast amounts of the transcript she did not wish to include, so changing the voice of these transcripts.

Respondent validation of transcripts has been found to be problematic in research (Riessman, 2008). While it is important for participants to check the accuracy of the verbatim transcribed interview, participants need to be assured that everyday verbal conversation may not be grammatically correct and so this does not require correction (Minichiello et al., 2008).

Participants were offered copies of preliminary findings (Appendix 11). Participants were also offered copies of a safety plan kit. It was envisaged that a safety plan kit would be developed as part of this research however it was decided following Phase 1 interviews that this was not appropriate for this research. Participants were advised of this when the preliminary findings were sent out. Participants either did not respond or responded positively to this change.

Phase 2 – All participants were offered copies of the focus group interview transcript and a summary of findings (Appendix 13). Only 10 participants wished to receive a copy of the transcript. Participants were invited to provide feedback or comments on the transcript but only two comments were received.

4.6 The interview process for Phase 1 individual participant interviews

In this research semi-structured interviews were undertaken on an individual basis with 12 women who had experienced domestic violence. These interviews were then systematically and qualitatively analysed using a thematic analysis framework.

The semi-structured questions were developed in consultation with supervisors but also taking account of writings from researchers who have expertise in narrative (Chase, 2003; Minichiello et al., 2008; Riessman, 2008). A broad question was initially developed in order to invite the participant to tell the interviewer her personal experiences, particularly in relation to domestic violence. The open ended nature of the initial question in particular made it clear to the participant that it was the experience of the participant the interviewer wanted to hear (Chase, 2003).

4.6.1 Phase 1 demographics individual participant interviews

In order to avoid the risk of breaching confidentiality only a summary of demographics regarding individual participants is provided. Ages of participants ranged from early 20s to late 50s. Six women had children younger than 18, two women had no children and four women had children aged 18 and over.

Place of residence at the time of the interview varied with the majority of women residing in NSW and two women living in another state of Australia. No women stated they were living in a refuge at the time of the interview.

In regard to education status three women stated they were currently at university, three women had university degrees, four women had attended TAFE or held diplomas and one woman did not state her education status.

In regard to employment status four women stated they were working part time, three women were employed full time, one woman was employed on a casual basis, three women received pensions and one woman was unemployed.

Only one woman interviewed stated she currently had a male partner. All participants stated the sex of the previous violent partner/s (in several cases there was more than one previous partner) was male.

Time since violent relationship had ended varied from just over one year for two women, more than two years for three women and three or more years for the other (seven) participants.

Five women stated they were able to manage financially, five women stated they could just manage financially and two women stated they were not able to manage financially.

The diversity of this sample of women has been demonstrated and limitations will be discussed in chapter 8.

4.6.2 Individual participant Interviews – semi-structured questions

Interview recordings were not commenced until both the participant and the researcher were comfortable and relaxed (Chase, 2003). The questions were used as prompts only as the issues raised during the interview differed depending on the response to replies from the participant. Questions during the interview often needed to be reframed or changed in order to elicit a deeper response about a particular issue that may have been raised or to capture a response by the participant that may have been totally different to prior responses (Josselson & Lieblich, 2003). I took care to listen intently to what was being said while also noting down words of interest that I wanted to return to at a later time during the interview.

Questions developed prior to the interview provided a guideline only and allowed me to concentrate on what the participant was saying or doing (J. A. Smith & Osborn, 2008). Developing loosely structured questions as a guide prior to the interview provided me with the opportunity to consider possible issues, such as participants becoming upset, and being prepared if this eventuated (J. A. Smith & Osborn, 2008). I prepared a sheet of potential contacts and obtained local pamphlets for services should the woman become distressed and require further assistance during or following the interview. The opportunity was provided for the woman to stop an interview and terminate her role in the research at any time and this was explained in the consent form (Appendix 7) and also prior to the recorded interview.

Smith and Osborn (2008) suggest that prior to commencing the interview that an attempt at rapport occurs. In all cases I rang or emailed and discussed my research with potential participants. Some participants emailed or rang with further questions following a mail out or email of information sheets (Appendix 6) and consent forms (Appendix 7). Some participants preferred to sign the consent form prior to the interview or at the same time as the interview. Questions were then answered regarding the procedure and thanks given for attending. Refreshments were provided prior to or during the interview. The questionnaire provided a framework only for the interview and all interviews commenced with "Tell me about your experiences of how you coped while living in a stressful relationship or tell me your story of living with domestic violence" (depending on the particular participant and discussion beforehand). Most participants only required minimal prompting to tell their story. The guide was only used if participants stopped telling their story or when clarification of an issue was required. Occasionally I needed to prompt for further information about a key word or topic or to return the focus of the interview back to the theme of domestic violence. I probed or changed the questions depending on the responses of the participant who was the expert on the subject and who were given the opportunity to tell their story (J. A. Smith & Osborn, 2008). Advantages of semi-structured interviews include the facilitation of empathy, a richer collection of data and the ability to be more flexible (J. A. Smith & Osborn, 2008). Disadvantages suggested by researchers include a longer time needed for the interview and transcription of the data; in addition, the interviewer has less control over the interview (J. A. Smith & Osborn, 2008).

The interviews provided the women the opportunity for retrospective reflection of these past relationships and I was there to 'capture' the interpretation of such reflections that the women chose to verbally convey. I listened to the recordings several times following transcription and nuances in speech or expressed emotions such as laughter were added to the transcription, as much as possible, given the limitations of digital recording, particularly in the Phase Two focus groups.

The textbox below contains the demographic questions and proposed questions for the interview in Phase 1 interviews (see Appendix 12 for the full schedule).

Text box 1 – Phase 1 Interview

I'd like to start by asking you a few questions about your circumstances, if that would be okay?

- Do you have children?
- What are the ages of your children?
- How old are you now?
- What is your postcode?
- Who lives in your household? (partner?)
- Are you able to manage on the income you have available?
- Are you in paid employment? (Full time, part time, casual)
- What is the highest educational qualification you have completed? (Year 10, Year 12, Trade, Diploma, Degree, Higher Degree etc.)
- Are you currently a student?
- What was it that brought you here today? (What was it about the poster, pamphlet or advertising that prompted you to call? What was it about the research that led you to call?)

Can you tell me about the stressful relationship? Or Can you tell me about the relationship when you were fearful of your partner?

- Tell me about your experiences of how you coped while living in a stressful relationship (or when you were living in a relationship when you were fearful of your partner)
- Tell me about the people who helped you to cope during the time you lived in a stressful relationship
- Tell me about your experience of changing or leaving this stressful relationship
- How did the types of things we've just been talking about change after the stressful relationship ended? How come?
- What have you learned from your experience? What do you think would be helpful for other women in this situation?
- Is there anything you would like to add?
- That finishes the interview. Are you feeling okay?

4.7 The process for Phase 2 focus groups

As discussed previously both individual interviews and focus groups were undertaken in order to provide an opportunity to compare the phenomena of interest from different perspectives and in different contexts (Reid et al., 2005). I will now examine the process for the focus groups.

Some researchers suggest that focus groups are more successful when the group is homogeneous but that meaningful in-depth discussion is more likely to take place when there are mutual or shared experiences (Liamputtong, 2009). As discussed above sampling was purposeful. The participants in the focus groups were all female and all worked in the non-government organisation (NGO) sector, however they had various professional backgrounds, so were not homogeneous. However these 25 professionals all shared similar experiences, in this case, assisting women who are experiencing domestic violence and were invited to participate because of their expertise in this area. The focus groups allowed for an exploration from multiple perspectives (Reid et al., 2005) in this case from a range of different professionals working in different organisations. The focus groups provided insight into the roles, as the workers see them, of how they assist women to leave or change domestic violence situations.

The location and time for the focus groups was carefully considered prior to the focus groups. The locations were chosen, in consultation with the service managers, because of the close proximity to the participant's workplace and the provision of an area where we would not be disturbed. I also needed to be mindful of safety, having bathroom facilities available, and ensuring the interview room was relatively quiet and conducive to a clear digital recording (Hanson, 2006). I needed to ensure that it would be relatively easy to attend and at a suitable time for busy practitioners when clients would not be in attendance or likely to drop in (this was particularly the case when the interviews were held in meeting rooms of the organisation).

The dates and time frames were organised several months in advance and had to be rescheduled by two of the organisations due to competing events. Lunch and refreshments were provided and there was a plentiful supply of fresh air in all of the venues to keep participants from feeling sleepy (Hanson, 2006). However one of the rooms was not particularly quiet with some traffic passing by although the recordings were satisfactory. Participants for all three focus groups sat in reasonably comfortable chairs around a large table. According to Hanson (2006) this is another way of ensuring participants remain focused and attentive during the interview. A map of seating

arrangements and placement of the two digital recorders for all focus groups was recorded by me prior to the interviews.

Prior to turning on the digital recorders rapport was established with introductions and general discussion. Participants were made to feel as comfortable as possible and any further questions regarding the research including legal or privacy issues were addressed. I expressed my appreciation and ground rules were discussed regarding confidentiality. I advised the participants that all reasonable steps would be taken to ensure confidentiality and asked all participants not to share outside the group what was said during the focus group interview. However I advised participants I could not guarantee that confidentiality would not be breached by members of the focus group even though I asked for the cooperation of the entire group. Other ethical concerns have been discussed previously.

4.7.1 Phase 2 demographic survey from focus groups

Participants in the focus groups were asked to individually complete a demographic form to ensure diversity of participants for the focus groups (Appendix 1) and the results of this are now summarised.

The majority (23 out of 25) of participants completed the optional demographic survey. All participants in the focus groups were females and all respondents were aged between 21 to 62 years of age.

Regarding occupation; seven participants were lawyers, five participants worked in management or coordination roles, three participants were domestic violence court assistants, three participants worked as case workers, three participants were intake workers or worked in administration and two participants were employed as counsellors.

Length of experience in this type of work ranged from 'just started in the role' (1) to 1 year or less (7), 15-18 months (3), 2-6 years (7), 8 years (2) and 15 years up to 22 years in this type of work (3).

4.7.2 Focus groups – semi-structured questions

Semi-structured questions (Text box 2) were used as prompts to encourage participants to reflect on the topic of their role in assisting women to leave or end domestic violence. The focus groups (Phase 2), conducted with key informants, began with a statement stating my interest in finding out more about their role of working with women who have experienced domestic violence, particularly women leaving such a relationship and I invited the participants to respond (Text box 2).

I was the moderator during the focus groups undertaken for this research and I encouraged discussion and interaction between participants (Wilkinson, 2008). Prompts were only used when needed to elicit further information. During the interviews I took brief notes, mainly one or two words, to remind me to come back to an issue raised and I also noted some non-verbal cues. Questions or probes were not raised in any particular sequence as participants often raised the topics themselves and ideas that were raised by one participant then encouraged responses by other participants in the group.

The text box below contains the questions that guided the Phase 2 Focus groups (see Appendix 13 for the full schedule).

Text box 2 – Phase 2 Focus groups

Initial statement – I am interested in your experiences of working with women who have lived or are living with domestic violence and I am particularly interested in when women leave.

Potential prompts:

- What have your experiences with women who live in violent relationships been like?
- What have been your experiences of working with women who are experiencing domestic violence who leave?
- What have been your experiences of working with women who are experiencing domestic violence who stay?
- What have your experiences been of women who decide to leave or change the situation they were living in? (What did the women say made them decide to leave or change their situation?) Tell me more...
- What sort of things help women who are living in violent relationships to access services?
- What sort of things may hinder women who are living in violent relationships to access services? (What barriers do you see?)
- How do you see your role in helping women who are living in violent relationships (whether they choose to leave or stay)?
- What do you think are some of the reasons that women experiencing domestic violence find it difficult to access services?

Occasionally I needed to overcome minor issues of dominance by some members of the focus group. I found the best way to do this was by utilising the ‘circle technique’ (Hanson, 2006) which involved going around the table and asking each participant to respond to the same question. This encouraged some quieter members of the group to participate in the interview.

All focus group recordings were transcribed by the same transcriptionist paid for with grant funding. As discussed earlier the transcriptionist was required to sign a confidentiality agreement (Appendix 10) prior to transcribing. Two digital recorders were used at each focus group in case one had a power failure or the recording was lost or did not record properly etc. (Wilkinson, 2008).

The transcriptionist was required to listen to the two digital recordings for each focus group. This resulted in two slightly different recorded interviews (as the two recorders were at opposite ends of the table during the focus group interview). I then listened to the recordings while reading both transcripts for each focus group interview and combined the two documents into one final transcript used for analysis. Sometimes one recorder was able to capture conversation the other recorder had missed. Some of the recording was difficult to hear as participants talked over each other during the focus groups and there was occasional traffic noise during one of the focus groups. All participants were given pseudonyms during the transcribing. It was very difficult to determine the individual participants in the focus group recordings.

The focus groups undertaken were conducted within an 'essentialist' framework which assumes that the individual participants all had their own ideas, beliefs or knowledge about the topic of interest (Wilkinson, 2008), being professional women who work with women experiencing domestic violence. The task of the researcher was to draw out these understandings (Wilkinson, 2008). I will now discuss the process of analysis.

4.8 Analysis

Prior to outlining my plan for analysis I include in this section my own pre-conceptions and where I have come from in relation to this research. This chapter will then provide an overview of narrative inquiry and conclude with issues regarding the processes to be followed, relevant to this research, regarding validity and rigour.

4.8.1 My own preconceptions

My own viewpoints and perspective may well impact on how I interpret the research, particularly for qualitative frameworks such as narrative inquiry (Josselson & Lieblich, 2003). With this in mind I have recorded a reflective journal throughout the time I have been studying my PhD and this was utilised during interpretation of the data.

As suggested by Quinn Patton (2002) the researcher should have personal experience as well as a strong interest in the phenomenon to be studied. I will now provide a brief outline of my background and interest in relation to domestic violence.

I grew up in a family where alcohol was commonly abused and violence, including domestic violence, was not uncommon. My background includes employment in areas of health as a nurse, midwife, early childhood nurse and community nurse in roles that included caring for women who had experienced domestic violence. I have worked in domestic violence specific areas including working in a women's refuge and working as a lawyer providing legal advice and representation in court matters for women who have

experienced domestic violence. Part of my teaching role as an academic includes sharing my knowledge about domestic violence in relation to health and law with both nursing and midwifery students. Prior experience as a member of the board in women's resource services, singing in a community choir with women who have experienced domestic violence and volunteer participation in fundraising for women's refuges has also fuelled my desire to provide assistance to women who have experienced domestic violence.

4.8.2 Narrative inquiry framework

The stories women told to me as researcher were also incorporated with notes taken during the recorded interviews and after the interviews, so that interpretation of the stories necessarily involves my own hearing and meaning-making about the story told. I recorded my reflections of each individual interview and all focus groups as soon as possible after each interview was complete.

The interpretation of the data for this research was interpreted by me as researcher. It needs to be acknowledged that the point of view from which I as the researcher viewed the world at the time of making choices in relation to the interviews, transcriptions and analysis is what will be represented in the findings (Andrews, 2008). Choices made at the time I was undertaking this research may well evolve and be different as I am changing in a constantly evolving world; how the data may be interpreted at any future time may not be the same (Andrews, 2008).

4.8.3 Data analysis plan

A narrative inquiry approach forms the framework for information collection and interpretation of data in this project; the theory behind this was discussed in chapter 3. Participant recruitment and how interviews were undertaken has been discussed above.

Data analysed includes the transcriptions of the stories told by participants during one-off interviews in Phase 1 and transcriptions of focus groups in Phase 2. Analysis began after participants were given the opportunity to correct any errors or make any comments regarding the accuracy of the recorded interviews. In this project I provided participants with the choice of providing feedback on preliminary analysis of each interview or not while being mindful that participants may not agree with my interpretation (Hanson, 2006). Data taken into account for this project included feedback from participants regarding preliminary findings from the research, my own notes taken during the interviews and my reflections recorded during the analysis of the data. NVivo 10 was used to assist with storing data and themes (called nodes in the NVivo program) for both

Phase 1 and Phase 2 data. In addition I had regular consultation, feedback and guidance from my supervisors throughout this research project.

Qualitative researchers do not expect just one interpretation to emerge from data (Squire, 2008). However, how I will attempt to persuade others to accept my particular interpretation requires an outline of the processes I followed.

Phase 1 – The narratives collected were from 12 semi-structured interviews. The focus for this research being the women's experience of domestic violence, leaving the violent relationship and social support during that process. Preliminary analysis included reading each transcript one at a time while listening to the recording and writing my initial thoughts, possible associations and ideas to follow up later. Thematic analysis was used to guide my interpretation and write up of findings. I was more interested in what was said, being the participants' retrospective reporting of the events regarding domestic violence, rather than the format of language used. However the use of metaphors was noted and explored further as part of the analysis.

I read and re-read each transcript one at a time. I identified themes and provided a description of each theme. Some basic demographic data was collected about participants. I wrote up a chronological account about each participant that attempted to identify the main points of each participant's story including plot/s, beginning, middle and end. This process may assist to identify new issues or highlight triggers or points in time when the woman decided to leave the relationship or took action to change the relationship. I looked for any patterns and recorded any ideas that I identified during the analysis of each transcript.

Once each transcript had been analysed separately I then looked for patterns that arose in more than one transcript. Following this process I compared and contrasted similar or divergent themes found in the transcripts and wrote up preliminary findings. After that I determined if the themes that evolved compared or contrasted with other current research findings and discussed why variations may have occurred (Bazely, 2009). Transcripts were then read again in light of evolving themes.

NVivo was used to display patterns in the data such as matrices, flow charts, models or other graphs which also assisted in identifying further themes as well as being used in the findings chapters to support results. Verbatim accounts are included in the findings chapters, as they are an important requirement for narrative researchers, the extracts supporting the translated themes. The themes and findings for Phase 1 were then written up. I was mindful that writing up requires moving from the final themes to a

final report outlining the innate meanings from the participants' experiences (J. A. Smith & Osborn, 2008).

Phase 2 – I read and re-read each focus group interview transcript individually. The goal here was identifying what the participants said about how they see their role as professionals in helping women who are experiencing domestic violence. Thematic analysis was again utilised because the importance here is what was said. However, some interactions between participants in the focus group were also noted and are discussed in ensuing chapters. Themes were again defined for each interview. Once all individual focus groups were initially analysed I wrote up a summary of findings (Appendix 14) and sent these out to participants who requested them for comments and feedback. Further to this I looked for divergence or convergence between themes across the three transcripts. Again I compared findings with current research and looked at significant variations and discussed this in the writing up process.

Phase 1 and Phase 2 – The next process involved looking at the themes that may be relevant to both Phase 1 and Phase 2. For example what participants in the focus groups (Phase 2) perceived as being their role in assisting women who are leaving domestic violence compared to what participants in Phase 1 interviews may have perceived about the role of social support in leaving domestic violence. I envisaged that new or different insights into women's experience of leaving domestic violence and social support would be identified during that process. Findings during this part of the process were then written up. In order to ensure that the findings from my research are deemed to be 'trustworthy' (Riessman, 2008) I observed the following processes regarding validity.

4.8.4 Validity

Riessman (2008) states that there is no established set of standards or criteria for validation that will fit every research project. However I chose to use a flexible set of criteria developed by Yardley (2000, 2008) that was discussed in chapter 3.

I will now discuss how I applied these criteria.

1. *Sensitivity to context* – I used research findings in current literature to support or challenge my findings and I discuss this in the following chapters. I included verbatim extracts from participant interviews to support claims that I make including the development of themes (Reid et al., 2005).
2. *Commitment and rigour* – My commitment and immersion in this project can only be envisaged and demonstrated by my writings in this thesis. In terms of rigour, or the preferred term 'trustworthiness' (Riessman, 2008), I have

attempted to demonstrate the addition of new knowledge and different insights to current findings. The diversity of participants has been demonstrated and limitations of this will be included in the discussion chapter (8). New insights and perspectives that include feedback from participants have been included in my write up of findings. How the process of themes have been identified and defined has been discussed.

3. *Transparency and cohesiveness* – I have provided details of how each aspect of the data was collected. Excerpts from the data have been used to support themes and patterns that I identified. I also incorporated feedback from participants regarding their perspectives from a summary of the findings sent out to participants who chose to receive a copy. Divergent themes that arose have also been discussed as well as those that were more commonly found in the data analysis.
4. *Impact and importance* – Findings from this research will be disseminated in further research papers in addition to conference presentations. The practical implications and how the findings may impact policy makers or others will be discussed further in chapter 8.

The criteria set out above were used as guidelines only and were useful in assuring others that the analysis of my data remained as trustworthy as possible.

4.9 Summary

In this chapter I have discussed the processes used to undertake data collection and analysis. I examined the issues regarding how I approached the ethical requirements for this project including my preparation in case there were consequences for participants. Sampling and participant selection was outlined and concerns regarding these processes addressed. Procedures regarding arranging and conducting interviews were outlined. This chapter was concluded with a discussion regarding how analysis was undertaken for both Phase 1 and Phase 2 data including a discussion of how I approached the issue of validity for this research. Chapters 5, 6 and 7 following will discuss findings from Phase 1 and Phase 2.

Chapter 5: Phase 1 Findings A: Overcoming Impediments to Action and Leaving Violent Relationships

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In this chapter and the following chapter, I present the findings for Phase 1 of this research project. Data collected for Phase 1 involved the collection of 12 women's stories of experiencing and ending violent relationships. All women in this research experienced abuse from a male partner who will be referred to as the *perpetrator*. The participants all experienced impediments that prevented or delayed them from leaving the abusive relationship and this will be discussed in this chapter.

The main research question addressed in this chapter is:

How do women perceive their experience of leaving or ending domestic violence?

Participating women were also invited to discuss how they perceived their experience of social support during and after the abusive relationship as well as the period up to the point of leaving, and these findings are discussed in chapter 6.

Thematic analysis guided by a narrative inquiry framework was used to interpret the information-rich and insightful responses obtained from the data. The use of models from the NVivo program also assisted with analysis and development of themes. The methodology and method chapters (3 and 4) explained the theory behind the analysis and utilisation of narrative inquiry in detail.

Two key themes identified in Phase 1 will be discussed in this chapter: impediments to action and the process of leaving. Examples from the data are provided to reinforce and illustrate the identified themes discussed in this chapter (Reid et al., 2005). (Themes and subthemes regarding the third key theme arising from Phase 1: informal and formal support, are discussed in the following chapter).

Impediments to action, also called barriers, obstacles, hurdles or difficulties in this chapter, are factors that prevented women from taking action to leave or change their situation within the violent relationship. Impediments to action included barriers to disclosure, barriers to help seeking and barriers to leaving the relationship. Impediments that delayed women taking action to leave or end domestic violence included internal and external factors sometimes involving a culture of pretence regarding the relationship and attachment to the intimate partner relationship. Most women started developing strategies to overcome these impediments long before the relationship ended. Some women noted that hurdles needed to be surmounted in order to end the relationship while for others hurdles became less important and were ignored in order that the relationship would be ended. Alternatively the obstacles became less important or irrelevant when leave taking eventuated.

Leaving included the gradual process leading up to the ultimate end of the intimate partner relationship. The words '*ending*' or '*leaving*' are used interchangeably in this research. In this research I had no intention to imply that the woman 'should' be responsible for leaving or ending the violent relationship. Indeed some participants chose to leave the relationship with their intimate partner, were compelled to terminate the relationship or alternatively the perpetrator may have concluded the relationship. Ending the intimate partner relationship rarely resulted in a 'finale' where the participant and her partner totally severed their association and this is discussed further below.

5.1 Impediments to action

Impediments to action included internal factors such as shame, low self-esteem and depression or external factors including a lack of financial resources, nowhere to go or a lack of other support. There were often numerous factors that complicated the women's ability to be able to take action to leave. For example most participants experienced a lack of financial resources, so they attempted to find ways of improving their employment opportunities such as attending educational courses at college or university. Many of these women then experienced guilt about having their children placed in childcare. This guilt was exacerbated when the perpetrator abused her for neglecting the children, or he prevented her from using the car for transport. In addition participants typically had little energy beyond coping with day- to-day events, compounding their situation.

In spite of these hurdles the women eventually left the violent relationships. Several women experienced abuse with more than one partner and most of the women left and returned to a violent relationship on more than one occasion before leaving permanently.

Women identified the difficulty in making decisions to leave, including their desire to remain in the relationship because they loved their partner despite his abuse or held an image of wanting to remain with their partner as a 'family' for their children. Nevertheless when children became involved in the violence the children's safety eventually overrode that dream of the 'family' and the women left. The impediments to action identified by participants are now discussed followed by an examination of the build-up to leaving and the separation process investigating how women arrived at decisions to leave despite barriers.

5.1.1 Internal factors

Women recognised they had experienced factors that were internalised that prevented them from ending the relationship. This included low self-esteem, a loss of

self, depression, deep shame and self-imposed isolation. Women found it difficult to find words to express what they were experiencing and had little energy to plan for any future outside the relationship. Participants were often blamed for the violence and the shortcomings in the relationship by the perpetrators and this had the impact of delaying decisions to leave. Prior research has suggested that attributing the violence and failed relationship to the woman by the abusive partner exacerbates the self-blame by the woman making it more difficult to leave as the woman perceives that she is responsible for resolving the problem (M. A. Anderson et al., 2003).

Clara found the continued verbal abuse eroded her self-esteem which delayed any decision making in order to leave:

“...you’re consistently being told you’re nothing, you’re useless, you’re worthless, you’re a slut, the F word comes into it every second time. You’re a bitch, all of those negatives are repeatedly told to you and unfortunately you tend to believe it.”

Several of the participants discussed depression and anxiety which depleted their reserves preventing leave-taking decisions. Additionally participants felt powerless and lacked self-confidence to make changes. As Clara said:

“Emotionally it just breaks you apart. You become very weak and confused...I’ve been physically and emotionally abused but I found the hardest hurdle to climb and to hold onto, and that’s one’s sanity, self-worth and not feeling guilty, trying to self-analyse and basically it just sucks all your very essence of who you are away.”

Participants had little energy left while attempting to cope with their partner’s abuse in addition to day-to-day activities. The current research also supports prior findings that women experiencing continuous abuse become emotionally as well as physically exhausted (Wesely et al., 2000). The lack of energy reported by several of the participants delayed them from taking action to end the relationship. Rachel used a metaphor: “I didn’t have any wind left in my sails” to explain the loss of energy and why she did not seek help or leave. Maggie said she had been unable to seek help to leave in her relationship because most of her energy was needed just to survive and trying to avoid her partner’s violent outbursts:

“...it is kind of a motivational thing you really have put all of your energy into just kind of surviving let alone trying to find someone to help you...”

Several participants also experienced a loss of self. Clara described 'losing the essence of herself' due to the violence and how difficult it was to tell others. Other participants described themselves as being invisible or a 'nothing' and this too was a barrier to leaving. Jackie described this:

"...a nothing. I think I was just a shell with nothing inside me that just went about doing what you needed to do each day and yeah."

As the abuse continues women have reported feeling alienated or disconnected from their sense of self which has also been reported in former research (Lempert, 1994; Wesely et al., 2000). Prior research has identified that a loss of identity and sense of self, particularly when combined with depression, can be a barrier to ending a violent relationship (Wesely et al., 2000) with women putting their emotions on hold in order to survive the continuous abuse in the relationship (Kearney, 2001). These findings were supported in this current research with participants expressing both emotional and physical exhaustion and a sense of disconnection from their body.

Participants expressed feelings of confusion, embarrassment and shame and the inability to express in words what was happening to them making it difficult to disclose or to seek help.

Clara discusses this:

"...you're so confused as to where you are at yourself. You can't put it into words, to not talk about it – you just can't express yourself fully, you can't even really understand yourself why it's happening and it's terribly hard to verbalise it..."

Some participants experienced intense shame about the violence, particularly when this was exposed and the women had not previously disclosed the violent behaviour in the relationship to others. Following one violent incident Maggie was admitted to hospital with the police taking photos of her injuries in front of her family and daughter. Maggie did not follow up with charges against her husband at this point in time:

"I think what was the most embarrassing part for me was my family and my little girl watching that and the police coming in when I was in hospital and taking photos when they were wheeling me into theatre and that was (nervous laugh) horrible...really bad. Um I didn't actually follow through with charges on that occasion. Why...I don't really know."

Maggie felt quite shamed by this event but also experienced intense grief after a miscarriage that happened simultaneously following this violent attack. The overwhelming humiliation accompanied by loss and fear for her daughter may have

prevented Maggie from following through with assault charges against her partner at this time. Fear, shame and embarrassment have been reported by other researchers (Fugate et al., 2005) as being reasons women experiencing abuse do not seek help and this is supported by the current research.

Self-blame has been found by other researchers to be a reason for non-disclosure and not seeking help for domestic violence (D. Rose et al., 2011) a finding supported in the current research. Most of the participants in the current research blamed themselves for the violence and this was at times reinforced by others in addition to the perpetrator. For example when Clara was hospitalised following a brutal attack by her partner her parents suggested that as Clara had made the decision to marry him she now had to put up with the consequences:

“...I was hospitalised, I told my parents and they said ‘well you made your bed you lie in it’...”

It took Clara some time to overcome the self-blame and take action to end the relationship. The reality for several of the participants was within the emotionally isolated confines of their abusive relationship. Participants described the inability to be able to leave or take any action because they were not able to see a life outside their relationship at that time. By not being able to “see reality” Wendy claimed she lacked the strength to refuse consent. This resulted in events that included sexual assault:

“...you can’t see outside of where you are and in not seeing outside of where you are then you accept things that should never be accepted. You accept things as reality um and that aren’t reality um you accept things that are happening as being as um I guess okay...”

Isolation was another factor that prevented women from ending the relationship. Isolation was both internally imposed by the woman at an emotional as well as physical level and externally imposed by others including the perpetrator. Women isolated themselves as a result of abuse – a consequence of self-mollifying to avoid situations that might displease the abusive partner. Participants experienced at least two kinds of isolation. Many avoided or restricted contact with family and friends in order to cope with ongoing violence, to avoid disclosing the violence and to protect themselves, and others, from violence or abuse. Researchers have identified that women experiencing domestic violence may face external isolation imposed by the perpetrator or self-imposed isolation suggesting the isolating of self may reflect disempowerment and an altered self-identity (L. E. Rose et al., 2000) also identified in this research. Participants also expressed

emotional isolation that included feelings of being trapped or stuck in the relationship and this has also been explored in prior research (Lammers, Ritchie, & Robertson, 2005).

Non-disclosure of the violence or abuse made it difficult for women to overcome the isolation. Furthermore difficulty in accessing support was worsened where the participant was isolated because of location or distance. Not telling others, in itself, presented difficulties as the women felt they had to present to the world an image of their relationship as being okay which became more difficult as the violence escalated.

Megan did not tell anyone until the few months before she left. Megan said the 'not telling' was also difficult:

"It's very isolating... you don't pop down to the school and say hi you know my um husband was at home last night you know um laying into the kids: you don't want to discuss it with anyone cause you are so ashamed of what they are doing you know and it's not the sort of thing you can discuss."

Rachel on the other hand did not want to disclose the violence in her relationship to her family as they were unwell:

"I didn't want to burden them anymore, so like certainly at that stage nobody knew...I hadn't told anyone...and I didn't...I just didn't know what to do...yeah..."

The inability to discuss the violence also prevented participants from seeking help earlier.

Maggie was financially and emotionally dependant on her partner. She described her feelings of shame and fear regarding her ability to cope if she left the relationship. Maggie had told no one about the violence and did not know who she could trust enough to tell:

"...you have this feeling like you can't cope. I don't know really how to explain it other than because you're so alone they're kind of everything so you think well how am I going to cope, who is going to want to know me, what do I tell people now..."

A few of the participants continued to see friends while the abusive relationship continued but the friendships had limitations imposed by the participants. For example, Claire found it too stressful to have her partner present when some of her friends visited and she therefore restricted social calls.

Even when participants retained friendships they were isolated from the intimacy of sharing the violence in their relationship and this emotional isolation limited

opportunities for socialising and seeking help. Women expressed a loss of autonomy and independence combined with a loss of self which exacerbated feelings of isolation.

Several of the participants could not see their way past the barriers including being emotionally isolated and they felt trapped in the relationship. Clara described her situation during the abusive relationship as being like a prison with no hope of any help to get you out:

“Hopeless as in powerless, as in nowhere to go, no one to talk to, no one to seek help from, no support...You become isolated and that’s a control thing...and it’s just safer not to have any contact with anybody you know yourself personally. So you are basically imprisoned, totally imprisoned.”

Some of the participants knew they could obtain assistance from their family should they disclose the violence, however, participants also feared the reaction of such disclosure. Erica’s parents did not know about the abuse in the relationship but having become isolated from her friends Erica was reliant on her parents as her main support. Erica feared telling her parents about the violence in case that line of support was also lost to her. This increased Erica’s sense of isolation and feelings of hopelessness that she could ever leave the relationship:

“And so I was scared to tell them although I knew that ultimately they would be there I was scared. So whenever I had an argument with them or something I felt like they were my lifeline and if I couldn’t turn to them then I didn’t know what I was going to do. And so that, that was something that made me lose hope.”

Impediments to action experienced internally by participants delayed decision making regarding the abusive relationship. Participants lacked confidence and self-esteem was eroded by continuous abuse from the perpetrator. Participants blamed themselves for the violence and this delayed help seeking because they were ashamed and feared the consequences of disclosure. Participants had little energy beyond surviving the requirements of daily living and isolated themselves from friends and family in order to cope. Participants experienced a loss of self and became disconnected from normality outside the violent relationship. These hurdles were complex and compounded by several overlapping factors which prevented or delaying ending or leaving the relationship. Additionally participants were isolated as a consequence of external factors including their partner’s controlling behaviour and this will now be discussed further.

5.1.2 External factors

External factors were impediments to action that existed in addition to factors that were internalised by participants as discussed in section 5.1.1. These external obstructions exacerbated the difficulty the women had in taking action to leave. External circumstances that inhibited decision making to leave included tactics used by their partners to control and manipulate participants. Other factors including physical barriers, a lack of financial resources and a belief the participant had no one they could call on for assistance delayed participants from taking action to end the relationship.

Most of the participants experienced financial difficulties and even if they managed to find employment it was often the case the partner used childcare or transport as a form of control by stopping or limiting access to the family car, making it difficult for the woman to continue working. Participants also experienced problems obtaining services and difficulty finding a safe place in order to enable them to leave and not return. Women identified the inability to obtain support as being an impediment to ending or leaving a violent relationship and this will be discussed further in chapter 6.

External factors identified in this research included physical barriers, including isolation, erected by the perpetrator. Women were often isolated because of the perpetrator's behaviour as his behaviour towards the participant's friends did not encourage friends to visit. Some participants maintained friendships however these friendships were restricted because of distance. Women were sometimes isolated when the perpetrator insisted on the couple moving away from family and friends and participants had limited access to use of a car, public transport or money for fuel or transport.

