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Women's Understanding of the Effects of Domestic Abuse: The Impact on Their Identity, Sense of Self and Resilience. A Grounded Theory Approach

By Emma Crawford¹, Helen Liebling-Kalifani² and Vicki Hill³

Abstract⁴

Research on women who have experienced domestic abuse indicates that they feel marginalized; stigma, shame and fear about the response of services stop women from seeking the support they need. The current study aimed to explore the unique perspectives of women who have experienced domestic abuse in order to gain an understanding of their experiences, their perceived identity, sense of self and resilience. Interviews were conducted with eight women who had experienced domestic abuse and transcripts were analysed using grounded theory methodology. Findings indicated that domestic abuse had a significant impact on the women interviewed. In particular, the ongoing relationship the women had with their abusive partner, due to contact with the children, served to perpetuate their identity as an abused woman. The study also found, however, that the women were able to utilise resources that increased their resilience. They were striving for a normal life, prioritising their role as a mother and attempting to reconstruct their own identity through the assumption of new roles.

Keywords: Domestic abuse, women, identity, resilience, grounded theory

Background Information

Domestic Abuse is perpetrated by partners or ex-partners and can include physical abuse, sexual abuse and mental and emotional abuse. It is difficult to establish the precise figures on numbers of women who experience domestic abuse due to underreporting. Estimates state that between 18 and 30% of women experience domestic abuse during their lifetime (Department of Health, 2002), with this figure rising to 50% to 60% for mental health service users (Kelly, 1996; DoH, 2002). Domestic abuse has been described as one of the most widespread human rights abuses and public health problems in the world today (Velzeboer, & Novick, 2000). There is a wealth of evidence that

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indicates that the consequences of domestic abuse are often devastating and long-term, affecting women's physical health (Robinson, 2003) and mental well-being (Humphries & Thiara, 2003).

Resilience has been defined as the ability to succeed in the face of adversity (Werner-Wilson, Zimmerman & Whalen, 2000). It has been suggested that resilience results from a person's ability to make meaning out of a stressful situation and to activate internal resources to resolve stress-laden issues (Christopher, 2000). Research has suggested that protective characteristics within women, such as a sense of hope, their relationships with others and social support, can buffer the adverse effects of domestic abuse (Carlson, McNutt, Choi & Rose, 2002, Davis, 2002). Given the complex nature of domestic abuse, and the multitude of factors that influence the type and degree of it, researchers often hold disparate views. Some researchers have emphasised the importance of environmental factors, for example employment, suggesting that they directly decrease distress or increase resilience (Tan, Basta, Sullivan, & Davidson, 1995). Other researchers, however, have emphasised the importance of psychological factors, including learned helplessness and low self esteem, serve to further decrease resilience and maintain the abusive relationship (Robinson, 2003; Tilley & Brackley, 2004). Others have argued for an integrated viewpoint and advocated an ecological perspective that accounts for the direct and indirect influence of social and psychological factors (Dutton, 1996; Heise, Ellsberg & Gottemoeller, 1999). They suggest that the onset and maintenance of an abusive relationship has multiple causes influenced by social, economic, psychological, legal, cultural and biological factors. It has been suggested that these influences are mediated by the women's personal, institutional and tangible resources, as well as level of social support and presence of additional life stressors (Davis, 2002; Tilley & Brackley, 2004).

Few & Rosen (2005) proposed a conceptual vulnerability model that attempted to contextualise women's decisions to stay in an abusive relationship. They concluded that an accumulation of risk factors with no protective factors, such as high self esteem, served to intensify vulnerability. Foa, Cascardi, Zoellner, & Feeny, (2000) proposed an integrative conceptual model, comprising a psychological and environmental framework in an attempt to describe the complexity of factors involved in domestic abuse and woman's resilience, agency and power. They proposed that optimism; self-esteem, flexibility and physical health may converge in abused women to promote resilience and considered resilience to be a stable characteristic over time. Other studies have attempted to identify the psychological process of adjustment and have described how women sought to find meaning from the traumatic experience of domestic abuse (Werner-Wilson, Zimmerman & Whalen, 2000; Taylor, 2004). The literature appears to view resilience as the ability to leave a relationship developed through increasing agency and borne out of empowerment.

A number of studies have looked at the coping strategies women employ either to manage within an abusive relationship (Pilkington, 2000; Zink, Jacobson, Pabst, Regan, & Fisher, 2006) or to increase agency and enable them to leave the relationship (Lempert, 1996; Davis, 2002). They outline a range of coping styles that women employ which they suggest are context specific. Further research needs to be undertaken in the field of domestic abuse to study resilience factors such as optimism and self esteem and the

buffering effects they have on the impact of domestic abuse. It is also important to consider how women can be supported to develop resilience.

