

Keeping Up Appearances

An exploration of social support and resilience as protective factors for women living with domestic abuse.

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M A

2007

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**A minor dissertation submitted to the National University of Ireland
in anticipation of the degree of Master of Arts in Family Support
Studies.**

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Abstract

There is a well-established body of research over the last thirty years that highlights the existence and extent of domestic abuse, (Kelleher and O'Connor 1995). What is not so evident in the research is how so many women cope with the impact of living with domestic abuse. The overall aim of this research is to explore the operation of social support and resilience as 'protective factors' in the lives of women who have experienced or are experiencing domestic abuse.

The central belief underlying this study is that women who live with domestic abuse exhibit resilience and access social support throughout their experience of abuse, which remains invisible in the language of victimisation contained in the literature to date. It seeks to challenge the view of women who live with domestic abuse as 'victims' as inaccurate, inappropriate and unhelpful.

For the purpose of this study ten qualitative interviews were held with women who had experienced or are experiencing domestic abuse. Key findings from those interviews demonstrate that the participants remained in abusive relationships for an average 18.3 years, without accessing any social support other than that of a close friend.

Participants coped with domestic abuse by getting on with their lives and keeping up appearances, in effect denying the existence of abuse. Participants reported that they simply did not want to be seen as victims of domestic abuse. Reasons given for this was the association of victim with shame, stigma, and embarrassment.

The overall conclusion reached in relation to the research aim, is that resilience and social support operate in a complex and dichotomous ways, in that they produce both positive and negative outcomes. Therefore, it is impossible to reach a definitive answer of whether resilience and social supports are protective and further investigation is needed.

Acknowledgements

There are many people to thank now that this research project is finally a reality, something I thought many times I would not see; first and foremost thanks must go to the ten courageous women who trusted me with their life stories.

My six adult children, Cathy, Bernie, Jane, Sean, Mary, and especially Fiona, and her friends Clare and Johna for introducing me to the student life. My Eight grandchildren, Cian, Luke, Nessian, Elliot, Luan, Muiren, Odie, and Oisin, who got a great kick out of seeing their Nana, struggling with her homework.

All of my colleagues in HSE and especially The Children and Family Services Training Team: Marian Durand, Trish Callan, Kate Hoey, Eileen Grey, Bernie Walsh, Ann Grimes, Grainne Murphy, and Liz Coogan my manager, who encouraged me every step of the way.

Susanna Knight, who never lost faith in my ability to finish this project, and for offering me her support so graciously.

Dr John Canavan, my supervisor for this thesis, for his time, patience, and guidance. Dr Pat Dolan for his encouragement and for allowing me the opportunity to complete the masters in family support.

My Friends, Mary McDonald, Andrea O'Rourke, and Margaret Reiddy.

Finally, I want to dedicate this thesis to the memory of my best friend Mary Reilly, who died on May 29th 2006, aged 49. The memory of our friendship, and her bravery in the face of the cancer that whipped her life so cruelly in thirteen short weeks is what has kept me going to the finish line.

Mary Reilly 29th August 1957 –29th May 2006.

Chapter One

Introduction

Domestic abuse has existed in the history books as far back as 1878 when Frances Cobbe wrote her subtle analysis of 'wife torture' in England. Cobbe touched on the cause of the problem, "linking wife beating to alcohol, jealousy, job frustration, poverty, and even to the aggressiveness of certain 'hateful viragos' (domineering, violent, or bad tempered woman), whose husbands live in terror of their wives and must be drunk before attacking them," (Stark and Flitcraft 1996, pg 7).

The aim of this thesis is to explore the operation of social support and resilience in the lives of women who have experienced or are experiencing domestic abuse. In addition it seeks to challenge a view of women who live with such abuse as victims. The researcher having lived with domestic abuse for over twenty years, wanted to test the hypothesis that how women are reflected in the literature as helpless and hopeless, or as Frances Cobbe identified back in 1878, somehow to blame for being in an abusive relationships, has contributed to a stereotypical image of a 'victim' of abuse emerging. This particular image of 'victim' conceals the many strategies and actions used by women who live with domestic abuse to maximise their own safety and wellbeing.

