To the Graduate Council:

I am submitting herewith a dissertation written by Alva Hunt Reid entitled "Trapped in a State of Mitigating Danger: Forgotten Process, Forgotten Women." I have examined the final paper 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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TRAPPED IN A STATE OF MITIGATING DANGER: FORGOTTEN PROCESS, FORGOTTEN WOMEN

A Dissertation
Presented for the
Doctor of Philosophy
Degree
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Alva Hunt Reid
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Dedication

I dedicate this study to the women who participated in this study and to all abused women whose experiences have yet to be explored.

Acknowledgments

My gratitude for the unyielding support that I have received during the completion of this research study is immeasurable. I know that I am truly blessed.

I acknowledge the women of this study who took me in and became my teachers. Thank you so much for sharing. I honor you.

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I am truly loved by two wonderful men: my husband, Leon A. Reid, III and my son, Archie, "Rell". Thanks, Rell, for being proud of me, sharing your thoughts about this research and the interest you have shown in my work. I have derived strength from our conversations. I am blessed that we are so close.

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ABSTRACT

Women who are in intimate partner abusive relationships undergo a change process, which is a spectrum of emotional and behavioral responses to violence that is identifiable in stages. The end result is that women terminate their relationships or renegotiate their circumstances to halt the violence. Treatment protocol for abused women is shifting to individualized intervention based on these stages. Leaving and returning to an abusive relationship is a predominant theme in the change process that has not been investigated.

The present study examined this forgotten leave-return process in a sample of forgotten women. Grounded theory methodology was utilized to describe the experiences of 18 primarily homeless, African American women with a history of substance use, who had left and returned to an intimate partner abusive relationship multiple times. Data were collected by audio taped, semi-structured interview.

Central to women's experiences was mitigating danger. The key components of mitigating danger are: (1) coming to know abuse as danger; (2) how knowing motivates leaving and (3) the continuity of danger incurred by leaving. The prevailing contextual condition that influenced coming to know danger was the abuser's substance use. Experiencing abuse within this context influenced perception that violent episodes were more severe, frequent and unpredictable. Protective leaving, which is accompanied by returning, is a reflection of this unpredictability.

Because the experiences of these women did not include the progression of cognitive change as reported in extant research, protective leaving indicates that a readiness to terminate abusive relationships may exist. Their entrapment was influenced

by economic deprivation, which was a consequence of socialized and forced poverty. Because of economic deprivation, women's choices for survival external to the relationship were often relegated to their informal networks, which was associated with danger continuity. This danger continuity was a powerful motivator for returning to their relationships.

Services that are designed to protect abused women offer minimal protection to these women. The most utilized source of formal help was police. However, over time women experienced erosion of this formal system and other support sources. Their permanent leaving simulated banishment from all support networks. This research has implications for treatment of abused women and resource development. Key findings are discussed in relation to health policy, nursing practice, future research, and theory development.

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CHAPTER I

Introduction to the Problem

Abuse by a male partner happens to approximately 1.5 million women annually in the United States (Tjaden & Thoennes, 1998). According to Bureau of Justice Statistics (Rennison, 2003), femicide is one of the leading causes of death in the United States for young African American women ages 15-34 and of premature death for women overall. Moreover, the percentage of abuse-related female murder victims recently shows an upward trend when compared to 2 decades ago (Rennison, 2003). Violence perpetrated against women by their intimate male partners or ex-partners is the most pervasive form of gender violence, accounting for 21% of the violent crime experienced by women ages 16-64, while only 2% of the violence is sustained by males (Rennison, 2003). Women living with female intimate partners experience less intimate partner violence than women living with male intimate partners, while men living with male intimate partners experience more intimate partner violence than do men who live with female intimate partners (Tjaden & Thoennes, 1998).

Racial minorities experience more violence than do Whites (Greenfeld, Rand, & Craven, 1998), as do women of lower socioeconomic status. Women in families with incomes under $10,000 are victimized at a rate of four times the rate of women with incomes of $50,000 or more (Greenfeld et al., 1998). Even in samples of middle-class women victims, those with lower income levels experience higher abuse rates (Jones et al., 1999).

According to findings from the National Violence Against Women Survey, abuse is related to 85% of nonfatal assaults against women (Tjaden & Thoennes, 2000). Further, the effects of abuse are estimated to result in direct and indirect costs of approximately $5.8 million dollars annually (Tjaden & Thoennes, 1995).

Women systemically experience acute and chronic effects of abuse. Compared with nonabused women, abused women have decreased immunity (Constantino, Sekula, Rabin, & Stone, 2000) and are at increased risk for cervical neoplasia related to stress, sexual assault, and transmission of humanpapillomavirus (Coker, Sanderson, Fadden & Pirisi, 2000). Abused women have a 50% to 70% increase in gynecological, central nervous stem and stress-related problems such as headaches, pain, sexually transmitted diseases and vaginal bleeding (Campbell et al., 2002).

Abused women are more likely to be hospitalized with a multitude of physical injuries from having sustained an assault. The most commonly reported injuries among battered women vary, but include hematomas, lacerations, contusions, fractures, head injuries, burns (Bergman & Brismar, 1991; Campbell, Pliska, Taylor & Sheridan, 1994; Gerlock, 1999), and strangulation (Wilbur et al., 2001). The severity of this violence has generated a study recommendation for health providers to conduct routine screenings in all abused women for traumatic brain injury and post-concussive syndrome (Jackson, Philip, Nuttall & Diller, 2002).

Psychological consequences of abuse include suicidal ideation and suicide attempts (Foster, Veale & Fogel, 1989; Kaslow et al, 1998; Stark & Flitcraft, 1995), post-traumatic stress disorder (PTSD) (Grant, 1995; Kemp, Green, Hovanitz & Rawlings, 1995; Woods & Campbell, 1993), depression, anxiety and other somatic complaints

(Keronac, Taggart, Lescop & Fortin, 1986; Ratner, 1995; Wang & McKinney, 1997). Women have been shown to experience symptoms of PTSD for nearly a decade after leaving an abusive relationship (Woods, 2000).

Disturbing percentages of women suffer abuse during pregnancy (Campbell, Oliver & Bullock, 1993), which is associated with delays in prenatal care (Campbell, Poland, Waller, & Ager, 1992; McFarlane, Parker, Soeken, 1996; Taggart & Mattson, 1996), higher risk for threatened and spontaneous abortion, abnormal bleeding, (Curry, Doyle & Gilhooley, 1998; Greenberg, McFarlane & Watson, 1997), substance use, giving birth to low birth weight infants (McFarlane et al, 1996) and homicide (Campbell et al, 1993).

In response to the deleterious effects of abuse, abused women undergo an intricate change process that culminates in their ability to separate from abuser and live independently (Burke, Gielen, McDonnell, O'Campo & Maman, 2001; Davis, 2002; Kearney, 2001; Landenburger, 1989; Merritt-Gray & Wuest, 1995; Moss, Pitula, Campbell & Halstead, 1997; Patzel, 2001; Taylor, Magnussen & Amundson, 2001) or remain in the relationship while negotiating circumstances to halt violence (Campbell, Rose, Kub & Nedd, 1998; Dienemann, Campbell, Landenburger & Curry, 2002). The change process is comprised of a series of unique, but overlapping, stages and phases that detail a trajectory of measurable cognitive and behavioral responses. The change process is meaningful because of the recent trend in treatment of abused women. Health and social care of abused women has begun to shift from implementation of standardized protocols to individualized care according to assessed change point.

A predominant theme in the change process is leaving and returning to the relationship. Much of the data supporting this claim has been derived from abused women who utilize shelters. Approximately one-third of the women exiting two shelters revealed intent to return to their abusers (Aguirre, 1985; Sullivan, Basta, Tan, & Davidson II, 1992). Sullivan, Tan, Basta, Rumptz and Davidson II (1992), surveyed two different groups of women who were discharged, and 90% of the group who left and returned were still involved 10 weeks later and reported higher rates of physical and psychological abuse as compared to the group who did not return. Another study found 67% to 88% of women had left and returned at least once. Greater than one-third reported five experiences at unsuccessful terminations, and 15% had left 10 times in the past (Griffing, Ragin, Sage, Madry, Bingham & Primm, 2002; Sullivan et al, 1992). Yet another study exemplified the often-transient nature of leaving the relationship. Snyder and Scheer (1981) found that 55% of a group of 74 women who left a battered women's shelter were living with abuser at 2 months post-discharge. Whereas only 14% indicated intent to live with abuser on admission, at the time of discharge the rate had risen to 33%.

Despite the difficulties presented by leaving, Okun (1986) estimated that 43% to 71% of physically abused women who seek help at shelters or engage in counseling eventually leave permanently. Reaching the stage of permanent cessation may occur over 8 years (Horton & Johnson, 1993) or decades (Merritt-Gray & Wuest, 1995). Furthermore, Okun discovered that women leave an average of five times before getting out permanently.

Emerging literature acknowledges the spectrum of responses to abuse in the change process and its utility in providing a rudimentary conceptual basis for

individualized intervention according to the change point (Brown, 1997; Dienemann et al., 2002; Haggerty & Goodman, 2003). However, extant change models or theories on which individualized treatment may be based have not recognized the tenuous boundary between leaving the abuser and returning to the relationship (Burke, Gielen, McDonnell, O'Campo & Maman, 2001; Davis, 2002; Kearney, 2001; Landenburger, 1989; Merritt-Gray & Wuest, 1995; Moss et al, 1997; Patzel, 2001; Taylor et al, 2001). This discovery is of grave concern because theory, as yet, may be insufficient as a basis for development of intervention, perpetuating dire outcomes for abused women.

Many researchers have studied women's change process, giving rise to a collection of descriptive or explanatory theories. Women's processes are individual but permeated by one consistent theme. A woman reaches a pivotal point in the process that enhances ability to change environmental circumstances. She is permitted to self-identify as abused, engage in help seeking and make decisions regarding her future. Reaching this juncture has been universally linked with an increase in severity of physical, psychological or spiritual abuse to self or children or an intent to harm self or the abuser (Campbell et al, 1998; Landenburder, 1989). Abuse as altering the state of reality for women was nearly ubiquitous: "He started spanking my son in an abusive way...the claws came out (Davis, 2002a, p. 293). "He walked around and reared his fist back and smashed my face and I never saw it coming...I could no longer hide the injuries" (Patzel, 2001). The line was crossed...without warning, he springs out of that chair...takes me by my long hair and drags me all the way through the hallway into the bedroom. He stands me up and starts giving me forearms and punches to the head. Never saw it coming. And that was the way it was most of my life with him... (Taylor et

al, 2001, p. 574). "The hits got more harder, it wasn't just a slap or something" (Burke et al, 2001, p. 1152).

This level of consciousness has been identified by various theorists as "the turning point" (Campbell et al, 1998; Patzel, 2001), "point of saturation" (Hassouneh-Phillips, 2001), "shrinking of self" (Landenburger, 1986), "becoming" (Moss et al., 1997), and "minimizing abuse" (Merritt-Gray & Wuest, 1995), "contemplation" (Burke et al, 2001), and "The more I do, the worse I am" (Kearney, 2001). Managing abusive episodes is a focal point of this stage and myriad, individual strategies are utilized to cope with the abuse. Women come to know that no change in the relationship should be expected.

Leaving is extolled as the successful outcome measure because of the prevailing misconception that leaving ends violence. Contradictorily, leaving the relationship does not always end the violence; but, instead, varied forms of physical, psychological, economic or sexual violence often continues and may even escalate, resulting in severe harm or death (Campbell et al, 1998; Langford, 1996). Increased or continued abuse also has been found in women who leave their relationships temporarily (Anderson, 2003). In two separate studies, approximately 30% of the men who committed femicide against their partners were separated at the time of the incident (McFarlane, Campbell & Watson, 2002; Sharps, McLain, Campbell, McFarlane, Sachs & Xu, 2001). Moreover, temporary separation often is used as a survival strategy to escape severe injury or seek help for injuries sustained (Anderson, 2003; Curnow, 1997; Langford, 1996; Pakieser, Lenaghan & Muelleman, 1998; Reidy & Von Korff, 1991). According to Curnow (1997), women are most likely to seek help after an acute episode of battering, which is

described as an open window phase during which time women are most receptive to intervention.

The leave/return phenomenon in the change process has received only marginal attention. The acts of women leaving their abusers and returning have been hypothesized to serve as a (a) preparatory activity for permanently leaving the relationship (Merritt-Gray & Wuest, 1995; Schutte, Malouff & Doyle, 1988) and (b) a problem-solving strategy for cessation of the violence (Campbell et al, 1998). One research study focused on abused women's change process over a 3-year period. In this study, terse documentation of one woman's leaving and returning was noted in the following illustration. The woman highlighted experiencing a "turning point" that facilitated a change in thought, leading to her leaving but returning" (Campbell et al, 1998, p. 752). Ultimately she reported ending the relationship, but not without another "turning point". In this same study, at the end of the 3rd year, 53% of the women were out, while 46.9% were still in the relationship or demonstrated ambivalence relative to termination.

Because leaving and returning is highly prevalent in women's experiences, questions arise regarding location of change upon return. Inexact and discrepant outcomes for women who return to their abusers are presented both in Transtheoretical Model and The Cycle of Violence Theory (Walker, 1979). Transtheoretical Model was originally developed by studying the change process of smokers who desired to quit smoking. Subsequently, it has been applied to individuals who willingly practice or omit certain harmful or beneficial health behaviors, respectively. Transtheoretical Model is gaining prominence as an appropriate continuum framework to study abused women (Brown, 1997; Haggerty & Goodman, 2002; Williams, 2000). The stages of change in the

Transtheoretical Model are: (a) precontemplation, (b) contemplation, (c) preparation, (d) action and (e) maintenance. In the action and maintenance stages, individuals have made specific overt modifications in life styles and work to prevent relapse (Prochaska & DiClemente, 1983). When applied to women in abusive relationships, the action stage is when women leave their abusers. Relapse, then, would constitute a return to the relationship. Nevertheless, according to the theory, a return would not result in a regression to the beginning of the process, but this assertion has not been substantiated in abused women's change process.

The purported outcome of returning to the relationship in Transtheoretical Model contradicts the work of Walker (1979), who studied survivors and exposed the different cyclical level of violence experienced by women. Walker makes inferences in her cycle of violence theory relative to women who return to the abusive relationship. The Cycle of Violence theory postulates that abused women experience three phases of violence: tension-building, acute battering and honeymoon. Of particular interest is the honeymoon phase because this phase is marked by the abuser making promises and displaying loving behaviors designed to create confusion and "reel her back in under control" (Goetting, 1999, p.11). Hence, in Walker's (1979) paradigm, regression to beginning stages is possible.

Studies with designs intended to evaluate groups of abused women in each unique phase of the change process have included a preponderance of sample participants who have either left the relationship, made an intentional decision to leave or contain blatant sample bias, which prohibits application to practice. Knowledge is limited to variables that influence change as women leave their abusers (Williams, 2000), appropriate

counseling strategies for women who are in the termination stage (Dienemann et al, 2002), and the results of a study that contained preselected simulated patients in each stage of change according to TM as a teaching strategy (Frasier, Slatt, Kowlowitz & Glowa, 2001).

Reasons that women give for leaving their abusers, paradoxically, also contribute to returning and include persistent physical or psychological violence, safety concerns for children or others who render assistance (Moss et al, 1997; Newman, 1993; Ulrich, 1991) moral conflict (Belknap, 1999), love and/or commitment and hoping the partner will change (Strube & Barbour, 1983, 1984). Violence is pervasive throughout the change process, but during the early process change, physical violence is often minor or women may experience psychological abuse leading them to question the legitimacy of its existence (Davis, 2002a; Taylor et al, 2001).

Although violence is the most prominent reason that abused women give for terminating their abusive relationships permanently or temporarily, women are more likely to return if the abuser promises to change (Anderson, Gillig, Sitaker, McCloskey, Malloy & Grigsby, 2003; Schutte et al, 1988; Strube & Barbour, 1983, 1984) or engages in counseling (Aguirrre, 1985) or batterer intervention treatment (Gondolf, 1998). The most significant risk of returning to the abusive relationship was unrelated to fear of harm (Anderson et al, 2003; Schutte et al, 1988), but was affected by economic dependency (Aguirre, 1985).

Several studies marshal evidence that women who have left their abusers and are living in shelters exhibit signs of early cognitive change. Women who deny their victimization (Griffing et al, 2002; Martin et al, 2000), accept responsibility for the

violence (Schutte, Nicola, Bouleige, Fix & Malouff, 1986) and utilize emotion-focused coping versus problem-focused coping (Lerner & Kennedy, 2000) increase their risk for returning. Problem-focused coping refers to having a plan to reach a solution and taking action to correct the problem; whereas, emotion-focused coping is similar to strategies that women utilize early in the process of leaving, such as distancing and escape-avoidance, self-control and accepting responsibility for abuse (Lerner & Kennedy, 2000).

Relationship termination of 6 months or less poses a concern due to the intensity of women's emotion and copious use of personal and community resources (Lerner & Kennedy, 2000). This finding is consistent with a premise of the Transtheoretical Model that action is the least stable of all stages (Prochaska & Velicer, 1997). Women involved in relationships characterized by shorter duration but with frequent separations are at risk for returning (Henderson, Bartholomew, & Dutton, 1997). According to the authors, this may be explained by lack of exposure to events that promote high-level awareness of abuse. Additionally, negative help-seeking experiences (Lutenbacher, Cohen & Mitzel, 2003; Newman, 1993) place women at risk for returning.

Women who are economically independent and have achieved higher education levels (Aguirre, 1985; Kearney, 2001; Schutte et al, 1988;), those who were victimized as children, and those reporting an increase in separations from their batterer (Schutte et al., 1988) were least likely to return to the relationship.

Conceptual Framework

The Transitions Framework developed by Meleis, Sawyer, Im, Messias and Schumacher (2000) was utilized to guide development of the proposal. Transition is defined as the complex, fluid process of passing from one state to another over time. Experiencing transitions predisposes humans to vulnerability, which could result in illness, problematic recovery or unhealthy coping. According to Schumacher and Meleis (1994), there are four types of transitions: developmental, situational, health-illness and organizational. Experiencing one transition increases the risk of exposure to concurrent transitions; thus, transitions are not discrete or mutually exclusive.

Experiencing abuse over time is viewed as synonymous with transition in process. Abused women's change process is conceptualized as a developmental and situational transition. The leave/return phenomenon as a component of the change process is the main focus of this study. Women's adversity of being in a violent relationship stimulates growth and change over time and thus is viewed as a developmental transition. The severity of abuse is posited to facilitate ideas and thoughts relative to the need to change circumstances. There are general tasks that abused women accomplish that enable them to change their circumstances. Having accomplished the developmental tasks empowers women to leave the relationship and live independently or remain in the relationship while renegotiating ways to halt violence. My analysis of abused women's change process revealed the following tasks as requisites for making a successful transition: (a) determining the meaning of abuse; (b) accepting the self as abused; (c) internalizing the harmful effects of abuse; and (d) conceiving of life without abuse. Abuse as a transition may occur at any point during the life span and may be experienced differently depending

on the point in the life span. Situational transition refers to voluntary stressors such as career changes or role change and non-voluntary stressors such as homelessness or changes in family situations that act as a catalyst to begin the transition. Thus, individuals may be prepared or unprepared for the transition. Leaving and returning is a situational transition because the potential exists for changes in family composition, role change and coping with abuse stressors that contribute to transition.

Abuse creates a cultural and social transition as women may relinquish the role of wife or mother, gain or lose employment, or become a single parent. Stigmatization and cultural conflict may be encountered if violence is normalized by the culture or if religion prohibits divorce.

The properties of transition experience include: awareness, engagement, change and difference, time span and critical points. The focus of this study is the property of change and difference during transition. Specifically, how leaving and returning to the abusive relationship influences accomplishment of developmental tasks of the change process is the focus of this study. The first critical point made by Meleis et al., (2000) relative to change is that change and difference are integral to transition but not synonymous. This means that, whereas transition is the completion of passage from one state to another, incremental changes occur as a component of transition. For abused women, transition may mean having accomplished the developmental tasks and having resolved the ambivalence regarding the relationship. Another critical point is that transition is the result of change and results in change. Leaving and returning represents change but is not equal to transition.

Although change is the central property under investigation, awareness, engagement, critical points or events and time span interface. Engagement and awareness are inextricably linked because, in order to engage, one must be aware. Awareness is related to perception, knowledge and recognition of a transition experience. Level of awareness is reflected in the degree of congruency between what is known about processes and responses and what constitutes an expected set of responses and perceptions of individuals undergoing similar transitions.

An absence of awareness means that an individual may not have initiated the transition experience, but lack of evidence of awareness is not an indicator that transition is not present. For abused women, there are levels of awareness. For example, abused women may initially label the relationship as unhealthy (Moss et al, 1997), but not accept self as abused (Landenburger, 1989). Therefore, a woman may not perceive the need for change or understand that transition is occurring. Hence, the major role of awareness is to facilitate coping with change in the transition experience. Engagement is the extent to which a person demonstrates involvement in the processes inherent in the transition. Leaving and returning in the overall change process suggests that women are actively engaged in accomplishment of developmental tasks. For abused women, two coexistent forms of engagement are suggested: cognitive and behavioral.

Flow and movement over time with a beginning and an ending, characterize transitions. Transitions extend from first signs of anticipation (change is expected), perception (change is needed) or demonstration of change. When or whether transition ends is controversial. The significance of potential indefinite boundaries is recognition of flux in the process. Women may have accomplished behavioral changes in the

relationship such as having left the abuser or accomplished developmental tasks, but transition may be infinite.

Concrete markers may identify transitions or in some instances markers are more abstract. Nevertheless, transitions contain major critical points, which evolve from increased awareness of change or being engaged in the experience. The major critical points are: (a) a period of ambiguity, (b) continuous change, (c) a disruption in reality and (d) final critical points. Final critical points encompass a sense of stabilization. Critical points create vulnerability in that abused women could regress in accomplishment of developmental tasks or make significant progress. Critical points have implications for treatment of abused women.

Transition conditions are a collage of variables that either facilitate or hinder healthy transitions. Humans are conceptualized as active beings who have perceptions of, and attach meanings to, health and illness situations. The meanings attached would then influence responses to outcomes. Perceptions and meanings are influenced by and influence conditions under which transition occurs. Hence, the meaning of being abused may hinder or facilitate healthy transition. The meaning may hinder transition if a woman accepts responsibility for abuse, denies victimization or feels the abuser is justified, but it may be facilitated as she learns to externalize the abuser's behavior.

Women who are abused and remain with their abusers or leave temporarily or permanently may be stigmatized within their culture, resulting in a faulty transition. For example, cultural differences have been documented in rural abused women (Fishwick, 1993). These women may resist seeking help due to shame and resource scarcity and may have difficulty with transition. Socioeconomic status is identified as an inhibitor or

facilitator to the transition experience. Women who are in the lowest socioeconomic bracket will experience more difficulties with transition. The majority of abused women live in poverty; thus, we can expect greater difficulties among these women. Preparation and knowledge are key to a healthy transition experience. Women who leave because of imminent crisis and return may have problems during their transition.

Transition is not a process that occurs in isolation from the community and society and is, thus, not individualistic. This means that abuse cannot be hidden or is not a private matter. Abused women must grow to a point of ability to seek and access resources.

Purpose

Women leave their abusers and return to them for a variety of reasons, but the influence of leaving and returning on transition is not known. The authors of the Transitions Framework emphasized that "to fully understand a transition process, it is necessary to uncover and describe the effects and meanings of changes involved" (Meleis et al, 2000, p. 19). Specifically, the dimensions of change that bear exploration include the (a) nature, (b) temporality, (c) perceived importance or severity, and (d) personal, familial, and societal norms and expectations. The purpose of this grounded theory study was to explore how temporarily leaving and returning to the abusive relationship influenced the accomplishment of developmental tasks during the transition process.

Research Questions

This study was based on the following research questions:

1. How do women adjust to leaving and returning to an abusive relationship?

2. How does leaving and returning affect thoughts and feelings about the abuser and the relationship?

Conceptual Definitions

1. Abuse: Abuse refers to a broad spectrum of violent acts, including sexual assault, and physical battering that are perpetrated in intimate relationships by men upon female partners.
2. Transition: Transition is the complex, fluid process of passing from one state to another over time (Meleis et al, 2000).
3. Change process: A set of stages and phases with various cognitive and behavioral manifestations that abused women experience in coping with an abusive relationship.
4. Leaving and returning: Abused women who report a history of multiple physical separations from their abusers.

Significance

This study will add to the extant body of knowledge by illuminating the nature of change that occurs when women leave and return to their abusers. This research has implications for theory, education, practice, and policy.

Extending the spectrum of responses in abused women's change process is significant because treatment of abused women is rapidly moving toward stage-based intervention. This is advantageous to health and social providers because each stage is differentiated by its individual characteristics and, thus, offers a holistic approach to needs assessment and intervention strategies. However, theoretical gaps in knowledge

are evident. Exploring leaving and returning will offer specific insight into appropriate treatment protocols for women who choose to return to their abusers.

Seeking emergency room care is the third most frequent source of help for abused women (Pakieser et al, 1998). Nurses are in a key position to play a significant role in the treatment of abused women, who present with multiple, diffuse health and social needs. Yet, health care providers tend to render incomplete or compartmentalized care. Compared to other formal sources of help, health care personnel are less effective (Brendro & Bowker, 1989), even when compared to trained police officers (Lutenbacher et al, 2003).

Historically, a major reason for inadequate treatment has been related to lack of sufficient knowledge (Dickson & Tutty, 1996). This study has utility in providing education to nurses regarding women who leave and return. Physicians and nurses alike have attributed abuse to pathological attachment to the perpetrator and the woman as a consenting partner to the battering (Rittmayer & Roux &, 1999). Evidence of this knowledge deficit emerges when abused women seek help from health care providers and decides not to end the relationship. The repercussions of women exercising the power of agency is misconstrued as an inappropriate response and often results in lack of adequate or inconsistent care (Burke et al., 2001; Goss & DeJoseph, 1997; Kurz, 1990; Merritt-Gray & Wuest, 1995).

The state of current treatment for abused women is exemplified by standardized protocols found in battered women's shelters. Shelters are a major stalwart for abused women and offer temporary shelter, group counseling, development of a network of support groups, legal assistance and advocacy (Newman, 1993; Reidy & Von Korff,

1991). For example, women residing in a shelter are usually required to begin the process of permanent separation from the abuser, which would include fulfilling requirements for independent living, seeking employment and housing (Newman, 1993). This type of shelter policy reflects the empowerment philosophy found in many shelters (Roberts & Lewis, 2000; Tice, 1990). However, the policy reflects a level of readiness that may not be evident until the women have passed through some level of cognitive processing that involves emotional detachment or disengagement from the relationship. Stage-based assessment and subsequent treatment would determine needs and subsequent treatment goals.

Many of the treatment mandates for abused women have arisen from the Violence Against Women Act (VAWA) (1994). The VAWA is the most comprehensive legislation directly governing the care of battered women. The overarching goal of the VAWA is to provide a continuum of integrated services that promote environmental safety. Since the legislation of VAWA, all 50 states have received funding to develop programs. Evaluation of abused women's treatment has been problematic because women receive crisis-driven services. Utilizing stage-based treatment may provide objective evidence to funding sources that policy is operating according to plan, give attention and development to other areas that may need assistance, and offer a model of treatment that has been absent in shelter care (Roberts & Lewis, 2000; Tice, 1990)

Summary

The body of knowledge relative to the leave/return phenomenon of abused women is almost nonexistent. The majority of literature investigates factors that either contribute to or present barriers to leaving or returning to the relationship. Studies that

describe how and why women leave are plentiful, but application to abused women's change process has solely captured the termination aspect. Moreover, while most authors acknowledge that stages in women's change process are not sequential, evidence of fluidity is not tangible.

One study, (Anderson, 2003) was found that investigated the impact of abused women's leaving and returning to the relationship. However, this study was limited to how leaving and returning impacts subsequent violence. Furthermore, no studies have investigated the leave/return phenomenon within the context of women's change process. Therefore, this study proposes to add to the body of existing knowledge by exploring the cyclical pattern of leaving and returning to the abuser utilizing grounded theory methodology.

CHAPTER II

Review of Literature

This study explored leaving and returning among abused women. Related literature included in this review are: (a) theories of abused women's change process (b) theories of how women remain out of abusive relationships, (c) change process framework studies (d) factors influencing a return to the abusive relationship, and (e) leaving and returning.

The literature reflects two main outcomes of the change process: (a) permanently leaving and (b) creating a healthier relationship void of violence. Qualitative change process studies encompass how women change cognitively and/ or emotionally to facilitate leaving, and behaviors involved in leaving the abusers.

Theories of Change Process

Process of Leaving

The initial intent of Landenburger's (1989) study was to describe the meaning of being abused and how characteristics of the abusive relationship influenced the choices of abused women over time. She employed a triangulated design, utilizing correlational-descriptive, phenomenology and Spradley's ethnographic methods. Comparative analysis by Glaser and Strauss guided the data analysis. There were 30 women in the predominantly White sample, only three were victims and the remainder had left the relationship. The time out of the relationship ranged from 2 weeks to 23 years. Most had been in the relationship greater than five years and 63% of women reported abuse occurring on a daily basis. The theory was validated by a separate group of women who had also left abusive relationships.

Landenburger (1989) discovered a "Process of entrapment in and recovery from an abusive relationship", which is comprised of four phases: binding, enduring, disengaging and recovering. Binding is the initial development of the relationship and the beginning of abuse. During enduring, women overemphasize the positive aspects of the relationship and focus extensively on the partner's well being and in turn experience a diminished self. Women were said to disengage from the relationship when they achieved the milestone of labeling self as abused and took risks to seek help. A woman exhibits change that is resisted by the partner and experiences fear for herself as well as fear of harming the abuser. Despite the emotional turmoil and ambivalence about leaving, disengagement is the point when the author implies that women leave the relationship permanently. However, Landenburger acknowledged a woman's potential for a perpetual emotional connection or returning to the relationship because of multiple losses and the stress of independent living. Recovery is the period after having left and includes a description of her struggle for survival, coping with grief and search for meaning.

An important recommendation, in hindsight, was to conduct follow up interviews with the women who remained with the abusers to clarify transitions between phases and to determine progression through the phases. Incorporating additional interviews into the research would offer insight into the fluid nature of abused women's change process.

In a grounded theory study, Merritt-Gray & Weust (1995) discovered the process of leaving an abusive relationship for thirteen rural Canadian women survivors, entitled, "counteracting abuse and breaking free". This was a process that occurred over a one to ten year period. Data was collected by implementation of two unstructured audiotaped

interviews by one of the researchers and both participated in the coding of data, while listening to the tapes. Central concepts and their interrelationships were identified by the constant-comparative method. Validity and reliability were established by having participants share information in a second interview, while validating the emerging framework. The outcome was three integrated sub processes of counteracting abuse and leaving was labeled, "breaking free". This study both compares and contrasts with Landenburger's (1989) study. The contrast is seen in Landenburger's binding phase when women utilized passive coping strategies and did not seek help. In this study, women sought help. Initially women counteracted abuse by relinquishing parts of self, minimizing abuse and fortifying defenses. There were two distinct domains of relinquishment, both survival strategies but diminishing to the self-identity. First women acquiesced to the abuser to avoid violence. For example, women accepted the abuser's negative, denigrating portrayal of their person resulting in ambiguity regarding accuracy of the portrayal. Second, aspects were relinquished as they sought help from the community, which required shedding the denial tactics, and exposing their reality to others. The second aspect exemplifies women's difficulty in seeking help. In comparison, women had difficulty accepting that they were abused women. Fortifying defenses was a period of preparation to leave and included distancing, creating space, making a leaving plan, surviving crises, enhancing capabilities or experiencing a caring intimate relationship.

Breaking free was the terminal outcome of the women's processes. Breaking free was the transitional stage between counteracting abuse and not going back. In this stage, women were fraught with ambiguity as they continued to hope for change in the abuser's

behavior. This typifies that even when a need to leave permanently was acted upon, women had difficulty accepting that the partner would continue to abuse. During breaking free, the women withdrew emotionally and explored independent living while retaining the right to return to familiar territory. For example one woman stated, "I had gotten an apartment and paid the rent and everything and he wasn't there when I went out and moved my stuff.....And basically all I did was move my stuff out of the house, but I still stayed there." (Merritt-Gray & Wuest, p. 409). The authors' interpretation was that leaving and returning was a necessary step in permanent change, but the women did not confirm this interpretation.

Moss et al., (1997) found that one's culture is the most important determinant in how and why women leave an abusive relationship. The design was qualitative, including a combination of naturalistic paradigm and feminist methodology. The sample consisted of thirty survivors, 15 each of African and European Americans, recruited by purposive and snowball techniques. The European women were recruited through women's organizations, but ultimately responders were from a battered women's support group and one college campus, while African Americans were obtained via snowball sampling from two larger cities with the greatest African American populations. These women had been out of the abusive relationship from 2 months to 38 years. The authors obtained audio-taped interview data by asking, "Tell me how you managed to leave your abusive relationship". The constant comparative method was used to analyze the data. Credibility was established by having participants to view the emerging themes for validation.

The theory comprised three phases of leaving: being in, getting out, and going on. The entire process occurred over a 6 months to a 35-year period. In phase one, "being

in", three sub processes were identified: enduring, recognizing, and becoming. Being In incorporated how and why women endured the abuse, how they coped and when they decided to leave. In "enduring and recognizing", women come to know that the abuse is unhealthy. "Becoming", the third sub-phase, brings acceptance that no change in the relationship will occur. In this sub-phase, there is a shift in focus from the abuser's need to self.

Phase two is "getting out". Getting out is simplistically limited to a time frame description of the stage, the time immediately before and immediately after the physical termination. During getting out the authors explained the universal catalyst as fear for their children and retaining the parental role function as protector. During "getting out", Moss et al. (1997) identified that women are at risk for returning to the relationship; however, returning was not explored, nor were cultural differences relative to risk. The main strength of the cultural perspective was to illustrate the variation in women's responses to abuse. Cultural responses to abuse for African American women supported prior research indicating that: (a) violence against women of color tends to be trivialized (Hilton, 1993). Hence, African American women are more reluctant to rely on law enforcement because of the increased likelihood of being arrested during a domestic dispute; (b) the traditional, extensive support system offered by the African American family often provides a source of refuge for battered black women (c) African American women must maintain a balance between care for and loyalty to themselves, the batterers and communities (Campbell, 1993), thwarting the seeking of judicial support. The experiences of European Americans were in direct opposition, as they tended to believe that battering occurred because of their gender.

Cultural differences were obvious in the first phase. The hallmark of enduring for European Americans was the extensive cognitive processing, whereby women denied or rationalized the abuse. For African Americans behavioral indicators were more prominent in descriptive examples provided by the women as "behaving like a robot", or "being in prison". Finally the women become aware of the reality of the abusive relationship. For African Americans the realization arrived because of an increase in severe abuse and subsequent fear of death, but for European Americans it was social exposure to other abused women that promoted an altered perception of abuse. In this sub-phase, self is the focus and validation is necessary. For European American women encouragement from others led to the awareness, but African American women came to awareness through self-validation techniques. For example, one African American woman began to take university classes, which validated her ability, another entered addiction treatment and the other organized a list of needs necessary prior to leaving and when accomplished, left.

Phase three is going on, and occurs after physical termination of the relationship. Women remain emotionally connected and mourn, grieve losses such as commitment and for some termination was not successful because women reported continued harassment by ex-partners and some had children, which mandated contact with the abuser.

Ulrich (1991), serendipitously, discovered a process of leaving for 13 of 51 women in her study of why women leave an abusive relationship. Stages in the process were not identified, but described by women as "decision making that occurs over and over until you are truly tired of it" (p. 471). The sample contained formerly abused women who were participating in crisis centers, support groups and psychotherapy.