Leaving has been described as a process rather than an event (Lempert, 2006) and research has suggested a number of reasons why women feel unable to leave. These include fear of what will happen if they do, i.e. an escalation of abuse (Tilley & Brackley, 2004); dependency (Foa et al. 2004), social factors and influences (O'Keefe, 1998; Wilcox, 2006) or an idealised view of a happy relationship. Research reviewed suggests there are a number of important factors that enable women to leave an abusive relationship. In addition to practical considerations, personal factors such as regaining a feeling of control and empowerment and ongoing social support are necessary.

The acts that constitute domestic abuse are predominantly aimed at taking power from the women and increasing the power of the perpetrator (Mullender, Hague, Imam, Kelly, Malos & Regan, 2002). Survival from domestic abuse has been described as a process moving through dimensions of increasing empowerment borne out of the experiences of abuse (Kirkwood, 1997). As women increasingly see the behaviour that was once essential to coping with abuse, as an impediment to regaining control over their lives, they are more able to move through the process of survival (Pilkington, 2000). Ultimately survival is the active use of freedom to minimise, reverse or transform negative, disempowering experiences into skills for empowerment. Further research needs to be conducted to establish more knowledge about the processes that enable this to occur.

Women who experience domestic abuse can become invisible to others, including family members, who have been shown to have a great capacity to ignore what is going on (Wilcox, 2006). Domestic abuse is often shrouded in secrecy due in part to the stigma which it attracts. Damage to a woman's sense of self has a fundamental impact on her psychological well-being. Researchers have reported how abuse devalues and 'spoils' women's identities (e.g. Hague, Mullender & Aris, 2003). Women have reported feeling numb, passive, and confused, as well as experiencing loss of identity, loss of dignity and loss of trust (Landenburger, 1989, Farrell, 1996, Moss, Pitula, Campbell, & Halstead, 1997). These feelings are compounded by guilt, shame and failure (Thompson, 1989; Langford, 1996) and have been found to be further exacerbated by contact with services (Mullender, Hague, Imam, Kelly, Malos & Regan, 2002). Fear of the actions of services, for example children being taken into care or other mental health problems that can arise from the abuse can result in women continuing to suffer in silence (DoH, 2002). Thus many women may feel caught in a trap of fear of the perpetrator, fear of the consequences of seeking help and an overwhelming sense of shame for continuing to live with domestic abuse.

Shame has been defined as distress resulting from a state in which someone considers themselves as inferior, defective or in some way diminished. To sense shame is to acknowledge that the appropriate behaviour for an individual's gender, age, and social situation has been violated. It has been suggested that social pressures and expectations of women have resulted in women feeling a sense of responsibility to others. These feelings are supported by attitudes of families, and communities (McKie, 2005). McKie goes on to state that there are a wide range of roles and responsibilities for women and to fail at any of these evokes a sense of shame that men do not experience. The shame experienced becomes a component of women's identities that perpetuates

subjugation. Women who experience domestic abuse may be concerned at being perceived as having failed in their relationship (Waldrop & Resick, 2004) and in their role as a mother (Mullender et al., 2002). Although research has been carried out in this area, further research could usefully explore in more depth the effects of domestic abuse on the identity of women, in particular examining concepts such as shame and its effects on ability to seek help.

Hague et al. (2003) have suggested that women who experience domestic abuse do not always feel safe when they are in contact with services. They feel unable to speak freely and are therefore silenced. Women report that their expertise and experience is not valued by many services. Services need to consider how they can best support women who have experienced domestic abuse. Recent government guidelines have attempted to address some of the difficulties (DoH, 2002; Home Office, 2005). They suggest that women should be routinely asked about domestic abuse and treated by multi agency staff linking mainstream mental health services with specialised domestic abuse teams. Ongoing training programmes must be implemented to address the skills deficits across mental health professionals and to highlight key areas to address. The women's strategy document clearly indicates that there are few studies that ask women what they think of or want from mental health services, including services for domestic abuse (DoH, 2002).

In order to fully understand and support women that have experienced domestic abuse, we need to listen and learn from women's own detailed descriptions of their experiences. We also need to develop a better understanding of the variation and complexities that exist in women's experiences. As Hague, Mullender & Aris (2003) argue consultations with women and working with their experiences and ideas to inform policies and practice are hallmarks of best practice.

It is clear from the literature on risk and protective factors that there is little information available on the protective aspects of the social ecology that decrease the likelihood of domestic abuse occurring. While it is possible to extrapolate some protective factors from documented risks, a major focus should be on developing more information about the protective factors in women's lives (Edleson, 2000).

Research reviewed suggests that abused women remain marginalised (Wilcox, 2006). Stigma, shame and fear about the response of services continue to stop women from seeking the support they need. Further research should attempt to identify factors that can mitigate against such feelings and enable women to seek help. Therefore as discussed above the current study attempts to further research in some of these highlighted areas. This was addressed by research questions (RQ) that were formed around the following broad thematic areas;

- RQ1. What do Women understand to be the effects of domestic abuse on their lives?
- RQ2. How do Women understand their responses to domestic abuse?
- RQ3. What factors influence Women's resilience, agency, power and identity?
- RQ4. What are the resulting needs of Women who have experienced domestic abuse?
- RQ5. What are the implications for service planning, delivery and training of professionals?

