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I am submitting herewith a dissertation written by Karen S. Reesman entitled "The Point of No Return: Formerly Abused Women's Experience of Staying Out of the Abusive Relationship." I have examined the final copy of this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy, with a major in Nursing.

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THE POINT OF NO RETURN: FORMERLY ABUSED WOMEN'S EXPERIENCE OF STAYING OUT OF THE ABUSIVE RELATIONSHIP

A Dissertation

Presented for the

Doctor of Philosophy

Degree

The University of Tennessee, Knoxville

Karen S. Reesman

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DEDICATION

This dissertation is dedicated to all the abused women of the world

past, present, and future

and

especially to those women who told their stories

for the purpose of this research

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To my committee I am sincerely thankful for their time, patience, support, and humanness. Each of them is special, Pat Droppleman for her compassion and sense of humor; Priscilla Blanton for the hard questions she asks and the soul searching she provokes; and Howard Pollio for his genius and insight with respect to phenomenology. I especially wish to thank Sandra Thomas, the chairperson of my committee, for her unending patience and guidance. Throughout my educational journey, at every level, there has always been one person who stands out; for me that person at the University of Tennessee, Knoxville is Sandra Thomas. I am eternally grateful.

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I thank God for my life, all that I am, all that I do, and give all to His glory.

ABSTRACT

Abused women often leave their partners. In fact, many women often leave seven or eight times before they leave for good, decide to stay, or are killed in the process of leaving. There is a rich literature on abused women providing information regarding abuse awareness, identification, assessment, intervention, and cultural issues; relatively few studies, however, have explored women's experience of leaving the abusive relationship and staying out. The purpose of this study was to describe the experience of formerly abused women staying out of the abusive relationship. The study used a phenomenological interpretive methodology to describe the structure of the experience as related by nine adult female participants. Data were collected on the basis of phenomenological interviews, with audio-taping and verbatim transcription of the resulting audio tapes. Analysis of transcripts was done both individually by the researcher and within an interpretive phenomenological research group. The thematic structure derived from data analysis describes the women's experience in the context of time, and in relation to others. Three major, interrelated, themes emerged within this context: Good/Bad, Stable/Unstable, and Empowered/Helpless. Findings are discussed in relation to nursing practice, education, and research.

TABLE OF CONTENTS

CHAPTER		PAGE
I.	INTRODUCTION	1
	Historical Perspective on Violence Against Women	2
	Current Perspective	5
	Statement of the Problem	8
	Purpose	10
	Definitions	10
	Assumptions	10
	Stance of the Researcher	12
	Significance for Nursing	13
II.	LITERATURE REVIEW	14
	Theoretical Considerations	14
	Awareness of Abuse	26
	Consequences of Abuse	28
	Leaving	36
	Summary	41
III.	METHODOLOGY	43
	Existential Phenomenology	45
	Participants	47
	Ethical Measures	49
	Phenomenological Method Procedures	51
	Rigor	58
	Summary	60
IV.	RESULTS	61
	Demographic Characteristics	61
	The Thematic Structure	62
	Diagram of the Experience	63
	Ground	66
	Themes	80
	Summary	101

V. DISCUSSION 102

Thematic Structure 102
Summary 109
Implications for Nursing 111

BIBLIOGRAPHY 124

APPENDICES 147

A Informed Consent 148
B Confidentiality Statement 151
C Transcriber's Pledge of Confidentiality 152
D Demographic Data Form 153

VITA 154

LIST OF FIGURES

FIGURE **PAGE**

4.1 Thematic Structure: Experience of self and other at different stages of the leaving process 65

CHAPTER I

INTRODUCTION

Every 9 seconds a woman is the victim of abuse (Federal Bureau of Investigation, 1995). Abuse of women knows no limits; it crosses all social, racial, religious, ethnic, and national boundaries. Any woman can be a victim. Every country has reported intentional abuse of women. Worldwide, women are the victims of abuse more so than men or children. Over time, abuse escalates in frequency and severity. In the United States, 3-4 million women are severely physically abused by their partners each year. The most brutal form of physical abuse is murder. In our country 9 of 10 female murder victims are murdered by men. The majority of these murderers are the victim's husband, ex-husband, boyfriend, or ex-boyfriend (Campbell, 1993; Edelson & Tolman, 1992). Homicide is the fourth leading cause of death in women aged 15-34 (Center for Disease Control, 1992).

Abused women often leave their partners. In fact, they do so on the average of seven times. Ultimately, the women decide to stay, leave for good, or die in the process of leaving. There is a rich literature on abused women providing information regarding abuse awareness, identification, assessment, intervention, and cultural issues; however, relatively few studies have explored women's experience of leaving the abusive relationship and staying out. Despite the volume of research

Campbell et al (1995) indicate that "family violence has increased dramatically over the last 20 years" (p. 108). Men's violence toward women is reported to be directly experienced by one in three women throughout the Western world; one in ten women is physically abused by an intimate male partner (Sampselle et al, 1992).

Historical Perspective on Violence Against Women

A brief historical overview of the status of women will allow us to appreciate the underpinnings of today's problem of domestic violence. I believe it is this status of women that allows Western culture to condone the use of domestic violence against women. Domestic violence is not a new phenomenon; its roots can be traced to early Roman times.

Romulus enacted laws governing marriage and family relations in 753 B. C., Rome. Under Roman law, a wife was considered to be her husband's property. The husband and wife were viewed as one; once married, the wife no longer had any personal identity. The husband had absolute authority over his family; this included legal authority. Through the laws of chastisement, the husband was authorized to use physical force to discipline his wife for any offense he deemed appropriate. A husband or father could even kill his wife or daughter if he suspected one of them of committing adultery and even for other lesser transgressions such as drinking wine. Women were possessions, and husbands were to maintain control over them. It wasn't until approximately 200 B. C. that Roman law became less strict regarding the

status of women and their rights (Campbell & Humphreys, 1984; Dobash & Dobash, 1979; Gardner, 1991; Okun, 1986; Walker, 1984).

Christianity brought about a recurrence of domination by husbands with its acceptance of the husband's absolute authority over his wife and family. This attitude prevailed over the next several centuries while the church either condoned the abuse of women or encouraged husbands to use restraint when disciplining their wives and other female family members. From time to time, some priests were outraged at how their congregation treated their women and would encourage them to treat the women as kindly as they would their farm animals (Dobash & Dobash, 1979; Horsfall, 1991; Gardner, 1991; Okun, 1986).

During the Middle Ages, if a wife committed adultery, had a miscarriage, masturbated, was sodomized, prostituted herself, committed lesbian acts, or disagreed with a priest she could be burned at the stake (Horsfall, 1991; Okun, 1986). Husbands committing the same or similar acts were not treated with the same severity (Dobash & Dobash, 1979; Gardner, 1991; Okun, 1986), and this double standard thrived throughout the Middle Ages and beyond (Dobash & Dobash, 1979).

The status of women did not change much during the seventeenth, eighteenth, and nineteenth centuries. Women were still possessions. "Children, property, earnings, and even the wife's conscience belonged to the husband" (Campbell & Humphreys, 1984, p. 83). Ownership and condoning wife beating was reinforced through the judicial system. Rape was considered an offense against the male since women were the property of their husband (Sandelowski, 1981). Church and state

still permitted husbands to commit violent acts against their wives even in public; in fact, a husband was permitted to kill his wife without fear of punishment well into the nineteenth century England (Dobash & Dobash, 1979; Horsfall, 1991; Okun, 1986). It was in England that the "rule of thumb" came about when Blackstone's codification of English common law allowed a husband to "physically chastise" his wife as long as the stick used was no thicker than his thumb (Gelles, 1993).

The Puritans, early European inhabitants of the new world, enacted the first law against wife abuse in the Western World in 1641 (Gelles). It wasn't until the late nineteenth century, however, that new laws slowly came about in England and in the U. S. Women could no longer be physically forced to stay in the home, or sold into prostitution. Women were finally granted divorce based on unusual, physical cruelty in the form of life-threatening beatings (Dobash & Dobash, 1979; Okun, 1986).

It was not until the radical societal change of the 1960's and 1970's with the women's movement and the civil rights movement, and New York Times headlines about the particularly egregious case of Hedda Nussbaum, that wife abuse became the focus of national attention. Individual states began passing laws making it illegal for a husband to beat his wife. It was not until the 1980's that marital rape laws were passed. However, even today, wife abuse and marital rape laws are not readily enforced. The legal system, police and courts, often treat serious physical injury of a wife as a misdemeanor when it is, by law, a felony (Dobash & Dobash, 1979; Hanmer & Maynard, 1990; Horsfall, 1991; Okun, 1986).

This brief historical overview allows us to appreciate that wife abuse is a "normal" phenomenon in our society based on the fact that it occurs frequently and on a regular basis (Sandelowski, 1981, p. 205). Men have used violence since the beginning of families (Okun, 1986) to exert power and control over women. Violence against women has been fostered and encouraged by society. One of the worst charges against our society with respect to violence against women was made by Carmen, Russo, and Miller (1981), who contended that "the frequency with which incest, rape, and marital violence occur suggests such events might well be considered normative developmental crises for women" (p. 1321).

Current Perspective

Feminists define violence against women and children as the use of force or threat of force to maintain an unequal power balance in a relationship (Bograd & Yllo, 1989). The same authors define woman abuse as any physical force used by a male against his intimate partner. Force can range from punching, to sexual assault, to the use of a gun or a knife. This type of violence threatens not only the woman's safety but her bodily integrity as well (1989).

Vavaro (1989) defines an abused woman as "one who has been deliberately and repeatedly physically, emotionally, or sexually abused in her home by an intimate male such as a husband, ex-husband, boyfriend, ex-boyfriend, or lover" (p. 1). Similarly, Sheridan (1990) defines an abused woman as "any woman aged 16 or

older who is physically, emotionally, or psychologically abused by a husband or significant other" (p. 618).

The term "battering" often appears in contemporary literature. Webster's (1983) defines battering as "to beat with successive blows; to beat repeatedly with violence; to break to bits by pounding; to wear or impair, as by beating or by use," and abuse is defined as "a corrupt practice or custom; improper use or treatment; misuse; language that condemns or vilifies usually unjustly, intemperately, and angrily; physical maltreatment."

Another frequently used term is "domestic violence", its use however, is not confined to female victims of male attacks. Chez (1994) defines domestic violence as "a pattern of regularly occurring abuse and violence, or the threat of violence, in an intimate (though not necessarily cohabiting) relationship. Whether the abuse is physical, sexual, psychological, or economic, the heart of the problem is always an imbalance of power" (p. 33).

The name of Nicole Brown Simpson became a household term in 1995. Her death and circumstances surrounding it were followed by the media and millions of viewers and readers for many many months. However, the abuse of women has been largely ignored in our society until recently. This is due, in part, to the many myths and misconceptions surrounding abuse, denial of its existence by health care providers and others, the shame and stigma attached to those in abusive relationships, and to public policy which has tended to preserve the privacy and the sanctity of the family. It is rare for an abuse victim to report the abuse to her health

care provider. In fact, many abused women do not seek medical attention for their injuries (or help of any kind); when they do, according to Randall (1990) and Henderson (1992), only one in ten is officially identified as an abused woman by nurses and physicians. Whether identified or not, abused women are found in almost all areas of the health care system (Bullock, 1989; Limandri & Tilden, 1996).

C. Everett Koop, Surgeon General, sponsored a workshop on violence and public health in 1985, and designated violence as a public health issue. Domestic violence is of particular importance as it affects our country's past, present, and future. Members of the workshop made the following statement:

> the phenomenon of spouse abuse includes physical, sexual, and psychological abuse and is found in all social, economic, ethnic, and racial groups. Spouse abuse is a crime perpetuated primarily against women, often causing them serious injury and premature death and affecting the psychological development of their children and/or other family members (p. 71).

The ramifications of domestic violence are devastating for the next generation. One-half of men who abuse their partners also abuse their children and children often grow up thinking abuse is a way of life. Boys grow up thinking abuse is the way to deal with their problems in relationships and girls grow up expecting to be abused, thinking this is normal. One-half of abusers and 30% of abused women grew up in violent homes where the husband abused the wife and/or the children (Hilberman, 1980).

Statement of the Problem

There is extensive literature in nursing on abused women, providing information regarding abuse awareness, identification, and assessment (Campbell & Sheridan, 1989; Henderson, 1992; Lazzaro & McFarlane, 1991; Parker & McFarlane, 1991); intervention (Campbell & Sheridan, 1989; King & Ryan, 1989; Parker & McFarlane, 1991); and cultural issues (Rodriquez, 1993; Torres, 1987). In recent years, nursing education programs have included information on abuse and texts have been written on the topic (Campbell, 1993; Campbell & Humphreys, 1984; Sampselle, 1992). More and more nurses are now educated either in their formal entry level process or through continuing education programs and readings to recognize the subtle signs of abuse and to have an understanding of the level of its occurrence (Cody, 1996; Hartman, 1995; Henderson & Ericksen, 1994; Wilson, 1994). All nurses need to have a knowledge base regarding abuse, as nurses encounter these often silent victims in emergency rooms, operating rooms, critical care settings, pediatric settings, obstetrical and gynecological settings such as offices, hospitals, prenatal classes; as well as in occupational health, health departments, in our school systems, and in home care. Abused women do not usually volunteer information about abuse, but it is the nurse's responsibility to ask and, if discovered, to intervene. Even with what we know, the nursing literature is still incomplete.

According to Hilberman (1980) a woman may leave the abusive situation 4 or 5 times before staying out of the abusive relationship permanently. Shelters have

become havens for abused women who do not want to return home or who are home and need someplace else to go. They began to spring up in our country and in England in the early 1970's as a result of the women's movement. Women began to identify that they have rights and to insist that they be treated as equal to men. Women felt they should not have to endure oppression by men. By 1986 over 1200 shelters existed in the United States (Newman, 1993). Shelters provide safety in the form of a protective often secret environment; structure by way of meals, rules, staff, etc. and a support system. If women can leave sooner, and stay out of the abusive relationship, future health problems may be prevented. Little or no research has been found describing women staying out of the abusive relationship. We need to learn about women staying out of the abusive relationship. We need to learn from formerly abused women for it is they who can best teach us what the abusive experience has been like, and give a description of staying out of the abusive relationship. The best place to learn about this is not in a hurried emergency room during the height of trauma and not when the individual has died as a result of abuse and we are performing the ritual of preparing the dead, but rather in face to face, one to one interviews with those who profess to have survived the experience of abuse, have lived to tell their story, and are staying out of the abusive relationship.

Purpose of the Study

This study was designed to describe the experience of formerly abused women staying out of the abusive relationship. To permit the women to describe their experiences without the constraints of a structural interview protocol, an existential phenomenologic interview approach was chosen.

Definitions

For the purpose of this study, abuse is defined as harmful physical, psychological, and/or sexual behavior toward a woman by a male, intimate partner. For the purpose of this study, a survivor is defined as an individual no longer engaged in an abusive relationship (having stayed out of the abusive relationship for a minimum of 18 months). Additional criteria for inclusion in the study are: being female and 21 years of age or older.

Assumptions

I was of the belief that women who have experienced abuse, left the relationship, and have stayed out of the abusive relationship would be able to identify their experience of staying out of the abusive relationship. Not only did they identify this experience, they articulated it as well. I was also of the opinion that

these women would want to share their experience(s). Women coming from the background described had a desire to share their experience(s) of staying out of the abusive relationship with the hope of preventing other women from experiencing similar situations. They appreciated sharing a description of staying out and how they were able to stay out in order to shed light for others. Because these women experienced a similar phenomenon, and/or similar events, they articulated their experience in a comparable and consistent manner.

Nursing claims to be concerned with person, health, environment, and nursing. Nursing is holistic, and people are the center of focus for nursing practice. It is through people's everyday activities that nurses are able to gain knowledge about people. Nursing claims to be concerned with health promotion, disease prevention, and screening and detection. I subscribe to the idea that violence against women is a major health and social problem. Therefore, I came to this study with the assumption that nursing has something positive to offer and can somehow help with the situation through research and knowledge building, education and practice. I also believe nurses can help in promoting health, encouraging safety, and preventing injury.

These women are survivors. Understanding and knowing about abuse is important for the nurse. The very best way to know the intricacies of people's everyday living is to talk with them in a face to face fashion. It is important for nurses to know more about the women who have left the abusive relationship and how they manage to stay out of the relationship, especially from the women's

perspective. This whole experience of surviving abuse affects the individual, her perception of herself, and the world in which she lives, as well as how she interacts with that world. Nurses must learn from survivors of abuse, who are willing to tell of their experience, in order to effectively help women who are in abusive situations; those who are attempting to leave, those women who are leaving, and those who are remaining out of abusive relationships. It is often only those who have left who are willing to tell of their experience.

Stance of Researcher

The researcher has come in contact with women in all phases of abuse and those having experienced many types of abuse. With this set forth, and in light of the study having been undertaken, it is necessary for me, as researcher, to articulate my own personal stance based on personal knowledge arrived at through informal and professional contact with members of the population under study. Knowledge has also been acquired through the literature review and continuing education programs as well as through communication with experts in the field.

I view our society as patriarchical, and come to this study from a feminist perspective with a belief that no woman should ever be intentionally hurt. It is my opinion that women have the right to live an abuse-free life and that the world should essentially be violence-free and, ideally, a peaceful environment in which to live. I not only see leaving an abusive relationship as both a choice and a process but also

view staying out of the abusive relationship as a choice and a process. I also recognize that there are women who stay out of the abusive relationship but who maintain contact with their abuser for financial or other reasons, continuing to endure verbal and/or emotional abuse. Finally there are women who choose to leave abusive relationships but cannot stay out because they are hunted or stalked by their abusers.

Significance for Nursing

Nurses, as health care providers, should intervene with abused women. They are in a perfect position to do so. "Nursing is a form of help or assistance given by nurses to persons with a legitimate need for it" (Orem, 1985, p. 31). Nurses have close contact with these women, care for patients/clients in a holistic manner, and generally have excellent training in communication skills. Information gleaned from this study about successful strategies for staying out of an abusive relationship can empower all women to seek safety thereby deterring future violence.

CHAPTER TWO

LITERATURE REVIEW

The purpose of this study is to have female survivors of abuse describe their experience of staying out of the abusive relationship. This chapter will provide a literature review that is organized around four issues: theoretical considerations, awareness of abuse, consequences of abuse, and solutions to abuse. The chapter will end with a brief summary of the need for the research of this study.

Theoretical Considerations

Sociologists tend to support research that advances structural and socialization processes. Psychologists advance pathological theories. Nurses often study characteristics of abused women including behavioral responses as well as physical injury. (Burge, 1989).

Sociological theorists view abuse as a family matter. They believe it is learned in childhood and transmitted into adult relationships (inter-generational). Sociological theorists also believe that abuse is culturally supported and is provoked by social stresses such as unemployment and poverty, as evidenced by frustration and anger (Okun, 1986; Stark & Flitcraft, 1985; Stark & Flitcraft, 1991; Stordeur & Stille, 1989).

According to Straus (1976) sexist attitudes and practices condone woman abuse for the following reasons: (1) stress and frustration cause some men to resort to violence in order to reinforce a position as head of the family, (2) antagonism between men and women may occur due to gender-role stereotypes and inequality, (3) it is difficult for many women to escape violent or abusive marriages due to the lack of alternative roles for women and family or societal pressure to remain in the relationship for "better" or "worse," and (4) it is exceedingly difficult for women to obtain legal protection from abusive partners in a male-oriented criminal justice system.

Boundary ambiguity research (Boss, Pearce-McCall, and Greenberg, 1988) explains the perception of loss within a family and the resulting stress. Such loss can occur due to death and/or to normal developmental changes as well as to disasters. How the family resolves boundary ambiguity "is important in determining whether the family will reorganize and maintain its boundaries as a viable system, whether it will become a system with highly ambiguous boundaries and increased dysfunction" (Boss, 1988). Whether or not a woman goes back to an abusive relationship may have to do with how well the woman is able to reestablish and maintain boundaries.

One of the major contributions of sociological theory has been to increase our understanding of wife abuse as related to the patriarchal nature of society. We have been led to understand how strict gender-role expectations and the power imbalances between males and females may lead to violence. Lastly, sociological theorists have informed us of the ways in which the role of society's values in viewing violence

against women as normal has sanctioned, condoned, and tolerated such atrocities (Dobash & Dobash, 1979; Horsfall, 1991; Stordeur & Stille, 1989; Yllo & Bograd, 1989).

Psychological Theory

Learned helplessness theory, developed by Seligman, has been helpful in understanding how some women respond to abuse (Walker, 1984). Learned helplessness results when one begins to realize that random painful experiences can neither be stopped nor circumvented. The person experiencing the pain becomes less inclined to try to control the pain and exhibits anxiety and depression. "When applied to battered women, learned helplessness theory suggests that repeated battering leads to the development of a cognitive perception that the woman is unable to resolve her current life situation" (Campbell & Humphreys, 1993).

Campbell (1989a) related grief to the learned helplessness model in explaining women's responses to battering. Campbell suggested that women's responses to abusive relationships were similar to the grief resulting when any valued, intimate relationship dissolves. Furthermore, the abused women leaving and returning to their partners once or many times were compared to the reconciliations of any troubled marriage. Battered women were found to be "more severely depressed than women in troubled, but non-violent, relationships, lending support to the contention that depression is a result of abuse rather than a predisposing factor" (Campbell & Humphreys, 1993).

Nursing Theory

The nursing theorist Dorothea Orem has put forth some concepts that may be useful in conceptualizing the work of nurses with abused women. Orem's work refers to self-care agency, or the perceived ability to care for oneself, and dependent care, or care which is performed by someone else. Both self-care and dependent care are performed to maintain health or to achieve health (Orem, 1991).

> "The totality of care provided by nurses at specific times and over a duration of time contribute to the effective living and the health and well-being of persons provided with care without harm to them as persons...."(p. 11).