Wendy became isolated after moving and this isolation was aggravated by her partner's controlling behaviour that deterred friends from calling around:

"Um we moved um and moved to an area where we were away from our friends...um gradually became quite isolated um anybody who came up to visit felt very uncomfortable, he was really nice to them but he...it was kind of like...I can't really describe exactly what it was what he did but he, he actually did things that made them feel very uncomfortable and generally it would only be a couple of times and then they just wouldn't come back."

As well as experiencing isolation most of the participants were restricted from leaving because of financial barriers; and this has also been reported by other researchers (D. K. Anderson & Saunders, 2003; M. A. Anderson et al., 2003). For some participants, difficulty obtaining Centrelink benefits or inadequate social welfare benefits

delayed women from leaving. Claire tried to obtain some financial assistance in order to leave but found the benefits that would be provided were not enough. Claire delayed leaving at this time:

“...I rang Centrelink at the same time and they were just...I can’t do this...I can’t afford to live you know blah, blah, blah um and kind of put it on the back burner.”

Claire left her partner on one occasion and then needed evidence that she had left the relationship in order to be provided any financial support from Centrelink:

“...Um so then after I was gone at Mums I didn’t have all my stuff for Centrelink you know yeah so um then I had to deal with Centrelink and I don’t even want to go there (*laughs*), um so, so then you’ve got to prove to them that you are not living in the house they’ve got to go and ring up friends to make sure that you are not living you know...”

The difficulty obtaining support, including financial support, was often compounded by requests for documents and evidence that participants, who may have precipitously left a violent relationship, did not have access to at the time. This is a barrier to leaving and also one reason participants returned to violent relationships.

Most participants had little access to their partner’s income, were given a limited amount of money by the perpetrator for housekeeping and several participants had to supply the perpetrators with unprotected sex in exchange for any financial support. Financial restraints and ill health as a result of continuous pregnancies and caregiving prevented Wendy from leaving for several years:

“I had one pregnancy after another. Um the housekeeping money was I discovered attached to the amount of sex. Um so if there wasn’t enough sex then there wasn’t a lot of housekeeping...”

Most of the participants were reliant on their partner’s income during the violent relationships but a few participants did manage to obtain independent employment. However the perpetrators then used this as a basis for continuing control by restricting access to transport or childcare. Participants’ partners also used children and pets as tools to prevent participants from becoming autonomous and leaving. Controlling access to resources has been identified by other researchers as one way of ensuring women remain dependent on the perpetrator and preventing women from leaving the relationship (M. A. Anderson et al., 2003).

Jackie's partner told her to get out and get a job but then told Jackie she could not work as there was no one to mind the children and he would not allow the use of childcare:

"...my partner used to always say to me oh get a job, get a job. Then he'd go oh well who's going to look after the kids you need to stay home with the kids so there was always that."

Maggie's partner minded their child while she went to work:

"...I was abandoning my child, he didn't want her to go into care but he didn't want anybody else to care for her and he would use caring for her as a means to try and control me and my life. It made work life very difficult for me when you rang in saying well I don't have anyone to mind: I don't have childcare, it becomes a tool, a weapon."

Maggie had not told anyone at work about her abusive relationship which made it difficult to explain when Maggie needed to take time off work on a regular basis when her partner refused to care for their daughter.

Rachel's partner used to prevent Rachel going anywhere by taking the keys out of the car. They used to live a long way out of town and Rachel was fearful of leaving and not taking the children with her.

Several participants told of how their partner was violent towards the participants' pets and this was used as a way of punishing the participant and a barrier to leaving. Beckie said her partner used to be violent towards her dogs and that her partner "knew my weakness". Maddie had two cats who used to hide under the fridge whenever her partner came home from work. It was only when friends offered to take care of her cats that Maddie was able to leave. Threats of harm to family pets has been associated by other researchers with a delay by the woman in leaving the relationship (Volant et al., 2008), a finding supported in this research.

Participants who did have employment were often forced to take leave or resign from their positions following continued violence and abuse often compounded by other issues occurring in the participants' lives. Rachel developed severe clinical depression due to the continuing violence, which was intensified by grief following her sister's suicide and her father's death in the same year. Rachel needed to resign from her job, losing her financial independence and delaying any decision to leave:

"I guess over time I got worn down, but probably what happened I think, was, after my sister and my father died I think I lost my resilience...So then I guess

when it [the violence/rage] happened each time, I just got more and more shattered I suppose.”

There were multiple barriers existing for participants that were exacerbated by life changes including a loss of a job, illness or deaths in their family. For some participants including Rachel these life changes stopped any attempt toward taking action to leave and participants experienced great difficulty in coping.

Jackie attempted to find some respite and cope with the increasing abuse and violence in the relationship, but her partner threatened to stop allowing her to see their children. Jackie’s inability to take action to leave at this time was intensified by low self-esteem and lack of knowledge about where and how to seek help:

“I’d actually gone and stayed with a friend of mine for a week...I went home one day to get something and he said to me ‘you’ve left... these kids aren’t yours if you don’t come back you won’t see your kids’. So like an idiot yeah you know...because your brains not with, with the knowledge I have now I just think no, no you can’t do that but at the stage that you at then with no self-esteem, no confidence in yourself you just...you know they have so much control.”

Perpetrators used emotional manipulation in order to prevent the women from taking action to leave. Researchers have identified emotional manipulation as preventing women from leaving. Findings have also acknowledged the difficulty for women in discerning whether the threats by the perpetrator to harm are merely tools used to delay leaving or will actually be carried out if the woman leaves the abusive relationship (M. A. Anderson et al., 2003). Megan’s husband told her family that he could not live without her or the children and promised to change. Megan feared leaving him because he started making threats toward the children when she was not around. She was also fearful if she left with the children he would head straight to court seeking custody of the children. Megan said it was not like a normal relationship where you could just discuss it:

“I mean when you are talking about separating yourself from your partner in a relationship like that...it’s not a matter of sitting down and working it out, no, because you know you can’t do it. You could try and do that...you may end up with a knife in your chest.”

Participants expressed their inability to be able to leave a relationship safely as they feared for themselves and their children. The time of leaving has been identified as a considerable risk to women and children (R. Walker, Logan, Jordan, & Campbell, 2004). Prior research has identified the importance of safety in decision making

regarding leaving abusive relationships (Goodkind, Sullivan, & Bybee, 2004) and this was supported by findings in the current research. The issue of safety was particularly pertinent in situations when perpetrators had been abusive following prior attempts to leave the relationship.

Several participants had experienced scepticism from friends or family when they did disclose violence and feared they would not be believed or would be refused help should they seek it. Wendy had grown up in a violent household so had no trust in disclosing the abuse to her parents. Wendy's parents-in-law did not believe her and when friends also expressed disbelief Wendy started to doubt herself:

"...So I broached it with one of my old friends...and she just didn't believe it she was like no, no, no, no like you know he's not like that like you know so you know are you sure there's nothing that you're doing wrong and I think when I heard that I just didn't really talk to people about that after that...I didn't really feel there was anybody."

Some participants also felt they had worn-out their right to seek help by returning to the relationship after being given support to leave. Prior research has reported that family and friends are less likely to offer emotional support when women leave and return to violent relationships on several occasions (Goodkind et al., 2003). Corinne felt she could no longer ask her friends for help after returning to her violent marriage:

"There were always, there was once I went back home, I was sort of, I felt as though I, I couldn't really involve them anymore, because they'd given me a lot of help to get away from him to start with and then I came back and then I couldn't really then say to them well I need help again..."

Sometimes there were conditions attached to help seeking and this became a barrier to leaving as participants delayed seeking assistance. Maddie's parents set conditions on the provision of support and would only provide assistance if Maddie promised to move back home with them.

Clara felt there was no one who could help her as the police would not act and she was fearful of disclosing to her neighbours:

"There was no hope, I could – if I told neighbours they help me and my husband found out and he abused them, they could charge him but if he tore me by the hair which he'd done often and dragged me around the police could do nothing. They said it wasn't – had no powers to help me."

Women were prevented from disclosing violence, help seeking and leaving the abusive relationship due to confounding and overlapping internal and external factors as previously discussed. Family or friends did not always believe women regarding their disclosure of abuse resulting in women feeling worse about their situation and delaying leaving or ending the violent relationship, a finding supported in prior research (Goodkind et al., 2003). Furthermore women did not want to burden others about the abuse and they continued to hope they could 'fix' the relationship or alternatively that the perpetrator would change.

External factors included financial barriers as discussed in addition to abusive and controlling behaviour by the perpetrator limiting opportunities for the women to obtain training and employment in order to become financially independent. Perpetrators also controlled the participants by threatening harm to the women, family pets or the children. Sometimes the women could not see past the barriers to a life outside their violent relationship. Sometimes the reality of their abusive relationship was too confronting. Participants regularly portrayed their relationship to others that everything was 'normal'. This 'culture of pretence' was often reinforced by family and friends in order to avoid the abuse being revealed.

5.1.3 Culture of pretence

Internal and external factors led to women building and maintaining a culture of pretence. Self-blame, shame and a lack of confidence prevented disclosure but also led women to normalise the violence where women felt 'safest' in a shell of what they perceived as normal. This '*culture of pretence*' regarding the violence and abuse in the relationship was exacerbated by the participant, her partner and others outside the relationship.

Participants described the shame, embarrassment, humiliation and fear they would experience if they presented the true picture of their relationship to others. Additional internal factors that drove this phenomenon included the desire to please parents and since participants blamed themselves for the violence they were careful not to be perceived as committing any wrongdoing.

This pretence was supported by external factors including a lack of belief or a failure by others outside the relationship to acknowledge domestic violence abuse. Additionally previous abuse as a child normalised the violence in the adult relationship for several participants. Several of the participants pretended everything was 'normal' or alternatively used avoidance strategies by not seeing friends or family so that there was no risk she would be asked about any family violence issues.

For most of the participants their reality was living in the abusive relationship: this was their normality and they could not see life outside of this reality at the time. Maggie perceived the violence during the relationship to be 'normal' and always hoped her partner would change. Maggie was too ashamed to tell anyone and worried about the consequences for her daughter should she 'break up the family' and leave:

'...it was a bit of a shock to my family because I hid it for years. Why did I hide it? I've thought about that um embarrassment, shame, hoping it would get better, thinking what about our child, what would life be like for her, I didn't want her to come from a broken home...'

Women wore a 'persona of normality' and in several cases 'trained themselves' to appear happy outside the home. Other researchers have identified the need for women experiencing abuse to maintain a façade of normality in the relationship in order to cope with ongoing abuse (Landenburger, 1989; Zink, Jacobson, Pabst, Regan, & Fisher, 2006). Claire did not tell anyone about the violence and to anyone outside the home the relationship appeared normal. Jackie 'put on her happy face' as she walked out the door to do the shopping or take the children to school:

"I think I might have been like a robot but I put on the happy face and went out."

Rachel worked for the Parents and Citizens for many years at the local school and wanted to do 'all the right things':

"I would smile. I would be polite. I would do all the right things and say the right things, and that's why nobody knew."

Conversely, maintaining the pretence and not disclosing the abuse was exhausting, exacerbating the difficulty in obtaining support or making decisions to leave. Corinne discussed how continuing the pretence became more difficult over time:

"I can cope with this, I'm just going to be like everybody else and I'm just going to buckle down and be a good wife and good mother...I pretended. The denial and the pretending that everything was normal and okay...Now I know it was extremely exhausting. I think it just takes huge amounts of energy away from you."

Some of the participants, including Clara, kept up the pretence of normality to others because of fear of her partner's reaction to herself or others should she attempt to disclose the violence:

"...people like myself we put on a very good show because we've become afraid because if people got to know the real truth...if those people came knocking on

the door and questioned or confronted the person who was doing it to you, you knew that once they went out the door you'd cop it worse, so it was better to shut up...It's like there could be help near at hand but...there's a big wall up between them and you."

Some of the participants had experienced abuse as a child and this made it more difficult for them to identify a relationship that was not normal and to take action to leave. Clara found from a young age it was easier to say and do nothing, to be a 'shadow' and submit to abuse and this continued into adulthood:

"...I've been trained, I'd literally been trained and I've trained myself from a child, to be submissive, to not be seen if something bad comes across, as in verbal abuse, physical abuse, say nothing do nothing, basically hide, become a shadow and not to be seen or heard, to accept it."

Childhood abuse has been found in other research to be a complicating factor as women may associate violence in their adult relationship as part of a normal family rather than unacceptable violence (Macy, Renz, & Pelino, 2013). This also contributes to the culture of pretence as participants attempted to protect themselves from further shame or abuse. Some of the participants had erected invisible barriers to protect themselves from further abuse as adults while others accepted the continued abuse in adult relationships as being a continuation of what they perceived to be part of a 'normal' relationship.

Several of the participants expressed frustration and sometimes despair that people outside the relationship failed to see or did not acknowledge that their partner was abusive. Claire's partner 'performed' in front of close friends and counsellors and most of Claire's family, friends and acquaintances did not appear to be aware there was any problem with Claire's relationship:

'...and he was always like on his best behaviour for them because they were old friends that we had for years."

During counselling sessions Claire's partner put on a good front and pretended that Claire had problems that required counselling not himself:

"...he's terribly good at pulling the wool so he would sit in there with me and just bullshit. I'd just about sit there and cry with the frustration of the lies and stuff that he was saying..."

Jackie did not tell others about the violence during the relationship and once the violence was disclosed, many of her friends found it difficult to equate the violence with this person they thought they knew:

“...Because here’s this bloke that’s the perfect you know athlete and da, da, da,...and that’s how I think another part of it is people find it hard to put the two together, yeah.”

Several of the participants suggested others may have been aware of the violence yet failed to acknowledge this. Wendy suggested her neighbours knew about the violence but preferred to ignore it although one neighbour later admitted that they had heard the violence but did not know what to do:

“I think they might have just ignored it in some ways. Um you know the yelling and the screaming um you know as I said it was only just before I moved that there were a couple of neighbours that said that they’d known that there was things happening um but they didn’t know what to do.”

In addition to external and internal factors previously discussed participants expressed the need to put on a good front and pretend their relationship was normal. This culture of pretence was sometimes supported by others in addition to their partner and this was compounded by the need to then look to their partner to provide emotional support. Maintaining a culture of pretence also drained participants of existing energy. Women became dependant on their partner rather than being able to see outside of that relationship or make autonomous decisions to leave.

5.1.4 Attachment

Women told stories of being emotionally attached or bound to their partner and constrained from leaving the relationship for several reasons including love of their partner and children and being dependant on their partner for support. Being bound in this context resembled a strong emotional bond to the perpetrator as well as an attachment to the ideal of a family. Participants were not always aware of this bind until sometime after they had left the relationship. Kearney (2001) described this form of emotional attachment to violent partners as ‘enduring love’ with women justifying their partner’s abuse or remaining with their partners due to a sense of obligation or commitment and this finding was supported in the current research. As previously discussed women also felt obliged to try to repair the relationship but they eventually recognised they could not do this. They could only change themselves and eventually took action to leave. Many participants did not want to leave because of the children, but ultimately the welfare of the children over-rode that of attachment to the relationship.

Some participants thought they could change their partner's behaviour if they only 'loved him more', 'helped him more' or became a 'better' wife and mother. Participants were often dependent on their partner as they had no other friends or family providing support at that time and this dependence became an additional barrier to leaving. Participants described their own sense of self being melded with that of their abusive partner.

Suzie became bound to her partner with little sense of her own autonomy at this time, making it difficult to leave:

"I put my faith in him that he'd change and you know things would be better because of him changing like not me. It's sort of like um you're not controlling your own, it's your, you are just putting you into the partner because you haven't got high self-esteem."

Erica knew what domestic violence was before the relationship however expressed the difficulty she had leaving because she was not able to think clearly and her love for him, in addition to his co-dependency over-rode any sense of what was happening and how she was being manipulated to remain in the relationship:

"I always thought...it would never happen to me and if it did I would walk out straight away and um you know I knew all about it and so I learnt that sometimes you don't think with your head. And so because I'd loved him and then I felt, you know, I felt that he, that I, that he needed me that he was vulnerable and I was helping him. He had a bad childhood and you know so um and then slowly I kind of became manipulated till it turned into what it was."

Maggie said her life became isolated and so entangled with her partner that she was unable to make any decisions on her own:

"...it distanced me from my friends, my family so I didn't have really anybody else, somehow over time you just become removed from your life somehow...it ends up their life. My life was his life...it's very controlling."

Participants attempted to rescue their relationships and sometimes could not identify behaviours that their partners used in an attempt to wield control. Even after Corinne had initially separated from her partner and he began stalking her Corinne saw this as a sign of love:

"Then he started stalking me and I didn't know at first that he was actually stalking me, I was still in this romantic sort of belief system that he needed me so desperately that he couldn't be far away and just kept driving past the house all the time."

Most of the participants had children and generally this delayed decisions to leave. For some participants being pregnant meant they felt unable to end the relationship although for other participants the safety of the pending child resulted in a decision to leave during the pregnancy.

Erica thought about leaving her partner but knew the law required him to see their daughter so she knew she would always be bound in some way to him:

“He’s always going to be in my life because we have a child together...you know like I always not regretted having Ella but I regret that I had a child with someone like that because now I am bound to him.”

On the other hand, many of the women would have remained in the violent relationship if not for the children being impacted by the abuse. The children were barriers to leaving in some ways while being the catalyst for making a decision to leave in other circumstances. Women continually battled with making the decision whether to leave or stay and what was ‘best’ for the children.

Clara saw herself as being the children’s protector so remained in order to continue this task:

“...I just existed. And made sure my children were well fed and as protected as I could make them. So I always came between them and what was happening...”

Wendy started to really think about her relationship following an incident with one of her children:

“...he would go away sometimes with work and I probably think what really hit home to me was when my second eldest daughter was only three and she was sitting outside and she said ‘is Daddy coming home today?’ And I went ‘yep’, and she went ‘bugger’.”

Impediments that delayed leaving the relationship included a sense of being attached or committed to the relationship with their partner. Some of the participants blamed themselves for getting involved in the relationship and for the violence that followed and therefore did not want to be the cause of the end of the relationship. Some participants perceived they had no autonomy or sense of self without their partner and found it difficult to make decisions that could end the relationship. Participants sometimes perceived controlling actions by the perpetrator as being signs of love. Participants wanted to do the ‘right thing’ by the perpetrator in regard to the provision of access to their children. Participants wanted to reconcile problems in the relationship and remain as a family for the children. Ultimately participants began planning to leave.

5.2 The process of leaving

Although women described stages towards leaving there was no clear linear progression but more a sense of movement that included several components. Some women say they experienced one or two of these stages while others may have experienced many. These stages that occurred over various periods of time included planning for the eventuality of leaving such as increasing their prospects for employment or contacting support services. Women expressed feeling more empowered and regaining their self-esteem following opportunities to develop skills or obtaining employment.

Most of the women described planning and taking small steps to overcome barriers to leaving or had 'moments of clarity' and realised that obstacles were no longer insurmountable. Alternatively, obstacles became unimportant in comparison to the escalating violence or uncontrollable events that impelled them to leave. Some women defined the steps toward overcoming impediments to leaving as going backward, when the perpetrator attempted to exert control over the participants, stopping them from making autonomous decisions.

Women discussed finding strength in support from other persons outside the relationship, even if this support was seemingly insignificant, including acts of kindness or validation of what was happening in the relationship. Several participants reported one or more incidents where persons outside the relationship provided an opportunity for the woman to see her violent relationship as not being a normal one or provided alternatives to remaining in the relationship.

Participants thought about leaving and may have started planning to leave following particular events that caused reconsideration of their relationship and contemplating alternative options. Most of the participants had commenced putting plans into action to leave however there were usually catalysts that ultimately accelerated the end of the relationship. The turning point/s for the actual 'leaving' were often precipitated by factors outside the participants' control including issues regarding children, increasing violence or events that made it impossible for her to go back to or remain in the relationship.

For most participants the build-up to the actual point of leaving was not sudden and was different for each participant. Maggie started making plans to leave long before this eventually happened:

"Slowly over the years well I am going to remove all of these things you are using against me I am going to set my life up so that I am not dependent on you and

that I can actually have a fulfilling life...In the interim it may not seem that way but in the long term it will be the case so...it's a journey, it's a journey I don't think any one person's experience will be the same..."

For some participants incidents of escalating violence and threats of harm to themselves or children encouraged participants to seek action although the women were not always able to leave at this point in time. For example Megan wanted to take action to leave but she just did not know 'how to find her way out of the relationship safely'. Women had difficulty being able to navigate services and finding somewhere safe to go should they attempt to depart. Rachel had made the decision to leave if ever her partner started being violent towards the children and once this occurred she took action to leave:

"...that was...really the beginning of the end...Because he had crossed that boundary...as I say, I still stayed after that...but that was probably the beginning of the end...yeah."

Other research has identified planning by women experiencing abuse who make conscious decisions they will leave if particular events occur, including violence against the children (Campbell et al., 1998; Zink et al., 2006). As discussed in the previous section, financial hurdles existed for most of the participants. Some participants managed to put aside money into bank accounts without the knowledge of the perpetrator. Saving money over a period of time allowed Claire to eventually leave and rent a house:

"...I got um a little bit of money from Nan dying which I put into a separate account and I kept it and I also um had all you know your parenting payments that I get yeah I had those going into that account so it grew...and that's helped me now to move..."

Incidents such as increasing violence against the children kept participants moving forward toward actually leaving and it helped to overcome the general lack of energy they experienced. Eventually most of the participants identified small cracks of a life outside the relationship which included the possibility of a life free of violence. This started some participants towards the path of ending the relationship and facing the realisation that their partner was not going to change.

Some of the participants described a step by step process experienced in order to overcome impediments. Maggie said that one of these steps included attending university and obtaining a degree even though her husband continuously told her she was stupid. Maggie eventually obtained a job and was able to earn her own income. This

empowered her but simultaneously Maggie's partner tried to control her growing independence by pressuring her to mind their child, rather than seek childcare, while she worked:

“...being able to earn my own money and to give my life more a direction that I wanted, not being controlled, that was a fairly big step in the right direction, a really big step, its empowering and um he tried to make me feel guilty for that.”

Increasing violence or threats of violence towards participants and their children eventually led women towards considering options for leaving or ending the relationship although it took several years for some of the participants to overcome impediments to action, or leave the relationship despite the hurdles. Several participants started planning to overcome financial difficulties and regaining independence by putting small amounts of money away or obtaining employment despite the problems with childcare and transport as discussed in the previous section. Participants started seeing glimpses of how their life might be without violence. All of the participants came to a point of realisation eventually when they acknowledged they needed to end the relationship.

5.2.1 The build up to leaving: realisation...

Women eventually reached one or more points in time where they could no longer pretend or deny their relationship was not domestic violence and the culture of pretence could no longer be maintained. Women's reality changed, they gained insight into their relationship with a growing awareness that the violence was not going to stop and they were able to recognise the need to take action. For some participants this changing awareness was accompanied by anger and increased energy and strength which provided the impetus to make decisions. For other participants overcoming hurdles to leave occurred at a later time. Realisation was one component, or part of a series of changes, that women attained before they were able to overcome impediments and take action to end or leave the abusive relationship.

As discussed earlier in this chapter, participants noted many obstructions, including a culture of pretence that constrained them from taking action to leave. Most of the participants ended the relationship following a significant event or when the risk of remaining in the relationship became extreme. Women acknowledged the reality that the violence directly impacted on their children or they reached a point where they had to get out even if the economic circumstances or family obligations were dire. Some participants said they did not identify or really acknowledge that their relationship was abusive for a long time. Sometimes participants came to a point of realisation when they had to confront the reality that their abusive partner was not going to change. Facing the

reality that the behaviour they were experiencing in their relationship was actually 'violence' was not an easy task and women described this as feeling 'shell-shocked' or shocked to the core and some women were surprised they just did not 'see' it before. One participant stated "I'm an intelligent person so why didn't I see it?"

In this research project participants' realisation included a raised awareness where they viewed themselves and their intimate partner relationship differently. A meta-analysis of qualitative research in the area of domestic violence reported that one of the first steps in leaving an abusive relationship was a sense of awareness regarding the abuse in the relationship (Childress, 2013). Lammers et al. (2005) defined this awareness as women determining changes in themselves that they perceived to be negative as a result of emotional abuse. The 'realisation' defined in the current research is similar to previously reported 'awareness' (Lammers et al., 2005) which involved women reaching a point where they realised they could no longer remain in the relationship nor deny the violence. In addition realisation in the current project was generally accompanied by triggers or catalysts and resulted in action being taken by the women towards ending the relationship.

Some participants read information, books or posters about domestic violence and then realised this situation applied to their relationship. Several participants began to compare what was happening inside their family to others external to the relationship. Often others outside the relationship helped women see the reality of their relationship. Ultimately participants recognised that their relationship was not a normal one.

Corinne observed other families and noted that in other relationships partners helped to care for the children unlike her partner. Corinne left the marriage after 20 years once she realised the dream of a perfect marriage and happy family was not going to happen. Corinne said issues such as her husband's continued affairs with other women while being abusive to her started making her see what was happening in her marriage and conversely what was happening outside that relationship:

"And there were a lot of things that happened to me...I kept coming further and further out of denial all the time. With each thing I began to understand, I would sort of get this really severe shock and – so I sort of got more and more into reality."

Corinne reached the point where she could no longer turn back:

"It was past the point where I could ever go back into the fantasy and make it work in some way. I was now understanding..."

Suzie described this point of realisation and decided she was no longer willing to accept her partner's violence:

"I sort of woke up to myself in the end and thought well you know maybe this isn't right."

Maggie could no longer hide the violence from her family or anyone else. This was a catalyst for Maggie, a point in time when she realised she could no longer deny the abuse particularly now their daughter had become part of that reality:

"...it got to a point where I couldn't hide it anymore, I'd been hospitalised twice and the police were involved and I refused to give evidence on several occasions and on the final occasion the violence was that bad that basically our child was hurt in the process – she was trying to protect me from her father and I realised that this wasn't doing any of us any good and I really had to go through with it."

The length of time needed by participants to reach a stage where they could no longer deny the abuse varied between participants. Corinne said it took some time to gain enough strength in order to overcome her feelings of love and guilt and take action:

"I, it took me many years to understand what was going on and, so I went in and out of reality for quite a few years before I actually started to get strong enough to do something about it. I mean I loved him a great deal and I suppose probably because he is my children's father, there is certain, there is still certain love there."

Participants arguably found the realisation that their relationship was not normal, and that they needed to take action to leave, difficult to accept. In most cases realisation was an important step towards their decision to leave the relationship. For most of the participants there were several periods in time where they were confronted with the reality of being in a violent relationship and could no longer exist in a culture of pretence. People outside of the relationship assisted women to recognise and acknowledge the violence in the relationship.

5.2.2 Reality check...this is domestic violence

It was often parties outside the relationship that provided a 'reality check' for participants by validating that the abuse was real. When this occurred participants could no longer pretend their relationship was normal.

Sometimes it took an external person to directly state the reality of violence in the relationship. For example Megan said:

"...um I just thought you know he had problems with anger but until it was actually spelt out in black and white this is what domestic violence is, this is the signs of

domestic violence and I realised it was basically my life with him it wasn't until then that I, I suppose the light bulb went on. Although my solicitor said to me, 'didn't you realise after the first time he hit you?'"

Rachel received a letter from close friends saying her relationship was one of domestic violence. About the same time the children's school had concerns and the Department of Community Services (DOCS) requested an interview with Rachel and her husband. Rachel said she did not realise her relationship was one of domestic violence and the impact of this realisation was quite powerful:

"...the DOCS referral and the letter all happened pretty close to each other. For me the words in that letter that said domestic violence...those words hit me like a sledge hammer. I was totally knocked off the cliff. It tipped me over the edge because I had never thought of that before. It had never occurred to me..."

There was a need for repetitive experiences for most of the participants to reinforce and change their perception of how they viewed the relationship before they took action to leave.

Some of the participants found it helpful for the abuse to be named 'domestic violence' and when useful information validated what was happening in their relationship this assisted participants to perceive their relationships differently. This is supported by other research with findings that naming the abuse occurring in their relationships may assist women to change their perspective about their situation as well as of the facts or reality of the abuse occurring in their relationship (Chang et al., 2005). Claire rang Lifeline after a bout of violence and after the abuse was named domestic violence by this service Claire started to change how she perceived the relationship:

"Well Lifeline she was...they were very good just with um I remember I rang after he threw a washing basket at me. She said to me that is domestic violence and I kind I went 'well yeah I suppose that it is isn't it'...you know. So there... that perception of what is and what isn't...that they...that they...that they um enlightened me too."

As discussed in the previous section several participants experienced childhood abuse and this made it more difficult for them to recognise the abuse in their adult relationship as not 'normal'. Wendy had been sexually assaulted as a child and because of this did not 'see' the sexual and psychological abuse by her husband against her as being wrong. A counsellor assisted Wendy to identify the reality of domestic violence that was part of her relationship:

“...when this counsellor started to go through things and started to actually look at things that did make up domestic violence and it... that it just wasn't the physical side of it um that you know there was sexual abuse in there, there was um emotional and psychological abuse it came as a real shock.”

Clara went to see her GP who told her that she had a sexually transmitted infection. Clara's GP helped Clara to see the reality of the violence that Clara could no longer deny in the relationship:

“...my doctor actually gave me a chat – she sat me down and gave me a real strong talking to, told me the facts of life and reality, all the things that I actually really knew but I refused to accept and she helped me take the rose coloured glasses off, like hello you don't pick up crabs on the toilet seat...like Clara this is reality...”

Some of the participants' partners were having sexual affairs and then forcing participants to have unprotected sex. The women when confronted with the reality of their partner's infidelity started changing how they viewed their relationship.

Wendy obtained validation that the violence was real from one of her husband's mates:

“...this guy actually said to me 'look he's totally different outside you know, like I, except for that fact that I've seen how he behaves and I've seen the reactions that you and the kids have when he walks into the house and you know all of that', he said 'I've, you wouldn't actually know that he was like this'. And that provided some validation that it was, real...it's not me.”

When persons outside of the intimate partner relationship identified the violence and indicated this to participants the women were then more able to recognise and acknowledge the reality of the violent relationship. If the violence was validated by others then the women could no longer pretend or deny it was happening.

As discussed earlier most participants lacked energy and this impeded decision making regarding ending the violent relationship. Some of the participants became angry when the reality of their relationship could no longer be ignored and this anger provided the participant with energy to make plans to leave. Corinne's husband followed her everywhere and Corinne thought this was because he loved her. The local minister told Corinne her husband was trying to terrorise her. This was the trigger to end the relationship:

“Because when he’s got you terrorised he’s got you off balance and he’s got you in control. It just hit me like a ton of bricks: it was one of those penny dropping moments that occurs every now and again. I just felt this huge amount of energy go through me and I got very, very angry.”

Others outside of the relationship often assisted women to accept the reality of their abusive relationship. Often this encounter was difficult and women were no longer able to maintain the culture of pretence. Sometimes this confrontation was accompanied by anger and additional energy. For other participants’ illness or trauma following continued abuse in the relationship impelled them to come to terms with the relationship before they regained their strength to leave.

5.2.3 Facing reality...regaining strength

Some participants experienced illness or traumatic experiences that often included an escalation in the abuse that changed how they viewed themselves and their relationship. These participants subsequently gained strength and became empowered to leave.

Clara identified a point when she recognised herself as a visible person and became empowered to take action to leave:

“I found that when I’ve been backed up to a wall and been pushed and pushed and pushed and pushed and pushed and beaten and kicked and pushed and spat on, been hit and kicked and had things thrown at me physically, verbally, horrible things that’s just so wrong and not true that I’ve got to be backed up to the wall, I’ve – cause I’ve always been a shadow, but all of a sudden that shadow – okay verbalise it – that shadow becomes a being and that being was me, it was actually the realisation that I was a person and that what they were doing was wrong and it was up to me to push back, to do something about it.”

Rachel initially felt confronted by posters displaying domestic violence and was in denial that her relationship was not a normal one:

“There were posters at work, and there was a poster on a stairwell of man with a very angry face, and I couldn’t walk up those stairs. I couldn’t go anywhere near that poster. It felt like it physically hurt me to look at that poster, so I would catch the lift up instead of walk up the stairs. All the posters that were around the place about aggression, and zero tolerance to aggression, and the like – I couldn’t bear to look at them, they were too confronting for me.”

Following a period of depression and grief, in the wake of the death of her father and sister, Rachel started to regain her strength and obtained another job. Rachel started developing her resilience and the posters now became her strength:

“I got that resilience back after I had gone through that year of being sick. I went back to work...this next time those posters around the place actually gave me strength. I actually liked looking at them. I wanted to look at them. I wanted to feel their message. I guess I was determined that that violence would never happen again...not to the kids...not to myself.”

Most of the participants experienced depression and anxiety. For some participants the trigger or final straw for leaving included suicide ideation or thoughts of killing the perpetrator.

5.2.4 Leave or die...

Some of the women gained insight into their abusive relationship only after attempting suicide or reaching a point when they felt at risk of committing suicide or killing their partners if they did not leave the relationship. Women experiencing domestic violence have been found to be at increased risk of suicidal ideation and suicide (Golding, 1999; Guggisberg, 2008). In addition there has been growing recognition of the need to investigate deaths associated with domestic violence, including homicides committed by females against abusive male partners, and Domestic Violence Death Review Teams have been established in most states of Australia (DVDRT, 2012). When suicide and/or homicide were perceived as an optional way out several participants decided to leave. Several of the women who considered suicide said they would have gone ahead with the suicide if not for their children. These women said they did not want to leave their children behind with the abusive partner:

“I decided to leave when I could see that he was turning on our child and I didn’t do it for me cause I thought – for me I – my opting way out was to kill myself...my child would have to be obviously given to his father and that was a no go.”

Jackie lived in a rural area and was not within walking distance of the town or any friends. Jackie was prevented from leaving and attempted suicide to get out of the relationship:

“...I tried to overdose on antidepressants that I was on and um well they called the ambulance and that...and I actually knew the guy that was the paramedic and it was really good cause when they were taking me into the hospital he said to me, ‘you didn’t want to die.’

I said, 'no.'

He said, 'you just needed to get out.'

And I went, 'yes'."

This was a catalyst for Jackie: a turning point where she realised that the violence was not going to stop and that she needed to get out. Jackie did not go back.

Clara's partner pushed her and held her against the wall. Clara had intense thoughts of killing her husband at that time in order to avoid the continuous abuse and violence. Clara realised at that point in time that if she remained in the relationship she would kill him. Clara also admitted that she felt empowered because at that time she decided she was not going to be pushed around anymore. This was a turning point for Clara and they separated soon after:

"I was standing beside the kitchen sink and there was a kitchen knife on the sink and he must have been able to tell by the look on my face because I looked at him and I thought I'm not going to cop this again..."