Interviews were audio-taped in two sessions scheduled one week apart and analyzed for content. Inter-rater agreement was high for safety and dependency and moderate for personal growth. A total of 86 reasons for leaving were identified. The greatest majority of reasons expressed for leaving were personal growth. Seventeen women provided 43 responses including, having a new knowing, and reaching a personal limit and concern for their own potential. Safety for self, children, others, and the abuser yielded 41 different responses from 17 of the women. Dependency referred to an entity outside the self qua spirit or intuition that made the decision. This reasoning was conveyed by only 3% of the sample. Fourteen of the women cited a combination of safety and personal growth reasons for leaving and one woman gave safety and dependency as reasons.

Kearney (2001) conducted a secondary analysis of 13 qualitative research reports to construct a middle range theory of women's responses to violent relationships, utilizing grounded theory methodology. Qualitative reports that met the criteria of containing descriptions of women's experiences being in and/or leaving physically, emotionally, and/or sexually violent domestic or dating relationships were included from the disciplines of nursing, education, social work, sociology, criminal justice, and family studies. There were a total of 282 women, ages 16-67 from diverse geographic areas that were recruited from shelters, community service groups, and support groups and from their own communities. Forty-five per cent of the women were Caucasian, 14% were African American, 4% Hispanic, 3% "of color" and < 1% Native American. Data were extracted from reports that included year, source, disciplinary and theoretical orientation, methodological components, sample, findings, relationships, stages and substantiation, author conclusions and critique by the formal theory analyst. Descriptive and theoretical

analyses were conducted by constant comparative analysis. Quality of the study was addressed by analysis and synthesis with degrees of confidence based on methodological integrity and completeness of studies. The final theory was scrutinized using validity of grounded theory tenets. Enduring love was the theory that emerged from the literature synthesis and contained four phases: (1) "this is what I wanted", describes women who possessed traditional beliefs about gender roles. The second phase, "the more I do, the worse I am", women are immersed in the relationship, and utilize strategies to avoid abuse. Additionally, they expressed giving more of self, yet continually losing. The third phase, "I had enough", defines a turning point that is associated with ability to permanently sever the relationship. "I was finding me" is the fourth phase. Women established a life outside of the relationship, while some returned to the relationship. There was danger present during this phase as many abusers retaliated and negative help seeking experiences increased the difficulty of living independently.

The beginning of the change process for two different ethnic groups in separate studies was the "pivotal point of change". This finding is in contrast to other change processes that begin with women passively coping with abuse. Campbell et al. (1998) described a process of achieving nonviolence for a sample composed 32 women, 74% of whom were African Americans. This was a prospective three-year study. Data was collected by interview, audiotape and transcribed. The first stage for these women was "turning point". Turning point was an incident that was pivotal to changing one's view of the relationship, such as ability to label the self as abused. Second, women negotiated with self to make sense of abuse with subsequent development of plans to change if abuse continued. Last women selected strategies to decrease abuse including leaving,

getting help from law enforcement, and fighting back. Leaving was a problem solving strategy to get attention for some women, while for others it was intent to permanently sever ties.

Likewise, Hassouneh-Phillips (2000) studied 17 American Muslim women's experiences of leaving an abusive relationship and found that Muslim women first reached the "point of saturation". The sample included both those women who self-identified as abused and those who had not experienced abuse, but were aware of other's experiences. The method was interpretive phenomenology, a combination of life history and focused interviewing techniques. In contrast to other change processes, getting Khula, an Islamic divorce initiated by the woman, was the second stage. Hence, legal action was a necessity for freedom. It is implied in the process that women leave at this point, because several mentioned living with relatives and friends and continuing to encounter harassment. This stage was a distinct barrier because of strong resistance from husbands, who utilized spirituality as a weapon. Additionally having no Islamic courts to petition and the extended time period between filing for divorce and the actual granting of the divorce were other stresses. Next was facing family and community disapproval and last is spiritual awakening-reclaiming the self. Two plausible explanations may be ascribed to this finding of high level of abuse awareness first in the process. First, abuse may not be recognized by these cultures until it becomes extremely severe, or second, abuse is extremely severe at the outset.

Mills (1985) interviewed 10 shelter women to explore the nature of change in battered women in violent relationships. First women willingly enter a violent relationship during periods of vulnerability in their lives. Next women manage the

violence for both protection and justification for maintaining the relationship. Violence management was accomplished by placating husband, seeking temporary shelter as a "running strategy" to avert violence. Women justified abuse by minimizing seriousness of abuse, focusing on other aspects of their lives, and defining the husband as victim. Women experience three losses: self, identity and the observing self. Loss of the observing self expresses the women's feelings of not being alive, which is similar to dissociating. Landenburger (1989) also described loss as "shrinking of the self". The decision to leave the relationship became apparent when women re-evaluate the violent relationship. For most women, the decision to leave was an emotional decision, but for a few women the decision was cognitive. Notation by Mills of decision type is impressive because emotional decisions have been associated with susceptibility to return to the relationship after leaving (Lerner & Kennedy, 2002). Finally, women restructure the self.

Burke et al. (2001) investigated leaving to determine if women's descriptions were consistent with the Transtheoretical Model approach. This study contained a subset of women who participated in a larger study of human immunodeficiency virus (HIV), domestic violence and women's health. There were 78 randomly selected women from a population of 611mostly African Americans, (91%), in whom half were HIV positive. Recruitment of the sample was from homeless shelters, outpatient drug clinics and hospital based obstetric/gynecological clinics. Relationship status was both current and past. The tenets of TM are that change is a process that is dependent on readiness and occurs in five stages: precontemplation, contemplation, preparation, action and maintenance. During precontemplation, women are not interested in change. In contemplation, women develop awareness and weigh the pros and cons of leaving.

Preparation is time dependent and refers to intent to change in near future, within one month. Action describes the women's internal self-help giving and external help seeking and in preparation for leaving the abusive relationship. Maintenance can be summarized as, "once it's over, it's over". The women said that they did not look back, but were involved in figuring out how to prevent future abuse. Only one woman mentioned her HIV positive status in the context of commitment to children. Additionally, the HIV positive status was not incorporated; hence, it is unclear as to how being HIV positive may have influenced the process.

Pilkington (2000) studied the structure of the lived experience of abused women who were "persisting while wanting to change". The sample was comprised of eight women, half Caucasian and half African American. Four women had left the relationship recently, three had left a few years prior and one was still living in the abusive relationship. Parse's phenomenological-hermeneutical methodology with dialogical engagement was the method of data analysis. These women were recruited via advertisements for individuals who were interested in the topic, " persisting while wanting to change" without the reference to abusive relationship. A lack of clarity exists as to the meaning of change, but change was not an unconscious process. Women exercised the power of choice. The three core concepts that emerged were: First, wavering in abiding with the burdensome-cherished. This state reflects women's ambivalence about the positive and negative aspects of the abusive relationship. Second, engaging-distancing with ameliorating intentions is striving for a better life, while distancing from people, the situation, while asking for help and focusing externally. It is during this time that women left, but some returned because of loneliness or other

cherished reasons for persisting. Women were overwhelmed with the idea of changing, but unsure of how to proceed. Third, in anticipating the possibilities of the new, women coped with the consequences of persisting or changing in some way. Two women stated having left and returned, one reported returning because of commitment and emotional bond.

Strength Based Models of Change

In addition to describing abused women's change process, a few studies explicate strengths, which are implicit in similar studies that facilitate ability to terminate an abusive relationship. Patzel (2001) studied abused women's personal strengths and internal resources that encourage women to leave. Ten women who had been out of their relationships for at least six months were recruited by shelter outreach. The length of the abusive relationship was from three to 35 years and five had lasted 20 years or more. Naturalistic inquiry by Lincoln and Guba was the study's design. Patzel contended that women journey through five phases: turning point, realization, reframing, agency and self-efficacy. During each phase, there are specific internal resources that enhance the process of relationship termination and women utilize the newly acquired skills from previous phases as barricades that prevent recidivism to previous cognitive vacillations. During turning point, women's strengths were remembrance of their moral code, external focusing, owning their power and setting boundaries. Realization is connected with turning point and either preceded turning point or accompanied turning point, but a shift in awareness was present. Women began to attribute abuse to the abuser, understood their behaviors of denial, rationalization, insight and discernment. Women utilized realization and awareness to reframe, which stimulated the ability to think differently about abuse

and to define the relationship as violent. Agency was seen as motivating and supporting as the women began to prepare for change. During agency, the women participated in a variety of activities, used internal resources, self-education, self-expression and spirit. The women used agency to maintain awareness of the abuse. Finally, self-efficacy, a form of personal strength encompassed determination, belief in one's own ability to be successful and make things happen.

Timing is a major theme in Davis's (2002a) investigation of the leave-taking experiences in the lives of 17 abused women through phenomenological methodology. Appropriate timing meant having resolved emotional or moral conflict, securing appropriate social support and having a sixth sense. Fifteen were involved in professional careers and the average years of education were 14.7. These women were cognizant of abuse, understood that it was not their fault and perceived a need to change. What helped these women to leave was time, help seeking through social systems, and a sixth sense. The time to leave was individual for each woman. In the beginning, the abuse was not physical, but mostly psychological; women expressed love for partner and engaged in counseling that only prolonged the transition. Women received help mostly from friends or colleagues, but were reluctant to seek help from established professionals due to shame.

Having a sixth sense was the catalyst that facilitated leaving the relationship. Women discussed a premonition as being the sixth sense that alerted them of when to leave and leaving is preceded by this premonition. This intuition also served as a protective resource in future relationships with others.

In a secondary data analysis of 17 abused women's leave-taking experiences conducted in a previous study, Davis (2002b) reported that building the necessary skills to survive abuse is a learned process. Women learned strength, survival, resiliency and self-protection. Dissimilar to other studies, their orientation toward achievement was evident at the outset as they began to develop escape plans, did not engage in self-pity, involved family and friends of plans, acquired education and skills, and used the legal system to fight back rather than retaliating with physical violence. Secondly, women learned resiliency. In this stage, validation of self worth was paramount and women increased family, friend, and community resources to accomplish this goal. Resiliency allowed myriad solitary activities, use of humor, having a present oriented mindset, connecting with spirituality and maintaining hope. Lastly, the women "learned to protect self". After repeated boundary violations, they learned to form appropriate boundaries. Women relied on visceral reactions to avoid unsafe relationships. Finally, expressions of feelings were important as the women developed a new alertness, focused on self-love, kept journals to express thoughts, through varied methods of written expression. She concluded in both this and her previous study (Davis, 2002a) that leave-taking and terminating the relationship are different.

How Women Remain Out of Abusive Relationships

"Not going back" conducted by Wuest & Merritt-Gray (1999) was an extension of the earlier theory by these authors, "counteracting abuse and breaking free". The initial and extended processes of leaving an abusive conjugal relationship utilizing feminist grounded theory approach was described for 15 English-speaking rural women who had been out of an abusive relationship for more than one year. "Not going back" was

revealed in two sub processes: Claiming and maintaining territory and relentless justifying. Claiming and maintaining territory is establishing and maintaining independent living. Women continue to cope with inadequate and unpredictable formal and informal helping systems, ambivalence, and the intractable effects of abuse, but do not retreat. Survivors utilize their cadre of internal resources and learned skills to ease the stress. Relentless justifying contained three sub processes. These are defending decisions, measuring up to criteria, and reviewing and replaying. Women found it necessary to continually explain the abusive situation, which was compounded by pain and fatigue. While support from others was available, women felt angered by friends' awareness, but who knowingly and unknowingly provided no assistance. Out of the abusive relationship, women had relinquished the role of victim, yet they were forced into regression as they attempted to navigate the systems involved in help giving. Finally, reviewing and replaying of the abuse was exhausting as women continued with the emotional processes of questioning decisions not to go back and their own credibility combined with grieving losses.

In a secondary data analysis, Wuest & Merritt-Gray (2001) explicated a fourth stage of "Counteracting abuse", "moving on". Moving on is comprised of "figuring it out", putting it in its rightful place", "launching new relationships and "taking on a new image". During this stage the abuse has ceased. In figuring it out, women continually intellectualize through their decision making to end the relationship and why the abuse occurred. In "putting it in its rightful place", women no longer allow the experience to define them. Emotions are experienced, especially anger toward those people and systems that, in their belief, failed to assist and hindered the leaving process. As the

woman grows and develops through coping with life events, abuse is displaced as her focus. In "launching new relationships" women made carefully considered choices in their selection. They chose due to desire, not need, as opposed to the earlier transition phase. Women approached relationships with higher expectations, were vigilant in their observations of behavior for potential signs of an abusive character. Women appeared to be struggling with dependency versus independency as they acted out behaviors that could cause dissension, yet expected the partner to be loving and supportive. The partner was tested extensively and required approval of family and friends. Last, "taking on a new image", the abused woman or survivor image was discarded. Women had a changed view of the world, pursued dreams and continued self-growth.

Reesman's (2000) dissertation suggests that women are able to remain out of their relationships by recalling the horrendous abusive acts perpetrated upon them during the course of the relationship. The author's research question was "Tell me about a time you thought about going back". This phenomenological study contained a sample of 9 adult women survivors of greater than two years. Women were able to leave permanently when they reached the "point of no return". There were four stages: (1) violent time before leaving; (2) The point of no return or time when she leaves; (3) time after she leaves; and (4) Now. Consistent with phenomenology, the grounds identified were of time and other and three figural themes emerged, permeating each stage: good/bad, stable/unstable and empowered/helpless, which changed over time. Women accomplished a transition in thought pattern from viewing the self as bad to good, unstable in the abusive relationship to gaining stability and helplessness to empowerment. The change in thought pattern facilitated leaving the relationship. Other ways that

assisted women to stay out included positive help seeking experiences, having a prayerful relationship with God, remembrance of positive stories of triumph and positive social support.

Taylor et al. (2001) studied the lived experience of 12 English-speaking battered women, living in Hawaii. The women were from diverse ethnic and cultural backgrounds, including Hawaiian, Chinese, Samoan, Filipino, mixed race and Caucasian. Data was collected by interview and the method of analysis was Colaizzi's phenomenology. The women's experiences in recalling their histories of abuse mirror Reesman's (2000) study. First, the women needed to paint the whole picture in order to describe their lived experiences of abuse. This theme described how women provided justification of abuse by explaining family background, the culture, explaining why abuse occurred, anticipating violence and describing the abuser, which may exemplify their ambivalence regarding the abuser and the relationship. Next is describing the violence and finally living with the consequences meant taking action because of the realization that they can no longer stay in the abusive situation. This is the point at which women leave their abusers.

Change Process Frameworks

The purpose of a pilot study conducted by Frasier et al. (2001) was to describe application of the Transtheoretical Model to aid in identification and treatment of female victims of IPV. The authors utilized the model to teach counseling techniques for diagnosis and treatment of abuse victims to family practice residents. First residents participated in a two-hour seminar on abuse assessment ant treatment, incorporating role-

play. An experienced clinician conducted several interviews in varied stages of change. Eleven residents, from a pool of 20, were then randomly selected to be videotaped during the treatment process from among a pool of first, second and third year residents. Four simulated patients were scheduled to visit within three months after the training period. Neither preceptors nor residents were aware of the simulated patients. Of the 11 residents, nine correctly identified abuse victim and the stage of readiness. The patients were only scheduled to visit the clinic once; so, application of the model longitudinally is unknown. Interventions were suggested for each stage of TM. During action and maintenance, providers are admonished to only assess clients for danger signs of returning. Two recommendations for further research resulted from the pilot: (1) focus is needed on whether use of the model will increase the likelihood of providers diagnosing and treating IPV and (1) if use of the stages of change model improves patient satisfaction and outcomes. The validity of this study is questionable because of patient simulation and the risk of scripted behavior and responses.

Another related pilot, conducted by Dienemann et al. (2002), is in progress. Its purpose is twofold: (a) to develop a valid instrument to follow battered women during their decision-making process of seeking safety and nonviolence and (b) to provide measures of intermediate goals to demonstrate the effectiveness of counseling interventions. Persons involved included the staff of three community based family violence agencies that provide services to African American and European Americans, and the researchers. The first step was for staff to identify goals for abused women, which were based on clients' personal objectives. These were to increase safety practices, knowledge of healthiness of relationship, effectiveness of coping skills, rebuild

self-esteem and self-identity and decrease trauma and stress symptoms. Landenburger's (1989) earlier qualitative theory, "process of entrapment and recovery" is the guiding framework, chosen by staff after review by researchers. The word "phases" of abuse was replaced with "states" so as not to imply that women move simultaneously or sequentially. The five states, placed in the context of the theory were: (1) committed to continuing (2) committed but questioning (3) considering and preparing for change and breaks away or (4) partner changes and recovery and (5) establishment of a new life apart or together. Secondly, researchers conducted a review of the literature to ascertain major issues that abused women cope with during decision-making. Two sets of abuse and individual issues were found. Third, measurement, based on the goals of treatment, was decided. To conduct an assessment of the abusive relationship, five issues were identified: causes of abuse, management of partner's abuse, love and isolation, views of relationship and options, and friends and family view of relationship. Next, six issues were listed for measurement that relates to her as an individual. These include: How she accesses help and available resources, her feelings, her self-identity, her self-sufficiency, mental health and response to physical injuries resulting from abuse. The assessment form was then piloted by nine social workers. A total of 20 forms were received for analysis. Analysis of the forms revealed that abused women might be placed with three primary groups: Those interested in preservation of relationship, preservation of self, or preservation of the resolution. The first group viewed abuse as not problematic or a temporary problem. The second group accepted the abuse label and was concerned for own safety and the third group had left the relationship. Inter-rater reliability, after reading a case scenario, among 16 social workers and advocates was 43.75 to 81.25%.

Pilot testing of the DVSA revealed wide interpreter reliability from 43.75 to 81.25%. According to Polit & Hungler (p. 417, 1999), the reliability coefficient should be .90 or better when used as a basis for making decisions about individuals. Problems were noted with semantics, not assessing from woman's point of view and disagreement whether the case had sufficient information. Thus far, evaluation has been limited to 87 women in three hospitals and two domestic violence community based programs. Pilot testing of the DVSA revealed wide interpreter reliability from 43.75 to 81.25%. Patterns of identification of 87 forms thus far have been: 11.5% had no identified pattern, 7.6% was in preservation, 41.3% self-preservation, and 34.8% were in preservation of the resolution.

Despite women's subjugation to the deleterious effects of abuse for extended periods within the relationship continuum, one study was found that empirically investigates stage identification and influencing variables (Williams, 2000). Though the intention was to investigate the five stages through the lens of Transtheoretical Model, small numbers of sample participants in stages prior to termination prohibited analysis specific to those stages. Identification of a preponderance of women in the termination stages may have resulted from the cross sectional study design, women having temporarily ended the relationship at the time of data collection (i.e. living in shelters) or retrospective collection of data due to relationship termination. Only physically leaving the violent relationship was defined as action, which accounts for 82% of the sample living in shelters. Thus, the findings explained only factors related to the termination stage of women's relationships. The variables that influence women in the stages prior to making an intentional decision to end the relationship remain undiscovered. Third, a host

of independent variables were tested, but only a history of childhood victimization, partner violence and self-efficacy were related to stages of change. The variables were an inadequate fit for the model and thus the majority of variance in the theory remains unexplained. The author of the study recommended that additional independent variables be added and tested to provide a better explanation of the phenomena. Additionally, she recommended that priority be given for future research that develops methods to access women in the early stages of the relationship.

Factors That Influence a Return to the Batterer

In the early 1980s, love was revealed as a singular bridge to relationship reunification (Strube & Barbour, 1983; 1984). Aguirre (1985) supported economic concerns of abused women as a barrier to leaving. This researcher studied the quantity of shelter service use care by married women, history of childhood abuse, economic and social resources and characteristics of violence perpetrated to determine their role in women's returning to the relationship. Data was collected for a seven-month period from a subset of 1024 responses to a survey distributed by the Texas Department of Human Resources and included descriptions of services used, evaluation of experiences and women's future plans. The final sample consisted of 312 women who were living in shelters at the time of data collection. The only statistically significant variable relative to antecedents was income. Eight-four per cent of the women intended to return if husbands were the sole source of income, while 82% of the women whose husbands were not the sole source of income intended to separate. Women's previous experience with neither violence, nor the number of injuries sustained during a battering episode was associated with tendency to separate from husbands. Women utilized a number of shelter

services including legal, employment, medical, financial, counseling, job training, crisis hotline, and housing. Decisions made referred to utilization of legal services for temporary or permanent separation and utility of shelter referred to the extent they perceived shelters helpful in providing a temporary residence and contact with primary personnel and residents. The greater the number of decisions made while in shelters, the more they tended to separate from husbands. Those who felt the shelter was very useful had a higher tendency to return to husband and also those women whose husbands was in counseling. These were separate models; the variables were not included together. Therefore, it is not clear what the outcomes may yield if antecedents and functional covariates were one comprehensive model.

Schutte, Malouff, & Doyle (2001) in part two of a research project with 24 women studied the relationship between characteristics of the victim, persuasive techniques of the batterer and returning to an abusive relationship. This part focused solely on persuasive techniques of the batterer that induce a return to the relationship. Persuasive techniques were garnered from literature review case histories and from information in the present study and first piloted with 11 women. Reported in parentheses is the number who received the persuasive technique followed by the number who were influenced. Promising to change (22, 21) and apologizing (20,19) were the numbers one and two most influential persuasive techniques. Denying responsibility was third (20, 18) and keeping children was the fourth most influential technique (19,18), followed by giving or promising gifts (17,16), mentioning the difficulties of independent living (17, 16), threatening to harm someone (16,16) and mentioning family responsibilities (16,16). The author hypothesized that women who leave and succumb to

return may be slowly moving toward permanently leaving the relationship as proposed by Merritt-Gray & Wuest (1995). Leaving and returning has a role, but what exactly that role is remains undiscovered.

Another similar study by Griffing, Ragan, Sage, Madry, Bingham & Primm (2002) investigated 90 survivors, living in an urban shelter, who self-identified reasons for returning to abusive relationship. Participants with a past history of leaving were significantly more likely to consider returning for emotional attachment in the future than those who were leaving for the first time. The reasons for past return included his expressions of remorse, emotional attachment to the relationship and economic need. Women reported being more likely to consider returning in the future for emotional attachment, batterer's promises to seek counseling and feeling that he had suffered enough. Similar to women experienced in past separation, those women who had no history of previous separations would consider returning if he promised to get counseling, his suffering, expressions of remorse, but scores were lower for emotional attachment.

Building on the response of social institutions to abused women, Newman's (1993) theory of "Giving Up" (1993) provided a vivid explanation of why women return to abusive relationships. The experience of seeking help from social institutions was central in construction of this theory of "Giving Up". The perception of women was more abuse by service providers. Health care providers intervened poorly and used humor inappropriately. The police did not offer adequate protection and social agencies refused to recognize the crisis and individualize care. The shelter offered a safe physical environment, but emotional support was lacking because of inadequate numbers of staff. The women's solution to this problem was to give up and return to the relationship.

Similarly, Lutenbacher et al. (2003) described the unhelpfulness of health and other community helpers when women attempt to leave their abusers. Patterns were discovered in abused women's leaving experience. First were strategies of leaving. Some left under extreme duress, while others engaged in methodical planning. These strategies mirror the cognitive versus emotional decision making that Mills (1985) described. The second pattern was the post stress associated with living a secret life apart from the abuser and their awareness of being hunted and fear of discovery. Inequities in the court system, manifested as re-victimization, were the third pattern. Fourth, the women expressed unmet ongoing needs as some chose to return to the abuser and were confronted by the negative attitudes of helpers. The final predominant theme in leaving was returning. Women reported having left and returned multiple times due to a combination of poor help seeking experiences, ambivalence and desires to maintain an intact family.

Henderson, Bartholomew & Dutton (1997) examined the extent to which abused women who have left their partners are successful in separating emotionally. Fifty-nine women who had sustained physical and or emotional abuse were recruited from shelters and transitional facilities and newspaper advertisements and follow up by researchers was conducted for six months.

Attachment Theory provided the conceptual underpinnings of the study. Attachment patterns were defined as secure, preoccupied, fearful and dismissing. Individuals who are secure have a positive view of self and others and thus are comfortable with intimacy and attachment. The opposite is a fearful pattern in which a negative view of self and others is embraced, promoting a fear of being attached.

Individuals who are preoccupied have a positive view of self and negative view of others, manifested by a preoccupation with relationships. Those who are dismissing have a positive view of self, but a negative view of others and resist attachment. Attachment patterns were assessed shortly after having left the relationship by semi structured interviews occurring over a 60-90 minute period in women's homes. There were two ratings, one by a trained coder and the other by an assistant as a reliability check. Six months later, 53% were predominantly preoccupied and 35% were predominantly fearful. Fearfulness is associated with longer relationship length, but less likelihood of returning once having left. Women who are preoccupied may have a greater propensity to leave, but also to return and to use leaving as a strategy to induce relationship changes. Although four women returned to the relationship within the six-month period, two each categorized as fearful and preoccupied, nothing is known of their experiences or thought patterns upon return. The authors further indicated the need to study change by recommending that future research investigate how decisions to leave and stay fluctuate over time and what impact the decisions have on attachment profiles.

Pape and Arias (2000) found that the extent of partner violence influences the association between partner violence and intention to terminate only to the woman's capacity to accept causal and responsible attribution. The sample was 68 racially mixed married or cohabitating women from Atlanta, Georgia who were living in shelters. All assessments were conducted within one week of arrival at the shelter. Women were asked to write about the most violent incident and rate their feelings of sadness, nervousness or anger on a 7-point Likert scale. Perception of violence was evaluated according to change in frequency and severity on two 7-point scales. The intention to terminate the

relationship was not related to the reported levels of violence. For the purposes of analysis, women were divided into two groups: those who were 100% sure of commitment to leave and those who still were ambivalent about leaving. Women who were 100% committed, perceived an increase in violence over time, attributed causality and responsibility to the partner and reported greater nervousness after the most recent violence incidence. This is similar to findings of change process studies that show women who are able to attribute abuse to the abuser are closer to relationship termination, than those women who internalize abuse. This was a cross sectional study, thus, it is unknown whether the women left the abusive relationship. One recommendation was to employ a longitudinal design to assess utility of attributional models to explain women's responses to battering.

Anderson, Gillig, Sitaker, McCloskey, Malloy & Grigsby (2003) conducted a descriptive study to discern abused women's impediments to safety in leaving an abusive relationship. Telephone surveys were conducted with 485 women, recruited from a domestic violence hotline, operated by an urban domestic violence advocacy center over a 12-month period. Women were scheduled to report to the center for an intake within 1-14 days of the initial contact. Women completed questionnaires, consisting of 20 qualitative and quantitative questions, whose purpose was to elucidate patterns of abuse and other lethality issues. The environmental barriers model, conceptualized by Grigsby and Hartman explained why women return to an abusive relationship. The Barriers Model incorporates four concentric rings with victim in the center as the innermost followed by the psychological impact of abuse, family and social role expectations and

environmental barriers. The most frequently reported barriers were the mate's promising to change, the mate's apologizing, and lack of money and threat of homelessness.

Martin, Berenson, Griffing, Sage, Madry, Bingham & Primm (2000) studied the role of risk assessments and decision certainty in the process of leaving an abusive relationship. The sample was comprised of 70 primarily unemployed (84.3%), African American (77%) and Latina (21.4%) females of an urban domestic violence shelter. The women participated in a structured interview as a component of assessment within the first two weeks after admission to the shelter. The level of certainty was measured by asking the women to reflect upon three questions relative to having made a decision to leave. The answers were compared to their perception of other battered women's decision certainty. Both those women with high and low decision certainty perceived themselves as less likely to return than most battered women. Their personal risk of returning was lower than most battered women's risk for approximately 89% of the sample and 63% were highly certain about their current life decisions.

Moreover, the length of separation from an abusive relationship appears to be a determinant of ability to maintain the separation. Lerner & Kennedy's study (2000) revealed that women who are out of abusive relationships for 6 months or less face a psychologically intense time due to coping with an increase in use of resources, heightened sensitivity to trauma symptoms, low confidence and ambivalence which increases their risk for returning as compared with women who have been out of abusive relationship for at least one year (Lerner & Kennedy, 2000). Additionally, in the same study, those women who engaged in problem focused coping versus emotion-focused coping faced less temptation to return to relationship. Problem focused coping refers to

having a plan to reach a solution and taking action to correct the problem; whereas, emotion focused coping is similar to strategies that women utilize early in the process of leaving such as distancing and escape-avoidance, self-control and accepting responsibility for abuse (Lerner & Kennedy, 2000).

Battered women exercise agency and the power of choice in returning to or remaining with abusers. Baker (1997) collected three sets of qualitative data: (1) anecdotal while working as an advocate for one year at a shelter, (2) semi-structured in-depth interviews with 16 women and (3) archival data of intake forms and other documents written by members of a court mandated group for women convicted of domestic violence. The methodologies were symbolic interactionist, feminist and ethnographic. Baker (1997) found that battered women utilize resistance strategies to social and political system mandates to leave and remain separated. The first resistance strategy was to stay with the abuser because of fear, children, finances and emotional connection because of the system failure to protect women when leaving. Resistance strategy two was to ignore and lift partner's restraining orders and resistance strategy three was refusing to call or cooperate with the police. In this strategy the women were fearful of further harm because of lack of protection or inadequate protection by police.

The decision to leave is constrained by moral conflict. Belknap (1999) interviewed nine rural women who were presently or previously abused, utilizing an adaptation of the Real-Life Moral Conflict and Choice Interview. In this methodology, each woman was required to describe a real life dilemma and their accompanying response. Only a small portion of the women identified a moral conflict of feelings of love and sympathy for the abuser. Leaving the relationship presented the moral conflict

of protecting self and children versus threatened loss of own relationship with children, protecting self versus preserving relationship between father and child, protecting self versus loss of relationships with others. The second moral conflict was preserving her sense of self. This study destroys the myth that women remain in relationships because of love for the abuser. Moral conflicts are difficult encounters and women may need to resolve these prior to leaving the relationship.

Leaving and Returning

Anderson (2003) challenged two implicit assumptions relative to leaving. These are: (a) women who leave don't return and (b) leaving ends violence. An additional purpose of the study was to provide insight into women who leave temporarily and reasons for their return. There were two groups of married or cohabitating women who had participated in the Physical Violence in American Families survey. Women were divided into those who never leave and those who attempt leaving. The findings indicated that women who temporarily leave experience an average of eight more violent incidents per year than those women who stay. Also women who leave experience significantly more violence upon return than women who never leave. Married women are more likely to leave temporarily than are women who cohabitate. The probability of leaving increases with the length of the relationship. However, there is a decrease in propensity to leave over time. The longer women have resided in the community and the higher the family income, the more likely they will stay in the relationship. In addition, women with children are more likely to return. Women who live in larger cities are less likely to return, while women with more previous relationships are more likely to leave. The man's use of alcohol or drugs increases possibility of her leaving. This study was more

descriptive of variables that influence a return to the relationship or influence women's decision to remain in the relationship.

Summary

Many studies are available that explain abused women's change process. The change process refers to a set of stages and/or phases with various cognitive and behavioral manifestations that abused women experience in coping with an abusive relationship. The change process is meaningful because of the recent trend to individualize care according to the assessed change point, rather than implementation of standardized protocols. An overwhelming majority of present theories of change depicts the terminal outcome of women's change as leaving the abusive relationship. Myriad women do leave their abusers permanently but significant numbers leave and return in a cyclical pattern throughout the abusive relationship. Thus, planning nursing care for women who leave permanently would be different than for those women who intend to return to their abusers. Present treatment is centered around the needs of women whose intention is permanent severance of ties to the abuser. Researchers have hypothesized that leaving and returning promotes readiness for final termination (Merritt-Gray & Wuest, 1995) and is a strategy to induce change in the abuser (Campbell at al., 1998). However, empirical knowledge of the change that is incurred when women leave and return in a cyclical pattern is lacking. Furthermore, research on the dynamic nature of abused women's change process has been severely restricted. Variables that influence women to leave and return to their abusers have been copiously documented. The most striking reason that women stay in abusive relationships or return is the strength of their emotional attachment, which may be correlated with early stages in the change process.

Those women who are in the beginning stages of change are more likely to return to their abusers. The literature review supports the need for research with women who leave and return to their abusers. Little is known about this phenomenon except that these women experience more abusive episodes than those women who never leave and may also sustain an increase in abuse upon their return. The interplay between leaving and returning within the change process has not been studied. This study proposes to extend present theory by delineating this interplay.

CHAPTER III

Methodology

The purpose of this qualitative descriptive study, utilizing grounded theory methodology, was to explore the experiences of abused women who leave and return to their partners multiple times during the course of the relationship. The specific aims are to discover (1) how abused women adjust to returning to the relationship after having left and (2) abused women's perception of how leaving and returning may affect their thinking about the abuser and the relationship.

Symbolic Interactionism

The philosophical underpinnings of grounded theory methodology are found in Symbolic Interactionism. George Mead (1863-1931), a professor of philosophy at the University of Chicago, was the originator of Symbolic Interactionism. Symbolic Interactionism is both a theoretical perspective and methodological orientation. Central to the perspective of Symbolic Interactionism is the meaning that individuals attribute to a particular situation, person or action of the person. Behavior is not understood as merely a response to external stimuli or environmental influence. Rather, one's behavior is understood from the perspective of the individual through interaction with other humans and the meaning attributed to objects, situations, and the anticipated consequences of the behavior (Blumer, 1969). The second tenet of Blumer's philosophy is that meaning arises out of interaction. Thus, individuals are not independent beings, but rather are interdependent beings that must interact with others to derive meanings and

subsequent behaviors (1969). Meanings are creations that are formed in and through the defining activities of people during interaction.

Third, use of meanings for guiding behavior occurs through a process of interpretation that is accomplished by completion of two steps. First, one recalls to one self the possible courses of action in a particular situation. Second, one makes a selection from the various meanings that have been indicated and enters a process of revising the meanings (Blumer, 1969). Individuals engage in self-talk about various responses. Thus, decision-making is intelligent and rational and based on the meaning gained through interaction. Symbolic Interactionism posits that persons are never complete, but always in a state of becoming, that changes with each situation. Without interaction, the process of becoming is dormant as the individual is exposed to fewer and fewer interactive experiences. The lack of interaction is a barrier to processing alternative ways of behaving. Each interaction presents an opportunity for encountering a variety of situations and possible solutions to problems. During interaction, individuals take on the role of the other. One treats oneself as an object, there is constant redefinition that takes place in interaction with others (Blumer, 1969).

Distinctive to Symbolic Interactionism are six basic images or ideas that form its foundation: human society, social interaction, objects, human actors, human action, and joint action. Human society is not viewed as culture or social structure, but as action. Culture and social structure are both the framework for and the consequence of that action. Social interaction is a creator of behavior and not the expression of behavior. Interaction is not the result of culture, personality, or social structure. Interaction

involves a subject-to-subject relationship because each person views the conduct of the other from the standpoint of the other (Blumer, 1969).

Objects are varied structures found in the environment, and types include physical, social and abstract. Objects do not possess intrinsic meaning imposed on actors, but actors impose meaning upon objects. The nature of any object is the meaning that it has for an individual. Human actors are those who are able to interpret situations and whose behavior is subject to modification and to alternative courses as a result of creative participation with others. Humans can interpret because of having a self. "Self is the capacity to sit outside of ourselves to view ourselves as an object and to act toward oneself as an object" (Winton, 1995, p. 132). Action refers to behaviors after interpretation. Joint action is changes resulting from the reactions of others. Blumer (1969) noted that individuals and society are not separate; therefore, individuals *are* society and, thus, have a role in the construction of meaning.

Chenitz and Swanson (1986) provided implications for research activity from the symbolic interactionist perspective. First, research utilizing symbolic interaction is not individualistic, but rather incorporates the environment and other social and political variables that influence behavior. How individuals interpret self is also important. Therefore, the researcher must understand the world from the participant's perspective. Last, the researcher must interpret meaning-as-other into professional language.