This view of nursing intervention implies that the nurse would identify physically abused women but not thrust their own values on the women. The nurse, according to Orem, would teach and counsel the woman, help her gain knowledge, and enable the woman make her own choices. This is an example of how the nurse can provide care in a responsible and respectful manner while providing knowledge. This is especially important for abusive families. Nurses assisting abused women in need of shelter are assisting women in socially dependent relationships for care. These nurses are meeting self-care requisites of women who have health-associated limitations of self-care agency (Orem, 1991).

According to Orem, a series of actions must be taken by oneself (self-care) or someone else (dependent care) to achieve and maintain health. Self-care or dependent care are purposeful, learned, required behaviors that are directed toward

specific aspects of health or requisites. Of particular concern for this paper is the requisite "the prevention of hazards to human life, human functioning, and human well-being" (Orem, 1991, p. 127). According to Orem, antecedent to caring is thoughtful consideration and reflection upon knowledge of the situation, the environment, and of oneself as a provider.

Exchange/Control Theory

Gelles and Cornell (1990) advocate a combination of social control and exchange theory. Gelles believes, along with Murray Straus (1979), that family violence is too complex to be captured in a single theory. Gelles and Cornell (1990) maintain that family members hit one another because they are allowed to do so and offer three propositions with respect to family violence:

1. Family members are more likely to use violence in the home when they expect the costs of being violent to be less than its rewards.
2. The absence of effective social controls (e.g., police intervention) over family relations decreases the costs of one family member being violent toward another.
3. Certain social and family structures reduce social control in family relations and, therefore, reduce the costs and increase the rewards of being violent (p. 117).

Social control theory maintains that an individual's relationship with others is determined by the type of behavior he or she displays. An individual who maintains close, positive relationships with others is less likely to behave in a violent manner. Increased violence among ex-convicts or individuals who are in less supportive

relationships reinforces control theory (Zastrow, 1991).

Despite the fact of increasing legislation regarding family violence, society generally continues to view domestic violence as a private matter. This view serves to sanction the behavior as social controls are often suspended within the family context. Victims must then weigh the consequences of remaining in an abusive relationship. This weighing of consequences underscores the basic premise of exchange theory. Exchange theory contends that predictable behavior occurs when rewards are increased and punishments are averted. Blau (1964) describes the importance of reciprocity in maintaining positive, on-going relationships. Central to exchange theory is the notion that if reciprocity ends, then the interactional nature of the relationship will cease. Gelles and Cornell (1990) note that the application of exchange theory upon family interactional patterns is more complex and contend that in some situations it is "not feasible or possible to break off interaction, even if there is not reciprocity" (p. 116). Pfouts (1978) describes the costs and benefits battered women consider when remaining in an abusive situation. The costs-benefits analysis then guides the battered woman's decision either to continue or cease the relationship. In other words, if the "benefits" of continuing to stay in the situation outweigh the "costs" of being abused, then the victim is more likely to stay in the situation.

The cognitive part of the decision-making process appears to be overlooked by most researchers. One study by Johnson (1992), which does consider the decision-making processes, used exchange theory as a means to understand the

decision-making process of battered women. She examined economic, situational, and psychological domains to isolate determinants of battered women who decide to remain in abusive relationships. Her study of 426 women in a spouse abuse shelter found that battered women were more likely to return to the abusive situation when the family income is high, when the women had low self-concepts, were unemployed, and were victims of severe abuse. Clearly, the familial context is influenced by various social systems and is critical in understanding the decision-making processes of abused women

General Systems Theory

Applying general systems theory to partner abuse is useful in capturing various determinants of partner abuse. For example, productive systems are open, goal-producing, seeking both input and feedback whereas ineffective systems are closed, irrational, and suffer from entropy.

General systems theory has often been criticized as being too vague. Nonetheless, many researchers view general systems theory as a promising frame-work in which to develop more specific theories (Chess & Norlin, 1988; Giles-Sims, 1983; Straus, 1973). Buckley (1967) values systems theory in understanding the etiology, organization, and maintenance of relationships. Compton and Galaway (1989) note that systems theory "offers a conceptual framework that shifts attention from the cause and effect relationship between paired variables. . .to the person/ situation as an interrelated whole" (p. 123).

Two primary axioms of general systems theory are: 1) the whole is greater than the sum of the parts and 2) each part of the system is affected by action in other parts of the system. Analyzing partner abuse within a family system is valuable in helping to explain the type of family structure in which abuse occurs. The family structure is derived from its rules, communication-style, roles, power-structure, and goals (Hepworth & Larsen, 1990). Chetkow-Yanov (1992), in viewing conflict from a general systems perspective, notes that continuous tension and pressure, unbalanced power relations, and controlling decisions result in less than optimal functioning.

Partner abuse offers an example of a type of family conflict congruent with these descriptions. Additionally, viewing a family from the perspective of general systems theory may help to distinguish some of the precipitating stressors identified with abuse. Hotaling and Sugarman (1990) found stressors to be similar between men who are violent toward wives and men who are criminally violent in general. These risk factors include having lower income, education, and occupational status. However, differences between men who batter and men who do not batter are less distinguishable. Barling and Rosenbaum (1986) found that stressful work is associated with wife abuse. Research indicates that spouse abuse occurs in all socioeconomic, religious, ethnic, racial, and occupation groups. Straus (1973) also advocates the study of family violence through a general systems perspective. Thinking in terms of systems includes the idea that any system strives to maintain a steady state, meaning that the system tries to maintain itself as a unit. Straus (1973)

notes that positive feedback results in a "upward spiral" effect of increasing domestic violence, whereas negative feedback results in a "dampening" effect of decreasing violence (p. 112).

Shupe, Stacey, and Hazlewood (1987) promote systems theory as a pragmatic approach to explain family violence due to the lack of any single cause of family violence. These researchers classify domestic violence research as having occurred in three distinct phases within the last twenty years. These phases have focused upon victims, direct treatment of male perpetrators, and family systems. Shupe et al. (1987) argue that the family systems level is the most appropriate approach for studying family violence because it provides a clearer perspective in which dynamics of family relationships can be viewed.

Although viewing the broader area of family violence from a systems perspective is valuable, feminists view partner abuse as a distinct form of family violence and, therefore, continue to study partner abuse as a unique phenomenon. Bograd (1988) is critical of a family systems approach with victims of partner abuse for the following reasons:

(1) the focus is on relationships, rather than acknowledging the man's violence as the major focus area,

(2) blame can easily be shifted from man to woman,

(3) language used diminishes the cause of the abuse stemming from the perpetrator (i.e., violent couple as opposed to abusive husband), and

(4) the couple or family is treated as a separate entity from society, often

> labeling the family or couple as "dysfunctional," thus disregarding the importance of societal influence in reinforcing male domination and control. (p. 128).

Because the overwhelming majority of abuse continues to be inflicted from the male toward the female, it appears that partner abuse may be best understood from a feminist perspective, but within the context (e.g., family) in which it occurs.

Family Theory

Violence is a relatively new subject of research. In fact, no research articles with the term "violence" in the title were published in The Journal of Marriage and Family, a major source of family research, prior to 1970. (O'Brien, 1971; Personal Communication P. Blanton, 1996). Thus, research on violence in families is barely thirty years old.

Family violence and partner abuse are criminal acts. Many theories have been advanced to help us understand family violence and specifically partner abuse. The general consensus among researchers seems to be that no one theory can adequately describe the dimensions of this problem. Domestic violence is thought to be a multi-dimensional construct (Dobash & Dobash, 1988; Gelles & Straus, 1990; Knudsen & Miller, 1990; Walker, 1979). "No single framework fully explains why violence occurs" (Burge, 1989, p. 369), and no discussion of family violence in general, and partner abuse in particular, is complete without a discussion of the patriarchal society and its influence on partner abuse. Many researchers question

why violence in families toward women and children has been so commonplace and assert that feminist theory is the only plausible theory for explaining spouse abuse.

Yllo (1988) notes that there are four major components to all feminist perspectives on wife abuse:

(1) an explanatory utility of the constructs of gender and power;

(2) an analysis of the family as a historically-situated social institution

(3) the crucial importance of understanding and validating women's experiences; and

(4) the employment of scholarship for women (p. 13)

Yllo (1988) maintains that violence is the most obtrusive and convincing manner in which to maintain social control and domination over women. She makes the point that even though not all individual men exhibit this behavior, all men do gain social control and have power over women. Smith (1990) provides quantitative data from a representative sample survey of women in the general population to support the feminist hypothesis that husbands who subscribe to patriarchal philosophy are more likely to beat their wives. His research indicates that husbands with relatively low incomes, low educational attainment levels, and low-status jobs were significantly more likely than higher status husbands to support a patriarchal ideology. However, the literature is very clear that spouse abuse and other forms of family violence occur across all socio-economic strata. As in all criminal behavior, persons with more resources are less likely to be accused, prosecuted, or convicted.

The understanding and validating of women's experiences is paramount to feminist research. Some feminist researchers (Dobash & Dobash, 1988; Martin, 1988) hold that a patriarchal perspective has a strong impact on research methodologies and charge that quantitative methods are another manifestation of patriarchal society because they do not allow women's voices to be heard and to prevent abuse from being placed in a narrative context. To a large degree, such feminist critiques of positivism have influenced the increase in the number of qualitative studies in recent years (Bowles & Klein, 1983; Dobash & Dobash, 1988; Reinharz, 1992).

In analyzing the family as a historically-situated social institution, Yllo (1988) contends that wife abuse must be viewed within its socio-historical context because that context shapes its interpretation. She maintains that the "reality of domination at the social level is the most crucial factor contributing to and maintaining wife abuse at the personal level" (p. 14). She also maintains that feminist scholarship for women can be interpreted as the promotion and empowerment of women through development of theories that are centered around women rather than historical and contemporary theories that tend to diminish women's worth. Patriarchy theory is generally congruent with Marxist theory, which views the dominant group (males) as controlling the oppressed groups (females) through economic power, political control, and status (Steinmetz, 1987).

Campbell, Harris, and Lee (1995) sum up the theoretical views of family violence nicely by explaining that "there are three main theories or models that try to

explain family violence" (p. 108). One model portrays the abuser as sick or mentally ill, sometimes a substance abuser or disabled in some way. It emphasizes that his behavioral or psychological problems, his psychopathology, causes the violence. A second model, the family violence model, maintains that violence learned in childhood is responsible for the violence, that it is transmitted across generations. It is believed that using force to resolve conflict is learned and is often the only way the person knows to deal with problems. The third theory maintains that the person perpetrating the violence does not have the skills necessary to help him deal with stressful situations and therefore he uses violence to respond to the stress.

A fourth theory is provided which may specifically apply to spouse abuse - it is the "gender politics model of spouse abuse" (p. 110). This model states that abuse occurs not as a result of family dynamics but rather as a result of gender relations in which the male wants to control the female and that whenever this control is threatened, he becomes violent.

Awareness of Abuse

Physical abuse of women is the leading cause of trauma in our country (Campbell & Sheridan, 1989). In the U.S. alone, 5,745 women were killed in 1991 and half of them were killed by an intimate partner (Shalala, 1994). In addition, physical abuse is "the single most important precipitant of female suicide" (Stark & Flitcraft, 1985, p. 22). Studies indicate that women are injured by physical abuse

more than men by a rate of about 13 to 1. This ratio may be even higher when one considers the abuse of women is estimated to be under reported by as much as 40% (Shipley & Sylvester, 1982). Such under-reporting may be explained by the fact that police reports are used to obtain statistics regarding physical abuse of women and the women often do not report occurrences of abuse due to cultural norms which dictate male dominance and the approval of same. Since violence, and ultimately domestic violence, has come to the public's attention, the 1990's has been a decade in which research has been directed not only at victims but at perpetrators as well (Stark & Flitcraft, 1991). Quantitative studies have addressed domestically violent men in terms of personality characteristics (Murphy, Meyer & O'Leary, 1994), attitudes (Holtzworth-Monroe & Hutchinson, 1993), learning histories (Cappel & Heiner, 1990), and conflict interaction styles (Babcock, Waltz, Jacobson, & Gottman, 1993).

Cycle of Violence

Psychologist Lenore Walker discovered what she calls the cycle of violence, a predictable pattern in which violence generally occurs. This battering cycle appears to have 3 distinct phases. The first phase is the tension building phase where anxiety and pressures mount. The second period is when the violence actually occurs, and is known as the acute battering, or explosion phase. Violence is followed by a cooling down period or calm phase often called the honeymoon phase (Walker, 1979, 1984).

The tension building phase is characterized by male anger, and frustration leads to violent acting out. The female may attempt to soothe or appease her partner and she may feel a responsibility to control his actions. Failure to do so results in a learned helplessness and often depression, anxiety, and dependency.

The battering phase is when the male becomes overly aggressive. He physically and/or emotionally injures the female and often threatens the children. This phase may last a few hours to an entire day. He may threaten other family members (extended family) as well, and the mother tries to protect herself and her children.

Phase three is the "honeymoon" or aftermath phase. The male often apologizes, gives gifts or sends flowers. He may promise never to do this again. Absence of battering reinforces the female partner's idea that this will not happen again. Also, the male partner's excuses or explanations may reinforce any idea that the female has regarding the battering being her fault. Over time the third phase occurs less often and when it occurs it is shorter in duration.

Consequences of Abuse

Abuse can be comprised of physical, emotional, sexual, and/or financial harm. Chronic pain is the most common physical complaint of abused women (Goldberg & Tomlanovich, 1984). Abuse has serious consequences and far reaching effects. Health care research, and nurses' research in particular, has been concerned

with studying the health aspects of abuse.

Campbell (1989a) believed that some battered women certainly have some physical and mental illness. She also felt strongly that signs pointed to some of the responses battered women exhibited as being normal responses to stress, and the perceived loss of the relationship. These responses were much like the response a woman would have to getting a divorce. In light of this belief, she set out to compare the theoretical issues of grief and learned helplessness. To this end, she compared two groups of women, ninety-seven battered women and ninety-six non-battered women who were experiencing problems in their intimate relationship with a male partner. Battered women were defined using the Conflict Tactic Scale as having experienced one severe act of violence or two minor acts of physical aggression, or as being sexually assaulted by her partner. Women who engaged in mutual battering with the husband were placed in the non-battering category. "One of the most striking findings of this research was the similarity of responses between battered and non-battered women who were also in problematic, intimate relationships" (p. 23).

Even though a significant predictor of depression for both groups was stability of the situation, Campbell learned from her qualitative data that the battered group was more likely to act when they realized their situation would not change. The reformulated learned helplessness model predicted that situation stability would accompany feelings of depression; results indicated this was not the case for the battered women. She also found that battered women were significantly more likely

to be severely depressed than non-battered women. Campbell indicates that "this supports the contention that battering is the single most important precipitant of female suicide" (Stark & Flitcraft 1985 p. 22 as cited in Campbell 1989a, p. 23).

Campbell also noted "the clinical relevance of the abused women's frequency and severity in symptoms of stress and grief...in terms of identification of battered women and interventions used with them" (p. 23). The battered women compared to the non-battered women at approximately the same level with respect to seeing themselves as having essentially equal control in the relationship, placing value on wife-mother role, and blaming themselves for the problems with the relationship. The battered women had the same level of self care agency and had tried more solutions to the problems in the relationship than the non-battered women. Campbell suggested that "interactive (self and partner) blame may be more useful than external blame and that behavioral self-blame, although more healthy than characterological self-blame is also associated with depression and low self-esteem" (p. 23); her study also affirmed that self-esteem and self-care agency are predictors of both grief and learned helplessness.

Injuries from abuse are the primary reason for female emergency department visits (Campbell & Sheridan, 1989). Injuries range in severity from bruises to fractures, to ruptured organs, and gunshot wounds. Campbell's Danger Assessment Inventory (1986) is extremely useful with emergency department and primary care patients. This questionnaire assists health care providers in determining the woman's risk of homicide. Campbell's seminal work points to the fact that women

are most likely to be killed at home by their husband, and that almost no women are killed by strangers.

Although the number of wives killed by husbands and the number of husbands killed by wives is approximately the same in this country, this can be very misleading because "self-defense is involved approximately seven times more frequently when women kill men than when men kill women" (Campbell, 1986, p. 37). In developing her instrument, Campbell used the battered female sample (n=97) from the previous study. Seventy-nine women completed the Danger Assessment. Of the eighteen who did not, five had been sexually abused and 13 women did not wish to complete the assessment. These 13 women had experienced "significantly less frequent and severe abuse and had incurred significantly fewer injuries than those who agreed to take the time to complete the instrument" (p. 40).

Criterion-related validity could not be determined as there is no other such instrument whose author has conducted and reported validity statistics. "Predictive validity of the instrument will never be known, accurately, since conducting the assessment with the woman is an intervention that may prevent eventual homicide in some cases" (p. 40). The danger assessment can be completed in about fifteen minutes; ten for the assessment and five for follow-up conversation with the nurse. For this assessment, the woman is asked to use a calendar to identify when she was beaten in the past year. She must say how long the incidents lasted and then rate the incidents using a scale of one to five; five being the use of a weapon. "The scale is a combination of the severity of violent tactic used against the woman and the amount

of injury inflicted on her, adapted from the Conflict Tactics Scale and an injury measure developed by Berk and his associates" (p. 42).

Campbell points out that we know that battering generally increases in frequency and severity over time. In this particular study, more than half the women "(53.2%) indicated no increase or a decrease in severity and frequency" (p. 43). Campbell goes on to explain that "the data will be further analyzed in the larger study to determine whether distinct types (of spouse abuse), some of which are more dangerous than others, can be identified" (p. 43). Campbell suggests this assessment could be used with all women entering a health care setting and should be used with all women entering a shelter. "This action can be seen as a form of empowering these women."

Pregnancy and Adverse Birth Outcomes. Health problems associated with abuse of women include issues during pregnancy. Walker (1979) indicates that the majority of the 120 subjects in her study reported an increase in the rate of battering during pregnancy and also an increase in the severity of the violence. A substantial number of adolescent pregnancies come about as a result of "date" rape (Campbell, 1993).

A ground-breaking study regarding abuse during pregnancy concluded that abuse increased in about 29% of cases after the partner learned of the pregnancy and, in the same study, 1 in 12 women (8%) reported abuse during the current pregnancy; an additional 15% were abused in their intimate relationship, before the current

pregnancy (Helton, McFarlane, & Anderson, 1987). In contrast, Hillard (1985) found only 10.9% of her participants had experienced abuse and only 3.9% were abused during the current pregnancy. Two things may account for the variation in the two studies, 1) Helton, McFarlane, & Anderson's findings were completed 2 years after Hillard's study, and 2) Helton and colleagues asked 9 questions of their 290 participants whereas Hillard asked only one general question of her 742 patients. A more recent study revealed a 16% prevalence rate of abuse during the current pregnancy. It was believed by the authors of the study that perhaps the high prevalence rate was due to the nurse asking questions about abuse at each and every patient visit (McFarlane, Parker, Soeken, & Bullock, 1992).

Abuse may increase during pregnancy for several different reasons. Gelles (1993) notes that family transitions and stress contribute to abuse during pregnancy. The male partner may be jealous of his partner due to the attention she receives from others as well as the idea of sharing her time and attention with the baby once he/she is born. A second reason abuse may increase is the man thinks his partner is ugly. He may not like the looks of her enlarging belly; he may think it gets in the way of sexual relations and/or that she is too tired to carry out sexual or other wifely duties. Women with unwanted or mistimed pregnancies reported physical violence occuring at a rate 4.1 times higher than women whose pregnancies were intended (Gazmararian, Adams, & Pamuk, 1996). Yet another reason the male partner may abuse his pregnant partner is the fact that he fears losing control over her. The woman receives more attention during pregnancy in the way of nursing care and

medical supervision. An abuser may very well be concerned that his partner will divulge the fact that she is abused and/or that the health care providers will make observations about her that lead them to believe that she is abused. In either case, the abuser may be concerned that the health care provider will act on the reported and/or suspected violence.

The March of Dimes organization "has officially recognized abuse during pregnancy as a major contributor to adverse birth outcomes" (Campbell, 1993). McFarlane, Parker, Soeken and Bullock (1992) found that abused women were twice as likely as nonabused women to delay prenatal care until the third trimester. In studying abused women delivering babies of low birth weight, Bullock & McFarlane (1989) documented a positive correlation between abuse during pregnancy and low birth weight infants. Of the women who reported abuse before or during the pregnancy 17.5% had low birth weight babies compared to only 4.2% of women who had not experienced abuse.

Perceived Health Needs. Perceived health needs of abused women were studied by Dobbie & Tucker (1990) using a convenience sample of 91 women, 80 of whom completed the forced choice health self-assessment inventory which included items about "nutrition and eating habits; physical activity; sleep and relaxation; tobacco, alcohol and drug use; relationships; and care of self" (p. 470). The participants had unmet needs in every category, and in answer to 3 open-ended questions regarding 1) interest in health behavior changes, 2) an interest in

educational topics, and 3) health problems, 62 of 80 women (48%) wanted to learn about nutrition and eating habits, 24% were interested in relaxation, 67% were overweight, 34.5% had allergies, and 18% had stress related illnesses. Group education and one on one sessions were recommended with respect to expanding community health nursing services to meet the needs of these women.

Children

The welfare of children of abused women is of paramount concern. Seven out of 10 batterers beat their children too (Brendtro & Bowker, 1989); however, a child does not have to be beaten to be a victim of abuse. Children who witness a mother being abused are also victims. The effects of witnessing are often profound and long lasting. Children witnessing abuse may experience psychic trauma or post-traumatic stress. Psychic trauma manifests in "intense fear, helplessness, or horror" (Arroyo & Eth, 1995, p. 29).

One study compared school age boys who had been physically abused to similar age boys who had not been physically abused but who had witnessed violence. The witnesses had similar levels of emotional and behavioral problems, as measured by the Achenbach Child Behavior Checklist. This study indicates that the emotional and behavioral consequences of witnessing abuse are as severe as those of being physically abused (Jaffe, Wolfe, Wilson, & Zak, 1986).