Method

A qualitative methodology was considered the most appropriate to address the aims of this study as qualitative research methods provide an opportunity to elicit a rich contextual understanding of complex dynamics from the perspective of the participant (Mahlstedt & Keeny, 1993). Qualitative methodology also prioritises the views of participants as active agents constructing meaning from their own perspectives (Hood, Mayall & Oliver, 1999). A grounded theory approach was considered to be the most appropriate methodology as the study wished to explore women's in-depth experiences. This approach allows the emergence of a theory from the information gathered and ensures that the researcher does not begin research with a preconceived theory in mind (Giles, 2002). Therefore the theory derived from the data was more likely to resemble the reality of the women's experiences. The aim of the study was for women to generate their own views about how they were affected by their experiences. As this research focused on women's experiences of domestic abuse, a highly sensitive area, the principles of feminist research were also adhered to. These included advocating conscious partiality, a non-hierarchical relationship and an interactive research process, as recommended by Bergen (1993). In line with feminist research methods the study also aimed for further empowerment of women participants.

Participants

Participants were recruited from mothers of children who attended a Child and Adolescent Mental Health Service (CAMHS) run by Coventry and Warwickshire NHS Partnership Trust. They were all women who had experienced domestic abuse and were consulting the service for support in managing difficulties with their children. The children were offered a support group for children affected by domestic abuse. A condition of attendance is that their mother's had to attend a separate group for adult women who had experienced domestic abuse. All participants in the women's group were over 18 years of age, had at least one child, and were no longer in an abusive relationship. No previous research had been carried out to evaluate the group.

Procedure

Potential participants were identified by the lead clinician from the group who informed them about the study and provided a participant information sheet outlining the project. Women who expressed an interest in participating supplied their preferred contact details to the clinician who passed them on to the lead researcher. These women were then contacted by the lead researcher to ascertain if they were still willing to take part and to answer any initial questions. If they agreed to participate a mutually convenient time to meet was arranged to complete the interview. Informed consent was obtained. Interviews lasted up to one hour and forty five minutes, utilized a semi-structured interview schedule and were recorded onto a digital recorder. Each interview concluded with a brief review of the participant's emotional state and gave the opportunity for women to discuss their views and experiences. In addition, information was provided on local voluntary and statutory agencies which could be accessed by the participants if necessary. Interviews were transcribed verbatim, and to maintain anonymity, all identifiable information was removed.

Data Analysis

Interview data was analysed using grounded theory methodology following procedures outlined by Giles (2002). Instead of line by line coding, 'meaningful units' (Rennie, 2006) were used in the coding process as it was felt this would more adequately capture meaning within the transcripts. This also provided the basis of the initial stage of analysis and lower order coding and indicated issues that were elaborated upon in further interviews. At this stage established categories were reviewed in terms of related links, contexts and conditions. By collapsing and merging associated themes into ever higher levels of abstraction a theory or conceptualization was developed based on the participant's reports. Axial coding enabled the researchers to review and re-review the open categories; the 'constant comparison' method. Themes and associations between the open categories were explored, which allowed for the creation of forty eight lower order categories and six higher order categories. Eventually when no further categories were obtained and saturation of the data was reached, selective coding then enabled development of the theory.

Reliability, Validity and Subjectivity

Qualitative methods view reliability and validity as issues relating to accessing and representing the phenomenon being studied. Thus validity is concerned with accurately identifying and understanding the experiences of the women who took part in this study. Reliability refers to the relative replicability of the interpretations made during analysis and theory building process. During the process, theoretical memos were kept to ensure the theory was grounded in the data. Validity checking was carried out between the authors and additionally between members of a qualitative research group. This group consisted of other researchers familiar with the grounded theory approach and enabled reflections and discussions on the developing findings.

In addition to this, it is integral to the methodology for the lead researcher to outline her position and how this may influence the interpretation of the data. Every attempt was made to ensure the theory developed and analysis undertaken closely matched the data from the interviews. It is recognised, however, that the lead researcher's position as a clinical psychology trainee, a woman and a mother may have impacted on this process. In addition, the lead researcher acknowledges that her pre-existing assumptions may have affected the study. In particular, her lack of understanding of the factors influencing women to stay in abusive relationships and her pre-existing belief that women are responsible for leaving and are able to make that choice freely.