According to Blumer (1969), research itself is a process of symbolic interaction. Research participants are actors who enter the research process with their own definitions of the situation and interpret and ascribe meanings during the course of interacting with the researcher. Second, all research must be validated through empirical testing.

Researchers are admonished to carefully examine the empirical world to ascertain whether premises, images, data, concepts and interpretations are valid. The empirical world is preferable to methods. Third, the way to know the empirical world is through the processes of exploration and inspection. Exploration provides a comprehensive description of the phenomenon being studied and is a flexible technique that changes as the research proceeds. Inspection is an analysis of exploration.

Grounded Theory

Grounded theory is derived from the theoretical perspective of Symbolic Interactionism, whose focus is on the meanings that people give to their experiences (Glaser & Strauss, 1967; Strauss & Corbin, 1990, 1998). Grounded theory is most useful in identifying and describing social processes, in situations where little research has been published, when understanding from the individual's perspective is warranted (Strauss & Corbin, 1998). In grounded theory methodology, the researcher contrasts, compares, replicates and classifies phenomena under study. Grounded theory methodology is both inductive and deductive, with data collection, analysis, and report writing from inception of the process (Strauss & Corbin, 1998).

Epistemology or "how people come to have knowledge of the world" (Powers & Knapp, 1995, p. 51), primarily coordinates the interaction between Symbolic Interactionism and grounded theory (Milliken and Schreiber, 2001). Central to Symbolic Interactionism is individual reality in the world. The purpose of grounded theory is to define that reality by placing the research participant as the expert knower. Role reversal transpires as participant becomes the teacher. The task of the researcher is to suspend his or her knowledge of a particular phenomenon and use the experience of participants to

build new knowledge. The basis of this epistemology is the individualization of reality, even though individuals share similar experiences. Epistemology, then, guides methodology, method, and technique, which are described in this section.

According to Schreiber and Stern (2001), there are four characteristics of grounded theory: (a) grounded theory focuses on a process and trajectory, resulting in identifiable stages and phases; (b) it uses gerunds, action and change; (c) it has a core variable or category that ties stages and phases together; and (d) it is abstract and capable of producing a middle range theory. Additionally, grounded theory is continuous over time, meaning that persons who have experienced the phenomenon are most appropriate to answer the research questions.

Research Design

Human Subjects Protection

Approval to conduct research utilizing human subjects approval was obtained from the University of Tennessee Knoxville Institutional Review Board (Appendix A). The benefits of this study lie in its potential for informing treatment protocols of women who are experiencing abuse by male partners in intimate relationships. Women were screened (Appendix B) prior to acceptance in the study for signs and symptoms of severe depression, psychosis, suicidal or homicidal ideation, and intoxication.

The major risk in conducting this study was increased stress due to recall and discussion of abuse experiences. The participants were afforded the opportunity to share as much or as little as desired, depending on their comfort level. I am a master's prepared nurse who has expertise in counseling women with trauma histories and is certified in therapy designed for individuals who have sustained trauma. Women's emotional state

was assessed during the initial screening and throughout the interview. If a woman had displayed signs or symptoms of emotional distress during the interview, one specific technique that I was prepared to implement is a crisis intervention strategy called grounding. Grounding is a simple strategy that allows individuals who are experiencing incapacitating emotional pain to detach. There are three standard methods of grounding: physical, mental and soothing (Najavits, 2002). The grounding process would include asking the woman to rate her negative feelings on a scale of 0-10, with 10 being extremely negative. She would then be led through the grounding exercise and then asked to rate her negative feelings. An acceptable rating for continuing the interview is in the 0-5 ranges or the interview would be discontinued in the case that she expressed no desire to continue. If the rating was 6 or greater, the interview would be terminated and a referral made to an appropriate mental health professional.

Women who resided at the shelter had access to professional counselors. There are several agencies that offer assistance to abused women in this Midwestern City. A rape crisis and abuse center is the premium community-based agency that provides individual intervention and referral services for abused women. In addition, a battered women's shelter offers a continuum of services for women including education, shelter, counseling, support groups and case management services. Other potential sources of mental health services include Family Services, Salvation Army Family Services, Catholic Social Services and The University Hospital.

All data was kept strictly confidential and was only accessible to the researcher and dissertation committee team. Participants' names or other identifying information was not attached to data. A number code identification was assigned to the audiotapes,

the transcript and the demographic data profile form. The interview data was stored in two locations in my private home office: (a) a locked metal file cabinet and (b) the NUD*IST4© computer software program was utilized to store data. The original written consent forms were maintained at the University of Tennessee-Knoxville College of Nursing in the office of Dr. Joanne Hall, dissertation chairperson. Audiotapes were destroyed after completion of the transcription and analysis.

Setting and Sample

The community in which the shelter is located has historically embraced the poor, having been settled by German immigrants in the 19th century. The community was dominated by Germans until the political influence that surrounded World War II attenuated their cultural stronghold. This waning control by the Germans was evidenced by businesses closing, schools no longer teaching German language, the removal of German publications from library shelves, and myriad Americanized name changes of varied businesses and streets. This original cultural group began leaving, making way for the descent of Eastern Kentucky Appalachians into the community in the 1930s and 1940s. (Irhine.com., History of Over-the-Rhine, 2000). In the 1960,s the population of African Americans increased in this neighborhood. A central reason was their "displacement from the juxtaposing community due to interstate highway construction" (Irhine.com., Emergence of a new identity. In History of Over-the-Rhine, p. 5, 2000). In addition, African Americans from Southern states began moving into the city and settled in the community. Since the 1960s, African-Americans have remained the largest group to occupy this community (Irhine.com., History of Over-the-Rhine, 2000).

According to statistical data from the year 2000, of the 7,638 individuals living in the community of this study, African Americans make up 77%, while Whites make up 19.4%. Young adults ages 25-44 are the largest group of individuals (32.7%), closely followed by children through adolescence (23%). These children comprise the next largest group of individuals probably because they are the offspring of the young adults. This community is one of, if not the poorest, in this city. The majority of households report an annual income of < $25,000. However, since 1980, there has been a ten fold increase in households who earn >$50,000. (Hamilton County Regional Planning Commission, 2001). This finding may reflect the progress that has been made toward gentrifying the community.

Amidst the gentrification efforts, a battle continues to brew between the poor and the affluent business developers for control of this community. As with gentrification movements in other major cities, the fight has arisen from a desire to displace the poor, allowing the affluent to reclaim control. For the wealthy, attractions include its proximity to the business district and the convenience of access to cultural and artistic activities. This city boasts of having one of the oldest opera houses in the United States, which is located within the same block as the city's most notorious homeless shelter that was also my primary data collection site (fully described later in this section).

The poor and advocates of the poor oppose gentrification. This community is a haven of social service agencies, including low income permanent and transitional housing programs, substance use treatment and recovery facilities, food banks, soup kitchens and shelters. Hence, an advantage to the poor is proximity to social services that are sorely needed and utilized. Although a large concentration of social services is

available, this community also is widely known for its crime. In 2004, there were 23,349 calls from this community to police for assistance, more than any other community in the city. This community reported 24.6% of the city's murders, 11.5% of rapes, 16.3% of robberies, 15.9% of the aggravated assaults, 6.1% of burglaries, 6.3% of larceny, and 3.5% of auto thefts. The crimes reported in this neighborhood outnumbered criminal activity in other areas in all categories except larceny and auto theft (City of Cincinnati, Neighborhood Crime Statistics, 2004).

A blatant point of contention between advocates for the poor and business developers is the homeless shelter's location. Business developers contend that relocating the shelter to "some unnamed, but desirable location" will decrease the crime rate, thereby attracting more persons of affluence to the business district, which will facilitate growth. Additionally, a plan has been in the works for several years to build a multimillion dollar new school for creative and performing arts and what better location than adjacent to the opera house (Trapp, 2001). Business developers seem unable to visualize a co-existence of (a) the shelter and social programs and (b) their new vision for this community. These same developers cite a need for "clean, safe schools" and to rid the park, located diagonally across from the shelter, of the drug dealers, alcoholics, drug addicts and other persons deemed prone to criminal activity. Even the city's mayor and a very vocal member of city council have joined in the oppression and intimidation of the poor and homeless. Shockingly, panhandling is now a crime (*without proper registration*), and even more shocking is the fact that the mayor has called on this shelter's administrators and personnel to denounce panhandling and to refuse services to the homeless who are convicted of this crime! A more outrageous notion has been the

threat of decreasing the monies appropriated to the shelter for noncompliance. The shelter is seen as a sore eye and revolting to many, but administrators have done an excellent job in working to provide services to the marginalized groups of homeless persons in great need.

Primary Setting

The primary data collection site was a coed emergency and transitional shelter, located in the aforementioned community, which was founded by a staunch advocate for the poor in the early 1970s. Ironically, this same advocate was brutally murdered in the shelter by a person, said to be a friend and tenant of the advocate, who was presumably mentally ill (Firor & Pille, 1996).

Offering a capacity for 300, the average number of persons served on a daily basis in 2004 was 208. However, generally in winter months, the shelter is over capacity. In addition to emergency shelter, male and female substance abuse treatment programs, transitional employment and housing programs are components of their programming. The shelter owns and operates an apartment complex of about 40 units, in which homeless individuals are able to live for approximately 2 years. These apartments are close to the shelter. The majority age ranges of persons utilizing the shelter are 31-59 and overwhelmingly AA, about 76%. (Drop Inn Center Newsletter, 2004.) Sixteen of the women who participated in this study were recruited from this shelter.

Sampling

The inclusion criteria for this study were: (1) women who were previously physically abused by a male partner or currently experiencing physical or sexual abuse and (2) women who had a history of two or more physical separations from the abuser.

In accordance with the Strauss and Corbin (1998) procedure, recruitment began with open sampling. Open sampling refers to an initial broad technique of including participants with the existence of the phenomenon under study. Implementation of this concept was attempted by contacting women's facilities in the area and making a request to post a flyer (Appendix C) announcing the study in visible areas within their agencies. Given the prevalence of intimate partner abuse against women, a reasonable assumption was that any agency that served women would generate participants who had experienced leaving and returning to an abusive relationship. I initially contacted the Rape Crisis and Abuse Center, a women's support group, women's homeless shelters and substance use treatment facilities. To protect the confidentiality of women utilizing these services, I was not allowed to personally post the flyer. Instead most persons in charge either agreed to post the flyer or announce the study during peak interaction with women such as group sessions. The first participant in this study contacted me after hearing the announcement from a facilitator at an abuse recovery support group. I decided that being present and conversing with women about the study would assist in garnering more participants.

My connection to the primary data site, the coed emergency and transitional shelter, began approximately 5 years ago as coordinator of a homeless women's program at the Department of Veteran Affairs. In this role as coordinator, I conducted outreach to the women veterans who were residents. Thus, I became very familiar to the staff. Even though I had posted a flyer on the bulletin board in the women's dormitory of this coed shelter, I gained approval from the shelter director for more direct, hands on recruitment (Appendix D). I was allowed to attend the women's 7 o'clock nightly meeting, a requirement for their securing a bed each night at this shelter in the women's quarters.

Unbeknownst to me, the shelter advocate in charge of the group for that night introduced me as a speaker and left me with the group. I had discussed the study with her prior to her making the announcement. There were approximately 25-30 women present for the initial recruitment session. After appropriately introducing myself, I made the statement, "I am looking for women to participate in a research study that have left and gone back to an abusive relationship with a male partner more than once". At least 95% of the women began raising their hands. There was no prompting or prior request that they raise their hands or disclose in this group format. My plans were to fully explain the study, answer any questions, pass out flyers and allow women to call and leave a voice message, if interested. There was mayhem as the women began talking among themselves and talking to me, indicating a resonation with the study topic. I was surprised, not at the prevalence, but at the high level of openness and interest in this study. I had successfully connected with a group of very interested women.

Women who utilize the shelter may be divided into two groups: those who participate in general or emergency services and those who enroll in the women's substance use treatment program. For women using general services, the recruitment procedure was further customized by my obtaining assistance from the female intake coordinator. As an informant, her role was to mention the study and provide a flyer to the women during the intake process. Of particular interest were the women who resided at the shelter because of having left an abusive relationship. This was relevant because one of the intake assessment questions included whether women were at the shelter because of domestic violence. I learned that the women were not always truthful about

domestic violence because of formal or informal shelter policy to make referrals or suggestions for the women to seek help at the battered women's shelters.

Women who participate in the substance use treatment program are segregated. They are not permitted to mingle in-depth with other shelter residents. For example, they are chaperoned to most activities, including to the dining area for meals. One exception is when women serve as role models for recruitment of other known substance using women into the treatment program. Approximately one-third of the participants were recruited from this program. I utilized the group recruitment methodology, as with other women, but individually screened each interested woman after announcing the study.

Interested participants either spoke with me in person or contacted me via telephone and left a voice mail. Face-to-face screening took place mainly at the shelter because I had no way of returning a call to the shelter women, since telephone use for them was limited. After the screening, an interview was scheduled. Interviews were scheduled by individual appointment at a mutually convenient time.

Data Collection

Data were collected for an 8-month period from May until December of 2004. The shelter became the primary data collection site because of the interest shown by the women. Further, it was important to observe their world. However, the initial, intended interview site was a private medical office, containing the ophthalmology practice of my husband. Permission was granted to utilize the facility on weekends and during evening hours (Appendix E). This medical office is structurally connected to a major hospital in an urban area and is within close proximity to other major medical centers, clinics and shelters. Only two interviews were conducted at the medical office, since the bulk of the

participants were residing at the shelter. It was more feasible, convenient, and added to the validity of findings to conduct interviews at the shelter.

At the beginning of the data collection session, women gave written informed consent (Appendix F) and completed a demographic profile (Appendix G) prior to the interview. A code number was assigned, which appeared on both the demographic profile form and the audiotape. The participants were afforded the opportunity to share as much or as little as desired, depending on their comfort level. I emphasized not being connected with the shelter in any way that could influence their care. The women were informed of their right to refuse to participate in this study and the right to withdraw from the study at any time without experiencing penalty relative to receipt of health care, social or shelter services. The participants were provided a copy of the consent form.

Data were collected by an individual, audio-taped, semi-structured interview with each participant. Interviews are useful when direct observation cannot provide the necessary information, when historical information is needed, and when researchers need some control over the questions (Polit & Hungler, 1999). The initial question that guided the interview was, "Tell me about a time that you left and returned to an abusive relationship." Other questions were generated as the interview progressed. Specific questions that produced data pertinent to study outcomes are found in the interview guide (Appendix H). My initial intent was to chronicle women's beginning experiences with leaving and returning; however, many women expressed having a number of such experiences they were unable to recall the beginning. Their substance use also prohibited complete recall of beginning experiences. The question, "When did you first know that you were being abused?" was dropped from the guide because women seemed to scoff at

that question. One participant answered the question by stating, "When I was gettin' beat on, I guess." Others would recall an incident that clearly delineated physical abuse. The historical background of these women included either childhood or adulthood abuse and in many cases both. Thus, women were very much familiar with abuse. Interviews occurred over a 60-90 minute period.

A potential risk for the participants was increased stress because of recall and discussion of abuse experiences. I assessed the emotional state throughout the interview. There were no displays or signs or symptoms of emotional distress during the interview. A few women became teary but did not desire to terminate the interview. Adequate time was allowed for them to regain composure.

Post interview wrap up included talking with women to thank them for sharing with me, offering referrals for community resources, and giving praise and encouragement. Many talked about future plans for gaining income, housing and general community re-entry. The women were compensated $10 for their time and participation at the completion of the interview. Each woman was given a short note of thanks with the monetary compensation enclosed.

The Participants

The sample comprised 18 women between the ages of 28 and 53 with an average age of 41.2. Fifteen women, (83.3%) either responded to the posted flyer seen at the shelter or signed up as a result of group recruitment, one woman was recruited at a community health fair, one from a domestic violence support group, and one from a medical office. The race/ethnic backgrounds were African-American 12 (66.6%), European-American 5 (27.7%), and Native-American 1 (5.5%). The educational

achievement for one woman (5.5%), was completion of 2 years of college, four (22.2%) had completed some college, five (27.7%) had completed high school or GED and 8 (44.4%) had completed less than a high school education. Two women were employed and reported an annual income between $15,000 and $29,999. One woman's source of income was disability pension of < $15,000 annually. The remaining 15 (83.3%) were unemployed.

With the exception of three women (16.6%), all were homeless (83.3%). Fourteen (93.3 %) were living in the co-ed homeless shelter, while one woman (6.6%) was living with family members. Ten (66.6%) attributed their homelessness to having recently left an abusive relationship.

The 15 who were homeless also had a history of cocaine and/or alcohol use. Five were engaged in the shelter's substance abuse treatment program at the time of the interview. Three were waiting to enroll in treatment. Two of these women subsequently entered the shelter's treatment program and one woman was court-mandated to an external treatment program. One reported actively working to maintain sobriety.

Four were divorced, two were widowed, and four were living apart from the abuser. The total number of male intimate partner abusive relationships experienced by 17 of the women ranged from 2 to 4, while one woman had experienced more than 10 abusive relationships. Twelve women (two-thirds) had experienced leaving and returning to an abusive relationship from two to seven times, and six women (33.3%) had left and returned eight or more times, (66.6%).

Data Analysis

The Strauss and Corbin (1990, 1998) methodology of analysis was utilized. Analysis commenced with my listening as I transcribed the interviews. After transcription of the initial interview, open or first-level coding was initiated. I read each transcript and conducted a line-by-line analysis to examine phrases, words and sentences. Open coding is "the analytic process through which concepts are identified and their properties and dimensions are discovered in data" (1998, p, 101). The data are dissected, examined and compared for similarities and differences. The processes are identified during this examination. At this level, the participant's words are used to the extent possible. A key process that is derived from open coding is conceptualizing. Conceptualizing means that data are broken down into incidents, ideas or activities and named. Once concepts are formed, they are categorized. Categories are concepts that name a particular phenomenon. Categories are further developed in terms of properties and dimensions. "Properties are the general or specific characteristics or attributes of a category and dimensions represent the location of a property along a continuum or range" (Strauss & Corbin, 1998, p. 117). The NUD*IST4© computer software program was essential to storing and managing data.

Axial coding is a reconstructive process that puts the data back together after open coding by connecting a category and its properties. Second-level coding begins when the researcher perceives similarities in the concepts identified in open coding (Schreiber & Stern, 2001). The first-level codes are compared to existing and new data and identify categories that are compared with data and codes. As I interviewed other women, in vivo

codes were appropriately added to existing categories and new categories formed. Comparison allows the researcher to identify gaps in the data.

According to Strauss and Corbin (1998), there are four basic tasks to accomplish axial coding: First is determining properties of a category and their dimensions. Second is identifying the conditions, actions/interactions, and consequences associated with a phenomenon. Third is relating a category to its subcategories through statements denoting how they are related to each other, and fourth is looking for cues in the data that denote how major categories might relate to each other (p. 126).

Axial coding provides answers to questions of why, how, where, when and outcomes. The paradigm was the organizational scheme that was utilized. Its components include conditions, actions/interactions and consequences. Conditions form the structure in which phenomena are embedded. Actions/interactions describe the responses to phenomena and consequences are the outcomes of the actions/interactions. Consistent with the procedure, conditions were labeled causal, intervening or contextual. Causal conditions are a set of events that influence phenomena. Intervening conditions alter the impact of causal conditions. Contextual conditions are a set of conditions that interact to create the individual's response.

Selective coding involved examination of the relationships between and among the categories. Hypotheses are developed and tested through further data collection and analysis. The final step in data analysis is searching for the core category, the central phenomenon used to integrate all others, which results in an emerging theory of a social process that is grounded in data (Polit & Hungler, 1999).

Strauss and Corbin (1998) outlined the criteria for choosing a central category as follows: (1) All other categories must be related to the central category; (2) there are indicators pointing to the concept in most or all of the cases; (3) the explanation is logical and consistent when categories are linked; (4) the name of the central category should be abstract so that it can be used to conduct research in other areas, leading to development of a more general theory; (5) as the concept is refined through integration with other concepts, the theory grows in depth and explanatory power; and (5) when conditions vary, the concept still holds.

Validity

Chenitz and Swanson (1986) outlined concerns of validity in conducting qualitative research from Denzin (1970). The ensuing documents an individualized plan for achieving validity in this grounded theory study. The first point that the authors make is related to a lack of consideration of how historical events that occurred before data collection may impact study outcomes. This study's focus is abused women's experience of leaving and returning to an abusive relationship. Salient issues that were of historical significance included the length of separation or reconciliation, help-seeking experiences and present abuse status in proximity to data collection. Attention was devoted to these issues by assessing their meaning and importance and incorporating them into the interview. To further address validity, the constant comparative method was utilized to decipher variations within and among categories. Leaving and returning was the phenomenon of interest. I initially divided analysis to reflect leaving and returning as separate phenomena and grouped conditions that influenced each. The initial interview served as the baseline to which the subsequent interview was compared. All interviews

were compared for similarities and differences. For this first interview, I sought to identify a pattern and repeatedly asked, "What is this woman's pattern of process, structure and outcome?" The pattern related to leaving the relationship was designated as "not leaving", duly named because although this participant had left and returned to the relationship a number of times, she had not been able to completely terminate the relationship. I then identified the characteristics of this "not leaving" pattern including precipitating factors, how leaving occurred, help seeking, abuse management strategies, how she returned to their relationship and returning characteristics.

With subsequent interviews, two additional patterns that characterized women's leaving were identified. My early impression was that leaving patterns were unplanned or planned. Now, I could visualize three major patterns, with the inclusion of "not leaving". Not leaving as a pattern was eventually absorbed within other patterns mainly because it described an end result of entrapment and was thus, not an adequate descriptor of the leave-return process. As data collection progressed, new categories and codes were discovered and added. Most categories were saturated as I completed the 13th interview. Because all of the women were not substance users, I continued data collection to gain more in depth information relative to substance use.

The second factor is participant maturation and change over time due to research participation. In this study, abused women were interviewed once for 60-90 minutes; thus, contact was limited. Maturational effects may not be observable. However, field notes were used to examine changes in attitude and/or knowledge. Memoing was included in data analysis and refers to the researcher's ideas and thoughts that provide direction for further analysis. As data were analyzed, memos describing my analytic

thoughts and impressions were included on the transcript pages in the margins and I kept a notebook that included reflections about each participant and her experiences.

Third, subject bias was assessed by comparing differences in participants. Sample diversity of psycho-sociocultural profile and abuse experience was sought and I incorporated women who were currently in abusive relationships and women who had recently or for a longer time span ended their abusive relationships were included as study participants. Two other ways to mediate this threat to validity was in using the constant comparative technique, which brings clarity to gaps in theory development and theoretical sampling for participants who may provide the opposite perspective of the phenomenon.

Reliability

Reliability includes rigor, confirmability, auditability and transferability (Burns, 1989). To determine reliability of a grounded theory study, Chenitz and Swanson (1986) have suggested asking, "If I apply this theory to a similar situation will it allow me to interpret, understand and predict phenomena?" Rigor makes reference to the accuracy of the research findings. Efforts to obtain rigor will include consideration of theoretical sensitivity, ethics, auditability, credibility, confirmability, verification and adequacy and appropriateness of data.

According to Strauss and Corbin (1998) there are 8 criteria for evaluating the empirical grounding of a study. These criteria include:

1. Are concepts generated?
2. Are the concepts systematically related?

3. Are there many conceptual linkages, and are the categories well developed? Do categories have conceptual density?
4. Is variation built into the theory?
5. Are the conditions under which variation can be found built into the study and explained?
6. Has process been taken into account?
7. Do the theoretical findings seem significant, and to what extent?
8. Does the theory stand the test of time and become part of the discussions and ideas exchanged among relevant social and professional groups?

Theoretical Sensitivity

Theoretical sensitivity is the "ability of the researcher to think inductively and move from the particular to the general or abstract" (Schreiber, 2001, p. 60). Because researchers begin research with preexisting theory, theoretical sensitivity keeps the researcher open to a variety of data interpretations. Flexibility in data interpretation decreases the risk of premature theory development. The researcher writes notes or memos of their most popular theories and constantly compares these against the emerging data. Additionally, discussion with others or group process increases theoretical sensitivity. (Schreiber & Stern, 2001)

Consciously, my interest in domestic violence began after the murder of Nicole Brown Simpson in 1994. During this time, there was nation-wide focus on this topic as evidenced by a noticeable increase in domestic violence related news shows, television movies, and an increase in national and local public service announcements (PSAs). A public service announcement from the local shelter caught my attention because it

indicated a need for nurses who were interested in obtaining rape crisis training. I contacted the shelter to become a rape crisis volunteer but was informed that the PSA was outdated. However, there was a need for battered women's shelter volunteers. I signed on and accepted fundraising assignments as well as community violence prevention education prevention specifically to students in several local schools. As I became a regular fixture around the shelter, I observed the small number of African American women who utilized the shelter, which I questioned, engaging the shelter director, who was European American, in discussion. She replied, "*You tell me where they are.....you know good and well that it happens in Blacks*". My questioning the relative lack of shelter utilization by African American women reflected my own bias. The foundation for this assumption that there would be more African American women was probably the experience of growing up in a rural state and community, where domestic violence was rampant and almost a rite of passage. After my questioning, the shelter staff decided that a new domestic violence-related television PSA was needed to attract more women to utilize shelter services, especially African American women. Thus, I become the face that would attract these women.

Other domestic violence experience includes my doctoral study and employment. I was employed as coordinator of a homeless women's program and, simultaneous with my dissertation, conducted a quasi-experimental study that included participants who were similar clinically and demographically to the dissertation-study participants. I entered this research project with a mountain of personal and professional experience. I was constantly challenged to set aside these experiences and my knowledge of domestic

violence theory and literature. Periodic review was conducted of both existing and new literature and comparisons made between emerging interpretations and this literature.

Confirmability refers to data accuracy. There should be congruency between analysis and the actual data. My dissertation chairperson, who has considerable experience with researching violence in women, served as the professional who reviewed the theory. Auditability is the ability of others to trace the collections of materials and documentation that facilitated reaching a conclusion about the data. Therefore, documentation of all analytic processes and decisions was achieved through transcripts and memos and maintaining all records of raw data, delineating decisions is available.

Transferability means that data are generalizable to other populations and other settings. However, generalizability is not a goal of qualitative research. The alternative is to provide thorough data and vivid descriptions that will allow others to reach a conclusion regarding transferability (Chenitz & Swanson, 1986).

CHAPTER IV

Study Findings

Contrary to societal perception, women who leave and return to their intimate partner abusive relationships are not pathologic. The role of leaving and returning in managing the danger of abuse is not well comprehended or even considered by many professionals, lay persons or even these women who had experienced such relationships. A participant demythologized a prevalent stereotype of women who leave and return in the epilogue of her interview and was adamant that this view be shared:

> Women don't like it just cause they go back. I hear a lot of people say that and that makes me angry, you know. And it's not…you know cause I liked getting hit on. You know and I know they don't go back cause they like it. So, I just wish that everybody would realize that it's not cause they like it. It's just something….a situation you have to be in to understand. You have to feel what that person feels.

Most of the women shared the above conviction that they were not masochists; however, the tendency to embrace the myth that women who repeatedly leave and return are irrational, mentally incapacitated beings was omnipresent:

> So, like I said, he left. Ah….Me and J. had talked and we had ended up getting back together. So, like I said, *I was stupid, too.* Because I kept……instead of *just leaving it alone the first time, I kept going back to him* thinking things are gonna get better…… things are gonna get better. And it was still the…. Same.

> On the outside we were normal, but on the inside, it was the hammer…..and I took it. And I took it like a …..*dumb ass woman…… (laughing)……like a knucklehead,* but that's all I knew…..that's all I knew.

> I don't know…..*kind of dumb sometimes, cause I kept going back to a bad situation and I knew it was bad.* But, in the long run it didn't matter, cause I wanted to be with him. So, I didn't care what they thought.

> There ain't no damn way I should be….still back…going back and forth with him and he beating the shit out of me like that…so….I thought something….I thought I was crazy. I did….I thought I was crazy…*and still think I'm kinda crazy.*

I was too dingy to figure it out. I was too dumb to figure it out. I was just a dumb person. *Too dumb to figure it out……too damn dumb.*

I don't see why….I can't….it's hard to explain why I went back now, cause it makes no sense, whatsoever, cause I would do so good without him and then I would always go back. Even after he stabbed me in the throat. *That is insane. That's insane. That makes no sense.*

Like I said, he choked me, he beat me, he broke my jaw….but yet, *I kept running back….kept running back.*

Global examination of the previous excerpts that fuel the myth of abused women as mentally incapacitated reveal that the women articulated a lack of understanding as to why they went back but usually in the very same sentence provided sensible rationales for returning, such as emotional attachment and associating abuse with love as a learned behavior. Further, women's discussions revealed that the basis for their negativity was the glaring underlying assumptions that women should automatically know that upon returning to the relationship that abuse recurs and that they are in a position to terminate an abusive relationship with their first or even their 10th experience. The women seemed to be experiencing dissonance between their intellectual knowledge and experiences and the negative societal perception of women who do return. They shared their experiences, many times shrouded in shame and other negativity.

From a professional and personal standpoint, listening to the women engage in this mental self-mutilation by berating themselves was very much disturbing. The interview process required showing empathy and offering encouragement and support, which at times simulated a supportive, semi-counseling session. Incorporating supportive counseling was appropriate since the majority of these women had no formal counseling and mentioned not having spoken indepth about their abuse prior to participation in this

research. The lack of prior access to a therapeutic forum in which to discuss and share feelings was evident. Throughout, women gave terse descriptions of the psychological ramifications of being abused, showing a propensity to discuss explicit details of the abusive acts that were perpetrated upon them, in conjunction with their behavioral responses. Their pain from having endured years of abuse was obvious. They invited me to share this pain by showing me the lingering physical evidence of abuse. For example, one woman indicated her interest in this study by pulling her long dark hair away from her neck, revealing a well-healed diagonal scar across the carotid simply saying, "Look…..and I went back after this."

There were other physical signs such as the slurred speech from an old jaw fracture, facial scars and missing teeth. I witnessed few tears, heard the women talk in low meek voices as well as raised thunderous voices, both ready to pounce at any hint of perceived insensitivity on my part. Seemingly, their emotions were bolted and locked inside of them, hidden, but indelibly etched in an unknown, unidentifiable inner abyss as seen in the following illustrations: "At times now, I just don't talk to anybody about nothing. I just keep things bottled up". Another woman said, "I just stuffed it in….was real angry."

> I went for years looking like I wasn't abused cause I hid it way down deep down inside and that pain turned into something else…..something else…..it's no good.
>
> When I feel like I can talk to someone and open up, because, it's a wall right there. It's…..my girlfriends and them say, "are you all right?" and I say, yea. You know, I say yea. I say yea, everything's okay. Knowing, you know, deep down inside, everything's not okay.

Use of humor had become a way of expressing pain

> Ah....everybody when I'd go to work.....I was tending bar they'd check my face to see if I had any black eyes or anything. Yea.....it kind of got to be a joke among me and everybody....cause....I mean we knew sooner or later I was gonna get beat up.
>
> There is a ah...standing joke, if he dies or I die the first one the police come to...if he dies, it'll be me, I'll be the first suspect. Vice versa (laughing), it's really sad..... I mean it's really sad, but that's family joke or the family.....you know..... story that we have.

Another woman jokingly expressed as I explained the study, "Well, who hadn't?", making reference to her perception that being abused is a commonality shared by all women and so is leaving and going back to those relationships. She appeared to question whether intimate relationships without abuse actually exist.

The shame demonstrated by the women was the result of years of abuse and the mitigating factors that trap women in these relationships, compounded by the stereotypical views of women who leave and return to their relationships. These views are not germane to the women in this study, but they are perceived as valid by lay persons and professionals as well. The findings of this study clarify that, for these women, leaving and returning was a state of mitigating danger, a revolving process of managing the direct and indirect effects of being a part of an abusive relationship.

Story Line

The core phenomenon was mitigating danger, which comprised knowing the danger of abuse, taking respite, choosing the familiar, negotiating an end to danger, maintaining secrecy and taking mental reprieve. As women established that abuse presented a danger, they began leaving and returning to their relationships. How women came to know abuse as danger was derived from the context in which abuse occurred and abuse outcomes. The most prominent contextual variable was the abuser's substance use

and women named crack cocaine as the abuser's usual drug of choice. When the abuser was using crack cocaine, women perceived that abuse became more unpredictable, severe and frequent. There were several ways that women justified these drug related abuse characteristics. First, substance use led to abnormal personality changes and erratic responses to their normal behavior patterns. An outcome of experiencing unpredictability was women's perception of enduring beatings in the absence of justification on their part. The major way of documenting absence of justification was comparing their behaviors preceding abusive episodes to their belief systems of what constituted justifiable and non justifiable abuse. From the narratives, justifiable abuse included neglect of parenting or family duties, substance use and extramarital affairs.

The second contextual variable of knowing danger was resisting the drug culture, that led to an increased risk for abuse. Women resisted the drug culture by refusing to participate in mutual use, attempting to preserve and control the meager resources and their opposition to being pimped. The final component of knowing danger was severity of abuse, usually equated with fearing death. As a result of the violence, women acquired two categories of injuries: those that required health seeking and those not requiring health seeking in accordance with their perception of need. Injuries requiring health seeking resulted in acute and/or extended care and included concussions, feticide, fractures, and internal injuries. Injuries not requiring health seeking included bruises, contusions, fractures and choking. The catalyst for protective, transitional leaving was the more prominent injuries compelling health care as opposed to injuries not requiring health seeking.

An outcome of knowing the danger of abuse was to assign responsibility for danger to the abuser, which negatively and positively influenced their entrapment. Women perceived themselves undeserving of abuse and viewed the abuser as having behavioral problems that required change, such as the need to achieve sobriety, get help with anger management or other mental health counseling. The expectation was that he would individually change his behaviors or seek external help. This expectation created the pathway for returning to the relationship.

The unpredictability of abuse resulting from drug use placed women at a distinct self-protection. Hence, knowing the dangers of abuse precipitated protective, transitional leaving that was not methodical, but reflected women's experiences of abuse as severe, unpredictable and producing crisis. Thus, this leaving was normally in relation to a violent episode meaning that women left because they either anticipated (*pre-abuse*), were experiencing (*intra- abuse*) or had recently experienced violence (*post- abuse*). The purpose of leaving was twofold. First, leaving prevented imminent harm or death and, second, was the notion that their leaving for periods of time would have an impact on the abuser to halt the violence. There were two ways of protective leaving: voluntary and involuntary. Voluntary leaving referred to the woman's leaving individual decision-making, and involuntary leaving referred to the woman separating from the abuser because of his arrest or fear of arrest by the police.

The components of this leaving were identifying and/or creating opportunity to leave and getting help. Opportunity was found in the presence and absence of the abuser and was a testament to the extent to which women perceived danger. Crisis help formed the foundation of women's help seeking and was received from formal and informal

helping systems. Informal systems included witnesses to the abuse, who were most often children, neighbors, immediate and extended family members. Witnessing was a recurrent experience for helpers. Informal helpers were validating her danger in the following ways by becoming involved: being her conduit to police, confronting the abuser, coercing her to leave and confirming leaving as a valid option. The most utilized formal helping system was the police.

In opposition to validating danger was invalidating danger. Largely, danger was invalidated by both informal and formal helping systems as evidenced by women receiving conditional help over time. Witnesses began to ignore women's pleas for help and police officers shifted responsibility, an intervening variable that hindered their ability to leave, despite adequate evidence of physical abuse. Shifting responsibility was an abandonment of duty to protect women from abuse, by (a) dismissing to other agencies for primary assistance, and (b) blaming the woman. Women were blamed both for having been abused by their partners and for the lack of intervention by police officers. This refusal to help when requested may be described as help fatigue, utilized as a motivator for the woman to change her circumstances.