Jackie used to laugh off the violence to her friends but eventually admitted to herself, after she had attempted suicide when her partner stopped her from leaving, that it was not funny. Jackie also found she started feeling better about herself when she could admit the violence was real:

"...um now that I can speak about it, and not think it's a joke yeah. Because I've always been oh look I'll make a joke out of anything, and, and that's just where I went with that. But yeah to come to that realisation that no this is not a joke and what you did was wrong and you know that's been a big part for me yeah."

The moments of realisation experienced by the women in this study were diverse. They included insight or a change in how the woman perceived her relationship and the role the woman played in that relationship. Some participants envisioned a future free of violence after watching other people experience relationships that were different to her abusive relationship or a period of time away from the perpetrator. Alternately some participants reached a point where they realised their partner was not going to change and that they could take control of their own future. Moments of realisation that the woman could no longer stay in the relationship may have occurred following catalysts that included suicide attempts or a strong desire to harm the abusive partner.

5.2.5 Overcoming impediments to action

The actual point in time the participant permanently ended or left the intimate partner relationship was, in most cases, preceded by a build-up and planning period

even though the participants did not always recognise it at the time. The point of ending the actual relationship was generally accompanied by one or more triggers or catalysts. Some of these catalysts included assistance provided by informal or formal supporters. Participants perceived they did not receive assistance to leave but in most cases assistance was actually provided. This may have been due to the complexity of their lives during this point in time. Most of the participants expressed some misgivings about their leaving.

Erica raised her feelings of uncertainty about leaving:

“I guess I was like I was so torn because I really like I and I knew that I wasn’t happy in the relationship and that I wanted to leave but there was a part of me that also, you know, still loved him and still saw some of the man in him that I fell in love with.”

Most of the participants identified feelings of loss during the period leading up to and after ending the relationship. Participants changed their perceptions regarding the man they fell in love with to the man now identified as being abusive. The loss and grief experienced by most participants followed the realisation, as previously discussed, that the man they loved or felt attached to was not going to change and they needed to end the relationship.

Several participants perceived they had no help during this period. However, in the stories told by the women, it was established that informal and/or formal support did actually assist them to leave. Several participants needed to leave the relationship urgently due to increasing violence or threats of violence and as there were limited opportunities to move, for example when the abusive partner went to work, friends and family were contacted and did provide assistance. Support will be discussed further in the following chapter (6).

Clara was diagnosed as having a sexually transmitted disease caught from her second husband who admitted he had been having unprotected sex at a local brothel. This precipitated the realisation that her husband was not going to change so Clara left the relationship:

“...so I went away. I made another big decision in my mind to – because I couldn’t go on...I was afraid I’d end up with some sort of disease or I’d die from that and my children wouldn’t have me anymore. So I ended up going and living with this husband and wife in their backroom... And I left my children because I didn’t have anywhere to take them.”

As discussed earlier in this chapter impediments to taking action to leave included the desire by women to maintain and remain in the family for the children. Women eventually overcame impediments to action when they faced the recognition that the perpetrators abuse on the children, either directly or indirectly, was impacting on them. In several cases abuse against the participant started to include threats or abuse towards the participant's children triggering an end to the relationship. Women severed their connections to the intimate partner relationship although most of the women continued some association with the father of their children.

Rachel had attempted to leave the relationship several times. Rachel made the decision to leave if the perpetrator was ever abusive to the children:

"My 17 year old son was sobbing and saying 'Dad you're hurting me, don't you see you're hurting me'. My husband stood at the door and yelled 'I will fucking do whatever I fucking well want to'. As soon as he said those words I knew I couldn't bring them home...I decided that if the children were ever placed under threat again, that I would leave...the choice for me had already been made once and for all. So I just left that day..."

Wendy had been considering leaving her partner for some time, however she agreed to go on one last holiday with him and the children and see how that went. Wendy's partner physically and sexually assaulted her in front of the children and threatened to kill her. Wendy left:

"I was just absolutely devastated shocked um I was hurt he'd hit me in the assault um I was terrified um and so I actually left the kids, I left him, I got a taxi from the unit to the airport and flew back to um a couple of friends that I had...and I went to the police on Monday and um applied for an AVO."

Maggie felt constrained by financial need, isolation and emotional dependence on her partner but after he physically abused her and their daughter she ended the relationship. This was the final straw for Maggie:

"...he punched me in the head and several times our daughter put her body between me and him... I remember thinking my god this is it, this is it...I just knew this was it so I drove the car and ended up in a side street and ah and I think I rang Mum and she said ring your brother so I rang my brother and went to his place and he said 'my god and that was it and we were going to the police and getting this sorted out' ...you know when it's on your body you can wear long sleeves and pants but yeah not on your face."

Maggie realised at this point that the violence could no longer be hidden from her family, from her work, from herself and this time she followed through with the charges laid against her partner. Maggie could no longer maintain the culture of pretence.

For several participants police intervention became a catalyst for women to end the relationship. Following the assault in front of their three children Megan did not return to the marriage. The police were contacted and Megan said she could not go back to the relationship after the police came to the house and placed an interim restraint order against her partner:

“...So in the end he assaulted me again, he assaulted me um while the children were present while my three year old was in his arms one of my older children rang the police and he was charged with assault which he pleaded guilty to. So um yes that was how in the end um we got out.”

Leaving was complex and dangerous for most of the participants and this has been acknowledged by other researchers (Campbell et al., 2007). Claire came to a point where she did not want to put up with his abuse any more, particularly now she could see the impact on the children. Claire rang the police during one of her husband's violent episodes. Claire's partner then told her she had ruined his life. She became more fearful and rang the police and told them not to come. However the police told Claire they were now obliged to follow up on the phone call and come to the house. Claire acknowledged this series of events helped her get out of the relationship:

“Yep well when I decided to leave it was because I decided that I wasn't going to go on any longer. I just decided I was getting older. I wasn't going to keep fighting for the rest of my life I wasn't going to stick around and the kids were getting involved and scared – it was wrong to put them through this. I don't know I just called the police and asked them to come and they came.”

The point of leaving for Corinne followed several violent incidents and assault charges by the police. Corinne's counsellor named the violence and abuse and pointed this out to Corinne:

“I went to Mental Health Services with him, he did come along...because I wasn't happy and things were not working...The psychologist there called me in one day on my own and asked me to read something, and then asked me who it reminded me of and I said, well it reminds me of my husband and he said yes and he said and you are probably going to be in great danger as the years go by and also your health and everything else, he said because your husband is a sociopath.

He said I was living in a very sick relationship and I had to get out of it...So I left him."

Erica's partner said to her several times after they argued that he would go however Erica always said 'no stay'. On this occasion, following increased verbal abuse, Erica decided she needed someone to provide her with an objective perspective. This helped her make the final decision to end the relationship:

"...we had a big fight and he said, 'I'm going to go then'.

And I said, 'okay I think you should'.

And um and he was like, 'what'?

Um and he, he just started crying and begging and pleading and you know and I said, 'well let me think about it'.

And um so then I had a whole week where I couldn't tell him yes or no I was like no I have to think about it. Um I was just so ambivalent and then um and then I decided, I actually I went and talked to a counsellor and I decided okay that's yeah."

Jackie described her relationship as being stuck in a hole. Jackie said that something 'just clicked' one day and this new way of seeing empowered her:

"I just said to him this is it get out...And that was basically it, yeah so I don't know what clicked in my head that day that said 'this is it' and why I felt strong enough to go ahead with that so yeah..."

Jackie discussed this point in leaving and noted that something in her had changed. Jackie's perception regarding her partner and the abuse had shifted internally and this enabled her to tell him to get out:

"I don't know I just sprung out one day (laughs). I still for me I still try to think back to that day that I said to him get out. Because nothing had happened like it was just a normal every day Sunday but something in me had obviously changed and I honestly to this day can't say what that was. But see even that is an empowering thing, yeah, to think you've just gone...this is it...get out yeah."

All of the participants described specific points in time where the intimate partner relationship ended as though the decision to end or leave the relationship was arrived at suddenly. Participants described this turning point using metaphors such as becoming empowered, escaping out of a hole, suddenly becoming visible or able to see through the 'cracks' of a future free of violence. Participant's perception of the relationship

changed after they realised they could not stop the violence and could not change him. Some of the women noted that they had changed and this enabled them to end the relationship. Several women described regaining back their energy following bouts of depression or illness. Other women discussed events, involving something the perpetrator had done, that caused them to become angry and this empowered the women to overcome impediments to action and end the relationship.

5.3 After the leaving...not the end of the violence?

Even though the intimate partner relationship had ended the majority of participants had to continue a relationship with the perpetrator for many reasons including child visitations, property matters and legal issues. For many of the participants the abuse did not cease just because they had left the relationship. Some of the women described legal processes as an extension of the violence and several women experienced unwanted harassment, stalking and attempts from the perpetrator to control them. For some of the women the perpetrator moved close to the participant, even though the intimate partner relationship had ended, and this eventually forced the women to relocate. For several of the participants this extension of the violence and control continued for many years after the intimate partner relationship had ended. A couple of the participants went into hiding for one or more years for fear the perpetrator would kill them. For some of the participants the emotional and physical isolation continued. One participant expressed her relief, as well as grief, following the suicide of her ex-partner a few years after they had separated.

Once participants experienced some distance from the relationship or ended the relationship they were able to see the relationship differently. Most of the women still experienced fear for quite some time after they had ended the relationship. Some of the women acknowledged the changes in themselves as time out of the violent relationship went on. Maggie discussed some of the changes that occurred after the relationship had ended:

“Fear, not straight away because I was waiting for him to find where I was um even though I knew I felt safe with my brother there... Over time that feeling that I was to blame... I realised that no amount of anything, no one deserves to be treated like that, it doesn't matter what I'd done...nobody deserves that and it actually wasn't about me it was about him so allowing myself to grow as a person and gain some insight. Being removed from that because you are kind of consumed with fear and anxiety and it's just full on not a nice place to be so when

those feelings subside (*takes deep breath*) feeling you can breathe and start to look around and live yourself.”

All of the participants experienced abuse and control tactics from their partner during the relationship. Over half of the participants discussed the use of violence and control tactics exerted by ex-partners particularly in the first year, and often longer, after the intimate partner relationship had ended. Researchers have identified the period after ending the relationship as being a time when the perpetrator will attempt to regain control of the woman by using various tactics (Campbell et al., 2007) and this was supported in the current research. The levels of abuse and control cannot be measured but several participants were stalked and assaulted either verbally or physically following the end of the relationship. Research has found that men who exert high levels of control during relationships with their female partner are more likely to stalk or assault their female partner after separation (Ornstein & Rickne, 2013) and this is consistent with the current research. Several of the participants perceived the continued abuse and control from their ex-partner to be aggravated by third parties including the police and this finding has also been reported by others (Pajak et al., 2014). For example Corinne perceived the police had become friendly with her ex-partner which resulted in delays to arresting him while he continued to break into her home.

“I had (name of NGO) trying to help me. They tried to get the police involved...but I got nowhere with them in fact I think they had made friends with my ex...He broke in on several occasions as I said and did things in the house...They went to see him on one occasion and came back and said – they were on like first name basis – I was Mrs C but he was (on first name basis)...”

Usually after leaving, their perception of the relationship changed and women stopped blaming themselves for the violence although this often took several years. Once the participants had some distance from the relationship they were able to gain some clarity and insight about the relationship and their role in that relationship. Most of the participants sought assistance in dealing with post-separation issues including physical and emotional challenges and this will be discussed further in the following chapter.

5.4 Conclusion

In this chapter I discussed the findings following analysis of the data from Phase 1 of this research project. The main themes examined in detail were impediments to action, overcoming these hurdles and the process of ending or leaving the abusive relationship.

The research question addressed in this chapter was:

How do women perceive their experience of leaving or ending domestic violence?

The women in this research faced many complex barriers including internal and external factors that prevented or delayed them from ending violent relationships. Participants stayed with their partners as they felt constrained emotionally, were hampered by financial restrictions and continued threats by the perpetrator and had nowhere safe to go. Participants blamed themselves for the violence with some participants saying 'they had dug themselves into a hole' and did not know how to get out. Family members, particularly the parents of participants, reinforced the self-blame using metaphors directed at participants such as 'you made your bed: you lie in it', leaving participants feeling compelled to remedy or rescue the relationship. Women felt they could not leave because they no longer had their own identity or autonomy to make decisions. Participants could not see their way out of the violent relationship and expressed feelings of being trapped and imprisoned.

Participants went out of their way to do 'the right thing' by their partner and children in order to keep up the pretence of the 'perfect family' to others. Women found that maintaining this culture of pretence and not telling others about the violence was exhausting. In addition to impediments, including isolation or restricting associations with friends or family, this culture of pretence made it difficult for persons outside of the relationship to acknowledge the violence, if they were aware of it, or to offer assistance. The culture of pretence identified in this research adds to existing knowledge regarding barriers to leaving or ending violent relationships discussed in chapter 2. Identifying and acknowledging that some women experiencing domestic violence exist in a 'culture of pretence' and providing appropriate services may assist women to obtain help to leave or end domestic violence.

Most of the participants did not disclose the violence to anyone for a long time. Indeed most participants did not acknowledge or were not aware that their relationship was not a normal one. This denial or lack of awareness occurred for many reasons including having no other standard by which to compare their relationship. Several participants had also experienced violence as children and therefore continuing violence as part of an adult relationship was not seen as an aberration. The loss of self-identity, isolation and low self-esteem prevented most participants from being able to see and compare other relationships to their own.

Ultimately, increasing violence and abuse, particularly when the children became involved, resulted in women being able to see 'through the cracks' of the fantasy regarding their relationship. When the women reached this point of realisation they started to see their relationship from a different perspective. Most women also started acknowledging other relationships and this provided comparisons to their own violent situation reinforcing to the participant that their relationship was not a normal one.

There were usually several events that resulted in women no longer being able to deny the violence or abuse and realising they needed to make changes or end the relationship. The *culture of pretence* then became more difficult to maintain and several participants started formulating plans to leave. Sometimes catalysts, including being told by professionals that their relationship was one of domestic violence, confronted participants with the abuse in their relationship. Other research findings have suggested that women need to look to others outside of the relationship for validation regarding the violence before they can fully assess the relationship (Landenburger, 1989). In the current research persons outside of the relationship provided confirmation to women that they were experiencing domestic violence although this was just one aspect of women recognising and acknowledging the domestic violence in their relationship.

Several of the participants also found information including brochures, posters, books and other media assisted them to acknowledge the violence in their relationship and to seek help. Coming to terms with the violence in their relationship was extremely difficult and usually traumatic for the women. Some of the women experienced periods of severe depression or illness, exacerbated by the violence and sometimes other events, after being confronted by this reality. Other women experienced illness or trauma before being able to acknowledge and reassess the violence in their relationship.

Women in this research took incremental steps to overcome multiple barriers in order to end the relationship. They appeared to go through stages although these were far from clear cut and were not sequential, rather there was a general move towards the build-up and eventual leave taking. Other researchers have utilised the Stages of Change model (Prochaska & DiClemente, 1983) as an exploratory framework and identified triggers that progressed participants from one stage to the next (Khaw & Hardesty, 2007) however this model was not applied in this research. Participants usually planned to leave well before the relationship ended and this is supported by other research (Campbell et al., 1998; Davis, 2002a). The actual point of ending or leaving the relationship was only part of the complex process also identified by other researchers (Campbell et al., 1998; Khaw & Hardesty, 2007; Lempert, 1994). Women felt empowered

when they were able to overcome some of the hurdles to leaving including gaining educational qualifications or financial independence.

Taking action to leave was hastened by triggers that may have seemed inconsequential but were the 'final straw' for some of the participants. Alternatively it may have been a tumultuous occurrence such as an attempted suicide or a severe act of violence by the partner towards the participant and/or the children. Catalysts for the point of leaving included internal changes regarding how women perceived the relationship as well as increasing violence and/or police intervention. Women perceived they had limited help to leave however most participants did actually receive assistance and this will be discussed further in the following chapter.

Even when the intimate partner relationship was terminated most participants had a continued association with the perpetrator because of issues regarding shared care of the children, property matters or other legal proceedings. More than half of the participants experienced continued abuse after the relationship had ended, when the perpetrator stalked, assaulted or harassed them. Some of the women also experienced what they described as 'extensions of the violence' that occurred while help seeking and this will be discussed further in the following chapter, along with findings from Phase 1 regarding help seeking and social support during and following the process of leaving violent relationships.

Chapter 6: Phase 1 Findings B: Help Seeking

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In this chapter I conclude the findings from Phase 1 of this research project. Data collected for Phase 1 involved the collection and interpretation of 12 women's stories of experiencing and ending violent relationships as discussed in chapter 5. In this chapter I will discuss women's encounters of help seeking while ending their abusive relationships.

The main research question addressed in chapter 6 is:

How do women perceive their experience of social support while leaving or ending domestic violence?

Participants' reflections of help seeking were collected in semi-structured interviews as discussed in the method chapter (4). The stories told by the participants included the period of time that encompassed the build-up to leaving the abusive relationship, their actual leaving and the period after the intimate partner relationship had ended. There was no specific time-frame provided by participants, rather the women perceived help they obtained as useful, inadequate or not available at particular stages. These stages or phases were not provided in a clear logical progression but rather there was a gradual process toward the build-up to leaving and eventual ending of the relationship for the participants. This chapter will examine themes identified in regard to the participants' perceptions of help seeking following analysis of the data.

Thematic analysis guided by a narrative inquiry framework was used to interpret the responses obtained from the participant interviews. The methodology and method chapters (3 and 4) explained the theory behind the analysis and utilisation of narrative inquiry in detail. Findings from Phase 2 focus groups will be examined in the following chapter.

Three key themes identified in Phase 1 of this research project were impediments to action, the process of leaving and support. Women overcame identified hurdles or alternatively impediments became less important in light of increasing violence or other impacts on the women and their children, and eventually the intimate partner relationships, as discussed in chapter 5, were ended.

Informal and formal support, although not always recognised at the time, were provided to all of the women during their journey to ending the abusive relationship. Social support will now be discussed with examples from the data provided to illustrate the identified themes and sub-themes. Some participants did not call for help from services because of fear this would risk exacerbating the abuse to themselves, or risk abuse to others outside the relationship, and this is linked to barriers discussed in the previous chapter.

There are several descriptions of social support which were elaborated in chapter 1. Social support for this research included all forms of assistance that was identified by participants as assisting them to leave or end their violent relationship. Social support has been classified as informal or non-professional support, or more formal helping assistance (House, 1981). Social support has been described as being simple or complex or just as 'resources provided by others' (Cohen & Syme, 1985). Examples of 'others' in this research included informal support from friends, family or neighbours as well as more formal or professional support from services including police, counsellors, employers, lawyers, doctors, nurses and midwives. The participants in this research all described being assisted by other persons outside their relationship, at one time or another, during the build-up to leaving, during the leaving or after the relationship had ended. This support varied from being given information or emotional support to practical support such as the provision of housing, food, child care or transport.

The provision of informal and formal support discussed by participants will now be explored. This exploration includes distinguishing between assistance the participants found to be useful and perceived limitations in support provided.

6.1 Informal support

Participants discussed the importance of informal support that comprised the availability of tangible assistance such as transport in addition to social-emotional assistance including validation or positive feedback from others. Information in combination with assistance from family, friends or others aided participants to end abusive relationships. Participants did not always perceive informal support to be helpful when they obtained it or available when they needed it.

Most of the participants expressed feelings of being isolated and of having limited support from friends or family while remaining in the abusive relationship. When this was explored further, most of the participants said they did have help from friends and/or family at some point during the relationship or after they decided to leave. Participants identified the unwillingness of family or friends to provide support at times with explanations including fear of the partner, fear of offending the participant or frustration the participant did not leave the partner. Some friends and family were described by the participants as not wanting to interfere or become involved however when the participant did leave the relationship support was usually available from friends and/or family. The culture of pretence discussed in chapter 5 impeded earlier disclosure and help seeking.

Most participants found their friends provided more social and emotional support than family members. However family members who were approached when participants

ended the relationship usually provided practical support including accommodation and financial assistance.

6.1.1 Reluctance, help seeking and conditional support

Participants were reluctant to ask for help from their family particularly when tacit requests on prior occasions had been refused or if family members would only offer support with conditions attached. Rachel suffered depression and anxiety for over a year during her violent relationship with escalating aggression and threats to the children. When Rachel had previously approached her family for assistance this had not been forthcoming and she then felt disinclined to ask for help again. Rachel finally sought and obtained help from friends rather than family:

“Some of the family on both sides knew that it was serious when he exploded, but I think it’s something they don’t really want to know about or explore. I think people don’t want to know. That certainly did, and has, increased my sense of isolation and lack of support. It has felt like I did not have a family. Even when I was sick that year, they didn’t want to know. I reached out to friends at the end of that year...and it is friends that have sustained me ever since.”

Corinne approached her mother at one time when she was not coping with the relationship and the response from her mother was not helpful at all:

“I can remember my mother saying to me when I was telling her that things were not good and I wasn’t happy. ‘Well what do you want, he goes to work for goodness sake, he doesn’t drink and he doesn’t smoke, what else do you want?’ How can you answer that?”

Reactions from friends and/or family that are judgemental or critical when women experiencing abuse ask for help have been found to decrease women’s sense of wellbeing in addition to compounding feelings of isolation for women experiencing violence (Goodkind et al., 2003) and this finding was supported in this research. On the other hand tangible support from family and friends that may include being offered a place to stay and emotional support that is non-judgemental has been associated with increased feelings of wellbeing (Goodkind et al., 2003). Participants in the current study acknowledged the importance of non-judgemental offers of support from family and friends in helping them to leave abusive relationships. Several participants acknowledged that even knowing support was available increased their self-confidence.

Clara had no help or support from her parents, however a close family friend offered support and a place to stay and this allowed Clara to leave:

“...the abuse got worse and I was terrified actually...and I actually went into hiding for over a year at my friend’s family’s home and they took care of me. They totally supported me as one of their children and they supported my child as well and my dog.”

Participants found support that included having somewhere to go essential in order to leave. Conditional support was not perceived as helpful and some of the participants who experienced this returned to the abusive relationship. Maddie ran to her neighbour’s house and stayed with them after her partner started throwing things in the house during one violent event. Maddie’s parents offered support, however, this support was offered in return for Maddie’s total obedience to her mother, who was very controlling. Conditional support as an identified impediment to disclosure was discussed in chapter 5. When conditions were attached to social support participants usually acquiesced to the supporter if they had no other options and only until they found alternative support. For example some of the participants, including Maddie and Clara, moved in with their family for short periods of time but found it too controlling and so returned to the violent relationship or moved somewhere else.

Wendy’s mother provided practical support while she was still in the abusive relationship and this helped Wendy to cope:

“If we didn’t have any food um if the kids didn’t have any clothes um Mum would buy it. Mum came up every Wednesday.”

Although Wendy’s mother provided practical support including some childcare and financial assistance Wendy said that her mother’s own childhood had been abusive and that her mother did not want to discuss the violence in Wendy’s relationship. So practical help was provided here, but there were limitations to the support as the violent relationship was unable to be discussed. Prior research has identified that women may prolong leaving a violent relationship when their perspective of the situation is based on maintaining the relationship rather than exploring the violence in the relationship and options for safety (Baly, 2010). A lack of acknowledgment or failure to recognise the violence in the relationship by the victim’s family has been found to delay help seeking (Bostock, Plumpton, & Pratt, 2009). Although this was not clearly identified in the current research Wendy’s mother provided support on the premise that Wendy did not discuss the violence in the relationship and this may have delayed Wendy seeking help to leave the relationship earlier.

Corinne’s mother helped with babysitting and housework however Corinne’s mother did not believe Corinne should leave her husband even though she knew about

the violence. Corinne was given support by her mother on the condition she remained with the perpetrator. Consequently she did not feel she could safely leave the marriage for many years. Practical assistance by family was offered to some participants but only if the participant remained in the abusive relationship and this finding has been reported in prior research (Bostock et al., 2009). Corinne had neighbours, the local minister and a close friend who also knew about the violence. Corinne said they did not really do anything but just knowing they were there was helpful:

“None of them helped me to stop the situation really, but what came out of it was that by this time there was a lot of people that knew what he was up to...So there was some kind of safety in that I suppose.”

When Corinne attempted to leave the relationship on one occasion she found it difficult to cope without support and so returned to the violent relationship:

Once the decision to leave was made, or participants left the relationship, most of the participant's families provided some support.

6.1.2 Feeling empowered and emotionally supported

Most of the participants experienced isolation and felt they had few supporters they could call on for help. Participants reported feeling empowered when able to achieve goals independent of assistance and also by the knowledge that they were supported emotionally or that there was support available even when they never used it. Jackie made the decision to end the relationship and felt empowered when she was able to obtain financial assistance without needing to ask her friends for loans. Jackie wanted to maintain her autonomy and cope financially without asking others for help. As raised in chapter 5, one impediment to leaving abusive relationships included low self-esteem experienced by participants after continuous abuse by partners such as verbal abuse putting the women down. The participants said their self-esteem was enhanced when their friends believed in them and when they found they could do things without their partner including finding jobs, completing training courses or obtaining government assistance, such as social security or housing. Jackie obtained financial support from Centrelink but just knowing her friends were there if she needed them gave her support:

“I put all those things into place...just the fact that I had friends and they'd say to me if you needed any help anytime you know with money or anything, yeah, you just need to let us know. But I was very... I wanted to get through this on my own...it was an empowering thing for me that I can get through this.”

Some of the participants who discerned that there was social support available, such as help from friends should these friends be called upon, felt empowered and energised even though the supporters may not have provided any tangible assistance at the time. This confirms existing findings by other researchers (Constantino et al., 2005) that stressful events may be more manageable when support is perceived as being available even when not utilised.

Erica recognised that she had friends who noticed abuse in the relationship even though she did not talk about it. Erica identified the help her friends gave her by just being there and encouraging her to go out for coffee without her partner from time to time. Erica's friends also alerted her to the unhealthy relationship and Erica said "it sort of made me think". Erica's friends provided both practical and emotional support to Erica during and following the violent relationship. Erica did not disclose the violence to her family until she decided to end the relationship. Erica's brother then allowed her to rent his house and her parents provided financial support. This practical support allowed Erica to remain out of the violent relationship.

Jackie found that just having the presence of caring friendships available helped her cope after she left the relationship:

"...my friends because once I got out then they said you know they were talking things like thank god, thank god you know we were so worried about you and, and I think that to me was a really positive thing that these people all really cared."

The level of disclosure to friends and family regarding the abuse in the relationship varied between participants. Some of the participants told no one, other participants shared the complete story with some friends but not others and a couple of participants only told one or two close friends. Rachel found friends helped her more than anyone else:

"I can go and talk to them. They will help me if I need help with something. Some of my friends understand a little more than others, but I have a very close group of friends around me, and they have varied levels of understanding and varied levels of things I would discuss with them all but I think that's really valuable."

The emotional support provided by friends helped participants cope while in the relationship, during the leaving period and after the relationship had ended.

6.1.3 Opportunistic leaving, fear and safety

Some of the participants needed to leave the relationship within a limited time-frame, usually following increasing incidents of violence. Maddie realised that if she did

not take up the opportunity of leaving she may never do it and so her mother and family friend helped her to leave:

“...he was at work and I knew things weren’t getting better, I was quite pregnant. I thought well if I don’t go now, probably wouldn’t have, you know. But I knew I had to go, because there was no way I was going to bring a child into that...so yeah they helped me move out that day, so, yeah.”

As discussed in the previous chapter barriers to leaving included fear of the perpetrator and several of the participants took the opportunity to leave when the perpetrator was absent from the house and there was help available from others. Help offered by family and friends was often provided at short notice and was identified by participants as enabling the women to leave safely. Effective help by others with little notice has also been acknowledged by other researchers as assisting women to leave safely (Bostock et al., 2009).

Maddie’s abusive partner was involved with illicit drug use and Maddie was fearful about involving friends in assisting her to move when the opportunity arose:

“...So yes she was very good, but she was always very good when I was growing up, but you kind of didn’t want to involve them... It was only that day when I had the opportunity, that opportunity to leave and her husband came and loaded the whole big – well I didn’t have a lot of stuff, because I didn’t, he’d broken all the furniture, so I only had my personal things and the cats.”

As discussed women were often reluctant to ask for assistance because the women were fearful of their violent partners reaction should he find out they had disclosed the abuse or were considering leaving the relationship. Some of the participants acknowledged they needed some help from others in order to leave. When an opportunity to leave became possible this became a trigger for help seeking even though participants acknowledged the potential risk to themselves or possibly others at the time. In order for assistance with leaving to be requested the culture of pretence had to be challenged and the violence in the relationship acknowledged.

Maggie was violently attacked and was no longer able to deny the abuse in the relationship:

“...with my face you know it was just such a mess and you can’t hide that...you know when it’s on your body you can wear long sleeves and pants but yeah not on your face.”

Maggie's brother provided accommodation and emotional support to Maggie following this incident. Most of the participants ended the relationship and obtained some level of informal support during or after deciding to leave. Most of the participants needed external support in order to remain out of the relationship.

Claire's parents provided practical support by providing accommodation after Claire had ended the relationship and the courts had refused to make a restraining order against the partner that would have excluded him from entering the family home:

"I went to my parents' house the next day, they took him the police took him but only overnight, he came back the next morning ah at 7.00am... Oh it was horrible...because he said he had nowhere to stay so that was why I stayed at my parents and after about eight weeks he um moved out and we went back home."

Women who are abused are not always able to return to the family home. Claire's family offered accommodation to Claire and her family as Claire had nowhere else to go.

Clara was able to leave a violent relationship when a family friend offered her practical support and a safe place to go. Clara described this as a miracle:

"...my girlfriend and her family came to the rescue, and they did rescue me and my child – there are good people in this world but there's not a lot of them that would give their – would use their finances to feed you and to give you a roof over your head and make you feel safe."

Having somewhere safe to go was identified by most of the participants as being essential in order to leave and remain out of the abusive relationship. As Clara stated after being offered a place to stay with friends:

"...that's what saved me and my child, was having somewhere to go that I knew I could be safe. And that's the crux of it, having somewhere safe to go, to know you'll be protected as much as protection can possibly be."

Leaving a violent relationship is difficult and is compounded by both external and internal barriers as previously discussed (in chapter 5) in addition to being a time of heightened risk and danger (Block, 2008). The reasons women in this research left abusive relationships included incidents of increasing violence to themselves or their children. The culture of pretence was also challenged as visible signs of the violence became apparent and women sought help from family and friends to leave. If women are able to successfully leave a relationship and have no further contact with the perpetrator then research suggests it is less likely she will be seriously harmed or killed (Block,

2008). Most of the women in this research had continued interaction with the perpetrator after ending the relationship, mainly due to issues regarding contact with their children. Two of the participants left the perpetrator and remained hidden for over a year to avoid contact with the perpetrator. Women who have previously been assaulted during relationships have a higher risk than women not previously abused by intimate partners of being seriously assaulted or even killed by their male partner while trying to leave or after leaving a relationship (Block, 2008; Campbell et al., 2007). The safety of women was identified by participants in this research as being a major consideration that supporters, including professional service providers, need to consider when assisting women to leave abusive relationships. Some of the participants said if they had not been given help to leave, at a point in time when they had decided to end the relationship and there was an opportunity to leave, they would have remained in the abusive relationship.

Some of the participants remained in the family home after the intimate partner relationship had ended. However for most of the participants remaining in their family home, even with restraint orders in place, this involved an eventual move elsewhere one or two years later. Relocations followed fear of violence or abuse, threats of violence or incidents of stalking or violence. Some of the participants were given assistance from family to relocate and some were offered refuge by friends in their homes. Participants in this research did not consider accommodation at women's refuges to be a useful option however support groups and counselling services provided as part of the refuge service were reported by women to be very helpful.

6.1.4 Pets, neighbours, acts of kindness and information

Support was provided in many ways by different people and made a big impact on the participant's ability to leave and remain out of a violent relationship. Small unexpected acts of kindness including a stranger buying a cup of coffee, friends offering to mind children or providing positive feedback made a difference for several of the participants. As discussed in chapter 5 having family pets was a barrier to leaving violent relationships. Practical help offered by friends included taking care of pets when participants ended the relationship. When Maddie finally did leave the relationship an old family friend helped out by taking her two much-loved pet cats. Maddie's partner had thrown the cats from a two storey balcony on a prior occasion so this was a great support for Maddie and allowed her to stay out of the relationship.

Maggie discussed the comments of others that made a big impact on her when she was living in the violent relationship. Her brother's partner told Maggie she could get a job and this inspired her to do so:

“...it’s amazing it’s certainly amazing things you don’t think of as being significant at the time and how significant they are...”

Some of the neighbours provided assistance although this was usually limited to tangible assistance such as transport in Wendy’s situation:

“There was an old couple across the road um because my son had quite a number of accidents he was very accident prone and they would take me to the hospital um they took me to the hospital three times for stitches and things like that. Um so they were really lovely...”

One of Maddie’s neighbours assisted with transport however when Maddie attempted to tell her about the violence the neighbour did not believe her:

“I’d said that to the neighbour that time, who used to drive me down to the station every day, when she used to drive down I used to get a lift and I’d told her once and she had said ‘he wouldn’t be like that, he’s so nice.’ And yet she lived right next door, she would have heard every night.”

A few participants experienced neighbours who did not want to acknowledge the violence nor assist in any way. Claire could not understand why her neighbours did not call the police when they knew about the violence:

“...the thing that really could have helped me would have been if my neighbours had of been...opened up their mouths and said something...To help to, they um did nothing...”

The neighbours were reported by participants as being generally willing to provide ‘limited’ assistance such as transport but denied the abuse was happening and did nothing to assist the participant regarding the abuse. Researchers have found that neighbours may hear incidents of abuse but they do nothing but listen (Scutt, 1990). This failure by neighbours in the current research to act may have been due to fear by the neighbours for their own safety or because they did not know what to do which has been suggested by researchers (Latta & Goodman, 2011). In the current research the reactions by neighbours and others of ‘not wanting to know’ led to delayed help seeking by the participants.

Some researchers (Latta & Goodman, 2011) suggest that increased knowledge about domestic violence, including disclosure and help seeking, should be available in the community with formal supporters including police and refuge workers being available to provide guidance to supporters who may include friends, family or neighbours. Despite the need for effective networks being proposed over 30 years ago

in order to reduce the need for more formal support this has failed to materialise (House, 1981).

Information led to a change in how women perceived the intimate partner relationship and did assist several participants to leave. In Clara's third marriage Clara said that reading and re-reading books about domestic violence, which were referred to in a women's magazine, helped her to see the reality of her abusive relationships. Over a period of six months Clara said she completed self-directed quizzes and surveys in the books and said they gave her strength and helped her to see that she could not change her partner:

"...every page was speaking to me and it got – and then I learnt to understand myself. It's – it kept saying I'll ask this other person to change, if I do this I'm going to say can you do this. You expect someone else to change, you shouldn't do that and this is what I've learnt. It's up to yourself...okay so what do I need to do about it? And that was – my answer was that, get out...So I did."