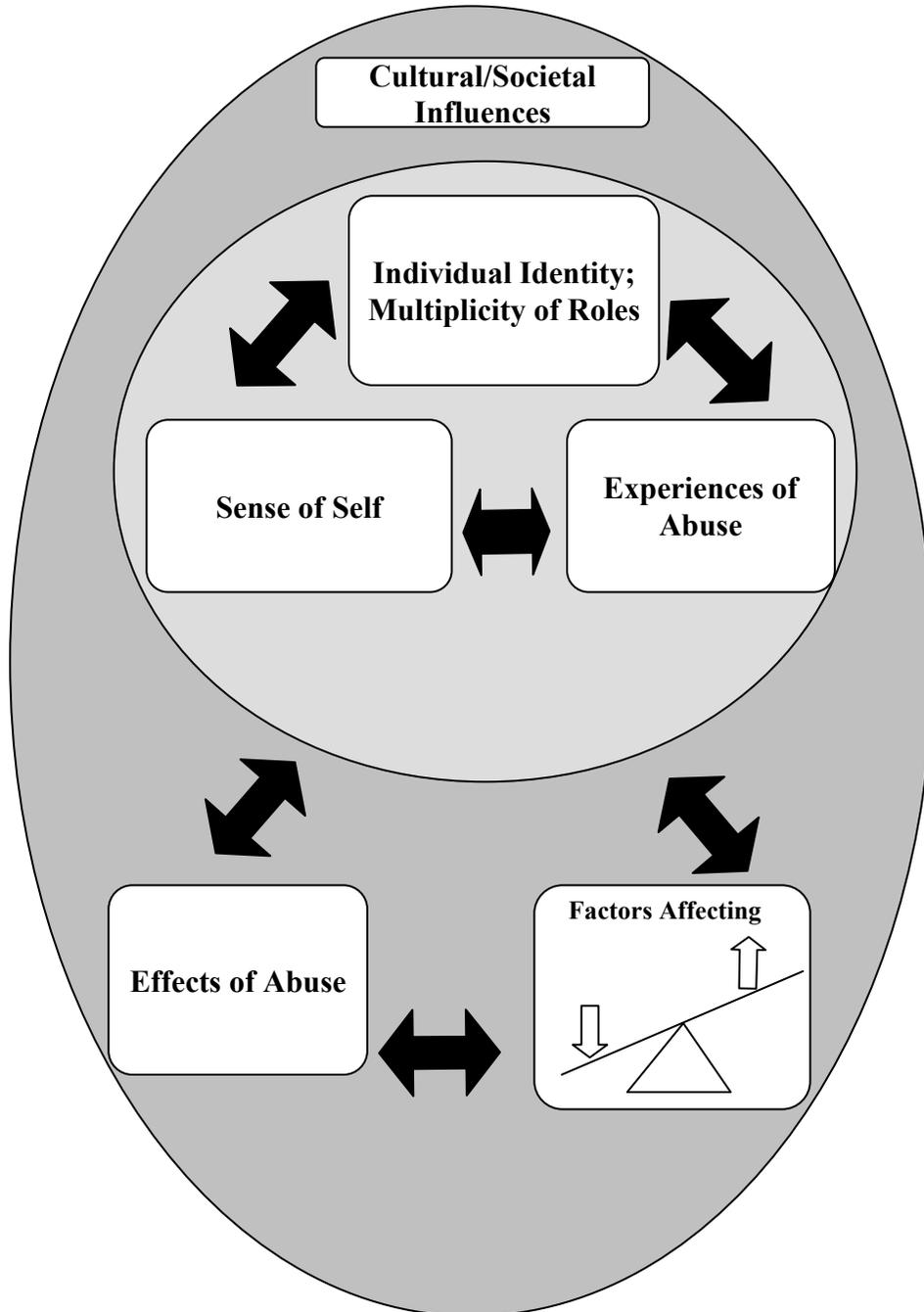
Ethical Issues

Ethical approval was sought via North Warwickshire LREC and the local R & D Committee. Following British Psychological Society Guidelines (BPS, 2005), informed consent was obtained from participants prior to their participating in the research. All information was kept confidential, anonymised and non-identifiable (BPS, 2004). All data stored on computer was anonymised and password protected.

Results

Following analysis forty eight lower order and six high order categories were identified. Eventually when no further meanings were obtained and saturation of the data was reached, selective coding then enabled development of the theory. A visual representation of the model was then created (see Figure 1); the aim of which was to aid understanding of the analysis of the research findings and demonstrate the relationship between the categories.

Figure 1: A model to illustrate women's understanding of the effects of domestic abuse; the impact on their identity, sense of self and resilience



Cultural/Societal Influences

All of the women interviewed described powerful cultural and societal influences over their behaviour and beliefs. The ways in which women related their experiences and these influences conveyed a close relationship between them. Hence, they were both linked in terms of the analysis to closely represent the women's views and their overlapping and interactive influences. For example, one woman stated;

This area I think is bad in its attitude to women it's...peer pressure and the husband is the head of the house and you do what you're told, you stay at home. so you think what ever he gives out you've got to take it you've got no choice

(Int 5 lines 315 – 322)

The women had certain expectations about their relationships which influenced their choice of partner and their decision to persevere in an abusive relationship. Several of the women also discussed not feeling heard by those around them, for example one woman said;

I got told off by me mum cos I retaliated I scratched all his face and me mum told me off for scratching his face

(Int 2 lines 245-247)