Despite leaving their abusive relationships primarily for self- protection, danger persisted. The danger of being out of the relationship was related to the ways that women were forced to survive in getting their subsistence needs met. Mitigating this danger was by choosing familiar danger of which returning to the abusive relationship was a part. Thus, choosing familiar danger and negotiating an end to danger are overlapping components. The primary mechanism for getting subsistence needs met during the separation was a network of family and friends. The social support network was a

survival strategy in two ways. It offered respite, and it was opportunistic in facilitating intentional or unintentional mutual access between the woman and her abuser, the mediator for returning to the relationship.

Women negotiated an end to danger by threatening jail, arousing his consciousness, while the abuser demonstrated non threatening behaviors. Since attributing responsibility was linked with leaving the relationship, these non threatening behaviors validated her perception that he was the problem or that no problem existed. Discounting that a problem exists included saying that abuse was an isolated incident and avoidance. Validating that he is the problem included acknowledging harm. Its components were making an apology, reaffirming commitment to family, giving gifts, and sharing her victimization.

The prevailing contextual variables that influenced choosing familiar danger and negotiating an end to danger was economic deprivation, which resulted in homelessness and lack of options to maintain substance use habits. Economic deprivation was associated with socialized and/or forced economic poverty, attributable to unemployment and if employed, earning low wages. Multiple factors influenced their unemployment: low education levels, lack of skill development, substance use and poor health status. The majority of the participants did not indicate sole dependence on their partners, but described a cooperative economic effort; however, this was not clearly distinguishable from their abusers' reliance on them for support, specifically housing.

Economic deprivation was a hindrance to establishing a separate household. Hence, a problem that voluntary leaving stimulated was homelessness. When seeking respite within their support network danger could be experienced because of personal

conflict with individuals in the environment. In addition, some women coped with family member's addiction and living with family members guaranteed contact with the abuser and in some cases resulted in "giving her up" to the abuser when she expected confidentiality.

Women who were substance users encountered additional risks during the separation including the risk of dying because of procuring drugs from unfamiliar persons, displacement of moral center and risk of incarceration due to theft or solicitation. When women considered the risks of stranger danger in procuring drugs, being abused in their familiar environments was more acceptable, safe and secure than soliciting multiple sexual partners.

The coping strategies that women utilized were maintaining secrecy and taking mental reprieve. These strategies both mitigated and facilitated the pain of entrapment. Maintaining secrecy was the varied ways that women concealed abuse and encompassed telling stories, sharing selectively, avoiding and putting on a different face. Keeping abuse a secret allowed women to retain control of their feelings of shame, but restricted their ability to seek help other than in a crisis.

Taking mental reprieve was an ongoing strategy, a "being in/being out" state that facilitated coping with the physical and emotional trauma while remaining in the relationship. Taking mental reprieve was often in conjunction with substance use. Women took mental reprieve by self medicating, ascribing leaving and returning to addictive behavior, normalizing, and detaching emotionally. Self-medicating was beneficial in reducing anxiety, numbing the women emotionally and cushioning the

physical pain of violence. Ascribing leaving and returning to addiction and normalizing were ways of denying their predicaments, promoted lack of change.

Other coping strategies that referred to labeling themselves as abnormal because they survived danger by leaving and returning was attributing leaving and returning to addictive behavior or habitual and routine behavior. Detachment was a dissipating of the emotional connection to the abuser and remaining in the relationship for economic reasons. The outcome of these strategies that facilitate mental reprieve is imperceptible change.

Mitigating Danger

The purpose of this qualitative descriptive study utililizing grounded theory methodology was to explore the experiences of women who leave and return to their abusive relationships multiple times within the context of abused women's change process. The guiding research questions were: (a) How do women adjust to leaving and returning to an abusive relationship? And (b) How does leaving and returning affect thoughts and feelings about the abuser and the relationship? These questions were designed to explore what outcomes may be derived from women's leaving and returning to an abusive relationship. And by asking the research questions I assumed that women who repeatedly left and returned to an abusive relationship were going through an adjustment process. My definition of adjustment reflected its general use in extant literature as a process, fomented by life altering change, resulting in a terminal, satisfactory outcome. Leaving and returning to an abusive relationship, I presumed, represented stressful states of change, assuming that women engaged in a process of transitioning to living apart were then interrupted in that process and, instead,

reestablished the relationship. Discovering how women described this type of stress would be the bridge to understanding the pattern of leaving and returning in the overall change process.

In contrast to my original assumptions, leaving and returning was a component of the broader social process, mitigating danger. The components of mitigating danger were knowing the danger of abuse, taking respite from danger, choosing familiar danger, negotiating an end to danger, maintaining secrecy and taking mental reprieve.

Knowing the Danger of Abuse

Intimate partner abuse was the danger that precipitated leaving the relationship. These women's experiences spanned the gamut of established categories that define abuse in terms of the physical, sexual and psychological. However, leaving was directly connected to physical violence, which was considered of utmost danger because of the potential for death. The knowledge that this physical danger warranted leaving was derived from the contextual conditions in which abuse occurred and its outcomes. The predominant contextual condition for their knowing the danger of abuse was experiencing the unpredictability of abusive episodes, often reasoned to be related to his substance use. Approximately 88% of the women reported that their male partners used alcohol and drugs, naming crack cocaine as the drug of choice. The fears that women experienced when the abuser was using drugs were often indescribable. Discussion was sometimes simply prefaced very animatedly with the expression, "oooo…..ooooooohhhh…….ooooohhhh".

The effects of the abuser using crack cocaine imparted very concrete ways of knowing the danger of abuse (see figure 1).

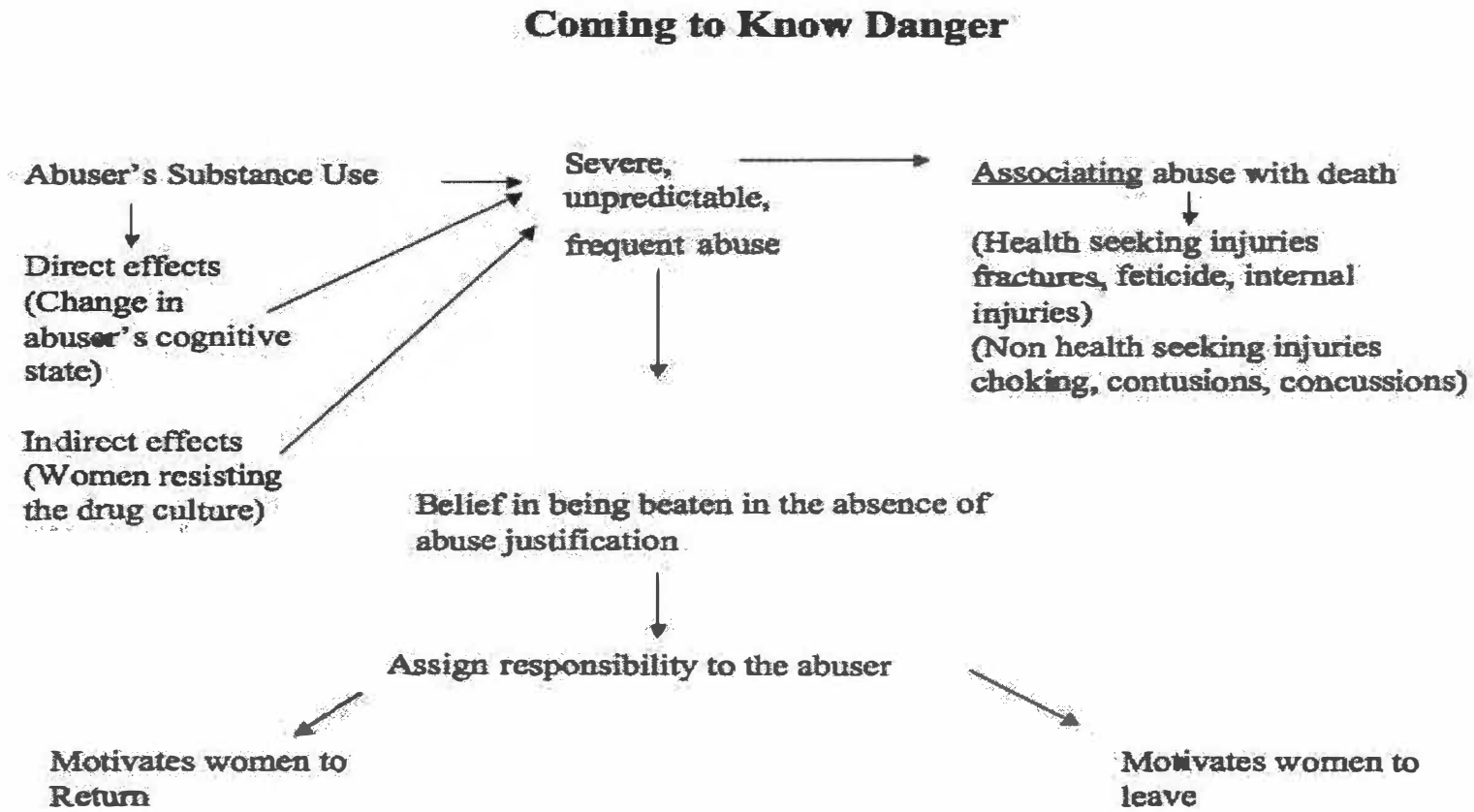


Figure 1. Coming to Know Danger

Women almost certainly knew that severe physical abuse would ensue with his drug use. A barrier to self-protection from abuse was that women did not know when the abuser was using. Therefore, drug use was associated with increased risk of being attacked. Moreover, women perceived abuse to be more virulent. The assumption was that knowing could prevent abuse because the woman had an opportunity to avoid being in his presence. A participant highlighted a chilling experience of a surreptitious abusive episode because of not knowing:

> One night I got…I entered the apartment….he is…..he's a…ah…..he use drugs…..crack cocaine. But at this particular time, I didn't know he was in the house using because I wouldna never went back. I ….I opened the door and when I entered in the apartment….he like snatched me in there….snatched me and I fell to my knees and he just started fightin' me and I had on ah…ah….a jacket and I……..I tried to pull it over my head because I knew he was gon' be hittin' me and I didn't want him to hit my face. So he just actually like started kicking me. I have pictures of my leg where he had kicked me and he kicked me in my head about four times. I actually thought I was gon' die that day. Any other time I never thought I was gon' die, but that day, I thought I……..was…….going……..to……die.

Women described their perception of why and how the abuser's drug use resulted in experiencing unpredictability of abusive episodes.. Drug use usually brought about stark changes in personality, inconsistent behavior patterns sometimes reminiscent of psychotic features. A specific, common description was "Dr. Jekyll and then turned to Mr. Hyde", while for others he was simply different as described in the following quotes:

> He worked everyday. And he dranked every day at work. And he would…he would come home and go get some dope. And I hated that. That would just turn him into….into a….ooohhhhh…..a different person, when he was on the drugs.

> I mean, it's not…… .I don't know……..the major…..the major problem with us is his drug and alcohol. Other than that, there is no problem. It's the same reason. Like when he's drinking, doing his drugs and stuff…..he's just whoa……you're talking about somebody….. whew! I mean…..Like I said, he's all right when he's not under the influence…….he's a whole different

> person……best person you ever want to be with…but, shhhh…..soon as the other stuff kick in…..boy……a whole different…….
>
> He came…he was under the influence of alcohol and drugs….he swears up and down that somebody in the house the night before…..you know that hallucinating stuff.

The changes that women noticed in the abuser's cognitive state purportedly contributed to erratic responses to her normal behavior patterns, misconstruing actions as major infractions. In addition, any form of resistance to a request made by the abuser would result in abuse:

> And ah…the abuse….ah…like I said, he would smoke ah….something didn't go his way….ah…..making love to him…..ah……walking to the store if I didn't feel like it (at his request)……You know….just any little thing that he wanted to pick with me about. If I chose not to go, he would haul off and hit me or… or…just anything….just arguing….and I wouldn't be with it…

There were additional factors concerning his physiologic response to drugs that were unknown to women. Some felt less risk of being attacked when he was high. Thus, women possessed a wealth of knowledge and experience relative to his response pattern, but did not know in advance when his "coming down" would occur. When the change in demeanor was recognized, abuse was usually imminent:

> He just got really violent again and started….then different….different types of anger. He… started doing marijuana in the garage. He'd go get high.....he'd get high and then he'd be allright when he was high, but it would be when he was coming down. It had a lot to do with drugs…..I know that.....I know it did.
>
> His main thing was crack. Something clicked….I guess after he smoked crack…..something clicked. He was just like a…..I don't know……..So, but we got along…..either way it went. If I didn't smoke crack and I drank beer, we got along, you know. I'd give him $10 and let him go get his own…you know let him get some crack……and brang me some *beer*…..and….you know…..we would get along just fine then. I guess when the crack was over with, that's when he would start…..would change. You know, so…..other than that…..everything was….it was okay until he really went to Dr. Jekyll and then turned to Mr. Hyde. And I just couldn't take….couldn't take it.

The mixing of drugs, not always known to women, was perceived to contribute to violence:

> But, I mean…he could drink and not be like that, but once he did them drugs…and mixing drugs and alcohol…..that's what made him very violent. That's what did it, so. And I would see it coming….and I was like, "oh, you need to slow down, cause I ain't on….I ain't on no stuff tonight…you know…I ain't on no fighting tonight.

The unpredictability of abuse resulting from drug use placed women at a distinct disadvantage in trying to protect themselves because drug usage patterns were not always known. However, there were reliable drug use indicators. One was his having money to purchase drugs. One participant stated, "he had that money and I knew he was gon' start smoking that stuff (crack) and I wasn't gon' be in that house". Another example was: "It was like repeatedly on weekends…go out and drinking….doing drugs….cause he worked all week" . While his having money was a known sign of drug use, this knowing was hampered by inconsistent employment, lack of other regular income of many of the abusers as seen in the following quote " When he would get the money, he…he would go in my laundry room and smoke crack…smoke crack.".

A second usage indicator was sharing with contacts. This was being in the company of persons who shared the habit and had potential for contributing in some form. Contacts may contribute either to drug purchases or some other exchange such as sex:

> So I got….I left it alone….. left it clean alone. And I think he was angry about it, because he would bring women into the house to smoke with. And I would be in the bedroom and I just couldn't believe he did it, but he did it. (abuser response)"Bitch, you can't say nothing about….I do what the fuck I want".

> And then sometimes he'd let people come in there and I guess turn tricks in the bedroom…he tells me , "oh, yea, I had company today." I said, "well, who was up here?" He said, "some girl came here and she was smoking and she wanted to push my pipe" and all this….. he had beat this girl during…..early during the day, because she wouldn't have sex with him…..he hit that girl like he was hittin a man.

Resisting the Drug Culture

Drug use created additional avenues to experiencing violence. For these women, one reason was their resisting the drug culture. Crack cocaine is highly addictive and delivers short lived effects. This addiction forces users into a culture, where the focus is directed toward ways to procure drugs, including prostitution, theft, selling drugs and socializing primarily with other users and drug dealers. This means that women who were not crack users or chose not to use with their partners were at risk for the abuse of coercion, intimidation and further physical violence. Being a part of this culture also explains the "hook up" between some of the women who were users and their partners. Women resisted the drug culture by refusing to engage in mutual drug use, attempting to preserve and control resources to prevent their utilization for drug procurement and trying to avoid "being pimped." Pimping refers to men taking money from women or freeloading (adapted from Major, 1994).

Resisting the drug culture by refusal to participate in mutual use resulted in violence that may have begun as psychological intimidation but was likely to result in physical harm. A participant reported choosing to individualize her usage patterns as noted in the following: "And he would get mad because I didn't wanna do em.....you know…..I didn't do it everyday." A typical consequence of her refusal was to introduce other women into the relationship

> So I got….I left it alone….. left it clean alone. And I think he was angry about it, because he would bring women into the house to smoke with. And I would be in the bedroom and I just couldn't believe he did it, but he did it. "Bitch, you can't say nothing about….I do what the fuck I want".

Being a part of a relationship that included mutual substance use made it extremely difficult for women to maintain or achieve sobriety. Women were essentially trapped in the cycle of using as long as she was a part of the relationship. A participant described her experience of the "vicious cycle"

> Oh, yea….well, no……but, during the time I was sober, he…he didn't jump on me. But he wasn't so…..clean and sober, you know. I was working a program of recovery and he wasn't. You know…..but, he wasn't abusive physically….but, he would attack me. "You use to do this….and you use to do that"….who are you…..you….you"….you know. And then when I relapsed, you know, I was a hypocrite…..you know…… "you preach all that and look at you now"…..things of that nature….you know. So, then that didn't help me…..I felt worthless all over again…you know. It's a vicious cycle.

Another component to resisting the drug culture was her attempts to preserve and control individual or mutual resources to prevent their being used for procuring drugs. The majority of these women and their partners were economically deprived. Drug use further enhanced the climate of poverty because the abuser literally robbed the family of its tangible resources to maintain the drug addiction. Her attempt to preserve resources because of an initiated confrontation was central to experiencing drug related abuse:

> When you are abusing and you know, you're not worried about nothing but getting your crack ah…..you don't pay your rent…you don't pay your (chuckle) gas and electric bill…..You're not caring if you have food or nothing.. You know, naw…you can't go because you don't have no appetite. *That's exactly what it was*, and then wanna be up all night long ah….ah….ah…..yea all night long…..and then during the day you're sleepy…….you're sleepy. And I'm like, you know, well, I'm ready to sit outside, I'm ready to get me some air, go…walk around or do something. But, that's the way it would be…….That's the way it would be-up all night long, and…and…and….soon as….soon as the break of dawn like this is…. Sleep all day long….all day long……don't want to do nothing. And I'm supposed to sit in there, watch you sleep, cause you scared that

> I'm sitting outside talking to another guy or ….or anything. I mean… he…. Really didn't like me having friends….a guy friend.

Mainly, the altercations were in regards to how the meager resources were utilized:

> He would go out…I guess….I don't know…..he'd be gone….I mean he use to be gone all night….two nights and I'm sitting at home. And "what are you….it don't take….no….it don't take all night to do nothing". So, I…you know he got me in an argument…. "where you been at?" I ain't suppose to say nothing, *so I get jumped on for saying something*. No, it wuddn't right… "yeah, I'm questioning you…where you been at for two nights…..you come home, you ain't *got no money"*…..every time I say something, he would jump on me.

In confronting, women were attempting to solve problems by preserving resources. Another way of problem solving was "messin with the pusher or pipe." A pusher is "a slender stick or chopstick used to stuff cocaine residue further down into the pipe stem" (Major, 1994, p. 369) and pipe refers to the crack pipe used for smoking. Under these circumstances, violence was sure to erupt:

> Because…..I wanted to believe that he was gonna get off the crack….and this and that…..and he kept lying to me. "Well, I don't smoke crack no more". I don't smoke crack no more, but I would go in my laundry room and it would have this nasty smell to it. If……which he was doing it…and… I told him that I knew that he was still smoking. And he said, no I'm not. Okay, I moved some things around in my laundry room and I find his pusher….he pushed it through his pipe…and a pipe back there. Okay, he really got mad at me when I threw it in the garbage. I threw it away, and ah…he went back there looking for it. And I did tell him I threw it away and I believe….I think he took it…. Ended up going through the garbage taking it out because (chuckle) it was some garbage on the floor. I said this is what a fool would do for a pipe or a pusher.

<u>Being Pimped</u>

Being pimped was a theme in these relationships riddled by drug use. Blatant evidence of pimping was found when resources were both available and unavailable to buy drugs. The former contributed to violence because of theft, while the later conjured underlying expectations to supply money for drugs. Women were victimized when they

were unable to acquire monies. More violence was perceived when money was not available to purchase drugs:

> Ah, take different things out on us because he wouldn't have the money to get his drugs or... his beer or... anything that he wanted. He would be very abusive.

Because of the risk of violence, women were unwillingly pimped and attempted to provide money, whether from employment or obtaining money from other men.

> My first one.....he was smoking crack cocaine...he didn't want me to say much....he was always wanting me to get money for him. And I .....every time I got money he would spend it on crack cocaine.
>
> And he hit me a few times, just cause he didn't have no money for crack cocaine and I got out to go git it. And I was stupid....I came to E., asked E. for money, E. gave me money. I'd spend it all on drugs and alcohol.
>
> He lost his apartment because I...the money that I was giving him, like $10 today for your rent.....$10 tomorrow....well you (his contribution) get the $5.....his rent wasn't but $25. So, I was giving him like.....close to first of the month, I'd give him $10 today.....$10 the next day...well, the third, which would be the first, he...he would have to get the $5 for hisself. You know, I was giving him that, plus buying food. Then I found out he wasn't even paying rent.....he was like four months behind in his rent when he got arrested, he got put out. So he wasn't taking the money that I was giving him and paying his rent. He was buying crack, I guess.
>
> I'd give him money for his....you know.... To put on his rent. I'd help him buy food, but then he got possessive, you know, I noticed. He didn't want....ah....me to go nowhere. When I would go to work at.....I'd have to be at work at 4:30. He would follow me.....and he would sit there to make ....see if I was gitting out. Then when I would get off from work, he would be there. So, when I would get paid, he would help me to spend my money. So we started arguing about that.

Another way of pimping the women was theft of her personal belongings, household goods and money.

> You wouldn't believe how hard I use to work double shifts.....double time...to buy a sofa because I don't have the best of credit and I like good stuff. I went into Globe. I worked like crazy and bought me a dining room suite and a living room suite of my choice. The bedroom suite, I didn't like it....but I paid like $500 for it. I had got it, but it was mine. It was mine. And he sold my stuff.

> And ah…he dranked and did drugs and….would come home and….if he didn't have any…any more drugs, he would take it out on me. You know….wanted to….go upside my head….ah…find stuff to sell out of my house. If I say, "no, you can't sell it", he would jump on me…..which I'd try to stop him, he would beat me up.
>
> He would give me money and want the money back. (her reaction) And "I'm not giving you the money back you just gave me." So, he would literally try to take my purse and take the money out. And I'd be trying to…and I'd git smacked up side the head for trying to take my purse from….take the money that he gave me….yeah…so….I end up just giving it to him, just to get him away. He'll go back out, spend that up and he'll come in just any kind of lie. "Ah, you done had some man in here…ah you done been in here having sex." Any kind of thing…any reason to jump on me.

Mutual Substance Use

Though less explicit in their descriptions of mutual drug use, approximately 80% of the women in this study reported a history of substance use. For several, common responses to my probing relative to their usage yielded, "Every now and then, I would smoke some crack. But…mostly I would drink, just beer…" and "drank beer, but my main thang was beer" or having achieved sobriety without long term treatment, "I left it alone….. left it clean alone… I did…..I actually left it alone." Their primary description of substance use was linked with self-medicating as an abuse coping strategy. Nevertheless, mutual drug use increased the risk of conflict and violence. Specifically, the women who discussed mutual use were less inhibited and more likely to fight back when using.

> But, I don't know…..we got into a lot of arguments and….you know….sometimes we'd both be drinking and…sometimes we wasn't….most of the times we was though. Cause we both drank on a regular basis. And usually, like if I was drunk or something, I wasn't afraid to talk back to him, you know. I never could whup him, though.

Another risk factor for abuse was in how women acquired drugs, which may have been through illegal means, their decreased attempts to seek external help because of legal repercussion if the police became involved..

> My husband and I both used drugs……Ahmm…..I….finally…..I mean…..I just got tired….you know of getting beat up so much….you know….at first, I didn't…..wouldn't call the police because I felt partially responsible for it…..cause most of the time, it was behind drugs or alcohol or because of my activities….you know. Ah….our usage… But it got….it had got so bad, you know that….I didn't know what I was to do.
>
> I mean cause one time I was at home and he had been out all day and I'm like a homebody. I stay in the house. And he came in. I was drunk and high….and…..hit me so hard, he knocked my head into the wall. I had a big hole in my wall and when I was by myself, that's when he really would clown. So, ah….and I was scared to call the police cause it would be domestic violence and I'd end up going to jail, for…for nothing.

Enduring Beatings in the Absence of Justification

An outcome of experiencing the unpredictability of violence was their perception of enduring beatings in the absence of justification on their part. Unpredictability was documented by the initial meteoric appearance of abuse, supported by the description, "He started to act strange all of a sudden." This unexpected intrusion produced a state of fear, which was related to both the elusive process of abuse development and the damaging effects of violence. Women were left feeling perplexed and inundated with questioning relative to what caused their partners to abuse them. A typical response shared by a participant that was directed toward her partner included the following, "I would sit there and cry. And I would ask him, "what is going on with you?" The perception was that the abuser had a problem that needed fixing or required change. Once abuse was present, unpredictability became a permanent abuse characteristic. One participant's description of unpredictability permeated throughout.

> Ah, I've been beaten over a pair of jeans…..he said that I…..they were too tight on me, when they weren't tight at all. They were probably two sizes too big……ah…..been beaten over a television commercial…..I've been beaten over a phone call. Ah, he beat the crap out of me over ah….something got into the food I was cooking, so I had to throw it out and he beat me over that. Ah, anything would set him off…..any tiny thing.

As demonstrated in the prior illustration, women abundantly discussed the circumstances surrounding abusive episodes and many unequivocally confirmed having been truly victimized by their male partners. While it appeared that some of their tenacity was to convince me that they were good, decent women, undeserving of abuse, the significance of this contextual factor to their abuse experiences is not lessened. In listening to them share their blamelessness for the abuse; I concluded that an implicit belief system of justifiable and non-justifiable abuse was operating. From the next group of narratives, justifiable reasons for perpetrating abuse against her would include neglect of parenting or family duties, substance dependency, and having extramarital affairs. These are all issues that customarily increase conflict and strain within an intimate relationship, but in a healthy relationship do not lead to physical violence. With discussion of each abusive episode, women were persistent in explaining the context as absence of justification on their part.

> I even had a black eye at the……at the club….sitting…..just sitting there…..and *I didn't drink, so we're*……I was drinking pop and she was drinking like a fish, but I didn't care I was out, away from the kids. He let me go, I couldn't believe it. And he came in there and he intimidated me so bad, I just…..He said, "are you ready?" I said, "yea"…..that was the night that he beat me up really, really bad. And I hadn't done anything wrong. I really hadn't. But, I think he looked for reasons to….to jump on me.

> Umm…..okay, one night we was at a friend's house….drinking….and ah…..he had left out…..and he was very jealous…..very, very jealous of my friends. I couldn't have…..I mean…really men friends. I have a lot of gay men friends.

> And he would come back…tore up…. Drunk…..high…..and would start accusing me of these guys……I'm like, "ain't nothing going on, he's gay…..why you wanna accuse me of a gay guy?".
>
> And to prove that he was a man, he had to…..you know put his hands on you to make sure that you knew that he was a man and…I'm thinking…..cause I didn't do nothing. I really didn't….
>
> I don't understand what causes men to do that. Cause I was…..I never looked at another man, I was very faithful, I never did anything wrong.
>
> You know…..calling me….. you know a tramp and stuff like that and…I hadn't done nothing wrong.

On the other hand, internal conflict existed when their substance use was a factor. Women seemed to vacillate between accepting mutual responsibility for having been abused and placing responsibility on their partners:

> And….he was….he was drug dependent. I was on drugs, too, but that's still no reason to be….beat up.
>
> It's because I stayed out….it's because I'm smoking drugs…..it's because I left him to take care of the children.
>
> But I've done some things to him, too, now. For some of that, I'm not just gonna say that he beat me for nothing. But he still had no right……I stole his money, I stole his car. Still don't give him no right to put his hands on me, unless I hit you.
>
> He jumped on me when I was like 7 months pregnant cause I was drinking a beer or something.

The danger of experiencing unpredictable abuse was always a part of these women's lives. In contrast to the above where women suspected that their partners may have been accusing them of participating in activities that may normally contribute to relationship conflict, women also were attacked out of the blue while engaging in some aspect of family activities that provided an illusion of safety. The abusive episode was usually preceded by the abuser's negative interpretation of normally innocuous behavior, such as making a request, expressing an opinion or initiating communication. For

example, one participant felt safe enough to initiate one of the most contentious issues across marriages and was attacked.

> Uh, a time was when I was.. ah we did live together, we were separated, married but legally separated…..3 kids, all small, I was working part time and getting some assistance from the state with housing and medical insurance ah….. particular, I know the exact date, June 6, 1996. We went out and spent the day together, the whole family, a family type outing, great time seemed like it was okay….safe…. ah we went to a movie…… We went to the movies, took all the kids. On the way home, it was pouring down rain, ah….we started talking about money…. And ah…..he was laid off at the time, money was very tight and I was trying to voice my opinion to be more responsible about money….. maybe, save some money…..you know …sigh…..basically it was me opening my mouth and speaking my mind. He proceeded to hit me several times in the face…

Other examples include being jumped on while was fulfilling parental responsibilities:

> I was taking care of the kids doing what I normally do and he ah he came into the bathroom, I was in the bathroom giving my son, was helping my son with his bath, finishing up his bath. It's like he just lost it, starting hitting me….. basically he at the time he was telling me that if it wasn't for me, he could have…… been able to have a better life
>
> He came in, I was standing over the stove cooking my kids some hotdogs and fries…he came…he was under the influence of alcohol and drugs….he swears up and down that somebody in the house the night before…..you know that hallucinating stuff.

Associating Abuse Injuries with Death

Finally, knowing the danger of abuse was cemented by the severity context. Severity was usually equated with being killed, noted in these excerpts: "And bitch…..had me by my neck……bitch, I will kill you." Another participant said, "Cause he's violent……violent…..I mean, he's violent….he's a real violent man. And he's capable…..pulled a knife on me one time." Another indirect way of associating severity of abuse with death was "being beaten like a man":

> Then it just got worser…..he started punching me in my face….blacken my eyes….kicking me in my ribs…stomping me…..beating me like he would beat a man on the street….And, uh…..I left him…….
>
> But it was like every weekend, I would have a black eye…..bruised body. I mean….he would fight like a man. He thought…I mean…he would hit me in the body…..in my stomach……..ummm….he would hit me so hard, where I would see stars….or he would knock me so….hit me so hard that he would… knock me off my feet. Ah….and I would….ah…..keep on letting it go….. he would mess around and kill me….cause he was hitting me with everything he had in him….when I mean hitting me…….fighting me like a man…..he was… hitting me like I'm….like he was fighting another man or something….with everything he had in him. And I still stayed with him. When I found the nerve to leave him, he wouldn't leave me alone.

The idiom "beating or fighting me like he would beat a man on the street" conveys that male-to-male violence is between individuals with similar physical strength. Thus, because of the threat perception, the expectation is that each male would utilize the greatest possible force for self-protection. These women were on the receiving end of their abusers' utmost physical power and strength, which was perceived as unnecessary force due to the inequality in physical strength between males and females. For these women came the knowing that there was intent to do serious harm.

All of the women acquired severe injuries as a result of abuse, frequently associated with episodic leaving. I categorize these injuries as those requiring them to seek health care and those not requiring health seeking in accordance with their perception of need. Injuries requiring health seeking resulted in acute and/or extended care and included concussions, feticide, fractures, and internal injuries. Excerpts from women's narratives are the following that precipitated leaving: "He broke my hand on that day", "Ah…dislocated shoulder, collar bone, and hip."

> That's why I don't have teeth right now….today, cause he don' kick me in the mouth so much, that they had to remove my teeth.

Ah....he told he had a metal pole in the trash can and he needed to hit me with it. He also said that, ah....he also said that....if I didn't go through it, he wouldn't claim me or nothing like that. That's what he told me. He hit me twice. It was a real long metal pole with a point to it.....like them.....it was like that. When the ambulance came, I tried to explain, but I couldn't see anything when they came...when they got there. And they had like ice bags and...I wasn't bleeding nowhere on face though.....but....he hit me with that metal so hard. I was knocked blind.

Kicked in my momma's doors one day and jumped on me in the house....threw me out the front door....through the glass. That time I did put him in jail, but when he got out of jail, I still went back to him. Didn't do no good....beatings got worser.....they got longer...instead of shorter. I got stomped more...threw down the steps....lost my second baby.

I had a daughter. I lost a daughter as a direct result of my domestic abuse and drug abuse. I was pregnant with my daughter...and he jumped on me and threw me across the...ah.... Living room....table....on my stomach. I ended up being ah....life flighted to a nearby town to a bigger hospital and ah.....went in to emergency....I mean....went into labor. They had to do an emergency procedure to take the baby....and neither one of us was to make it through the surgery....but obviously...we both made it. But she only lived for 8 hours cause her lungs weren't fully developed. So that was a traumatic deal.

Expectedly, there were multiple injuries as a result of an abusive episode, but the catalyst for protective, transitional leaving were the more prominent injuries that caused functional impairment compelling health care as opposed to injuries not requiring health seeking. These included bruises, contusions, fractures and choking. Approximately half of women indicated having been choked, describing the encounter as a next to death violent act as in the following: " He was sitting on my chest..... choking me..... I was about to go unconscious...."

I been in this abusive relationship for over 25 years. I know days he don' choked to death.....just choked me.....and I look at him....I think .....I know he's got to be crazy.

I would wind up dead or hurt, cause it was getting to a point where he was choking me till I couldn't even.....I would see blue....you know.

> Yeah he was choking me…..even when he let go it spooked me. It seems like it took me a few minutes to be able to breathe….
>
> He had me on the ground trying to choke me……. I think I was afraid he was really gonna choke me to death, I don't know. Just, I don't know….it's not a very good feeling when you can't breathe.

Among these women, choking commonly produced non-health seeking injury. Women spoke of the terror that choking produced, evidence of its seriousness. Not leaving as a result of choking, supports the greater likelihood of disabling injuries as both the standard for seeking health care and leaving the relationship. Other examples include.

> Yea, I slipped (returned to relationship)…..Yea, but just like the drugs, every time I slip it gets worse and worse. Last time I got choked by him…
>
> So, he ah…called me in the back, by the bathroom and grabbed me by my throat, started choking me. "You lying bitch…you lying to me". And ah….I had…actually had his fingerprints round my neck. And that was one time I left him.
>
> They took me in the police station and started talking to me and took pictures of my face, my neck, where he was choking me and……..
>
> So we had gone…. In a matter of……. 6 months to a year we'd gone from him grabbing me by the arm to him choking me unconscious for …ah, it just escalated…..each time it gets a little bit worse…….a little bit worse…..he does something a little bit worse.
>
> It was getting worse every time he would jump on me, I would suffer…ah…. Serious physical repercussions behind it you know….until…..the one time…I thought was actually…..I had lost consciousness and I came to….and he was still upset….you know. I don't know how long I had lost consciousness for. And he was still upset when I came to, and he was gonna jump on me again.
>
> And ah….I didn't get anymore than 10 feet from the….from the porch when he hit me and then he kicked…..he had on steel toed….toed boots for work and he kicked me and broke two ribs on my right side and I was unconscious for a little while.

Assigning Responsibility for Danger

Drug use gave rise to several pathways for abuse perpetration and was thus consequential to women's knowing danger. The outcome of knowing was to assign responsibility to their partners. There was a persistent search for answers to the question of why he was abusing them, many times the answer was found in his drug use:

> You know, asked him why....why.... we keep going through the same old bull.....why you keep putting your hands on me.

Embracing a belief system of justifiable and non-justifiable abuse facilitated women's knowing themselves undeserving of abuse and to perceive the abuser as having behavioral problems that required change, such as the need to achieve sobriety, get help with anger management or other mental health counseling:

> I....tell him, "please go get help...you need some help". And he just...I guess he didn't think he needed help, but he needed help. And I might still be with him, if he would have went and got some help.....cause he...he had an anger problem.
>
> I asked him was he....he crazy. I said, "you got to be insane, if you know I'm illiterate to a certain extent then if you feel like that's a part of our problem here, then go get you somebody that's much smarter with an education".
>
> I kept telling him, "things gotta get better, man. It's just.....you gotta change, cause I ain't gonna keep.....I already know what it is (*drug use*).....you know.....what makes him act like that.