Clara's perception of her relationship and of herself had changed after reading and digesting the information in the self-help books. This form of passive support utilised by Clara in addition to offers by her daughter for somewhere safe to stay provided the opportunity for Clara to end the relationship.

6.1.5 Summary of informal support

Leaving the abusive relationships was complex and informal support played an important role for the majority of participants in this research. Some of the participants found that friends or family helped them to pack up and move, usually with very little notice. This often occurred within specific time-frames when there was an opportunity to leave, including the perpetrator being absent from the house. Participants expressed the importance of having somewhere safe to go in order to leave. A couple of participants delayed leaving but said that telling others provided some degree of safety while they remained in the violent relationship.

As discussed in chapter 5 impediments to disclosure and help seeking included fear, shame and self-blame. Participants who disclosed abuse to their friends and family and perceived they were being judged or not believed were reluctant to ask for help. Several participants only asked family for support when they perceived they had no other options. This was particularly the case when the family would only provide conditional support that included never seeing the partner again or moving back into the family home.

Acts of kindness from others outside the participant's close friends or family, such as neighbours, included offers of transport, a place to go in case of emergencies and emotional support that included validation of the violence or motivating statements to the participant. Several participants expressed how grateful they were for this assistance although the supporters were probably not aware of the impact for the participant at the time.

In this research informal support including tangible assistance such as accommodation, financial support and/or transport was arguably of greater assistance than emotional support to women ending or leaving abusive relationships. This is in agreement with findings by Levendosky et al. (2004) but in opposition to House (1981) who suggests that emotional support may be more important. House (1981) also points out the importance of asking individuals what they find supportive in their particular relationships. The importance of tailoring support to individuals and identifying what women ending or leaving violent relationships found helpful in this research will be further discussed in the following section on formal support.

6.2 Formal support

Formal support may be referred to as institutional support, where the relationship is based on the provision of professional service, including legal, health, social services, counselling services and pastoral care (Belknap et al., 2009). Participants sought assistance from professional services during violent relationships and/or after the relationship had ended. Women in this research sought formal support including services from the legal sector, health sector and social services sectors that included both government and non-government organisations. A few participants also sought support from their employer or religious organisations.

Legal services identified by participants included officers of the court such as magistrates, police prosecutors and court support liaison officers. Additionally legal service providers included the police and lawyers from the community legal sector, private sector and government sector including legal aid. Health services acknowledged by women included doctors, nurses, midwives and counsellors. Counsellors were from both the government and non-government sectors including private counselling services and school counselling services. Social services included government organisations such as Centrelink and the Department of Community Services.⁴ Non-government

⁴ Department of Community Services (DOCs) is now called Family and Community Services. Participants in this research referred to DOCs, hence the use of the old title.

services included women's refuges and associated services for women, Lifeline and other organisations involved with the provision of support to women experiencing and leaving domestic violence.

Obtaining help from formal support services was often a difficult process for participants and they did not always perceive support to be helpful. Participants valued non-judgemental support provided by informal supporters and this applied more so to formal support services. Women appreciated the provision of useful information, advice or suggestions. Participants found it difficult to make initial contact with services due to several impediments including the culture of pretence or attachment as discussed in chapter 5. Although this was not clearly identified in the current research other researchers have found that women wish to keep the relationship intact and fear they will be required to sever the relationship if they seek help therefore delaying help seeking (Fugate et al., 2005).

The participants had multiple and complex needs and consequently used more than one service. Sometimes participants were sent from one service to another or back and forth to the same services in an attempt to get help. This supports findings by other researchers (Letourneau et al., 2013). There were usually one or two professional service providers who assisted the participant to navigate their way through services and find the help they needed at the time. The availability of these persons was seen as being more important than the actual service for some of the participants. From the participant perspective, there appeared to be little evidence of cross sector interaction or service coordination available to assist participants.

6.2.1 Legal services

Most of the participants were involved in legal proceedings ranging from seeking restraint orders to assault charges against their partner or seeking family law orders in regard to the children and/or property matters. Several participants were involved in court proceedings including applications by police to obtain restraint orders (these are called Apprehended (Domestic) Violence Orders in NSW; AVOs).

Statements and information made by supporters including professional supporters can make an impact for participants even though supporters may not be aware of this at the time. For example a police officer made a big difference to Maggie by telling her she did not have to put up with the violence although this person was not available when Maggie later called for assistance. As Maggie stated:

“Those kind of statements are really quite powerful to hear them in the moment. I actually remember...somebody called the police...and the female officer took

me aside and said 'you know you don't have to settle for this, this isn't acceptable' and I remember her and she gave me a card...um and I will remember those words they are really quite powerful."

If participants met someone from a service who left an impression, for example listened to them, took them seriously or believed them, then they felt empowered to contact that service again. However if that person was not available then participants were unlikely to re-attempt contact. Knowing a professional who had been helpful to the participant or others from a service was identified as being more important to the women in this research than the actual organisation.

Participants experiencing violence are vulnerable, lack self-esteem and fear reactions from their partner when the abuse is disclosed. If support services take the initiative for action this takes the decision out of participants' hands and that may or may not be empowering for participants. One participant, Beckie, suggested that taking the right away from the woman to charge the perpetrator takes away power from a woman who is already in a powerless situation. Mandatory charging of perpetrators by the police has been found in prior research to further disempower women experiencing abuse (Alaggia, Regehr, & Jenney, 2012). Claire on the other hand was relieved the police had taken that decision away from her:

"...I don't know I just called the police and told them to come...and I came back a little bit later and said I've called the police and he started telling me that I've ruined his life and all that stuff and I thought ah shit... So I rang the police and said don't worry about coming I'll just go...and then they said to me that they were on their way and that they couldn't not come right so, so then they came...they were only half an hour."

Claire said later she would not have been able to leave the relationship when she did if not for the police action.

Some participants had prior disappointing experiences with the police. One participant claimed an incident as a young child had resulted in the participant fearing contact with the police. Other participants perceived they would not be believed if they disclosed the violence to police. Some participants said this was because they had reported domestic violence to the police on prior occasions, including sexual assault in the marriage, and no action was taken. Megan's husband assaulted her in front of their three children. One of the children rang the police and the perpetrator was charged with assault. When the police placed a restraint order against the perpetrator Megan said to them "you believe me?" Megan said she had been fearful of the police prior to this

however she found them very helpful and would not have been able to end this relationship without their help at this time.

Other participants claimed that the police would not take action against the perpetrator due to existing friendships between the perpetrator and the police. Corinne was unable to obtain a restraint order against the perpetrator, even though he continued to stalk her for several years after they had separated and had a large amount of illegal firearms in his house. Corinne believed her efforts to take legal action were stopped by the police and the legal system even though her ex-husband had been extremely violent. Corinne suspected the police had become very friendly with him. Corinne did not trust the legal fraternity as the perpetrator had senior members in his family with law backgrounds and she feared repercussions from them should she take further legal action. Corinne felt there were continual barriers put up to stop her finding any help:

“At every turn where I tried to get somebody to actually realise what was going on for me I was stoned by people – and as far as I am concerned at that stage who should have been interested enough to want to do something about it. So I really didn’t get very far.”

Participants became frustrated when legal action was not taken against the perpetrator. Sometimes participants refused to follow up with legal action because they did not trust the legal system and felt the legal system was inaccessible including costs that were financially and emotionally too high.

Jackie only went to the police once as they did not help her at all during the abusive relationship so she never went back:

“The, the copper that I got was actually friends with my partner so he’d actually said to me oh go to court on Tuesday and get an intervention order out and then he went round and seen S ...don’t worry about it mate. So I sat in the court all day for nothing, for absolutely nothing, nothing had been done about it. So, so I never went to the police about it.”

The experience of women in this study was consistent with a recent project undertaken by the NSW Bureau of Crime Statistics and Research (BOCSAR) which found that approximately 50% of women experiencing domestic violence did not report the most recent incident to police (Birdsey & Lucy, 2013). Women in this report said that the main reason (17.1% of women surveyed) they did not report domestic violence to police was because the police lacked understanding of domestic violence or did not follow up reported incidents (Birdsey & Lucy, 2013). One in ten participants in this BOCSAR report said that an additional barrier to reporting domestic violence was

because of previously dissatisfying or harmful experiences with the police (Birdsey & Lucy, 2013).

Some of the participants have said they felt they had some protection against continued violence from the perpetrator with interim or final restraint orders in place. Conversely other participants found the court process difficult to understand, shameful, humiliating and confusing. A few of the participants described the court process itself to be another extension of the violence and abuse.

There was a lack of consistency in how the court functioned regarding protection and safety of participants experiencing violence; Claire on the one hand was given access to a safe room outside the court room but then she had to find her own seat in the court room not knowing where to sit and an unwanted exchange then occurred with her abusive partner. Claire found the court process and attempting to apply for final apprehended domestic violence orders extremely difficult:

“I found the court experience horrendous, absolutely horrendous...all the bureaucracy...it's just a joke. And...this is another bugbear of mine...you are in safe room with the door closed...and we walk in the court room...like I remember getting through the door and going oh shit where is he, where do I sit (*laughs*), so I don't have to see him or you know. And then when we are called up we both...had to cross over to go one side near the judge and I had to go on the other side with my solicitor so we kind of did this little thing in the middle where we bumped into each other.”

Some of the participants felt disillusioned and frustrated when there was a failure to enforce the conditions of restraint orders, approve exclusion orders or allow extensions to existing orders against the perpetrator. Some of the participants felt extremely let down by the legal system when the courts and the police refused to acknowledge the violence being experienced by them. Megan said she had to spend thousands of dollars in legal fees trying to protect her children in the Family Law Court only to have the court support the perpetrator. Megan said this money spent on legal fees could have bought a new house and given her children a roof over their heads. Claire felt invisible and not really part of the legal process even though she was only there because of the violence perpetrated against her:

“My situation was the reason I was at court because I had been hit and whatever by my ex-husband was in a way brought down to just being on paper um like one um the conditions of the AVO...will we agree to them or will we not...um you're not even a person...”

Some participants felt that they were impotent and ignored within the legal system unless they were able to increase their visibility by having good legal representation or had something really serious happen to them.

Participants found it frustrating and difficult to meet the evidentiary requirements needed to prove a breach of the restraint orders. Claire found the AVO that she obtained provided some security but on the other hand found it to be impossible to enforce because she could not prove the perpetrator had been drinking within 12 hours of seeing her or the children which was a term of the order:

“I liked having the AVO that is I liked having it because it did give me um a little tiny sense of security that if anything but on the other hand oh it’s a contradiction cause I did also feel it was a little bit of waste of time because I could not prove him drinking...”

Lawyers, domestic violence liaison officers (DVLO) and court support workers assisted some participants by providing guidance about the working of the legal system. Participants attending court without a legal advisor were often left floundering, confused and frustrated. Claire eventually sought the advice of a solicitor before she was able to navigate her way through the legal system and obtain an exclusion order.

Several participants expressed being frustrated because of the time taken for court hearings to be finalised. Instead of absolving the participants from feeling guilty for their abusive partners’ violence against them some participants felt the courts exacerbated their feelings of guilt. Women felt as if the violence perpetrated against them was somehow their fault with women feeling disempowered or discriminated against by the system itself. This experience described by participants has been called secondary victimisation with women experiencing violence left feeling even more disadvantaged (Wilcox, 2010). After Maggie left her violent partner she described the legal process as being very difficult:

“The whole legal process which in itself is quite tortuous, goes on for years – drawn out, you are made to feel like as though you are guilty, you’re lying, you’re to blame somehow.”

Participants found the legal process too matter of fact and there was little caring evident. Maggie said the police and lawyers lacked empathy and after her ex-husband was found not guilty of assault on appeal, their response “Gee well I’m sorry” was inadequate. Maggie found the cross examination in court very difficult and said the photos the police took “spoke a thousand words” in terms of the violence he had inflicted.

Maggie said court support liaison officers provided good support in terms of just being with her during the court proceedings and offering her a cup of tea afterwards.

Participants reported that sometimes there were opportunities for services to detect that domestic violence may have been an issue but the service just focused on the reason for the initial contact. This included services in the legal and health sector. For example Maddie's parents sometimes sent the police around to the house but the violence against Maddie was not raised by anyone as an issue:

"The police, what they did was search the premises, cause my mother had said there was drugs in the premises. So they just searched the premises. Then when they found nothing, which they didn't find anything, they just left and that was it."

The police only focused on the task at hand, not recognising the possibility that abuse or violence may also be occurring in this household. This perceived lack of awareness or insight by services including legal services added to the existing barriers to disclosure and help seeking for participants. Whether participants found legal services helpful or not varied depending on the context, highlighting the complexity of help seeking for women experiencing domestic violence. Some women reporting feeling disempowered by police intervention while other participants appreciated their assistance in abusive situations. The provision of legal advice and support was not consistent and participants had difficulty navigating the legal system without the support of legal workers.

6.2.2 Health services

Services, including health services, often did not give participants the time, a safe space or privacy that may have provided the opportunity for disclosure of violence and offers of support. Erica told of her inability to disclose the violence to the midwife as she was too scared her partner would walk back in the room at any minute. Erica was never given another opportunity for disclosure as the perpetrator remained by her side during and after the birth of their daughter. Erica suggested there is a need for health professionals to ensure women are given opportunities to privately discuss violence in relationships without the perpetrator being present. Erica's partner always attended the antenatal clinic with her during the pregnancy of their daughter:

"Like um they do the screening at the you know the antenatal clinic and stuff and that he was there and he had to go to the toilet and when he left the room for a second she goes, 'oh now um while he's gone I'll just ask you he's not violent in any way is he?' And I was like um no. And you know he's about to walk back in the door..."

Several participants were not provided with appropriate care or referral to other services by professionals, including those in the health sector. The issue of domestic violence was often ignored or not acknowledged. The lack of opportunities for disclosure identified by participants exacerbated existing barriers, discussed earlier, for women experiencing domestic violence. When Maggie had a curette following a miscarriage (after being physically assaulted by her partner) she was put in a ward full of mothers and babies and one of the nurses pointed to a phone in one of the rooms. The health staff did not suggest any assistance regarding the violence perpetrated by her partner and no information or contact details of appropriate services was provided. Maggie suggested the experience was inadequate:

“I had a D&C...and the nurse said ‘do I want to talk to somebody and there’s the phone’ and it was in the doctor’s room or something, and it was for the police actually, and I remember thinking that was kind of cold and I didn’t expect that and that was pretty awful ...and that was really the only kind of conversation about why I was even in hospital and what had happened...a lot of work to be done in that area.”

Opportunities for asking appropriate questions or possibly screening for domestic violence were not always utilised when participants sought professional support. Participants reported that services, including legal and health services, just focused on the task at hand without consideration of other concerns for the client including domestic violence. Maddie went to the doctor’s surgery in regard to multiple fractures however the issue of domestic violence was never raised:

“...he broke my fingers as well...and he wouldn’t let me go to the doctor and they throbbed and throbbed all night. Well then the next morning...I went to the doctor... I had x-rays and they were all broken, so I had my whole hand in splints for about two weeks and then they healed and then I had to go and have physio and all this so I could regain the use of my fingers. Even the doctor didn’t say anything...”

Wendy’s obstetrician had observed the abusive behaviour of her husband during prior births however the obstetrician’s response after the third birth was to advise Wendy not to have any more children which caused her undue distress at the time:

“...the obstetrician...said that I really should probably look at not having any other children and what did I want to do with my life... I’ve got to say I was a bit taken back. ...Okay he was trying to say what is happening to you isn’t acceptable um but probably didn’t know how to say it... I didn’t think it was domestic violence at

the time so maybe not even labelling it as domestic violence having it you know something along the lines of the ad that they have on TV now that you know this kind of behaviour isn't okay."

There was no option provided for referrals to others who may have been able to provide support for these women. The responses provided by the health professionals were found by several participants to be inappropriate and inadequate with participants suggesting that this may have been due to various reasons including not knowing how to approach the issue of domestic violence or provide options for assistance. Several participants suggest there is a need for further education for professionals in the health care sector regarding domestic violence. This finding is consistent with other research, for example by Hegarty et al. (2012).

Some participants suggested that if they were asked the 'right questions' in a trusting, private and safe environment then the issue of domestic violence may have been identified. Other participants, including Rachel, said that even if they had been screened for domestic violence using a screening tool they would have denied the violence:

"...To me they are stupid, stupid questions. Perhaps they could ask more down to earth questions like does anyone ever fly off the handle or have a rage? Most women won't give you an honest answer. If you are living in that environment, you are probably going to say no, no, no. You're not going to get an honest answer. I just tick them all not applicable...I just don't think people understand... They don't understand that people who are in it don't understand. You often don't recognise yourself what is happening..."

Maddie, when working with other women who had experienced DV, suggested that services need to be more vigilant and look for signs of domestic violence rather than just accepting the responses to screening tools:

"...Like you often will get a picture of – this person comes into visit and you think oohh I don't like him very much, just the way he speaks to his partner or whatever. They are the ones who often will say no – one of the questions is are you frightened by your partner and they will often say no, no, no, but when you meet the partner, you think oh no there is something going on there. So, yeah."

Some of the participants suggested that just relying on screening tools to obtain a disclosure about domestic violence is not always appropriate for reasons expressed above in addition to the impediments discussed in chapter 5 including fear and the culture of pretence. Participants suggested there needs to be an element of trust

between the woman and the service provider in order to encourage disclosure if the woman feels safe to do so. Participants suggested that health professionals, including specialists, need further education in order to detect domestic violence, provide appropriate responses to women experiencing abuse and enhance service provision to women experiencing domestic violence. This has also been found in other studies (Feder et al., 2006; O'Doherty et al., 2014). A meta-analysis of qualitative studies found that women experiencing domestic violence perceived their experiences with health professionals to be less than satisfactory when the response by the professional was felt to be judgemental or blaming the woman (Feder et al., 2006) which is also identified in the current research. Some women in the report by Feder et al. (2006) said they welcomed the opportunity of being screened or asked about domestic violence although if the woman was not aware her relationship was an abusive one she may take offence when being questioned about violence. This may have been why some of the participants in the current research were less than pleased about screening for domestic violence. The issue of privacy and safety when screening for domestic violence was raised by women in this research and supports findings from other researchers (Koziol-McLain et al., 2008).

Routine screening for domestic violence by health professionals continues to be controversial (MacMillan, Wathan, et al., 2009; Spangaro et al., 2009) with difficulties expressed by health staff including establishing privacy and safety of participants (Koziol-McLain et al., 2008) which are also issues of concern to participants in this research. Health practitioners, it has been suggested, need to be cognisant that women may be unaware or may not be ready to accept they are experiencing domestic violence at that particular time making it difficult to refer them to DV specific services including police (Chang et al., 2010; Kelsey Hegarty et al., 2012) and this finding is consistent with the finding of impediments, including the culture of pretence, identified in chapter 5.

6.2.3 Social services: government and non-government organisations

Several of the participants sought help from social services including government and non-government organisations. This included services specifically for women experiencing domestic violence such as counselling, financial services and women's resource centres that offered social worker appointments in addition to workshops and workplace training.

Some of the participants said that formal support such as counselling provided by government and non-government services was useful; conversely other participants expressed counselling to be of little help. Maggie found some counselling services kept

going over the past issues that happened during the violent relationship while Maggie described wanting to move forward beyond the violence. Maggie said counselling was “not her cup of tea”. Beckie on the other hand said that “counsellors that helped gave me time to trust them” and said that counselling needed to be long term and not inhibited by cost.

Rachel found counselling services useful:

“I had two years of outreach counselling, free, through the local women’s refuge and I’m paying for private counselling now...It is very much needed in the short period after separation...but it is really valuable and very therapeutic to have a service available for the long term, having available a service for people to be able to go and just talk.”

Several participants said that the effects of the abusive relationship continue for a long time after they have departed and that services need to be available to accommodate women’s long term needs. Some participants found counselling services helpful in that they validated the reality of the violence and abuse and helped the woman by naming the violence and rape for what it was in the relationship. This naming helped Jackie to articulate and raise issues too difficult to disclose before:

“For me it was just the fact that I could sit in there and spill my guts yeah, that was what helped me. Um and, and just the fact I think naming things too... Like yeah like going this is domestic violence yeah um this is rape. You know...you know I’m guilty of it just pretending that this is not as bad as it seems so you don’t put the word to it. But I think that’s an important part of it...”

A couple of participants suggested that putting a name to the abuse stops the pretence and may help women experiencing abuse see the reality of what is occurring. Support services can assist women to realise their relationship is not a normal one and assist women to look at options regarding what is happening in the relationship. As discussed in chapter 5 overcoming the culture of pretence and realisation are phases identified by women on their journey toward leaving.

Services that only offered a limited number of appointments or did not follow up phone calls were viewed by participants as being of little help. Claire raises this issue:

“I would go to them, get some information...no one ever sort of rang to say how did you get on; how are you going? And even the outreach worker...rang to make an appointment I couldn’t go that day and I never heard from her ever again to this day... I thought that was just really, really odd way to be a service for

domestic violence victims...and to not even um follow up on your clients... If she had of rang me yeah and said and, and fixed another time for me that probably would have been better.”

Participants suggested that service providers need to follow up missed appointments for women experiencing domestic violence. Several participants expressed how difficult it was for them to make initial contact with an organisation even though they may have been given information about that service:

“I don’t know that I am that good at accessing help and I think but a lot of women probably aren’t...you know you can get all the brochures in the world but then taking that next step and ringing people is a different kettle of fish.”

Megan was sent back and forth from the Department of Community Services to the police and the Family Law Court in attempts to obtain separate protection orders for her children. Megan found this process frustrating, expensive and time consuming as she had kept very careful records and had to continuously repeat her story to different staff at each service. Eventually a social worker that had been providing counselling to Megan assisted her to get the police and the Department of Community Services to work together in order to obtain protection orders for the children. This social worker ‘bridged the gap’ between one service and another in order to obtain much needed support for Megan who was unable to do this on her own at the time. A few participants expressed how helpful it was when one person from a service helped them overcome such barriers to service provision.

Megan found other services including Centrelink to be helpful after approaching them regarding financial assistance:

“Um Centrelink was fairly good. Um in as much as I got my payments through fairly quickly I was um allowed an exemption because of the AVOs so that allowed me to um get an income and not worry um as to whether that income would be there the following week.”

Conversely Corinne had difficulty obtaining financial assistance from Centrelink as her ex-husband lied about his income making it challenging for her to survive financially:

“I told Centrelink on many occasions I wasn’t getting any child support because he was working and he wasn’t declaring it and all I got from them was, well we can’t go and keep going over there because he’ll have us up for harassment. So that’s what I got from Centrelink. So I never got any child support from him...”

Wendy's partner had not been truthful about his income. Wendy was advised to attempt to negotiate payments with the perpetrator which she found impossible. Wendy was not able to obtain an exemption regarding obtaining payments from him and was not eligible to obtain Centrelink. Consequentially he moved back in:

"...the added thing was then I was on a single parent payment um I'd had to go to Centrelink and I found I'd slipped through the cracks he'd been paying minimal child support um like about \$50 a week for four kids and he'd been on a very good wage...and um so Centrelink had now wanted me to do child support and to collect child support from him. Well that didn't go down really well at all...he said if I have to pay this amount of maintenance I'm moving back in and I threw my hand up in the air and he moved back in. It was...he stayed for two years."

The service has expected Wendy to resolve the financial issues with the perpetrator rather than the service being able to negotiate this for her. The perpetrator moving back in resulted in further abuse as the issue of attempting to obtain adequate financial assistance was just too difficult.

The participants all had complex issues that could not be resolved by one service. Participants needed to utilise several services in order to find the support they needed or otherwise give up attempting to seek help. For example some of the participants who had experienced abuse as children found that services, including those offering counselling, were limited in the help they could provide. Some counselling services only provided assistance to women who had experienced childhood sexual abuse while others only provided assistance to adults who had experienced domestic violence. Participants then needed to find an additional service that could deal with the complex combined issues or alternately participants chose not to pursue professional support. Wendy sought counselling regarding the domestic violence during a separation, however the counsellor did not know how to cope with the childhood sexual abuse and the opportunity to explore all the issues with Wendy was then lost:

"I went with it for so long but then um in terms of individual um counselling but then well I mean she struck all the childhood abuse and didn't know how to deal with it um and so at that point I left counselling..."

A couple of participants utilised pastoral care. Corinne found a church minister to be very supportive especially when he advised Corinne to leave:

"He was extremely supportive and always said to me, you know, if you don't feel safe get in the car and get up here as fast as you can, we've got a place that we hide women in your situation."

On the other hand Clara sought help from a priest at one time in desperation but the minister failed to provide any help or advice:

“I went to a church, I saw it and it was empty and I sat there...so I rang the number...He said I could come and see him, so I told him what was happening to me, his wife was kind enough to make me a cup of tea and give biscuits to my child and he just shook his head and said I’m terribly sorry for you but there’s nothing I can do. So then I felt even more hopeless...”

Clara expressed total hopelessness following this incident and felt that if the priest was not able to help her then no one could. The minister lost the opportunity to provide this participant an alternative support service which might have made a difference to her life.

Participants had preconceived ideas of what formal services were available and services did not always advise participants of their role nor provide the opportunities to encourage participants to truthfully and safely disclose abuse. Several participants see the role of government services, such as the Department of Community Services (DOCs), as being a service that just removes children from their family. Rachel had on one occasion been sent a letter from DOCs as the school had been concerned about Rachel’s daughter. Rachel and her husband attended an interview but Rachel’s greatest fear at that time was the possibility of losing her children:

“...it had really scared me, and they did the whole interview wrong in my opinion. In retrospect... I was a terrified mother, who felt she was going to lose her child. I had certainly been hit a lot more times than once, but I tried to play everything down, and just make out everything was okay. If they had taken us into two separate rooms, and if they had said to me, ‘don’t be frightened’...they would have received, I am sure, some very different answers.”

Finding accommodation was difficult for many participants leaving domestic violence. Several participants sought assistance to rent houses from government and non-government sources, a couple of participants were given financial assistance from their family to purchase or rent houses and one participant lived in a car for several months until a friend provided housing. A few of the participants obtained exclusion orders preventing their partner from entering the family home although the majority of participants moved out within a year or two after the intimate partner relationship had ended. Participants in this research did not utilise Department of Housing or women’s refuges although several participants used services associated with refuges including counselling or support groups. Rachel felt ashamed and felt that going to a refuge would take away any sense of self-worth for herself and her children:

“It felt like only people from lower socioeconomic groups...people with nothing...would use it. It felt bad. It felt just terrible because I thought I can’t put my kids in a refuge. It felt like all my pride, all my self-value had been taken away. I guess my pride had already been taken away...and all my dignity...I felt I had already lost all that, and then to wind up in a refuge, was even losing more of that dignity I suppose.”

Rachel did obtain other assistance from the women’s refuge after leaving the perpetrator for the final time and suggested that she would recommend the refuge to others or use it herself now but at that time she could not.

Sometimes participants were given information, however they did not always follow up on advice or information offered at the time. Claire rang Lifeline at one point a few years before leaving the relationship and on reflection acknowledged that she had not been ready to make any changes at that point in time:

“I did find Lifeline helpful yes it was more of matter of whether I wanted to act upon what they were saying and they pointed me into a few different directions and I remember I wrote them down cause I’ve got diaries and stuff from all this and I remember writing... it’s all written down what they said but I didn’t act upon it.”

Sometimes participants did not use information provided by services, including brochures or contact numbers, when it was provided. Megan was ready to leave and came across an old brochure she had picked up a while before she actually contacted the service:

“I just picked up a brochure and down the street one day. I rang up the domestic violence services and said I think I’m in a family violence type situation and I really don’t know how to get out of it, that was the first step in getting out of the relationship.”

The provision of information was often useful to participants much later in the relationship. Some of the participants kept information for several years before utilising phone numbers for service provision. Sometimes this information assisted participants to leave. Hurdles to utilising services included shame and not being aware of how services operated. Participants who utilised services including counselling, pastoral care and social welfare agencies varied in how useful they found the particular service. Participants appreciated services that were flexible, continued over a long period of time if needed and were affordable.

6.2.4 Formal support: on the right path?

Women found some formal support to be helpful and raised issues regarding assistance that caused harm and these will now be considered in turn followed by a concluding summary.

6.2.4.1 Support that helped

Participants expressed the helpfulness of having one person who could tell them where they needed to go in order to obtain further help or alternately helped them to navigate the paperwork and bureaucratic processes of multiple services. Participants found it particularly useful if a professional from one organisation understood the woman's requirements and was able to bridge the gap from one service to another. In Megan's case for instance she was unable to get anywhere with DOCs and the Family Court until a social worker was able to link both services together.

Participants found it really beneficial if someone could help them navigate the systems in order to obtain services rather than needing to work out how to do this on their own. Rachel used various services and identified the difficulties at the time:

"...I guess what I am saying is that it needs a multi-service system available. You don't just need one service, you need lots... You need a multidimensional approach and all those services need to be available on the spot and you need them on a continual access basis, and you need people that can facilitate that access for you because you're probably not in a state or stage to be able to even know about these services, or access them, or be able to sort out anything in your mind. You need people that can do that for you."

Knowing someone from a service was identified as being helpful. One participant discussed a role of facilitator in a service working with women experiencing domestic violence. This participant describes a project that was planned to assist these women to meet some local service providers:

"...I'm working on at the moment is putting a face to police for these women. So we're organising things where the police are coming and people can see that they are actually human beings yeah yeah. And um you know hopefully that even you know they meet a couple of em and see that you know the thing is you walk a fine line here because you could get an absolute bastard *yeah* when you go in there *yeah* um but you know just trying to give women... know these blokes are there and you know and hopefully they will go and get someone decent."

The issue of being able to identify a specific person in a service, whom the

participant could relate to, was found to be important to several women in this research. Participants appreciated being given the time and opportunity to develop a trusting relationship with specific service providers.

Services that explained how the bureaucratic processes and legal systems worked saved women from expending their limited energy reserves trying to work it out for themselves. Rachel said that the staff at the counselling service she attended listened to her, provided explanations and provided reassurance after she had ended the violent relationship:

“...That they would listen. That they understood. That they made things easy and I didn’t have to...figure it all out. They were very patient. They would slowly go through everything and they would...each of them reassure me. You need constant reassurance that everything’s going to be okay...”

Participants appreciated reassurance and being given the right information in an empathetic manner. Participants could not always remember everything they were told at one time so handouts and follow up services in addition to support groups were found useful. Several of the participants attended courses, usually after leaving the violent relationship and most found these helpful. Maggie found a parenting course for separated parents very beneficial and this group helped her let go of her own guilt and blame and undid the need for pretending or denying the violence in her relationship. The group also provided tools to help her cope as well as networking and ideas to help her daughter.

Participants used various professional services in order to find the support they needed at a particular time. Participants found out about services in different ways including information provided from brochures, referral from other services or alternately they may have met one person from that service and consequently then attempted contact.

6.2.4.2 Support that may harm

Participants all expressed difficulty understanding the bureaucracy and procedures required by government services and the legal system including completion of complex documents and the requirement of evidence needed before assistance could be provided. Participants were sometimes expected to take considerable risks to their own safety in order to obtain support, for example Wendy was told to chase up child support from the perpetrator. Sometimes participants returned to violent partners rather than continue with ‘the system’.

Participants expressed feelings of being left out of the court process. One participant equated the issue of being shunted back and forth between government services and the court system, when seeking restraint orders, like being on a merry go round.

Erica said that the information provided by legal aid at the time she left the perpetrator was not helpful, nor was she advised she had the option of seeking restraint orders against the perpetrator at the time. Indeed Erica suggested the legal aid information scared her and led her to conclude she was better to just put up with the perpetrator's stalking and harassment rather than take any legal action.

Participants had various and unique requirements for assistance at different periods of time and became frustrated or cancelled services when processes were not clearly explained to them. Women identified opportunities when services failed to provide them the time, privacy and space to disclose domestic violence. The possibility that domestic violence was occurring in the relationship, even though this may not have been why the participant was in contact with that facility, was often not considered by services. Service providers sometimes just focused on the task at hand, for example police looking for drugs or health professionals tending a wound without considering what else might be happening. Formal supporters did not always ask the participants the 'right' questions that might enable the participant to disclose domestic violence and provide the support needed at that time. Participants sometimes wanted screening assessments to be done but for other participants they preferred a more question/answer dialogue that occurred in a trusting and safe environment. Sometimes inappropriate responses by professionals caused participants extreme angst and exacerbated the self-blame already being experienced.

6.3 Conclusion

In this chapter I presented the findings following analysis of the data from Phase 1 of this research project with the main theme and sub-themes regarding social support examined in detail.

Further discussion will occur in the following chapters regarding support services and how service providers see their role as helping women leave or end domestic violence.

The main research question addressed in this chapter was:

How do women perceive their experience of social support while leaving or ending domestic violence?

Several women in this research perceived they had little or no support while leaving or ending domestic violence. However women discussed a variety of support that was provided particularly when women made the decision to leave or end the relationship. Participants utilised both informal and formal support. Participants found some support more helpful than others.

Impediments to support included isolation and the culture of pretence which was discussed in chapter 5. In terms of informal assistance participants who remained in contact with friends found these friends provided the most emotional support. Emotional support included validation and belief that the violence was real or having someone to talk with about the abuse. Where the violence was not disclosed to friends or others just having someone there for a coffee or chat about other 'normal' day-to-day happenings assisted participants.

Practical support included transport, offers of accommodation, pet-sitting and child care by friends and family. Participants were reluctant to contact their family for help where attempts at disclosure about abuse or prior requests for assistance had not been responded to empathetically. However these families were usually contacted when participants perceived there was no other assistance available. For most participants their family provided the most practical support although this support, including financial support and accommodation, often had conditions attached. Conditional support included assistance being provided but only if particular family rules were adhered with for example severing all ties with the ex-partner and/or remaining in the parental home. Conditional support was found by participants to be unhelpful and participants often returned to the abusive partner or found alternate living arrangements.

Participants stated they had difficulty asking for help for reasons including fear of their partner's reaction should they leave the relationship which is consistent with the discussion on impediments to action in chapter 5.

Participants utilised formal support including legal, health and social services from government and non-government services. Professional support services assisted some participants to see the reality of the violence and overcome the culture of pretence by naming the abuse as domestic violence and this was also discussed in chapter 5. Participants found some formal support services to be judgemental, lacking empathy and in some cases participants perceived that service provision, particularly the legal sector, was an exacerbation of the violence they had experienced in their relationship. Participants expressed dissatisfaction with long waiting lists for court hearings,

frustration and confusion about how the court system works and poor communication from court staff.

Some support empowered participants while other support disempowered participants in this research. A few participants said they felt empowered when they were able to utilise available services, including financial support from Centrelink, in order to make independent decisions about leaving and paying their accounts. Some participants said they felt empowered just knowing that friends were willing to provide assistance, including financial or emotional support, even though these offers were not always utilised by participants. Some participants found the police to be very helpful when they insisted on restraint orders for abusive partners although another participant said this disempowered her by excluding her from decision making. Further findings regarding empowerment and the provision of services will be discussed in chapter 8.