Humphreys (1991) studied fifty children of battered women to ascertain if they worry about their mothers. Her descriptive study was conducted using a semi-

structured questionnaire that she developed. She asked each child "Have you ever been worried or afraid for your mother?" (p. 343). Humphreys used Orem's conceptual framework to guide her study; she was concerned in particular with the requisite regarding prevention of hazards to human life, functioning, and well-being. Of particular concern to these children, ranging in age from 10 to 17, were potential hazards and actual health hazards regarding their mothers. The study highlights the need for additional study of the fears and concerns of the children of abused women.

Leaving

Shelters

Henderson (1989) developed a framework for the process of using social support in a transition house for abused women. In this qualitative study use was made of Giorgi's phenomenological method. With a sample size of eight Henderson was able to identify four stages the individual passes through in using social support; reassurance, analysis, reciprocity, and independence. Stage one is characterized by women trying to gather the information they needed to make sense of their past and to let them know they weren't "crazy" (p. 67). Stage two is characterized by making sense of the past; that is, taking the information and reassurance given in stage one, examining it, and deciding for oneself what to make of the situation. Stage three, reciprocity, has to do with a conscious attempt for the woman to give back. They want to help other women who are in, or who have left, abusive relationships.

Independence, stage four, results in the woman recognizing her own personal growth.

Newman (1993) studied perceptions and common experiences of women living in a shelter. A qualitative design using grounded theory was employed with a sample of seven women. The women had been physically or emotionally abused. These women blamed themselves for their abuse and feared making the same mistake again. The majority had made previous attempts to leave but returned due to lack of resources, and feelings of isolation and loneliness. "They stated it was easier to give up and return to the abusive relationship than to seek alternatives" (p. 110). They were referring to how difficult it is to get various types of aid when dealing with social agencies, and the difficulty in getting health care workers to identify them as having been abused. Newman points out how the women "believed that health care professionals ignored or did not address the problem of domestic violence" (p. 112).

Leaving is fraught with many issues. Some of these have to do with safety. We know that homicides increase when battered women threaten to leave or actually do leave (Campbell, 1986). Other issues include economic consequences, perceived effect on children, and degree of attachment to the relationship. As noted by Campbell, "...the complexities involved in leaving an abusive relationship are not unlike those of leaving nonabusive relationships" (Campbell, 1989a).

Domestic violence and partner abuse has been widely studied; however, only a few studies have covered women leaving the relationship and staying out. Most of

these studies look at leaving as a process (Landenburger, 1989; Merritt-Gray & Wuest, 1995; Mills, 1985; Newman, 1993; Ulrich, 1991; Wuest & Merritt-Gray, 1999) and attempt to identify stages of leaving (Mills, 1985; Landenburger, 1989; Merritt-Gray & Wuest, 1995; Wuest & Merritt-Gray, 1999).

Mills (1995) conducted a qualitative study and looked at women's changing responses to their partners' abuse. She conducted her research with ten women from two domestic violence shelters and identified some of the issues involved when a woman leaves an abusive relationship and identifies herself as a victim. Victimization is a gradual process and Mills identifies five stages that women go through in dealing with abuse: 1) entering the violent relationship, 2) managing the violence, 3) experiencing a loss of self, 4) re-evaluating the relationship, and 5) restructuring the self. Wills used open-ended questioning to get the women to "talk about their lives" (p. 104) and found the number one way women justified staying in the relationship was by minimizing the violence, focusing on their own strengths, and making excuses for the partner. These women did not feel victimized, they felt loved. Mills also states than when women do not try to think of their partner as normal and healthy but think of the partner as sick or emotionally or mentally ill they are using a management strategy that aligns them with survivor identity.

Landenburger (1989) used a triangulated design to study thirty women who had been in an abusive relationship. She described the meaning of being abused from the woman's perspective within the context of the relationship. She showed how the characteristics of the relationship influenced women's perceptions and

choices. Landenburger identified a process of entrapment and recovery with four phases: binding, enduring, disengaging, and recovering. Landenburger's qualitative data illuminates both intra- and interpersonal processes with respect to the process of being in an abusive relationship, getting ready to leave, and leaving.

Researchers seem to view leaving as an event. A study by Ulrich, however, showed that leaving is a process, not an event. Ulrich (1991) assessed 51 formerly abused women looking at their reasons for leaving, i.e.: "that time when you decided to leave the relationship," (p. 466). Personal growth was cited by almost half the women as reason to leave; less than half cited safety of self or children. "Dependency may not be a major issue for women who manage to get out, especially for those who leave 20 times or more" (p. 466). The results of Ulrich's study indicate that "being beaten is not the only issue, or at least not the critical one" (p. 471). Ulrich also noted, as have others, that women may leave many times before leaving a final time. Ulrich concluded that further study is needed for women to define the process of leaving from their perspective, which is supported by the fact that 13 women in her sample identified leaving as a process. She recommends that "additional work is needed to define the process from the women's perspective because effective intervention will require the discovery of the types of support and the kinds of learning experiences that are meaningful to them" (p. 472). She also points out that because women leave and go back is not a reason to view intervention as meaningless.

Merritt-Gray & Wuest (1995) have done as Ulrich suggested in their grounded theory study of the process of leaving. Thirteen women survivors of abuse were interviewed. Leaving was viewed as a process, and the authors stated that "to date this process has not been clearly delineated" (p. 400). "Reclaiming self" was the title given by Merritt-Gray & Wuest to the emerging social process. Counteracting abuse and breaking free are terms applied to the processes in the initial phase of reclaiming self. "The work of counteracting abuse prepares the survivor for breaking free" (p. 400), and "breaking free is the stage in which the survivor explores the exits by leaving the abusive relationship in many different ways" (p. 400). The authors explain that these women had many turning points along the way to breaking free, and that "the processes of counteracting abuse and breaking free took place over 1-to 10-year periods" (p. 402). The authors also looked at the process of leaving from the time abuse first occurred until the last time the abused woman leaves the abusive relationship.

Following up on their previous study, Wuest and Merritt-Gray (1999) conducted another grounded theory study from a feminist perspective with rural women who had left abusive relationships. These researchers identified not going back as the third stage in the process of leaving; that of sustaining the separation over time. Reclaiming self is the fourth stage. This study describes the complex social processes involved in not going back. The authors address the fact that "interested individuals" could and did make a difference in helping women not go back. They talk about the possibility of mentoring, role modeling, and "seemingly insignificant

acts of caring," along with informal guidance, and running interference, making a difference in the woman staying out. "These things helped survivors to create personal order out of systemic chaos." They tell how the woman experiences a profound emotional vulnerability and develops or acquires a new-found confidence and sense of self.

Building on the extant literature, the present study attempts to describe the experience of staying out of an abusive relationship. To this end, women were asked to describe their experiences from the time they left the abusive relationship to the present time. Not only is leaving viewed as a process but staying out of the abusive relationship is also described as a process. The women in this study made it clear that once they left for good, they did not simply walk off into the sunset and live happily ever after. A full description, as told by survivors, may help other women who are ambivalent about staying out of a similar relationship.

Summary

The review has given the reader an idea of the extent and variety of literature on abuse of women. A plethora of studies exist in the disciplines of psychology, sociology, and criminology, as well as a growing number of studies in nursing; however, abuse of women is still a public health issue and women in these relationships still leave and go back a number of times before leaving for good (if at all).

While this author is excited that leaving has recently been viewed as a process, and not strictly an event (Merritt-Gray & Wuest, 1995; Wuest & Merritt-Gray, 1999; Ulrich, 1991), she is also encouraged that potentially she can add to the existing body of knowledge of abuse. Although researchers have looked at women in the abusive relationship, women making the decision to leave, and women leaving abusive relationships, the literature review presents a strong case for looking at the phenomenon of staying out of the abusive relationship once having left.

CHAPTER III

METHODOLOGY

There is no doubt in my mind that living with a batterer is extremely difficult and that deciding to leave, leaving, and staying out of the relationship can be equally difficult if not more so. This experience is not one that is easily understood and it is for this reason I chose to research women's experience of staying out of the abusive relationship using a phenomenological method. There is little research about women leaving (Kirkwood, 1993; Kurz, 1996; Merrit-Gray and Wuest, 1995; Ulrich, 1991; Ulrich, 1993), and even less about them staying out once they have left, (Landenburger, 1989; Wuest and Merritt-Gray, 1999) that my hope is in having these brave women share their experience, their stories will help us better understand the everyday world of their experience. Just as other researchers see the value of women telling their story (Campbell, Harris, & Lee, 1995; Merritt-Gray & Wuest, 1995; Ulrich, 1991) I believe that we need to go to these women, to where they are in their world and sit down, interview, and listen to their experience of staying out of the abusive relationship. Discussing feminist research, Stanley and Wise (1993) articulate that what is necessary is "a woman's language, a language of experience. And this must come from our exploration of the personal, the everyday, and what we experience -- women's lived experiences" (p. 146).

Phenomenological methodology gives these women an opportunity to share

their experience, more so than if they participated in a survey or even a semi-structured interview. Garko (1999) in his commentary on the compatibility between feminist research and the use of existential phenomonology, using Reitz's (1999) research on batterers as an example, asserted that "Existential phenomenology is open because it studies phenomena from the perspective of those being researched" (p. 169). When a survey or semi-structured interview is used, there is no guarantee that the researcher will capture what the participant thinks is important. Using qualitative research and, specifically, a phenomonological method gets at the women's lived experience, the story they want to tell, with little interference or intervention from the researcher. This investigation and understanding of the everyday world of women's experiences is essential to feminism and feminist research (Stanley and Wise). The additional knowledge we gain from this research will enhance our understanding of the participants' experience and will allow nurses to provide more holistic care. "Nursing is currently searching for alternative methods and approaches which allow nurses to explore and understand fundamental but often elusive phenomena in such a way that they are not stripped of their human relevance, and also, to deliver care related to these that is unique to the patient. In order to achieve this the nurse needs to enter the world of the patient and to understand their unique meaning" (Pascoe, 1996, p. 1313).

The purpose of this study was to have adult, female survivors of abuse describe the experience of staying out of the abusive relationship. This chapter provides a description of the research method of existential-phenomenology, a

discussion of the sample and setting, followed by concerns for the protection of human subjects. A description of the phenomenological method procedures to be used in the study is followed by a discussion of validity of these procedures as they relate to rigor.

Existential Phenomenology

Edmond Husserl, who started the philosophical movement of phenomenology, emphasized that consciousness and experience are phenomena in their own right and that it is critical for them to be understood on their own terms. "The world is to be lived and described, not explained" (Pollio, Henley, & Thompson, 1995). Husserl believed those wanting to learn about a phenomenon must go to "the things themselves" to discover the individual's experience of the phenomenon and describe it in her own words (Hammond, Howarth, Keat, 1991). "Existential-phenomenology is a paradigm that blends the philosophy of existentialism with the methods of phenomenology. The result is a contextually based, holistic psychology that views human beings in non-dualistic terms and seeks to attain a first-person description of experience" (Thompson, Locander, & Pollio, 1989, p. 133). Existential-phenomenology focuses on experience in the everyday world. According to Husserl (1970), all knowledge is ultimately grounded in human experience; therefore, this focus on experience provides access to all that can be known directly. According to Pollio, "there is no viewpoint outside of the person by

which to view things, as they do not exist independently of the person's experience of them" (1996). In this study, I employed a method derived from an existential-phenomenology approach to study human experience. I studied the individual in her world, in a holistic manner, in order to obtain a description of the experience of staying out of the abusive relationship.

An existential-phenomenological approach to research allows people to describe their experience, allows for a thematic structure rather than using a tool to identify support for a particular hypothesis. The researcher's goal is not to look at a subject under a microscope but rather to look out through her eyes. In the existential-phenomenological approach, the researcher is the tool and co-participates with the participants in the study. "This science intends to provide answers to important questions and deep human concerns" (Cohen, 1987, p. 31), such as the questions answered by this study. Individuals who experience the phenomena of concern are the only sources that can provide the answers to these questions; as a result, what is usually called subjectivity is sought, not thwarted. Existential-phenomenology does not seek to control, explain, and predict; the goal of existential-phenomenology is to describe a phenomenon as it is experienced.

This philosophy and research method is quite compatible with nursing's focus on patterns and structure. Phenomenology has been identified as "suitable for researching nursing questions about nursing phenomena" (Annells, 1996, p. 708). Nurses study whole people in their environments. Nurses empower others to make choices which is largely what existential-phenomenology is about...the freedom to

make choices. Therefore, in looking at this study, I conclude there is a good fit between nursing and existential-phenomenological methods

Many studies have been found which address abuse (Bograd, 1989; Campbell, 1989a; Campbell, 1989b; Campbell, 1993), survivors of abuse (Campbell & Humphreys, 1984; Campbell & Humphreys, 1993; Hoff, 1990), and women leaving the abusive situation (Merrit-Gray & Wuest, 1995; Ulrich, 1991). To date, few studies that engage women survivors of abuse describing their experience of staying out of the abusive relationship are available (Wuest & Merritt-Gray, 1999).

Participants

Nine volunteers were interviewed in this study. One pilot interview preceded the eight participant interviews for a total of nine participants. According to Sandelowski (1995) "deep, case-oriented analysis" (p. 183) is achieved with a small sample size; however, the sample size must be large enough to reveal "a new and richly textured understanding of experience" (p. 183). All participants were recruited using a network or snowball approach. Participants were females, 21 years of age or older, who had previous involvement in abusive relationship(s) with an intimate male partner. These women lived in either upper Northeast Tennessee, primarily Johnson County, Northwest North Carolina, or Southwest Virginia. Participants were required to be out of the abusive relationship for a minimum of 18 months or more. As it turned out, all participants in this study had been out for a

minimum of two years. All were willing and able to discuss their experience of staying out of the abusive relationship.

Entree to participants was facilitated by a colleague, who is a survivor of abuse. This individual is a former shelter employee and lives in Johnson County, Tennessee. Johnson County, Tennessee is a mountain community nestled in the heart of rural Appalachia. With a population of 15,000 the county qualifies as "rural" under the federal register guidelines; not unlike much of the Appalachian region. Being small has some advantages. Many families have lived in the area for generations which lends a flavor of everyone knowing each other. Children are educated in classes of 20 to 24 students, and therefore have the benefit of relatively small classes. Some of the disadvantages of being a tight-knit community include people handling situations the same way for generations. Residents of the county are not necessarily open to new ideas and ways of doing things, and change does not take place readily.

In 1996, Johnson County experienced 6 domestic violence related deaths. This figure represents approximately 6 times the national average per population for the same year. As a result of this situation, and a perceived lack of interest on the part of a geographically distant agency which covered the Johnson County area, a group of concerned citizens joined together to initiate a shelter. The coalition began as a grass-roots effort October 20, 1997 and was incorporated as a non-profit entity November 5th. The shelter opened January 5, 1998 and has not been empty since.

This new shelter, Safe Haven, Inc., is located in Mountain City, Tennessee. It started as a 7 bed shelter for victims of domestic violence and has since been expanded to 10 beds.

Ethical Measures

Prior to starting this study, College of Nursing Human Subjects Review Committee and University of Tennessee Institutional Review Board approvals were obtained. Each participant gave written and oral informed consent after being given an explanation regarding the purpose of the study, prior to being interviewed (see Appendix A). Participants were informed that they could withdraw from the study at any time without penalty. A copy of the consent form was given to each participant. Rather than the researcher assigning a subject number, in order to preserve anonymity, each participant was asked to choose a pseudonym for herself. This name replaced her real name in all written and printed data in an effort to insure confidentiality. Each participant seemed pleased by this request. Some went to great lengths to come up with just the right name, trying different names on, in a sense, before deciding on just the right one. Others provided a name immediately without any hesitation.

One thing that surprised me is that seven of the participants expressed a desire to use their real name. They were proud to be included in the study and did not mind if they could be identified. I had to explain again about the university's

stand on protecting the people involved in research studies; they reluctantly accepted this explanation. In fact, all names of people and places have been changed in order to protect the participants. Interviews were audiotaped and transcribed verbatim. All data in this study were gathered by the primary researcher. The transcriber and members of The University of Tennessee, Knoxville Phenomenology Research Group, conducted by Howard Pollio and Sandra Thomas, were asked to sign confidentiality statements (see Appendix B). In addition, the transcriptionist signed a pledge of confidentiality (see Appendix C). All tapes and transcriptions have been secured in a locked file in the researcher's home, and the signed informed consents are kept in a locked file, in the researcher's office, separate from the tapes and transcriptions. Confidentiality statements and pledge are kept in a separate, third location.

The researcher recognizes that participants disclosed very personal, intimate, affect-laden information which gave rise to a variety of emotions. I was prepared to provide immediate intervention, if necessary, since I have a Master's degree in nursing and a background in psychiatric-mental health nursing as well as women's health nursing. In addition, I provided each participant with an abuse hotline telephone number, and information regarding a local abuse support group; I was also prepared to make a referral to a ministerial counselor, who has a background in women's issues and who agreed to be a contact. Finally I was also prepared to make a referral(s) to the local mental health counseling center. No referrals were necessary.

Phenomenological Method Procedures

Bracketing

The researcher responds to the research question, in an interview, just as a participant would do so. Husserl thought it extremely important for the researcher to set aside, or to bracket, the assumptions she has about her world. Other phenomenologists are quick to point out that bracketing does not mean the researcher eliminates her assumptions but rather she recognizes them in order that she be aware of any influence they may have on her research. "Bracketing does not eliminate perspective, it brings it into view" (Oiler, 1982, p. 180). Bracketing gives the researcher the opportunity to openly express and examine preconceived ideas and assumptions, and then suspend "theoretical beliefs, preconceptions and presuppositions" (Pollio, Henley, & Thompson, 1995, p.70).

The researcher of this study engaged in a bracketing interview on the topic under study. This interview was audiotaped and transcribed verbatim. The Phenomenology Research Group at the University of Tennessee, Knoxville read and assisted in interpreting the transcribed bracketing interview.

Engaging in a bracketing interview was extremely useful albeit intimidating. I asked Gary Maas, a long standing member of The Phenomenology Research Group at the University of Tennessee, Knoxville, if he would be willing to interview me and he agreed. The thought of the interview was intimidating. I remember thinking how little I knew about violence and abuse and wondered if Gary would think me an

idiot for attempting to engage in this type of research. I questioned my own self. What I learned amazed me. First, I chose Gary to do the interview because I thought of him as kind, gentle, astute, and insightful. Having been in the research group with him a number of years I had the opportunity to observe him and interact with him frequently. His questions always seemed to be right on target and participants in his study seemed to go on and on in answer to his questions so I assumed it would be easy for me to talk with him and he would ask just the right questions to get me to express myself.

The initial getting started was a little awkward...deciding which of us would sit where, etc.... much like getting ready to interview a research participant. I had thought and thought, in advance of my bracketing interview, how I would respond to the interview questions as this is how a bracketing interview is conducted. Typically, the researcher is asked the same question she plans to ask her participants. No matter how much, or often, I pondered the question I could not seem to develop an answer because, as I told Gary when he interviewed me, I have not been abused; I have not experienced that type of relationship. This is where it is so important for the interviewer to be good at what he does...Gary was not stumped. Oh, he did pause to think for a moment or two but he came right back with other questions that got me talking. This is exactly what any interviewer should be prepared to do. Gary got me talking about my childhood and family of origin and what it was like for me growing up. I started telling him about how my parents often helped the "underdog" and we (my brothers and I) grew up having a sense that we were expected to do the same. I

also told him about my schooling. I attended a private, Catholic, all girls school so I was somewhat sheltered from male-female relationships in that particular arena. I went on to emphasize that the sisters we had as teachers were very loving, caring, and nurturing, not the "knuckle-rapping" nuns I've heard about from friends and others who also attended schools operated by religious order sisters. This may all seem somewhat insignificant to the reader; however, several things came to my attention as a result of my bracketing interview. For instance, how important it is for me to feel comfortable and be able to let my hair down to a non-threatening interviewer--especially so for women who have been abused. Also, that even if the interviewer does not necessarily ask the "right" question, if the participant is comfortable she will talk about what is important to her and what is important to her is really what phenomenological research is all about; it is a process.

Gary continued to talk with me and I started relaying to him experiences in which I had observed violent situations. One such experience happened more than twenty years ago when I witnessed a New York City policeman using a night-stick on a woman in a subway station. He wanted her to leave the station believing her to be a prostitute. I was appalled and interceded. As a woman and a visiting nurse I felt compelled to intervene, thinking it was my moral and ethical obligation to do so. The telling of this situation brought to my mind how much I abhor violence and think it is wrong for human beings to be abused. It also made me realize that I have felt this way for many many years and it is for these reasons that I engaged in this particular research. It also brought to my attention that how I think and act has a lot

to do with me being a nurse and vice versa, and how I expect or believe nurses should behave.

Toward the end of my interview I told Gary about an incident during my childhood when I was abused by other children. I had been playing with some older children whom I was not allowed to play with. I was about 4-1/2 years old and they were perhaps 7 or 8. They wanted to play "doctor" and I was to be "the patient." I relayed to Gary how I had been somewhat apprehensive but I played anyway because I wanted to be included. Well, at some point in the game I was up against the house facing the wall and surrounded by the four or five children...one or more of whom stuck a pin or two in my bottom. I remember it hurt and wanting to leave but being afraid to do so. Finally, I got up the nerve and broke free, ran home, and told my mother. She in turn went to speak to the parents of the children. I never went back. In fact, Gary asked me if I thought about going back and I told him "oh, no, I'd never go back." That was the end of the interview.

In reflecting on my bracketing interview and that final question, I realized later that, actually, part of me did want to go back. It was also important for me to realize I had feelings of wanting to be included, and to fit in...much like the women in my study. I also hesitated to break free even though what the children were doing to me hurt, and knew I should stay away even though part of me wanted to go back. Even though this experience took place in my childhood, much of what I felt could be generalized to feelings in adulthood. This interview taught me a lot about how I think and feel about abuse. As Pollio, Henley, and Thompson (1997) say, it helped

me to consider my reasons for engaging in this research. It also taught me that bracketing is a process. One cannot simply set aside ideas or preconceived notions and pretend they do not exist but it is important to be aware of one's ideas and to become sensitized to them. I realized I do have some understanding of the phenomenon. It also made me aware of how the other person, the person being interviewed might feel...what it is like to be on the other side and, hopefully, this awareness made me a better interviewer.