While overall women knew that he was responsible, this knowledge positively influenced their being trapped. First, the expectation was for him to seek help to fix his problems that caused him to be violent. Of the 16 women whose partners used drugs, only one stated that her abuser sought help for his substance use, and "he changed a little bit about the hitting part," emphasizing that the abuse continued in varied verbal and psychological forms until his relapse when the violence again became physical. One other woman's partner was forced by the criminal justice system to enroll in batterer intervention, which

was ineffective in eradicating abuse. These women did not have a history of seeking help from agencies focusing on changing victimization, nor did the abusers seek help. Only a couple of women sought help from a battered women's shelter, "near the end of the relationship". So, women, especially did not access counseling that focused on batterer self-responsibility. Instead their expectation of change was based on behavioral observation and his telling of change, "every time.....each and every time, I believed him, that he was not gonna hit me anymore...that he was gonna be good." The expectation that the abuser be able to correct his problem also created the trap to returning after having left. Assigning responsibility negatively influenced entrapment because women did not hold themselves responsible for being beaten and were empowered for self-protection by leaving.

Taking Respite from Danger

As women established the danger inherent in being abused, they began taking respite. Taking respite from danger describes how women utilized leaving and returning to their relationships as protective strategies. Taking respite was the act of moving between the environments of danger in their abusive relationships and being out. Leaving was not methodical, but reflected the experience of abuse for these women as severe, unpredictable and crisis precipitating. The purpose of leaving was twofold. First, leaving prevented imminent harm or death and second, was the notion that their leaving for periods of time would have an impact on the abuser to halt the violence. Although leaving was an abuse management strategy, women did not begin its utilization with the inception of any form of abuse. Most described occurrences that are defined as abuse by extant standards that did not result in leaving.

> The first 3 years weren't abusive. It was okay. Then, he started hitting on me. First he started cussing me out, disrespecting me outside, pushing me around and....when I look at other people....you know....he was slapping me around outside in front of people.

Nor did leaving always occur after a violent attack. Conditions that impeded leaving were the abuser being present, which may contribute to further threats of or actual abuse. Rape was a common occurrence after abuse and women did not normally leave because of sexual victimization.

> And ah.....jumped on me.....and I stayed there.....and then he wanted to make love to me. And I was sitting there like I wanted to kill him....I'm mad at him. And I was like....you just jumped on me, now you want to have sex with me....make love. "I want to make love to you." I said, "how you gon make love to me and you just jumped on me?" So, he actually raped me, cause I didn't wanna.....it...it wasn't consent to have....I didn't wanna have sex with him, cause I was upset with him cause he just beat me up. So....I...I stayed there and we had sex....and ah....we had sex...
>
> Yea....I mean....ah.. he did tell me....after we do....he would tell me go on upstairs, get ready to make love. Ah....sighing.....(whispering)....I had it rough.

For these women, the onset of leaving was the result of the unpredictability and severity of abuse, which spawned growing fears of death, disability and "being tired of getting beat on." These fears of death, disability and abuse fatigue are not distinctly different from their descriptive accounts of permanently ending their abusive relationships. The point at which abused women began leaving and returning to their abusive relationships represented a change in the way that the abuse was managed. Leaving was sending a message that being abused were harmful and unacceptable practices and in the process, discover that leaving is ineffective in permanently halting abuse. Awareness of the strategy as ineffective propel women into deciding to end their relationships.

Leaving was normally in relation to a specific physically violent episode that precipitated crisis. There were two ways of crisis leaving: voluntary and involuntary. Voluntary leaving referred to the woman's leaving on her own, and involuntary leaving referred to the woman separating from the abuser because of his arrest or fear of arrest by the police. In many cases both forms of leaving occurred as a result of law enforcement intervention. Thus, the majority of the experiences that women described were crisis driven. Many times the severity of their injuries forced them to seek help.

> They called the life squad for me....they called the life squad for me after they took about 5 or 6 pictures of my face.
>
> My ribs was broke. I had black eyes. Ah....he had hit me in the face with some brass knuckles, which had put a big gash under my eye. Ah...one of my lungs almost was collapsed. They had to put a tube in me for me to breathe.....ah....I was fed by IV and....
>
> When I jerked my body, the knife went up in my neck and he stabbed me. And blood was like squirting out of my neck.

There were 3 time periods during which women described leaving clustered around impending or actual violence. Women left because they either anticipated (*pre-abuse*), were experiencing (*intra-abuse*) or had recently experienced violence (*post-abuse*). Further, leaving was associated with the extent to which danger of abuse was perceived. The components of leaving were identifying and/or creating opportunity and getting help. Opportunity to leave was identified prior to an abusive episode when women left to prevent a violent episode. This leaving was akin to a taking a time out or a cooling off period, since women left and returned within very short time frames as they perceived that danger had passed. There was minimal discussion of pre-abuse leaving, implying that identifying opportunity to prevent a violent attack was not the norm

because abuse was unpredictable and most often unforeseen. The circumstances surrounding pre abuse leaving were his drug use and/or his initiation of a verbal altercation as noted in the following quotes:

> (When under the influence of crack).....If I chose not to go, he would haul off and hit me or or...just anything....just arguing....and I wouldn't be with it...half the time, I would go just out the door and I wouldn't come back in until I would think that he would be sleep. I would go up my girlfriend's house...right up.....about four doors up from me. And ah...me and her would talk or play cards or something. And ah....I'd go back in when he goes to sleep. But, I mean, that's just the stress that I would go through. Just to stop.....just from hearing his mouth...I would walk out the door or just...

> Yeah...there was. I stayed in one (shelter). And that was the YWCA because I wanted to get away from him. That was the only time, cause we were staying with his sister at that time. And he had started one night and I just left and went to that shelter. And I knew the whole process. Once he start arguing and drinking, the next thing you know he's gonna hit. So I just left before any of that happened.

> Just to deal with (abuse).....just if he came in the house and he was having a bad day, leave. Go somewhere...go to the library.....or go do something....come back....if it's the same way.....leave again... because I had told him that I wan't gon' take no more whuppings.

There were no attempts at restraint according to traditional expectations when women left during pre-abuse, which may be explained by physical abuse as the gold standard for separation or longer term leaving. Pre-abuse leaving was a way of self managing to prevent a physically violent attack. Thus, women were unlikely seen by formal helping systems and engaged in stress relieving options such as seeking social support and recreational activities. Drug and alcohol use was involved, but abusers were seemingly not threatened by leaving. This could mean that drug and alcohol use enhance danger and in some instances also decrease risk of harm.

Leaving during intra-abuse was a reflex response to a crisis in which there was fear of serious harm, in other words, being killed by not leaving. Creating opportunity for escape was usually necessary and entailed utilization of critical thinking and behavioral strategies such as capitalizing on the abuser's limitations and on individual personal inner strengths.

> He came…he was under the influence of alcohol and drugs….he swears up and down that somebody in the house the night before…..you know that hallucinating stuff. So when I went in the bedroom, the only thing I remember is when he hit me, I fell back….and my baby was beside me….she was only just a newborn then….. He hit me, blood spattered everywhere. Then I ended up…..then he started threatening my kids…..hollering at them……and had them hemmed up against the wall. So then (sigh), I had to play it to where we had to get away. I knew if I reached for the phone, it was all over. So, when we left he parked on 13th and Broadway Street. Somebody happened to call his name, so when he gits out the car, he goes across the street and around the corner to see what they wanted. At the time, I knew….a neighbor that had lived right there. So me and my kids jumped out the car went to the neighbor's and called the police.

Opportunity was created by using physical self-defense.

> He was in the routine of pulling me out of bed in the middle of the night and beating me. Why, I don't know. Why… why he did it in the middle of the night. And ah, he was getting really, really bad. But ah…..this particular night he pulled me out, he was beating me, I held the knife the whole time and he never saw it….he was sitting on my chest….. choking me….. I was about to go unconscious and I stabbed him in the leg. When I did, he jumped off and that was it……I was out the door. He had put locks on the door, but he had it open. Then I had to leave (with the baby still in the house……in her crib……) naked…..to run to a neighbor's house to make a phone call. The police were called, the battered women's shelter was called. They came and give me a ride from there to my mother's . And the police looked for him till they found him. Cause he went……when I went out the door (with the baby) and ah…..he left. He knew he was in trouble.

Leaving in the abuser's absence was characteristic of post-abuse leaving and associated with identified opportunity. Although the abuse crisis had passed, there was still urgency in how they described leaving. Opportunity in the abuser's absence was

delineated in three ways. First was his being away for an expected period of time or routine, such as working.

> Ah, so I cried… and I called the treatment center and I told them that I was in an abusive relationship, that I was a…ah, addict…..ah….crack cocaine and alcohol and had five children…..one I had sent away….. two…...I sent away to their dad…..the other three….was abusive….the abuser….. that was their father. I had no place for those three to go while I went and got treatment. So, **(VOICE RAISED)** I waited until he went to work and I was packing things little bit by little bit….and I ran up there to the treatment center, well, I called them, they said, "you can't bring, you can't bring that"…cause I packed our clothes, me and the three kids' clothes. So they said, you couldn't bring it…..So, it was his lunch break….and I got the Bible, stuffed animals, and two outfits for me and my three children and I ran like hell.

Second, was the abuser being away temporarily without her knowing when he might return.

> When he asked me, well, you wan't something to eat from Kentucky Fried. I said, sure,cause I knew that was gon' be my way of getting away from him. When he left out….well we stayed about two blocks away from Kentucky Fried Chicken. When I seen…..I couldn't see him no more, I took the side road….took me clean out of the way of the way I was going, but it was a side street.

The final opportunity in the abuser's absence was his being in close proximity, but unaware of her leaving.

> Every time I ever left…..it was just….I walked out the door…..usually he would be like in the bedroom or in the bathroom or something….and I'd leave and I never did tell him I was leaving. I just left.

<u>Validating Danger</u>

Leaving was a self-initiated separation, but prominently interdependent, unlikely to be accomplished without getting help from others. Crisis help formed the foundation of women's help seeking and was received from formal and informal helping systems. Informal systems included witnesses to the abuse, who were most often children, neighbors, immediate and extended family members. Abuse was witnessed by their being

present during an abusive episode, hearing screams or other signs of a physical altercation, or visualizing the after effects. Witnessing was a recurrent experience for helpers. Informal helpers became involved in the process of leaving in following ways: being her conduit to police, confronting the abuser, coercing her to leave and confirming leaving as a valid option. Witnesses who became involved were validating her danger, while simultaneously holding the abuser accountable for the abuse. Being a conduit to police developed as an unspoken agreement with witnesses to get emergency intervention when there were obvious signs of danger because women were prevented from exercising agency during an abuse crisis as a participant explained.

> I knew if I reached for the phone, it was all over..... He would have snatched the cord where I couldn't call 911.

Hence, women relied on witnesses for assistance to leave, which was highlighted during intra abuse. Being her conduit was important to mitigating danger.

> It's like he just lost it, starting hitting me. I attempted to fight back. The kids were crying, and basically he at the time he was telling me that if it wasn't for me, he could have..... been able to have a better life and ah...he broke my hand on that day. I was actually trying to defend myself from getting hit in the face and he held my hand and squeezed it so hard that ..... I was crying out for the kids to call 911. I didn't know what that would do, if anything... I'm not sure really who called 911. I don't think my children did, I think it was the neighbors.

> But he was beating me so bad, they.....S. went out of the window and called the police. She must have been all of 7.....about 7. Yea, it was really bad.

Confronting was "a male thing." Abusers were verbally and/or physically attacked during or after an abusive episode. During an abusive episode, confronting was a way of interrupting danger, affording the opportunity to get away.

> My next door neighbor and my upstairs neighbor.....they use to hear me hollin'and screaming. And they'll come beat on my door or...the lady's

husband....one time kicked in my door...grabbed him....started hittin on him....told him, "Quit beatin on that girl like that.....you'll kill her."

So, my son raised his head up and he said.....he said, ah.....you get up.....you get up and...you get into it, I'll beat your ass, just like I beat your mama's. And he said....he said, cause she a bitch and you a bitch, too. J. jumped up, that's my oldest son. He jumped up and he said, look you my daddy. He said, but you don't respect me, and you gonna cause me to hurt you. He said, bitch, you better get out my face. So, J. picked him up, slammed him. He got.....J ...His daddy got up. He ran in the bedroom or in the kitchen, cause I was tryin to get out of there. And when I got out ....and J..... before I ran out, J. said, "I'm gonna cut you". I was worried about that when I ran out the door. That's the last words I heard. When I ran out.....I mean I was □frican it down the steps and I ran up....coming from this away.....running up.. down to the police station.

Confronting was effective as a stop gap measure to minimize harm during an abusive episode. During post-violence, confronting was a revenge tactic and was not effective in protecting women from further abuse.

One of the times, I called my mom and my dad.....and my mom and dad....well, I had stayed at....I stayed in the same.....my mom and dad stayed right down in Fairmount and my daddy 'em came up there. And him and my dad got into it and him and my dad fought. And he accidentally pushed my mom into the door and everything and see....where I stayed at in the Fay, I had an aunt that stayed like a couple of doors up. My aunt and my cousins and everybody came down and my uncles and everybody. So it was like an all out....just (LAUGHING)....it was crazy. It was just....it was like the whole family was just up there to get him, because of what he had done.

One of the major strategies offered by helpers to women was giving them advice to leave the relationship. Women were sometimes physically coerced to comply, which bore a resemblance to being kidnapped.

And my brother them tried to kill him, and that's how I got away from him. And my brother them took me away, me and the kids and moved us somewhere where he couldn't find us. When...when he had jumped on my mom and went to jail, and he got out, I took him back. That made my brother and everybody upset, cause after they had moved me and put me somewhere, I found out he was out, I went to where he was, me and the kids.

> And then.....but then when I seen my parents, when I seen my mom and my brothers pull up....I knew that something was fixing to happen. He didn't do anything. My brothers said....my mom walked in, she said, "git in the car".....just walked in our house.... "git in the car." He like kind of stood up....my brother said, "don't even think, I'm ready to end this for both of us today".
>
> My next door neighbor....use to hide me over there. She use to come over there and git me when he be gone or either she'll just take R.(son) and sometimes she wouldn't give him back....she'll call my mother...tell my mother she need to come and git R.

Confirming leaving as a valid option gave women the permission to leave. When abuse was normalized, leaving was hindered but facilitated by the influence of authority figures, including mothers, police officers, and neighbors. Normalizing was the outcome for a small fraction of women who reported a history of direct and indirect intergenerational exposure to abuse. Indirect exposure, witnessing the dominance and control of one parent over the other, was equated with love. A participant gave the following example of getting permission to leave.

> A time that I left an abusive relationship....well before I was....had to be told.....by one of the many police officers that I had to call. Ah, he...ah, said, he pulled me to the side, "One day you're just going to have to save your money and you're just going to have to run," a Black officer....and I didn't understand, but it took a long time after that, but that's what I did.

Another example included a mother who assisted in preparations to leave:

> Uh....my mother talked me in to it....to come home, cause she got tired of seeing me with black eyes and stuff. And...laying up in the hospital. Ah....she sent for me in a cab. And I packed some things when he was at work and me and my son left.
>
> And I called my mother...you know....which....I had never involved her before cause I knew how she would feel about it. I called my mother and she had....encouraged me to call the police....you know....before he killed me.

Invalidating Danger

This section describes the erosion of women's primary helping systems over time pursuant to their non compliance with advice to leave the abuser. This was in opposition to validating danger. At the outset, being her conduit developed between the woman and witnesses was subject to their availability and will. Women did not have organized systems of getting help for ongoing abuse. The following example shows one woman's fear of being killed when her neighbor, who had been a reliable conduit to the police, either was not available or chose not to call.

> And the neighbors……I don't know if…….the lady underneath me…..if she would hear me, she would call the police. But I was screaming….it seem like nobody couldn't hear me, so I…..finally calmed down because I didn't want him to just keep kicking me and kill me in there, because he was actually kicking me in my head. I just calmed completely down until he could gain his composure.

Women's experiences comprised instances of witnesses who over time became less willing to provide assistance when requested. The danger that women faced was invalidated and could be described as help fatigue, utilized as a motivator for the woman to change her circumstances. The next quote points out the choice of a neighbor not to assist when danger was obvious.

> My son even use to run to other peoples' house, climb out the window and tell 'em to, "Call the police…..my father beating my momma". And they'll call him. And then sometimes they didn't call cause they got tired of me going through it. They wouldn't call, so my son learnt to call on his own.

Family members also demonstrated help fatigue.

> I just was…had my brothers….to beat him up. And….I mean….ah….they'll say, "we ain't gon' get involved, cause you gon' be right back with him. And that's what they would always tell me. So they never got in…they never…..They was right cause I was always right back with him. So, they never…..

Witnesses sometimes blatantly ignored the abuse as a participant shared.

> And people on the street would see it happen and just walk past....see he jumpin' on me and just walk past.

In one woman's experience, the abuse was indirectly ignored.

> Ummm.....hmmm....the fighting...and then my landlord came one time he pulled him to the side and said, "I wanna talk to you man to man". I don't know what's going on, but yall need to keep yall's business to yall's self. If I git anymore complaints about the fighting and the arguing, yall gon' have to go. He didn't say nothing to me, cause he knew who was starting it. He knew who....he knew.....they would see my eyes black and blue and...and everything. My lip busted. He knew....but, he called him to the side...he told him, "I'm talking to you man to man".....

The result of experiencing help fatigue was described as abandonment. Women expected others to help them through their abuse crises. One participant expressed the expectation of male to male confrontation:

> Like....like they didn't care bout they sister. Regardless if I get back with him or not, you....you say something to him. He's a man hitting on your sister....you know.

Police officers invalidated danger by shifting responsibility, an intervening variable, which hindered women's ability to leave, despite adequate evidence of physical abuse. Shifting responsibility was an abandonment of duty to protect women from abuse, by (a) Dismissing to other agencies for primary assistance, and (b) blaming the woman, which formed the bulk of shifting responsibility. Women were blamed both for having been abused by their partners and for the lack of intervention by police officers. For these abused women, making a choice to reach out for help was a complex, anxiety provoking task. One of their greatest barriers to external help seeking was shame; therefore, women tended to maintain secrecy, only reaching out for help during an abusive crisis. This crisis of intra abuse leaving highlighted women at their greatest vulnerable point, lending explanation to their overwhelming dependence on police

intervention. One of the participants, and shared by other women, viewed calling on police as "*taking a stand*". Women are "*taking a stand*" due to the criminality of intimate partner abuse and the status of police officers as high ranking authority figures whose purpose is to assist women in their efforts to fight this crime. Often, police contact was their initial experience of seeking help, an impressionable transaction, serving as a determinant of their perception of trustworthiness and safety when getting external help. Dismissing was a non-compassionate act that emerged when women asked for help from one agency and were given a directive to seek help at another agency. The following narrative expounds on a woman's initial experience with dismissing and her feelings of danger after interacting with police officers:

> I walked into the police station with all three kids my mouth was bleeding and you could tell that I was… well beaten up… I walked in there and basically, you know, " I need to file a complaint and take report." I needed to go further, (police response) somewhere downtown, justice center, I don't know, really know where and file a legal complaint. They could take a police report, but they couldn't do my part, which I could not understand. So again, I felt like I did the wrong thing….. by going to the police station was the wrong thing. Cause, it just seemed like it made me feel worse. I'm upset and to be told by the police department……you need to go further, you need to do this. I had no idea where to go downtown, I had no way to get downtown, except for the local bus, I didn't have a car at the time. So we ended up, they wouldn't even walk us…. They wouldn't give us a ride the remaining mile, the few blocks….. it was pouring down rain they wouldn't even offer a ride. So again, I felt that like I did the wrong thing by going to the police station was the wrong thing. Cause, it just seemed like it made me feel worse.

Another example was

> There for a while, I would call the sheriff's department….no I would call the police department. The police department said, "Is it (abuser)?" I said, "yea". They said, " call the sheriff's department, we're not coming out there". They just got tired of coming…..coming out there. So the sheriff's department would come out there. That's the only time he went to jail, too is when the sheriff's department started coming. They would just take him down the street a little bit

> and drop him off. But that's when he finally started going to jail a lot when the sheriff's department came.

The other component of shifting responsibility was blaming the woman. Blaming the woman was attributing responsibility for her having been abused and for the officers' failure to intervene appropriately. Police officers justified their lack of intervention in the following circumstances: individual and/or mutual substance use, her exercising choice to have the abuser arrested, but not following through with prosecution and her not terminating the abusive relationship in accordance with their advice. Generally, these circumstances were preceded by a history of previous encounters between police and the couple. In addition to police knowing either or both by their intimate partner abuse history, there may have been concomitant legal issues related to assault, intoxication or drug dealing. Many women in this study related a history with the police and often the outcome was arrest of the abuser. But, over time, police demonstrated apathy when there were multiple investigations of domestic violence complaints conducted by the same police officers. The women then were victimized. Repeated refusal to render effective help may normally be a deterrent for some women, but these women persisted in their contact of police, a likely indicator of their sense of danger.

Drug and/or alcohol use by women increased their vulnerability due to decreased acumen for self protection. When alcohol use was a factor, police questioned the veracity of women's complaints, invalidating danger. The police were communicating that women were to blame for their not providing protection.

> They didn't....they didn't accuse me of hitting him, just cause I had alcohol on my breath.....we was out drinking and ah.....came up, caught me in the little alley way and jumped on me....I mean, beat me up bad. Oh, I had black eyes and stuff. And so, I called the police.....ran to the phone booth and called the police

> and they came....and they said, "Well, how much alcohol have you been drinking?" I said, "I been drinking, I had a couple of beers".
> "Well, you cannot press charges". And I was ready to press 'em at that time. But, "you have to wait 72 hours or something...or 24 hours or something, until you're sober". And the next day, he be done sugar coated me up and I wouldn't never...I wouldn't.... "Ah, baby, don't do it....I won't....it won't happen again"...same old story and I would fall for it....yeah...

There were several specific ways that police invalidated danger including denial of evidence.

> Ah....one night he had hit me with a belt and a belt welt was on my arm. So when I went got the police, they didn't see it.....they couldn't see it, but it was there. But it was at night. They put a flash light on it, but they said they didn't see it.

Second, was improper and selective enforcement of laws relative to intervention in an abuse crisis. In the following quote, legally, the abuser was co-owner of the property and in circumstances other than abuse, may not be required to leave the premises. This was the selective enforcement of the law; however, it was also improper because in intimate partner abuse when women are in danger, the general standard is for the abuser to leave:

> I try to put him...I call the police to put him out. He on the lease, he ain't got to go no where. But, "look at my eye, he just jumped on me." You want to press charges...."yeah".....but....you been drinking though. But....then he'll be in.....maybe, he'll be in the background saying, "don't do it.....I'm sorry....don't do it." And I wouldn't do it.

Third was criminalizing alcohol use.

> Umm.....hmmm....but, that's what they supposed to be there for....protect and serve. And everytime that I called 'em....every time I called 'em they talkin' bout, "well, we gon' take.....*we gon' end up taking both of yall"*.....for what.....and I'm sitting here black and blue. You know....they said, "you wanna press charges". I said, "yeah", but if I have a....a....any kind of alcohol on my breath, they wouldn't let me press charges.

Fourth, police were communicating that they were not intending to make an arrest due to help fatigue.

> I called…..another…..another occasion I called 'em. The same police…they came. And they was like, "Well, I'm tired of coming for you and him". I say, "well do something about it…I keep calling you after he be jumpin on me and ya'll won't do nothing about it" And I….just cause I have alcohol on my breath…..I say, "cause he gon' mess around and kill me"….I kept telling 'em, "he gon' kill me….he's hitting me with everything in him"…..kicking me…stomping me….just cause I won't give him my money…

Women heard the advice, "leave him," innumerable times and were not immune from this admonishment when police officers were called to intervene in their abusive crises. When women did not adhere to the advice, they were penalized. Being penalized for not ending the relationship describes the last component of blaming the woman, making her responsible for the abuse because she chose to continue the relationship. In blaming the woman, police reinforced the myth of women wanting to be beaten:

> I would call the police and the police would put him out. And they got to saying that ….they was tired of coming there and wouldn't….I was just letting him back in….telling me that it's starting to look like uh….maybe I liked the abuse. "Why don't you leave? Get your son, leave….don't go back….no matter what he say" and….I just didn't listen.

Women experienced use of humor and patronization.

> And….and…they was kinda like laughing about the situation. It was kinda funny to them….. "Well, why don't you just leave him?" I said, "I can't leave him…..he won't leave me alone".

> Cause…but, but….I use to live in……. so that's where all the police know me. They know him very well, cause he use to be…he sell dope, so. They really know him cause he has a big, long record…..so…..and they say, "why don't…why you with him…you a nice lady….why you with him". I said, "I don't know….I guess I fell in love with the wrong guy".

Women also were blamed for being abused when they did not follow through with prosecution. When there are repeated court no shows by women, police officers begin to use force and intimidation of women to accomplish their goal of locking up the abuser. Women's right to exercise agency was circumvented. With the exception of a

felonious assault, police officers are powerless to prosecute without partnering with the woman. Women seemed to get lost in the power struggle between the abuser and the police. Police seemed to internalize the no shows, demonstrating a reversal of victimization. One woman spoke of how her abuser openly taunted the police by implying that arresting him was a waste of their time.

> Umm…hmmm…from district 4. They knew me and they wanted to lock him up real bad….you know. Sometimes….you know…I can hear them when they take him downstairs…where they had been hitting him. You know you can hear 'em □frican' bout, "How that feel?" You can hear him (abuser) saying that, "She ain't gon' do nothing but come back."

Another example of anger and intimidation displayed by officers of the law include:

> He said, well you won't leave…he said, you know…you need to do something. And…ahmm…. The chief of police one time when we were in doing a little statement saying…..he did just like this, (waving hands in a dismissive way) he said……he said, "here, it's useless to sign an affidavit. You're not gon' do anything. He said, you're gonna…..I use to sign ah…sign waiver of prosecutions on him, the day and time to go to court and stuff like that. He said, you're not gonna do anything, so. So, that's what they would tell me….cause they just…I…I don't know why they….why didn't put him in jail….I don't know why…what the deal was with that….

Women were threatened with prosecution and thus goaded into compliance:

> Basically, they started remembering him real good…..and like……even like when he split my ear and stuff……I don't know…..I guess I'm kind of crazy, too. Cause, we go to court, and I started feeling bad for him……then I get to the point….where I ain't gonna testify……but, I really ain't got no choice cause the officer said, if I didn't, he'd have me in trouble cause it's not like the first time he's been out there. But then, what I did…..I just went on and kept…..cause my kids at the time…..they ain't never been through nothing like that….they ain't want to stand up on no….you know what I'm saying….so..

The ability of women to leave, albeit temporarily when in danger from abuse, was important to their safety and protection. As women continued the repetitive process of leaving and returning, both formal and informal systems begin to erode, further trapping

women in their abusive relationships. Fear of being killed and lack of support, for some, resulted in a self-banishment from their original support networks.

Choosing Familiar Danger

Leaving was accompanied by returning to the relationship. Nevertheless, post abuse crisis management was the time of separation from the abuser and entailed women striving to get their subsistence needs met. Despite leaving their abusive relationships for self protection, danger persisted and was related to the ways that women were forced to survive. Mitigating this danger was by choosing the familiar of which returning to the abusive relationship was a component. Choosing familiar versus stranger danger and the final component of this model, negotiating an end to danger, overlap. The contextual variables that influence both states are depicted in this section (See Figure 2).

The primary mechanism for getting subsistence during the separation was through their social support network, comprised of family and friends. Seeking help in this network was a survival strategy in two ways. It offered respite and it was opportunistic in facilitating intentional and unintentional mutual access between the woman and her abuser because, the women maintained: (a) contact with the abuser or persons known to the abuser, (b) consistency and predictability of living arrangements and (c) normal and usual routines after separation. This mutual access was a mediator for returning to the relationship.

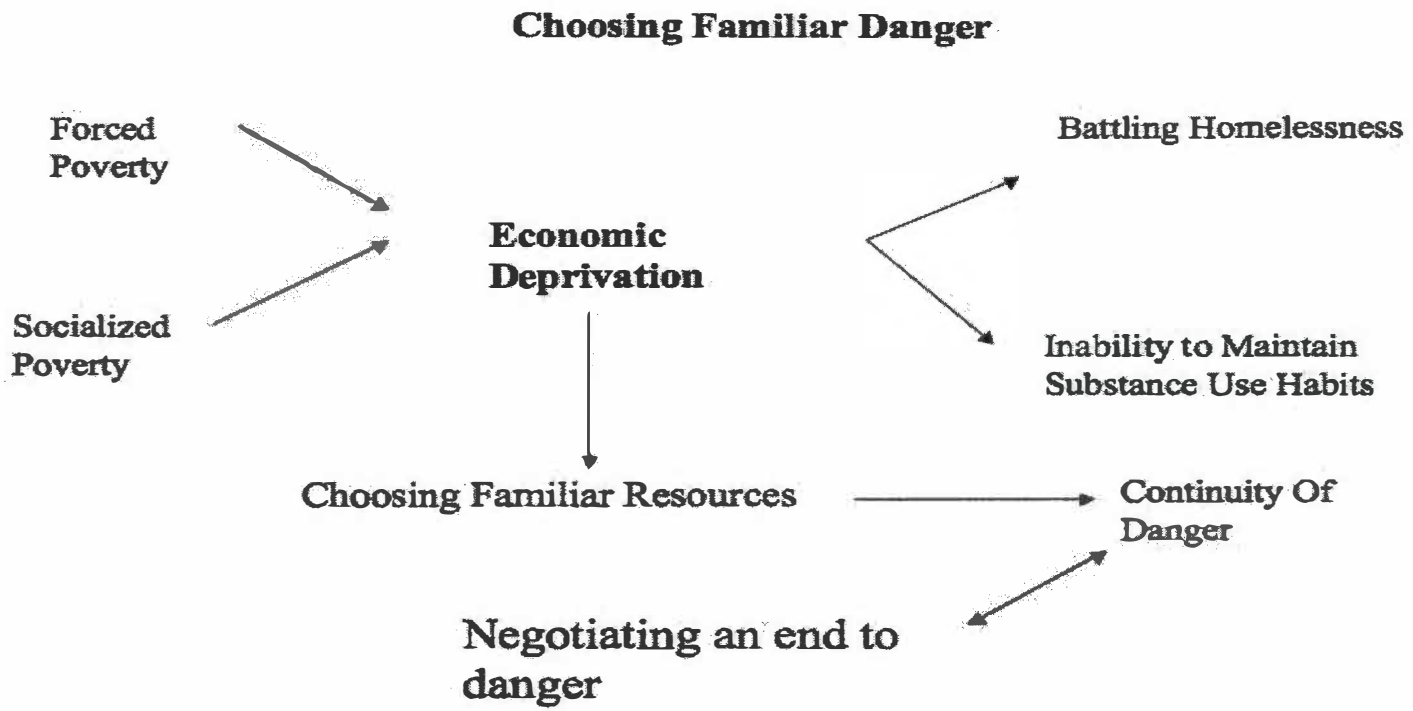


Figure 2. Context for Choosing Familiar Danger

Negotiating an End to Danger

Threatening Jail

Returning was self initiated or facilitated by the abuser and enhanced by being a part of their social support network. Most women left and returned to their relationships with ambivalent feelings. Negotiating an end to danger was a consequence of choosing familiar danger and women's ambivalence relative to having left:

> I would feel good because I knew some days I could just walk away and just stay away for a week or so. And I just felt good that I know I can leave him and be all right with myself. Then on other terms, I would feel bad, especially when he went wan't in his addiction because I knew he changed a little bit about the hitting part. But the verbal part, I can kind of……I can kind of take that down, because it ain't nothing he can say….I would just totally ignore him….totally igno…..

> Ah….I had gone through social services in Texas and they had managed to help me get an apartment and ….the apartment was ready, so that's why I went ahead and moved, but he knew where it was. When I got up one morning, I went to use the pay phone, cause I didn't have my phone connected yet. And he was out in the parking lot. He was driving in the parking lot looking for me and he saw me. It was like running up against a stalker or predator. It's like….. knowing there's something really bad outside your window in the middle of the night and having to go outside. It's comparable to ah….knowing there's something bad behind the door and having to open the door or something like that. Going into…….basically, the unknown……

Women negotiated by retaining the power to (1) keep him out of jail in and (2) to end the separation in exchange for an end to danger. Women were not only taking respite by leaving but also attempting to force the abuser to change. Similarly, he retained the power to end the dangers of her being in and/or being out of the relationship. There were several reasons for negotiating. Ending the separation for both may mean that either was no longer homeless, had access to more resources, contact with children and a

relationship as a couple. Thus leaving was used as leverage, one of few empowerment strategies.

Another empowerment strategy was to negotiate an end to danger by utilizing the criminal justice system as a mediator to stop the violence on a short and long term basis. Many times voluntary or involuntary leaving was the result of police intervention; however, further repercussions were contingent on the woman's partnering with the criminal justice system to mete out punishment to the abuser. Partnering involved providing court testimony, which finalizes prosecution.

Traditionally, intimate partner abusive relationships conjure the image of men who are in strict control of the relationship. The foundation of this way of thinking is extracted from the feminist perspective, which holds that domestic violence is prevalent because men are valued over women. Because women are devalued, there is inequity in resources, with men controlling a disproportionate share of the wealth and thus, power. These women's description of the criminal justice system involvement identified them as partial owners of power in the relationship because the abuser was under her dominion, legally. Women realized this power and spoke about taking charge of their abusive relationships by calling police when danger was overwhelming and her subsequent ability to determine his fate providing that she chose to follow through with prosecution. I was particularly impressed by their use of active voice. Some examples include, "*I was taking a stand* and that was.... And that was.... *I felt good* about that", "*I have put him in jail* before," "Yea.... Yea....had him arrested.....the first time *I had him arrested* and then *I went in* and rescued him" and "And *I signed a waiver of prosecution* about four or five times....". He never did no time for it.....the first offense....*cause I let it go. I didn't*

show up for court or nothing. Further documentation of negotiating change by threatening incarceration includes the following:

> I thought that he would change by me....me calling the police, letting him know *I'm not playing*....that he can't do that to me...
>
> It didn't do no good to call the police cause *I didn't press the charges* like they tell me to. I didn't follow through. I just wanted him out (separation to stop the abuse) right then. Then he would come back....
>
> Split my ear from one end to another.....*(I)put him in jail* and when he got out, maybe about a month or two later, *I got back* with him.

The section of this research titled, "police officers shifting responsibility" described how these helpers blame women for abuse and refuse to effectively intervene. Ironically, for these same women, involving the criminal justice system still offered a greater sense of security because of access to protection orders. A protection order is a legal document that prohibits the abuser from contacting the woman for a specified time frame, which may vary according to geographic location. Being in possession of a protection order was foundational for the ever present risk to the abuser of incarceration. As one woman stated:

> Having a TPO (temporary protection order) would....if he was to come around me, all I had to do was call the police and he would be arrested, immediately.

Protection orders were violated by the abuser and not consistently enforced by women, meaning that women did not contact police when the order was violated. This finding suggests that women were customizing their individual protection needs. For example, protection orders could be utilized on an as needed basis to prevent the progression of "clowning" to physical abuse. Benkert and Peters (p. 881, 2005) described clowning as "using one's anger to create fear:"

> I know one day we was at (department store) and he clowned like you wouldn't believe. He had a duffel bag and he was on his way back to (hospital) and I was working at (restaurant). And I walked away from that bag. I didn't realize that that bag was there, I forgot. Aw, baby, it was the biggest scene downtown that you wouldn't believe. (she said to him) "You're in (hospital) right now and you supposed to be over there changing your criminal ways and your ways period. I say, "You know what, you are fucking rotten." I just said it. And I said, "And yea, I got a TPO (temporary protection order) against your fucking ass. I dare you to clown up down here on me, cause you're not supposed to be around me any fucking way." So, this lady was looking (laughing)...while she was looking at him, he went off.