Some participants experienced barriers to disclosure and provision of support in the health sector. Some health staff were perceived as not being empathetic, not providing the opportunity for participants to build-up trust with health workers and a failure to provide privacy with the partner always present. Participants also perceived there was a lack of knowledge and education by professional supporters regarding the complex nature of domestic violence. Participants perceived that screening tests on their own do not encourage disclosure.

Participants also suggested that there were several lost opportunities for professionals to identify, offer support and to refer to other services applicable for women experiencing domestic violence. This included visits to the doctor for medical and physical health conditions when the issue of domestic violence was not even asked about. Alternatively in the legal sector the police may have been called to the house searching for drugs but failed to see, or failed to acknowledge, the possibility that there was domestic violence.

Participants had complex needs and often required assistance from many different services. Participants found legal and government department processes to be difficult to understand including completion of documents and the onerous requirement for evidence before support could be provided. Participants appreciated being offered non-judgemental advice, assistance in navigating services and being told how processes worked. Participants also welcomed having one central person from a service who could provide useful information and also help participants link in with other services or refer them to appropriate facilities. The availability of a particular person as part of a service rather than the service itself was the reason cited by some women in this research for

initial contact to a service. Participants did not always utilise information at the time it was given however it was often useful when the participant later reached the decision to make changes to her relationship.

Participants found it difficult to make initial contact with services. As discussed in chapter 5 women experiencing domestic violence often have limited energy reserves and this has been identified as a barrier to leaving abusive relationships. Due to conflicting demands and little energy women often needed to cancel appointments with professional services. If services did not follow up participants then participants usually did not contact the service again. Participants needed the service to be available when they asked for it and they sometimes needed the organisation to offer services outside the boundaries of what was offered for example sexual assault counselling in addition to counselling for domestic violence. There was little co-ordination of services apparent from the stories participants told in this research. This issue will be discussed further in chapter 8.

Women's perceptions of social support and what they found useful or not helpful at particular times, during and after a violent relationship, have been highlighted in this chapter and build onto existing knowledge as identified in chapter 2. All women in this research had difficulty obtaining informal and/or formal support that was specific to their needs at one or more periods in time. The findings in this research emphasise the importance of providing options for women experiencing domestic violence. This confirms existing knowledge identifying the need to tailor support specific to women's individual needs unique to that period (Crane & Constantino, 2003). Participants in this research also suggested there was a need for a flexible service delivery model that could best meet the needs of women experiencing domestic violence, supporting findings in prior research (Letourneau et al., 2013).

Chapter 7 will present findings from Phase 2 analysis which involved three focus groups. It will build onto the issues raised by participants in this chapter including the provision of support to women experiencing and ending abusive relationships. The focus groups included professionals from the law, health and the social sector whose work includes assisting women who experience and/or leave or end domestic violence.

Chapter 7: Phase 2 Findings: Focus Groups

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Women (Phase 1) who experienced DV reported there were multiple factors that inhibited them from taking action to leave or end their violent relationships (chapter 5) and these barriers also delayed help seeking. Although women perceived they had limited support during the process of leaving, participants did utilise both informal and formal support (chapter 6).

The main research question for this chapter is:

How do support services perceive their role in helping women leave or end domestic violence?

In this chapter I discuss findings from Phase 2 (focus groups) following analysis of data. The three focus groups for Phase 2 involved 25 professionals from law, health and the social sector whose work includes assisting women who experience and/or leave or end domestic violence. The participants in the focus groups predominantly worked for the NGO (non-government organisation) sector and will be referred to interchangeably as 'professionals' and 'service providers' in this chapter. As discussed in Chapter 4 (pp. 93 and 94) individual participants in the focus group recordings could not always be identified particularly when they talked in unison. All quotes by participants are indented and identified by the use of quotation marks. When individual participants were identified the use of a particular letter (and sometimes a letter and a number) is used in front of the quoted section.

Thematic analysis guided by a narrative inquiry framework was used to interpret the responses obtained from the professionals in the focus groups. The methodology and method chapters (3 and 4) explained the theory behind the analysis and utilisation of narrative inquiry in detail.

I will now discuss themes identified regarding how professionals perceive their role in assisting women experiencing and leaving domestic violence.

7.1 Roles of professionals/service providers

Responsibilities identified by service providers included acknowledging the barriers to leaving and help seeking by women experiencing domestic violence. Professionals saw their role as working with women to overcome these hurdles or consider other options. Service providers said they assisted women to identify abusive relationships and furthermore worked with women to develop goals and obtain services. Professionals validated women's experiences and advised women that support would be provided whether they were ready to leave the violent relationship or not. The role of professionals was broad and flexible and professionals often worked outside the

boundaries imposed by funding guidelines in order to offer tailored support to women who have complicated lives and complex problems. Professionals acknowledged that women seeking to leave or end domestic violence needed a range of services tailored to their specific needs in order to assist them to leave and remain out of violent relationships. Service providers acknowledged the difficulty and limitations in providing such support to women. Moreover they identified multiple tasks associated with their role in order to assist women who utilised their service and these will now be discussed.

7.2 Validation and acknowledgement of barriers

Validating the barriers to leaving and letting women know the violence is not their fault were identified by professionals as important aspects of their role. Service providers said that acknowledging the hurdles to obtaining services was also significant. Professionals identified that external barriers, including difficulty obtaining support, and internal impediments, such as low self-esteem and feelings of love for their abusive partner, prevented women from taking action to leave violent relationships. Service providers acknowledged the complex issues for women experiencing domestic violence and identified that it may take many attempts before women finally leave and do not return to the relationship. Several professionals recognised that it may not be safe for women to leave at a particular time, a finding supported by other researchers (Campbell et al., 2007), and that women need to be offered support until they are able to leave.

“It’s too big, you’ve got to, you know, find somewhere else to live, you’ve got to get bond if it’s a private rental, and it usually will be. A lot of them have no family support, no money in the bank, blah, blah, blah you know, they’ve got to walk out with nothing...that thought of leaving, when you’re in that vulnerable state...It’s enormous.”

Service providers expressed particular concerns about the women who do not access their service because they have literacy problems and/or are unable to speak English in addition to limited social support. Most of the service providers said that the main barrier to leaving a violent relationship was financial constraints. Financial barriers compounded issues, particularly for women from culturally and linguistically diverse backgrounds.

“...what women then choose to stay, it’s the oldest one, it’s money, they’ve just got nowhere to go, they’ve got no options, particular women who are newly arrived migrants, or you know, they’ve only been here a few years. They know that they’ll be shamed in their community, they can’t identify what’s happening, so they stay...”

Professionals also acknowledged the financial difficulties for women who were employed and experiencing abuse.

“Yeah, money, money and money! Yeah, I also think that um, there's a neglected issue perhaps which is women who are working, and the impact that the violence has on their employment, and then there's a cycle in that, if they lose their employment they become more, have less options in those situations.”

A lack of economic resources was also perceived by Phase 1 participants (section 5.2.2) as being one important reason they delayed leaving or returned to a violent relationship, a finding identified by other researchers (M. A. Anderson et al., 2003; Bogat et al., 2005; Meyer, 2012).

A couple of professionals acknowledged other barriers to leaving including religious beliefs which is consistent with other findings (Flinck et al., 2005; Knickmeyer et al., 2003; Patton, 2003). Professionals saw their role as being able to offer support to the woman while at the same time be respectful of the religion that may be the woman's only social support. Some service providers also reported that barriers to leaving, particularly for women from Aboriginal or Torres Strait Islander communities, included not wanting to get their partner into any police trouble or shame their community.

Impediments to action were also identified by participants in Phase 1 (see chapter 5) which is consistent with findings by other researchers (Abrahams, 2007). Equally important as the identification of barriers, most professionals said their role included working with women to overcome such hurdles. For example, helping women to regain their lost self-confidence by using counselling, workshops or referring women to other services.

Additionally professionals endeavoured to normalise what the woman was feeling and let her know that many other women are in the same situation and also need support.

“...And I try an normalise that a little bit, by talking about how very normal it is, and you know, ‘no-one's looking at you, and there's no one weird there, it's just people needing a bit of a hand. It's no big deal.’”

All professionals recognised the importance of providing non-judgemental support. Acknowledging that each woman is the best expert of where she is up to, in terms of readiness to leave the violent relationship or not, was also raised by some service providers.

“I think it's important that you um, that we're not judging women, on where they are at in the process...and you know the women, they are the experts in their life,

and I say that to women as well, I say 'you know what's best for you, in this situation at this point in time...'. ”

Most professionals said they accepted women whatever their situation and validated that women have the right to feel as they do and to make their own choices in their own time about domestic violence.

“...that can happen so often in the story of domestic violence, that a woman is not understood for the staying, or the leaving, or the feelings or the fears. And I think that's such a big part, that women are validated for the feelings they feel, in the first place, whether it's anger or whether it's confusion, or whether it's not recognising that they're in a terrible situation and how bad it is...”

Professionals said that often women did not want to leave; they just wanted help to stop their partner's violence. Several service providers said that women were often 'in denial' or did not realise their relationship was not a 'normal' one. Several professionals said that difficulty seeing the reality of their violent relationship delayed decisions by women to leave. Professionals said their role included the need to identify the underlying issues for women in order to provide the most appropriate support.

“...we see women who don't necessarily realise that they're in a domestic violence relationship, or we see people that are ringing up, or coming to an outreach service or Women's Health Centre...we subsequently find out that there's a lot of DV in the background as well...”

Several professionals confirmed that validation of how a woman is feeling and acceptance of that woman regardless of choices she makes were valuable components of their role. Helping women to identify and then look at options to overcome impediments formed an essential part of service providers' positions. The provision of support to women at whatever stage they are at, whether they deny or are unable to acknowledge DV, was recognised by professionals. This finding that some service providers in Australia do provide tailored support is consistent with the recognition (discussed in chapter 2) that such support for women experiencing violent relationships has been shown to be the most effective (Constantino et al., 2005; Crane & Constantino, 2003). The provision of support is inherently difficult if women deny or fail to disclose domestic violence and this will now be discussed.

7.3 Barriers to leaving – culture of pretence

Several professionals acknowledged that women might need to pretend that everything is 'normal' in order to psychologically survive a violent relationship and that

their role included identifying this pretence. Professionals said that women may sanitise or minimise the abuse or their background due to shame or fear and that their role as professionals was to acknowledge and work with this even though it might delay getting women the most appropriate help they need at the time.

“Because they minimise the abuse, it’s very difficult for them when they’re in that relationship, the longer they’re there, the harder it is to identify what’s actually happening for them, or their family. And the part that they’re playing in enabling that to happen, it’s too hard for them to even grasp. So we find that it takes quite some time to work with them on you know, looking at the abuse, identifying, and actually identifying that it is domestic violence, so naming it.”

Some professionals said that women pretended their relationship was okay and denied or normalised the violence because it was just too hard to accept the ‘fairy tale’ image of the family was not real.

“...that wishing of having a family, and particularly if you’ve come from a violent family, you want to normalise things, you want to have the fairy tale. And often we see that in women...”

Professionals acknowledged the difficulty of this continuous pretence.

“There’s a price paid, to try and pretend for a long time that you’re in a fairy tale.”

Several professionals saw their role as working with women even though they continued to deny the violent relationship or did not provide the complete story. Professionals attempted to develop a trusting relationship with women in order to help women see what was happening, find out more information from them and provide the most appropriate services.

“Yeah, whatever’s going...‘okay, this is the story that you want to give me, we know what the story is possibly, or what we’ve found out is really the story, but we’re not going to put you down, we’re not going to question you, but we’re going to find out the facts as much as we can.’ Because really there might be a fact of, that they’re in some sort of crisis that they’re pretending they’re not in...”

Some professionals said that women need to pretend everything is normal until they feel strong enough and safe enough to leave. Professionals acknowledged that the violence often reached a stage when the woman could no longer deny or pretend their relationship was normal. Sometimes acknowledgment of the abusive relationship was forced onto women due to factors outside of their relationship including increased violence or impacts on the children that were not able to be hidden.

“...there's different reasons why people stay in the relationships, but more or less what they tell themselves, and then what they tell others..., why they do stay. So I mean we might look at it as an excuse, but that's what they tell themselves to get through until they feel strong enough to leave...”

Professionals identified that women may deny or fail to acknowledge the abuse in their relationship for multiple reasons. The culture of pretence was previously discussed in light of Phase 1 participants in chapter 5. Other researchers have suggested that service providers may identify indicators of violence or abuse even though the woman chooses not to disclose or does not identify her situation as being one of domestic violence (Coker et al., 2000; De Vries Robbe et al., 1996; Rodriguez et al., 1996). While the findings in the current research are consistent with prior investigations this research also shows, among other things, that some women may be existing in a 'culture of pretence'. The culture of pretence is more than denial of abuse (see section 5.1.3) and service providers suggest that support can be enhanced if professionals are aware of this and service continues to be provided in a non-critical manner.

7.4 Helping women to see reality

As discussed above several professionals acknowledged the culture of pretence that many women needed in order to survive a violent relationship. Several professionals envisaged their role as helping women to look at healthy and unhealthy relationships so that the woman can eventually identify her relationship as one of domestic violence, thus challenging the pretence. Professionals said additionally they helped the woman cope when faced with the reality of her situation. Professionals said that letting her know she is not alone, putting a name to the violence and the use of tools helped her to see the reality of the violence. Additionally service providers said this provided the opportunity for women to reflect on what was happening in their lives and consider possible options for change. Professionals said that women are often confused during and after they leave the violent relationship and it takes a while to work out what has happened and stop blaming themselves.

“I um, recently I sat down with a client, and we were looking at the power and control wheel...and she was really quiet, and I was like, ‘what are you thinking about?’ And she’s like, ‘I’m thinking about the first time I saw this, and I sat down and I realised that I fitted into every one of those elements of that wheel.’...And she’s like ‘and to see it there’. And it was just so powerful...it sort of, it labelled it for her...”

Sometimes women experiencing domestic violence do not perceive the violence to be serious enough to report and this may delay help seeking (Fugate et al., 2005). Professionals, including legal professionals, saw their role as helping women to identify their situation as being domestic violence then advising women of remedies available to them under the law. Several professionals said they provided the opportunity for the woman to explore options for taking action following the realisation that the woman's relationship was not a normal one. Professionals offered legal advice in addition to practical and/or emotional support. Some professionals said that women may have been told by others that what is happening is not part of a normal relationship, however when this is validated by a professional it has a more powerful impact. A few professionals said that providing legal information using an approach that is friendly rather than intimidating also promotes trust and disclosure.

“...you get a sense...that something's kind of clicking for them, like 'oh, what I'm suffering from is not actually acceptable, under the law,' ...It's sort of, I don't know why but, it's more official or something, I don't know! And hearing it from lawyers that are friendly too...”

Professionals said that their role included assisting women to accept that their relationship was one of domestic violence even though this may be quite difficult for women to accept. Some service providers acknowledged that although women expressed love for their partner there was a need to inform women that the violence against them, by this man they expressed love for, was likely to intensify. Professionals acknowledged the need to provide continued support when women finally envisaged the reality of violence in their relationship.

“...yeah to cover it up, and minimise it... So it's bringing them back to reality, that this is reality, and also the shocked look on their face, often when you work with them, when you say to them 'domestic violence escalates. It does and it's not going to get less...this is going to escalate.' And the devastation of that, that 'gosh my partner who ...who I really do love, how do I cope with that?'”

Some professionals helped women to see reality by offering education sessions that presented the impacts of domestic violence on children. Several professionals acknowledged that women experiencing domestic violence do not always take action for themselves but when faced with the impact on their children will often take steps to leave the relationship. Some of the professionals said that because women tend to be nurturers, showing them how the domestic violence is impacting on their children helps them to see the reality of their relationship more clearly and helps debunk the myth of

the happy family. Prior research in the US has also reported that women may make decisions to leave when they become aware that the domestic violence is impacting on their children (Zink et al., 2003).

Various tools are employed by professionals to assist women to identify the violence in their relationship including research data, statistics and visual cues such as DVDs in addition to the power and control wheel. The power and control wheel was designed in 1984 by staff from the Domestic Abuse Intervention Project in consultation with women from Duluth in Minnesota USA. The women from Duluth had all experienced domestic violence and following focus groups a visual image of a wheel was developed with the spokes naming the main behaviours they identified as abuse (see <http://www.theduluthmodel.org/>). Although the use of this tool remains controversial (Gondolf, 2007) it was used by several professionals in the current research.

Professionals said they ensured that women are given support during this reality check process that included identification of domestic violence in addition to the impact on children.

“To get them to that point, I think education’s really important in so far as we run a DV program here, and in that you actually work with the woman, okay it’s a cognitive thing, it’s saying ‘this is not okay’, and very much bringing that impact on the children, the impact on the family, because a lot of women are misguided by thinking that if they stay in the relationship, they’re doing the right thing by the kids. So it’s really coming that hard line of saying ‘no, this is a crime’, and then actually visually by, well I use the DVD, and I show the impact on the kids. You know, ‘what are you doing to your children?’ and bringing it back to that you know?...”

A few professionals suggested that pointing out the impact of the violent relationship on the children stopped some women from continuing to deny the domestic violence. A couple of professionals did acknowledge the confronting nature of some of the tools they use to assist women to see the violence in their relationship. Professionals said that some women could no longer deny the impact the violence may be having on the children, while also acknowledging the shock factor impact on the women when exposed to this reality. Although it was not addressed in the focus groups, arguably challenging someone’s reality may be done in a way that is healthy or alternately may be done in a way that is value laden. Prior research with women experiencing domestic violence suggests that professionals need to approach the issue of domestic violence and impacts on children in a non-blaming manner (Zink et al., 2003).

Impediments to action discussed in previous chapters include the culture of pretence in addition to low self-esteem and self-blame for the violence. It may be that some women do not find this challenge to their existing reality helpful, including existing in the culture of pretence, and further research is needed to determine this suggestion.

Developing courses that helped build women up to seeing the reality of the violence in the relationship was identified as a responsibility for several of the service providers. Professionals said their role included the provision of continued support, particularly counselling, during these courses.

“I think when you do the DV...maybe it's not so much about what they have to endure, but when you are actually faced with the reality of your children enduring something that you don't even know that's there, well they don't know that they're soaking up, and to have that put in your face in a confrontational...it's there and they can see it, they can't hide from it anymore...”

Some professionals used tools to demonstrate to women the impact the violent relationship may be having on the children while also providing continued support during this process. Several service providers identified that using various tools, counselling and other therapies helped women to reach a point where they were able to face the reality of their violent relationship or were no longer able to deny the violence in their relationship.

Prior research findings suggest that offering a variety of services to women (Khaw & Hardesty, 2007) and tailoring support (Constantino et al., 2005) may enhance the effectiveness of interventions for women experiencing abuse. The professionals in the current research observed particular reactions from the women following interventions in order to provide ‘targeted’ support and to determine how to best help these women although the effectiveness of such interventions could not be determined. It is acknowledged that there is sometimes a fine line between helping women confront their own reality and being forced or bullied into acknowledging the violence. Working with women to determine what they perceive they may need was seen by professionals as being an important function and will now be discussed further.

7.5 Helping women to develop goals

Several professionals said that their role included working with women, and sometimes other colleagues who may have different skills, in order to develop goals such as a tailored exit plan. Professionals were then better prepared to assist a woman to obtain the most suitable services when and if the woman decides to leave.

“And that's what we work with having, the two under the same roof, it's great, casework and counselling, because we do an Exit Plan, if you're a counsellor and someone's leaving, you do an Exit Plan and the whole bit you know...that when they actually do decide they're prepared for what's needed or what's going to happen, and then you can, we refer back over and work together on that. So yeah, it works well.”

Professionals provided different scenarios and options for women so that women could consider the safest options depending on their particular situation when they decided, or needed to make a sudden decision, to leave.

“We might fall into that realm of what they often call sort of safety planning as well, because it depends where someone's at, and often what we know is that people will...you need to know what's likely to happen if you take certain steps, so talking through that...”

Several professionals identified the important role of helping women to work out goals that included both short term and/or long term goals. Some professionals said that goals gave women something to look forward to and enabled them to work towards that goal and get excited about life again in the process.

“I worked with a young woman ah, during outreach, and I asked her like ‘what are some things that you think you might want to do?’ She told me that she had wanted to do this trip to Africa with some of her friends. And I said, ‘Do you think that if you are with your partner that you can do that?’ And she said, ‘No’...”

Numerous service providers said their role included working on plans together with a woman who had not left the relationship. Some professionals said they work with the woman to find out her goals, her plans and how she might get there and letting her know what help is available. Some service providers identified their role as helping women consider scenarios that might cause her to make the decision to leave. Several professionals identified the importance of honesty and letting women know that leaving is not easy.

“...I hope to help people to achieve their goals, even just having a home and feeling safe...and um you know, ‘there is a light at the end of the tunnel’. But then you know, I do talk about the fact that when you get there, it's not necessarily going to be a big rosy garden, there's still going to be more work...”

Several professionals said that working with goals also helped women to plan for the future and consider the best options for them rather than looking at alternatives that

may be equally as damaging as the current relationship including commencing an attachment with another abusive partner.

“You could do some planning...yeah that's, and say yeah, because sometimes I think some people make choices...if they haven't got another home to go to, um they may go 'well I'll go into...another, you know start up another relationship with someone that's offered that you know 'you can have my lounge, but you know, it's friends with benefits', that sort of thing...”

Some service providers said their role involved putting support mechanisms in place after leaving so that women were less likely to return to the perpetrator. Professionals suggested that after the practical urgent considerations had been taken care of it was important to re-assess goals and to continue providing support.

“...you know when you get to that point where, we've possibly found the home after a thousand phone calls, and a million faxes and whatever else...and at last you get a home...And so they've sort of reached the point of society's normality...so then what do they do with that?...Well we can set a whole new set of goals now... So you know, I suppose we're trying to maybe also help them learn to fill in their time in a positive manner.”

Goal setting was identified by several professionals as an important part of their role. Developing goals or targets with women included exit planning, strategies for leaving safely and consideration of goals that may be short term or long term. Professionals identified that goal setting sometimes helped women to see a future free of violence or opportunities for leaving or potential opportunities that may be available if she leaves the violent relationship. Long term goals developed with women after they left the violent relationship were seen by professionals as reducing the risk women will return to violent relationships. Prior research identified that women planning to end violent relationships were more likely to have exit plans in place than women who stayed (Goodkind et al., 2004). The strategies and goal setting varied depending on individual circumstances (Goodkind et al., 2004), again supporting the need for an individual approach (Constantino et al., 2005), a finding that is supported by the current research. Other ways utilised by professionals in this research to overcome barriers and assist women included the use of 'anger and associated energy'.

7.6 Helping women use anger and energy

Women experiencing abusive relationships often lack energy and this has been identified as an impediment to leaving or help seeking (Letourneau et al., 2013) as previously discussed in chapter 5. Some professionals identified that women often

experienced anger following events including their partner's unfaithfulness or increased violence by the perpetrator, realisation that their relationship was one of domestic violence or acknowledgement that the relationship was impacting on their children. These events identified by professionals equate with turning points or catalysts discussed in chapter 5. Several professionals recognised that this anger provided women with energy which assisted her to leave. Sometimes this anger and associated energy followed counselling or other services provided by professionals.

"I look for anger. Anger and outrage can be so useful, and if I'm not seeing that in the client in some form or other um...she... I will find that she will not usually generate enough energy to propel her through the hard stuff, I mean because it is so hard. So I really look for the anger and outrage and work it when I see it that can be really valuable for leaving. If they're still in that defeating, low energy of shame and 'it's all so hard', and 'I don't think I'll ever be able to do it', then that can take a lot of time to work through, otherwise it's really hard to um, for a woman to maintain the energy that she needs for leaving."

Professionals identified that the anger only lasts for a short time so they attempt to help women leave as soon as they recognise the anger is there. Professionals acknowledged that this was just one strategy used to assist women to leave while also offering the necessary support.

7.7 Not 'cutting the cord' if women return or stay in domestic violence

Most of the service providers acknowledged that their role included advising women that services would be available whether she leaves, stays or returns to the relationship. Professionals saw that providing women with information about available services helped them with other options even when they chose to return to the relationship.

"...we don't just cut the cord and say 'bye-bye'. ...Even if the woman chooses to return to her partner and cut services she will still be armed with knowledge about what can be done to support her in the future."

Service providers said that it was really important to let the woman know that it was okay to ask for help again even if they returned to the relationship, and that this was an important part of the process for women to eventually be able to leave knowing they had support available if they needed it.

“So that they feel free to come back and say, ‘well I thought I was going to leave him last week, and I'm still there’, and that they’re safe, emotionally safe to do that, and that they’re still welcome at this service, is so important...”

Most service providers acknowledged the importance of letting women know they could return later for help whether or not they were ready to leave at a particular period of time. Professionals acknowledged the step by step process women may need in the build-up to leaving or ending violent relationships.

“...we encourage, we have a lot of repeat clients that will call at various stages of their, wherever they’re up to... ‘I understand right now you maybe don't feel you can go, but if you feel a little bit stronger, or things change, call us again, or come and see us at an outreach...so stay in contact.’ So a lot of it's little by little, chipping away at it.”

Prior research has identified that women may depart and then return to relationships several times before permanently leaving the relationship (Abrahams, 2007; Bogat et al., 2005). Service providers acknowledged the importance of providing support to women during this process and not restricting service provision to women who choose to remain or return to violent relationships, reiterating the importance of tailored support.

7.8 Overcoming or working around the barriers

Professionals worked with women to assist them to identify hurdles that prevented them from leaving violent relationships. Professionals said their role was diverse and included looking at various options for overcoming or working around the barriers. Service providers said their role included the provision of information, advice, education, training and referral to appropriate services.

Several professionals said that part of their role was providing women with tools that included information about other services, education and workshops that may help them now or in the future even if women stopped using the service. These tools may include helping women to look at options they can use to get out and stay out of a violent relationship.

“you know, it's a little bit like having a toolbox, and your toolbox is empty...when we're seeing women, and their toolboxes are relatively empty, they don't have a great deal in there, and I feel like as a service, what we can do is you know, help them to fill that toolbox up, you know, through the education, through the support, through the ongoing case management, through the referrals...”

Other professionals identified the diverse range of services available from their organisation as being one way of helping women overcome barriers to leaving.

“Because they get legal support here as well, they get their counselling, they get their casework, they can talk to a solicitor. So, it really arms them with some tools, to start digging their way out, I suppose.”

Some professionals acknowledged the importance of being a role model for the women using their service and in the general community. A few saw their role as offering a service that pays respect to women who utilise their service.

“it’s about conveying too, you know along those lines, it’s about conveying to that woman you know, we strive to have an environment in the centre that’s safe and supportive and respectful you know, that women are treated with respect when they arrive and you know, they’re not sort of pitied like you know ‘come in dear’, there’s none of that.”

Professionals identified that barriers to help seeking may include providing services to women who have limited financial resources such as no phone credit or transport. Professionals said they set up systems to allow for contact and provide alternative options for help seeking. Professionals said they evaluated their service on a regular basis and where the need is identified provide outreach services, particularly to women in rural areas. Professionals addressed a recognised barrier to leaving, transportation, by setting up outreach services close to public transport.

Service providers said that their role included empowering women and determining their need for services at any one time.

“...assessing when that’s appropriate, is really part and parcel of empowerment, and also whether like, if that’s done effectively, that will also affect when she’s ready to progress and leave and not go back, because I think she’ll, like ideally she’ll get to the point where they can do it on their own, and don’t need us.”

Several professionals said that their role included advising women what approach to take with different services in order to obtain help. Professionals saw their role as helping women through the system that did not always have clear pathways for help seeking.

“Yeah, and it just makes me think, that without like, having a professional that knows the system, as well as we can, without having us advocating for this woman, she’d have no hope. Because I mean, if I can’t do it as a

professional...how are they meant to be doing it themselves, when they have no knowledge of any of this?"

Some professionals said their role included referring women to other services, following up on referrals they made and teaching women how to access these services.

"I mean services like ours do help them access services, that's a huge part of what we do...you do the referrals, you follow up the referrals, you make sure these women get connected, and they're learning along the way you know, should they be in this situation again, they're learning the pathways, and they keep that information with them..."

Some professionals said that women are not always given correct information by service providers. For example, some government departments incorrectly interpret their own current policies. Some professionals said their role included correcting this misinformation. Service providers also said their role included encouraging clients to take action that is backed up by a plan based on that corrected information. Correcting information and providing evidence to support women in the legal system was also seen by several professionals as part of their role in helping women leave abusive relationships. Some professionals saw their role as correcting misinformation told by the perpetrator and sometimes this helps women to make different decisions.

"'So I'll get the children, you try and leave, I'll get the children.' And so she has somebody else who can um, give a different point of view for her, who can give her encouragement that what he's saying is just threats and lies. And we can re-educate her about the support systems..."

Service providers said their role included ensuring women were provided with correct information regarding their legal rights, for example when the police have taken apprehended violence orders (AVOs) against the women rather than the primary perpetrator and women are told that the police cannot assist them.

"...police are not giving women all of the options, or they're in fact giving them misinformation. I had a client who was seeking an AVO, and the police kept insisting that she had to put her address on the application, which is not correct. And they were focusing on an exclusion order, whereas it would've been another option just to have the standard...terms, for the AVO. So if she hadn't then come to us, she wouldn't have even been aware of these other rights that she could exercise..."

Several professionals said that women they see are confused and are not used to taking their own initiative. Some service providers said that women who have been living in abusive relationships, particularly when the partner has been very controlling, sometimes lose their ability to make independent decisions. Most service providers encouraged women to make their own decisions rather than doing this for them. Professionals said this helped women gain back their lost power. Women were encouraged to make their own decisions which included both major decisions such as leaving the relationship or day-to-day tasks that included paying bills.

“...client said to me...she said ‘at first I missed him not telling me what to do, and to get up in the morning and do what I have to do, even if it’s you know, so such bizarre rituals’, and I think part of it is learning to then act on your own, and not keep thinking there’s someone behind that any minute’s going to pick up the slack, even if it’s in a really violent manner...there’s no one there tapping them going ‘why haven’t you done it?’”

As previously raised some professionals acknowledged that women may need to pretend they are coping well to obtain services or at other times they might need to highlight health issues such as depression in order to get help. Professionals at times supported women to do this in order to break through barriers for help, particularly in relation to public housing. Participants in one focus group mutually conveyed how a scenario regarding this issue may occur:

“C3...you want the kids back, and you can’t get a house, so help me, and I’m looking healthy enough... F: So “it’s not my fault the fact that I haven’t got a house, so the fact that I present high need here, but if I present high need here, then they might think that I’ve got a mental illness, and then they’ll send me to a psychologist, and you know... C3: “And they’ll think I’m nuts and I won’t get my kids back again.”

Most professionals interviewed for this research said they use a strengths based approach to assist women. Professionals said that this was in comparison to government departments who use a deficits based approach.

“...a lot of government organisations take a real deficits approach, of ‘what is wrong with this person? What are all the issues?’ And like I find it really hard, because we come from such an empowering strengths perspective, like I know that to play the game, and to get my client into a house, I need to talk about the horrible situation, but that’s so disempowering, to like say that to a client...”

Several professionals expressed the difficult contradictory nature of trying to empower women and then to advise them to act like a victim again in order to obtain services. The identification that government organisations disempower women compared to women's organisations who empower women has been noted by other researchers (C. Humphreys, 2008) and is discussed further in chapter 8. There were concerns voiced by several professionals that introducing women to the welfare system encouraged them to lose their new found independence. Several professionals stated that their role included helping women to navigate the government system in order to obtain help even though the professionals had concerns about doing this.

“...you know, have your medical assessments done...or you know, create a medical condition if you haven't got one! ...I will tell a client 'you play this up for all it's worth'. I'll tell them, yep. Otherwise they're not going to get anywhere...Yeah, at last they're trying to be strong, and we're saying 'look like you're falling apart...' and it is, it's contradictory because you're trying to work with them to support them, and empower them, and build-up their self-esteem, and give them the tools that they need, and then you're telling them 'well actually... Act like a victim!'”

Several professionals stated they would advocate for women to obtain help rather than just accepting 'no' from other services. Conversely some professionals said that women experiencing violence often just accepted the response provided by services. Professionals said that finding the right person or having a person they knew at that service helped them to obtain services for their clients.

“...it depends on the person you get on the other end of the phone, because often the answer you get is very different...Exactly! You're told so many different things, so if you don't have an advocate, you can see how clearly that women can fall through the cracks, because they'll take something that a professional says, like most people would.”

Some professionals said it was very difficult to know how to obtain information including changes to the criteria for service provision without being involved with the service industry.

“...knowing the ins and outs of it I think, and even then they change the bar all the time... C3: There's so many tricky little unwritten codes of you know, the right words to use, and the right pathway to go in, and the right person to talk to, there so many little things... F: Contacts... C3: ...inside knowledge, inside knowledge that clients don't have.”

Women may not be eligible for grants of legal aid as they do not meet the stringent requirements. One of the services said their role included advocating on behalf of women in order to obtain grants for individual women and for all women in general who do not meet the strict criteria for the provision of legal support.

“I also do some work advocating with Legal Aid about, you know when they’re not eligible under the Legal Aid policy grounds, for a grant of aid, to try and convince Grants Legal Aid that they actually get up on an exceptional circumstance, even if they’ve just been knocked out on means or assets...but we’re also trying to meet at a higher level with Legal Aid, to have some sort of system in place...”

Some professionals said their role included assisting women to overcome barriers to service provision by setting up intricate systems that included codes and safe times to ring or arrange appointments for help from the legal profession.

“...and you know, they could say to the husband, ‘and you know, they actually don’t really let men in’. ...I even did one once to a doctors...we actually set-up a time, and the doctor set-up the appointment, and when she went into the doctor’s surgery she rang us and got some advice.”

Professionals said that they worked with women to identify and then overcome hurdles to leaving and help seeking by offering a high quality service that respected women’s right to make their own decisions. The roles of professionals were diverse and included providing both practical and emotional support. Service providers saw their role as assisting women to gain their power and independence back in order to make their own choices. On the other hand service providers assisted women to obtain services that may require women to demonstrate their need for help rather than appearing to be strong. Several professionals identified the contradiction inherent in this. Service providers provided advocacy and used their knowledge of other services to assist women to find the most appropriate support. Prior research findings suggest that women experiencing abuse are best assisted by offering a variety of supports (Khaw & Hardesty, 2007) that is tailored to each woman’s identified needs (Constantino et al., 2005). The current research adds to existing knowledge by identifying some of the ways in which professionals offer such individualised support and obtain additional services for women experiencing abuse. Additionally this research sheds some light on how decisions are made by service providers regarding referrals of women to other services as previously discussed (section 2.6). Barriers to service provision identified by professionals will now be examined.