Lastly, it was an experience presenting my bracketing interview to the research group. Several times one member would challenge another with respect to interpretation and ask the member to "show me" where he or she found a particular interpretation in the text. Pollio asserts "whereas the ability of an interpretive group to see support for an interpretation does not guarantee its adequacy, failure to see such support serves as evidence of its lack of adequacy" (p. 49).

Intuiting

According to Oiler (1982) the operation of intuiting "is particularly difficult to present with precision" (p. 180). Intuiting is "becoming absorbed in the phenomenon without being possessed by it...." (p. 180). It occurs when the participant expresses her perception of her experience and the researcher is open to the data, which takes place "in the context of the interview" (Pollio, Henley, & Thompson, 1995, p. 45). According to Munhall (1994), "perception of the

experience is what matters, not what in reality may appear to be contrary or more truthful" (p. 15).

Developing the general research question came relatively easily. Developing the opening interview question was tricky by comparison. I had the question written in about 5 or 6 different, but similar, ways (i.e.: "Tell me about your experience of not going back," and "Tell me about staying out of the abusive relationship," and "Tell me about some times you thought about going back but didn't" and "Tell me about a specific time...," etc.) I remember presenting the questions at the research group and I could feel all eyes upon me. Once I described each question I was asked to repeat it again, and again. I believe Dr. Pollio, Dr. Thomas, and others were watching and listening to know which of the questions I seemed to be most comfortable using. This question would be instrumental in me being able to obtain, not an explanation but, a rich description "a field of purely present experience" (Ihde, 1986, p. 35) from my participants. The research group was not only listening for the words that would most accurately reflect my research question but to my tone of voice, inflection, and facial expression...these all went into their ultimate decision to suggest one particular question.

The interview in this study focused directly on the research phenomenon: it was unstructured and open-ended. The participant was first asked to "tell me about a time you thought about going back." Other questions were asked to seek clarification or elaboration of participant responses. Participants were interviewed for 1 to 2 hours in their home or a location of their choice - seven at home, one in the

researcher's home, and one in the participant's office. All interviews were transcribed verbatim. Participants received a copy of their transcript and were asked to review the transcript for accuracy. Each participant was then given a copy of her transcript to keep. The researcher listened to each tape and read the transcripts on many occasions. During this process, interpretive notes were made on the transcripts. Each transcript was summarized using direct quotes.

Analyzing

Examining the transcripts, looking for meaning units, and ultimately themes, involves comparing and contrasting the participants' description of the experience. The researcher moves from parts to the whole which increases understanding (Polkinghorne, 1983). An assumption made in phenomenological analysis is that a person's experiences are organized in some way, that they are structured, and that a thematic analysis can elucidate this structure.

Analysis of the transcripts was performed individually by the researcher; in addition, the researcher presented some of the transcripts in the University of Tennessee, Knoxville Phenomenology Group. Analysis was conducted using the participants' own words, in a hermeneutic process. Through this process, no passage is ever taken out of context and evidence is provided to support a particular interpretation (Reeder, 1988). It is critical to the process that the researcher use the participants' own words to validate the researcher's interpretation and development of themes and structure. This process prevents the researcher from "imposing

personal meanings onto the interpretation of research" (Pollio, et al. 1997, p. 49). Transcripts were then compared to each other in order to identify common patterns.

Describing

According to Oiler (1982) this is "a description of what has been seen" (p. 180). This study describes the experience of survivors of abuse staying out of the abusive relationship. Existential phenomenology concerns itself directly with the lived experiences of people in an attempt to "elucidate the fundamental themes with which human beings invariably struggle" (Valle & Halling, 1989, p. 6). Describing leads the reader to feel as though he or she is "present." The reader has a sense of knowing the people, place...the phenomenon. "The reader must get a sense of the whole" (Burns, 1989, p. 48).

Rigor

Validity is measured internally and externally. Internal validity has to do with credibility, and credibility is best assessed by those having lived the particular experience. When the participant(s) reads the study findings and can recognize the phenomenon, the study is credible (Sandelowski, 1986). Lincoln and Guba (1985) refer to this as a "member check" (p. 301). Pollio (1997) refers to plausibility and tells us this "refers to whether the reader is able to see the relation between the interpretation and the data" (p. 54). To achieve credibility, this researcher had each

participant read the findings and then discussed the findings with each of them. Every individual concurred that themes were exremely appropriate. When reading and discussing the findings, each participant was able to identify her own story, situation, and words even though the participants were assigned pseudonyms.

External validity has to do with fittingness. Fittingness is achieved when "the findings are well-grounded in the life experiences studied and reflect their typical and atypical elements" (Lincoln and Guba, p. 32). External validity, described as fittingness, has been obtained by using the participant's own words to validate patterns and themes.

Reliability is often understood to mean that the findings of a study would be duplicated if the study were to be repeated. This idea is contrary to the assumption of phenomenology that the dialogic mode of data collection itself changes the participant's experience of the phenomenon thus reliability is assessed by its auditability. Auditability is checked when another researcher comes to the same conclusions given the same data (Sandelowski, 1986). According to Pollio "...the criterion of validity becomes whether a reader, adopting the world view articulated by the researcher, would be able to see textual evidence supporting the interpretation, and whether the goal of providing a first-person understanding was attained" (p. 53). Reliability, ascertained through auditability, was achieved by having the Phenomenology Group review the transcripts and approve the themes and thematic structure. The group was in agreement that there was enough convincing evidence to

accept the themes and structure. For more information regarding this method please refer to Pollio, Henley, and Thompson (1997).

Summary

A first person description of the experience of staying out of the abusive relationship was obtained from nine adult female survivors of abuse using an existential phenomenological interview. Interdependent procedures were used to help the author from imposing preconceived ideas or biases. Procedures included bracketing, intuiting, analysis, and description. Throughout the study these procedures allow for a description of the phenomenon with participants freely describing their experiences in their own words. Selected transcripts were analyzed within an interpretive group in a part-to-whole dialectic called the hermeneutic circle. The researcher prepared a general description of the experience of staying out of the abusive relationship and participants were asked to evaluate the results. This gave participants the opportunity to question, point out discrepancies between participants and researcher, and reshape the thematic structure.

CHAPTER FOUR

RESULTS

This study used phenomenological methodology to investigate the lived experience of women who have been involved in abusive relationships, who have left, and who are no longer involved in such a abusive relationship. The structure is derived from verbatim transcripts of interviews with these women who are now staying out of the abusive relationship. Each participant was asked the same question. Additional questions were asked in order to clarify responses to the research question.

Each participant's experience was thematized using the methodology described in Chapter Three. A thematic structure was developed as it evolved from these descriptions. Some brief demographic data describing the participants will be given in this chapter. The thematic structure will then be presented and illustrated using participants' own words to illuminate each theme.

Demographic Characteristics

A single question "tell me about a time you thought about going back" was posed to 9, adult, female participants. All participants were volunteers. Their ages ranged from 26 to 57 years old. Socioeconomic status, education, marital status,

number of children, and type of employment varied. All participants were over twenty-one years of age, high school graduates, and employed. Each participant had been out of the abusive relationship more than two years.

Thematic Structure

The experience of the abused women staying out of the abusive relationship was described by the participants in the context of time, and in relation to others. Time passes in each life and was described in terms of 4 stages: one, the violent time before she leaves the relationship; two, the time when she leaves, which is called the point of no return; three, the time after she leaves the relationship, or the recovery period; and four, the present in which the narrative is told. The ground of other is equally important as the women described their experiences in terms of their relationship with their abusive partner(s) and, to some extent, with other people, and God. The themes that emerge from the existential grounds of time and others are: Good/Bad, Stable/Unstable, and Empowered/Helpless. A schematic representation of the experience and the interrelationships of the three themes and the grounds of time and relationship to others is presented in Figure 4.1. The interpretation of this schematic representation is discussed in brief before a more detailed explanation of the individual themes and ground is presented.

Diagram of the Experience

Figure 4.1 represents the relational pattern of the women in this study to others. Others denotes the womens' abusive partner(s), other people, and God. The background represents the ground of time and is divided into four stages. The first section represents the stage during which the abuse took place, when the women were living with the partner and experiencing abuse on a regular basis. The next stage is the time at which the women leave and do not go back; identified by the women in this study as The Point of No Return. The third stage is the time period after the women leave the abusive relationship; by their own definition it was called the Recovery period. The last, or fourth stage, is designated as Now which denotes the time period during which the narrative is being told. Figure 4.1, therefore, represents the experience of self and other at different stages of the leaving process.

The triangles on the left represent the women (designated as self) and the triangles on the right represent the other. It is from grounds of time and other that three themes emerge which are figural for the women in this study. The three themes are Good/Bad, Stable/Unstable, and Empowered/Helpless. The themes are not mutually exclusive, although each does represent what is figural to these women with respect to their experience of their partner and other people at different times and in different situations; at certain times, each theme became more figural (which is represented by bold type) as the other themes receded. Broken lines in the triangles represent other as being less figural. Each of the women thought less of

themselves and better of the partner in the beginning of the relationship and before leaving. As time went on, the women saw themselves in a better light, more good than bad, and their partners as bad. They left for good when they saw themselves as good and their partner as bad. The theme Stable/Unstable has to do with the women viewing their lives as unstable against the abuse and becoming more stable as they leave and then stay out of the relationship. Empowered/Helpless also portrays a shift over time: these women reported feeling helpless during the abusive period, then empowered to leave. The women were able to leave and stay out when they saw themselves as good, stable, and empowered and when they saw their partner as bad, unstable, and helpless. These women continued to feel empowered during the recovery stage and, now, at the present time.

Relational Pattern

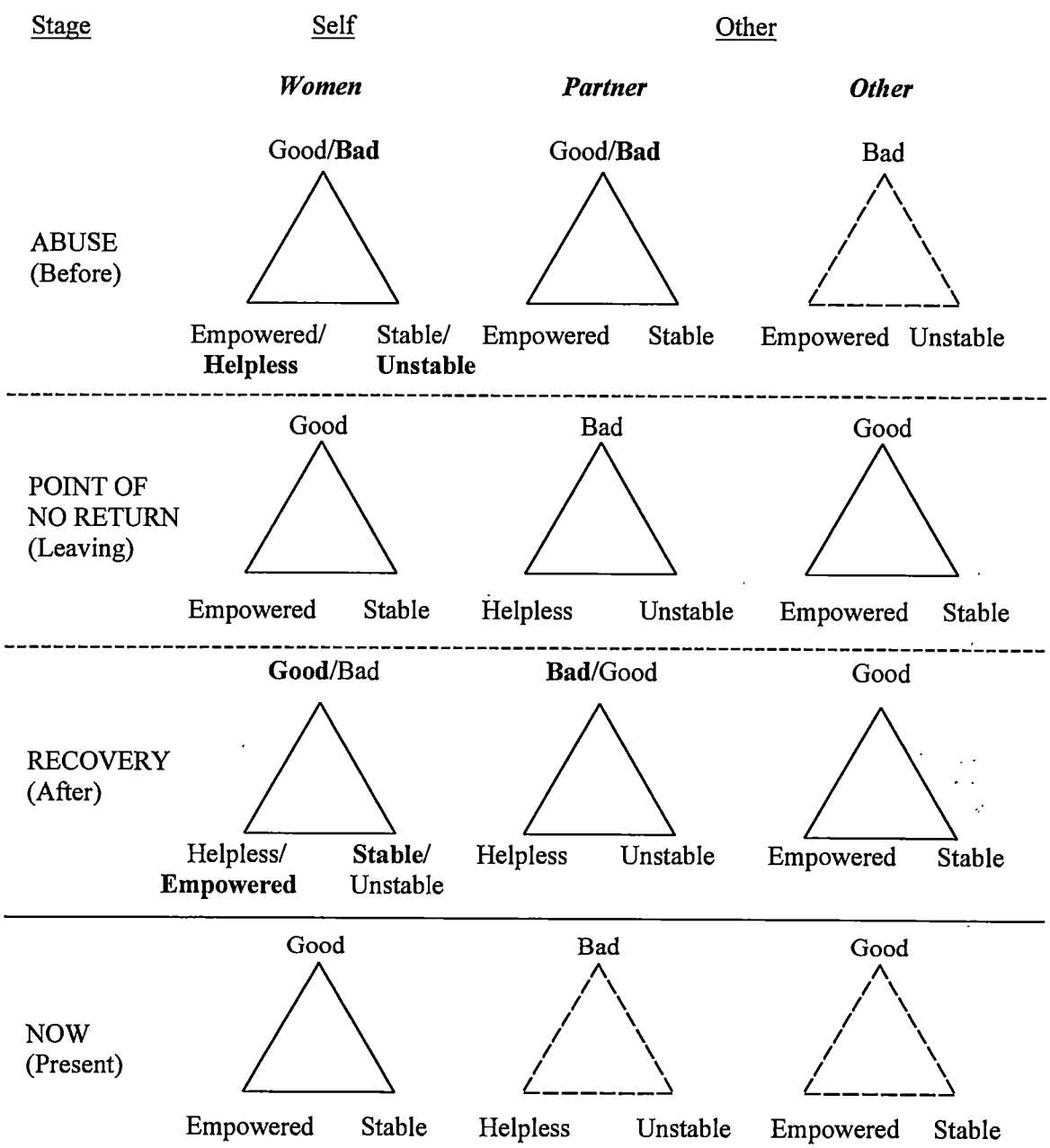


Figure 4.1 Thematic Structure: Experience of self and other at different stages of the leaving process. Note: Now denotes time period during which narrative is told. Abuse (Before), Point of No Return (Leaving), and Recovery (After) refer to narrative as told. Triangles with dotted lines = less well-defined for the participant in the narrative.

Ground

Time.

People's everyday existence is experienced against the ground of time. All of us, whether we wear or even own a watch, are aware of time. We all experience day and night, seasons of the year, and events such as births, graduations, and deaths. We divide time into periods. We make appointments, we set up schedules, pass from one grade to the next, and from elementary school to junior high school and so on.

Time emerged as one of the most significant grounds in every protocol in this study. The womens' experiences invariably were divided into four periods. The four periods were (1) the abuse...the time before they left the abusive relationship; (2) the point of no return when the women left the relationship and decided not to go back; (3) the time after they left the relationship, the time identified as recovery; and (4) the present, the time they actually narrated their experiences. All participants established a temporal context for their stories, and located their experience within this context.

When describing the first stage, participants talked about events leading up to the abuse and when it first started. They described the years of abuse, how often it occurred and how long various individual episodes of abuse lasted as well as when they occurred and the duration of the experience of abuse in their lifetime. They also used metaphors for example "...it was the winter of my life" and "darkest hour" to

describe the first stage of their relationship when the abuse was taking place. They also talked about not knowing when they might die.

Some participants began to talk of times when they met the abuser or events leading up to when the abuse first occurred. (The letter P signifies the individual participant and her corresponding number.) One participant (P5) related: "We met one night at a dance." Another (P2) said: "We met at a party one weekend." Some described the tempo at which the relationship developed:

"He moved in on me really fast. Before I knew it he had moved in...." (P2)

Another participant said:

"He became close really fast. One night I hardly knew him and the next it seemed like we'd known each other for years." (P3)

Other participants began by talking about when the abuse started in terms of specific events:

"It all started when he came back from Viet Nam. He was a changed man." (P1)

"The first time was after the birth of our first child." (P8)

"[The abuse]...began even before we were married. He beat me two weeks before we were married." (P5)

"I can't even remember when it all started. I can't remember a time when he didn't abuse me. It seems to me that for as long as I was associated with him he abused me." (P6)

Participants each went on to describe the years of abuse they endured, the ultimate breaking away, and the time since. In discussing the abuse the women often talked in terms of how often it occurred. One participant said:

> "He beat me every weekend; it was like clock work. Oh, he beat me other times too, but I could count on every Friday after work and it lasting through the weekend." (P4)

And another participant said:

> "I could predict it would always happen when I was pregnant." (She went on to say) "...it happened other times too but I could count on it when I was pregnant." (P9)

In contrast, another participant could not predict times of abuse:

> "Never knew when it was going to happen until right before it took place." (P7)

One woman said the abuse seemed continuous:

> "He beat me; everyday it seemed like. It was every day." (P2)

These women discussed when particular episodes of abuse took place; these often were times when other people might celebrate:

> "I was home from the hospital four days after having our daughter and he beat me." (P8)
>
> "He beat me right after we moved into the new house." (P1)
>
> "He had just changed stores. Every now and then he moved from one to another and, this particular time, he just came home and was like a thunder

cloud...and he beat me." (P7)

The participants also talked about the duration of the abuse in terms of how long a particular episode lasted:

"It lasted all night." (P3)

"I thought he would never stop." (P4)

"...it went on and on and on...off and on for days." (P6)

"When he'd be beating me...it seemed like forever...even tho' it may only be 20 or 30 minutes, it seemed like it lasted forever - and sometimes it did...last all night." (P9)

The women also talked about the duration of abuse in their lifetime:

"...it went on for 17 years." (P1)

"I was abused for 27 years." (P5)

"...off and on for 9 years." (P6)

"...it took 2 years off my life." (P7)

"...most all my life. Well, up until 13 years ago. But what I mean is, I was abused as a child and I left that family to begin one of my own and was abused up until I left - that was 13 years ago." (P9)

"The other thing is, it was only a few months - the time we were together that is - but it seemed like forever!" (P2)

All of the women expressed a confusion about time or timing at different points in the telling about abuse. One participant, in trying to relay a sequence of events, said:

"It was January, no February, no January, no - maybe it was March...oh, I can't remember but I think it was winter." (P3)

And another woman, in describing how long she was out of the relationship before getting involved with her current husband said:

"It was a little more than two years. No actually it was three years - well two and a half...or almost three." (P4)

One participant, when asked a question to clarify how long she had been separated, said:

"Uh, probably seven years. I have some problem with exact dates, but...probably seven years." (P1)

Some used metaphors to describe that time in their lives:

"...it was the winter of my life." (P7)

"The abuse I took, what I endured...it was the dark before the dawn." (P6)

And yet another described the stage in her life when she was abused as her "darkest hour." (P2)

Some of the women expressed the idea that they didn't know if he would end their life. One woman (P1) said: "He planned to kill me someday." The interviewer asked "How do you know he planned to kill you?" The participant replied "Because he said it. He said it. He said it over and over. He was always saying it." Another woman (P2) said: "I never knew from day to day if I was going to live or die." And another (P6) told me: "I took one day at a time because I never knew if I'd have another one."

These women went on to talk about the next stage when they left and often situated the leaving in terms of time. They described when they left, and how long it took them to make the decision. They also talked about the relationship between the time when they made their decision and when they actually left the abusive relationship. The women told about the number of times they left before they reached the point of no return. They also described when the time was right to leave. As in the first stage, these women often used metaphors relating to time to identify their leaving such as "leaving was like the spring of my life...the spring after the winter. The spring after the long, cold, hard winter" and "it was like being sprung from prison. My time was up. I did my time."

In discussing the actual leaving, the women all identified a specific point in time. The time described was either the time of day, a specific day, or the time of year. One woman (P3) told me: "I left in the middle of the night." Another participant (P1) said about leaving: "I left on the 4th of July!" And another (P9) relayed: "I waited 'til summer vacation when my kids would be out of school."

The women in the study also described leaving in terms of how long it took them to make the decision. For some women making the decision took a long time:

"It seemed like I could never make up my mind; it took the longest time." (P8)

"It seemed like it took an eternity for me to decide to leave." (P1)

"...it took me forever. Well, 9 years anyway." (P6)

In some cases, it took a long time to decide, but when it happened the women

acted on the decision pretty quickly. One woman told me:

> "It seemed like years and years and years, but once I finally, actually, decided it was like I decided in a split-second, and picked up and left." (P4)

Other women decided to leave, but did not act on the decision for varying lengths of time. One participant said:

> "The first time he hit me I decided I was going to leave, I just didn't know when. As it turned out it took me a couple of years before I finally got away." (P7)

Another woman said:

> "I decided when I was lying in the bed after my first child was born. It was night time, and everything was pretty quiet, and I was just kinda laying there thinking about my life and everything and I knew I was going to leave. I had made up my mind. Yep, I made up my mind. (participant chuckles) Yep, I done made up my mind...and I left...after baby number three." (P8)

The women also often spoke of the number of times they left before leaving the last time. One woman said:

> "I left twice before I left for good. You know the old saying three strikes and you're out (she chuckles) well, that was it for me..." (P1)

Another (P5) participant said:

> "It seemed like I left a hundred times but it was probably three or four."

The women described how they knew the time was right to leave. The following excerpts from the transcripts are illustrative:

"I could not see any way to make it work...he wasn't willing to change...there was just no way I could change him...that's what finally broke the bond... that's when I knew I had to get out and the time was right." (P1)

"He was beating on me so bad I just knew it was going to be the last time - for one of us - it had to be. I knew I couldn't take it anymore. I had to get out, right then." (P8)

"He was just whaling on me and I started to pray. I prayed for all I was worth. I asked God to make it stop; make him stop." The interviewer asked, "and then what happened?" The participant replied, "He just kept at it, and I couldn't seem to get away, and nothing I did would make him stop so I kept praying asking God to make it stop and I'd leave for good. I promised I'd leave for good. All of a sudden he just fell over...it all just stopped. (Long pause). The interviewer asked "Was he dead?" The participant chuckled and smiled and said "No, honey. He was drunk and wore out from beating on me and I guess he just went unconscious." (Another pause). The interviewer asked "and what did you do?" The participant replied, "I knew I had to get outta there...for good!" The interviewer asked "And you never went back?" The participant answered "No, honey. I felt that was one time God truly answered my prayer, and I better live up to my promise, and I never went back." (P3)

Women in this study often used metaphors related to time to talk about their leaving:

"Leaving was like the spring of my life...the spring after the winter. The spring after the long, cold, hard winter." (P7)

"When I left I knew it was dawn...The researcher asked "do you mean it was almost morning? What do you mean when you say it was dawn?" The woman responded "No. It wasn't morning; in fact, it was the middle of the night. No...I mean I knew it was to be the dawn in my life. What I had been through already was my darkest hour - leaving was the dawn." (P6)

"...it was like a celebration, a birthday party, a graduation, a passing." The researcher asked "what is a passing?", wondering if the woman was equating her leaving with a death, and the woman said "...a passing, you know...a passing...like a rite of passage." (P1)

Other metaphorical descriptions included the following:

"It was like being sprung from prison. My time was up. I did my time." (P2)

"It was like closing a door. When I left, that was all behind me...in the past." (P4)

"It was like a death when I left. That part of my life was over. Over for good. Over forever." (P9)

"I was at a point I knew if I stayed one of us would die." (P3)

"When I left I knew that time in my life was over. I knew I could never return to all that...I had reached the point of no return." (P1)

Two women in my study actually used the phrase "I had reached the point of no return," and I decided to use this as the title for the experience of the women in my

study because all of the women in this study reached this point and decided to stay out of the abusive relationship.