According to Ohio state law, a TPO is valid until the outcome of abuser's case is decided or a Civil Protection Order (CPO) which is a longer term protection order for up to five years is granted. So, depending on whether women perceive the need to seek longer term protection, the validity of a TPO may be indeterminate. Some women mentioned their orders were valid for a year during which time they reconciled with the abuser. As long as they did not feel threatened, the protection order was not used:

> I mean I had a restraining order for a year, but we still ended up getting back together. The first night he came in to the bar, my boss and her husband took him outside and told him you know, "look she went and got a restraining order, you can't come in here when she's in here". And stuff and I was afraid, you know, of what was gon' happen when he found out. But he abided by it for a while. I guess he's just afraid to go to jail.
>
> I remember I went and got restraining orders a hundred times and then I would.....we would violate them....both of us.
>
> Ah....I had several PFAs.....ah....Protection from Abuse Orders against him...and some of the times I broke the order and some of the times he did. But we always ended up back together till finally....well finally, we separated.

Arousing Consciousness

The other major negotiating strategy was to motivate the abuser to change by arousing his consciousness of the dangers of abuse, its effect on her and their relationship. In most instances, this strategy was utilized in conjunction with the criminal

justice system. The crux of negotiating by arousing consciousness is the characteristic of perpetrators as emotionally dependent. This means that women perceived that her leaving would exacerbate the dependency needs, inciting fear of being alone, without her. A participant highlighted this perception of fear and clearly indicated that leaving was retaliatory:

> Ahmmmm……sometimes we'd just tell each other you know…..he'd say, I won't never do that again……I'd say, well, I won't leave no more, you know. And that'd be about it, you know. He'd just say, he wasn't gon' beat up…beat me up no more or whatever and I'd say, well, you know… okay, well if you promise not to do that no more, I promise not to leave no more.
>
> Just to show him that….try to rattle some bones in him, for him to change just a little bit. And it didn't work. It really didn't.

Other women had similar thoughts. Change was predictable, but short term:

> I think I…I knew …..and I was still in the frame of mind that when he got a hold of me, he's not gonna be beating me and he's gonna be sad and he's gonna call me up and he's gonna cry and I knew all this beforehand.

His response to her leaving, or whether he stopped violence was an indicator of her worth to him:

> And then I would try to leave to make him see, actually that it's hurting me. *Do that make sense*? I would say, well, I'm gon' leave, if I leave him then he'll see that it hurts me and he won't do it anymore.
>
> The first time…..ah…….oh gosh…..I was tired of it. I was tired of it……And I thought maybe if I left that he might realize that he missed me and make a phone call and want me back. And maybe things would change….and you know…maybe…..you know, okay, I'll leave. He'll realize how much he misses me…..he'll realize that I really am a good woman, you know…..a good mother…..a good wife and he'll call me up and want me back….promise everything, you know, will be okay. It will be okay.

Seeing Non threatening Abuser Behaviors

For some women, returning to the relationship was conditional on whether they perceived current and future threats of violence. The abuser's negotiating tactics were the display of behaviors that women interpreted as non threatening. Since attributing responsibility was linked with leaving the relationship, these non threatening behaviors validated her perception that he was the problem or that no problem existed. Discounting that a problem exists included saying that abuse was an isolated incident and avoidance. Validating that he is the problem included acknowledging harm. Its components were making an apology, reaffirming commitment to family, giving gifts, and sharing her victimization.

Pertinent to confirming abuse as an isolated incident was the lack of blatant violence during the separation. Women perceived a major difference in behavior when during the separation, relationship turbulence was dealt with by self control and other non violent tactics to solve problems:

> I left him.....the first time I left him was like in...ah....93 and I went back home and stayed with my mother. And he kept calling....kept calling and ah....coming over and coming to my little job and stuff and you know, we'd walk around and talk. Then you know, we had our ups and downs, but he didn't jump on me.
>
> Cause I still was having contact with him.....letting him call me from the penitentiary ah...I went to visit him a couple of times.....to take...take my son to see him...ah....and he didn't never talk bad to me when I visited or either on the phone when he called. And that was just because he needed somebody in his corner while he was locked up. So...my feelings just re...start resurfacing for him again from the beginning and...I went back to him and he just abused me more....abused me some more.
>
> Yea, but I just wasn't in the position to take his 'pology and go along with that. And after..... After....so long he kept calling back...calling back.... "Well, we need to talk.....we need to talk". We had a long talk and I ended up taking him back.

Saying that abuse was an isolated incident was common:

> When I found the nerve to leave him, he wouldn't leave me alone. He would always come back, "baby, I'm sorry....and... ah....it won't happen again". After I stay away...when I try to stay away from him, he'll come back in about a week. "it won't happen, again and this...I won't hit you no more"....and he lied, basically. It happened again.

Dodging the issue of abuse was a mutual behavioral strategy of reacting. For some women, dodging created fear, confusion and ambivalence. Women were unsure of how to respond to the lack of an apology or acknowledgment of the abusive episode that led to the separation. Thus, when the abuser did not mention abuse, neither did the women. The threat of further violence resulted in not mentioning the abuse:

> He called me up, I was just like nothing ever happened. He never acknowledged that he had hurt me. He never acknowledged that we fought or argued or anything it was like..it just didn't happen and I think in his mind, it didn't happen. I don't think he really saw anything wrong with what he did. Ah...I'm thinking.....I was scared, I was afraid that it might-say something to the fact, "Why did you do that?" you know, or he would take it as me speaking up again, and I... if he came over, I would get it again, so I just kept quiet about it. I just went along....He knows he did this, so I never brought it up to him, I never spoke up to him about it. So we just continued on, again we just continued on, like.....

In some cases, avoidance may have demonstrated the long term effects of being in a violent relationship, where abuse has become well established:

> He....he you know....he just acted like nothing ever happened. Like I was just....was there.....he acted like nothing never happened. Like....you know how a person *be cool with you*.....something like that.....and they act like....they're like.....you know you meet somebody..... for the first time and you act like nothing never happened.....nothing never happened. That's what it was like with him.
>
> Sometimes he would just come...come on back like nothing never happened You know..I don't know.....it's crazy.
>
> No, ah....they knew me down there....the guards....they just let me in....and when I walked up there and knocked on the door, he opened the door, he said, "oh, you back". I said, yea.

> Yea....usually....cause we both went to the same bars. We both had the same friends...so....we usually see each other in the bar or at somebody's house. But .we always ah..... one would say something to the other one, you know. Like one of us would ask the other one, if "You want to go smoke a joint" or one of us would ask if "You want to play a game of pool," you know something like that. Before the night was over, we'd end up... back together.
>
> Ahmmmm.....I would call and ask, you know how you doing and ah.....very vague about things. Now that I look back, I think he was.....he might have had company or something, because it wasn't what I expected. I expected this....I expected him to be making the phone calls, cause that's what I wished....that he would be making the phone calls....and want me back and everything's gonna be hunky-dory and....instead it was me trying to find out how I could make him happy.....what could I change about me that he would be happy....you know at home. I could come back if I wanted to. That was basically it. I mean...never said he missed me, you know.....Sad.....sad.....real sad. Ah.....I was ashamed of myself for calling and pretty much begging to come back. It made me feel bad about myself....depressed and....I wanted him to call me and say the things I was saying to him.
>
> I was telling myself, Oh, you're happy, oh, I love him.....I wasn't thinking about...or realizing the reality of it....and the reality is it didn't work then, it'll never work now...
>
> We started.....I started messing around with him again....sex ..... with him....he got married and I was still having sex with him. I turned around and I slept with him again....and I love you.....and then he didn't even say it.....I said it. It was me.....It was all in my head, the stuff I'm making up, that we may be able to get back together...we may be able to work things out.

Validating that he is the cause of abuse included acknowledging the harmful effects of abuse, manifested by making an apology, giving gifts, reaffirming commitment and sharing her victimization. Making an apology was sometimes in conjunction with giving gifts:

> He said he was sorry. He did the groveling.....He bought me a watch, you know. He was really.... Pitiful .....I don't know what to say. But, he just....he was probably.....He knew how to do it, basically. He....he....he knew what he was doing. He knew he was being all sorryful, remorseful, whatever..... and ah.....he ah.....he just played it to the hilt...you know.....he was a perfect example.

> Then… he came back, wanting….wanting to 'pologize and everything. So, I gave him another chance. I said, well, maybe it'll work. And, ah….it was ah…..ummm…..it was some months…months….and…. that I went through this… and like a fool I took him back….took him back… "well maybe, things have changed, thangs have changed…things will get better…Ah……He'll leave the crack alone. But no, he was still sneaking and doing it.

As seen in the following exemplar, women accepted their partners' apologies:

> The first time he had hit me, I called the police….left….talked to him again….gave me a sob story about, "I won't do it again….I'm sorry…..I love you….I miss the kids". And I end up going back. And it just kept repeating itself….over and over and over.

Starting anew as a couple was experienced, but was the exception among these women:

> Ummmm…..I called and ah….it was like it al….always was. It was almost like we fell in love all over again, kinda. I called and said, "I love you, I miss you". He said, I love you, too…..I'm so sorry and…..you know we just talked about the kids and how they were doing and how we wanted to be back together and things like that. Then we ah…..wrote letters and things to each other and…..talked for hours on the phone.

A couple of women reported shared victimization, his history of being victimized as abuse justification, as a response that facilitated returning. Sharing victimization convoked an image of togetherness, working to achieve a goal:

> He told me he was sorry….that he'll never hit me no more. He know he was wrong…that he ain't posed to treat nobody like that he love…that ah….he had been abused, so….ah….he just was real controlling and… I gave in to that. I bleved him…and wuddn't nothing but lies.

> He might call me and I'll be like…..well a lot of times, I wouldn't talk to him. But then a lot of times, I'll give in. And then he'll be like, "I don't know what's going on with me and I don't know why I do you like that." Because he claim, I don't know…..well his mother said it didn't happen, but I don't know when he was younger, that they use to like if he worked, they took his money and did stuff to him and whupped him. So, he felt like that's his way of getting out his anger on me……why he is so abusive….he would just say, you know he's sorry…..he's sorry…and that he would try to get better with it.

Context for Choosing Familiar Danger and Negotiating an End to Danger

Economic Deprivation

Prevailing contextual variables that influenced choosing familiar danger and negotiating an end to danger was economic deprivation, which resulted in homelessness and lack of options to maintain substance addiction. Approximately 67% of the participants were unemployed when they were engaged in the abusive relationship and 88% were unemployed at the time of this interview. Those who were previously or currently employed earned low wages. Their unemployment was multifactorial and linked with low education levels, lack of skill development, drug use and poor health status. These conditions contributed to their socialized and/or forced economic poverty which influenced their dependency. The consequence of poverty was limited ability to provide for their economic needs and perceived lack of options other than "being taken care of". Socialized dependency referred to having been born into poverty and exposed to family norms that prevented attainment of higher education and employment skills. The residual effects of such dependency were to view men as economic caretakers:

> But I was sheltered and spoiled all my life. I never learned how to work. They didn't let me finish school. I got pregnant, and he said, I couldn't go back to school....had to stay home and take care of the kids. So I only completed the 7th grade. I usually always tell myself, "I can't make it without a man." I don't care what they do to me, I got to have a man. I got to be...have somebody by my side to take care of me. But I was sheltered and spoiled all my life. Whooo.....I never have to....I never had to do anything for myself. And I would always to go to them kind of men to take care of me, but I never knew what the consequences was gonna be behind a man taking care of you.

As in her situation and others being a part of the abusive relationship developed as an exchange for the economic benefits that were derived. Women made decisions and choices of whether to suffer the abuse as an individual or their families to go hungry:

> You see what I'm saying....and then I look at her (mother) and say, look at your situation, you got all these kids by a man, you can't read or write, he can't read or write, you know...what do you know....you know.....but then I felt sorry for her situation, too....like....I couldn't help it.
> Now I look back and think on why I stayed with him, because I didn't have anything. And this guy....I would have the best of the best from this guy and his family. They had it all. And I went back on that....on that reason, because I didn't want for anything. I wasn't a little dirty girl in the projects anymore, you know. And...I mean....took care of every little need.....even for my mother....you know. So, it was like a package deal for my family....he even gave.....took care of my mother and my siblings. So, when I left him, it was like I was letting my family down, too. Ummmhhh....so, I went back....kept on jumping on me...I kept taking the...the....the gifts and money and all that kind of stuff.

Women who were trapped in this exchange, having limited to no employment skill development, would struggle to figure out how to survive after leaving the relationship. The effects of economic dependence were powerful motivators for ending the separation:

> It was no time for adjustment....none...not for me, because in reality, I really wanted to be back. That was comfort for me. That was safe for me.... Protected me....he kept me safe....he kept me clean.....he kept me.....fed...along with my family. I didn't want to not be comfortable. And then without him, it was like.....I was naked.....now what do I do? You know...now, what do I do? So, it.....it was....I didn't even give my self....give myself time to adjust to being uncomfortable. I knew within two or three days, I'd be right back with him. I knew that...it wasn't the end.

The women who were forced into greater economic dependency had histories of employment, but due to the effects of abuse and/or substance use had left or been discharged from their jobs:

> And part of the reason why I...I took him back was because he was....was the....the source... you know....my source..... I wasn't working or anything...you know. He...he was receiving income, so.....that's another reason I would take

> him back was for the income…..cause I wasn't really employable at the time. I couldn't keep a job, because of my drug usage. So, he was a source of income. He was the source to my drugs and alcohol, too…you know, so.

The effects of abuse leave women bereft of personal resources to adequately perform employment duties as seen in the following exemplar:

> I had been out of work for about 8 months, cause he had beat me and I just got tired of going down there..ah……ah…. pretending like I was all right at work and I wasn't. I worked at a bakery. And I had to be at work at 5 o'clock in the morning. Just imagine you got to go to work at 5 o'clock in the morning, getting beat up half of the night and then had to be at work at 5. At four o'clock I use to be in an emotional state……. But I had to try to clean up my act to get to work to try to perform like I should.

A participant developed a chronic illness which effected ability to retain employment and increased dependency. She wondered whether there was a connection between chronic illness and the abuse:

> I had lost my job, because I got sick with a lung disease called sarcoidosis. So I wasn't able to go to work some days cause my feet would swell up…….my hands would swell up…….and I wasn't just able to work all the time. And then I just started gitting sick a lot…weak…..I have migraines now…I don't know if it comes from him kicking me in my head like a…….a nut or what.

The majority of the participants did not indicate sole dependence on their partners, but described a cooperative economic effort; however, this was not clearly distinguishable from their abusers' reliance on them for support, specifically housing. The following highlights cooperative economic effort: "because I'm use to having my own money and stuff….even when I lived with him, I paid my rent and I went to work everyday." Or when leaving was involuntary, women could retain the place of residence, but may not have had financial resources to support their living independently. There was minimal evidence that their partners were consistent in providing financial contributions. Validation of the abusers' inability to provide economic support was

found throughout as women talked about their utilization of social service agencies for meeting basic needs while living with their partners: "And I mean ah…he would get mad at me because I would go to (soup kitchen) to eat" or as one women said:

> I had needed some money and I asked my two children's father to please go donate (blood bank), cause I needed some milk and some bus tokens.

Other women described their utilization of social services for housing benefits:

> I was working part time and getting some assistance from the state with housing and medical insurance.
>
> I was in a…a drug program and I got an apartment. I had no….I hadn't got a job or nothing. And they let me move in without no money and everything. So, I went out there, and I hustled….for….get my gas and electric on. I had nothing. And he moved in and I put him on my lease. And that was the worse thang I coulda ever did.
>
> He was staying with me….he was staying with me…..you know what I'm saying….I kept putting him out in between the times and everything.
>
> Yes, I told him that he would have to leave. It was my apartment in Westwood. We had a nice apartment and it was only my son then.

Women who were cooperatively dependent sometimes opted to leave after an abusive episode. These women held negative feelings about leaving because of their individual financial investment in establishing the household. Leaving and going back was a way of protecting their investment:

> I felt bad because…. It wasn't because I missed him……believe that. It wasn't because I missed him. Everything I had bought in that house was nice and he just started getting (resources) about 5 years ago. But every piece of furniture I ever bought, he done took it out of there and sold it…..CDs…..furniture…..couches and everything else.
>
> Well….I came to the Drop and I left my own home…left him in there….I came to the Drop Inn for about two or three days.
>
> And then I use to be like, "Well, why should I leave my house for him?" I mean he was paying the rent, but it was my apartment. He was half paying the rent and

> he is the reason why I lost my apartment……cause…the….the….land….I was in the building with elderly people and they got so tired of him….they…they got so tired of the…fights…and the arguing…it was him. And the traffic…..he use to let people in and out of my house. If I say something, I'll git hit in the mouth. I just shut up, so….

Overall, the participants were economically deprived and being dependent solely or cooperatively led to their being trapped in the relationship as a survival mechanism.

Battling Homelessness

Economic deprivation was a hindrance to establishing a separate household. Hence, a problem that voluntary leaving stimulated was homelessness. Some women did not have a consistent place to live after leaving the relationship, so their habitation milieu was routinely unstable, but could rely on various friends for temporary living:

> Ah….just to whoever's house…..it was always different. And….usually I'd go to the bar first and get drunk. Then I'd end up going to somebody's house and staying. And I don't know…..I probably wasn't never gone more than a week at a time. But I always went to a friend's house….till this last time.

There were few options for temporary or long term housing and at times only the hazardous alternative of living on the street was visualized. The following participant emphasized that being single without dependent children was a deterrent to housing resources:

> I left for maybe a day or two because I really didn't have anywhere to stay. And then I ended up going back because it was hard for me to get help in Cincinnati for Section 8 housing or something…… because my kids are all grown. So I just felt like I didn't want to be on the street so I ended up going back.

The choice of living in the street versus returning to the relationship became a reality as women expressed the conflict that was found within their support networks. Although living with family and friends remained a reliable option, it was not always the most safe option. For example, danger could be experienced because of experiencing personal

conflict with persons in the environment. One participant highlighted continuing violence when living with her mother and opted for the "evil" of returning home to familiar danger:

> Ah……..well, it……it sucked at my mom's house. It sounds mean, but ah…..my twin brothers were there that use to beat me up. And they still thought it was okay……and…..ah…..it was like the worst of two evils, you know. Ah…..I felt like at least at my apartment I had the girl downstairs….I could go to her, you know. But at mom's house, I didn't have anybody because mom….mom didn't seem to think it was no big deal that they hit me. But they were told, "do not hit your wife or girlfriend". And I always wondered, how come it's okay they hit me. So, ah…..it's like, do I want to get beat up here or do I want to get beat up there? I guess….. I'd rather get beat up in my own home.

Another woman expressed fear of conflict between the abuser and her brother:

> Well….I came to the Drop and I left my own home…left him in there….I came to the Drop Inn for about two or three days and he asked me where I was at. I went back….beaucoup times….well, I shouldn't say beaucoup times….bout 4 or 5 different times. Just came right up here….stayed here…..stayed with my brother a few times…..but I never told him I stayed with my brother or nothing like that, cause he knew where my brother lived at. And I didn't want to cause no ruckus between him and him. I just said I'll go to Drop Inn.

Coping with the addiction of a family member, which was detrimental to her attempts to maintain sobriety. Additionally, there was internal conflict related to her dependency on family:

> But, why….why not..…you know they say……well, why yall go back? Why you keep going back? I don't like living with my mother. I hate it. Cause of my sister. It's not my mother. It's my sister. She's a drug head and …..everything I git she takes. And I just don't want to be there cause I'm grown and I want my own. I don't want to live with nobody.

Living with family members guaranteed contact with the abuser and in some cases resulted in family or friends "giving her up" to the abuser. The social support network served as a communication channel between the partners and wielded influence over the woman's decision making, sometimes leaning on her to return to the abusive relationship.

This was particularly so when he showed humility and concern: "Why you got that man like that..... he's running around here crying real tears.... You know he love you...." An explanation for family members disclosing her location was specifically related to conflict between she and her sister:

> Then my sister....see, my mother is old....she might slip up and say something. And my sister would tell. My sister would tell or either like if I begged her and tell her I was gon' give her some money, don't tell. And I would.....know....tell her where I was for my mother's safety. Because I'm...I'm the prime care for my mother right now. I do a lot of stuff for my mom. She would....but they would have to have a number where I was. A lot of times.....she don' called on the three-way phone and I didn't even know he was on the other end. And he was on the other end and she let him knew where I was. And that hurted me more than anything.
>
> You know...so....came out and.....left....and when he got back, I had left...went up to my sister's house and left him. And I told them, my friends, "don't tell him where I'm going, just say I left." And I went up to my sister's house. I was up there for bout three days. He found out where I was at.

The pain or distress that women associated with "being given up" was seemingly unrelated to the threat of further violence during the separation, but to feeling disempowered. Women were ambivalent about leaving and returning to their relationships, but contact with the abuser seemed to negate women's feelings by further eroding their resistance to returning. Although protective leaving was accompanied by returning, giving her up took away her power to decide when to return.

With the exception of three women (16.6%), all were homeless (83.3%). Fourteen (93.3 %) of the fifteen homeless women were living in the co-ed emergency and transitional homeless shelter and ten of those women (66.6%) attributed their homelessness to having recently left their abusers. I was surprised to find this large of a group who chose to seek respite in this facility rather than the battered women's shelters

(BWS), which offered specialized services. These women had been banished from their original social support network and sought shelter at this facility because resources had been completely exhausted. One participant explained:

> Well, I went through (substance abuse treatment facility) in March. I detoxed and I went through their 28 day program and I graduated....had all these wonderful dreams and plans and stuff. And I came home.....my daughter and I were sharing a house, ah....we were renting. And ah...I came home and I didn't do nothing to follow up on my aftercare....didn't go to any meetings....didn't talk to any people...I got phone numbers....I stayed sober for about two weeks and started drinking again. And in that little bit of time, between March and now, every little bit of stuff I had left is gone. I have two daughters.....only one of them talks to me. I have five brothers....only two of them talk to me. Ah.....no real friends anymore. Ah....I....the friends I did have were mostly where I could go drink. And it's only like one of them that, you know will have.....invite me over anymore. Ah....I was in that house for 6 weeks with no electricity, no job, not even looking anymore...I mean...in that few months, the little bit I did have left just.....and I was thinking about suicide again.....

However, women found many benefits of utilizing this shelter. One factor in women's choice to utilize the shelter was the convenience of being located within their own communities. Many of the women were able to walk to the shelter. This was significant because these women did not have transportation. Nevertheless, women conveyed that the shelter was used as they "hit bottom." The shelter is where, one "ends up", not necessarily by choice:

> When I felt it, it felt like, either I'm gonna be the dog or I'm gonna stand up and do something about it. I didn't care I didn't have a place to go. God said, "Drop Inn Center". I didn't want to come down here. But I did.
>
> And like now, I'm down here, but my mom and them talking about, "come and stay with me". And I keep telling them, " No, I need to do this on my own. I need to grow up. I'm 39 years old, it's time for me to grow up." My mom say, "I don't want you down there".
>
> I came here.....I came here.....I sit out....I sit out there in the park for a long time. I drunk a beer....I drunk a 40 oz. and I sit out there until almost time for them to

> ah…..at 10:00…..you know you can't get in after 10. So I sit outside for a long time and …and…then I finally came on in here and this is where I've been.

Another example of having no resources was the participant who was recently released from prison:

> And they sent me to the penitentiary and I lost my apartment and stuff like that. And I'm trying to get my disability so they helping me with that.

Some women found the shelter was invisible to persons not living in the community.

Living at the shelter afforded women an always available place to hide out:

> Umhhh…ummmhhh….don't nobody knows where I'm at. Nobody would look for me here, ever. I knew nobody would look for me down here. They'd think….they'd think I went to (another state) or something. They wouldn't never thank I'd be down here.

> I just…..I just think I had enough….this is it….cause he can't find me down here. He would never think that….he think that this is..he won't go here because he's too good to go to the (shelter). I know…..my family don't even know…I ain't told nobody….cause if I tell one, then somebody might slip around and tell him or he'll find out. So, I haven't told nobody where I was…..my kids don't know. That's how bad I'm trying to really do this….this time….you know….yeah.

Women also had the option of entering treatment, which is not offered at battered women's shelters, at this facility and those who were actively using could continue their habits because of the easy accessibility of drugs:

> Yea, ah….after I left L. I got involved in smoking some crack a few weeks ago and I did it for a few weeks, but not since I've been here. That's not true…One time….. I went out one time and I didn't come back for three days…but ah…..I've been clean since and….. I…..I hope to stay that way.

> I started……I came up here went into the (substance abuse treatment program), got clean, stayed clean for 3 years.

> And they told me about the program down here at the "shelter". And they put me in the program upstairs.

Maintaining Substance Use Habits

Choosing familiar danger was a safety strategy. The necessity of choosing familiar danger was especially amplified when women were substance users and needed to maintain their habits during the separation. Women with significant histories of substance use were acutely aware of the risks for death when procuring drugs from unfamiliar persons:

> You know, I was raped, 10 years ago, had a gun put to my head. Got in a car with a man and he said, you want a drink, want to get high? First thing I said was "no", I'm almost home. Here come the devil, "go head, go on, get you a drink". Got in the car with this man, he took me in his house, put a gun to my head, told me to take my clothes off. I said, "You don't have to do that….here you go"……I took my clothes off…. Called Jesus…….laid on the floor……got a wet ass and got back up and still trying to smoke. After he had gotten done, he said, "I'm sorry, bitch, but that's just what I like ."

These near death experiences teach women to engage in safer behaviors when drug seeking and most often, safety meant returning to their known abusers. Further risks were how women feel morally about procuring drugs by having sex with unfamiliar persons, as well as the risk of incarceration:

> My crack addiction….had me…I guess abused me more than he abused me….cause I did so many things that I didn't….that was against my morals and values….selling my body…stealing from people. I started stealing from my family. Ah….going in stores, stealing….uh….having sex with people….unprotected sex, sometimes. Even days when I didn't want to, I did it because I wanted to be high.

> You know, at that time, I was living here (shelter), too. I use to smoke dope every night. Crack head…..you know……I use to walk dirty all the time……dirty clothes…..wear the same clothes everyday, just to git a hit. And have sex with different men. I had it rough…….I had it rough. I've been there, you know….. and I don't want to go back there.

Within their relationships, the risk of dying was seemingly similar to being in stranger territory because of the magnitude of physical abuse. But women avoided the moral

concerns and the risk of incarceration due to theft or solicitation. When women weighed the risks of stranger danger in procuring drugs, being abused in their familiar environments was more acceptable, safe and secure than soliciting multiple sexual partners. One participant described preserving her dignity by not soliciting:

> But when I drink and I smoke that stuff, I'll do anything. I'll let you hit me, so I can get $10 to go get me a piece of crack. Even with the blood running down my face, I'm still gonna let you hit me and then after you hit me, I'm not even gonna wipe it off. I'm gonna run straight up to that corner to that dope boy and get it …and numb me…and turn around and do it all over again. If that's the only way that I can get it….. so I don't have to go out there and open my legs.

Throughout, women perceived a greater sense of safety when in their familiar environments, even though abuse was evident:

> In sex life he was…..sex life he was. He was rough on me. When I tell him I want to move and don't want to have sex, he'll be like, "well I want to keep going." I'm paying you to do this, I'm paying to do that…..Like I said, everytime we met each other, it was like, he always give me money for …..when I had sex with him, but it was a relationship. He was rough in bed. I'm not getting up till….he wouldn't let me get up or anything till he got…..got what he wanted.
>
> So, I just started staying with him thinking, okay, well……till I can get me a place, this will be the ideal place to be, cause I didn't want to come to the (shelter). He smoked crack…..he asked me if I did it. I told him, yeah, I smoked a little bit. So then when he would have his friends over, you know……I could…..I…..he would let me…. You know…… smoke with them. Then one night……ah……..he asked me for some sex and I told him no…..so he hit me. So, I'm like, okay……that's the first…..I didn't leave then. A couple weeks after that, he started snatching me around….so, okay, then I did leave. And I stayed gone for bout two days….or three days….and I didn't like it here. And since I was mad, after a while, you know…..I got to thinking about it….and I said, well, shit…I might as well go back I just did it because I was…..he would always say, "Well, this is my apartment and when I want sex, then I expect sex." I said, okay, all right then. Okay, so I would go along with him…. But, you know, by me staying there….shit….I'll give him a little sex…..you know…..

Trapped By Coping

Leaving and returning to their abusive relationships was the result of revolving danger. Critical strategies that mitigated this danger were maintaining secrecy and taking mental reprieve. Both of these ways of coping facilitated the cognitive entrapment of women in their relationships. Both ways of coping restricted their external help seeking from resources that are usually considered helpful. In addition, taking mental reprieve was "being in/being out" state that facilitated coping with the physical and emotional trauma while remaining in the relationship. This cognitive entrapment engendered imperceptible change whereby women demonstrated minimal evidence of change in their thought processes relative to their emotional feelings about the abuser and the relationship.

Maintaining Secrecy

Maintaining secrecy describes the varied ways that women concealed abuse. Abuse was concealed from formal helpers and informal support networks and related to the women protecting themselves from the perceived negative reactions of others, their family members from direct or indirect harm or the abuser from incarceration.

Episodic crisis oriented help seeking was characteristic of their leaving and returning. Leaving the relationship was chiefly precipitated by crisis; therefore, women were seen by health care providers for emergent medical needs, police officers to intervene during an abusive crisis and less often, shelter workers to assist in their period of respite. Of these formal systems, abuse was mostly kept secret from health care providers. The observation that these women seek help but maintain secrecy relative to

their injuries suggests a desire to supplement, not replace, their existing ways of managing their circumstances, thereby maintaining a sense of control.

Ways that women maintained secrecy included telling stories, sharing selectively, avoiding and putting on a different face. Telling stories referred to a common practice of women being untruthful about the nature of their visible and disabling injuries as a result of abuse. The need for these stories emerged when women were compelled to seek health care or respond to queries posed by their support network as to how injuries were obtained. When confronted, most often the injuries were attributed to an accidental fall. Telling a story was done with and without regard for its plausibility. Some women felt that appearing truthful was important, maybe perceiving that appearing truthful would create a barrier to further questioning. For example, a woman stated, "you know I always had a good solid story that was believable" and another said, "I slipped on the ice"…it seemed like a good enough story."

Both of these women were describing experiences in seeking health care. So, what were their motives for "*telling a story?*" Their abusers were not present at the time of their examinations, which has been documented as one of the major external reasons that women choose not to reveal abuse. Another external reason has been the way that providers broach the subject of abuse. It is not known how the women were questioned about their injuries and there were no indicators to suggest that health care providers challenged their stories. However, a competent health care provider would know that obtaining a hand fracture as a result of slipping on ice or "slipping in the tub and fracturing a rib" are usually not plausible stories. Identification of abuse and appropriate crisis intervention remain areas of insufficiency in the health care of abused women.

This insufficiency, on the part of health care and other providers, may have contributed to internal reasons that women choose not to reveal abuse, perpetuating self management.

In a contrasting illustration, another woman demonstrated a lack of concern as to whether her story was plausible when she sought care for a fractured forearm:

> Ah....I left my friend's house and I went to University for my arm, the next day. They asked me about....was it domestic violence. And I told them, "no, I was drinking and I fell down the steps" but, the nurse was looking at me like.....no....they wuddn't falling for it. I stuck to my story. So, they cast....the doctors kept asking me, "Well, how did you do this?" And I said, "I fell". They said, "you fell.....you must've fell awfully hard". And I said, "yeah"....and...to me.....they wuddn't falling for it either. They...they...know it couldn've got broke probably....like this.....So, they put a splint on it and.....

Despite direct questioning by two separate health care providers as to whether domestic violence was the causative factor for her fractured forearm, and despite her awareness that health care providers probably knew that she was untruthful, she stated "I stuck to my story". Telling a story without regard for its plausibility suggests an act of defiance. This assertion is, in part, supported by her explanation for maintaining secrecy, followed by an instance of her sharing her truth with me during our interview. First, is her explanation for not revealing abuse in the health care setting:

> Because they think you stupid for staying.....And I know when you (researcher) ask me the first time, I told you that, "I fell"....cause I'm shame to tell somebody that....I mean I feel stupid to keep saying that...you know..... everythang that happened to me...that...he done done it.

As noted in the passage, she acknowledged telling me this same story of "I fell" during our face-to-face screening session. My questioning of her visible signs of injury was similar to how she described being asked by other health care providers. I instinctively asked because of the clinically relevant signs: the cast on her arm and recent literal homelessness because of abuse. No, I did not believe that she had received the fracture

because of a fall, nor did I challenge her because I did not see any merit to doing so. But as we approached the halfway mark in our interview, she blurted out, "Yeah, I'm gon' be honest....he broke my arm". This truth came after several instances of my expressing empathy for her plight. Showing empathy was mandatory in interviewing these women because not only did they bear the shame of having endured severe abuse, but they bore the additional shame of leaving and then going back to the abuser. I learned of this shame, beginning with my first participant when during the telephone screening, she pointedly asked me, "Am I going to be judged for leaving and going back?" I had not anticipated the great degree of shame that the participants demonstrated or reported. Thus I adjusted my tactics in interacting with them.

But like most of the other women, she was consumed by shame for "still loving and missing him". Some of what I offered was, "to love someone is not a crime, domestic violence is the crime" and that "love is a need that we all share....we need to love people and we need people to love us back." Having created an atmosphere of emotional safety, she then felt comfortable telling me part of the real story.

In the above exemplar, her feelings of shame were further compounded by a perceived perception that health care providers view abused women negatively. She appeared to be resisting this shame and perceived negativity thus, keeping her internal feelings about being abused at a tolerable level. I found that some of the women hold the perception that persons who have not experienced an abusive relationship are not capable of understanding, possibly because of its horrific nature. This was evidenced by the following responses to my probing in an attempt to gain a more in depth understanding of

what these women had experienced: I heard, "It's just something....a situation you have to be in to understand. You have to feel what that person feels". Another woman said:

> It's kind of hard to explain when you've got an abusive life and....you try to relate to someone that hasn't and it's kind of hard.

Another woman routinely made statements during the interview indicating that her situation was incredulous to others, stating, "My face blew up like you wouldn't believe" and "I ran.....you wouldn't believe, I ran like I couldn't believe till I got to my mother's house." These women first assumed that my personal history is without abuse and because of this I am not able to understand it. These comments appear to be related to the stereotypical view of abused women as members of society's lowest socioeconomic class. The woman above who prefaced the explanation of many of her experiences with "you wouldn't believe' also stated to her partner whose frequent and effective form of verbal abuse was to attack her low literacy level:

> "And all that old crap you be talking....'bout you smarter than me....so what.....so what.....gone find you a woman with an education and a degree and do some stuff to her (abuse), cause I'm sure she wouldn't take it.

Abused women may also hold the perception that the status of health care providers as well educated and employed, precludes having experienced abuse, offering another explanation for their reluctance to share, fearing judgment.

Some of these women shared with persons that they believe could empathize. This was sharing selectively. Abuse was concealed but shared with persons who could empathize with them. For example, a participant shared with a neighbor, who was also in an abusive relationship:

> So, the girl downstairs, she's the one I talked to about it. I don't think I would have admitted anyway to anyone but her, because I was so ashamed of

> myself.....That I was acting the way I was and allowing that to happen.....you know to be talked to the way I was.....you know.....told me how ugly I was and you know.....you know.....the physical imperfections.....I just felt like I was some eagle or.....so.....

Another woman stated that she isolated herself from friends and family, but responded truthfully when confronted by a co-worker. She felt a sense of comfort because of a perception that the co-worker understood her pain:

> Ah...I just felt so alone and I didn't feel that I could tell any family or friends or anyone.. I did end up telling the office manager. Actually, she...I don't know....she just knew. I didn't have to say anything, she just kind of knew. Maybe she might have been a victim at the time, she knew the signs.

So, women resist shame by defying truth to those whom they don't perceive to be empathetic and thus, see no benefit to telling the truth. This is a way that they retain control of their situations. One woman emphasized that health care providers were in the predicament of being unable to prove that she was not truthful:

> One time, I had to go to the hospital and I just....I don't know what I told them...I thank I told them I fell or something cause I had to get stitches in my face, cause I got hit with a smoking stand. I don't know if they really believed me, but....I guess there wasn't much they could do, but sew my face up.....don't know.....I think part of it was cause I...I felt dumb, I didn't want them to know that I'd been fighting with him, you know.