The women all highlighted common community perceptions about women's roles and domestic abuse within communities and families. These perceptions appeared to engender a sense of blame on these women and led to them feeling stigmatised and silenced. The women also highlighted how communities, families and friends appeared to collude with the abusive partner through failing to discuss what was going on thus serving to heighten the women's sense of shame and self-blame as the following quote illustrates;

I was the one who had to stay in I was the one who couldn't go out... he was the one that once he'd given me a good kicking he'd go out down the pub... and everything would be alright again.... no-one stuck up for me no-one they were all his mates.... they knew what was going on but they wouldn't say anything

(Int 3 lines 164-173)

Families, friends and communities appeared unwilling or unable to confront the women and offer appropriate help and support. They appeared to minimise the situation which left the women feeling trapped in the relationship with no idea who to turn to for support. For example one woman described the attitude of those around her;

...people still say well she deserves it if she's staying because they all know on the estate where I live what's happening and they're like well if she's staying

(Int 1 lines 923-926)

These attitudes perpetuated the women's sense of responsibility, blame and shame prevented them talking to others and may have served to prolong the relationship. Once the abusive relationship ended, families and friends appeared able to offer more support.

Individual Identity; Multiplicity of Roles

All of the women interviewed discussed how important their roles were to them. They strived to fulfil their roles of mother, partner and daughter during the abusive relationship but at a cost to themselves. Whilst in the relationship the women strived to maintain a sense of normality for themselves and their families, indeed many of the women stayed in the abusive relationship as they were committed to it and did not want to be seen to fail. For example, one woman stated;

I loved him...I thought you've got to be supportive you're in it together but I did all that..., I don't think it really would have mattered what somebody had said to me it was like a duty I had to do

(Int 4 lines 448-453)

Their identity and roles are highly influenced by cultural and societal influences and the expectations of those around them. Ultimately however it was their role as mother that enabled them to see the negative effects of the domestic abuse, for example one woman stated;

...the kids were seeing it all... you just think you can't do that, I think if it had just been myself I would have put up with it, I don't know why, but to know that my kids were going through that and it was affecting them...it wasn't what I wanted for them

(Int 3 lines 59-64)

As their own identity as a woman became less significant to them, due to the level of physical and emotional abuse and the resulting psychological effects, they were unable to recognise the impact on themselves and their individual identity became fragile;

It was like I'd been brainwashed for years and I'd lived in his reality for a peaceful life

(Int 5 lines 60-61)

Once the relationship ended their own identity as a woman remained fragile, they were often unable to fulfil their own needs; however they have reconstructed new identities in terms of a worker or student in an attempt to rebuild themselves. For example one woman described the importance of her work;

...it gives me a meaning to get up in the morning and things like that cos if I have a day off...I do as little as possible cos I've got no meaning

(Int 3 lines 340 – 343)

All the women spoke about trying to rebuild their lives yet remained uncertain about the future. For example, one woman when talking about her future plans said;

...just to carry on rebuilding, stay at work look after me and my son and then who knows what will happen (Int 8 lines 112-114)

They all continued to prioritise their role as a mother and as a provider trying to do their best for their children. They struggled with the expression of emotion and have adapted their behaviour to ensure that externally they were seen as competent and able, yet internally they continued to feel inadequate and often felt they were failing. For example one woman said;

...people look at me and think you're so confident you're so this and that...I'm still not I still don't go out very often the kids still come shopping with me cos I feel nervous and worried on my own...its just constant that you live with it and people think that you forget, people think I've drew a line under that but you've still got two kids to him and you still know that one day its all gonna come back and hit you again

(Int 3 lines 233 – 245)

For all of these women there remains the complexity of the ongoing relationship with the abuser which serves to remind them of their previous identity as an abused woman from which they seem unable to escape. Difficulties with their children brought them into contact with services as all the women struggled to manage alone. This may be due to a lack of self efficacy or a fear that their identity as a 'good enough' mother was threatened. For example one woman said;

The way he spoke to me just reminded me of his Dad.....I got to the point where I couldn't really handle his aggressiveness....I couldn't deal with it anymore so I went to my doctor and he was eventually referred to CAMHS

(Int 6 lines 14-21)

The women feared what would happen if they entered into a new relationship, they doubted their ability to choose a 'good man' and preferred to immerse themselves in other roles whilst minimising their own need. For example one woman stated;

I am very scared about meeting somebody else cos I wouldn't want to go back into that trap and I wouldn't want to put that back on the kids again...but to be honest I don't like men anymore....I am just a bit frightened of them and what powers they hold over you

(Int 4 lines 506-517)

Sense of Self

Analysis of the interviews demonstrated that the women's sense of self was fundamentally affected by domestic abuse. The psychological effects impacted upon their self worth and self esteem; for example one woman remembered that;

he used to call me fat worthless no body would want me so I was stuck with him cos that's all I'd be able to get.....it was almost like you lived in a robotic life

(Int 6 lines 148-155)

The women were left doubting their own decisions and abilities and became increasingly dependent on their abusive partner as their sense of self fragmented and support from those around them diminished. For example, one woman stated;

It killed me all my feelings I knew I loved my children but other than that I didn't know what I felt ...I felt numb it was like I was existing not living

(Int 7 lines 86 -88)

Their ability to leave the relationship was hampered by a lack of a sense of agency and all of the women needed an external influence to engender change. Half of the women were able to leave the relationship, for example one woman described the impact of her mother being diagnosed with cancer;

...after seeing my mum so close to being really poorly everything just came down to what are you doing? Why are you with him? Why are you letting the children go through this?