7.9 Barriers to service provision

Professionals saw their role as needing to be aware of hurdles that women may face when help seeking in order for professionals to be able to counteract or work with women to overcome these barriers. Professionals stated that these impediments impact on women who need to obtain services to leave or remain out of violent relationships.

Barriers include difficulty for many women attempting to complete application forms for government assistance such as housing and financial support. Professionals stated even they had difficulty completing the forms and that these forms and criteria for eligibility frequently change.

The professional staff from all focus groups identified the additional barriers that culturally and linguistically diverse (CALD) women face, in addition to women with poor literacy skills, in attempting to complete documents or contact telephone services to obtain help.

“C...I struggle to understand half their forms, let alone a client who has literacy issues... E: That's it! And I only rang the Multicultural line yesterday, and it was 'please hold, do-do, do-do (said fast)', now if I didn't speak English properly, I'd be going 'what are they saying?' and then they say 'please say what language (said slow)?' it is in no way user friendly...I just think 'oh my God!' it's just such a cycle.”

Several professionals said that a barrier to service provision for women experiencing abuse was the continuous and growing number of women who were being referred to the non-government organisation (NGO) sector and were not able to be assisted due to long waiting lists. Several professionals said that government services are advising women who contact them for help to contact the NGO sector rather than providing direct assistance. Professionals said that the government was not providing any additional funding even though government services were progressively pushing women away and onto the increasingly stretched NGO sector.

“I think one of the issues that I've noticed recently, is Housing New South Wales is actually telling women to connect with another service, to find casework with another service, and that, for support and putting in the forms for private brokerage... E: But they don't offer the private rental brokerage, they get us to find what they need... K: So Housing New South Wales is almost outsourcing... E: Yeah us! ... K: ...for a free service delivery, from NGOs. So you've got us and... F: Without any formal agreements or partnerships.”

There were concerns expressed by a few professionals that government policies generated by senior management were being interpreted subjectively and often incorrectly by government staff and then women seeking help were inappropriately refused service.

“...C: But that happens with those big bureaucracies, is something will, an idea will be generated, or something will be fed down to the client service officers on the counters, and it’s somehow in the translation, it gets completely confused, you know... K: So there’s no service...to help these women, put in these forms, and they’re basically turned away at the door...”

Several professionals stated that it depended on individual persons in different services as to whether assistance was provided and the length of time taken for applications to be processed.

Additional barriers existed for women who were seeking housing and trying to regain custody of their children either from community services or their ex-partner. These women needed to appear strong and capable of caring for their children on the one hand yet in order to obtain housing they needed to provide evidence they were not coping and had mental or physical disorders. As discussed in the previous section some professionals recognised the contradiction in a strengths based approach encouraged by the NGO sector in opposition to the deficits approach taken by some government departments. Professionals acknowledged that women seeking custody of their children sometimes maintained a culture of pretence that everything was alright. The fear of being blamed for the violence and fear the children will be taken from her care continues to occur in contemporary Australia (C. Humphreys & Absler, 2011) and inhibits women from obtaining support. Several professionals conceded that women did not always disclose issues such as drug and alcohol intake, depression, anxiety or even abuse because seeking access to their children was the main priority. This delayed obtaining suitable services for women.

“And that’s a barrier too...if their children have been removed, it’s difficult to have that open, honest, trusting relationship with them, there’s always that sort of thing in the background that they’re worried about us notifying...”

Some professionals, including those working in the legal sector, said that their organisation used a strengths based approach but to be successful in an application for final restraint orders the women needed to demonstrate and provide evidence regarding the violence in the relationship. Professionals suggested that this requirement to provide

the court with the details regarding the violence forced women to go back to the role of being a victim.

Professionals acknowledged the difficulty for women seeking help from the police, particularly when the perpetrator has taken out an AVO against the woman first. This was often for insignificant events such as breaking one of his picture frames, which was in retaliation for long term abuse or after leaving the relationship.

“...the other thing is...that once he's already gone to the police...and there's a police application on foot against her, the police can't have applications for and against. So if something happens, he might be triumphant in that he now has an AVO for his protection against her, or there is at least an application. If he does something, to taunt her perhaps, she goes to the police and says 'what about me? I need something to protect me, I'm scared of him.' And they say, 'I'm sorry we can't help you, you need to take out your own application...’”

Some professionals, including legal professionals, suggested barriers to obtaining legal assistance sometimes included poorly informed police who had no current knowledge regarding domestic violence. Several professionals said that some police judge women as being troublemakers or the party at fault rather than being objective and looking at the facts and context of the violence. A recent report in Australia (Birdsey & Lucy, 2013) identified that the main reasons women do not report domestic violence to police was the perception that the police would not take any action or do not understand domestic violence, which is supported in this current research. Professionals suggested that the police did not always record events that were reported by women and this delayed or prevented women from seeking legal remedies.

“We also see a lot of women...who the police have made an upfront judgement about, that they're like troublemakers, and you say to them 'have you called the police?' And they say, 'yes, I've called the police on several occasions, they tell me they can't do anything.' It's kind of, they get labelled, and then every time the police turn up it's like 'oh it's this woman again!' ...They won't provide an event number...”

There were concerns voiced by professionals, particularly legal practitioners, that some police are 'ad hoc' in their use of the discretion whether to place a restraint order against a woman without asking any questions or looking at the context about who might be the primary aggressor. Some service providers said this is an additional barrier for women seeking help and also substantially increases the workload (and costs if the woman is not eligible for legal aid) for the legal practitioners involved with the matter.

This is particularly pertinent for professionals when a woman is charged with an offence and an AVO is taken against her and the male aggressor has no evidence to support his claims that the woman was a perpetrator. There was also an acknowledgement by some service providers that police are underfunded and lack the resources to properly investigate cases involving domestic violence.

Professionals acknowledged the difficulty women may have seeking advice or adequate service over the phone and how this may be a barrier that stopped women ringing for help on future occasions.

“...Yeah, they have to ring really persistently... And that could put even the most dedicated, strong advocate on the back foot saying, ‘is this really worth it?’”

Professionals acknowledged the barriers for service provision when services are not readily accessible, have waiting lists and the inability to offer women help when they make the initial call.

“...I had a call about a woman...it was a sexual assault. To get an actual crisis counselling appointment...she had to wait 12 days before she could see a counsellor...”

A few professionals acknowledged the difficulty women have when they decide to leave yet are not able to get help – a dangerous time as well yet professionals say that services are not well coordinated in order to provide support to women when it is most needed.

“And it's a really risky time too, that time when you're contemplating leaving you know, or you have just left...I mean we've got amazing services, but we're not able to, often it's so ad hoc, the coordination...It needs to be more coordinated...Yeah.”

Some professionals said that if women are not obtaining government benefits it may be an additional barrier to service provision.

“You can actually be much worse off, if you're a woman who's working, trying to provide for children, and we find this regularly, than someone who is fully welfare dependent.”

In addition several professionals raised lack of childcare as a barrier for obtaining help from the legal system including the court. The lack of childcare has been identified in prior research (Meyer, 2010) with suggestions that changes to policy are needed to ensure childcare is available for women experiencing DV who need professional support. Some professionals suggested that many women do not turn up to court for matters

related to domestic violence because they are unable to get childcare. Professionals, including several legal practitioners, said it was very difficult to take instructions from women at court who had children present because children may be distressed or understand what was being discussed. Service providers had concerns about the impact of these discussions on children already traumatised by domestic violence. Professionals voiced concerns that women made decisions in order to leave the court as soon as she could, for example acceptance of an AVO against her rather than defend herself. The court system itself and lack of childcare was acknowledged by several professionals as a barrier to obtaining help.

“...the other difficulty is, the way the courts run...They don't hear the ones with the kids first...And when they try and take the children sometimes into court, if they don't want to leave them in the room, they're told off by the magistrate 'this is not a childcare centre, take that screaming child out of this courtroom'...So why would a woman want to engage in that process...?”

Most of the professionals said that they were underfunded and a lot of time was spent restructuring programs when different grant funding ceased or the criteria for obtaining the funding changed. Professionals had concerns that there were not always suitable services they could refer clients to when funding ran out. Several professionals said that many organisations are limited in the services they could provide. For example, some services were unable to see women and children as a unit and could only see the mother or the children separately. According to the professionals this was a barrier to help seeking and limited options for assistance regarding family dynamics in a violent relationship, such as violent behaviour exhibited towards the mother by her children.

As previously raised, additional barriers to service provision identified by professionals included organisations being given grants for projects that are insufficiently funded. Professionals voiced concerns about the government telling the NGOs they needed to address marginalised groups but only providing very limited funding to do so. When the funding ceased the NGOs still attempted to assist the women now using their service, causing further stretching in their ability to provide services.

“It's just like 'the easiest band-aid solution, let's do that. We'll give X amount of funding here, and then they can do their little work and make a report, and then we can show people that report, and that's great and happy days'... No, it doesn't work like that.”

Professionals acknowledged the difficulty women have seeking help and that they are often pushed from one service to another in order to obtain the help they need

or were given incorrect information by services. Alternately women gave up because it was just too hard to find help.

“...And we sometimes hear from women who are just beyond exasperated, they've had a run-around from a whole bunch of different services, and that can be a real barrier. I think for some people there's just a point where they go ‘this is too hard, I can't leave the situation, there's no-one to help me’ ...It takes a highly organised person to manage what we're asking of women. And we're asking with vulnerable people, to do that, who may not have those skills at that point in time...”

The role of professionals includes the identification of barriers to leaving or ending domestic violence and help seeking during that process. Several professionals expressed dissatisfaction with government services and the barriers to service provision that included limited funding for women experiencing domestic violence. One way professionals identified as helping women to overcome barriers included helping women to navigate their way through the legal system.

7.10 Helping women navigate the legal system

Several service providers said their role included education, clarification and explanations regarding the law and domestic violence. Professionals said that women experienced a lot of confusion about the legal system, particularly when they were involved in several court systems, and part of their job included helping them to find legal supporters and lawful remedies such as restraint orders to assist them to stay safe even if they chose to stay in their own home.

“...But just even knowing that there's some kind of like legal um, like legal documentation that says ‘this person can't come near me’ or ‘this person can't do that’, can really support women to feel like safer, and therefore more capable of making different moves and steps in their life.”

Some service providers said that women often returned to a violent relationship if they did not feel protected after leaving the relationship, particularly when there were no barriers in place to reduce the risk of further violence, for example restraint orders or ‘safe’ accommodation. Concerns about the current legal system were expressed by some of the service providers, including legal professionals, regarding cross applications for restraint orders by both parties and the issue of police discretion. Other researchers in Australia (Laing, 2013) have identified such difficulties for women attempting to obtain restraint orders. As raised earlier there were concerns expressed about cases where the perpetrator takes out an AVO against the woman who is also charged with assault or similar allegations for minor offences. Service providers (Braaf & Sneddon, 2007) and

researchers (Laing, 2013) have voiced concerns regarding women experiencing abuse and cross applications for restraint orders which is also supported by the current research. Some of the lawyers in the current research said this resulted in working many additional hours when trying to defend charges against the woman despite the reality that there has been long term violence and abuse against the woman. Professionals expressed frustration when officers of the court, including magistrates, refused to listen to evidence regarding the context of the offences alleged against the woman.

“After he cut up all her clothes, emptied their apartment, took all of the children’s Christmas presents three days before Christmas, and the serious assaults and things like that...She put some bleach on his clothes, and the police came three hours later, two marked police officers at 3am in the morning, took her down to the police station, and charged her with maliciously damaging his property, took out an AVO against her... The magistrate didn’t want to hear any of my submissions on the DV that had just occurred...said it was ‘irrelevant’.”

The findings in the current research support those of other researchers (Portwood & Finkel Heaney, 2007) suggesting that the current legal system does not accommodate the diverse needs of women experiencing domestic violence nor consider their decision making abilities when providing court mandated rulings.

Professionals voiced concerns that police sometimes inappropriately suggested the woman leave the house following reports of abuse.

“That’s often the issue too, there’s been a breakdown in trust between her and the police...I had a woman, she just couldn’t fathom what had happened, he was known to police, there’d been an AVO previously, it had expired, he became very violent, he started breaking things, the police attended the house. She left with the young kids, who had all their school things, uniforms in the house, and she said ‘well why do I have to leave?’ ‘Oh well you know, he’s really angry at the moment, and you’ve got somewhere else you can go nearby’ ...it’s very difficult.”

Several professionals acknowledged that sometimes women consent to an AVO taken out against them by the police on the perpetrator’s behalf because it is just too difficult for them to contest. Some service providers identified the particular difficulty for women who had employment and the need to take continued time off to attend court was too costly in terms of time and loss of income. Several of the professionals suggested that ‘the system goes against women’ and that helping women through the system is part of their role. Service providers also acknowledged that some perpetrators deliberately use the legal system as part of their ‘strategy of control’.

“...women I'm saying, who are victims of domestic violence, are consenting to AVOs on them, because they don't want to come back to court... And a lot of the um, offenders, like DV perpetrators, yeah they make complaints, it's part of the strategy. This myth that men won't make complaints to the police, they do, quite regularly, and often they have no substance, yeah, it's just part of their strategy of control... F: They get there first, they stop her from going there, she's out of the system, and she feels already that the system is against her, because the police have taken him at his word and served her with an AVO.”

Several service providers acknowledged the difficulty for women, already traumatised by abuse, to navigate their way through the legal system. This was particularly pertinent when the perpetrator approached the police first alleging the woman had committed criminal offences. Professionals said their role included providing guidance and assistance to women in order to obtain legal remedies, including restraint orders that helped women to feel safe. There were additional barriers identified for women involved with multiple legal systems, supporting findings by other researchers (Astor & Croucher, 2010b; Laing, 2013) that the legal system is not well integrated and requires improvement (Astor & Croucher, 2010a; Wilcox, 2010). Collaboration between organisations that include law, health and the social service sector will now be discussed.

7.11 Collaborating with other services

Many professionals acknowledged the importance of collaboration with service providers in both government and non-government organisations. Service providers agreed that working in partnership with other facilities including legal, health and the social service sector enhanced the provision of options available to women. Some service providers agreed that women experiencing violence needed a holistic approach that included referrals to more than one service.

Several professionals identified that collaboration increased their knowledge about the availability of services and provided the opportunity to identify the most appropriate contact person from those services when seeking assistance for their clients. Some service providers said that networking with other services increased the level of understanding and trust between different organisations which proved favourable to women needing help.

“...because you knew the cops at that station...And therefore they listened... F: ...and they listened to you, because you had a pre-existing relationship with those police, or that police officer, DVLO, and that helped a lot in terms of advocating

for that woman, I think....So it's building up that trust and respectful relationships, with the other people around your system is very important.”

Some professionals said that collaboration also helped them to know which services they can refer women towards or alternately which services they could steer women away from depending on her needs at that time.

“And that increases accessibility and breaks down barriers too, is that ongoing knowledge that we develop, and working with other services in partnership and getting to know them and knowing exactly what they do, and putting our information out there, that we can kind of steer clients to services that we know will be supportive and productive to their needs. And steer them away from services that we know are just going to cause them more stress, and really not do them any good at all, so.”

Some professionals acknowledged that collaboration does not always happen and that improvements are needed in order to provide the most effective referrals for women experiencing abuse.

“...one of the biggest things, to a woman's success like, being successful and everything, um is having...is referrals, and like effective communication with those services. And I think like having services coming together, working together, and making changes together, meeting together and things like that...”

One professional suggested the idea of having crisis centres set up for women experiencing violence. The service provider suggested this would involve several services working together so that women could attend these centres without the need for an appointment and see several services at the one place. Another service provider suggested there needed to be clear pathways available for women to obtain a variety of services.

A couple of professionals suggested that services could work together to provide a synchronised response for women experiencing domestic violence with one central agency taking the lead role of coordination. Professionals acknowledged the difficulty in doing this with little consistency in the provision of services or funding.

“...an agency could have a lead role...so somebody who's just going to coordinate who to contact out of all these other services...I don't know how that would work, or who the lead agency would be... F: I think it would need to be area-based, because that's the thing too, the risk of giving it to like just one agency, is that they're not uniform across the State....”

Other professionals identified the lack of willingness by organisations to form an identified network for services in the DV sector.

“...there needs to be more collaboration in the sector. I think there are still, I think there are some excellent services out there, but they still fall, they sadly lack in being willing and open to really genuinely collaborate with other services and work with other services and *partner* with other services... And in the long run it's going to help, the way we provide services, if we can work together better...”

Some professionals also saw their role of collaboration as increasing accessibility to other services by offering community legal education (CLE) to the community, other workers and sometimes groups of women. A few service providers suggested that providing education, including legal education, to organisations who work with women experiencing domestic violence was more effective than providing education to individual groups of women.

“...F: But we do a huge amount of CLE as well with workers, and I think that can't be underestimated, you know...and um, and giving them an understanding... F3: Yeah when you do the CLE with a worker, you can reach you know, how many hundred people they see a year. When you do a CLE with a women, an individual, often they're less poorly attended um, and also people might not be in that situation at the time... So when you do a CLE with a worker, you're reaching far more women...”

Several service providers said that collaborating with others and being involved in political agendas and policy making also helps to implement change in the community.

“It's all, like it's all so connected, and you know, the change has to come from somewhere, and the things that we do, and the work that we do, and putting it out there on a local and a personal level, is starting to create that change... And like to plant those seeds, like if you plant one seed in someone, and they tell five people, and then those five people tell another five people...”

Service providers highlighted the importance of improving inter-sectorial collaboration in order to enhance service provision to women experiencing abuse. Hester (2011) suggests that collaboration between service providers is problematic because of divisions between services so that each have a different approach regarding their role and the provision of service. A report commissioned by the Commonwealth government regarding legal services and family violence (ALRC & NSWLRC, 2010) acknowledged these boundaries between services and the need for users to be referred elsewhere once the limit of service provision was reached (ALRC & NSWLRC, 2010). In this report

(ALRC & NSWLRC, 2010) the need for enhanced collaboration, that includes service agreements between legal services and other providers, was identified. However, as pointed out by Astor and Croucher (2010b) collaboration between services requires more than just agreements that are put into place and reliant on staff to implement.

Several professionals in the current research identified that networking with other organisations provided them with knowledge about the organisation and people who worked for that organisation. Professionals used this knowledge to encourage women to contact, or not, particular organisations depending on women's needs at that particular time.

7.12 Tailored support

Professionals unanimously expressed their role as including support to women no matter what stage they are at – whether they are ready to leave, building up to leaving, have left or have returned to a violent relationship. Professionals identified that sometimes the women need practical support and at other times emotional support. Most of the professionals identified their role as working with women to identify goals and offer support that was specific to their needs at that time. Service providers acknowledged that this type of tailored support may be difficult to provide when services have non-flexible criteria, for example when grant funding agreements dictate what services may be provided.

Professionals voiced the need to be flexible in the delivery of services in order to provide tailored support.

“...the importance of working with women... how important um, needs assessments are when you first meet someone, because everyone has different needs, because they're at different points. Um, and I guess, looking at the holistic perspective, like I guess that encompasses not only looking at the DV, but all the areas of their life, because you, they may not even know that there are some areas that have been impacted. So not just your housing, financial, employment, family, legal stuff, but looking at everything...”

Professionals said their role included utilising skills in order to identify what stage the woman was at in order to provide support tailored to meet her needs at that particular time. Service providers also acknowledged women's strengths and ability to make their own decisions.

“...it's also about you know, just talking through 'what might happen if you do this?' and again that thing about women being experts in their own lives, well

they're also, they know the perpetrator better than anyone does. So I guess actually reinforcing that a bit, their capacity to make some judgements about that, for themselves, for their safety, and their kids' safety... So it's quite broad."

Some professionals identified the role of their service as being somewhere safe for all women where assistance was available and adaptable to meet changing requirements of women.

"I mean generally our role as a service...it's giving them a safe place to come, while they're at whichever place they're at. And the other aspect of it from a service planning perspective that is our role, is to respond to the express needs of those women."

Some NGO service providers said that, unlike government services, they had the flexibility to adjust their service in response to evaluations or needs identified by women using their organisation.

"...the statistics and the evaluations...this is where you have that wonderful flexibility as a NGO, to be able to do that. Whereas you know, a lot of the government bureaucracies can't um, we can sort of say, 'we've got a lot of women who are presenting with blah', so let's do a workshop on that this term and see how it goes. And then we look at how many women attend and what they get from it, so you re-evaluate the evaluations, and it's so important. So that's what I mean by express, by responding to that express need."

Professionals identified the need to work with women and provide the most appropriate support they can based on the woman's expressed need at that time, even when the professional does not particularly agree with this decision.

"...I think it's terribly important to accept them wherever they're at, and reinforce that 'okay, I want to work with you on that' and yeah, whatever they give you, you work with, whatever they give you. Even if you don't agree with it, and go in your office and you feel like thumping the wall..."

Some service providers expressed their concerns that they were given funding specific for set tasks, including court work and legal representation, yet the professionals identified that women needed other services such as lengthy explanations and ongoing support that they were not funded to do.

"We do a lot of referrals to a lot of other services...despite the fact the police had taken out the application for her...it still required intervention otherwise the wrong orders were being made, or people were agreeing to things they didn't

understand, all sorts of things. So, but yeah, a lot of the time we're calling for accommodation, we're calling for like emergency, like crisis money...We're doing a lot of follow-up...counselling."

Several professionals reiterated the importance of ensuring women are referred to other facilities even when they could no longer provide services appropriate to the women's needs at that time.

"...we want to do a holistic job, we don't just want to give people a bit of legal advice, that's why we're helping with all those other areas, and able to do follow-up letters, follow-up calls, calls to the court, calls to other services. So it's a small role in what I think should be happening probably not from us (laughs)."

Some professionals voiced concerns that, because of inadequate resources and a lack of flexibility regarding services, women and children may need to be housed separately after leaving a violent relationship. The ability to offer support tailored to these women is very difficult, especially if children need to start new schools and housing must be sourced.

"I think that um, the facts are so complex, for the women... So that's the one that I find most frustrating, when you're talking to them and you think 'I actually don't know if there's anywhere that you can go easily, without making some major decisions to split up the family, or to have to go way, way, way, way out of area. So they're leaving everything else that's familiar to them, and you know that's very distressing..."

Some professionals acknowledged that relationship building, particularly with women experiencing long term domestic violence, takes a lot of time and resources that are not necessarily available. Professionals expressed frustration because they can only offer limited services to clients when they see there is a need for a more tailored multi-pronged approach. Various service providers claimed that for women with complex needs there was often nowhere they could be referred to where a tailored response to their specific needs could be met.

"...the biggest frustration I have here is that I know that when I finish speaking to so many of the clients, is that they haven't really got somewhere to go that's going to do exactly what we need them to do... So I think for me, it just comes back to funding and resourcing... I mean for some women who have been in relationships for 20 or 30 years with this kind of violence, to get out of it, that's going to take a lot of work. It's not just a phone call and a referral and a court order, I mean it's a lot of work... F...It's a multi-pronged..."

A number of service providers said that the government provides a lot of seed funding for short term projects that would be better spent on the provision of existing services for women experiencing domestic violence.

“I mean the galling thing about a lot of the lines and things that they set up, is they spend a huge amount of money on them, but we all know that they're you know, you can whack a logo on it and it looks good, and you can have an advertising campaign, and governments say ‘look what we're doing!’ But really, there needs to be much more resources put in on the ground...”

Professionals acknowledged the importance and relevance of providing services that are holistic, flexible and able to be adapted over time to meet the changing requirements of women experiencing violent relationships. This finding is supported by the identification that effectiveness of support is enhanced when tailored to the individual needs of women experiencing DV (Crane & Constantino, 2003). Although service providers identified the importance of being able to provide tailored support they acknowledged the barriers to providing such support including the provision of stringent funding criteria, limited funding and a lack of services they can refer to that could provide appropriate assistance to women who have complex needs.

7.13 Conclusion

How do support services perceive their role in helping women leave or end domestic violence?

Service providers agreed that their role included the provision of non-judgemental assistance to women whether they were ready to leave the relationship or not. All professionals validated the reality of the abuse and acknowledged the complexity of barriers that women experiencing domestic violence need to overcome in order to end the relationship. Most professionals said their role included helping women to identify these hurdles in addition to utilising the strengths of women to plan and make informed choices regarding their relationships. All service providers offered support that was flexible, creative and respectful of women. Most professionals acknowledged their role included assisting women to navigate systems, including the legal system, by providing referrals, information and sometimes correcting misinformation from other service providers. Several professionals utilised knowledge and skills to help women obtain assistance while acknowledging the limitations to the provision of service that was often due to funding restrictions. This chapter highlighted some of the difficulties encountered by professionals in providing support, particularly for women with complex needs.

Most professionals networked with other services while acknowledging that inter-sectorial collaboration did not always occur and that improvements were required in order to enhance the provision of services to women experiencing domestic violence. Several professionals said that working in partnership with other organisations assisted them to identify and build-up relationships with individuals from other services. These relationships proved to be valuable when service providers required assistance for their clients.

Many service providers accepted the need for women to maintain a culture of pretence while acknowledging that their role included supporting and helping women to see the reality of the violence in their relationship. Most professionals acknowledged their role included helping women to become empowered while also being mindful that women may need to be seen as less empowered in order to obtain some government services. These themes will be discussed further in chapter 8.

Most professionals suggested that women experiencing domestic violence have complex needs that require a multipronged approach that is tailored to the individual needs of women. While service providers acknowledged the importance of delivering tailored support they also found it frustrating that this was not always achievable. These issues will be discussed further in the following chapter in light of findings from Phase 1 with participants, Phase 2 with focus groups and the current literature.

Chapter 8: Discussion: Traversing the Convolved Façade to Get Help

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The exploration of the experiences of women who have left or ended violent relationships and the help seeking during that process was guided by three questions:

Firstly how do women perceive their experience of ending domestic violence? Secondly how do women perceive their experience with social support while leaving or ending domestic violence? Thirdly how do support services perceive their role in helping women leave or end domestic violence?

Cognisant with these three questions the main themes identified following analysis of participant interviews with women (Phase 1) and focus groups with service providers (Phase 2) will now be outlined followed by a discussion that brings these findings together in the context of past research.

8.1 Summary of findings

This chapter provides a synopsis relating to women's emancipation from abusive relationships and how participants traversed the convoluted façade needed to obtain help (Phase 1). How professionals understood their part in accommodating women's help seeking and navigating support systems to end violent relationships (Phase 2) enriches the discussion in relation to findings identified by women (Phase 1).

Themes regarding women's experiences of help seeking while encountering and ending their abusive relationships were identified and discussed in chapters 5 and 6. Themes pertinent to how professional's perceived their role in assisting women to leave or end domestic violence were examined in chapter 7.

The need for an approach by service providers that is non-judgemental, open and supportive was perceived by participants and professionals as being crucial in order to provide the most efficient service to women experiencing domestic violence (section 8.2).

The complexity of barriers that impede women from taking action to end the violence or leave the relationship were different for each participant. Professionals identified that barriers to leaving or help seeking were not always identified or acknowledged by women experiencing abuse or service providers (section 8.3).

Service providers perceived the need to be flexible in order to deliver services to women with complex needs unique to their situation. Participants, on the other hand, did not always find that services they sought help from provided such flexible support (section 8.4).

Participants did not always acknowledge or realise their relationship was precarious. Participants often denied or minimised the abuse in order to cope with the

domestic violence. Participants who existed in the culture of pretence (see section 5.1.3) delayed leaving or help seeking. Professionals acknowledged that women sometimes needed to maintain this pretence although this delayed the provision of appropriate services. Professionals reported that they assisted women to overcome this barrier and face the realisation that their relationship was domestic violence. Triggers and turning points were used by professionals to assist this process (section 8.5).

Professionals and participants identified the difficulties regarding autonomy for women experiencing domestic violence. Participants became empowered when they could find services and support themselves financially. Service providers perceived their role included helping empower women while also suggesting women were again disempowered, particularly when seeking some government services (section 8.6).

Professionals and participants reported the difficulties for women experiencing domestic violence who are attempting to find services that could provide the most appropriate support (section 8.7).

There was a perception that there is little collaboration between services provided to women experiencing domestic violence and that there is a need for a multipronged approach that will enhance the effectiveness of support services currently offered to women experiencing violent relationships (section 8.8).

The remaining sections highlight the strengths (section 8.9) and limitations (section 8.10) of this research followed by suggestions for future investigations (section 8.11).

The participants in both Phase 1 and Phase 2 recognised strengths and shortcomings in the provision of support and both identified how support may be better provided to women experiencing domestic violence. A finding that was common to both women and service providers was the need for a non-judgemental approach for women ending or leaving domestic violence. This finding will now be discussed.

8.2 Being non-judgemental

Women and professionals unanimously agreed that there was a need for supporters to be non-judgemental regarding women experiencing domestic violence.

Participants in Phase 1 appreciated non-judgemental support and assistance whether the woman disclosed the domestic violence or not. Participants did not always disclose domestic violence to service providers, even when asked or screened for domestic violence, and were not always aware their relationship was not a 'normal' one.

Professionals agreed that the provision of non-judgemental acceptance and support to women who may need to maintain a culture of pretence was part of their role. An identified role of service providers included the availability of on-going assistance to women whether they were ready to leave or not. Prior research has identified that women experiencing abuse require professionals to provide non-judgemental responses if women choose not to disclose and have not left the violent relationship (Feder et al., 2006). This research builds on previous findings by identifying the specific need to be non-judgemental about whether or not women choose to leave. Other researchers have also identified the importance of non-judgemental support to women experiencing abuse in order to encourage disclosure and/or assist women to leave or end abusive relationships (Gerbert et al., 1999; Patton, 2003; Tower, McMurray, Rowe, & Wallis, 2006). Whether women disclose abuse or deny violence in their relationship, acceptance by service providers and the offer of support is key to assisting women in violent relationships.

8.3 Complexity of barriers

As outlined in chapters 5 and 7 there are multiple and complex internal and external barriers to seeking help and ending or leaving domestic violence.

I found that women and professionals acknowledged the complexity of barriers that women experiencing domestic violence need to overcome in order to leave or end the relationship. Women do not always identify these barriers or recognise or accept that their relationship is one of domestic violence. Most professionals said their role included helping women to identify these hurdles in addition to utilising the strengths of women to plan and make informed choices regarding their relationships.

Many women loved their partner and did not want to leave the relationship, they just wanted help to stop their partner's violence. Love as a barrier to leaving abusive relationships has been reported in other research (Davis, 2002a; Kearney, 2001; Seuffert, 1999). I found that women did not always identify cues such as stalking as being domestic violence but rather saw this as a symbol of romantic love, which has also been reported by other researchers (Power et al., 2006). Professionals identified this attachment to an abusive partner as being a barrier to ending the relationship and viewed their role as assisting women to realise their relationship was detrimental and potentially dangerous.

Having somewhere safe to go was paramount to women and one that was also identified by professionals when assisting women to consider choices regarding violent relationships. Findings included the identification by professionals that women are the

experts of their own lives and have the knowledge regarding the best time to leave or end a violent relationship safely, which is also supported by other research (Davis, 2002a).

Moreover women often needed to maintain a culture of pretence in order to stay safe, although maintaining this culture of pretence drained women of energy and was a barrier itself to disclosure and help seeking. Prior research in the US suggested there is an 'unspoken agreement' between women and others outside the relationship to remain silent and not to disclose or seek help for domestic violence because of shame and feeling responsible for the violence similar to findings in the current study (Rodriguez et al., 1996). While past research has indicated that women experience 'denial', the current research went beyond this concept, by identifying the 'culture of pretence'. This culture of pretence included the woman and others not acknowledging the violence; additionally several women did not recognise the abuse was not part of a healthy relationship and this delayed leave/stay decision making.

I found that each woman's journey was unique to them and that women will leave and seek help when they feel the time is right. The leaving process was not just a single event and often extended for several years, women leaving and then returning to the relationship before leaving the relationship permanently; a finding supported by other research (Fugate et al., 2005). Women identified the inherent risks in attempting to leave but also acknowledged the continuous hazards they were exposed to while they remained in the relationship. Similarly Meyer (2012) suggests that women elect to remain in violent relationships when they felt this was the safer option after considering the risks and benefits of leaving or staying. Estrangement from abusive relationships has also been identified by others as being a dangerous and risky period of time for women (Campbell et al., 2007). Hyden (1999) suggests that although women 'fracture' the partner's 'sphere of power' when they physically leave the relationship they also have little control over what the consequences of that leaving may entail, particularly when the women have limited resources. Unique findings in the current research included that women frequently planned to leave, although the leave-taking often occurred suddenly and not always as expected, and women had limited control over the consequences particularly when they had little support. Further, professionals validated the women's knowing about the best and safest time to leave while also acknowledging the difficulty and risks to women while determining leave/stay decisions.

Other findings identified by participants and professionals included how difficult it was for women to find and seek help. Finding help from the legal system was particularly problematic, with participants who did seek legal help experiencing frustration and

confusion and this has been reported by other researchers (Laing, 2013) and will be discussed further. Participants stated they had difficulty asking for help for reasons including shame, fear of their partner's reaction and fear of the response to disclosure which was discussed in chapter 5. Sometimes inappropriate responses to disclosures by professionals caused participants extreme anxiety, exacerbating the self-blame and guilt already being experienced. Participants experienced frustration at being shunted from one service to another and this sometimes resulted in them not utilising support. Women described the process of attempting to find services as being 'lost in a maze' and help in navigating the processes involved with help seeking. This supports similar findings reported in prior research in Canada (Letourneau et al., 2013) the United Kingdom (Mullender & Hague, 2005) and Australia (Laing & Toivonen, 2012).

I found that there was a lack of knowledge and education about domestic violence from non DV specific services utilised by participants, including health professionals. Other research in Australia, the United Kingdom and Canada supports the finding that professionals working in the health sector lack experience and need further education including knowledge about the complexity of domestic violence, impacts on women and how to approach and refer women appropriately (Kelsey Hegarty et al., 2012; D. Rose et al., 2011; Sprague et al., 2012; Williston & Lafreniere, 2013) whether women disclose abuse or not. Additionally health practitioners need to be aware that women experiencing abuse have not always acknowledged or named the abuse as domestic violence, a finding supported by US researchers (Chang et al., 2010) who also suggest that referrals to specific DV services may be problematic.

On the other hand I found that service providers from the NGO sector in Phase 2 indicated they were aware of the complexity of barriers to leaving and help seeking for women experiencing domestic violence and these service providers also saw their role as including training of other professionals about domestic violence. Participants in Phase 1 reported there were several lost opportunities for formal supports they utilised to identify and offer assistance regarding domestic violence with participants signifying the professionals lacked knowledge regarding violence against women. The need for education and training for clinicians regarding the provision of referral and support for women experiencing domestic violence has been recommended in a recent systematic review and meta-analysis undertaken by Australian, United States and United Kingdom researchers (O'Doherty et al., 2014).