Other women resisted shame by telling a perceived more acceptable story of how injuries were obtained. This was to attribute their injuries to alcohol or drug use. The story of "drinking and falling down the steps" was told over and over:

> See now, if I dranked and people asked me what happened, I can tell them I fell down, cause I was drunk. That was always my excuse. I knew people knew, but I would always tell them I got drunk and fell and broke my arm. Or I fell down the steps and hit my eye.

An additional participant had a similar story to share of how she attributed her mental state to substance dependency during a hospitalization without the evidence of physical injury.

> I cried and cried... and I went over to the emergency room and they put me on the 8th floor (psychiatric unit) for a while. They kept asking me, " What's wrong, what's wrong", and I never would tell them that I was in a abusive mentally and physical relationship. I wouldn't tell them that. I just told them, "I'm a drug and alcohol addict, I need help."

The negativity surrounding addiction to alcohol or drugs has not totally been eradicated from society. The finding that women are more comfortable sharing their substance dependency may suggest that abuse is even less acceptable or tolerable.

Maintaining secrecy limits the role of health care providers' to an auxiliary level. Health care providers have been trained to offer additional assistance beyond treatment of injuries and even mandated by provisions of the Violence Against Women Act (1995) to report abuse when injuries reach the level of felonious assault. Women are aware of this law that mandates automatic arrest of the perpetrator and feared disclosing abuse because of a desire to prevent the partner's incarceration as in the following:

> Most of all, I was thinking they would get....hurt him.....they would be after him. You know, I was protecting him, too, as well as me, honestly. I never did disclose that... to any professional.

Additionally, as a result of VAWA (1994), contacting the police in a domestic violent situation mandates automatic arrest of the perpetrator or arrest of both parties, mutual arrest. Women were aware and sometimes avoided the police; however, these women were the exception:

> At first, it was hard for me to call the police on him....because.....being in the lifestyle I was in....I felt the police were my enemy, you know. So...ah...because

> of my activities…you know….I was doing. But it got….it had got so bad, you know that….I didn't know what I was to do.

Other reasons for avoiding police were fear mixed with sympathy:

> Well, I never called the police cause I knew that would make him even madder. I figured he would for real kill me when he got out of jail. And part of it was cause I didn't want him to go to jail, I knew he'd git in trouble. I didn't never want to put him in jail. No….never wanted to have him locked up. I don't know….never did…. Hate him that much, I guess. Even after what happened, I still like cared what happened, you know….what was gonna happen to him.

Another example of avoiding:

> I couldn't go to the police or nothing…..I was too scared to go to the police…..I thought well…..if I told on him, he'd spend the rest of the time in jail, but I just walked away.

Resisting shame by avoiding may have even more significance for African American women in self managing their circumstances. Reaching out to helping systems exemplifies a level of control of an abusive environment because it attenuates the power of the abuser. Theoretically, this is what makes getting help or leaving an abusive relationship a dangerous feat. On the other hand, reaching out for help also results in relinquishing control, regardless of whether the goals of reaching out are achieved. Not relinquishing this control may be more significant to African American women because it is likely that the majority of helpers are of the existing dominant European culture, which exerts massive power and control. Home is an environment where African Americans are able to exert their control. By getting help from European Americans she is relinquishing this control, increasing the power of European Americans while diluting the African American cultural image of great strength. African American women encounter shame first, as a woman whose idealized image as "*strong*" is somewhat shattered. Shame, for AA women is less related to loss of innocence or spiritual cleanliness as may be

experienced by White Americans. Resisting shame transcends individuality. Staying in control of one's own private environment benefits her as an individual and is also a cultural mandate. A participant elucidated the intersections of race, gender and culture in her explanation:

> I was ashamed to go to outside help…you know. We supposed to be strong. Women supposed to be strong. Us as African American women, we have been taught from the roots up, we have…..this is our house and what goes on in our house, stays in our house. It's nobody's business and White folks don't need to be in our business……And Black women don't go tell White folks 'bout they business at home. That's a no…no…You don't…..ain't fixin to go to no counselor, talkin' bout "help me….he beatin on me." You take care of that at home. So that was the big thing for me, being….Black folks just don't tell they….don't….don't sit down and wanna tell that. They want to sweep it under the rug or…..move on…..act like it didn't exist, when in reality, I needed help like hell. I needed help all the way around…..all the way around. And it was that stigma that went along with it that I was afraid of. And I think most women are. I know I was….so….I stayed in that box.

An additional way that women resisted shame was by *avoiding*. *Avoiding* meant hiding out from friends and family when signs of abuse are evident or not seeking formal or informal help. Women were concerned about lack of family support, sparing family from the indirect and direct effects of abuse as illustrated in the following:

> It started out with like punches, like in the arm or back or you know, where they didn't show up and then after a while it started to get to where you know….bruise on the face and stuff like that, where I would either……. Stay away from people until it healed up or come up with some kind of excuse.

Avoidance was utilized to prevent the advice of family to leave her abuser, which she viewed as non supportive:

> That was the only way I knew how to cope with it. Cause I didn't wanna tell my mom because she would be like, "Well, I told you to get rid of him". And I didn't wanna tell my dad, cause he'd be saying, "well, look….I told you….told you so…look"…cause basically with them saying…..I didn't wanna go through all that.

Another example of non supportive advice:

> Uh....I lash out when people who....when family talk about him...saying how no good he wuz. "He wuddn't doing nothing for you....ah....but beatin on you....beatin on the baby....and why did you wanna keep going through that? Quit accepting his calls....it ain't doing nothing but making your bill worser"....you know....and I ain't want to hear it.

Living in poverty was an extremely disempowering experience for these women. A participant described how the economic benefit of being in an abusive relationship was utilized to advance the family's economic standing. Maintaining secrecy by avoiding the issue of abuse was her way of attaining and retaining power within the family and in the community:

> I couldn't go to my family and say, this cat is beating the living daylights out of me, because they all had him on this pedestal where he couldn't do any wrong. I would lie and say, I opened the cabinet, I'm so clumsy. I ran into...you know....I fell off a girl's shoulders at cheerleader practice, where he don' cracked my rib. You know, this is young girl at the time and my family he would.....Christmases.....they had whatever they wanted, you know.....and he would buy my mother furniture, you know that kind of stuff. As long as he was doing for them.....I felt like I had to take that, for some strange reason so that we could be okay. And....when I didn't.....when I made the decision to not deal with him, I felt powerless. You know, we couldn't go get t-bone steaks no more at the grocery store, you know what I'm trying to say. We couldn't.....not.....buy name brand foods and.....that little small stuff. I felt like I had let people down and then I was powerless

An additional condition that led women to avoid was fearing how family members might react to visualizing injuries. Avoiding prevented the vicarious experience of abuse effects:

> So we left. And I stayed over his house for like four days...because I didn't want my mother to see my face like that.
>
> I already had about three black eyes before then, cause I just was wearing sunglasses....wouldn't go around them and stuff. Telling them that I was all right when I wasn't all right. Yeah...I was just....wouldn't go over her house. I use to go over there, go to church with her on Sunday, eat dinner. I stopped doing that

> cause my eyes were swole shut, big rings around them and stuff…cuts…..I had a cut on my face and stuff. I just wouldn't go. I wouldn't even let her come and get my son.

Similarly, a participant avoided her son because of fear of further violence:

> I'm like…..my kids…..my kids hated him. And so everytime he would jump on me and I have black eyes, I'd try to wear sunglasses around 'em and…….try to hide…try to stay away from him so they wouldn't see me. Cause the first thing they'll say, "who did that…..he did that to you". And I was like…."no, I had a….I got….I had a fight with somebody or ran into a door." They were like, "no, quit lying, we know he done jumped on you again…..we gon' kill him when we see him..my son….that's my son…yeah….yeah.

"*Putting on a different face*" was an ongoing strategy for maintaining secrecy that women used in managing their public lives. Its purpose was to render signs of abuse invisible, both literally and figuratively. Figuratively, "*putting on a different face*" was not showing any perceived signs of abuse. This meant that under certain conditions, women were unable not able to be themselves, to express their pain and hurt or withheld expressing their pain and hurt. This form of maintaining secrecy was necessary for staying employed:

> I worked at a bakery. And I had to be at work at 5 o'clock in the morning. Just imagine you got to go to work at 5 o'clock in the morning, getting beat up half of the night and then had to be at work at 5. At four o'clock I use to be in an emotional state, but I had to try to clean up my act to get to work to try to perform like I should. And it…ah….God…..Shit…I just go in there and just…..seem like you put on another face……just put on a whole entirely different face and go on and do my work and be pleasant and nice to people that came into that bakery that I had to be nice to even on the days that I…I felt so bad…I felt so bad.

Putting on a different face was also important to emotional well being. It was significant to one woman to not look as though she was an abused woman:

> A lot of times, I'd just cover it up….a lot of fakeness…..being unreal, not telling people how I feel… I went for years looking like I wasn't abused cause I hid it way down deep down inside.

Literally, women spoke of physically concealing signs of injury by using cosmetics:

> So I tried to ah…cover my marks and bruises with makeup….there's no covering…..no makeup that can cover those kind of marks.

Although maintaining secrecy is isolating for abused women, it may also be empowering. The shame and fears of disclosing abuse outweighed any additional assistance that health care providers could provide. As abused women keep their abuse a secret, the less likely they are to seek help.

Taking Mental Reprieve

Taking mental reprieve was an ongoing strategy, a mind-abuse disconnection that included the properties of self-medicating, detaching emotionally, normalizing, compartmentalizing, and attributing leaving and returning to addiction. Taking mental reprieve was a "being in/being out" state that facilitated coping with the physical and emotional trauma while remaining in the relationship.

Self-medicating was a form of taking mental reprieve because of substance use, a staple for 80% of the women. In some cases substance use occurred after women became involved in their abusive relationships, but for others the pattern developed prior to their abusive relationships. It is uncertain when abuse began for all of these women. Some expressed having experienced childhood trauma. There were multiple classifications of substances utilized by the women including alcohol, amphetamines, cocaine, cocaine free base, marijuana, barbiturates and narcotic analgesics. Most women reported use of multiple substances. The primary outcome of using was to mitigate the physical and emotional pain of abuse. Substance use facilitated achievement of this outcome by a variety of means: reducing anxiety, cushioning the physical effects of violence,

emotional numbing, and intentional loss of consciousness. Alcohol was used to reduce anxiety and to delay the physical response to abuse. Being intoxicated during an abusive episode led to decreased physical pain:

> And a lot of times, I got drunk, so I couldn't feel the.... The ass whuppings. Then got caught up into that....drinking thing.....but mostly I drunk so when he beat me up, I wasn't feeling it much till the next day.

> I drank. I would drank all the time....all the time.....I wasn't in school....I had good grades in school....but when I would go home, I would sneak....I couldn't sleep. I was anxious all the time and I would sneak and drink until I passed out....worried about if I step outside what he.....you know....what's gon' happen. It was....it was....

> Drinking....cause if I get drunk, I won't feel it until the next day. I won't feel pain till the next day when I sober up. I drinked through the whole thang....cause he dranked too, and we had kept alcohol in the house, so.

One woman gave an example of how alcohol was used post violence to decrease anxiety and facilitate self outreach for informal support. Utilizing informal support allowed expression of emotion related to being in an abusive relationship:

> Drinking....drinking.....umm....hmmm....I just....every time we fight, I would go out and drink....and git drunk....just to cope with the pain...and cry...and cry....and cry....use to cry...they use to call me cry baby....and then I would try to..I....when I git drunk....I use to git drunk and just talk about it....just talk about him. And they use to be like, "leave him....forget him....he ain't no good for you." But that's all I use to do, talk about him and cry....talking bout how much I love him...and...and...why do I love him...I don't know why I love him....something must be wrong with me....I love him and he treat me like this. But I tell them, "there's good parts about him". "It ain't nothing good about him, if he beating on you like that" (their response).

Anxiety not only resulted from the effects of abuse; but also the acquisition of substances and environment in which using occurred. This was purported to induce a cycle of continuing use as described by one woman:

> Yea....yea...I started partying and the drunker I could get.....the better. If I could go into a blackout, that was perfect. As long as I woke up the next day in one

> piece and nobody had touched me. Ah.....it was ah....it was ah....it was fun at the time I was partying, but when I woke up the next day, like not knowing where I was or who these people were and stuff like that....it was scary. It was scary....real scary. I wondered like who is these people or who is this person and....and then I just started drinking again. Yea, that's when I really started abusing alcohol. You know, big time.....and ah....as often as I could.

A cycle of provoking the abuser into violence followed by using was highlighted as a way of decreasing anxiety related to using drugs:

> A lot of times I would make the excuse to use because of the mental...the physical and mental abuse. I used it for an excuse. Sometimes.....I had got addicted to that....I had came to a point where I would come in and start an argument so that he would hit me...and I would go get me some (crack cocaine)....so I could get high.

In addition to alcohol, prescription drugs such as narcotic analgesics and barbiturates were utilized to manage anxiety:

> Yea, I made sure I stayed with some pain pills and some sleeping pills. And ah.....I just used pills....sleeping pills....I'd take sleeping pills in the middle of the day to calm me down and stuff like that. I made sure I had those. If I didn't have them, I'd get some from my mother, you know.....and I think that was trying to...to ah..... kill the pain and stuff, you know. Literally taking a pain pill but it was just ...I was taking it you know just as an alternative to.....thinking about how bad life really is.....with him. I finally did end up on medication permanently...but it's not an addictive medication. I take an antidepressant, regularly.

Emotional numbing, a constant state, was the response to substance use achieved by several women. Emotional numbing produced amnesia, which was useful in preventing consciousness of life choices:

> Most of the time I coped with drugs and alcohol.....numbing....strictly numbing with the drugs and alcohol. The times that I did try to get clean....you know....I tried to lean on my faith in the Lord. Ah....that was all. But mainly, by using just to forget about the pain.....You know....using to forget about the decisions that I've made.....just using. It kept me bound, really.

Being numb was a requisite for survival in the relationship in that the ability to manage increased:

> I wasn't feeling anything…..the only thing that I was feeling was numb….I drank and I smoked (crack)…..stayed in it for a year….it seems like most of the time when I'm in it (relationship), I'm using. Feel like I have to be numb on the inside to deal with something or ….somebody like him.
>
> Ah….I started…well….I use to drink and smoke weed when I was young. But….I use to do that to fit in….Ah…my father use to sexually abuse me for….when I was 11 to 13. And….when….and ah….and I use to…I guess they say upstairs in the program that I drank and I smoked weed to cover the pain, cause of what was….didn't nobody never lock him up…..probably to cover the pain…when the pain kicked in or the thoughts….being abused. Alcohol numbs you…so…then my brother turned me on to crack cocaine.

There were experiences of using as a passive suicide attempts:

> Oh, when I was with J., we started ah…shooting up cocaine with a neighbor. So, I…I didn't….I'm not a person that likes to speed it up, but it was just…..it was just something totally different. And I think deep down inside, I was kinda hoping that I'd O.D. I started trying to commit suicide when I was like 16 or 17. You know, just get away from it…..my feelings about myself……get away from me.
>
> Ahmmm…..I didn't really start smoking crack, I guess until…I'd say, like the last two years. But me and him, we both drank everyday. I mean, that was an everyday thang. We would smoke pot, you know, everyday. I mean that was just a natural thang. And I worked in a bar, so when I get off work all I do is just go to the other side. I mean that was a daily…..I drank daily…every day. Ummmm….I'd say I probably been doing that for….on a daily basis for close to 7 or 8 years. But now I'm tore up. I can't drink cause I…..my liver is messed up. So, I'm not supposed to drank anymore. But I did when I went out this last time (*relapsed 3 weeks ago*). It's like…..I don't know…. Sometimes, it's like I don't care what happens to me or something.

Women were ashamed of leaving and returning to their abusive relationships and because of this shame, engaged in additional strategies that demonstrated taking mental reprieve including attributing leaving and returning to addictive behavior and normalizing.. These strategies were often in conjunction with substance use. Women

attributed leaving and returning both to addictive behavior and habitual or routine behavior, making reference to themselves as abnormal because they survived danger by leaving and returning. There was much talk of their behaviors as compulsive, impulsive and irrational, implying mental instability. Attributing leaving and returning to addictive behavior epitomizes the depth of these women's victimization. They were powerless over many aspects of their circumstances and injecting the addiction theory provided a more acceptable justification for remaining in or returning to the relationship. The association of leaving and returning to addiction infers the need for a medical treatment protocol for change to occur:

> Yea, there's a lot....yea...he's kind of like a drug.....in a way, I guess. Yea, kind of...I mean, I know he's bad for me, but I still keep going back. And I know that drugs are bad for me, but I keep going back and using them.
>
> Them drugs.....come on, I'll make you feel all right. I'll numb you...he beat me up...then maybe an hour or day later.....come on, let me hug you. I'll make you feel better.....same thing. Same stuff....not good. That's all it boiled down to.
>
> Cause sometimes.... Me being .....ah, what you call that? Addicted to all that stuff.....addicted .....addicted to pain.....cause I went towards it.....You get burnt and you go back.....that's addiction.....I just ask God to help me.....He's helping me now. It was an addiction. Why would I go back to something that hurts me? Oooh, Lord. I'm powerless over it...have to treat him just like I treat the dope..... I'm powerless.....have no power.....have to give it to God. I take the steps.

A similar, but less stark than the addiction analogy, was to conceptualize leaving and returning as a routine or normal habit. In this scenario, women were conscious of their decision to remain in the relationship because it benefited them in some way:

> It was just habit...something I was used to. He was something I was use to and I wasn't willing....I guess I wasn't willing to give that up and try nothing new. That was familiar...he was familiar. He was my first love, my first boyfriend, so. I was gon' stick it out to the bitter end and I did.

> After a while it was just like a routine, kind of....you know. ...it's just.....I guess it got to be a routine after a while...it's like normal. Yea....I mean everybody around us knew it. I mean....cause I'd leave and say, "now, I'm not going back this time.....I ain't going back". And they'd all say, "yea you are, you'll be back in a few days, watch." And they were always right.

The routine of having a partner was beneficial:

> Just....I guess to have....just to be with somebody. You would think didn't nobody want you....didn't nobody else want you cause you were so beat up. So, you stay with the abuser.

Women knew options were limited:

> Leaving and going back.....I really haven't adjusted.....still to this day I'm not adjusted to it. I just....adjust to it a certain amount of time and this is the way it's got to be, D. Something in my head be telling me...this is.....but it don't have to be that way. But I just take it and go along with it. I . I just deal with it because I would have no other choice.

The routine of ephemeral change gave some women a sense of power:

> It...it.....the leaving and returning.....I don't think I had to adjust at all to the leaving and returning. I think I...I knew .....and I was still in the frame of mind that when he got a hold of me, he's not gonna be beating me and he's gonna be sad and he's gonna call me up and he's gonna cry and I knew all this beforehand. So, I'm thinking, "Okay, I'm gonna leave tonight, cause he's gonna call me and he's gonna be sad and he's gonna buy me something and he's gonna leave me alone and not hit me. And he's gonna be a good daddy for two or three weeks, you know. And it would start up again and it would be the same thing. I .....I probably left him 25 times. Yea, that was how I would adjust. Okay I did this, the phone's gonna ring in a few minutes and he's gonna be here begging, you know.
>
> It's hard. Every time I would break up and then get together with him again, I always looked at it as "forget the past, forgive him, we're gonna start over". Everything's gonna be okay, It's got to be okay. I'm going to do everything I can do to please him.

As leaving and returning became their existence, women stated "I would *just take it*" or "*just tolerating it*" and "I *just took it and rode with it* basically."

> I guess I got adapt to it. Quite often, I kept doing it. I think I just tolerated it. I started just tolerating it.

These responses are similar to reflex activity, without a real mental or emotional component. A participant suggested that coping or change was not a phenomenon that occurred in an abusive relationship:

> I don't think I did. I think I just faked it.....you know what I'm saying. I....I think I was so depressed and so.....I felt unworthy there for a long time, you know.... I don't think I did cope with it. I think the only time I coped with it is when I left him for.....the very first....the very last time.... When I gathered up everything and left. I coped with it.

The advent of abuse flashbacks, suggestive of post traumatic stress, triggered feelings of anger and resentment toward the abuser. In this narrative, she implied that forgiveness was necessary for the relationship to survive without abuse. When this participant found herself unable to forgive is when she thought of ending the relationship:

> Yea....Basically, I just....I don't know.....it was like I would always have flash backs.....It's like I would be with him, but at the same time, it's just like.....all that you put me through.....things that he.....I don't know.....things that he used to do.....just.....I never forgot.....I held on to them..... the abuse I went through.....so it's like basically I never really forgave him...you know, we fight or fuss, I'll bring up this...or he'll bring up that. We didn't.....I didn't let go of a lot of things.

Women discover that leaving and returning does not end the violence and for a period of time are trapped in this state of mitigating danger by a combination of their economic status and continued experience of non threatening abuser behaviors during the separation:

> You go back.....you think that.....they'll tell you that they're not gonna do it no more. Don't believe it. Don't believe that. That is insane. It was....it was okay until.....it seem like I was just on a natural high....walk through the door, "Oh, it's okay, everything's gonna be okay". I just.....felt like....oh, I'm back home. I'm here. I know what my house is like. I know where everything else at. He would be all right.....nice and pleasant and....you know.....he might buy me things. I think that's what my downfall was...buying me stuff....and buy stuff....he didn't just treat me nice and pleasant..... I'm....I'm just home and I feel good about being here, but then after them two days go by, baby it's back to

> pure hell. Then after the two days, we back to the bitch calling. "You maggot……you slut" or whatever….and I'm just seem like "damn, you don' came back here and look at this shit. It ain't got no better." It was okay and then the next day or two you back into the same shit……and you just don't wanna leave. You don't wanna leave.

Women's thought processes evolve to a point when they know that they are trapped by in their relationships and some became pessimistic of their ability to permanently leave:

> It's been like this for so long. I can't perceive it ever ending. It's just how I feel. I want to be optimistic, but I don't think we'll ever be able to sever ties. That's the way it is. I don't think I can change that. If I had the kids…..what I should have done is…. I should have, when he was away before, I should have took that time to leave the state…just up and leave and not have any contact with him. If I had the kids, I would do that. That's what I would tell others, if they were in this situation. I would tell them to get the kids and leave. Now I realize that a house is just sitting here… a house is just a house. I ……I've got all these memories, now I realize, that's all it is, just memories, just material stuff. There are people out there to help me. I do feel now that I could have went to shelter, but again I didn't go with the plan, I didn't follow through.

This participant continued to talk about the forces that trapped her, mainly the abuser having gained custody of her children:

> This is part of the control thing. I can basically see them (her children) anytime I want to… ah….I know when he comes over and wants to get intimate or whatever, if I don't follow through, there's a chance that the kids can't come see me. I've been very lax about going to school activities this year. Because last year I didn't get ……he stopped visitation, when I wouldn't have sex with him. He tells kids, "you can't go get in the car with your mama". What happens now, is the police come out and I have to show the police that went on. Pause……He's back in my life, just like it was and there's nothing I can do about it….. because I've got a restraining order against him, I filed charges against him for violence and did a restraining order and he won't let me see the kids. I had to go down and file a complaint that he wouldn't let me see the kids, "contempt of visitation…… I lost my job …… He basically is running the game. He has the children. He controls me, he controls the children. And I'm still the same way. I go down to my support groups, but I don't know how to….I can't just go without seeing the children. I can't do it. It's too hard. It's too hard, they're all I've got. So I have to do whatever he wants me to do, so I can see the children. He's got that piece of paper saying he's got custody……..It's just like we're married, intimate.

Because of their entrapment, in order to leave the relationship, women made a choice to leave everyone behind. In this sense, they were banished from their support networks:

> You know…..the last time I left him, I completely moved out of town…to….you know…..stay away from him and ah…
>
> I know…..my family don't even know…I ain't told nobody….cause if I tell one, then somebody might slip around and tell him or he'll find out. So, I haven't told nobody where I was…..my kids don't know. That's how bad I'm trying to really do this….this time….you know….yeah. I still love him. If I probably seen him now, he'll probably say some old stuff to me and I'll probably go back to him. That's why I do not want to see him now. That's why I am hiding out. And I have had the urge to call him and let somebody get in touch with him, but I just….I…..I'm trying to ride this out.
>
> Ah…I ended up coming down here…and I…… I've been here since December. And I knew….I knew nobody'd find…..you know…..look for me down here. I haven't talked to any of my friends…or anything since I've been here. Cause I know if I go around them and I see him, I know I will probably end up going back. And that's why……I don't know….makes me feel stupid…..cause I know what would happen……even though…..you know, I want it to be different. It's not gonna be different. And he is gon' end up killing me, if I keep going back. I mean he's already……you know……blew a hole in our kitchen floor (using gunshots) and that's about……I think as close as you can get without getting dead.
>
> So……when I got the TPO and everything, I just left it alone. I moved without telling him. I changed my phone number. I didn't tell his family where I moved to….no nothing.

Even though women are aware of long-term abuse and the risk of death, repeated emphasis was on being trapped:

> ….I wouldn't recommend no woman to keep going back. If she can get the right kind of housing and get a place to stay…..if she is single like I am……honey, I…I advise you to the utmost…..get out of there….to get out of there. Because my girlfriend's niece got kilt over those….she got kilt on September 4th. Then somebody shot him two hours later and kilt him. But he shot her all up in her car and then pulled her out of the car…….just insane because you don't want to be with them anymore. I…I ain't gon' never say…..I…..I..you know…..I'm sitting here right now and I can't say that I won't go back…. But you can believe this baby, I feel awful right here… this…to this day, telling you this. And I might not live a long time if he git out, but the only reason why I'm saying this, is cause I

> know he is abusive, but it seem like I'm not going nowhere. I can't even get an apartment. It's hard.....and it's so hard.....his mother thank that's okay. Well, it's not okay. You think it's okay, it's not okay. It's not okay for him to hit me. "Well you oughta leave" "Sure I should.....sure should, but you know what, "I'm in a trap right now."

Summary

Mitigating danger describes the revolving process that an underserved group of abused women utilized to manage the direct and indirect dangers associated with being abused. The four components of mitigating danger are knowing the danger of abuse, taking respite, choosing the familiar and negotiating an end to danger. The boundaries between components are not distinct or clearly defined. Crucial to the inception of leaving their relationships was abuse severity, associated with fear of being killed and ability to assign responsibility for danger to the abuser. Assigning responsibility influenced both leaving and returning because women perceived the need to protect themselves and expected their partners to fix his problems that caused the abuse. Taking respite comprised leaving and returning. Leaving was not methodical, but reflected women's experience of abuse as crisis precipitating; thus, planning was not a significant component. Choosing familiar danger and negotiating an end to danger were overlapping components of mitigating danger. Choosing the familiar describes women's management of their subsistence needs met during the separation within their support networks, of which danger was sometimes lurking. The major variable that influenced women to seek help with their support network was economic deprivation, which contributed to homelessness and inability to maintain their substance use habits. Because of economic deprivation, women were motivated to negotiate an end to danger. Women's negotiating tactics were threatening jail and arousing his consciousness of the

harmful effects of abuse. The abusers' major strategy was to display non-threatening behaviors. In conjunction to economic deprivation, these non-threatening behaviors further eroded women's resistance to returning to the relationship. Women's major coping strategies were maintaining secrecy and taking mental reprieve. Taking mental reprieve was being in/being out of the relationship, whereby women self medicated and used other cognitive strategies such as attributing leaving and returning to addictive behavior and normalizing that kept them entrapped in the relationship. As leaving and returning evolved, women realized its ineffectiveness in stopping the abuse. In addition, a loss of support from their formal and informal systems emerged. For some women, the end result was visualizing no way out or banishment from their original support systems as the only out.

CHAPTER V

Discussion, Conclusions and Implications

The purpose of this grounded theory study was to explore the experiences of women who leave and return to their abusive relationships multiple times. Within the context of abused women's change process. The guiding research questions were: 1. How do women adjust to leaving and returning to an abusive relationship? 2. How does leaving and returning affect thoughts and feelings about the abuser and the relationship? This research was conceptualized as a response to the current trend toward individualized intervention in the treatment of abused women according to their stage of change. Stages of change have their basis in both extant change theory and the plethora of studies that describe women's process of leaving. A limitation of these studies was the apparent linearity of process, exclusive of women's experiences of leaving and returning. Therefore, my research questions were designed to explore what outcomes may be derived from women's leaving and returning to an abusive relationship. A requisite for answering the research questions was explicating the leave-return process, which revealed mitigating danger as the core phenomenon. The components of mitigating danger were knowing abuse as danger, taking respite from danger, choosing familiar danger, and negotiating an end to danger.

This research stands out in several ways: (1) It is the singular study to explicate women's process of leaving and returning; (2) It considers leaving and returning as a component of abused women's change process and (3) The sample was comprised of a majority homeless, substance using group of African American women, recruited from a

coed emergency and transitional homeless shelter. This research extends the paucity of previous findings overall related to intimate partner abuse among this underserved cohort.

Discussion of Findings

Mitigating danger is an explanatory and descriptive model of how women become trapped in abusive relationships and how the danger of being trapped is mitigated. The theory begins with women's knowing danger. How women came to know danger was subsequent to the context in which abuse occurred and abuse outcomes. A prevailing contextual factor in women's knowing was the abuser's drug use, namely crack cocaine. According to women's perceptions, his crack cocaine caused an increase in severity, frequency and unpredictability of abuse. This finding of increased propensity for both minor psychological aggressions and major physical acts including murder and rape violence in cocaine users has been reported (Miller, Gold & Mahler, 1991). However, most studies have described an increased risk of men's use of alcohol and drugs and their abuse of women (Dalton, 2001; Fals-Stewart, Leonard, Birchler, 2005; Forjuoh Coben, & Gondolf, 1998; Torres & Han, 2003; Weinsheimer, Schermer, Malcol, Balduf & Bloomfield, 2005). However, alcohol is the most pervasive drug reported in studies of intimate partner abuse and substance use. Two explanations come to mind. Alcohol may be the most frequently abused substance. Next, specific to the omission of crack cocaine use, may be that the crack epidemic has been reported chiefly among African Americans, who have been included less often than European Americans in batterer intervention and male to female intimate partner violence studies.

Studies of drug use and intimate partner abuse emphasize risk, not causality, and so do the findings of this study. El Bassel, Gilbert, Wu, Go & Hill, (2005) found a

connection between mutual crack use and increased risk of women being victimized by partner abuse. Although 80% of these women had a history of alcohol and/or substance use, few discussed this mutual use. This inhibited discussion was probably a result of the high degree of shame that they demonstrated during the interviews. However, the women who described mutuality validated that they were at increased risk for abuse because of less inhibition to fight back, how drugs were acquired, and their decreased attempts to seek external help because of the fear of potential mutual arrest and self blame.

The unpredictability of abuse led to women's perception of being beaten in the absence of justification. This means that the participants embraced a belief system of justifiable and non justifiable abuse. From the narratives, I concluded that their belief system of justifiable abuse included extramarital affairs, neglect of parenting and family duties and substance use. When women's behaviors did not include these violations of the family or monogamy contract, women knew that there were other factors that were related to why they were being abused. Studies that have focused on abused women's process of permanently leaving an abusive relationship indicate that women question the cause of abuse, but tend to internalize (Landenburger, 1989; Lutenbacher, et al., 2003; Moss et al., 1997; Taylor et al., 2001). Hence, women feel overwhelmingly responsible for the abuse and seeking help or leaving is thwarted until they are able to attribute causality for abuse to the partner (Pape & Arias, 2000; Ulrich, 1991). Further when male partner substance use is compounded by abuse, women feel a responsibility to help and are thus reluctant to leave (Davis, 2002a). Others have found that the ability to attribute cause to the abuser involves getting validation from others (Moss et al., 1997).

Overall, the women in this study indicated not feeling responsible for the abuse. Their description of the changes in the demeanor of their male partners and the ensuing abuse were prominently stark, suggesting that women were left to conclude that the direct and indirect physiologic effects of crack use by their partners was the major cause of the violence.

For these women, answering why the abuse was occurring led to assigning responsibility to the abuser. But, assigning responsibility positively and negatively affected their entrapment. This means that the women were empowered to protect themselves by leaving as a result of knowing they were not to blame and it also created a pathway to returning because of their expectations that he would change the violent behavior. The abuser's drug use, specifically crack cocaine, emerged as a significant factor in how and why these women developed the ability to assign responsibility for the abuse to their partners.

Knowing danger was associated with abuse severity, and was usually described as fear of being killed and permanent disability. These fears were the catalyst for protective, transitional leaving, but were not distinctly different from their descriptive accounts of permanently ending their abusive relationships. Fear of being killed as an integral component of permanent leaving has been documented in many studies (Burke et al., 2001; Campbell et al., 1998; Landenburger, 1989; Mills, 1985; Patzel, 2001; Ulrich, 1991). However, these women were leaving and going back to relationships in which abuse had reached the level of danger described in previous research.

Women's injuries as a result of abuse were categorized as those that prompted them to seek health care and those not resulting in seeking health care. Approximately

half of women indicated having been choked, and described the encounter as a next to death violent act. Among these women, choking commonly produced non health seeking injury. While this outcome of not seeking care may reflect a usual practice, choking and strangulation are known as "late signs" in an abusive relationship and thus, associated with higher morbidity and mortality (Higley, et al, 2001). The lack of association between being choked and leaving suggests that disabling injuries or those resulting in functional impairment is the standard for seeking health care and leaving the relationship. Severity of abuse is a determinant of why women leave, either temporarily or permanently. More importantly, the severity of injuries that were acquired that led to leaving illuminates the hardship that women encounter when attempting to leave.

Studies of women who leave abusive relationships have focused on permanent leaving as a process (Burke et al., 2001; Landenburger, 1989; Merritt-Gray et al., 1995; Moss et al., 1997). In this study, women's leaving was not methodical, but protective and reflected their experiences of abuse as severe, unpredictable and crisis precipitating. Protective leaving was accompanied by returning. Others have described similar leaving, primarily limited to post abuse help seeking (Curnow, 1997) and to escape abuse (Langford, 1996).

Leaving an abusive relationship has been designated as the most dangerous period for women and stems from the feminist perspective of abuse as a disease of male power and control. Thus the peril of leaving is explained by the alteration in power dynamics resulting in women gaining more environmental control. To offset this danger, safety planning has been noted as an integral part of abused women's care (McFarlane, Malecha, Gist, Watson, Batten, Hall & Smith, 2002; McFarlane, Parker, Soiken, Silva &

Reel, 1997). These women's descriptions of leaving contradict current standards of safety because planning was not a significant component of protective leaving. Safety to the women of this study meant escaping because of fear of being killed. The finding that planning was of low priority supports the work of Goodkind, Sullivan & Bybee (2004) who found that safety planning is associated with permanently ending an abusive relationship. These women did not specifically indicate a fear of leaving because their abusers felt threatened, which would probably be demonstrated by initiation of further violence. The lack of this demonstrated threat by the abuser may be related to consistency in women's patterns of leaving and returning. A specific illustration of women's lack of expressed danger was during pre-abuse leaving. Women left and returned when they perceived it safe to do so. So, the consistency in women's pattern was probably linked to (1) knowing of their inability to permanently leave and (2) lack of access to helping agencies that emphasize safety planning.

Another characteristic of this protective leaving was getting help. Women customized the help offered and rendered by formal and informal helping systems. The most utilized informal system was witnesses to the abuse. Witnesses were those persons in closest proximity and included children, neighbors and family members. Help developed as an informal unspoken agreement between the women and helpers. This informal system intervened by being a conduit to the police, coercing her to leave, confronting the abuser. Similar interventions have been reported (Langford, 1996; Burke et al., 2001). These were primarily primitive strategies and women's getting help was dependent on the availability and will of potential helpers and could possibly breed more violence.