The third stage, after the women left the abusive relationship, identified by the women in this study as the recovery stage, was also set in the context of time. The women talked about the time period they had been out of the abusive relationship, the length of time they have been involved in other relationships since leaving the abusive one, how time passed for them, and how they spent their time. They also used metaphors to describe this period in the process of leaving.

The women described how long they had been out of the abusive relationship:

"I've only been out a little more than two years." (P7)

"This all happened sixteen years ago. It ended sixteen years ago." (P5)

"...and (I) was abused up until I left - that was thirteen years ago." (P4)

"I've been out now for eleven years." (P8)

The women all commented on how long they have been involved in other relationships, either married or living together, since they left the abusive relationship:

"I've been with him for ten years." (P4)

"...twelve years for me now." (P1)

"I've been with this man for eleven wonderful years." (P8)

Talking about how time passed for them since leaving, the women often spoke about how quickly it seemed to go and their perception of it seeming like a

short time. In talking about how the time went by fast one woman (P1) said:

"The years seem to fly by!" And another (P4): "When I look back, I don't know where the time has gone." Another participant (P6) said: "Time flies when you're having fun." Women often compared the amount of time in the relationship with the amount or length of time out of the abusive relationship:

> "I can finally say I've been out as long as I was in." (P7)
>
> "I've been out for eleven years and that's almost as many years as I was with that sicko." (P8)
>
> "I look forward to the day I can tell people I have not been abused for as long as I was abused." (P5)

The participants had metaphors they used to describe the recovery stage. One participant (P7) called it: "...the summer of my life." And another (P9) said: "I've been like a plant that someone planted in the spring and grew in the summer." Another participant (P3) said: "It seems like a lifetime ago." Another participant (P4) described: "Once the page turned I was in a whole new chapter."

Discussing the fourth period or present phase, the Now, the participants located their experience in time and most often summed up their entire experience. One woman described how:

> "Now I not only feel like I can live; I want to live. I want to pack as much into a day as I possibly can. Before my life was like winter; cold, hard, and bleak. Then, when I left, it was like spring. Once I got started on my own and was able to start building a new life, and it got better and better each day,

I felt like it was summer. I was growing and my life was getting better. I still feel like I'm in my summer." (P7)

Another woman described:

"I think of the abuse and me leaving and the time after, when I was recovering, kind of like a day...the abuse was the morning when I kinda wasn't awake yet, when I left it was like a wake up call and I basically started my day; then the time after I left...well, that's like the afternoon, and now, now I have the whole evening to enjoy." (P2)

Another participant said:

"Before, during all that time I was taking the abuse, I felt like a child. Like it was in my childhood. Kids are always being told what to do, how to do it, when to do it and not doing it right. When I couldn't stand it anymore, when I just knew I had to leave or else, when I had reached that point of no return, I felt like a rebellious teenager. I felt like that kid who has to break away and stand on his own two feet no matter how scary it is, because the future looks better than the past. Once I left, in the beginning, I felt I guess like a young adult...Recovering from all I had experienced was like being a young adult...making my own way. Now, I feel like an adult...oh, don't get me wrong, I still need to make my way, but it's different. Now, I'm more mature in the whole process." (P5)

Other.

Relationships were described as very important to these women. They described their experience of abuse, leaving, recovery, and the time at which they told their story...their "now"...against the grounds of time and in relation to others. The other most often was their abusive partner(s); however, at times the other may have been a relative, friend, co-worker, neighbor, or even a stranger who became figural at the time. These women experience themselves in relation to others; sometimes they saw themselves in comparison to others. This was often indicated when the women would compare their appearance or their intelligence to that of other women. One woman described how, when she was in the abusive stage, she compared herself to other women:

"I was so plain and she and her friends were so pretty." (P2)

And another woman (P1) described:

"The other women were so smart and then there was dumb, naive me..."

At other times the women in this study described what they perceived to be the expectations of other people; usually, the partners' expectations. One woman (P8) indicated: "He thought I should do everything around the house; cook, clean, pay the bills, mow the yard, tend to the kids, etc., etc., etc." Another participant (P1) said: "He expected me to run the shop, run the house, run the kids, run his family...he wanted me to do everything and more!" Sometimes the women expressed concern that they could not live up to the expectations of other people; for instance, one participant (P5), while reflecting on the abuse stage, said:

"I didn't take the job because with everything I was going through I just didn't think I could handle it, and I was afraid I couldn't do what the boss wanted me to do."

Concerns over others sometimes took the form of not wanting to disappoint other people or let them down. One participant said:

"I always felt like if I left, he'd never forgive me." (P4)

And another:

"I thought if I left people would think badly of me." (P9)

The women in this study described bonding to the abuser. One participant said:

"I felt closer to him than any other person I'd ever met." (P1)

Most of the women expressed caring for other people as being important in their lives. They've cared for their abuser(s), their children, and for other people, and they saw themselves as cared for by others. One woman, while talking about leaving her abusive relationship said of a person who helped her leave:

"I couldn't have done it without her." (P8)

And another:

"If it hadn't been for her I'd be dead today." (P6)

When talking about the recovery period all of the women described relationships they had with other people and how important they were. One woman said:

"This person was there for me every day, not just when I got to the point of leaving but every day after. It was amazing, truly amazing." (P7)

And another participant said:

> "If this strong woman hadn't helped me...not just one day or the time" (talking about when she left) "but every day...every minute it seemed like...or at least every minute I needed her...I don't think I would've made it through once I got out. She helped me recover." (P1)

All of the women, when telling their story, expressed the hope that by participating in this study someone else would be helped. They saw their interviews as testimonials.

One participant indicated:

> "If what I tell you can help one person, I'll be happy." (P3)

And another woman said:

> "You have no idea how much it means to me to think that maybe I can help someone so that they won't have to go through what I've been through." (P5)

Themes

The women in this study definitely experience themselves in relation to others. The themes that stand out for them, with respect to these relationships, are good/bad, stable/unstable, and empowered/helpless. They describe themselves as good and bad, and others as such as well. They also describe themselves, their lives, and others as stable and unstable. Finally they describe themselves as empowered or helpless and they experience others as empowering them or contributing to their

helplessness. These themes are figural against the ground of time and in relation to others. Most of the time the others are the women's abusive partners; however, they may be someone else as well.

Abuse Stage: Good/Bad - During the abusive stage the women described themselves in a negative light. They often acted like wallflowers at a dance and were amazed that these men took any interest in them whatsoever. At first they saw the abuser as all good, someone who could do no wrong. They were awed by him. One participant sums this up by describing:

> "It's so strange how things go...when I first met him I was so amazed that he'd be interested in me. Here he was this big, important pro (type) ball player from (place). The best thing I'd ever seen...really fine, tall, good looking. Yep, he was good - We were at a party I was invited by a friend who also worked at the bank. I was pretty plain - I don't wear make-up...oh, I'm slim and all, and decent looking, but there were all these women there who were dressed up, make-up on, big hair you know...drop dead gorgeous type...and then there was me...and he singled me out...me." (P2)

It is as if these women perceive themselves as chosen, and how they seem to be rescued from obscurity. It's as if these men are white knights in their lives, making the women feel good about themselves. One participant said:

"I couldn't believe it; he was so great and he actually chose me...me!" (P8)

The women tell how quickly this all seems to change. They go from what seems like

a honeymoon phase into feeling badly about their partner, because in the words of all of these women "he is bad." One participant said of her partner:

> "I can't even tell you how bad he was...he was just bad. He was so bad I'd have to say he was almost evil, no...he was evil!" (P1)

These men go from being experienced as an angel to being experienced as a devil. As one woman described:

> "You can't even imagine how bad he was. Bad. Bad. Bad. I woke up to him burning me with cigarettes. When he wasn't doing that he was slicing me...little slits...with a razor; real small like paper cuts. It was hard for me to believe at one time I thought he was so good [that] I questioned if I was good enough for him." (she laughs). (P7)

After being built up and starting to feel good about themselves, the women describe how they begin to doubt themselves and are made to feel degraded. They feel put down and often begin to believe that they are no good. As one participant (P1) said: "I feel like I couldn't do anything right. I was no good. I wasn't good at anything and I was just no good." Another participant (P5) shared her belief about herself: "I was no good. No good to him, no good to anyone, no good to myself." And another (P8): "He was always telling me I was no good so I guess I just started believing it."

These women also described other people in relation to themselves. Often, other people were as disappointing as the abuser to these women. The epitome of this is exemplified in the following statement by one woman:

"Do you believe I actually got away one time and it was my sister who turned me in to him - she actually called and told him where I was. Man, what a bad scene that was, I thought sisters were supposed to be good to each other...not this one, she was bad, real bad." (P2)

Another participant, in describing disappointment in her mother, said:

"...my mom would always say, 'Marie, you just keep yourself looking good, and take care of those kids, and someone will come along. Somebody will come along for you!" (P5)

Another woman told how:

"Even the police let me down. I don't know if he was just a bad cop or what, but he turned me right back over to (name)." (P1)

Abuse Stage: Stable/Unstable - During the abuse stage the women described their lives as stable when they enter the relationship with their partner; however, this too quickly goes downhill and what they thought was a stable relationship was quickly viewed as unstable. One woman said:

"Before I married him I didn't really have any relationships of any length -- nothing very steady or stable; then I married him and I thought that was everything. I thought boy I'm set now -- this is it!" (P8)

The same participant later said:

"Boy, was I wrong. What I thought was so stable turned out to be one of the most unstable relationships of my life -- no, the most unstable, and it didn't

take long for that to happen." (P8)

Another participant, talking about her relationship with her partner, said:

> "I really thought I had made it...this relationship was unshakable; boy was I in for a rude awakening. The only thing unshakable was him - he was steady like a rock; I was the one who was unsteady. He had all the force he needed to be strong and stable...I on the other hand was weak and unsteady." (P1)

The participants talked about how, because the partner was unstable, it made their other relationships unstable also.

> "How could I keep friends? We moved so many times I didn't know which end was up or where I lived when; my life was so unstable...I remember one time I left work and just sat in my car thinking, where am I going home to today? Where is home?" (P7)

Participants often described their partner as unstable because he could not hold down a job or secure employment, and that affected the women's entire life. They often had to move place to place which made their own lives unstable. One participant described:

> "Because things were so bad at home...so unstable it affected everything, everything; I'd be at work and not be able to concentrate, not even know what to do next. It wasn't just my home life was unstable...I was unstable; sometimes I didn't know...or couldn't think of...or couldn't remember my own schedule. That may sound dumb but...when you can't even remember which place you're living in that day; when your life is so unstable...you're

moving place to place - sometimes one place in the morning, go to work, and go home to a different place that night - it's hard to think of much else. You're just constantly trying to find some stability." (P9)

Another participant described how she lost a job because the relationship with her partner was so bad and her life was so unstable:

"One place I quit at the end of my first day. It was so bad...not the job but because things were so bad in my life - everything was so unstable I just couldn't stay focused and do what I was supposed to do." (P3)

In talking about times when they were in the abusive relationship, when they would leave and then go back to their partner, the women described the instability of relationships with other people. They often felt let down or disappointed by others and relationships weren't always what they thought they were:

"You really find out who your friends are. Believe me, you put a real strain on your relationships. The ones you thought were the most stable sometimes turn out to be just the opposite...it could be they were stable because you were having good times all those years." Interviewer asks "All those years?" Participant responds "Yeah...I'm thinking of my best friend growing up. We were such good friends...well, so I thought, well, we were but I guess there wasn't any test...we just kinda went along day to day everything pretty steady, but when I turned to her for help things weren't so good after all. What I thought was a stable relationship turned out to be one of those places where we could use the couch once in a while, for a night or two, but not on

any kind of regular basis and not every time we needed to." (P4)

One participant described her life as "one couch to the next" during her period of instability:

> "...one couch to the next; that's how I judged how stable my life was...whether my kids and I had a couch to go to...to sleep on that night. Basically we went couch to couch; pretty ironic don't you think. Some people are what they call couch potatoes...living on the couch all day. You'd just hope they'd be ready to get off by the time you were ready to settle the kids for the night. Some people were good about that and some weren't. Those that weren't, well you didn't stay long. The ones who were...you know...maybe you felt like you had a more stable relationship with... you could stay longer." Interviewer asks "How long?" Participant responds "Oh, there've been some, you know, <u>good</u> friends and relatives we've spent a whole week with. Yeah, those were the good times." (P7)

And another woman said:

> "...You'd think you could go home to your mother. Well, let me tell you even if you've grown up in a stable home with good parents and no violence your parents are only willing to put up with so much. When you keep coming home, time after time, it gets to them and to your relationship." (P9)

<u>Abuse Stage: Empowered/Helpless</u> - During the abusive stage the women go into the relationship feeling empowered by their partner. As in any honeymoon

phase, they describe being sought after and affirmed and they report feeling good about this. As one woman (P6) said: "Honey, I thought I had the tiger by the tail. He sweet-talked me and in the beginning he acted like I couldn't do anything wrong. He made me feel great and it made me feel like I could do anything." The same woman later reported that: "All that sweet-talking didn't last too long. He started putting me down all the time 'til I got to the point I felt like I couldn't do anything - nothing, just nothing at all." Another participant (P8) said: "In the beginning, he'd 'honey' this and 'honey' that...I thought I was in heaven. He was so good to me. I knew I could do anything and I would have. I would have done anything for him." Later, the same participant described how things changed.

> "Pretty soon it became 'honey do this' and 'honey do that' and 'honey wash the car' and 'honey get your fat ass home.' I couldn't do anything on my own or by myself; he saw to that. I did what he told me to do, when and how, - if he said 'jump' I'd ask 'how high'?" (P8)

The women described increasing helplessness and constraints on their freedom:

> "He only let me go to the living room. I was in the bedroom most of the time and there was a bathroom in there and...well, he had people over all the time but I wasn't allowed to see them and they weren't allowed to see me. It was like I was being held hostage or something." (P2)
>
> "I never felt so helpless in all my life...this time he hit me so hard it knocked me out and when I woke up I was tied in bed...My head hurt so bad. I felt like I was gonna' go deaf and there was nothing I could do about it." (P7)

Leaving Stage: Good/Bad - These women reported getting to the point where their experience of their partner colors their whole world. They feel bad about themselves but get to the point that they see themselves as good and are able to make the break to leave. They see their partner as bad, and the people who help them leave as good; as angels in their lives.

> "I can't believe how bad I felt. I didn't even like myself. I felt worse and worse about me, then I ever felt before in my life." (P4)

Later the same woman said of her partner:

> "He was an animal...like a rabid animal that I had to get away from." (P9)

Another woman said of herself:

> "Deep down inside I knew there had to be something good about me still, even tho' I felt so bad about myself." (P3)

About her partner she said:

> "He made me miserable. I knew I had to leave. There was nothing good about him; we all knew he was evil." (P6)

When talking about the people who helped them to leave, the women couldn't say enough good things about the other person. One woman said:

> "She was like my guardian angel." (P5)

Another participant said:

> "She was like my mother, my sister, my friend, my confidant, my savior." (P2)

Leaving Stage: Stable/Unstable - The women described themselves as both stable and unstable during the leaving process. When contemplating leaving, they described an ambivalence. Ultimately, they came to feel strong in their decision or conviction to leave at the same time, they reported feeling scared and shaky about the actual event. One woman (P8) said: "I feel like I had to be out of my mind. How could I even contemplate leaving." The same woman later said: "I knew in my heart it was the right thing. I knew I had to do this, and be strong about it, and I was."

Another woman (P1), talking about leaving, said: "I was scared to death. I didn't know if I could make it. I kept going back and forth, back and forth, 'til finally I knew I just had to jump and I could do it." The interviewer asked "when you say "back and forth, back and forth", do you mean leaving and going back?" The participant responded: "No, I mean back and forth in my mind." The same woman later described: "Once I made up my mind, that was it. It was leave or else and I chose to leave!"

Another woman (P7) said about her leaving: "I had moved about 20 times in 30 days; well, um, I say moved but, um, it wasn't really moving like in any real sense of the word of going from one place real stable to another. When I left I knew I had to stay out for good and I did. In the beginning, when I was trying to make up my mind, I knew it would be tough and I vacillated, but once I made up my mind I was okay...even tho' the going was bumpy in the beginning...all those moves and all...I knew it was the right thing."

Describing their partners during the leaving stage, the women portrayed them as unstable, out of control, and unpredictable. They often described an abusive event in order to portray just how unstable he was prior to her leaving. One woman, talking about her partner, said:

> "He took me for a drive and put me in the middle - he knew he was going to beat me - he put our son next to the door and the rest of the kids in the back. And he, he, he just started beating me so bad that, finally, I reached over and opened the door and my son and I rolled out onto the highway." (P5)

The same participant said, of this incident, later:

> "If that wasn't unstable then I don't know what is!"

Another participant described the extreme measures taken by her abuser to confine her:

> "He had me spread-eagle on the bed, tied to the bedpost for three days. He didn't let me up to use the bathroom; I didn't have anything to eat or drink. He kept playing heavy metal, blaring it as loud as it would go, and he'd keep waking me up all night long when I finally could go to sleep from sheer exhaustion. If he fell asleep he'd jerk awake and start screaming at me like he was going off; he came unglued." (P7)

The partners' instability seemed to be a contributing factor to these women leaving; much like the straw that broke the camel's back. One participant said of her partner:

> "He was a real sicko. A very shaky dude." (P3)

Another (P4) described:

'He had gotten so bad that it was like he was off his rocker most of the time." And another:

> "I never knew what to expect. It just got to be too much and I decided maybe he could be that unstable, get away with it, and live his life, but I sure the hell couldn't." (P9)

When describing the people who helped these women escape the abusive situation, or were instrumental in effecting that stage, the women in this study portrayed them as very stable. The women knew they could depend on these individuals. One woman described her rescuer:

> "...like a rock...wouldn't think of backing down." (P5)

And another: "This person was the most stable individual I have ever met." (P8)
And another: "She was unshakable. I knew right where I stood and I knew things were going to be alright, and they were." (P6)

Leaving Stage: Empowered/Helpless - When these women talked about leaving, they described having been empowered by the person who helped them to leave the abusive relationship. By empowering these women, the women's partners were rendered helpless. Even the extreme measures the partners used (such as tying the women down) were no longer effective. The participant who was tied, spread-eagle, in bed for three days describes her triumphant escape:

> "When the kids came back you'd think nothing had happened. We all sat down and ate dinner. Later, when the kids were in bed, he started choking

me with a belt. My daughter came in and saw what was happening, she was 7, and she got her brother and, just like in the safety plan we practiced that the staff told us to do, she went out and got the two of them in the truck and started it up. I knew what they were doing; I don't think he had a clue. Each time I'd black out and start to come to, I'd hear the truck...I thought to myself I didn't have much time. I felt so good all at once. I felt like I could do this. I didn't feel helpless anymore. I knew if my little girl could be so brave and strong, I had to get out. I felt so empowered. I broke free and ran. I slammed both doors behind me. My daughter had put the lock on both so when they closed they locked. It was just enough time...those few split seconds he had to fumble with the locks...for me to hop in the truck and drive down the hill to the gas station. You have no idea how good I felt - the police were there. I felt so good knowing he couldn't do a thing." (P7)

Oftentimes the people who help these women escape are perceived as magically coming out of nowhere. One participant said:

"One day this girl...I say girl, you know, this woman, came into the bedroom. She didn't know I was there...I think it startled her; she must've come in to use the bathroom, maybe the other one was in use. Anyway, she saw that I was all bruised and beat up and she asked me what was going on, how long I'd been there, etc. She told me we were leaving and she went out and talked with (name). She told him she had to go back to her house, which was not very far away, and wanted to take me with her. She made up some excuse

about needing my help for something, and he bought it, but told her not to be gone long. Anyway, we left and as soon as we got to her place she called 911. The police came and took me and busted him at the same time. I felt so empowered. I had tried to escape several times before that, completely on my own, and never made it. This time was different and it was good I had someone helping me and I was able to feel good about myself and walk out of that house like I had all the confidence in the world." (P2)

Another participant, describing leaving said:

"I went to court the next day and the judge, you know what he said to me? he said 'lady do you have an attorney?' And I said no, cause I couldn't afford one, and he told me I 'need an attorney' so (I) 'better just go home.' And I'll never forget it, this woman, her name is (name), this woman attorney was in the courtroom and she just walked up to me and spoke up and said "I'll take your case for $10.00 a month.' It changed my life." (P5)

Recovery: Good/Bad – During the recovery period, the women started feeling better about themselves, more good than bad. They thought less of their former partner, and reported having good relations with other people. Other people helped these women to feel better about themselves. One participant stated:

"I started feeling good about myself." (P6)

Another woman said:

"I felt better, and I still do." (P4)

Another woman said:

> "I still have bad days and don't always feel the best about myself but, in general, every day is better than the last and I feel better and better." (P8)

Another participant said:

> "When I left I hated him. I'm real thankful there were other people in my life. I feel good about me and good about them." (P2)

In talking about their partners some of the women admitted they still thought about the partner and the telling seemed almost wistful. One woman said:

> "I don't wish him any harm. I just wish he could be different and maybe learn to give, or help other people." The researcher said "It sounds like you still think about him." The participant responded "Oh, I do. I still have feelings, but, oh now don't get me wrong, I don't ever want to be with him, you know. I'm very happy." (P1)

When talking about relationships with other people, the women said how good they felt, good about having friends (they commented on the previous absence of other people in their lives) and how good their friends are. One woman said:

> "I almost didn't remember what it's like to have friends in your life. I didn't have any for so long--I wasn't allowed to have any. Now I have a few really close, good friends and it's wonderful." (P5)

Recovery: Stable/Unstable - There were times they still felt unstable but for the most part they felt more stable than unstable. The women conveyed the

following: "When all that crap was going on, I used to take four or five Valiums a day...once I left, I was able to cut it down to half a Valium a day. I think that's great" (P6). Another woman (P2): "I have a life now. I have purpose." Another participant (P1) said: "Whenever I feel like I'm getting off-track, I pray. Praying keeps me on track." And another woman (P4) stated: "I take it day to day." And another: "It's unbelievable how wonderful life is without all that chaos; now my biggest worry is what will I do if I miss an appointment with someone, or don't get up on time." (P9)

Another participant:

> "I moved into one place and realized it was a real hole. At first I wondered if this was going to continue...if I'd just keep moving place to place; if my life was just meant to be unstable. Then I moved into another place; a great place. That was four years ago and I'm still here. My life is much more stable. I make my own choices." (P1)

Another participant said:

> "I can't believe how much more stable my life became...right off the bat; it was unbelievable. I had people who cared and were there for me." (P5)

Recovery Stage: Empowered/Helpless - These women felt more empowered than helpless. They felt empowered by other people. One participant said:

> "A friend helped me to get a job. Once I got a job I started feeling good about myself. I got a job and started sorting bills...who I had to pay first, etc.