(Int 6 lines 428-430)

Another woman was referred to a counsellor from her GP;

...she helped me realise that I could leave so we planned...well she got me a place in a refuge

(Int 7 lines 68-69)

The other women did not end the relationship themselves rather the abusive partner left. Once the relationship had ended the women were unable to recognise their strengths. Analysis of the interviews suggested that the women appeared to have an external locus of control and found it difficult to recognise their own resources or resilience and thus relied heavily on the support of others. All of the women wanted to make sense of their experiences and seemed at a loss to understand why they had remained in an abusive relationship, for example one woman stated;

I'm a reasonably intelligent person I can't understand why I put up with it for so long

(Int 8 lines 67-68)

Whilst another said;

...he'd knocked me so senseless that it really didn't see what he had done to me you know it didn't register

(Int 3 lines 161-162)

Women spoke of rebuilding their lives but many seemed to have been so negatively affected that they were happy just to focus on the present for fear of what the future might hold. For example, one woman described how she feared she might not be strong enough to manage without her abusive partner;

...it's sometimes like I can't do this go back...even though its horrible....its predictable

(Int 5 lines 303-305)

Multitude of Effects

The women interviewed described a multitude of effects of abuse on their children, families, friends and themselves. All of the women discussed how their children had been affected, for example one woman described the long-lasting effects on her children;

...even now they won't come downstairs at night, even now they both still wet the bed at 13 and 10 because I've got a downstairs toilet cos they'd never come down there in case he was down there

(Int 3 lines 66-69)

Physical and emotional abuse damaged women's bodies and their psychological well-being. For example one woman stated;

...it's like I'd lost all confidence and self esteem.... I think I was close to having a nervous breakdown to be honest... I'd been to the doctors and he just put me on Prozac which I'm still on today....I've tried to come off it a couple of times and then realise how bad I get

(Int 2 lines 359-364)

Another woman described the effect on her;

I used to be very emotional but I suppose subconsciously being very emotional is what's took me on the journey that I've been on... I don't want to be hard and I try to be conscious of it but truly I don't do emotion

(Int 1 lines 1360-1364)

In addition the relationship resulted in short and long term effects on finances and housing.

Although the effects of the domestic abuse were predominantly negative, the women were able to describe a number of positives which had resulted from their situation. For example, all the women interviewed described wanting to help others in similar situations, for example one woman stated;

...some women aren't so lucky...you just think to yourself you'd like to help somebody else who's been in the same situation...to pull through, just having that knowledge gives you a strength

(Int 6 lines 501-504)

They also described the importance of meeting other women who had similar experiences and the sense of wanting to protect their children and break the cycle of abuse For example one woman said;

I didn't want the boys growing up and hit a wife and I didn't want my daughter to grow up and think that was acceptable for a man to turn round and slap you or punch you

(Int 2 lines 209-212)

Experiences of Abuse

All of the women in the study were able to describe their experiences of living with domestic abuse both during the relationship and after. They described how they were controlled and manipulated by their partner, for example one woman stated;

I had the same pair of pants that I had to wash at night, wear in the day for about three months, until it was right we'll take you now and you can have some new underwear

(Int 1 lines 800-802)

They also reported being unaware of services or fearful of the consequences of seeking help, for example one woman stated;

I guess I was frightened...I thought social services would get involved and take the kids away I thought I should be able to sort it out

(Int 7 lines 53-56)

For these women the experiences of abuse are relived through ongoing contact with their abuser because of the children, for example one woman said;

You still have got feelings you know he's the father of my children, there would never be anything between us again cos there just wouldn't but....there's a connection there

(Int 6 lines 371-377)

Factors affecting Resilience

Analysis of the interviews indicated that there are a number of different factors that affected the women's resilience. The interviews demonstrated that for these women resilience appears to be on a continuum which is context dependent. The analysis indicated a number of factors that appeared to either decrease or increase resilience.