Barriers to help seeking included the onerous requirements for evidence before support could be offered, including legal support and documentation regarding the need for housing and financial assistance from government agencies. Difficulties obtaining

evidence, particularly in relation to obtaining restraint orders, have been acknowledged in government reports (ALRC & NSWLRC, 2010). Legislation regarding the requirements for evidence in applications for AVOs in NSW has been called 'ludicrous' by the Assistant Commissioner for Police, Mark Murdoch, in a recent newspaper article (Olding, March 17 2014) which is also consistent with findings in this research. There appears to be a fundamental misunderstanding regarding the way that domestic violence impacts on women who may not be able to acknowledge or identify the abuse, particularly if their life is encompassed by the complexities inherent in a culture of pretence. Internal and external barriers combined with difficulty obtaining services because of onerous requirements, including the need to produce 'evidence' regarding abuse, accumulate to become an overwhelming hurdle that is very difficult to surmount.

8.4 Flexibility of service provision

Service providers said they offered support that was flexible, creative and respectful of women. I found that participants did not always find services they sought assistance from to be flexible or supportive.

Professionals in this research (Phase 2) acted outside the boundaries of funding criteria in order to provide flexible support that was tailored to the individual needs of women. In addition professionals continued to offer support to women, whether they chose to stay in violent relationships, had left a violent relationship, chose to return to violent relationships or were not aware they were experiencing a violent relationship. As discussed in chapter 7 professionals said they followed up women to ensure they were given the best options for help seeking and they assisted women with contacting and linking to other appropriate services.

The service providers (Phase 2) said they provide women the time to build-up trust, develop rapport and to disclose if they feel safe enough to do so. Additionally professionals struggled with the limited options they had for referrals to other services, particularly when other services had long waiting lists before women could be helped.

Participants (Phase 1) described experiencing a lack of flexibility from some services, for example some organisations provided a limited number of appointments over a specified time-frame and only dealt with specific types of cases. This included services that could only provide professional staff experienced in dealing with one area such as domestic violence but could not provide assistance with complex overlapping issues, such as childhood abuse or other family dynamics involved with domestic violence, substance abuse or mental health. The professionals (Phase 2) reported there was a need to identify the underlying complex issues regarding domestic violence that

may not be apparent or revealed by women utilising their service. The professionals attempted to accommodate the needs of women experiencing abuse but acknowledged they were unable to meet the complex requirements of some women. Professionals attempted to approach their clients holistically by referring women to alternative organisations as determined by the woman's needs. However professionals identified there was a lack of available services that could accommodate the complex and overlapping requirements some women needed to leave and remain out of abusive relationships.

Participants (Phase 1) needed services that could provide what they required at any particular point in time whether they were ready to leave the relationship or not. Professionals (Phase 2) acknowledged the need to be flexible although there were barriers to providing a tailored program, particularly for women with multiple and complex requirements. There was an identified need for a flexible service delivery model that could best meet the needs of women experiencing domestic violence, supporting findings in prior research both in Australia and overseas (Fisher, Hunt, Adamsam, & Thurston, 2007; Letourneau et al., 2013; Pajak et al., 2014).

8.5 Culture of pretence

In this research women subjected to domestic violence experience a loss of personal power resulting in low self-esteem, a loss of self-identity and a lack of energy. Prior research suggests that continued stress levels associated with domestic violence may amplify a woman's awareness regarding loss of autonomy, exacerbating existing symptoms of depression and delaying action to leave abusive relationships (Mourad, Levendosky, Bogat, & von Eye, 2008). The loss of energy associated with the 'shrinking of self' as defined by Kearney (2001) has also been found to stop women from ending abusive relationships. Other research has found that women experiencing abuse may alienate themselves from their physical body in order to survive control and manipulation by their partner, or as an act to preserve some autonomy (Lempert, 1996; Wesely et al., 2000). As discussed in chapter 5, I found that most participants experiencing domestic violence existed in a "culture of pretence" and sometimes this continued until women were confronted with the reality of the abusive relationship.

Participants who had experienced abuse as children had particular difficulty identifying the abuse in their relationship and this has been reported in other research (Macy et al., 2013). Professionals also acknowledged that women who experienced abuse as children were more likely to normalise violence in their intimate partner relationship.

A study in the US suggested that women live in 'two realities', one reality being the violence in the home (the 'bad aspect' of the relationship) and the other reality being the 'normal' relationship ('good aspect') presented to the world (Landenburger, 1989). There were similarities between the Landenburger (1989) study and the current research with women normalising the abuse to others, feeling responsible for the relationship and blaming herself for the violence. The study by Landenburger (1989) describes the abusive partner as being complicit in the 'reality' that is presented to others outside the relationship, the women consciously blocking out the negative aspects of the relationship. Landenburger's (1989) research suggested the women were concerned more about their partner's professional image and standing in the community than their own welfare. The current research findings differed, as women did not specifically identify the partner as being complicit in normalising the abuse, although women said that fear of retaliation from the partner maintained the pretence. Several women said they "trained themselves to put on a happy face" so that their relationship appeared to be a functional one outside the home although not all of the women in the current research recognised the abuse as not being part of a conventional relationship for quite some time. Unlike the Landenburger (1989) study, most women in the current research were more concerned about the safety of themselves and their children than their partner's image. The culture of pretence was the reality for most women in the current research and was employed in order to stay safe and to survive the violent relationship. The culture of pretence, while being a strategy to cope with the abuse, was also a barrier to ending or leaving violent relationships as others outside the relationship were often not aware the relationship was detrimental.

I found that women wanted the relationship to work and lived in a 'fairy tale' existence that was safer than facing the reality of domestic violence. Women may have avoided admitting to themselves their concerns about the relationship in order to hide from her own fear as suggested by Hyden (1999). Participants described the shame, embarrassment, humiliation and fear they would experience if they presented the true picture of their relationship to others. Conversely, pretending their relationship was 'normal' and not disclosing the abuse drained them of energy and made it difficult to obtain support, be believed by others or make decisions to leave.

Women who maintain a culture of pretence may have difficulty obtaining services. One study identified the difficulty for nurses to provide assistance when women experiencing abuse do not tell the whole story about their relationship (Tower et al., 2006). That study also reported that health professionals including nurses require increased knowledge and training about women experiencing domestic violence (Tower

et al., 2006). This education needs to outline the reasons for non-disclosure and why women may be unable to verbalise what is happening and for care to be provided in a non-judgemental and caring environment.

Women existing in a culture of pretence may deny they are experiencing domestic violence following routine screening tests (see section 6.2.2). Other researchers (Spangaro et al., 2010) have also identified that women do not disclose DV during screening tests and that there is a need for training in this area for health professionals.

As discussed in chapter 7 many service providers accepted the need for women to maintain a culture of pretence while acknowledging that their role included supporting and helping women to see the reality of the violence in their relationship. Service providers helped women to come to a point of realisation and empowered them to make their own autonomous decisions including leaving or ending the violent relationship. Sometimes several service providers assisted women to reach a point of realisation, often using triggers or catalysts such as DVDs or other tools, and women identified or acknowledged the relationship was detrimental to themselves and their children and they could no longer deny what was happening. Women were able to view their relationship differently and this often acted as a catalyst for women to make changes and eventually leave or end the domestic violence although the process was not straightforward. Other research has identified turning points and suggests that women start to have an understanding of abuse but also need an external event to precipitate the leaving process (Baly, 2010; Chang et al., 2010). In one earlier study the turning point was triggered by external events including escalating violence which followed several interpersonal losses including loss of self-hood but did not always equate with leaving the relationship (Eisikovits et al., 1998). In the current research there was often a build-up of events, both internal and external, consistent with other findings (Khaw & Hardesty, 2007), that assisted women to leave or end the relationship, however this process varied widely between participants.

I found that triggers to leave or end abuse included escalating violence or when children became an inherent part of physical abuse, particularly when others outside the intimate partner relationship could now 'see' the evidence of the violence. This then worked to prevent the woman from denying the violence and for some woman totally dismantled the culture of pretence. Other triggers included a growing awareness that there were services available to help. Prior research (Chang et al., 2010) supports the findings regarding triggers to leaving or ending violent relationships including internal

changes to how women view the violence or external changes including the availability of support.

Sometimes women became aware of the impact of the domestic violence on their children and this acted as a catalyst for women to take action to leave or end the abuse, a finding correlated by other studies (Zink et al., 2003). This awareness of the effects of intimate partner violence on children sometimes followed the provision of advice or information from professionals. Some service providers (Phase 2) identified that women often became angry when confronted about the abuse in their relationship and/or impacts on the children. Service providers helped women to utilise this additional energy and motivation to take action in order to leave or end the violent relationship. Some professionals looked for this anger and associated energy following education, training or counselling regarding domestic violence when the woman faced the reality of the abuse in her relationship. I found that most participants reached a turning point that included anger and associated energy that empowered them to take action to end or leave the abusive relationship.

It has been suggested that knowledge of turning points can be used by health professionals to assist women in leave/stay decision making (Chang et al., 2010). Advising women about the impacts of domestic violence on children in a non-judgemental manner may also act as a catalyst for women to take action to leave or end the abuse, a finding supported in US research (Zink et al., 2003). Professionals in the current research utilised triggers to assist women to change how they viewed their relationship. This changing awareness, often in combination with other factors including escalating violence, enabled women to overcome the culture of pretence that had prevented decision making regarding help seeking to end or leave violent relationships. This current research builds on existing knowledge by identifying that women can be assisted by professionals to overcome barriers to leaving, including the culture of pretence, by the use of triggers or turning points.

8.6 Empowerment versus disempowerment

As discussed in chapter 5 women experiencing abuse faced personal and systemic barriers to leaving or ending abuse and obtaining support. Findings included a loss of self-hood and loss of autonomy experienced by women facing domestic violence that may or may not return for some time after leaving or ending a violent relationship.

Women became empowered after leaving a violent relationship and being able to find services and manage finances on their own. I found that some women needed assistance to become autonomous and be guided through the system to obtain services

before they felt empowered enough to live outside the abusive relationship on their own. I found that sometimes being able to obtain government support (however they can) increases women's self-esteem and helps women cope and have some sense of autonomy rather than having to rely on family and/or friends.

Findings included professionals' understanding that assisting women to regain their lost autonomy and independence during or following the leave taking formed part of the professionals' multitask role. I found that professionals assisted women to be 'strong' and empowered in order to maintain or find their independence after leaving abusive relationships. Professionals in this research helped women to identify and utilise their strengths to leave violent relationships. Conversely professionals were also required, at times, to assist women to underplay their newly found strengths and highlight their 'vulnerabilities', for example pre-existing mental health conditions, so that the women could obtain some government services. Women's organisations, in opposition to statutory government organisations, have been found by other researchers to empower women experiencing domestic violence (C. Humphreys, 2008). Professionals reported that women sometimes needed to engage in another 'culture of pretence' in order to obtain services, so disempowering them. This disempowering effect following difficulty in obtaining services has been labelled 'secondary victimisation' by some researchers in Australia (Wilcox, 2010).

8.7 Navigating the systems

Findings in both Phase 1 and Phase 2 identified the difficulty for women in finding help and navigating the systems, particularly the legal system. The need was identified for a coordinated response by services or alternatively one person who could advocate and link women experiencing abuse to suitable services. Knowing a 'face' or the identity of someone helpful assisted women to obtain support as women were more inclined to contact that service. I found that professionals networked with persons from other services and this provided the opportunity to refer women appropriately or contact that person for advice.

Most of the participants found the court experience harrowing and suggested the court process needs to change and that women experiencing domestic violence need someone to guide them through the court process. This difficulty for women attempting to navigate the legal system was correlated by findings from other Australian researchers (Astor & Croucher, 2010b; Wilcox, 2010). Some participants found court assistance programs to be helpful although this program was not always available and the service provided was not consistent.

Sometimes the police helped participants while other participants experienced limitations in police support. I found that participants sought out particular police officers if they had been helpful during prior contacts.

Participants in Phase 1 and Phase 2 identified knowing someone from a service as being helpful. Several women in this research found the issue of being able to identify someone specific from a service, whom the participant could relate to, to be more important than the service in terms of being able to find and obtain help. Participants appreciated being given the time and opportunity to develop a trusting relationship with specific service providers rather than the organisation. Professionals in Phase 2 identified the importance of getting to know individuals in organisations by networking and collaborating with other services in order to be able to refer women to the most appropriate person in that service.

Services that explained how the bureaucratic processes and legal systems worked saved women from expending their limited energy reserves trying to work it out for themselves.

8.8 Multipronged approach

In order to assist women to leave or end violent relationships there is a necessity to provide options and services that are flexible and better able to accommodate women's needs. Providing a variety of services for women that are specifically targeted to her identified needs, including a collaborative multi-sectorial approach, may better assist women to leave or end domestic violence. A multipronged approach is more than tailored support (Constantino et al., 2005; Crane & Constantino, 2003) because it requires services from different sectors including health, law and social services that may have different philosophies, policies and funding requirements to be willing to work collaboratively.

Collaboration, particularly across different sectors such as law, health and the social service sector, was reported to be sporadic or limited in this research. The need for intersectorial collaboration, particularly in the legal sector, has been identified in recent government funded reports (ALRC & NSWLRC, 2010) and by other researchers (Astor & Croucher, 2010b). Offering a multipronged and tailored approach to women experiencing domestic violence requires a willingness for services to truly collaborate. As suggested by one researcher (Astor & Croucher, 2010b), in regard to violence occurring in families, true collaboration needs to be more than just agreements or protocols put into place.

All women in this research had difficulty obtaining informal and/or formal support that was specific to their needs at one or more periods in time. As stated above, some participants said they were able to obtain support when one person assisted them to navigate the 'systems' including the legal sector, health division and obtaining social welfare or housing. Professionals acknowledged that they referred to, or alternatively steered women away from, particular organisations or persons in that service depending on their personal knowledge of that provider. Professionals developed personal knowledge of other services by collaborating at regular meetings or networking with those service providers as part of their role.

Most professionals acknowledged their role included assisting women to navigate the systems, particularly the legal system, by providing referrals, information and sometimes correcting misinformation from other service providers. Several professionals utilised knowledge and skills to help women obtain assistance, while acknowledging the limitations of their service, which was often due to funding restrictions. For example they could provide services to women experiencing domestic violence but not to children.

Most professionals networked with other services while acknowledging that inter-sectorial collaboration did not always occur and that improvements were required in order to enhance the provision of service to women experiencing domestic violence. Several professionals said that working in partnership with other organisations assisted them to identify and build-up relationships with individuals from other services. These relationships proved to be valuable when service providers required assistance for their clients.

Most professionals suggested that women experiencing domestic violence have complex needs that require a multipronged approach that is tailored to individual needs of women. While service providers acknowledged the importance of delivering tailored support they also found it frustrating that this was not always achievable due to limitations imposed by funding providers in addition to inadequate government support and funding.

Women experiencing domestic violence have complex needs that do not fit into one standard model of care provision. Each woman's journey experiencing and leaving domestic violence is unique to her situation at that particular time. Tailoring support to each woman's distinctive requirements for assistance was seen as central by most of the professionals in this research. The importance of providing validation that the woman knows what she needs at any particular time, despite the culture of pretence, while in the violent relationship or ultimately leaving it, was also emphasised by service providers

in the focus groups. Service providers could not always provide all services needed and appropriate referrals to others known to the professionals was seen as the most effective way to assist women.

Sometimes participants were not told of various options that could be taken when they sought advice from professional services including legal support. There was little evidence of interagency cooperation or coordination and women found it very difficult to obtain services that were appropriate to their needs at that particular time.

Women experiencing domestic violence have complex needs that change over time with support that needs to be flexible and altered at times as the woman's situation changes. From stories told by participants, legal and health services in particular appeared to operate in a void without consideration of any factors pertaining to the woman that were outside defined parameters, for example not clearly related to a specific legal or health aspect.

Participants used various professional services in order to find the support they needed at a particular time. Participants found out about services in different ways including information provided from brochures, referral from other services or alternatively they may have met one person from that service and consequently then attempted contact.

The lack of energy experienced by participants has also been highlighted in recent research involving mothers and children experiencing violence (Letourneau et al., 2013). It has been suggested that to better assist women who have little energy and competing priorities, a referral to a single comprehensive service rather than multiple services might be a more suitable intervention (Beeber & Canuso, 2005).

As discussed above, the women in this research stated there appeared to be little collaboration between professional supporters and this made it difficult for them to find the most appropriate help. Informal supporters, as discussed in chapter 6, may assist women to seek help or alternatively delay women from seeking support which may be due to fear or a lack of knowledge regarding domestic violence. Informal supporters, with the consent of the woman, might need to be involved in a collaborative approach in order to provide the most appropriate service to women, and their children as applicable, experiencing abuse. Informal supporters in the community need to have accessible information and education about domestic violence and how to best provide assistance to women experiencing and leaving abusive relationships. This need for a coordinated and collaborative response to domestic violence has also been suggested by other researchers in Australia and overseas (Fisher et al., 2007; Latta & Goodman, 2011;

Pajak et al., 2014; Wilcox, 2010). In light of the identified need for reforms the NSW government has developed a framework to improve service delivery to people experiencing domestic violence (NSW Government, 2014). This policy framework aims to increase the flexibility of services, streamline referral and information sharing processes and enhance collaboration between government and non-government services. The issue of domestic violence has been acknowledged as a public health and human rights issue that requires a coordinated response by governments and nations (P Tjaden, 2005). In order to better assist women experiencing domestic violence researchers suggest that law and other support agencies cannot operate in service 'silos' but need to connect and coordinate the provision of services (Everton-Moore, 2006; Raphael, 2004; Wilcox, 2010). They assert the current bureaucratic systems are inaccessible to many women experiencing abuse (Wilcox, 2010) and this is supported by the current research.

Participants appreciated assistance from professionals who were able to explain the processes and navigate systems in order to find the support that was needed at that time. Professionals identified the need for support to be tailored to individual women and their needs at different periods in time. This adds support to other researchers' findings regarding tailored support (Constantino et al., 2005; Crane & Constantino, 2003). Some organisations were restricted in the services they could provide and this limited the opportunity for participants to be able to obtain suitable help. The restriction to service provision may have been due to a lack of expertise about the complex nature of domestic violence or limited due to a standard set of services offered due to restrictions in funding as addressed in chapter 7.

8.9 Strengths of this research

To safeguard the validity of this research I followed a set of guidelines (see 3.7 and 4.9.4) developed by Yardley (2000) that included sensitivity to context, commitment and rigour, transparency and cohesiveness and impact and importance. To demonstrate rigour or 'trustworthiness' (Riessman, 2008) I used verbatim extracts from participants in addition to research findings in the current literature to support my findings. Additionally I have demonstrated the addition of new knowledge and provided different insights regarding previous research findings. Details of how data was collected has been outlined and the practical implications for these findings have been identified.

This research enhances and augments prior knowledge regarding the hurdles that women experiencing domestic violence need to overcome in order to disclose abuse, seek help and take action to end or leave domestic violence.

In particular this research identifies the 'culture of pretence' that women may use in order to protect themselves and cope with the abusive relationship. The culture of pretence may be a coping mechanism for women who are unable to acknowledge, identify or verbalise the abuse, even to themselves at times, for many reasons. This builds on existing knowledge by Hyden (1999) as discussed earlier in this chapter. The culture of pretence is a double edged sword as women may remain hidden and not identified as women experiencing domestic violence by others outside the relationship. Women have difficulty being believed about the abuse when they are no longer able to deny the violence. Maintaining a façade that their relationship is not an aberrant one expends any existing energy exacerbating the hurdles already in place and delaying action to leave or end the violence.

Turning points or triggers identified in past research (Chang et al., 2010; Eisikovits et al., 1998) help women change how they view their relationship and combined with external events such as increasing violence assist women to overcome barriers to leaving or ending abuse. Professionals used different tools, as discussed previously, in order to assist women to identify the reality of their violent relationship and thereby dismantling the culture of pretence. Sometimes facing the reality of the abuse in the relationship became the trigger or turning point for women to leave or end the violent relationship.

Additionally, this research identified that professionals assisted women to be 'strong' and empowered in order to leave or end abusive relationships. Conversely professionals also assisted women to appear, or become, disempowered again in order for women to obtain government services including housing. Professionals identified the contradictory nature of helping to build-up women's self-esteem only to then assist them to be seen as less empowered. This builds onto existing knowledge regarding the difficulties inherent in the provision of social support.

Past research has identified the need for support to be tailored to individual women and their needs at different periods in time (Constantino et al., 2005). Additionally House (1981) in pivotal research regarding social support suggested asking people what they consider to be supportive in their particular situation. The narrative inquiry approach utilised in this research provided the opportunity for women to voice their perspectives regarding their experience of domestic violence and help seeking during the build-up and leaving or ending of such abusive relationships. The difficulties perceived by women in obtaining support that is appropriate to their particular needs at any point in time as discussed previously adds to the knowledge base regarding such support. It is envisaged that policy makers will take into account the viewpoints of women experiencing domestic

violence and enhance the provision of service to women experiencing domestic violence accordingly.

Additionally the current project further contributes to research by identifying barriers to the provision of tailored support, as perceived by professionals, including restrictions to funding and limitations in criteria for the provision of service. Moreover there are difficulties inherent in appropriately referring women or providing services that meet the needs for women who have complex requirements. In order to overcome such barriers it is anticipated that policy makers will take into consideration models incorporating a 'multipronged' approach, identified previously, in order to provide more holistic and individualised care to women experiencing domestic violence.

8.10 Limitations

The findings here cannot be generalised to all women experiencing domestic violence and/or women leaving or ending domestic violence. The findings however do add to the existing knowledge base regarding women's experience of ending or leaving domestic violence and help seeking during that process.

This research was qualitative with rich knowledge gained from the 12 women who agreed to be interviewed and 25 professionals who participated in focus groups. One of the most important aspects of qualitative research is the 'depth' of findings from smaller numbers of participants rather than frequency of findings with larger numbers of participants where results may be generalised (Liamputtong, 2009). Although the knowledge gained from this research is not generalisable, the findings contribute to existing knowledge and as suggested by other researchers (Melia, 2010) may inform policy making and practice regarding providing assistance to women leaving or ending domestic violence. Additionally this lays the foundation for future research that can examine findings in larger sample numbers.

My interpretation of the data obtained from in-depth interviews in Phase 1 and focus groups in Phase 2 represent choices I made at a particular point in time. Our view of the world and therefore our interpretation of the data does not remain constant and remains forever open to different interpretation (Andrews, 2008).

In this project women responded to posters and media in order to participate and therefore there may be some self-selection bias and the women were not representative of the population. It is acknowledged that women who could not access help and were still in violent relationships were absent from the sample interviewed. However the research was not designed to be representative. Furthermore, participants in Phase 1

were diverse in age, socio-economic status, income levels, education obtained and although the majority of participants had children a few did not (see 4.7.1).

The professionals were approached through their organisation and the majority of participants in Phase 2 focus groups were from the non-government organisation sector. Different findings may have resulted if focus groups were undertaken in the government or private sector. The professionals who participated in focus groups were all females and were from sectors including health, social welfare and law (see 4.8.1).

Phase 1 interviews were all with women who had left or ended domestic violence at least one year prior to participation with some women leaving more than three years prior to the research. The semi-structured interviews relied on the retrospective memory and recall of the events regarding leaving or ending domestic violence and how the women remembered their story on the day of the interview. This may have affected the 'truthfulness' of the stories however, as discussed by Denzin (1989), the meaning of the life changing event is always retrospective, as the narrator relives and re-experiences what happened while narrating their story (Denzin, 1989).

Several service providers in Phase 2 identified additional barriers that existed for women including Aboriginal and Torres Strait Islander women and women from culturally and linguistically diverse (CALD) backgrounds. The participants in this research were not asked if they were an Aboriginal or Torres Strait Islander or from culturally or linguistically diverse backgrounds. This research excluded women who were unable to speak English. This may have limited findings regarding difficulties for CALD women and women who identify as being Aboriginal or Torres Strait Islanders who are experiencing domestic violence.

8.11 Future research

Research that encompasses women's experience of ending or leaving abuse and help seeking over several years, including a longitudinal study that includes both quantitative and qualitative data, would enhance knowledge regarding the best way to provide tailored support to women experiencing abuse. Delays to recognisant action allows for further harm including the increased risk of death.

Further investigations regarding the need for maintaining a culture of pretence and other barriers to service provision, including the need for women to appear disempowered to obtain some services, would also heighten existing knowledge regarding the complexities for women experiencing abuse and how they may be better assisted to leave or end violent relationships as soon as possible. Future research that includes further exploration of the term/measurement of 'instrumental support' that

specifically includes housing, finance and employment in relation to women experiencing violent relationships would enhance existing knowledge.

Further research needs to be undertaken regarding additional and specific barriers to leaving violent relationships and help seeking for Aboriginal and Torres Strait Islander women and CALD women. Even though the numbers of immigrant women in Australia have grown there has been little research on domestic violence in these groups of women (Ghafournia, 2011). Additional barriers for Aboriginal and Torres Strait Islander and CALD women were identified by service providers. The hurdles included language barriers, difficulty providing evidence of domestic violence, lack of information regarding services and legal rights in Australia and a lack of culturally appropriate services similar to that identified in prior research (Ghafournia, 2011).

There is limited research on women's experience of accessing multiple services after leaving domestic violence and this suggestion is supported by other researchers (Pajak et al., 2014). The need for a consistent and coordinated response to services provided to women experiencing domestic violence has been identified by researchers (O'Doherty et al., 2014; Pajak et al., 2014) and using a multipronged approach is one way this may be achieved. Further research needs to include a multi-sectorial collaborative approach for women experiencing and leaving domestic violence that is not restricted to health services. The use of several approaches, including narrative inquiry that invites the participation of women experiencing abuse and service providers, is needed as part of any future research incentives. How the provision of funding to specialist domestic violence services is determined also needs to be researched to ensure that services are able to provide tailored support to women who have complex needs and require multiple services over a long period of time.

The current thesis took a narrative approach and, as such, involved an evolution of stories as they evolved over time. It would be useful if future researchers take a more content analytic approach that included the when, what, how and by whom approach to service provision. This would allow for policy makers and service providers to develop social support and help seeking models. However the current findings do allow for the following recommendations to be made for policy makers and service providers.

8.12 Recommendations for Policy Makers and Service Providers

In line with findings from this research I would recommend that policy makers plan policies that support service providers to provide assistance to women experiencing domestic violence that is flexible, non-judgemental and tailored to the situations of women at the time the service is offered. There is a need for policy makers to consider

identifying in policies the finding that although women may exist in a culture of pretence, and may not currently identify the violence inherent in their relationship, there is still a need for the provision of information and ongoing support.

When developing policies policy makers need to consider how service providers can best support women utilising a strengths based approach rather than needing to encourage women to overstate vulnerabilities, such as mental health problems, in order to obtain services that have long waiting lists including public housing. This would require a multipronged approach by all relevant sectors of government and non-government policy makers that encourages the provision of streamlined support that empowers women and encourages autonomy and self-reliance rather than dependence.

8.13 Conclusion

This study makes a number of contributions to enhancing understanding of women's experiences of ending or leaving domestic violence and help seeking during that process. This project focused on multiple perspectives regarding women ending violent relationships and provided additional knowledge regarding the complex nature of abuse and the overlapping difficulties women face in attempting to leave or end domestic violence.

Women in this research existed in a culture of pretence but eventually realised or could no longer deny their detrimental relationship. Women usually overcame this culture of pretence before they left or ended the abuse although for some women the actual leaving, usually precipitated by extreme violence, was when the culture of pretence was overcome. Professionals also assisted women to overcome the culture of pretence by using triggers or tools helping women to identify the abuse.

Women leaving abuse require a multitude of services that vary depending on whether women identify the abuse in the relationship or not. A multipronged approach, while difficult to provide for some women with complex issues, is required to assist women to leave or end domestic violence. A multipronged approach to service provision for women experiencing abuse will enable services to provide support tailored to the needs of women experiencing abuse. However, as suggested by one of the professionals, there needs to be a real commitment to do this by the government and non-government sectors in order for it to be effective.

In order to enhance support to women experiencing abuse it is hoped that future policy and practice directives take into account both the perceptions of women experiencing domestic violence and the viewpoints of service providers who specialise in this field. The findings in this research demonstrate the value of utilising a narrative

approach in order to capture such experience and knowledge. Additional funding is required for service providers who can utilise models of service that encompass a multipronged approach and allow for longer term planning, particularly for women with complex issues and convoluted lives.

Appendices: 1-14.

Appendix 1 Demographic survey for focus group participants



Demographic Survey for the Research Project:

Exploring social supports/support services and decisions to leave or change with women who have experienced domestic violence
(v1. July 2010)

For descriptive purposes only in order to ensure there is diversity in the participants for the research could you kindly provide the following information;

Gender _____

Age _____

Type of job (e.g. DVCAS support worker, lawyer, counsellor)

Years in this type of work _____

Complaints about this research

This project has been approved by the University's Human Research Ethics Committee, Approval No. H-478-0507. Should you have concerns about your rights as a participant in this research, or you have a complaint about the manner in which the research is conducted, it may be given to the researcher, or, if an independent person is preferred, to the Human Research Ethics Officer, Research Office, The Chancellery, The University of Newcastle, University Drive, Callaghan NSW 2308, Australia, telephone (02) 49216333, email Human-Ethics@newcastle.edu.au.

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Appendix 2 HREC approval May 2007



The UNIVERSITY
of NEWCASTLE
AUSTRALIA

HUMAN RESEARCH ETHICS COMMITTEE

Chief Investigator or Project Supervisor:	Professor Margaret McMillan
Project Title:	<i>Exploring social support and hopefulness of women who have lived through situations of Intimate Partner Violence (IPV)</i>
Date:	31 May 2007
Approval No:	H-478-0507

Thank you for your response in support of your application to the Human Research Ethics Committee (HREC) seeking approval for the above project, which is the student research of **Lyn Francis**.

Your response has been considered by the Deputy Chair of the HREC under the provisions for expedited review and I am pleased to advise that your application has been **approved effective 31 May 2007**.

The full Committee will be asked to ratify this decision at its meeting on 20 June 2007 whereupon a formal *Certificate of Approval* will be issued. In the interim your approval number is **H-478-0507**.

Please ensure this number is inserted into the relevant section of the study documents (ie, complaints statement in the Information Statement) prior to distribution to potential participants. You may then proceed with the project.

I am also advising the grants officers, by way of this notification, that the ethics requirements for Lyn Francis' New Staff grant *Pilot Study: Exploring social support and hopefulness with women who have lived through situations of Intimate Partner Violence (G0187709)* have been met and you may proceed.

Best wishes for a successful project.

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Appendix 3 HREC approval for variations 2008 - 2010



HUMAN RESEARCH ETHICS COMMITTEE *Certificate of Approval*

Applicant: (first named in application)	Associate Professor Deb Loxton
Co-Investigators / Research Students:	Doctor Colin James Ms Lyn Francis
Protocol:	Exploring social supports/support services and decisions to leave or change with women who have experienced domestic partner violence

In approving this protocol, the Human Research Ethics Committee (HREC) is of the opinion that the project complies with the provisions contained in the *National Statement on Ethical Conduct in Human Research, 2007*, and the requirements within this University relating to human research.

Note: Approval is granted subject to the requirements set out in the accompanying document ***Approval to Conduct Human Research***, and any additional comments or conditions noted below.

Details of Approval	
HREC Approval No: H-478-0507	Date of Initial Approval: 31-May-2007
Approval <i>Approval will remain valid subject to the submission, and satisfactory assessment, of annual progress reports. If the approval of an External HREC has been "noted" the approval period is as determined by that HREC.</i>	
Progress reports due: Annually. <i>If the approval of an External HREC has been "noted", the reporting period is as determined by that HREC.</i>	
Approval Details	
Variation 14-May-2008 Variation to: <ol style="list-style-type: none"> 1. Amend the project supervisor from Prof M McMillan to Dr D Loxton. 2. Amend the Participant Information Statement (version dated February 2008) to reflect the above. 3. Include demographic survey questions and amend the verbal questionnaire to ensure diversity in participants. 	

4. Amend the consent form (version dated 4 February 2008) to reflect the change in supervisor and include a sentence confirming receipt of expenses payment by participants.

Approved

The Committee ratified the approval granted by the Deputy Chair on 01-Apr-2008 under the provisions for expedited review.

Variation

10-Sep-2008

Variation to:

1. Change the terminology used in all documents from 'intimate partner violence' to 'domestic violence'.

- Participant Information Statement, August 2008
- Consent Form, version 5 dated 5 August 2008

2. Place a short advertisement to participate in the research in the Australian Domestic and Family Violence Clearinghouse newsletter.

- Proposed points about project to be submitted to Australian Domestic Violence Clearinghouse newsletter.

3. Offer anonymous recorded telephone interviews as an alternative to recorded face to face interviews.

- Interview schedule dated 6 August 2008

4. Add the option for participants to provide verbal consent to participate in telephone interviews as an alternative to written consent.

5. Offer reimbursement to participants for their time, childcare and transport costs.

Approved

The Committee ratified the approval granted by a Deputy Chair on 26 August 2008 under the provisions for expedited review.

Variation

15-Oct-2008

Variation to:

1. Amend the format and design of recruitment posters to use fewer words.

2. Broaden distribution of posters and include the use of pamphlets identical in design to the recruitment poster.

3. Use the University of Newcastle website and radio program to promote participation.

- Research Study poster (revised)

Approved

The Committee ratified the approval granted by the Chair on 25 September 2008 under the provisions for expedited review.

Variation

20-Oct-2010

Variation to:

1. Amend the title of the thesis to 'Exploring social supports/support services and decisions to leave or change with women who have experienced domestic partner violence'

2. Extend data collection to include health and legal staff who work with women in domestic violence situations from the Non-Government Organisation (NGO) sector. Staff will be asked for their perspectives regarding their role in assisting women to leave or change domestic violence situations. Data collection will be undertaken via focus group discussions.

- Information Statement for Health & Legal Staff (version 2, dated 31.8.2010)

- Consent Form for Health & Legal Staff (version 2, dated 31.8.2010)

- Demographic Survey for Health & Legal Staff (version 1, dated July 2010)

- Focus Group Interview Schedule (version 1, dated July 2010)

Approved

The committee ratified the approval granted by the Chair on 10/09/10 under the provisions for expedited review.

**Authorised Certificate held in Research
Services**

Professor Allyson Holbrook
Chair, Human Research Ethics Committee

Appendix 4 Poster for recruiting participants Phase 1



www.newcastle.edu.au

WE NEED YOUR HELP

**Have you ever been frightened
by a partner or spouse?**

**Have you ever been affected by
domestic violence or abuse in a
previous relationship?**

**Would you like to talk about your
experiences during this time?**

We invite you to take part in one face to face or telephone interview to discuss these issues. If you have experienced domestic violence in the past twelve months or are currently living in a situation of domestic violence then unfortunately you are not eligible to participate.