> Once things started going right, I actually felt empowered and I kept them going right." (P3)

Another participant, talking about staying out of the abusive relationship, relayed that:

> "Most of the time I feel like I can accomplish this. I have a safe life, I'm making friends, I've had a tremendous amount of help...only, it's only once in awhile, when I'm having trouble doing something or I can't do something, then I begin to feel a little helpless." (P6)

Another participant said:

> "Oh sure, some of the time…I wondered should I trust this person or that person but, for the most part, the people in my life really helped me and they made me feel great." (P9)

The participants often talked about God as other person. And how praying to God empowers them. One participant told me:

> "I once read about a man who was a prisoner of war. He was in a cell all by himself; he had very little food - just barely enough to keep him alive, and he was cramped - he had to always sit down or lie down 'cause the cell was too small for him to stand in. There were other prisoners but he couldn't talk to them and they couldn't talk to him. He didn't even have a pot to pee in - he just had to do that in the corner into the dirt. Anyway, no matter what happened the one thing that kept him going, and kept him from going nuts, was he'd say the rosary. Do you know what that is?" The interviewer

replied, "Yes, I am Catholic...I pray the rosary." The participant smiled and went on to say "Well, he prayed. He'd pray the rosary. So that's what I'd do. It may sound kinda' crazy; you'd think I'd just think my life was wonderful - not being beat anymore and all, but it was real hard, especially at first. I kinda felt like that man. I felt alone and even tho' there were people around me I didn't feel like I could talk to them. So I'd pray. He made it. He always had the hope he'd be outta there one day and have a new life. Well, I had a new life and I wanted it to continue...so I'd pray." There was a pause and the interviewer asked "What did you pray?" The participant blushed slightly and looked down at her hands then back up and said "I prayed the rosary...I'm Baptist, but I learned the rosary and I prayed the rosary like he did...and I felt uplifted. You know, when I prayed that rosary I knew things were gonna' be alright. I knew I could make it." (P5)

Other participants said:

"...I'd pray. I'd pray for all I was worth. I knew it was what was gonna' get me through. I'd pray to God." Interviewer asked "When did you pray?" The participant responded "I prayed all the time. I'd pray in the car, I'd pray fixing dinner...it didn't matter. I knew it helped me." (P6)

"I'd pray to God. I'd pray to Jesus. I'd pray to anyone I thought should be listening. I'd pray in the shower in the morning and I'd pray in the bed of the night. I felt better when I prayed, and I still do." (P9)

> "When I prayed I felt like I could make it. There were times when I actually felt like I could do anything that's how important praying was for me when I first got out. It's still real important." (P4)
>
> "Prayer empowered me. For a long time I hadn't prayed. It seems silly now because that's when things were so bad - you'd think I'd have had sense enough to pray; that's usually the last thing people do." Interviewer said "the last thing?" and participant responded "yeah, you know, when all else fails...you pray. Well, I guess maybe I got to that point and I felt like even that wasn't working so I gave up; I stopped praying." (P1)

Something else that seemed to empower these women were things they were told by other people to do. Prayer is an example I mentioned previously, but many of the women mentioned meditation, using relaxation techniques, and reading. (The story about the prisoner of war was one example). In fact several of the women re-read books from their childhood that stood out for them. One such example is a story one woman was told by a friend to read. The woman said:

> "Are you familiar with the book The Little Engine That Could?" Interviewer says, "A story about a little engine that took toys to children on the other side of a mountain and said 'I think I can?' Participant says, "that's the one." Interviewer replied "Yes, it was my youngest brother's favorite story when we were kids and my dad would read it to him every Sunday morning. I can remember he'd always say to my dad, when he was finished, "read it again, daddy, read it again!" The participant smiled and said "ahhh, then you'll

> really understand...you see, anytime I'd feel down or like it was too hard to go on...like I couldn't make it...I'd just remember me that story and I'd say over and over to myself 'I think I can, I think I can, I think I can' just like the little engine in the story and pretty soon I'd feel like that little train...like I was able to do anything." (P1)

Believing in self, God, and others seemed to make a big difference in the lives of these women.

Now:

Once these women get through the abuse, leaving, and recovery stages, they seem to be more differentiated. They are stronger and can stand on their own. They still want and need other people in their lives but they are better able to stand on their own; this is what I hope to show in my thematic structure by using the dotted lines of the triangle for other on the right side of the "now" stage.

The women in this study pretty much summarize their experience of time and other voicing the themes good/bad, stable/unstable, empowered/helpless when they convey descriptions such as the example below:

> "Before my life was hell. My husband was the devil and I was his toy. He had a stronghold on me and I felt like I couldn't do anything. I felt helpless to do anything about it. I was abused in every way. Then, the one time I was able to get to a friend's house, there was a nurse there and she helped me. She told me I could get away and how to do it. She told me I could call and

> get help 24 hours a day. I wasn't alone. I didn't have to be alone. She gave me the strength to leave. It wasn't easy, and I'm glad I'll never have to do it again. I talked to that nurse a lot, before I left and after I left. She was there for me. I prayed a lot too. Now I have a good partner and friends and a stable relationship. I have a nice place to live. These are the things that help me every day to put the past behind me and go on." (P8)

Many of the women gave suggestions about how to help other women who are leaving and who want to stay out. One woman said:

> "Tell them that life doesn't have to be like that. That there are people ready to help you. Don't force them to stay out. Get them to think about what life is like with that person. Be there for them. Let them know you'll always be there, and always be there!" (P1)

Another participant said:

> "Now I have order in my life. I have a job, friends, a place to live. I still pray a lot but now it's about different things...my life, the way it is now. I don't have to pray about him, I have a past and he's in it! I almost never go to the support group; in fact, I can't remember the last time I did, but now if and when I go it's to help other women. I feel good about me and my life. I'm at a point where I know I can go on...life is good.!" (P6)

Summary

The women in this study describe themselves and others as good/bad, stable/unstable, and empowered/helpless in relation to others against the ground of time. Time defines the leaving process, and was divided by participants into four stages or phases. The first phase represents the abusive phase; the second, leaving; the third, recovery, and the fourth one is the time at which the narrative was told and identified as "now."

CHAPTER FIVE

DISCUSSION

The purpose of this study was to describe the experience of formerly abused women who have left the abusive relationship and are staying out. Nine women were interviewed using phenomenological methods. Interviews were transcribed verbatim and interpreted by the researcher and in research group meetings. The culmination of this analysis produced a description of the thematic structure that formed the meaning of this experience as described by the participants. The meaning of this experience was situated in time and in relation to others, and it is from these grounds, that the themes good/bad, stable/unstable, and empowered/helpless arise.

Thematic Structure

The experience of formerly abused women staying out of the abusive relationship was grounded both in time and in relation to other people. Each of the transcribed interviews was clearly situated in the context of time: each divided the leaving process into four stages. Stage one of the leaving process was the abuse. It was the time period the woman lived with her partner, before she left. The second stage was the leaving. The leaving is identified as "the point of no return." The third

stage in the leaving process is the recovery phase. This is the term the women used to identify this period. The fourth stage is the time at which the narrative was told...the now.

Wuest and Merritt-Gray (1999) in their grounded theory study of 30 women not going back to the abusive relationship also identified four stages in the process of reclaiming self. "Reclaiming self is a process of reinstatement of self within the larger social context" (p. 110). This process, which they identify as cyclical, has four stages known as: counteracting abuse, breaking free, not going back, and moving on. In their study, Wuest and Merritt-Gray were building on a previous study (Merritt-Gray & Wuest, 1995) which described the leaving process and identified counteracting abuse as the survivor's period of resistance to being abused once the abuse began. Breaking free is the process of the survivor leaving the abusive relationship. It is presented as a process that unfolds during several, or many, attempts by the woman at leaving. In this study participants point out that leaving is difficult and may be more dangerous than staying. They also point out the women don't necessarily have the support they need in order to maintain their separation.

I am excited by the fact that a study, conducted by other researchers, came to a similar conclusion as my study with respect to the idea that there are four stages in the leaving process. We need grounded theory studies, as the goal of this approach to research is one of building theory. It is an explanatory method and explains what happens and why (Lincoln & Guba, 1985). My study is also necessary. It is

different from Wuest and Merritt-Gray (1999) in that it is a phenomenological study. The data were not filtered through the researcher's mind to propose or develop a theory. This study is meant to portray a first person description of the lived experience of women staying out of abusive relationships.

Time served as a ground for women's narratives of meeting their abuser, identifying when the abuse started, and enumerating the sequence of years of abuse they endured. This was portrayed much the way Landenburger's (1989) ethnographic study portrayed the process women go through during the abusive relationship or "process of entrapment" as she explains it (p. 209). The women in my study go on to describe, often in graphic detail, how the abuse occurred. These women are survivors; they are resilient. They have been abused in every way: physically, sexually, emotionally, financially. They describe the duration of individual episodes of abuse and also the duration of abuse over time in years. Every one of the women was abused during pregnancy, which we know is common. All of the women became confused about time and this was expressed by sequences of events being described out of order.

Pollio, Henley, and Thompson (1997), in referring to a (1952) study by LeShan, state "The development of a less than cohesive sense of past, present, and future is not surprising, notes LeShan, if one grows up in an environment where food, shelter, heat, and personal safety are unpredictable" (p. 99). I believe it is a similar thing operating in this study. The women talk about the tempo at which the abuse takes place and also that they often did not know if they would live or die.

Heidegger (1927/1962, as cited in Pollio et al, 1997) posits that only when one faces death, the impossible possibility of not-being-in-the-world, can one choose to live with what Heidegger terms an "authentic" life. A being-toward-death is one's authentic being-in-the-world. For the women in my study, the threat of death had the potential for allowing the choice of living each day with an increased appreciation of one's present being-in-the-world. These participants described feeling good about getting their lives back.

Women in the present study, like those in several previous investigations, identify leaving as a process that takes place over time. The period after leaving, the recovery stage, is also described as a process. The women referred to recovery as "going slowly," and several participants said "I take it one day at a time." Several indicated that even "now," as the narrative was being told, they don't think in terms of their growth as having been completed. One participant said:

"It's not as if I think I have arrived." (P7)

Another participant said:

"I know I am still becoming." (P1)

Pollio, et al (1997) refers to this as "change/continuity ("becoming in time") and describes how on a personal level the person has "an awareness of personal development..." (p. 105-106).

With respect to others, the women's abusive partner(s) is often who she describes herself in relation to as well as family, friends, other people, and God. These women often made comparison of themselves to others, and described how

they worried about the expectations of others. They described how others disappointed them and how they bonded to their abuser. These women describe a rescuer or angel, as if coming out of nowhere, to help them in the leaving process, and also point out that the individual stays on into the recovery phase; one participant said:

> "She was there for me even after I left. She stayed there for me for the longest time." (P2)

It is important to note that seven of nine times the people who helped these women were known to them, but not figural in their lives, before the women left the abusive relationship. Some of the women point out that they felt alone after they left. One participant said: "I felt alone even though there were people all around me." (P4) Most of the time, however, these women described having a good relationship with at least one person and that they felt concerned about and close to someone. Another participant said: "There was no doubt in my mind she cared about me - even today, she's still in my life." (P8)

Participants also described people pulling for them. These people were often the helpers. Only one of these people was a nurse, yet every one of the women in my study had been pregnant and delivered and had also been treated at various times for injuries. This was disappointing for me to know there had been so much contact with health care professionals and a nurse stood out only one time for one of these women (1 out of 9 = 11%). The women in this study were also pleased that they had

gotten to the point where they felt they could help someone else. They described this in talking about their pleasure in being included in my study.

Good/Bad - The women in this study described feeling good about themselves and their abuser in the beginning. They described how he often "boosted" their "spirits" and many described him like a "rescuer" or like "an angel." The women described being chosen by this individual and how good that felt. The relationship is often the first enduring relationship the woman has experienced. Before the abuse begins, the descriptions often sound like the honeymoon phase described by Walker (1984). Once the abuse begins, however, the woman's self-esteem takes a nose-dive, she begins to feel badly about herself and also toward her abuser. They experience the absence of other in the form of isolation by their partner. As one woman said:

> "I thought I was lonely but since I've started making friends, and being out with people again, I realize just how lonely I really was." (P5)

Many, many times these women compared their abuser to the "devil" or said how "bad" or "evil" he was. He made her feel bad because of his constant degrading and demeaning behavior. Other people also made them feel badly because these women were often let down by others or were put in a position where the women felt judged. Friends didn't always come through for them as they had hoped.

During the leaving they always felt good about the person who helped them get out of the relationship. They feel rescued once again, and this time it is a good

thing. In the recovery phase the women see themselves in a better light, more positive about themselves, and they feel good. They see their abuser as bad. In the telling of the narrative, the now, these women often say they have reached a "peace," and feel good about the prospect of helping someone else.

Stable/Unstable - The relationship these women have with the partner(s) often is described as stable in the beginning. The women reported feeling stable and seeing the partner as such; what they seem to be describing is the perceived stability of their relationship. Once abuse begins, the women report experiencing a deterioration of self, and the relationship, which she experiences as her own instability. She vacillates about her partner's stability...seeing him "like a rock" in his unbending, unchanging behavior, but gradually comes to view him as very unstable, closest to the time of her leaving. One participant described how her partner became "unglued" when she described the escalation of abuse. She feels unstable in her ambivalence about leaving, and describes how she may have left several times before leaving for good. When other people show up in her life and help her to escape the abuse, she sees them as very stable and sees herself forming a stable relationship with those individuals. When she first leaves she feels shaky again because of how difficult her life is; she's concerned she may not make it on her own. She does make it, though, due to her relationships with other people, and her relation with God. Just as she feels stable when she has the support of other people and can communicate with them, she feels connected and supported when she talks

to God. Eventually these women begin to feel their lives are no longer so chaotic; they reported being more stable and having stable relationships.

Empowered/Helpless - These women describe feeling empowered at the start of the relationship. They are empowered because of the tremendous attention given to them by the abuser. Once the abuse begins, they report feeling helpless due to the way they feel about themselves, their partner(s), and their relationship. They report seeing their partner as all powerful because of the way he controls her life. Once someone steps forward to rescue them, they feel empowered and see their partner as totally helpless in stopping them, or preventing them, from leaving. Other people help these women, empower them, in assistance with obtaining jobs, a safe place to live, etc. These women practice activities that others advise them to engage in such as reading, praying, meditating, and the women work at staying out of the abusive relationship. They begin to feel they can accomplish this. Ultimately, the women in this study feel they have a "new life." Wuest & Merritt-Gray (1999) refer to this as reclaiming self.

Summary

The findings in my study are consistent with the literature in that leaving is described as taking place in stages and over time (Landenburger, 1989; Mills, 1985; Merritt-Gray & Wuest, 1995; Newman, 1993; Ulrich, 1991; and Wuest & Merritt-

Gray, 1999). Even the recovery stage is described as a process, as is true in other studies. (Ulrich, 1991; Wuest & Merritt-Gray, 1999). What I believe is different about my study and what I think it adds to the body of knowledge regarding women staying out of the abusive relationship is that it captures the voice of these women. It is a phenomenological study told in the first person. The women use very simple language (i.e., "good" and "bad," "stable" and "unstable," "empowered" and "helpless"); even the one participant who has a master's degree uses these words in describing her life in simple terms. Another significant point is that other people are so very important to these women; they hold them up on a pedestal as their rescuers. These women view their leaving as having been rescued. They place their faith in other people; often times, people they don't even know. Yet these people lend a real strong helping hand; they are instrumental in helping these women leave and stay out as well. The people who help these women leave the relationship are instrumental in helping them sustain their freedom.

Another difference between my study and previous studies is the women's relationship with God. They felt empowered through prayer. They did not talk about organized religion; however, they did talk about "talking to God" and "praying." I have not found reference to this in any other study on women leaving or staying out of the abusive relationship. They also make specific reference to reading inspirational material and meditating. I do not have to assume doing such things may help; these women actually told me that they help. Lastly, these women made a particular point of letting me know they are (in the words of one participant) "ready,

willing, and able to help other women." They feel good about themselves and staying out of the abusive relationship. In fact, these women have come full circle from feeling bad about themselves and unstable and helpless while in the relationship to feeling good about themselves, stable, and empowered while staying out of the relationship.

IMPLICATIONS FOR NURSING

Practice

The results of this study have implications for the role of nurses in clinical areas from hospital settings, emergency rooms, women's health practice offices, to schools, homecare, and business and industry. Nursing's role is to take care of people wherever they are, and abused women, women who are trying to leave, and those who have left, are everywhere. Nurses are fortunate to be presented with Kaizen. I have been told by a Japanese friend, Chizu Kuni, that kaizen is an Asian word which represents two concepts; it stands for opportunity and challenge. Nurses are in a unique situation to take advantage of the opportunity to help these women because it is often nurses with whom these women come in contact. Nurses must accept the challenge of helping these women and not shy away from the challenge.

Talking with women who have experienced such atrocities, degradation, and humiliation can be very uncomfortable. However, from the results of this study I am here to say if time and others--time and relationships--are the contextual grounds that

are the background for all life experiences of these women then who better to work with them than nurses? Nurses, even when hurried, often spend more time with clients than other health or helping professionals. Nurses by virtue of their role have access to women everywhere; at work, in their home, in health practice offices, and hospitals, and other community settings such as health fairs and health screening events. Not only do nurses attend to physical needs of clients but also to the emotional, social, spiritual, and environmental needs of these women. Nurses can dedicate the time to help these women and nurses can be sensitive to timing as well. In the assessment process nurses can judge when to focus on a particular issue, and when to back off. Nurses can judge when it is appropriate to exclude a significant other, asking the person to "step-out" of the room, in order to have a more private conversation. Nurses are educated to know when to intervene or intercede. Nurses have a wealth of education and background lending itself beautifully to caring for these women.

Caring for is often a term used in nursing to designate that the nurse is attending to a client. When I use the term caring I intend for caring to mean that the nurse is exhibiting a warmth toward the client, leaving no doubt in the client's mind that the nurse is there for her...that the nurse is present for her. I am using the expression caring the way I believe Watson (1988) uses it. By caring the nurse attends to every detail, takes a detailed history, actively listens to the woman, utilizes and maintains good eye contact, and body language, asks appropriate questions, and is willing to explain herself and ask the client for detailed explanation as well. The

nurse is not grilling her as in an investigation but in the sense of making it known to the woman that the nurse wants to know exactly what this woman is thinking, feeling, going through, and what it is she faces. Peplau describes this type of relationship as a therapeutic interpersonal process and views it to be a major nursing function (Ryles, 1998), as I do.

I was surprised to learn that more of the participants did not cite nurses as being figural in their lives. Only one participant talked about a nurse standing out in her recovery process, yet every participant talked about having been treated on several occasions for injuries. I believe this has to do with the fact that the nurse may not have specific experience dealing with abused women per se. It can be difficult knowing how to jump in and begin an interaction that will elicit the grueling details of an abusive relationship. From the results of this study, if the nurse is not properly prepared with resources at her fingertips to help this woman the client may see the nurse as a bad nurse, and the nurse can wind up feeling helpless herself and may even engage in conversation that makes the client feel like she is being blamed rather than helped or empowered. Based on her own comfort level the nurse may or may not be available to the woman. Nurses often are comfortable with taking care of the physical needs of a client; however, they must also pay attention to giving care holistically which includes emotional, spiritual, social care...caring for the client in every way.

Because others are so important to these women, it is essential that nurses seek to establish a relationship. This relationship is established during face to face,

eye to eye contact with the woman. The nurse must be willing to ask simple yet direct questions allowing the woman to know the nurse really wants to know about this woman's life.

Throughout time, nurses have been viewed as angels of mercy (Donahue, 1985). Since these women view the people they are close to (the perpetrator whom they have left as well as the people who help them get away from him) as angels, or rescuers, then why can't the nurse be an angel for the woman? I believe the nurse can be if she is truly present to the woman. Some people may wonder if this would only foster a dependence on the nurse; shifting dependency perhaps from one person to another. I would ask: if a person who uses a cane falls and breaks a leg is the cast that is applied fostering dependency? I think the cast is an aid, an assistive device, used until the person's leg is able to heal and get strong. I think of a nurse becoming the angel in a woman's life in much the same way.