All of the women described the detrimental impact of abuse that included psychological, financial and legal effects all of which appeared to impact upon their resilience and coping strategies. One strategy that all the women adopted was 'cutting off' from their emotions. This happened during the relationship but also appeared to continue after the relationship had ended, one woman stated;

I wasn't allowed to be upset about anything or have any feelings or emotions

(Int 5 lines 161-162)

This strategy helped them to survive the relationship; however it also appeared to serve to decrease resilience. The women appeared to struggle to recognise their resilience and agency. They were thus unable to promote their sense of self worth through acknowledging their experience, for example when asked how she had coped with her situation one woman replied;

...no idea I don't know because I wasn't with it it was like I should be happy you look round and think yes I have got a lovely house and all this, but you know there's something wrong with me somewhere cos I'm so unhappy
(Int 5 lines 174-178)

As previously stated all of the women have a sense of connectedness with their abuser and sought to justify his behaviour predominantly through blaming themselves. They also minimised the impact of the abuse and thought of others as worse off than themselves. Although this could be considered self protective the women interviewed appeared to use it as a means of denying that they have been negatively affected, for example one woman said;

...my experiences I still consider at the bottom of the domestic violence scale... I had pushing, I had shoving, I was thrown across an office when I was pregnant... I was mistreated but...the only injury apart from emotional and the odd bruise...was my broken arm
(Int 1 lines 1034-1038)

Not only did the analysis indicate that there were factors that decreased the women's resilience it also demonstrated that the women were also able to utilise strategies that appeared to increase resilience. All the women were active in seeking help for their children and were able to recognise the benefits of this. They also valued meeting other women who had been through similar experiences and all of the women interviewed were interested in helping and supporting others who had experienced domestic abuse, one woman stated;

...it was great to meet other women who had been through stuff like me just to sit and talk about your week and how things had been; you'd know that they'd understand if you'd had a bad week or if you didn't feel like talking
(Int 7 lines 80-84)

The women also identified the importance of family and social support and were able to draw upon this to help manage ongoing difficulties. Analysis suggests that the women were striving to reconstruct their identities as mentioned previously which certainly appeared to be increasing their resilience. None of the women interviewed had returned to an abusive relationship which suggests they are endeavouring to keep themselves and their children safe. They were all striving to understand why they had ended up in an abusive relationship.

Discussion

This study aimed to explore the unique perspectives of women who have experienced domestic abuse, in order to gain an in-depth understanding of their experiences, perceived identity, sense of self and resilience. The theoretical model (see Figure 1) illustrates the key research findings.

Analysis of the interviews suggested that women's identity and sense of self are strongly influenced by the culture and society in which they lived. These influences affected their decisions to attempt to persevere in an abusive relationship. This resulted in the women feeling ashamed of the abuse, blamed and ultimately silenced. Families,

friends and communities appeared unable or unwilling to offer support further disempowering the women. These findings are broadly supported by the literature, for example McKie (2005) discussed how women feel shame at being perceived to fail at their relationships and for allowing themselves to be abused. Cohen (2001) discussed how families often ignore domestic abuse, a finding which is supported by the current study. Cultural and societal influences are discussed within ecological models of abuse (Foa et al, 2000), however, they are not viewed as fundamentally impacting upon the women's identity and sense of self, but on her ability to seek help and end the relationship. In the current study the women described the importance of those around them in enabling them to leave the relationship. Previous research has clearly demonstrated the importance of social support in increasing resilience, agency and empowerment (Carlson et al, 2002; Davis, 2002). A recent World Health Organization publication, in addition to government guidelines, stresses the need for communities to de-stigmatise domestic abuse through the initiation of open discussion (DoH, 2002; WHO, 2007). Data analysis from the current study indicates however that until societal attitudes move from blaming women they will continue to feel stigmatised and blamed.

A woman's identity and sense of self has been clearly shown to be adversely affected by domestic abuse (Farrell, 1996; Moss et al. 1997), a finding also supported by the current research. Existing literature suggests that women attempt to rebuild themselves after an abusive relationship has ended but does not appear to consider the ongoing contact a woman may have with the abusive partner. For example, Foa et al. (2000) discuss ongoing contact as a risk factor for increased violence but fail to consider impact on identity or sense of self. An interesting finding from the current study is that ongoing contact appeared to serve to remind the women of their identity as an abused woman by negatively impacting upon their sense of self. Existing research appears to focus on the processes of the relationship and the impact this has on identity and sense of self; however it fails to acknowledge that for mothers this relationship does not truly end and is further damaging. The women in the current study appeared to manage this through 'cutting off' their emotions which the literature suggests may be dissociation; a common coping strategy for dealing with trauma and often reported in women who have experienced domestic abuse (Humphries & Thiara, 2003; Humphries & Joseph, 2004). The women in the current study also minimised the impact of abuse and attempted to justify the abuser's behaviour. This appeared to decrease their resilience and agency.

More positively, however, the women were endeavouring to reconstruct new identities through work or attendance at college; a finding which is supported by work with other victims of violence (e.g. Liebling-Kalifani et al. 2007). The women in the current study valued their role as a mother above all others. They strived to do the best for their children; they acknowledged the impact of abuse and sought help and support when needed. This is supported by some of the research examining the effects on the mother child relationship (Mohr, Fantuzzo & Abdul-Kabir, 2001; DeVoe & Smith, 2002). Although the women found dealing with difficult behaviour challenging, possibly as it threatened their identity as a 'good enough' mother they sought external help and support and were endeavouring to keep themselves and their children safe. This offers further support to the limited body of research looking at maternal strengths and resources.