**If you would like to receive more information, please call:
Lyn Francis on 49217725 or email: lyn.francis@newcastle.edu.au**

This project has been approved by the University's Human Research Ethics Committee, Approval No. H-478-0507. Should you have concerns about your rights as a participant in this research, or you have a complaint about the manner in which the research is conducted, it may be given to the researcher, or, if an Independent person is preferred, to the Human Research Ethics Officer, Research Office, The Chancellery, The University of Newcastle, University Drive, Callaghan NSW 2308, Australia, telephone (02) 4921 6333, email Human-Ethics@newcastle.edu.au.

RESEARCH STUDY



Appendix 5 HREC approved advertisement

Proposed points about project submitted to Australian Domestic Violence Clearinghouse Newsletter.

Lyn Francis, University of Newcastle lecturer and PhD candidate, is currently undertaking research with women who have been in situations of domestic violence or where they have been afraid of their partner. This research involves one face to face or one telephone interview that will take no more than an hour or so.

Lyn is seeking participants who would like to discuss this issue further with the aim of developing a Safety Plan Kit and to influence changes in policy regarding how domestic violence is dealt with by the community.

If you are currently in a domestic violence relationship or have been in a domestic violence relationship in the past year then unfortunately you will not be eligible to participate.

If you are interested in participating or would like further information please feel free to contact Lyn Francis at the University of Newcastle on (02) 49217725 or email Lyn.Francis@newcastle.edu.au

Thank you Lyn Francis

Appendix 6 Information Statement Phase 1 participants



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Information Statement for the Research Project:

Exploring social support and hopefulness with women who have lived through situations of Domestic Violence (DV). (Version 5 August 8 2008)

You are invited to participate in the research project identified above which is being conducted by Lyn Francis and supervised by Chief Investigator Dr Deborah Loxton from the Research Centre for Gender, Health and Ageing and Project Supervisor Dr Colin James from the School of Law at the University of Newcastle.

Why is the research being done?

Around one in four Australian women will experience domestic violence in their lifetimes, and many will experience health problems as a result of these experiences. The purpose of this research is to explore social support issues that might be useful for women who are living in a situation of domestic violence.

We are seeking the assistance of women who have been in a situation of domestic violence in the past 1-3 years. For this study the definition of domestic violence, which is also sometimes called intimate partner violence, includes physical assault as well as emotional, social, financial and/or psychological abuse.

Who can participate in the research?

We are seeking women aged over 18 who have experienced domestic violence in the past 1-3 years. If you have experience domestic violence in the previous 12 months or are currently living in a situation with domestic violence then, unfortunately, you are **not** eligible to participate.

What choice do you have?

Participation in this research is entirely your choice. Only those people who give their informed consent will be included in the project. Whether or not you decide to participate, your decision will not disadvantage you.

If you do decide to participate, you may withdraw from the project at any time without giving a reason and have the option of withdrawing any data you have contributed.

What would you be asked to do?

If you agree to participate, you will be asked to participate in one, in-depth recorded interview that will take no more than 2 hours. This interview may take place by telephone or face to face in a private interview room. The choice is up to you.

This interview will then be typed up and you will have the option of receiving a copy of the transcript in order to assure the interview was correctly recorded. You will also have the option of receiving a copy of a brief report and findings regarding the research. All the information regarding the identification of participants will be removed from the transcribed interviews and the transcriptions will not be viewed by anyone except for the transcriber and chief investigator.

Findings from the interviews will be used to develop a Safety Plan Kit and a copy of this kit will be sent to participants who have requested a copy and feedback about this kit will be sought. However if you agree to participate in an interview there are no further obligations. In other words, you are not obligated to agree to review or offer comments about the transcript or Safety Plan Kit unless you choose to do so.

How much time will it take?

The interview will take up to 2 hours. The interview will be held at a place and time suitable to you. If you prefer a telephone interview the researcher Lyn Francis will make arrangements to contact you on your preferred contact telephone number at a time and date suitable to you.

A reimbursement of no more than \$20.00 will be offered to all participants, including participants who choose to have a telephone interview, towards expenses for childcare, time and/or transport costs to participate in the interview.

What are the risks and benefits of participating?

We cannot promise you any benefit from participating in this research however you may find that the interview itself may be healing and therapeutic and we assure you that the interview will be provided in an empathetic and non judgemental manner.

It is possible, the in-depth interview may cause some emotional distress as issues may be raised from previous uncomfortable situations that have occurred in the past. Referral to counselling will be provided if required immediately following, or during, the interview. The researcher, Lyn Francis, has extensive experience dealing with women who have been in situations of domestic violence and will be closely monitoring participants, prior and during the interview, and will cease the interview, and reschedule if appropriate.

Pamphlets with appropriate services will be provided to all participants which include free counselling, community health services and free legal services and the contact number of the Chief Investigator will be provided in case participants request further information regarding services or wish to withdraw from the study. Participants who have a telephone interview may choose to be given this information over the phone.

How will your privacy be protected?

Any information collected by the researchers which might identify you will be stored securely and only accessed by the researchers and the transcriber following the initial interview. Any identifiers such as names, places and dates will be removed once the interview is transcribed and will be replaced with pseudonyms. This data will be securely stored in locked cabinets in locked rooms and only accessible by the researchers. After 5 years following the completion of the project this information will be destroyed. Information which might identify participants will not be disclosed.

Please be advised that if participants report specific information about the commission of serious indictable offences, during the interviews, which may be of material assistance in apprehending an offender, the researchers are obliged to report this information to the Police.

How will the information collected be used?

The information collected from interviews will be transcribed and then de-identified. You will be given the option of reviewing a copy of the typed transcript. The information from the interviews will be collated and analysed and themes or patterns will be looked for in the information and

reports with findings made. Final reports will be used to develop a Safety Plan Kit which will include a list of social supports and information that participants have stated they found useful in the research. Reports will also be used to support policies by government and non government departments as well as being used to write journal articles and papers to be presented at conferences. Individual participants will not be identified in any reports arising from the research. Participants will be offered a copy of a summary of the findings and a copy of Safety Plan Kit.

What do you need to do to participate?

Please read this Information Statement and be sure you understand its contents before you consent to participate. If there is anything you do not understand, or you have questions, please contact the researcher, Lyn Francis. If you contact Lyn by phone please leave a contact number and preferred time for Lyn to return your call.

If you would like to participate, please complete the attached Consent Form and return it in the reply paid envelope provided. Alternately, you may prefer to provide a verbal consent that will be recorded at the time of the telephone interview, so feel free to contact the researcher, or Chief Investigator, by phone or email if you prefer this option or if you wish to discuss this project further.

After the consent form is signed Lyn Francis will contact you to arrange a time and place convenient to you for the interview. Alternately Lyn will contact you by preferred telephone number at a date and time suitable to you.

Further information

If you would like further information please contact the researchers, Dr Deborah Loxton (phone 4913 8872) or Lyn Francis (phone 49217725) or email Deborah.Loxton@newcastle.edu.au or Lyn.Francis@newcastle.edu.au.

Thank you for considering this invitation.

Signatures:

Names: Dr Deborah Loxton

Lyn Francis

Research Academic

Doctoral Student

Research Centre for Gender, Health and Ageing

Complaints about this research

This project has been approved by the University's Human Research Ethics Committee, Approval No. H- 478 -0507.

Should you have concerns about your rights as a participant in this research, or you have a complaint about the manner in which the research is conducted, it may be given to the researcher, or, if an independent person is preferred, to the Human Research Ethics Officer, Research Office, The Chancellery, The University of Newcastle, University Drive, Callaghan NSW 2308, Australia, telephone (02) 49216333, email Human-Ethics@newcastle.edu.au.

Appendix 7 Consent form Phase 1 participants



Dr Deborah Loxton (Chief Investigator)
School of Medicine and Public Health
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University Drive
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Lyn Francis (PhD Student)
School of Nursing and Midwifery
The University of Newcastle
University Drive
Callaghan
NSW 2308
Telephone: 49217725/
Facsimile: 49216301
Lyn.Francis@newcastle.edu.au

Consent Form for the Research Project:

Exploring social support and hopefulness with women who have lived through situations of Domestic Violence (DV).

Version 5 August 2008

I have read and understand the Information Statement.

I understand that the project will be conducted as described in the Information Statement, a copy of which I have retained.

I agree to participate in the above research project and give my consent freely.

I understand I can withdraw from the project at any time and do not have to give any reason for withdrawing.

I understand that my personal information will remain confidential to the researchers *except as required by law*.

I understand that researchers are obliged to report to the authorities any specific information about the commission of a serious indictable offence which may be of material assistance in apprehending an offender.

I have had the opportunity to have questions answered to my satisfaction.

I consent to

- Participate in one audio taped interview lasting no more than two hours.
- I understand I may review a copy of the recorded transcript upon request after the interview **Yes/No**
- I wish to receive a copy of a summary of the results of the study **Yes/No**
- I wish to receive a copy of the Safety Plan Kit **Yes/No**
- I understand I may give the researcher feedback about the Safety Plan Kit **Yes/No**

Print Name: _____

Signature: _____

Date: _____

Please add preferred contact details so that an interview date and time can be organised with you. Alternately please contact Lyn Francis if you prefer to provide a verbal, recorded consent at the time of a telephone interview.

Address:

Telephone Number:

Email address:

\$20.00 has been received (to be signed at time of interview) towards reimbursement of expenses towards childcare, time and/or transport costs to attend the interview

Signature _____

Alternately please contact Lyn Francis if you prefer the \$20 to be forwarded to your account or a cheque to be posted to a preferred address.

Complaints about this research

This project has been approved by the University's Human Research Ethics Committee, Approval No. H-478-0507. Should you have concerns about your rights as a participant in this research, or you have a complaint about the manner in which the research is conducted, it may be given to the researcher, or, if an independent person is preferred, to the Human Research Ethics Officer, Research Office, The Chancellery, The University of Newcastle, University Drive, Callaghan NSW 2308, Australia, telephone (02) 49216333, email Human-Ethics@newcastle.edu.au.

Appendix 8 Information Statement Focus group participants



Dr Deborah Loxton (Chief Investigator)
School of Medicine and Public Health
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Lyn Francis (PhD Student)
School of Nursing and Midwifery
The University of Newcastle
University Drive
Callaghan
NSW 2308
Telephone: 49217725/
Facsimile: 49216301
Lyn.Francis@newcastle.edu.au

Information Statement for the Research Project:

Exploring social supports/support services and decisions to leave or change with women who
have experienced domestic violence
(v2. Aug 31 2010)

You are invited to participate in the research project identified above which is being conducted by Lyn Francis and supervised by Chief Investigator Dr Deborah Loxton from the Research Centre for Gender, Health and Ageing and Project Supervisor Dr Colin James from the School of Law at the University of Newcastle.

Why is the research being done?

Around one in four Australian women will experience domestic violence in their lifetimes, and many will experience health problems as a result of these experiences. The purpose of this research is to explore social support issues that occur for women who are living in a situation of domestic violence.

We are currently seeking the assistance of health and legal professionals who work with women who have experienced domestic violence. This is one component of this research project. In-depth interviews with women who have experienced domestic violence has already been undertaken and it is anticipated that further interviews with women who have experienced domestic violence, and who consent to participate, will continue during 2011. For this study the definition of domestic violence, sometimes called intimate partner violence, includes physical assault as well as emotional, social, financial and/or psychological abuse.

Who can participate in the research?

We are seeking professionals in the health or legal sector who work with women who have experienced domestic violence.

What choice do you have?

Participation in this research is entirely your choice. Only those people who give their informed consent will be included in the project. Whether or not you decide to participate, your decision will not disadvantage you.

If you do decide to participate, you may withdraw from the project at any time without giving a reason and have the option of withdrawing any data you have contributed.

What would you be asked to do?

If you agree to participate, you will be asked to participate in one, in-depth audio recorded focus group that will take no more than 2 hours. This interview will take place with no more than 12 participants from your organisation with the researcher Lyn Francis and the Chief Investigator Dr Deborah Loxton assisting with recording (if at all practicable).

You will also be asked to complete a short demographic survey prior to the focus group in order to ensure diversity of participants in the focus groups. It is anticipated that the focus group interview will be undertaken within the main building of your organisation or alternately a venue close to your work place.

Participants will be instructed not to discuss any matters raised in the focus group outside the focus group interview.

This focus group recording will then be typed up and you will have the option of receiving a copy of the transcript for review. You will also have the option of receiving a copy of a brief report of the research findings. All the information regarding the identification of participants will be removed from the transcribed interviews and the transcriptions will not be viewed by anyone except for the transcriber and chief investigators.

How much time will it take?

The focus group interview will take up to 2 hours. Refreshments will be provided. The focus group will be held at a prearranged time and place. If you require further information about this project the researcher Lyn Francis will make arrangements to contact you on your preferred contact telephone number at a time and date suitable to you.

What are the risks and benefits of participating?

We cannot promise you any benefit from participating in this research however you may find that the focus group provides an opportunity to raise new ideas that may not have been thought of before, or may provide deeper insights into issues regarding service provision to women who have experienced domestic violence.

It is possible the focus group interview may cause some minor emotional distress as issues may be raised from previous uncomfortable situations that have occurred in the past. Pamphlets with appropriate services will be provided to all participants which include free counselling and the contact number of the Chief Investigator will be provided in case participants request further information regarding services or wish to withdraw from the study.

How will your privacy be protected?

Any information collected by the researchers which might identify you will be stored securely and only accessed by the researchers and the transcriber following the focus group interview. Any identifiers such as names, places and dates will be removed once the interview is transcribed and will be replaced with pseudonyms. This data will be securely stored in locked cabinets in locked rooms and only accessible by the researchers. After 5 years following the completion of the project this information will be destroyed.

How will the information collected be used?

The information collected from interviews will be transcribed and then de-identified. You will be given the option of reviewing a copy of the typed transcript. The information from the interviews will be collated and analysed and themes or patterns will be looked for in the information and reports with findings made. Reports will be used to support policies by government and non government departments as well as being used to write journal articles and papers to be presented at conferences. Individual participants will not be identified in any reports arising from the research. Participants will be offered a copy of a summary of the findings.

What do you need to do to participate?

If you would like to participate, please complete the attached Consent Form and return it in the reply paid envelope provided. Feel free to contact the researcher, or Chief Investigator, by phone or email if you wish to discuss this project further.

Please read this Information Statement and be sure you understand its contents before you consent to participate. If there is anything you do not understand, or you have questions, please contact the researcher, Lyn Francis. If you contact Lyn by phone please leave a contact number and preferred time for Lyn to return your call.

Further information

If you would like further information please contact the researchers, Dr Deborah Loxton (phone 4913 8872) or Lyn Francis (phone 49217725) or email Deborah.Loxton@newcastle.edu.au or Lyn.Francis@newcastle.edu.au.

Thank you for considering this invitation.

Signatures:

Names: Dr Deborah Loxton
Research Academic
Research Centre for Gender, Health and Ageing

Lyn Francis
Doctoral Student

Complaints about this research

This project has been approved by the University's Human Research Ethics Committee, Approval No. H- 478 -0507.

Should you have concerns about your rights as a participant in this research, or you have a complaint about the manner in which the research is conducted, it may be given to the researcher, or, if an independent person is preferred, to the Human Research Ethics Officer, Research Office, The Chancellery, The University of Newcastle, University Drive, Callaghan NSW 2308, Australia, telephone (02) 49216333, email Human-Ethics@newcastle.edu.au.

Appendix 9 Consent form Focus group participants



Dr Deborah Loxton (Chief Investigator)
School of Medicine and Public Health
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Lyn Francis (PhD Student)
School of Nursing and Midwifery
The University of Newcastle
University Drive
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Telephone: 49217725/
Facsimile: 49216301
Lyn.Francis@newcastle.edu.au

Consent Form for the Research Project:

Exploring social supports/support services and decisions to leave or change with
women who have experienced domestic violence
(v2. August 31 2010)

I have read and understand the Information Statement.

I understand that the project will be conducted as described in the Information Statement,
a copy of which I have retained.

I agree to participate in the above research project and give my consent freely.

I understand I can withdraw from the project at any time and do not have to give any
reason for withdrawing.

I understand that my personal information will remain confidential to the researchers
except as required by law.

I agree to respect the confidentiality of the group, and not to divulge the specific content
of the discussion to people outside of the group.

I have had the opportunity to have questions answered to my satisfaction.

I consent to

- Participate in one audio taped focus group interview lasting no more than two hours that will be held at (venue TBA) on (date and time TBA);
- Complete a short demographic survey;

I would like to:

- Review a copy of the recorded transcript **Yes/No**
- Receive a copy of a summary of the results of the study **Yes/No**

Print Name: _____

Signature: _____

Date: _____

Please add preferred contact details so that copies of the transcribed interview and a summary report of the findings can be provided to you should you choose to do so

Address: _____

Telephone Number:

Email address:

Complaints about this research

This project has been approved by the University's Human Research Ethics Committee, Approval No. H-478-0507. Should you have concerns about your rights as a participant in this research, or you have a complaint about the manner in which the research is conducted, it may be given to the researcher, or, if an independent person is preferred, to the Human Research Ethics Officer, Research Office, The Chancellery, The University of Newcastle, University Drive, Callaghan NSW 2308, Australia, telephone (02) 49216333, email Human-Ethics@newcastle.edu.au.

Appendix 10 Confidentiality agreement for transcriptionist

Transcriptionist's Promise of Confidentiality
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I,, am aware of the importance of maintaining the confidentiality of the information that may be revealed to me during transcription of the interviews from Lyn Francis' research project. I am aware that during these transcriptions I may be privy to information about individuals that is of a private and personal nature. I realise that by signing this document, I promise not to reveal any of the information contained in any of these interviews to any other person.

Signed:

Date:.....

Witnessed:

Date:

Appendix 11 Preliminary findings Phase 1



Lyn Francis
School of Nursing and Midwifery
Faculty of Health
University of Newcastle
Callaghan Campus NSW 2308
Phone: 0249217725
Lyn.francis@newcastle.edu.au

13 January 2013

Dear []

Thank you for taking part in my research project entitled; Exploring social support and hopefulness with women who have lived through situations of domestic violence (DV). After some personal delays, I am very pleased to provide the attached summary of my research findings to date. Your contribution to the research has made these findings, and the ongoing work, possible. You might be interested to know that I am currently completing phase 2 of the project, which involves focus groups with service providers. Please let me know if you are interested in receiving further summaries of the work as it progresses, or if you have any questions.

Yours sincerely

Lyn Francis

How do women perceive their experience of leaving or ending domestic violence?

Domestic violence remains a serious problem for women in Australia. To answer the main research question 'How do women perceive their experience of leaving or ending domestic violence', 12 women who had lived in violent relationships were interviewed, on the phone and face to face. The women interviewed provided diverse viewpoints about their experiences of living in violent relationships, the build-up to leaving or ending the relationship and help seeking during that process. All of the women who were interviewed had experienced domestic violence and had ended or left that relationship. Themes were looked for in each story told by women in the interviews.

Themes

Sometimes it took a while for the women to name their experience as domestic violence. Another person, such as a lawyer or friend, might have named the abuse as domestic violence, which led some women to begin to 'see' or identify their experiences as violence or abuse and not part of a normal relationship. Sometimes women talked about receiving information about domestic violence, however the woman may have denied that the posters/pamphlets etc. were about her relationship. As one participant pointed out, some women may even avoid walking past posters about domestic violence.

Many of the women who took part in this research talked about a trigger or a final event that caused them to decide to end or leave the relationship. Triggers included 'lightbulb moments,' a dawning recognition, a sudden awareness of their situations or of seeing violence from a different perspective. For example, participants told stories of how their children became involved in the violence, or how the violence from their partner escalated causing them to realise they did not want to remain in the relationship. Trigger and final events often led to the decision to seek help and/or to leave.

Some of the women stated they may have been ready to leave or change the relationship earlier but had been impeded by barriers, for example, some participants stated that having no money was a barrier. The participants told stories of how they found it difficult to leave because they still loved their partner, lacked resources to leave or had nowhere to go and no one to go to. These barriers also decreased the opportunities for the women to disclose their experiences as abuse or violence. In turn, this limited access to support services or social support. There was often a back and forth decision making process between taking action to leave or change and not taking action. Most of the women who took part in this research attempted to leave on more than one occasion.

Listening to the stories has provided the opportunity to learn about how women produced major change in their lives and how they made sense out of their experiences both during the violent relationship and after leaving.

How this research may help others

This research has added to existing knowledge regarding the build-up to ending or leaving domestic violence. The findings from this research may influence policy-makers regarding the provision of services to women who experience domestic violence. Women seeking help may find it difficult to disclose violence in their relationship. Service providers can provide assistance by being aware that women may not be ready to leave at this point in time or may not realise or be ready to accept that their relationship is one of violence. Support provided needs to be appropriate to the woman's needs at the time she seeks help and information provided should include possible future options.

Thankyou

Lyn Francis

This project has been approved by the University's Human Research Ethics Committee, Approval No. H- 478 -0507. Should you have concerns about your rights as a participant in this research, or you have a complaint about the manner in which the research is conducted, it may be given to the researcher, or, if an independent person is preferred, to the Human Research Ethics Officer, Research Office, The Chancellery, The University of Newcastle, University Drive, Callaghan NSW 2308, Australia, telephone (02) 49216333, email Human-Ethics@newcastle.edu.au.

Appendix 12 Phase 1 interviews – demographics and guiding questions

Interview Schedule (v6 August 2008)

Introduction

[Tape recorder off]

After introductions, the participants will be asked how long since they have been living in a situation of domestic violence and asked if they are currently living in a situation of domestic violence – if currently living in a situation of DV the interview will not commence and the woman will be offered contact details for Lifeline, nearest women's health centre, local community health centre, university of TAFE counseling service and closest community legal centre. If this is a telephone interview the participant will be given the telephone contact details for Lifeline and the closest community legal centre or alternately the Domestic Violence Advocacy Service.

If the participant states she is not currently living in a situation of domestic violence the woman will be invited to ask any questions she may have. After any potential questions have been asked and answered, the participant will be told that the tape recorder is being switched on. If this is a telephone interview the participant will be asked if she is in a safe situation in order to undertake this interview.

Consent

[Tape recorder on]

Interviewer: The tape recorder is now running. I am going to ask you a series of questions that are to do with your consent to take part in this interview. After I've asked these questions and you've answered them, we'll begin the interview.

- Do you understand that you are being taped, and that this tape recording will be used as data for research which may be published, and that if publication does occur, that your name, and any identifying information about you, will not be used? Would you like to choose a pseudonym to use rather than your real name during the interview?

These following are only for participants who choose to give verbal recorded consent –

- Do you agree to participate in this research project?
- Do you give your consent freely?
- Do you understand that your personal information will remain confidential to the researchers *except as required by law*?

The following are for all participants -

- Do you agree that you have read the information statement which invited you to participate in this research, that you understand the nature of this research, and that all of your questions about the research have been asked and answered?
- Do you understand that if you tell me about a serious criminal offence in such a way that a perpetrator can be identified that I am obliged to report this to the authorities?
- Do you understand that you are free to withdraw from the research at any time, which includes your right to stop or pause this interview?

These following are only for participants who choose to give verbal recorded consent –

- Do you consent to participate in one audio taped interview lasting no more than two hours?
- Do you understand you may review a copy of the recorded transcript upon request after the interview? Do you wish to review a copy of the transcript? (Yes/No)
- Do you wish to receive a copy of a summary of the results of the study? (Yes/No)
- Do you wish to receive a copy of the Safety Plan Kit (Yes/No)
- Do you wish to receive a copy and understand you may give the researcher feedback about the Safety Plan Kit (Yes/No)

Do you wish to receive \$20.00 towards reimbursement of expenses towards childcare, time and/or transport costs in order to participate in this interview? (Yes/No)

If yes would you prefer the \$20 to be forwarded to your account or a cheque to be posted to a preferred address – address or bank details will be required for this option.

Do you have any questions before we begin the interview?

Interview

1. I'd like to start by asking you a few questions about your circumstances, if that would be okay?

Do you have children?

What are the ages of your children?

How old are you now?

What is your postcode?

Who lives in your household? (partner?)

Are you able to manage on the income you have available?

Are you in paid employment? (Full time, part time, casual)

What is the highest educational qualification you have completed? (Year 10, Year 12, Trade, Diploma, Degree, Higher Degree etc.)

Are you currently a student?

What was it that brought you here today? (What was it about the poster, pamphlet or advertising that prompted you to call? What was it about the research that led you to call?)

2. Can you tell me about the stressful relationship? Or Can you tell me about the relationship when you were fearful of your partner?
3. Tell me about your experiences of how you coped while living in a stressful relationship (or when you were living in a relationship when you were fearful of your partner)

Potential prompts:

What helped you to cope during this time?

How did you manage to cope during this relationship?

Did you remain hopeful you would be able to change things in this relationship during that time?

Can you tell me about a time where you lost hope during this relationship?

When did things change for you in this relationship?

Tell me more about...?

How did you feel about...?

What happened next?

What did you do next?

What was it about 'x' that was 'y'?

4. Tell me about the people who helped you to cope during the time you lived in a stressful relationship

Potential prompts:

Who helped you get the day to day things you needed in your life?

What was it about your friends/family (or whatever is raised in initial prompt) that helped you to cope? What did they do for you?

If you had an emergency during that time who would you call on for help?

What did you do if you needed money or some help to pay bills? Who lent you money or helped you to pay bills?

Where did you go for advice if you had a problem? Who gave you advice that was useful?

Was there anyone you could discuss your private worries and feelings with?

Did anyone help you to become hopeful that you could change your situation? Tell me more about...How did they help you to maintain hope? How did your friends/family help you to maintain hope that you could change your situation?

Tell me more about....

5. Tell me about your experience of changing or leaving this stressful relationship

Potential prompts:

What sort of resources, such as friends and family, were available to you at this time?

How did you feel about their support? How did that impact on you at that time?

How did you find out about these resources?

Tell me more about some of these resources? If participant did not access resources ask what was it about the relationship that prevented you from accessing resources/support?

How were these resources helpful to you?

Were these resources all helpful to you? What was it about these resources that was really helpful to you?

What did you do for relaxation at this time?

What sort of help would have assisted you at this time?

What was it about that person/resource that helped you to leave or change the situation at this time? What made it difficult to leave or change the situation at this time?

When did you decide to leave or change the situation you were living in?
What helped you to maintain hope during this time?
How did you feel emotionally about the relationship at this time? Tell me more about your emotions at this time....

6. How did the types of things we've just been talking about change after the stressful relationship ended? How come?

Potential prompts: as above, and factors introduced by the participant
How did you feel emotionally at this time? How did you feel when you received help at this time? What helped you to maintain hope at this time? How did this person/resource help you to maintain hope? If able to access services at this time – what did the counsellor/solicitor do that was really helpful/not helpful? How did you feel after seeing them? How did you find out about services at this time? Why were you now able to access services? What happened that enabled you to access services/resources at this time? What could have been done better by the counsellor/solicitor at that time to help you maintain hope?

7. What have you learned from your experience? What do you think would be helpful for other women in this situation?
8. Is there anything you would like to add?
9. That finishes the interview. Are you feeling okay?

Completion

The participant will be thanked, and asked if she has any questions.

Any participants who have become upset or uncomfortable will be reminded of the Lifeline telephone number, and of the availability of counselling through Lifeline, local community health centre or local women's health centre and/or their GP (ask if participant already has a counsellor first).

Appendix 13 Focus group interview schedule

Focus Group Interview Schedule (v1 July 2010)

Introduction

[Tape recorder off]

Collect and check that consent forms have been signed.

- Introduction of self to participants and participants to each other (if required)
- Point out the section in the Information sheet that concerns the reporting of illegal acts.
- Ask everyone to respect the confidentiality of the group, and not to discuss clients or divulge the specific content of the discussion to people outside of the group.
- Remind participants they do not have to respond to any questions they do not wish to respond to and are free to leave at any time during the focus group interview.
- Ask participants to complete short demographic survey to ensure diversity of participants in the research.
- Check if participants would prefer a break mid-way through the focus group or at completion of the focus group interview.
- Ask if there are any questions.
- After questions have been answered, the participants will be told that the tape recorder is being switched on.

Interview

[Tape recorder on]

Interviewer: The tape recorder/s is/are now switched on. I'd like to start by asking what motivated you to come along to the group today?

I am interested in your experiences of working with women who have lived or are living with domestic violence and I am particularly interested in when women leave.

Potential prompts:

- What have your experiences with women who live in violent relationships been like?
- What have been your experiences of working with women who are experiencing domestic violence who leave?
- What have been your experiences of working with women who are experiencing domestic violence who stay?
- What have your experiences been of women who decide to leave or change the situation they were living in? (What did the women say made them decide to leave or change their situation?) Tell me more...
- What sort of things helps women who are living in violent relationships to access services?
- What sort of things may hinder women who are living in violent relationships to access services? (What barriers do you see?)
- How do you see your role in helping women who are living in violent relationships (whether they choose to leave or stay)?
- What do you think are some of the reasons that women experiencing domestic violence find it difficult to access services?

Is there anything you would like to add?

Thank you for your time.

Appendix 14 Summary of findings Phase 2 Focus groups



Lyn Francis
School of Nursing and Midwifery
University of Newcastle
Port Macquarie Campus
Cnr. Oxley Hwy & Widderson St
NSW 2444
Ph: 0265816359

Lyn.francis@newcastle.edu.au

6th July 2014

Dear []

Thank you for taking part in my research project entitled; Exploring social supports/support services and decisions to leave or change with women who have experienced domestic violence.

After some personal delays, I am very pleased to provide the attached summary of my research findings to date. Your contribution to the research has made these findings, and the ongoing work, possible. You might be interested to know that I have almost completed the thesis. Please let me know if you have any comments or questions.

Yours sincerely

Lyn Francis

How did support services perceive their role in helping women leave or end domestic violence?

Domestic violence remains a serious problem for women in Australia. To answer the research question 'How did support services perceive their role in helping women leave or end domestic violence?' three focus groups were undertaken with professionals whose role includes assisting women who experience and/or leave or end domestic violence. The participants in the focus groups who were predominantly from the non-government organisation (NGO) sector provided diverse viewpoints about their experiences of working with women experiencing domestic violence and their role in assisting women to leave or end such relationships. Themes were looked for in each focus group then divergent or concurrent themes were identified for all three groups.

Themes

The main themes following analysis of data obtained from three focus groups were the acknowledgement by professionals that women leaving or ending domestic violence had complex requirements that often needed a multipronged approach. Roles identified by service providers in this research included acknowledging the barriers to leaving and help seeking by women experiencing domestic violence. Professionals identified that external barriers, including difficulty obtaining support, and internal impediments, such as low self-esteem and feelings of love for their abusive partner, prevented women from leaving violent relationships.

Professionals saw their role as working with women to overcome these hurdles or look at other options. This included assisting women to identify abusive relationships and working with women to develop goals and obtain services. Service providers acknowledged the complex issues for women experiencing domestic violence and identified that it may take many times before women finally leave and do not return to the relationship. Several professionals acknowledged that it may not be safe for women to leave at a particular time and that women need to be offered support until they are able to leave.

The role of professionals was broad, flexible and elastic and professionals often worked outside the boundaries imposed by funding guidelines in order to provide support to women who have complicated lives and complex problems. Professionals acknowledged that women seeking to leave or end domestic violence needed a range of services tailored to their specific needs in order to assist them to leave and remain out of violent relationships. However professionals were also limited in providing assistance including tailored support due to funding restrictions and other barriers involving a lack of inter-

sectorial collaboration.

Several service providers said that women were often 'in denial' or did not realise their relationship was not a 'normal' one. Several professionals said that difficulty seeing the reality of their violent relationship delayed decisions by women to leave. Professionals said their role included helping women to identify their relationship was not a normal one and to identify the underlying issues for women in order to provide the most appropriate support. Professionals said additionally they helped the woman cope when faced with the reality of her violent relationship.

Professionals, including legal professionals, saw their role as helping women to identify their relationship as being domestic violence then advising women of remedies available to them under the law. Professionals offered legal advice in addition to practical and/or emotional support. Some professionals said that providing legal information using an approach that is friendly rather than intimidating also promotes trust and disclosure.

Several professionals said that their role included working with women, and sometimes other colleagues who may have different skills, in order to develop goals such as a tailored exit plan. Several professionals said their role included working on plans together with a woman who has not left the relationship and this provided her with tools should she leave at a later time.

Several professionals expressed the difficult contradictory nature of trying to empower women and then to advise them to act like a victim again in order to obtain services including housing. Professionals expressed their dissatisfaction with the deficits approach by government that was in distinct opposition to the strengths based approach that the non-government organisations (NGOs) utilised.

Some professionals acknowledged the difficulty women have when they decide to leave yet are not able to get help – a dangerous time as well yet professionals say that services are not always well co-ordinated in order to provide support to women when it is needed. Most of the professionals said that they were underfunded and a lot of time was spent restructuring when different grant funding ceased or the criteria for obtaining the funding changed. Professionals had concerns that there were not always suitable services they could refer clients to when funding ran out.

Several service providers said their role included education, clarification and explanations regarding the law and domestic violence. Professionals said that women experienced a lot of confusion about the legal system and part of their job included helping them to find legal supporters and lawful remedies such as restraint orders to assist them to stay safe even if they chose to stay in their own home.

Many professionals acknowledged the importance of collaboration with service providers in both government and non-government organisations. Professionals agreed that working in partnership with other facilities including legal, health and the social service sector enhanced the provision of options available to women. Some professionals agreed that women experiencing violence needed a holistic approach that included referrals to more than one service.

Several professionals identified that collaboration increased their knowledge about the availability of services and provided the opportunity to identify the most appropriate contact person from those services when seeking assistance for their clients. Some service providers said that networking with other services increased the level of understanding and trust between different organisations which proved favourable to women needing help.

Professionals highlighted the importance of inter-sectorial collaboration in order to enhance service provision to women experiencing abuse. Some professionals acknowledged that intersectorial collaboration does not always happen and that improvements are needed in order to provide the most effective referrals for women experiencing abuse.

How this research may help others

This research has added to existing knowledge regarding the build-up to ending or leaving domestic violence and how professionals see their role in assisting women during this process. The findings from this research may influence policy-makers regarding the provision of services to women who experience domestic violence. Service providers can provide assistance to women by being aware that women may not be ready to leave at this point in time or may not realise or be ready to accept that their relationship is one of violence. Support provided needs to be appropriate to the woman's needs at the time she seeks help and information provided should include possible future options. Service providers also need to be adequately funded in order to provide support tailored to individual women's needs that includes a multipronged and intersectorial approach to service.

Thankyou

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This project has been approved by the University's Human Research Ethics Committee, Approval No. H- 478 -0507. Should you have concerns about your rights as a participant in this research, or you have a complaint about the manner in which the research is conducted, it may be given to the researcher, or, if an independent person is preferred, to the Human Research Ethics Officer, Research Office, The Chancellery, The University of Newcastle, University Drive, Callaghan NSW 2308, Australia, telephone (02) 49216333, email Human-Ethics@newcastle.edu.au.

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