Orem (1991) makes it clear that she believes in order for an individual to satisfy her self-care needs and preserve health in the self-care process, one essential criterion that must be present is that there be a perception that new health behavior will reduce vulnerability to illness. How are these women to acquire new healthy behavior if they do not have someone available to them to teach it to them and to reinforce it? This "angel" is the individual who will first provide non-judgmental, open, caring human contact for these women. This "angel" will be available and present to these women, and will teach these women about making connections with other people in order to become stronger every day.

Priscilla Blanton (1996) once asked us in class if we ever thought that perhaps service providers went from one extreme, ages ago, of dictating to clients what they should and should not do to a more passive attitude today of listening without giving advice. "Have providers gone too far the other way in not providing advice?" This question really made me think and take stock of my own practice as well as observe others. I do think that many times nurses, rather than giving specific advice, will ask the client what she thinks or what she wants to do and then act on the client's input. To some extent this is necessary. Certainly as nurses we want client input. We hope to develop plans of care with our clients not develop them in isolation. I do believe, though, based on what we know and the information available to us from our discipline we ought to be willing and able to give sound advice. For example, we know from the women in this study how important other people can be in their lives; therefore, I do not think we should hesitate to tell women in similar situations that they should get involved in a support group. We also know that the women in this study tell us that things other people do are extremely significant, such as praying, meditating, using affirmation; therefore, I think nurses should not hesitate to tell women or advise these women to engage in such practices. I also think that when these women tell us they are thinking about going back, or longing to be with their partner again, or are thinking wistfully about their past relationship(s) it is up to us as nurses to say "No, don't go back" or to ask them to tell us what it is they are remembering or thinking about. As the women begin to tell their story or concerns I am confident they will begin to situate themselves in the

violence once again, and I believe we should capitalize on that. This should be a strategy nurses use with women who have left an abusive relationship. We need to have them remember to reflect on what those days and times were like and emphasize that the good times "did not last very long" and "were few and far between" in the words of this study's participants. Much like the recovering alcoholic attending Alcoholics Anonymous, these women need to tell their story. It is the remembering that helps them to stay out.

If women are at their greatest risk of homicide when they are leaving an abusive relationship (Campbell, 1986) then, when dealing with women who have left the abusive relationship, we must take the risk and be the angel who guides them through the transition and make certain that their leaving truly is a point of no return. We must be ever present to these women and be forceful in our conviction that they should not return. We know for them to return will increase their risk of death should they decide to try to leave again. When dealing with a woman who has left the abusive relationship we, as nurses, should capitalize on the fact that she is out. We should focus on keeping her out--out of the relationship, and out of harm's way.

Not only can nurses recommend and/or refer these women to support groups but the nurse can become a support group facilitator herself. These support groups can be run both in and out of shelters. In-shelter groups are useful for women actually in the throes of making a break from their partner. Support groups, in the community, can help women who have already left and are staying out of the abusive relationship. Community support groups can also include women who are thinking

about leaving and/or who have concerns about safety/abuse issues in their home. Nurses can direct shelters; who better to operate a 24 hour, non-profit, service agency than a nurse? Nurses have been engaged in this type of work and similar agencies (i.e. hospitals, hospices, etc.) for centuries (Donahue, 1985). The nurse/director can devise intake forms to ask specific, highly personal information, can attend to the patterns of living to provide safety, food, shelter, and clothing. The nurse can specifically help women not to go back. She can facilitate support groups, hold individual therapeutic conversations, regulate nutrition intake, ensure time for sleep and rest, provide for the management of child care when necessary, and indirectly help these women by obtaining funding and financial support through grant writing and by promoting community awareness, and garnering community support. Nurses can prescribe a home visit and follow-up contact regime once the woman is out of the shelter.

Nurses can be instrumental in helping women who have left the abusive relationship by acting as a liaison for transitional housing. Perhaps the nurse can make referrals for public housing and/or assisted living. We know from this study it is important for the women to feel stable, and one way in which to help them feel stable is to help them locate safe/secure housing. Community health nurses can provide health screenings and health fairs. Just as the nurse, while taking a blood pressure, may ask female clients "do you do self breast exams?" the nurse can ask every female client "do you feel safe in your home?" and in this way open the door for discussion regarding existing or potential or past abuse. The nurse might also ask

"are you, or have you been, involved in an abusive relationship?"

These are the types of questions I alluded to earlier that may be difficult for a nurse to ask but that are critical for nurses to ask in order to improve the health and safety of women like those in this study. When confronted by women who have left an abusive relationship the nurse can go on to inquire about living arrangements, personal relationships, etc. Follow-up phone contact by the nurse, or mail contact via postcard, can help to solidify or reinforce that there is someone out there who cares. The nurse can have hotline information available and support group information as well. I am not advocating that printed information should take the place of person to person contact. I am advocating that printed information should be available in addition to that initial, personal contact. Availability of resources is critical, and the more help and support a woman has coming out of an abusive relationship, the better. The nurse can oftentimes make arrangements for nutrition coalition referrals so that a representative can go into the home and help with meal planning, food preparation, budgeting, etc. The more contact with other people, the better.

Nurses in schools, business and industry, and acute care settings need to be prepared to talk with women who are not going back to the abusive relationship. Nurses in educational systems at every level may become aware of these women. In elementary, junior high, and high school it may be the children of these women who bring to the nurses' attention that their mom is out of an abusive relationship. At the high school level it may be the student herself who is the woman staying out, or it

may be the college student who presents at the health center. Parish nurses need to make themselves available to these women as well.

In summary, nurses in every setting must be ready, willing, and able to help women who are trying to stay out of the abusive relationship. They must be prepared to give direct care, anticipatory guidance, and education. Based on the results of this study, these women must be able to feel good about the nurse and perceive the nurse as good. These women must also know that the relationship with the nurse is stable, that the nurse is there for her, follows through, and the woman must feel that the nurse is helpful. The woman needs to feel empowered by the nurse.

Education

Nursing education provides the skills, knowledge, and information for sound nursing practice. Students of nursing must learn how to care for women who have left abusive relationships. They need to learn to care for them wherever they may encounter them. Watson (1988) states that "the most tremendous, most mysterious and most universal of cosmic forces are love and care....These needs are often overlooked, people need each other in loving caring ways, but don't always behave this way toward each other." Nurses need to learn to put into practice the fine art of caring. In order to care for these women they must make themselves available to these women. Nursing students must learn to engage these women in conversation, collect data by taking a history and use the information to make an assessment. Just

as with any other type of client, the student must learn to use the nursing process. King's Theory of Goal Attainment (King, 1990) can be utilized by nursing educators to teach students of nursing how to use the nursing process in working with these women to obtain and set goals. Decision making is "a shared collaborative process in which client and nurse give information to each other" (p. 81). The student will formulate a plan, implement that plan, and then evaluate the situation. Levine (1980) states this eloquently when she says "because we don't see patients as a mere collection of isolated data we can approach them with a sense of participation and caring, reaching out to touch, comfort and listen, and synthesizing what we learn, create a nursing care plan" (p. 197).

Women who have left abusive relationships can be found in every practice setting. To engage these women in conversation, the student will need to make good use of eye contact, facial expressions, body language; they will need to engage in a therapeutic relationship using the interpersonal process referred to by Peplau (Ryles, 1998). The use of phenomenological interview techniques and interpretation of the resulting transcripts would be extremely helpful in this process, as nursing education must emphasize the art of listening and communication. Not only will the student need to learn to ask questions, and converse back and forth, but also will need to give information. To be truly present to these women, the student must learn which resources are available in the form of 24 hour help or assistance. It is apparent from the women in this study that timing is important. Students must be prepared to give phone numbers, and make referrals and contacts. The student must learn about

support groups and how to develop a group in the community if one is not already in place. Our nursing educational system must teach students to facilitate support groups. We know from the women in this study that it is important to connect with other people. Not only do the students need to learn how to connect with these women themselves but they must also learn how to connect these women with other people - both professional as well as other women in the community. We also know from this study that the women use the information others give them and have tried meditation, prayer, affirmation, etc. Therefore students need to be taught how to teach these techniques to these clients.

Nurse educators are role models for students and therefore must model the skills discussed previously and the values the discipline holds so dearly. Educators should be working in the practice settings in which they are preparing their students to work. This may mean helping students to partner with a community in providing health fairs or health screenings, which can also be held in high schools and colleges. This is an example of secondary prevention to screen and detect women who have left the abusive relationship. Working in community practice settings may mean actively participating in or providing shelter activities such as support groups, or including students in research projects working with women who have left abusive relationships.

Nurses currently in practice would benefit from inservice education and continuing education about women who have left the abusive relationship. Emphasis should be placed on holistic care and on not blaming the individual. Nurses already

in practice would benefit from learning techniques of phenomenological interviewing. It is important that the student realize both she and the client will be changed in this process.

Research

This investigator has added to the existing research about the process of women leaving abusive relationships as well as staying out of those relationships, from the women's perspective. Further qualitative and quantitative studies are needed about recidivism and what helps women to stay out once they leave. Future research could focus on intervention with women who have left. We know from the women in this study that people and time are very important to them. An intervention study could be conducted using a mentor program with women who have left the abusive relationship. A study of this kind could test a prescribed program of contacts (home visits, mail and/or phone contact, etc.) with these women and the effectiveness and numbers of women empowered to stay out and/or recidivism rate of women returning to the abusive relationship.

Other studies could be conducted regarding not only the use of support groups but what works best for these women (i.e.: a non-structured group discussing ideas the women, themselves, raise or a structured group using set topics or perhaps a combination of the two for discussion). Intervention studies could also be conducted with nurses to ascertain what is the best way for nurses to obtain disclosure regarding abuse and ultimately help women to stay out of these

relationships once they have left. A further study could be conducted with women who leave one time and never go back--who stay out the first time they leave--in the hopes of discovering interventions that will assist other women in doing the same.

Research studies should be published, not only in professional journals but, as Kuhn (1970) suggests, in lay journals or magazines as well. By doing so, awareness of the public may be enhanced and more and more women will know that they are not alone, help is available, and also get some idea as to where and how to gain access to that help.

BIBLIOGRAPHY

BIBLIOGRAPHY

Alessi, J. J. & Hearn, K. (1984). Group treatment of children in shelters for battered women. In A. R. Roberts (Ed.). Battered women and their families (pp. 49-61). New York: Springer.

American Nurses Association. (1992). Position statement of physical violence against women. American Nurse, 24, (4), 8.

Andrist, L. C. (1993). Women's issues in women's health care nursing. Association of Women's Health Obstetrics and Neonatal Nursing Clinical Issues in Perinatal and Women's Health Nursing, 4, (2), 163-172.

Annells, M. (1996). Hermeneutic phenomenology: Philosophical perspectives and current use in nursing research. Journal of Advanced Nursing, 23, 705-713.

Arroyo, W. & Eth, S. (1995). Assessment following violence-witnessing trauma. In E. Peled, P. G. Jaffe, & J. L. Edelson. (Eds.). Chapter 3 Ending the Cycle of Violence: Community responses to children of battered women. Thousand Oaks, CA: Sage Publications.

Attala, J. M., & Warmington, M. (1996). Clients' evaluation of health care services in a battered women's shelter. Public Health Nursing, 13, (4), 269-275.

Avni, N. (1991). Battered wives: Characteristics of their courtship days. Journal of Interpersonal Violence, 6, (2), 232-239.

Babcock, J. C., Waltz, J., Jacobson, N. S., & Gottman, J. M. (1993). Power and violence: The relation between communication patterns, power discrepancies, and domestic violence. Journal of Consulting and Clinical Psychology, 61, 40-50.

Barling, J., & Rosenbaum, A. (1986). Work stressor and wife abuse. Journal of Applied Psychology, 71, 346-348.

Bauer, H. & Rodriques, M. (1995). Letting compassion open the door: Battered women's disclosure to medical providers. Cambridge Quarterly of Healthcare Ethics, 4, 459-465.

Belknap, R. (1999). Why did she do that? Issues of moral conflict in battered women's decision making. Issues in Mental Health Nursing, 20, 387-404.

Blair, K. A. (1986). The battered woman: Is she a silent victim? Nurse Practitioners, 11, (6), 38-47.

Blanton, P. (1996). Fall semester, September, class notes.

Blau, P. (1964). Exchange and power in social life. New York: Wiley.

Bograd, M. (1989). Feminist perspectives on wife abuse: An introduction. In K. Yllo & M. Bograd (Eds.), Feminist perspectives on wife abuse. Newbury Park, CA: Sage Publications.

Bohn, D. K. (1990). Domestic violence and pregnancy: Implications for practice. Journal of Nurse-Midwifery, 35, (2), 86-98.

Boss, P. G., & Greenberg, J. (1984) Family boundary ambiguity: A new variable in family stress theory. Family Process, 23, 535-546.

Boss, P. Family Stress Management. (1988). Newbury Park, CA: Sage Publications, Inc.

Bowles, G., & Klein, R. (Eds.). (1983). Theories of women's studies. London: Routledge & Kegan Paul.

Brendtro, M., & Bowker, L. H. (1989). Battered women: how can nurses help? Issues in Mental Health Nursing, 10, 169-180.

Browne, A. (1987). When battered women kill. New York: Free Press.

Buckley, W. (1967). Sociology and other systems theory. Englewood Cliffs, NJ: Prentice-Hall.

Bullock, L. & McFarlane, J. (1989) Higher prevalence of low birthweight infants born to battered women. American Journal of Nursing, 89, 1153-1155.

Bullock, L. F., McFarlane, J., Bateman, L. H., & Miller, V. (1989). The prevalence and characteristics of battered women in a primary care setting. Nurse Practitioner, 14, 47-55.

Bullock, L. F., Sandella, J. A., & McFarlane, J. (1989). Breaking the cycle of abuse: How nurses can intervene. Journal of Psychosocial Nursing and Mental Health Services, 27, (8), 11-13.

Burg, M. A. (1994). Health problems of sheltered homeless women and their dependent children. Health & Social Work, 19, (2), 125-131.

Burge, S. (1989). Violence against women as a health care issue. Family Medicine, 21, 368-373.

Burns, N. (1989). Standards for qualitative research. Nursing Science Quarterly, 2, 44-52.

Campbell, J. C. (1993). Domestic Violence. Association of Women's Health Obstetrical and Neonatal Nursing's Clinical Issues in Perinatal and Women's Health Nursing 4, (3), ix - 512.

Campbell, J. C. (1992). A review of nursing research on battering. In C. Sampselle (Ed.), Violence against women: Nursing research, education, and practice issues (pp. 69-81). New York: Hemisphere Publishing Corporation.

Campbell, J. C. (1989a). A test of two explanatory models of women's responses to battering. Nursing Research, 38, 18-24.

Campbell, J. C. (1989b). Women's responses to sexual abuse in intimate relationships. Health Care for Women International, 8, 335-347.

Campbell, J. C. (1986). Nursing assessment for risk of homicide with battered women. Advances in Nursing Science, 8, (4), 36-51.

Campbell, J. C., & Alford, P. (1989). The dark side of marital rape on women's health. American Journal of Nursing, 89, 946-949.

Campbell, J. C., Campbell, D., Pugh, L., & Visscher, M. (1995). The influence of abuse on pregnancy intention. Women's Health Issues, 5, (4), 214-223.

Campbell, J. C., Harris, M. J., & Lee, R. K. (1995). Violence research: An overview. Scholarly Inquiry for Nursing Practice, 9, 105-126.

Campbell, J. C., & Humphreys, J. (1984). Nursing care of victims of family violence. Reston, VA: Reston.

Campbell, J. C., & Humphreys, J. (1993). Nursing care of survivors of family violence. St. Louis: C. V. Mosby.

Campbell, J. C., Kub, J., Belknap, R., Templin, T. (1997). Predictors of depression in battered women. Violence Against Women, 3, (3), 1-11.

Campbell, J. C., & Sheridan, D. J. (1989). Emergency nursing interventions with battered women. Journal of Emergency Nursing, 15, (1), 12-17.

Campbell, J. C., & Soeken, K. (1999). Women's responses to battering over time. Journal of Interpersonal Violence, 14, (1), 21-40.

Campbell, R., Sullivan, C., & Davidson II, W. (1995). Women who use domestic violence shelters: changes in depression over time. Psychology of Women Quarterly, 19, 237-255.

Cappel, C., & Heiner, R. B. (1990). The intergenerational transmission of family aggression. Journal of Family Violence, 9, 157-175.

Carmen, E., Russo, N., & Miller, J. (1981). Inequality and women's mental health: An overview. American Journal of Psychiatry, 138, 1319, 1330.

Centers for Disease Control. (1992). Homicide surveillance-United States, 1979-1988. Morbidity and Mortality Weekly Report, 41 (55-3), 1-34.

Chess, W. & Norlin, J. (1989). Human behavior and the social environment: A social systems model. (2nd ed.). Boston: Allyn & Bacon.

Chetknow-Yanov, B. (1992). Social work practice: A systems approach. New York: Haworth.

Chez, N. (1994). Helping the victim of domestic violence. American Journal of Nursing, 94, (7), 33-37.

Cody, A. (1996). Helping the vulnerable or condoning control within the family: Where is nursing? Journal of Advanced Nursing, 23, 882-886.

Cohen, M. Z. (1987). A historical overview of the phenomenologic movement. Image: Journal of Nursing Scholarship, 19, (1), 31-34.

Compton, B., & Galaway, B. (1989). Social work processes. (3rd ed). Belmont, CA:Wadsworth.

Creswell, J. W. (1994). Research design -Qualitative and quantitative approaches. Thousand Oaks, CA: Sage Publications, Inc.

Curnow, S. (1997). The open window phase: Help seeking and reality behaviors by battered women. Applied Nursing Research, 10, (3), 128-135.

Davis, L. (1991). Violence and families. Social Work, 36, 371-373.

Dienemann, J., Boyle, E., Baker, D., Resnick, W., Wiederhorn, N., & Campbell, J. (2000). Intimate partner abuse among women diagnosed with depression. Issues in Mental Health Nursing, 21, 499-513.

Dobash, R. D., & Dobash, R. (1979). Violence against wives. New York: Free Press.

Dobash, R. E., & Dobash, R. P. (1988). Research as social action: The struggle for battered women. In K. Yllo and M. Bograd (Eds.), Feminist perspectives on wife abuse (pp. 51-74). Newbury Park: Sage.

Dobbie, B. J., & Tucker, B. J. (1990). The perceived health needs of abused women. Canadian Journal of Public Health, 81, 470-471.

Donahue, M. P. (Ed.). (2000). Nursing, the finest art. St. Louis, MO: C. V. Mosby Company.

Draucker, C., & Madsen, C. (1999). Women dwelling with violence. Image: Journal of Nursing Scholarship, 32, (4), 327-337.

Edelson, J. L. & Tolman, R. M. (1992). Intervention for Men who Batter. Newbury Park, CA: Sage Publications, Inc.

Farrell, M. (1996a). Healing: A qualitative study of women recovering from abusive relationships with men. Perspectives in Psychiatric Care, 32, (3), 23-29.

Farrell, M. (1996b). The sense of relationship in women who have encountered abuse. Journal of the American Psychiatric Nurses Association, 2, (2), 46-53.

Federal Bureau of Investigation. (1995). Uniform crime reports: Crime in the United States, 1994. Washington, D. C.: U.S. Department of Justice.

Ferraro, K. (1993). Rationalizing violence: How battered women stay. Victimology, 8, (3-4), 203-212.

Ferraro, K. (1983). How women experience battering: The process of victimization. Social Problems, 30, (3), 325-338.

Gardner, J. F. (1991). Women in Roman law and society. Indianapolis: Indiana University Press.

Garko, M. G. (1999). Existential phenomenology and feminist research: The exploration and exposition of women's lived experiences. Psychology of Women Quarterly, 23, 167-175.

Gary, F., Sigsby, L., & Campbell, D. (1997). Feminism: a perspective for the 21st century. Issues in Mental Health Nursing, 19, 139-152.

Gazmararian, J. A., Adams, M. M., & Pamuk, E. R. (1996). Association between measure of socioeconomic status and mental health behavior. American Journal of Preventive Behavior, 12, 108-115.

Gelles, R., & Cornell, C. (1990). Intimate violence in families. Newbury Park, CA: Sage.

Gelles, R. J. Family violence. (1993). In Hampton, R. L.; Gullotta, T. P.; Adams, R. G.; Potter III, E. H. & Weissberg, R. P. (Eds.). Family violence prevention and treatment. Newbury Park, CA: Sage Publications, Inc.

Gelles, R., & Straus, M. (1979). Determinants of violence in the family: Toward a theoretical integration. In W. Burr, R. Hill, F. Nye, & I. Reiss (Eds.). Contemporary theories about the family (p 549-580). New York: Free Press.

Gelles, R., & Straus, M. (1990). Physical violence in American Families. New Brunswidk, NJ: Transaction.

Gerbert, B., Johnston, K., Caspers, N., Blecker, T., Woods, A., & Rosenbaum, A. (1996). Experiences of battered women in health care settings: A qualitative study. Women and Health, 24, (3), 3-17.

Germain, C. P. (1984). Sheltering abused women: A nursing perspective. Journal of Psychosocial Nursing, 22, (9), 24-31.

Giles-Sims, J. (1983). Wife beating: A systems theory approach. New York: Guilford Press.

Goldberg, W. G. & Tomlanovich, M. C. (1984). Domestic violence victims in the emergency department. Journal of the American Medical Association, 251, 3259-3264.

Hadley, S., Short, L., Lezin, N., & Zook, E. (1995). Woman kind: an innovative model of health care response to domestic violence. Women's Health Issues, 5, (4), 189-198.

Hamberger, L. K., Saunders, D. G., & Hovey, M. (1992). Prevalence of domestic violence in community practice and rate of physician inquiry. Family Medicine, 24, 283-287.

Hammond, M., Howarth, J., & Keat, R. (1991). Understanding phenomenology. Cambridge: Basil Blackwell, Inc.

Hanmer, J. & Maynard, M. (Eds). (1990). Women, violence and social control. Atlantic Highlands, NJ: Humanities Press International, Inc.