The most frequent source of formal help utilized by these women ,who comprised a majority African American sample, was police officers. Inconsistency has been reported relative to AA women's utilization of police officers to intervene in intimate partner abuse crises. In one study, African American women contacted police 50% more often than Whites; furthermore, substance use, specifically drinking and marijuana use by abusers, increased calls to police officers (Hutchison, 2003). Thus, the prevalence of drug use in the partners of these women may explain their dependency on police help. In another study, African American women were less likely to contact police because of their feeling a responsibility to preserve the African American male and the African American community (Moss et al., 1997). The notion of protecting these men because of race was not a theme in the experiences of any of these participants. One woman did indicate feeling that she was dishonorable to her husband because of having him arrested and another stated, "I didn't wanna see him like that, " meaning his being in jail. The lack of consideration on the part of women for the "plight of the Black male" may be related to their making a choice between being killed and his arrest.

Overall, police inconsistency and ineffectiveness in their intervening has been widely reported (Curnow, 1997; Langford, 1996; Taylor et al., 2001) and was also validated by these women. However, over time both the police and social support network expressed development of help fatigue, the refusal to give assistance when requested. Burke et al. (2001) reported a similar rejection by family of abused women with HIV. Help fatigue was utilized as a motivator for the women to change her circumstances, referring to her permanently leaving the abuser. Help fatigue demonstrates lack of comprehension by social support networks of the complexity of

women's leaving and going back. Additionally, networks probably experience powerlessness in their involvement with the repetitiveness of the leave-return process. This calls into question their long term capability for being a helper to abused women.

The danger of being out of the relationship was related to ways that women were forced to get their subsistence needs met. Choosing familiar resources of their support networks was not always the safest option. Research supports abused women's inclination to seek help within their informal systems (Davis & Srinivasan, 1995; Pakieser, Lenaghan & Muelleman, 1998). Homelessness was a major concern for these women forced to leave their abusers. Although living with family and friends remained a reliable option, it was not always the most safe option because of family relational conflict that incurred further violence and instability of living environments. Most research describing women's management of leaving focuses on the negative aspects of help seeking from agencies purported to serve abused women (Lutenbacher et al., 2003; Newman, 1993). Much less has been discovered relative to the outcomes of getting help within informal social support networks.

Poverty was a major factor in women's decisions to negotiate an end to danger. Poverty is a risk factor for intimate partner violence (Moreno, El-Bassel, Gilbert & Wada, 2003). Not all of the women in this study were economically dependent on their abusers. Some described a cooperative economic effort; however, this was not clearly distinguishable from their abusers' dependence on them for support. Returning to an abusive relationship because of economic dependence has been studied (Strube & Barbour, 1983) and usually refers to women having been socialized into the role of wife and mother as the primary contributor to dependence. The women in this study were

dependent for a host of reasons including gender role socialization, low education levels, lack of skill development, drug use, and poor health status. Thus, women were socialized and/or forced into economic poverty. Forced economic poverty was a result of drug use, development of chronic illness and effects of abuse on physical and mental health. The findings of this study support the findings of Romero, Chavkin, Wise & Smith (2003) and Bell (2003) that women in violent relationships have greater numbers of health problems and also have greater difficulty gaining and retaining employment. These conditions support women's choices to remain in their relationships for economic survival.

Women of lower economic status, particularly African Americans, reportedly experience more severe abuse (Rennison, 2003; Greenfeld et al., 1998). The severity of abuse may lead to an omission of the cognitive change that has been found among "mainstream" abused women such as unconsciousness or unawareness that abuse is present in the relationship. In contrast, women with economic resources may not experience the severity of abuse seen in women of lower socioeconomic status and may have a tendency to question if abuse is occurring. This questioning suggests that leaving would be hampered. Thus, for women who are poverty stricken, leaving may indicate a greater readiness to terminate their relationships.

In this study, women's substance use was linked with violence particularly when procuring drugs external to their primary abusive relationships. Burke, Thieman, Gillen, O'Campo & McDonnell (2005) identified that women users are three times more likely to experience intimate partner violence than are non-users. For these women, the need to maintain substance use habits was a strong variable in their decision making to return to their relationships. Women perceived an increased risk for dying when procuring drugs

from unfamiliar persons. Additionally they were concerned about morality and the risk of incarceration due to theft or solicitation. Similarly, women sex traders have higher psychological distress and are less likely to view being in a relationship as sex trading (El-Bassel, Simone, Cooper, Gilbert & Schilling, 2001). In general, women held the perception that being in their abusive relationships was safer than being on the streets.

Women negotiated an end to danger by threatening the abuser with jail. Legal recourse has been documented as being among the most beneficial to women's protection, but a significant number do not attend their hearings (Murphy, 2003). Generally, lack of follow through means there are no repercussions for abusers. In this study, protection orders were violated by the abuser and not consistently enforced by women, meaning that women did not contact police when the order was violated. This finding suggests that women were customizing the protection offered by the criminal justice system to their individual protection needs. Others have found that women customize protection. African American women tend to not support mandatory arrest, despite making a request to police to arrest. Additionally, African American women do not support automatic prosecution policies (Smith, 2001). This observation suggests that policy relative to protection orders do not meet the needs of women. This may have been related to how police respond over time to women. In this study, over time police demonstrated punitive action toward women by offering less help when they were called to make an arrest or intervene in an abusive crisis. The lack of attention to abused women's call for help during any phase of the relationship has the potential for exacerbating her danger. Theoretically, the longer that women are a part of an abusive relationship, the more extreme that violence becomes.

One variable that probably influenced lack of enforcement of protection orders was related to the abusers' negotiating tactics, displaying behaviors that women interpreted as non-threatening during the separation. Most women left their relationships with ambivalent feelings toward the abuser. In one vein, these behaviors provided women a fleeting sense of safety making it easier to believe him. Additionally, economic or other survival needs facilitated greater acceptance. These non-threatening behaviors validated her perception that he was the problem or that no problem existed. Discounting that a problem exists included saying that abuse was an isolated incident and avoidance. Validating that he is the problem included acknowledging harm. Its components were making an apology, reaffirming commitment to family, giving gifts, and sharing her victimization. These behaviors by women's abusers after separation have been noted in other studies (Anderson et al., 2003; Curnow, 1997). However, women are generally portrayed as victims who accept his behaviors without question, having no influence over these behaviors seen in the "honeymoon phase", defined by Walker (1979). One difference between the findings of this study and others is women's power in the relationship. Power and control underlie the dynamics of an abusive relationship. Generally, the partner with the greater amount of resources also is deemed more powerful. Economic deprivation, characteristic of these relationships, makes it difficult to determine where power lies, but women clearly hold negotiating power to prevent his incarceration and when she was head of household ending his being homeless.

One of the abuse management strategies utilized by the women in this study was maintaining secrecy. Abuse was concealed from formal helpers and informal support networks. Of these formal systems, women mostly kept their abuse a secret from health

care providers. This contrasts with Curnow's (1997) finding that leaving after an abusive episode results in greater clarity about their circumstances, increased receptivity to intervention and thus women engage in telling. When assessed by medical providers women "told stories" about the nature of their injuries, pointing out shame as a prominent rationale, thereby avoiding perceived judgments by health care providers, which has been reported (Lutenbacher et al., 2003). These women are among the small percentage of women who would not disclose domestic violence even if asked directly in an emergency setting (Hayden, Barton, & Hayden, 1997; McFarlane, Christoffel, Bateman, Miller & Bullock, 1991). Some of women's reluctance to disclose is fear of mandatory reporting (Hayden, Barton & Hayden, 1997) of partner and the belief that emergency staff do not understand abuse (Yam, 2000). The observation that women seek help but maintain secrecy relative to their injuries suggests that women desire to complement, not replace, their existing ways of managing their circumstances, thereby maintaining a sense of control. Maintaining secrecy limits the role of health care providers' to an auxiliary level. Health care providers have been trained to offer additional assistance beyond treatment of injuries and even mandated by provisions of the VAWA (1994) to report abuse when injuries reach the level of felonious assault. Women are aware of this law that mandates automatic arrest of the perpetrator and a few feared disclosing abuse because of a desire to prevent incarceration of their abusers. Health care providers have been educated to provide the total package of help, which includes shelter resources, advocacy, mandatory contacting of the police, to abused women who disclose abuse. Not all women who disclose abuse desire or have the ability to accept these services (Grunfeld, Ritmiller, Mackay, Cowan & Hotch, 1994) as found in this study.

Poor, abused and homeless have an increased probability of drug use (Salomon, Bassuk & Huntington (2002). Substance use was a staple for 80% of the women in their ways of managing the effects of abuse. In some cases substance use was a direct result of abuse, and for others substance use was ongoing prior to their abusive relationships. There were multiple classifications of substances utilized by the women including alcohol, amphetamines, cocaine, cocaine free base, marijuana, barbiturates and narcotic analgesics. Most women reported multiple patterns of usage in their management strategy. The primary outcome of using was to mitigate the physical and emotional pain of abuse. A question arises as to whether substance use by these women may have inhibited their progression through cognitive stages of change found in previous research.

Comparisons to Previous Theories

Change Process Research

Most research of abused women's change process has not considered the contextual conditions of mutual substance use and extreme economic deprivation. The intersection of these contextual variables is a major contributor of this study to the intimate partner abuse scholarly literature. Stages of change within women's process include an emotional component that may be summarized as consisting of recognizing that they are being abused, feeling responsible for abuse and redefining abuse as detrimental to their health state. These women demonstrated minimal evidence of the emotional change that has been reported in the studies of women who permanently leave. Therefore, leaving was not a methodical process. Most significant to these women's leaving was the danger of abuse and their ability to assign responsibility to the abuser. When these women began leaving more closely simulates the point of saturation that

Muslim women experience depicted by Hassouneh-Phillips (2001). My findings point to an emotional entrapment, facilitated by women's coping, which contributed to the imperceptibility of emotional change. Burke (2001) alluded to a similar absence of women's initial recognition that abuse was a problem in women who were HIV positive substance users. For the women in this study, permanent leaving was making the behavioral change of leaving, followed by coping with the emotional feelings. Because of the contextual differences in which abuse occurred, individualized interventions proposed by extant change processes would be of less utility to this group of women.

Comparison to Transitions Theory

Along a similar, but more abstract, trajectory as abused women's change process is Transitions Theory, which offered a guiding perspective for interpreting women's experiences of leaving and returning to their abusive relationships. I posited that the beginnings and endings of abuse in an intimate partner relationship was a representation of a transitional process. Further, I assumed that for abused women to make a successful transition there were four crucial tasks that must be accomplished: (1) determining the meaning of abuse; (2) accepting the self as abused; (3) internalizing the harmful effects of abuse; and (4) conceiving of life without abuse. However, evidence is lacking from my findings to substantiate that determining meaning of abuse and accepting the self as abused were components of their abuse experiences in the conventional sense of passing through stages. Leaving and returning was a protective strategy which may have coincided with their internalizing the harmful effects of abuse.

According to Transitions Theory, individuals experience transition as either crisis or non crisis precipitating. For these women, abuse was a crisis precipitating event. My

assertion is when an event or stressor is crisis precipitating, this emergent phase must abate significantly in order for transition to begin. This assertion is based on my study findings that leaving and returning constantly precipitated crisis. This perpetual crisis state led to utilization of coping strategies that facilitated emotional reprieve, which in turn contributed to the relative absence of emotional change. The absence of emotional change is incongruous with the properties of transition theory; specifically, awareness, engagement, and critical points and events. I deem awareness and engagement as necessary for successful transition and emotional presence as necessary for awareness and engagement. The relative absence of emotional change created a domino effect which hampered full involvement in transition. Further examples would include the inability to identify critical points or markers for these women, a requisite for informing stage based treatment protocols for abused women. Thus, there must be an identifiable beginning and end point. Otherwise, women would be in a perpetual transition, which negates transition.

Questions arise relative to transitional process of women who may have entered these relationships in transition given the prevalence of prior childhood and adult history of trauma. If so, does re-experiencing abuse foment a new transition? How does substance use influence women's transitional process? While the findings of this study do not, with certainty, provide answer to these questions, many women did indicate believing that he would change from a violent to non-violent person after each abusive episode as negotiating began. This would suggest that women re-experience the beginning of transition. Abuse is a precipitating event that would propel women into transition, but may also lead to chronic illness or disability and women may experience

multiple transitions. To summarize, Transitions Theory may be of greater utility when these women have terminated or are terminating their abusive relationships, showing movement beyond crisis state.

Implications for Policy

Violence Against Women Act (1994)

As a component of the Violent Crime Control and Law Enforcement Act of 1994, VAWA (1994)was specifically enacted to protect abused women. Because criminalizing abuse was the highest priority, comprehensive services to women to prevent the indirect dangers of abuse, such as homelessness and economic deprivation, are insufficient overall. Insufficient protection is an even more outstanding issue to the women in this study because the provisions of VAWA indicate a threshold of economic self-sufficiency, evidenced by Titles VI and VII. Title VI protects women from housing discrimination or eviction solely based on their status as abused women. The foundation of this protection is the assumptions that abused women meet the economic and socio demographic criteria to participate in federal housing subsidy programs or to rent from private management companies. A majority of women in this study were homeless with dire prospects for obtaining housing. Because of poverty, these women's most salient option is subsidy programs. However, an unfavorable impingement on women's participation in federal housing programs may be the fallout from substance abuse histories in which felonies were acquired. In this instance, they may be permanently prohibited or encounter very lengthy waits for re-eligibility.

Title VII of VAWA (1994) addresses economic security and directs employers to protect women from losing their jobs by giving them time off to problem solve around

domestic violence issues such as getting medical care, house seeking or legal issues. The majority of these abused women were not only unemployed, but unemployable. Policy should include employment rehabilitation programs for abused women and motivating major companies to offer adequate jobs with adequate wages.

Women's repetitive engagement in protective, involuntary leaving solidifies the difficulty that women experience in leaving because of the dearth of community services that are available to the transition. The women in this study were required to choose between the dangers inherent in their external helping systems and the danger of the relationship. Addressing the limitations posed by VAWA (1994) would include (1) setting forth guidelines in collaboration with Housing and Urban Development (HUD) to allow for negotiating with women or pardoning those abused women who may have a drug related felony to allow for participation in housing. Thus a need exists to revisit the "war on drugs" and its negative impact on abused women. Some of the women in this study had served time in the penal system, raising the need for services to be added to the prison correctional process.

VAWA (1994) policy also impacts shelter care. Battered women's shelters must broaden service provision to include women who do not fit the "legitimate abused woman" stereotype. Women should not be forced to choose between treatment for abuse and addiction. Services need to be provided or coordinated for those women with dual diagnoses of addiction and abuse. Moreover, shelter workers should increase recruitment efforts to focus on identifying and providing treatment to women in non battered women's shelters. Because a considerable number of abused women utilize homeless

shelters, the possibility of appropriating funding for services to these women should be discussed.

Title I addresses police response to domestic violence, geared toward increasing arrests of perpetrators. Inconsistency remains among states and communities regarding intervention protocols. No language is available for intervention in alcohol and drug abuse cases. The need to revisit the criminal justice system's protocol and treatment of abused women is validated in this study. Since passage of VAWA (1994), there has been an increase in arrest of partner abuse perpetrators, but police still place conditions on arrest meaning that the effectiveness of their intervention becomes conditional over time without evidence of change. Ostensibly, change is defined by the criminal justice system, as in the general public, by women permanently leaving the abusive relationship. Police officers' attitudes reflect general societal view of solving domestic violence by leaving the abuser, demonstrating lack of comprehensive understanding about the nature of domestic violence. Police protection apathy is particularly dangerous because, theoretically, the longer that women remain in an abusive relationship, the greater threat that abuse becomes. This attitude may discourage women from contacting police, leaving them without a major helping system during the time of their greatest vulnerability. How police intervene in domestic violence crises must be monitored and police should be held accountable for the neglect of women. Citizen Review committees should include evaluating the police response.

Title V of VAWA (1994) makes provisions for health care providers to receive training in evaluating the likelihood of abuse in a relationship as evidenced by identifying and documenting injury and making referrals. I am dismayed that in the approximate 25

years since the inception of intimate partner abuse research concerning medical treatment of abused women, education and training has produced little impact on the negative attitudes that providers hold toward abused women. This remains a major reason that women are reluctant to disclose that abuse is a part of their lives. Assessment and treatment are essential but implementation is often mechanistic. I found that showing empathy was significant to this population's comfort level in sharing their experiences with me. Policy needs to evaluate the nature of training that providers are receiving to include empathic, not mechanistic responses.

Implications for Practice

Because substance use was prevalent among these women, nurses and health care providers must pay closer attention to women who present for addiction treatment and make domestic violence assessment a priority. Similarly, women who are being abused must be assessed for substance abuse. In addition, nurses should, not only, assess for the presence of abuse in women's relationships but also assess whether women have recently ended an abusive relationship. The findings of this study point to a need for intervention after their abusive relationships have been terminated.

This study provided only a glimpse of women's support networks. Further research should include women's perception of their informal helping systems. Part of the domestic violence community's care practices has been outreach in the way of public service announcements to teach women how to conduct a domestic violence relationship self assessment. This form of outreach should be expanded, targeting women's social support networks, dispelling myths about women who leave and return to their relationships.

How women come to know danger alludes to causality of abuse because of a belief system that advocates justifiable and non justifiable abuse. This is a politically incorrect topic of discussion within the realm of intimate partner abuse, which stems from a fear that males will escape accountability for abuse or "set the progress made by the Feminist Movement back". However, this notion that women perceive causality opens opportunity for dialogue relative to theory that explains male to female abuse. The prevailing perspective of why men abuse is based on feminism. Feminism teaches that men abuse because our patriarchal society sets the stage by assigning men a greater value than women. Thus men abuse because they can, because of their power and status. This is where the mantra, "there is no excuse for domestic abuse" is derived, adopted by women's programs and male batterer intervention programs alike. Both programs should be willing to exploring other perspectives of why abuse is so prevalent in our society. Understanding individual behavior is the key to changing behavior. Given that the women perceived crack cocaine as the primary cause of abuse, closer examination of the phenomenon of drug use and abuse is warranted.

Implications for Future Research

Outcome Studies

The need for further research abounds among this cohort. Lack of resources stood out as a major factor in their entrapment in their abusive relationships. As a seminal point, an multidisciplinary study should be conducted with women whose perpetrators are incarcerated for periods of time. Resources should be provided to women to determine whether this access impacts relationship termination. Women whose abusers are

incarcerated would be chosen because coming in contact with their abusers was an additional variable that prevented ending the separation.

It is imperative that the training of nurses and other providers who care for abused women be addressed. The time has come to move beyond awareness of abuse as problem to development of treatment protocols that have the potential for real impact to engage women in formal helping systems. Empathy was crucial in my interaction with these women. A study could be conducted in which nurses receive real time empathy training with abused women. A comparison in outcomes could be made between nurses who utilize empathy protocol versus the standard mechanistic assessment protocols.

In this study, a component of women's managing abuse was taking respite from danger. Danger was encountered within their relationships and during their separations. The question arises whether repetitive leaving and returning is a danger indicator in the lives of abused women. The continuous development of further study regarding femicide, warrants exploration of leaving and returning as danger indicators.

Because women held the perception that crack cocaine was the primary cause of abuse, closer examination of the phenomenon of drug use and abuse is warranted. Batterer intervention should include substance abuse treatment of addiction, when applicable. Further research with batterers could outcomes of dual therapy on perpetration of abuse. A majority of this sample of women were substance users. A study that evaluates the outcome of substance use treatment on the change process and relationship termination should be conducted.

Qualitative Research

A recommendation is utilization of qualitative inquiry to further study leaving and returning in abused women. This is necessary for exploration of how substance use may impact women's emotional change. I propose further study with a sample comprised of women, homogeneous with the demographics of these women but who are not substance users for comparison.

The finding that the emotional change that has been reported in other change process studies may not occur in these women should lead to a study that describes what, if any, is the nature of change happens after the relationship has ended. Because some of the women indicated having been banished from their informal support networks, as evidenced by their living in the shelter, how these women rebuild their lives needs to be investigated.

The majority of this sample was African American women. Due to the extensive history of African American mistrust of health care systems, a study should be conducted to describe their perceptions of health care provider intervention and their needs for intervention when seen during post abuse crisis.

Implications for Theory Development

The women who had recently left their abusers demonstrated being in a post abuse transition. There is opportunity to investigate the nature of this transition in conjunction with qualitative research that investigates their rebuilding process. There exists a need to develop a model of helping these women to cope with their transition.

This post transition is in opposition to Transtheoretical Model and other change process frameworks. The stages of TM include precontemplation, contemplation,

preparation, action, and maintenance. Transtheoretical Model delineates an organized roadmap to behavioral change. Key assumptions of TM include: (a) behavior is individually controlled and (b) planning for change is significant to achieving permanent change. Therefore, individuals must demonstrate a consciousness of change. Precontemplation is the period of unawareness of need to change and because of this unawareness, individuals are said to engage in high-risk behaviors. When applied to leaving and returning to an abusive relationship, precontemplation would mean that these women were unaware that violence would recur upon returning to the relationship. Leaving the relationship represented an aspect of change, and is parallel to taking action. Returning is an indicator of relapse to precontemplation. For these women, leaving was not planned but often a reflex response to violence. The perpetual leaving and returning could be viewed as contemplation because women experienced a continuity of danger after the separation, which provided a greater awareness of the disadvantages of separation. Leaving may indicate a readiness for relationship termination; hence, a critical component of treatment for these women would include adequate resources to sustain the change initiated by the action stage. Transtheoretical Model does not consider the context in which individuals implement change. Further theory development would include the context in which leaving and returning occurs and how the abuser impacts the outcome.

The egalitarian nature of most of these relationships offers another area for theory development. The basis for this equality was the economic status of both partners. Most women were not solely dependent on their partners, but were cooperatively dependent.

Further investigation of the particular dynamics of these relationships is needed with subsequent theory development, which would inform best practice.

Summary

An outcome of these women's process was entrapment, a departure from the customary "new birth" result found in most grounded theory studies. Many of these women leave their abusers, only to be engulfed by an equally abusive relationship. I conclude this research with the knowing that I have only "scratched the surface" in discovering the unique needs of this very marginalized group of abused women. Much needed care practices have been identified and so, the opportunity exists to impact their quality of life. My knowing of intimate partner abuse has been challenged to the nth degree, if not totally disintegrated. These women have been globally abandoned by society, by nursing and the most powerful body that is assigned to protect women. My concluding statements are extracted from a participant who in despair described the feelings of abandonment by society and its negative impact on her existence. I pose these questions to nursing and other health care professionals, "What are we doing?" "What are we doing?" "What are we doing?"

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APPENDICES

Appendix A: University Institutional Review Board Approval

THE UNIVERSITY OF TENNESSEE

Institutional Review Board
Office of Research
404 Andy Holt Tower
Knoxville, Tennessee 37996-0140
865-974-3466
Fax: 865-974-2805

04/16/04

IRB#: 6600B

TITLE: The Leave/Return Phenomenon of Abused Women's Change Process: Grounded Theory of Adjustment and Change Perception

Reid, Alva H.
Nursing
1025 Marion Ave.
Cincinnati, OH 45229

Hall, Joanne
Nursing
1200 Volunteer Blvd.
Campus

The points of clarification you submitted to this office regarding the above-captioned project, satisfied the concerns of the reviewers and the IRB, thus your project is approved.

This approval is for a period ending one year from the date of this letter. Please make timely submission of renewal or prompt notification of project termination (see item #3 below).

Responsibilities of the investigator during the conduct of this project include the following:

1. To obtain prior approval from the Committee before instituting any changes in the project.
2. To retain signed consent forms from subjects for at least three years following completion of the project.
3. To submit a Form D to report changes in the project or to report termination at 12-month or less intervals.

The Committee wishes you every success in your research endeavor. This office will send you a renewal notice on the anniversary of your approval date.

Sincerely,

Brenda Lawson

Brenda Lawson
Compliances

Appendix B: Screening Questions

Screening Questions

(1) Are you presently in a relationship with a male partner in which you are being hit, slapped, kicked, or otherwise physically hurt? Yes ____ No____

(2) Are you presently in a relationship with a male partner in which you are being forced to have sexual activities? Yes ____ No _____

(3) Are you experiencing fear or harassment in any way from a previous partner? Yes ____ No ____

(4) Have you ever left a relationship because you were being physically hurt or forced to have sex and returned to that relationship more than once? Yes ____ No ____

(5) What made you leave?

(6) Have you ever had major depression? Yes _____ No _____

THE NEXT QUESTION IS ASKED ONLY IF THE POTENTIAL PARTICIPANT EXPRESSES SUICIDAL OR HOMICIDAL IDEATION

(7) Do you have a plan for how you would harm yourself or someone else? Yes ___ No ____

(8) Are there means available? Yes _____ No _____

Appendix C: Recruitment Flyer

WOMEN VOLUNTEERS NEEDED!

WHY:

Women who have left a relationship with a male partner because of safety concerns, but later returned are needed to participate in a dissertation research study

WHO'S ELIGIBLE:

Adult women ages 18 to 59 who have left the relationship two or more times but have returned within one year. A total of 15 women are needed for this research.

WHAT'S INVOLVED:

One audio taped interview for about 60-90 minutes at a private medical office or other convenient location

BENEFITS:

This research may help nurses, doctors, social workers and case managers to better meet the needs of women who are concerned about their safety in their intimate relationships. You will receive $10 for your participation.

CONTACT:

To participate, call 513-588-0151 or
e-mail: womanhelper@cinci.rr.com.
Please leave a message that includes a contact number.

Appendix D: Drop Inn Center Approval Letter

SHELTERHOUSE VOLUNTEER GROUP, INC.

DROP INN CENTER

217 W. 12th Street
Over-the-Rhine
Cincinnati, Ohio 45202
Phone: (513) 721-0643
Fax: (513) 455-5045
www.overtherhine.org/dropinn
e-mail: dropinn@overtherhine.org

7/22/04

Alva H Reid
1025 Marion Ave
Cincinnati, OH 45229

Dear Ms Reid;

This letter is written to grant you permission to recruit and interview female residents of the Drop Inn Center for your research "the leave/return phenomenon of abused women's change process: Grounded theory of adjustment and change perception". This permission to recruit and interview does not replace the requirement, as stated in the project outline, that the women will have to volunteer and consent to participate.

Speaking for the Drop Inn Center we are excited by your project in that we believe it shall improve the quality of life for the woman involved.

Sincerely,

Steve Knight, ACSW, LISW
Shelter Team Coordinator

Appendix E: Eye Care Associates Approval Letter



Eye Care Associates of Greater Cincinnati, Inc.

Anderson
NADEEM E. HAQ, M.D.
8000 Five Mile Road, Suite 225
Cincinnati, Ohio 45230
513-233-6200
513-233-6202 *fax*

Clifton
LEON A. REID, III, M.D.
330 Straight Street, Suite 410
Cincinnati, Ohio 45219
513-861-3377
513-861-3759 *fax*

Fairfield
THOMAS T. MACEJKO, M.D.
KELLY P. O'NEILL, M.D.
NADEEM E. HAQ, M.D.
MARIA A. FOX, O.D.
563 Wessel Drive
Fairfield, Ohio 45014
513-858-6500
513-858-2777 *fax*

Harrison
MARK T. BERGMANN, M.D.
TERRI A. GOSSARD, O.D., M.S.
10400 New Haven Road
Harrison, Ohio 45030
513-661-3566

Madeira
JOHN B. GILLEN, M.D.
ROBERT BENZA, M.D.
7850 Camargo Road
Cincinnati, Ohio 45243
513-561-5655
513-561-2319 *fax*

West Chester
KELLY P. O'NEILL, M.D.
THOMAS T. MACEJKO, M.D.
MARIA A. FOX, O.D.
7593 Tylers Place Boulevard, Suite 107
West Chester, Ohio 45069
513-777-5475
513-755-4462 *fax*

Western Hills
MARK T. BERGMANN, M.D.
TERRI A. GOSSARD, O.D., M.S.
NADEEM E. HAQ, M.D.
2859 Boudinot Avenue, Suite 301
Cincinnati, Ohio 45238
513-661-3566
513-661-6469 *fax*

February 22, 2004

Alva H. Reid, R.N., M.S.N.
1025 Marion Avenue
Cincinnati, OH 45229-1926

Re: Research Project

Dear Ms. Reid:

This letter confirms my permission for your use of my medical office to interview participants for the research project, "The Leave/Return Phenomenon of Abused Women's Change Process: Grounded Theory of Adjustment and Change Perception". I have reviewed and accept the proposed interview schedule.

Use of the facility is contingent upon study approval from the University of Tennessee, Knoxville's Institutional Review Board.

I am glad to be able to facilitate this most important project.

Sincerely,

Leon A. Reid, III, M. D.

Appendix F: Informed Consent Statement

UNIVERSITY OF TENNESSEE

INFORMED CONSENT STATEMENT

PROJECT TITLE:

The Leave/Return Phenomenon of Abused Women's Change Process: Grounded Theory of Adjustment and Change Perception

INTRODUCTION:

You are invited to participate voluntarily in a research study. The purpose of this study is to understand the experiences of abused women who leave and return to their male partner two or more times. I am a master's degreed nurse who is also a PhD student at the University of Tennessee College of Nursing. In this study, I am specifically interested in learning how abused women adjust when they have left and returned to an abusive relationship and how you feel that leaving and returning may affect your thinking about the abuser and the relationship.

INFORMATION ABOUT PARTICIPANTS' INVOLVEMENT IN THE STUDY:

If you decide to participate in this study, you are one of 15 women volunteers who will be interviewed. Women eligible for the study are those who in the past left and returned to an abusive partner more than once, and are not now in such a relationship. Participation in this study requires completion of a short questionnaire, designed to gather personal data and some abuse history. This part will last for about 10 minutes. Then you are asked to complete one face-to-face audiotaped interview about your experiences of leaving and returning to abusive relationships. The interview is expected to last for 60-90 minutes. The interview will be audiotaped because having your story in your own words is important for accuracy of study findings. After the interview is completed, the audiotape will be given to a transcriptionist, who will listen to the tape and type your exact words. Thereafter, typed copies of the interview will be analyzed.

RISKS:

You may experience stress in talking about your abuse experiences. You are not required to talk about anything that makes you feel uncomfortable. If you become too stressed, I will provide assistance or refer you to services for further help, if it is needed. I am an experienced mental health nurse and have provided care for women who have experienced abuse and other difficulties. You may choose to withdraw from the interview at any time.

Participation in this study will not affect any care you may be receiving or services that you may need in the future.

BENEFITS:

Taking part in this study may not personally help you, but could lead to knowledge that may help health care and social service providers to better meet the needs of women experiencing abuse. Some, but not all, women find there is benefit to them in talking about their experiences.

CONFIDENTIALITY:

Information in the study will be kept confidential. No one will have access to your information except my dissertation committee members, the transcriptionist, and myself unless you specifically give permission in writing to do otherwise. The exception to this would be if you disclose a plan to harm yourself or others, which as a nurse, I am required by law to report. The results of this study may be reported in professional journals or meetings. You will not be identified by name or by any of the identifying information that you provide in the interview.
Information that you provide will be assigned a code number, which will be placed on all forms of interview data. Data will be stored in a locked file cabinet and my personal computer in my home office for a period of three years. The consent forms will be kept at the University of Tennessee Knoxville in a locked file cabinet in the office of Dr. Joanne Hall, the director of this research study. The audiotapes will be destroyed after the data have been analyzed.

COMPENSATION:

You will receive $10 in cash at the time of the interview for your voluntary participation. You will receive bus tokens and/or tickets for return transportation, if needed.

EMERGENCY MEDICAL TREATMENT:

The principal investigator cannot take responsibility for any physical harm that could result from participation in the study, but would appreciate being informed of such an event. Please notify Alva H. Reid, investigator, at 513-751-5184.

CONTACT INFORMATION:

If you have questions at any time about the study or the procedures, (or you experience adverse effects as a result of participating in this study), you may contact the researcher, Alva H. Reid at 330 Straight Street, Suite 410, Cincinnati, OH 45219, and 513-751-5184. If you have questions about your rights as a participant, contact the Compliance Section of the Office of Research at (865) 974-3466.

PARTICIPATION

Your participation in this study is voluntary; you may decline to participate without penalty. If you decide to participate, you may withdraw from the study at anytime without penalty and without loss of benefits to which you are otherwise entitled. If you withdraw from the study before data collection is completed, you will still receive the $10 for coming to the interview and your data will be returned to you or be destroyed.

CONSENT:

I have read the above information. I have received a copy of this form. I agree to participate in this study.

Participant's signature_____ **Date**_____

Investigator's signature_____ **Date**_____

Appendix G: Demographic Profile

Demographic Profile

CODE NUMBER _____

DEMOGRAPHIC PROFILE

DIRECTIONS: Please fill in the blanks or circle the number of the correct response.

1. AGE _____

2. RACE/ETHNICITY

    1. African American
    2. Asian
    3. Caucasian
    4. Hispanic
    5. Native American
    6. Other, please indicate _____

3. WHAT IS THE HIGHEST LEVEL OF EDUCATION THAT YOU HAVE COMPLETED?

    1. Less than High School
    2. GED
    3. High School
    4. Some College
    5. College, Two years
    6. College, Four years
    7. Master's Degree
    8. Doctoral Degree

4. ARE YOU EMPLOYED?

    1. YES
    2. NO

5. OCCUPATION: _____

6. WHAT IS YOUR ANNUAL HOUSEHOLD INCOME?

    1. Less than $15,000
    2. $15,000 - $29,000
    3. $30,000 - $44,000

4. $45,000 - $59,000
5. $60,000 - $74,000
6. $75,000 or more

7. WHAT IS YOUR PRESENT RELATIONSHIP STATUS?

1. Married, living together
2. Married, living apart
3. Not married, living together
4. Not married, living apart
5. Widowed
6. Divorced
7. Not in an intimate relationship

8. HOW MANY ABUSIVE RELATIONSHIPS HAVE YOU EXPERIENCED WITH A MALE PARTNER?

1. 2 - 4
2. 5 – 7
3. 8 – 10
4. More than 10

9. HOW MANY TIMES HAVE YOU LEFT AN ABUSIVE PARTNER?

1. 2 – 4
2. 5 – 7
3. 8 – 10
4. More than 10

10. HOW MANY TIMES HAVE YOU RETURNED TO AN ABUSIVE RELATIONSHIP AFTER BEING SEPARATED FOR LESS THAN ONE YEAR?

1. 2 – 4
2. 5 – 7
3. 8 – 10
4. More than 10

Appendix H: Interview Guide

Interview Guide

1. Tell me about the first time that you left and returned to an abusive relationship.

2. SUBQUESTIONS: Leaving the relationship

A. When did you first know that you were being abused?
B. How did you make the decision to leave the relationship?
C. How did you feel about yourself when you left?
D. How did you feel about your partner when you left?
E. How did you feel about leaving the relationship?
F. How did you cope with leaving the relationship?

3. SUBQUESTIONS: Returning to the relationship

A. How did you make the decision to return to the relationship?
B. How did you feel about yourself when you returned?
C. How did you feel about your partner when you returned?
D. How did you feel about returning to the relationship?
E. How did you cope with returning to the relationship?

VITA

Alva Hunt Reid was born in Meadville, Mississippi and was raised in the nearby community of Roxie. She attended Franklin Elementary School and graduated from Franklin High School. Alva graduated from Alcorn State University with a Bachelor of Science in Nursing. She began her nursing career at a rural Mississippi hospital as a generalist. She then gained experience in post surgical care, pediatrics, perinatal and post partum nursing. She received her Master of Science in Nursing, specializing in primary care, from Mississippi University for Women. In addition, she has experience in community based nursing. Alva was an Assistant Professor of Nursing at Alcorn State University, Southern University and Mississippi University for Women. The total experience as an educator is 9 years. Alva is currently a candidate for the Ph.D. in nursing from the University of Tennessee, Knoxville.

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