The women in the current study described a multitude of effects of domestic abuse on themselves, their children and their friends and families. Effects reported included depression, anxiety, trauma-related symptoms, financial and housing problems, all well supported in the literature (Groves, 1999; Humphries & Joseph, 2004; Williams & Mickelson, 2004). The women interviewed, however, also described a number of positive effects resulting from their experiences. These included contact with services and meeting others who had similar experiences. An important finding of the current study is that all women interviewed reported wanting to help others in similar situations. This has been discussed elsewhere in the literature (Hague et al. 2003) but merits further discussion as it has been shown that professionals working with abused women often believe that abused women are fundamentally damaged and have very little to offer others (e.g. Hester & Pearson, 1998). It must also be noted that the desire to meet with other women who have experienced domestic abuse may have arisen from a desire to minimise their own experiences and a belief that others are worse off than themselves.

The experiences of domestic abuse described indicated that the women felt controlled and manipulated by their partner as is widely supported in the literature (Farrell, 1996; Few & Rosen, 2005). They also reported living in a state of fear; frightened of their partner, silenced and frightened of the consequences of talking. They feared the actions of services, as reported by McWilliams & McKiernan (2003), and doubted their ability to cope. The current study indicated that for the women interviewed the experiences arising from an abusive relationship had not ended. They remained wary of their partner, the reactions of others and the future. The current study demonstrates the importance of considering women's life as a whole, not as two distinct parts, i.e. before and after the relationship ended, as is often the case in the existing literature. Research often focuses on leaving as the key to demonstrating agency and empowerment (Choice & Lemke, 1997, Werner-Wilson, Zimmerman & Whalen, 2000) however the current study demonstrates that for these women their 'recovery' is not as clear cut.

The current study found that there were a number of factors affecting the women's resilience, factors which served to both increase and decrease it. A number of studies have looked at the development of resilience in abused women and to some degree support the findings of this paper (Lempert, 1996; Pilkington, 2000). This paper, however, considers resilience to be on a continuum influenced by a multitude of factors, including the context in which the abuse occurs. The majority of research appears to suggest that once a woman has left an abusive relationship she can begin the process of rebuilding. Whilst this is also the case for the women in this study the trajectory of this path was less clear. Women were influenced by factors that both increased and decreased their resilience on an almost daily basis. They were able to utilise resources and strive to move on however they appeared to be unable to thrive. The length of time since leaving the relationship varied from 2 to 13 years and appeared to have little relation to how far the women had moved on. Rather the resulting psychological effects on both themselves and their children and the connectedness to the partner served to remind women of their past.

Although a number of the findings add support to existing research there a number of new and important issues to emerge from this study, in particular the effects of ongoing connectedness with the abusive partner, which served to perpetuate the women's identity as a victim and impede the development of resilience. The current study,

however, also demonstrated that the women were able to utilise strategies that enhanced the development of resilience. They were striving for a normal life, prioritising their role as a mother and attempting to reconstruct their own identity through the assumption of new roles.

Methodological Limitations of the Study

Due to the number and type of participants involved and the research methodology employed, questions arise over the generalisability of both the findings and the interpretations. In particular, the women in this study represented a specific group of women who were in contact with services due to difficulties they were experiencing with their children. The support offered to their children was conditional on the women agreeing to participate in a support group. In addition, the women may have focused on the negative aspects of their lives due to the ongoing psychological effects of domestic abuse, including low self esteem and depression. This may have resulted in them being unable to acknowledge their resilience, power and agency. The women interviewed were a diverse group. Factors including age, length of relationship and time since relationship ended varied widely. The women were white and from one area of the West Midlands thus issues of cultural difference are not addressed within this study.

Implications for Clinical Practice & Future research

The current study serves to further highlight the detrimental effect of domestic abuse on women, their families and society. It is important to note that the women interviewed were reluctant to seek help for themselves and prioritised the needs of their children. Services need to be aware of this and consider the implementation of integrated working to support the needs of whole families, offering 'joined up' services to women and their children. Services need to be responsive to the needs of women and offer ongoing support after the abusive relationship has ended to enhance the development of resilience. Currently a number of services focus on the termination of abusive relationships without consideration for the ongoing effects of continuing contact with the abuser. Services need to consider the unique ways in which the women they are working with have been affected by their experiences. For example, women in this study were 'cut off' from emotion, something which has a major influence on their ability to engage with and benefit from treatment. This necessitates services being provided by highly skilled professionals with a good level of understanding in this area.

The current study highlights a number of areas which could benefit from further research. It would prove useful to compare a group of women with children to those without to explore whether the results of the current study are unique to mothers. In addition, research could be conducted within domestic abuse services to consider when the input of service is of most use to abused women and their children. Further research also needs to be conducted to explore factors which best help women to manage ongoing contact with their abusive partners and more research is needed into the development of women's agency and resilience, in particular considering factors which influence an abused woman's ability to thrive, not just survive.

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