Hartman, C. R. (1995). The nurse-patient relationship and victims of violence. Scholarly Inquiry for Nursing Practice: An International Journal, 9, (2), 175-192.

Hassler, R. (1995). Domestic violence and the politics of a statewide community. Women's Health Issues, 5, (4), 199-202.

Helton, A. S., McFarlane, J., & Anderson, E. (1987). Battering during pregnancy: A prevalence study. American Journal of Public Health, 77, (10), 1337-1339.

Henderson, A. D. (1989). Use of social support in a transition house for abused women. Health Care for Women International, 10, 61-73.

Henderson, A. D. (1992). Why is it important for critical care nurses to know anything about wife abuse? Critical Care Nursing, 12, (2), 27-30.

Henderson, A. D., & Ericksen, J. R. (1994). Enhancing nurses' effectiveness with abused women. Journal of Psychosocial Nursing, 32, (6), 11-15.

Hepworth, D., & Larsen, J. (1990). Direct social work practice (3rd ed.). Belmont, CA: Wadsworth.

Hilberman, E. (1980). Overview: The "wife-beaters wife" reconsidered. American Journal of Psychiatry, 137, (11), 1336-1346.

Hillard, P. J. (1985). Physical abuse in pregnancy. Obstetrics and Gynecology, 66, 185-190.

Hoff, L. A. (1990). Battered women as survivors. New York: Routledge.

Holtzworth-Monroe, A., & Hutchinson, G. (1993). Attributing negative intent to wife behavior: The attributions of maritally violent versus non-violent men. Journal of Abnormal Psychology, 102, 206-211.

Horsfall, J. (1991). The presence of the past: Male violence in the family. North Sydney, Australia: Allen & Unwin Pty Ltd.

Hotaling, G., Finkelhor, D., Kirkpatrick, J., & Straus, M. (Eds.), (1988). Coping with family violence: Research and policy perspectives. Newbury Park: Sage.

Hotaling, G., & Sugarman, D. (1990). A risk marker analysis of assaulted wives. Journal of Family Violence, 5 1-14.

Humphreys, J. (1995). The work of worrying: Battered women and their children. Scholarly Inquiry for Nursing Practice, 9, (2), 127-145.

Humphreys, J. (1991). Children of battered women: worries about their mothers. Pediatric Nursing, 17, (4), 342-345.

Husserl, E. (1970). The crisis of European sciences and transcendental phenomenology (D. Carr, Trans.). Evanston, IL: Northwestern University Press. (Original work published in 1936).

Ihde, D. (1986). Experimental phenomenology. NY: State University of New York Press.

Jaffe, P., Wolfe, D., Wilson, S., & Zak, L. (1986). Emotional and physical health problems of battered women. Canadian Journal of Psychiatry, 31, 625-629

Johnson, I.M. (1992). Economic, situational, and psychological correlates of the decision-making process of battered women. Families in Society, 73, 168-176.

Johnston, L., & Koflanovich, L. (1991). Woman battering - A challenge for the health care delivery system. Hartford Psychiatric Letter, 3, (1), 2-5.

King, I. (1990). Health: "The goal for nursing." Nursing Science Quarterly, 3, (3), 123-125.

King, M. C., & Ryan, J. (1989). Abused women: dispelling myths and encouraging intervention. Nurse Practitioner, 14, (5), 47-57.

Kirkwood, C. (1993). Leaving abusive partners. London: Sage.

Knudsen, D., & Miller, J. (Eds.). (1990). Abused and battered: Social and legal responses to family violence. New York: Aldine De Gruyter.

Koop, C. E. (1985). Surgeon General's workshop on violence and public health: Source book. Leesburg, VA, October 27-29, Atlanta: Centers for Disease Control.

Koop, C., & Lundberg, G. (1992). Violence in America: a public health emergency. Journal of the American Medical Association, 267, (22), 3075-3076.

Kuhn, T. S. (1970). The structure of scientific revolutions (2nd ed). Chicago: University of Chicago Press.

Kurz, D. (1996). Separation, divorce, and woman abuse. Violence Against Women, 2, 63-81.

Landenburger, K. (1989). A process of entrapment in and recovery from an abusive relationship. Issues in Mental Health Nursing, 10, 209-226.

Langford, D. (1996). Predicting unpredictability: a model of women's processes of predicting battering men's violence. Scholarly Inquiry for Nursing Practice, 10, (4), 371-385.

Lazzaro, M. V., McFarlane, J. (1991). Establishing a screening program for abused women. Journal of Nursing Administration, 21, (10), 24-29.

Leach, C. I. (1990). The abused woman and her family of origin. Perspectives in Psychiatric Care, 26, (2), 14-19.

Levine, M. E. (1980). The ethics of computer technology in health care. Nursing Forum, 2, 193-198.

Limandri, B., & Tilden, V. (1996). Domestic violence: Ethical issues in health care systems. Association of Women's Health Obstetrical and Neonatal Nursing's Clinical Issues in Perinatal and Women's Health Nursing: Domestic Violence, 4, (3), 493-502.

Lincoln, Y. S., & Guba, E. (1985). Naturalistic inquiry. Beverly Hills, CA: Sage.

Martin, D. (1988). Battered wives. San Francisco: Volcano Press.

Merleau-Ponty, M. (1945). Preface to Phenomenology of perception. NY: Humanities Press, Inc.

Merleau-Ponty, M. (1962). Phenomenology of perception. London: Routledge & Kegan Paul.

Merleau-Ponty, M. (1968). The visible and the invisible. Evanston, IL: Northwestern University Press.

Merritt-Gray, M., & Wuest, J. (1995). Counteracting abuse and breaking free: The process of learning revealed through women's voices. Health Care for Women International, 16, 399-412.

McFarlane, J., Parker, B., & Soeken, K. (1996). Abuse during pregnancy: Associations with maternal health and infant birthweight. Nursing Reserach, 45, (1), 37-42.

McFarlane, J., Parker, B., Soeken, K., & Bullock, L. (1992). Assessing for abuse during pregnancy: Severity and frequency of injuries and associated entry into prenatal care. Journal of the American Medical Association, 267, (23), 3176-3178.

McFarlane, J., Willson, P., Molecha, A., & Lemmey, D. (2000). Intimate partner violence: a gender comparison. Journal of Interpersonal Violence, 154, (2), 158-169.

McMurray, A. & Moore, K. (1994). Domestic violence: are we listening? Do we see? The Australian Journal of Advanced Nursing, 12, (1), 23-28.

Mills, T. (1985). The assault on the self: stages in coping with battering husbands. Qualitative Sociology, 8, (2), 103-123.

Moss, V., Pitula, C., Campbell, J., & Halstead, L. (1997). The experience of terminating an abusive relationship from an Anglo and African American perspective: A qualitative descriptive study. Issues in Mental Health Nursing, 18, 433-454.

Munhall, P. (1994). Revisioning phenomenology: Nursing and health science research. New York: National League for Nursing Press.

Murphy, C. M., Meyer, S., & O'Leary, K. D. (1994). Dependency characteristics of partner assaultive men. Journal of Abnormal Psychology, 103, 729-735.

Newberger, E., et al (1992). Abuse of pregnant women and adverse birth outcome: current knowledge and implications for practice. Journal of the American Medical Association, 267, (17), 2370-2372.

Newman, K. D. (1993). Giving Up: Shelter experiences of battered women. Public Health Nursing, 10, (2), 108-113.

O'Brien, J. (1971). Violence in divorce prone families. Journal of Marriage and the Family, 33, 629-698.

Oiler, C. (1982). The phenomenological approach in nursing research. Nursing Research, 31, (3), 178-181.

Okun, L. (1986). Woman abuse: Facts replacing myths. Albany, New York: State University of New York Press.

Orem, D. E. (1985). Nursing: Concepts of practice (3rd ed.). New York: McGraw-Hill.

Orem, D. E. (1991). Nursing: Concepts of practice (4th ed.). St. Louis: Mosby-Year Book.

Painter, S. & Dutton, D. (1985). Patterns of emotional bonding in battered women: Traumatic bonding. International Journal of Women's Studies, 8, (4), 363-375.

Parker, B., & McFarlane, J. (1991). Identifying and helping battered pregnant women. Maternal Child Nursing Journal, 16, 161-164.

Parker, B., & Schumacher, D. (1977). The battered wife syndrome and violence in the nuclear family of origin: A controlled pilot study. American Journal of Public Health, 67, (8), 760-761.

Pascoe, E. (1996). The value to nursing research of Gadamer's hermeneutic philosophy. Journal of Advanced Nursing, 24, 1309-1314.

Personal Communication. Blanton, P., 1996.

Pfouts, J. (1978). Violence families: Coping responses of abused wives. Child welfare, 57, 101-111.

Polkinghorne, D. (1983). Methodology for the human sciences: Systems of inquiry. Albany: State University of New York Press.

Pollio, H. R., Henley, T., & Thompson, C. B. (1997). The Phenomenology of Everyday Life. New York: Cambridge University Press.

Pollio, H. R., Henley, T., & Thompson, C. (1995). The phenomenology of everyday life. Knoxville, TN: The University of Tennessee.

Pollio, H. R. (1996). Fall semester, October, class notes.

Randall, T. (1990). Domestic violence intervention calls for more than treating injuries. Journal of the American Medical Association, 264, (8), 939-944.

Reeder, F. Hermeneutics. (1988). In B. Sarter (Ed.), Paths to Knowledge: Innovative Research Methods for Nursing (pp. 97-105. New York: National League for Nursing.

Reinharz, S. (1992). Feminist methods in social research. New York: Oxford University Press.

Reitz, R. R. (1999). Batterers' experiences of being violent. A phenomenological study. Psychology of Women Quarterly, 23, 143-165.

Rhodes, A. M. (1993). Family violence. Maternal Child Nursing, 18, (2), 73.

Rodriquez, M., Quirogo, S., & Bauer, H. (1996). Breaking the silence: Battered women's perspectives on medical care. Archives of Family Medicine, 5, 153-158.

Rodriquez, R. (1993). Violence in transience: Nursing care of battered migrant women. Association of Women's Health, Obstetrical, and Neonatal Nursing's Clinical Issues in Perinatal and Women's Health Nursing, 4, (3), 437-440.

Ryles, S. (1998). Applying Peplau's theory in psychiatric nursing practice. Nursing Times, May, 62-63.

Sampselle, C., Bernhard, L., Kerr, R., Opie, N., Perley, M., & Pitzer, M. (1992). Violence against women: The scope and significance of the problem. In C. Sampselle (Ed.), Violence against women: Nursing research, education, and practice issues (pp. 3-16). New York: Hemisphere Publishing Corporation.

Sandelowski, M. (1981). Women, health, and choice. Englewood Cliffs, NJ: Prentice-Hall, Inc.

Sandelowski, M. (1986). The problem of rigor in qualitative research. Advances in Nursing Science, 8, (3), 27-37.

Sandelowski, M. (1995). Sample size in qualitative research. Research in Nursing & Health, 18, 179-183.

Shalala, D. (1994, May/June). Domestic abuse epidemic in the U. S. The Nation's Health, p. 6.

Sheridan, D. J. (1990). Family violence. In S. Kitt & J. Kaiser (Eds.). Emergency Nursing: A Physiologic and Clinical Perspective. Philadelphia: W. B. Saunders Company.

Sheridan, D. J. (1993). The Role of the battered woman specialist. Journal of Psychosocial Nursing, 31, (11), 31-37.

Shipley, S. & Sylvester, D. (1982). Professional attitudes toward violence in close relationships. Journal of Emergency Nursing, 8, (2), 88-91.

Shupe, A., Stacey, W., & Hazelwood, L. (1987). Violent men, violent couples: The dynamics of domestic violence. Toronto: DC Heath.

Sleutel, M. (1998). Women's experiences of abuse: A review of qualitative research. Issues in Mental Health Nursing, 19, 525-539.

Smith, M. D. (1990). Patriarchal ideology and wife beating: A test of a feminist hypothesis. Victimology, 5, 257-273.

Smith, P., Tessaro, I., & Earp, J. (1995). Women's experiences with battering: A conceptualization from qualitative research. Women's Health Issues, 5, (4), 173-181.

Smith, S. (1997a). Women's experiences of victimizing sexualization, part I: Responses related to abuse and home and family environment. Issues in Mental Health Nursing, 18, (5), 395-415.

Spiegelberg, H. (1982). The phenomenological movement (3rd Ed.) The Hague: Nijhoff.

Stanley, L. & Wise, S. (1993). Breaking out again. London: Routledge.

Stark, E., & Flitcraft, A. (1985). Woman-battering, child abuse and social heredity: What is the relationship? In N. Johnson (Ed.). Marital Violence. Sociological Review Monograph #31. London: Routledge & Kegan Paul.

Stark, E., & Flitcraft, A. (1991). Spouse abuse. In M. Rosenberg & M. Fenley (Eds.). Chapter 6 Violence in America: A public health approach. New York: Oxford University Press.

Steinmetz, S. (1987). Family violence: Past, present and future. In V. Van Hasselt, R. Morrison, A. Bellack, & M. Hasen (Eds.), Handbook of marriage and the family (pp. 725-765). New York: Plenum Press.

Stordeur, R. A., & Stille, R. (1989). Ending men's violence against their partners: One road to peace. Newbury Park, CA: Sage Publications.

Straus, M. (1973). A general systems theory approach to a theory of violence between family members. Social Science Information, 12, 105-125.

Straus, M. (1976). Sexual inequality, cultural norms, and wife beating. Victimology: An International Journal, 1, 54-76.

Sugg, N., & Inui, T. (1992). Primary care physicians' response to domestic violence: Opening pandora's box. Journal of the American Medical Association, 267, (23), 3157-3160.

Taylor, J. (2000). Sisters of the yam: African American women's healing and self-recovery from intimate male partner violence. Issues in Mental Health Nursing, 21, 515-531.

Thompson, C. J., Locander, W. B., & Pollio, H. R. (1989). Putting consumer experience back into consumer research: The philosophy and method of existential phenomenology. Journal of Consumer Research, 16, (Sept), 133-146.

Torres, S. (1987). Hispanic-American battered women: Why consider cultural differences? Response, 10, (3), 20-21.

Ulrich, Y. C. (1991). Women's reasons for leaving abusive spouses. Health Care for Women International, 12, 465-473.

U. S. Department of Health and Human Services, Public Health Service. (1990). Healthy people 2000: National health promotion and disease prevention objectives. Washington, D. C.: U. S. Government Printing Office.

U. S. Department of Justice. (1994). Criminal victimization in the United States - 1992: National crime victimization survey report (Publication No. NCJ-145125). Washington, D. C.: Bureau of Justice Statistics.

U. S. Department of Justice. (1995). Crime in the United States - 1994: Uniform crime reports. Washington, D. C.: Federal Bureau of Investigation.

Valle, R. S., & Halling, S. (1989). Existential-phenomenological perspectives in psychology. New York: Plenum Press.

Vavaro, F. F. (1989). Treatment of the battered woman: Effective response of the emergency department. American College of Emergency Physicians, 11, 8-13.

Walker, L. E. (1979). The Battered Woman. New York: Harper & Row, Publishers.

Walker, L. E. (1984). The battered woman syndrome. New York: Springer Publishing Co.

Watson, M.J. (1988). New dimensions of human caring. Nursing Science Quarterly, 1, 175-181.

Webster's New Universal Unabridged Dictionary. (1983). New York: Simon & Schuster.

Whitman, C. (1995). Residential care and treatment for abused women and their children. Adult Residential Care Journal, 9, (1), 22-23.

Wilson, J. S. (1994). Guidelines for the care of abused women. Home Healthcare Nurse, 12, (4) 47-53.

Wuest, J. & Merritt-Gray, M. (1999). Not going back: Sustaining the separation in the process of leaving abusive relationships. Violence Against Women, 5, (2), 110-133.

Yllo, K. (1988). Political and methodological debates in wife abuse research. In K.Yllo & M. Bograd, (Eds.), Feminist perspectives on wife abuse. Newbury Park, CA: Sage.

Yllo, K., & Bograd, M. (1989). Feminist perspectives on wife abuse. Newbury Park, CA: Sage Publications.

Zastrow, C. (1991). Social problems: Issues and solutions (3rd ed.). Chicago: Nelson-Hall.

APPENDICES

APPENDIX A: Informed Consent

Information and Consent Form

You are invited to participate in a research project. The purpose of this study is to explore the experience of no longer being involved in an abusive relationship. The best source for this information is from women who have experienced staying out of the abusive relationship. This study asks adult women who have not been involved in an abusive relationship for a minimum of 18 months prior to the study, about the experience. The interview will be conducted by the investigator who has worked with people in health care for many years.

Your participation in this study is completely voluntary. The risks involved in participating are minimal. You will choose the incidents and experiences you wish to talk about. You are free to discontinue your participation, or withdraw from the study at any time, without question or penalty. Participation, or lack of participation, in this study will in no way effect any care or service you are entitled to. Many people find sharing their experiences with another person is satisfying. While I cannot promise this will be the case for you, I hope that it will be.

You will be asked to participate in an audiotaped interview that will last approximately one hour (maximum of two hours) in a place of your choice. You will be asked to share your experience of not going back to the abusive relationship. Subsequent questions will follow and will be based on your comments and responses. This interview will be audiotaped so that the investigator can use your exact words to compare with words of others who have not gone back to the abusive relationship. These interviews will be transcribed into written form to allow for analysis. Your name will not appear on the tape or the transcript and will be known only to the investigator and kept in a locked file. Tapes and transcripts will also be kept in a separate locked file in the investigator's home as will this consent form. You may be contacted by the investigator following the interview and during the analysis to clarify the interpretation of your experience. Upon completion of this study, the transcripts and code book, linking your name to your tape, will be destroyed along with the tapes themselves.

The nature and direction of the interview will be determined by you and the investigator and will unfold as the interview progresses. Some areas of exploration have the potential to produce some concerns, anxiety, or embarrassment. You are free not to answer any questions regarding these feelings. You are free to choose not to participate in this study or you can withdraw from this study at any time without penalty. Your audiotape will be destroyed upon your request to the investigator or Faculty Advisor whose phone numbers appear on this consent form.

Any and all information you provide will be kept in confidence. Your name will not be used in any reports, nor will your words be linked or traceable to your name. The transcriptionist and anyone involved in analyzing this research or connected in any way with this research will sign a confidentiality pledge. It is possible that this study will be published or presented in a public forum, such as a professional conference. By signing this form, you are consenting not only to participate in the interview, but to allow all or part of your interview, as edited and transcribed, to be used in such a publication or presentation.

Participant's Signature	Karen S. Reesman, MA, RN, CNAA Investigator

If you have any questions at this time, or at any point later in the study, please do not hesitate to ask them. If you decide to participate, you will be given a copy of this form to keep, and I encourage you to contact me at the following address any time you have questions or concerns about this research project.

INVESTIGATOR: Karen S. Reesman, MA, RN, CNAA
Doctoral Candidate
University of Tennessee, Knoxville
College of Nursing
(423) 974-7581

FACULTY ADVISOR: Sandra P. Thomas, PhD, RN, FAAN
College of Nursing
1200 Volunteer Blvd.
Knoxville, TN 37996
STHOMAS@CON.GW.UTK.EDU
423-974-4151

PARTICIPANT'S STATEMENT

I have read the preceding information and consent form and agree to participate in this project, as well as to have all or part of my interview, as transcribed and edited, included in any publication or presentation of the completed study. I have received a copy of this consent form.

Signature:_____

Name (printed):_____

Date: _____

APPENDIX B: Confidentiality Statement

University of Tennessee, Knoxville

Phenomenology Research Group

Confidentiality Statement

Presenter: Karen S. Reesman

Date:

I will hold all information presented at this research session, regarding women who have left the abusive relationship and who stay out, in the strictest confidence.

_____

Signature

_____

Printed Name

_____

Date

APPENDIX C: Transcriber's Pledge to Confidentiality

Transcribers Pledge of Confidentiality

As the transcribing typist of this research project, I understand that I will be hearing tapes of confidential interviews. The information on these tapes has been revealed by research participants who participated in this project, in good faith, knowing that their interviews would remain strictly confidential. I understand that I have a responsibility to honor this confidentiality agreement. I hereby agree not to share any information on these tapes with anyone except the primary researcher of this project.

Any violation of this agreement would constitute a serious breach of ethical standards, and I pledge not to do so.

_____

Signature, Transcribing Typist

_____

Printed Name

_____

Date

APPENDIX D: Demographic Data Form

Demographic Data: Adult, Female Abuse Survivor Staying Out of the Abusive Relationship

Pseudonym _____

Date _____

Age _____

Marital Status _____

Number of Children _____

Ages of Children _____

Number of Abusive Relationships _____

How long since you left the last abusive relationship? _____

Education: Highest level completed _____

Family income per year:

_____ Less than $10,000

_____ $10,000 - $24,999

_____ $25,000 - $49,999

_____ $50,000 - $100,999

_____ Greater than $100,000

VITA

Karen Rafuse Reesman was born in Boston, Massachusetts. She graduated from Rutgers University College of Nursing receiving a Bachelor of Science degree, with a major in nursing, in May, 1974. She received a Master of Arts degree, with a major in Nursing and a concentration in education, from New York University in 1977.

Karen's nursing career has included working at all levels of practice with clients across the lifespan in hospital and community settings. Her areas of clinical concentration have included Community Health, Psychiatric-Mental Health, and Women's Health Nursing. She has worked in all levels of administration for more than 20 years, and is certified by the American Nurses Association in Nursing Administration, Advanced. She engages in consulting and provides workshops regarding organizational development, leadership, and community partnering, as well as women's health issues. She began teaching as an Assistant Professor, full-time, in 1993 at East Tennessee State University in the baccalaureate and graduate nursing programs as well as in interdisciplinary courses.

In January, 1993, she enrolled as a part-time doctoral student at the University of Tennessee, Knoxville. She was accepted into the nursing program in the Fall of 1993. Karen completed the requirements for the Doctor of Philosophy degree in August of 2000.