This focus on women who live with abuse in such a negative manner has limited our thinking and encouraged the view that, "what women need most is treatment (Radford and Hester 2007, pg 19). It is suggested here that this limited thinking places women who are victims of domestic abuse in a vulnerable position. It has encouraged professional intervention to focus on changing the abused woman by offering counselling, parenting classes, and assertiveness training. Furthermore,

this limited thinking has contributed to the myth that women who live with domestic abuse are helpless and unable to make changes in their own lives. It will be argued in this study that the view that women's overriding need is treatment to change is less helpful than focussing on women's need for the abuse to end. For this to become a reality for women who live with domestic abuse, it is necessary to hold perpetrators accountable for their behaviour and also engage with women from strengths based perspective. Seeing women who live with domestic abuse as active agents for change requires an attitudinal shift in the way society views domestic abuse in families.

This research project hopes to demonstrate that highlighting strength and resilience as opposed to 'victimhood' is directly linked to the family support principle that, "family support services reflect a strengths based perspective which is mindful of resilience as a characteristic of many children and families lives", (Dolan, Canavan and Pinkerton 2006 pg).

There are four objectives to this study

- explore coping mechanisms used by women to survive domestic abuse
- explore the social support system of women who live with domestic abuse using The Tracy and Whittaker, Social Network Map as a visual aid to map support structures.
- explore protective factors for women who live with domestic abuse
- highlight strengths and resilience of women who live with domestic abuse

In summary this thesis aims to explore the operation of social support and resilience in the lives of women who live or have lived with domestic abuse. Furthermore, it seeks to challenge a view of women who live with domestic abuse as ‘victims’ who are helpless and hopeless in the face of adversity such as domestic abuse.

1.1 The Structure of report

The first section of this report will outline the aim of this thesis which is to explore the operation of social support and resilience in the lives of women who have experiences or are experiencing domestic abuse. Chapter Two provides a review of literature to date in the field of domestic abuse, focusing in particular on protective factors, resilience and social supports for women who live with domestic abuse. The next chapter will outline the methodology employed for this study including the research design, examination of ethical issues, the implementation process employed and finally the limitations of this study. Chapter Four will provide a broad outline of the context in which the study took place, including an overview of legislative and policy context for the delivery of services relating to domestic abuse in Ireland. Chapter Five reports on the findings of ten qualitative interviews held with women who experienced domestic abuse. The final two chapters will discuss the implications of the findings and present conclusions and recommendations.

Chapter 2

Literature Review

Introduction

The purpose of this literature review is to provide a framework within which the core ideas of the thesis can be explored, namely the operation of social support and resilience in the lives of women who have experienced or are experiencing domestic abuse. In addition, it seeks to demonstrate that the construct of learned helplessness has contributed to a stereotypical image of abused women emerging that conceals their strengths and resilience.

Through an examination of the academic work related to domestic abuse, social support, resilience and the construct of learned helplessness, the researcher hopes to demonstrate that the strategies and actions of women who live with domestic abuse are often not recognised as protective.

It is beyond the scope of this chapter to provide an overview of all of the work undertaken in the area of domestic abuse, which has indeed produced a remarkable body of literature. This review instead, focuses on six key areas, as follows:

- Definitions of domestic abuse
- Prevalence and impact
- The Theory of Learned Helplessness
- Protective factors
- Resilience
- Social supports

2.1 Definitions of domestic abuse

There is no universally agreed definition of domestic abuse. It has been suggested that the reason for this lack of agreement is that definitions of domestic abuse are “socially constructed, have developed over time and reflect prevailing understandings, interests and power distribution,” (Barnish 2004, pg 6). The definition of domestic abuse is key in shaping the response to this issue. It defines who can experience domestic abuse, how it is responded to, and how prevalence can be measured.

For example, a feminist definition views men’s violence as a consequence and reflection of unequal power relations between men and women in society, characterised by male supremacy across all social, political, and economic domains, (Timoney et al 2004, pg10). This definition implies that only women experience domestic abuse. Similarly a definition developed by the United Nations, describes domestic abuse as “any act of gender based violence that results in or is likely to result in physical, sexual, psychological, harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life”, (United Nations 1993). The basis of both these definitions is the emphasis on the importance of gender as key prerequisite for domestic abuse.

In comparison to this definition the report of the Irish Task Force (1997) defined domestic violence as:

“The use of physical or emotional force or threat of force, including sexual violence, in close adult relationships. This includes violence perpetrated by a spouse, partner, son, daughter, or any other person who has a close blood

relationship with the victim. The term domestic violence goes beyond actual physical violence. It can involve emotional abuse, the destruction of property, isolation from friends, family and other potential sources of support: Threats to others including children: stalking: and control over access to money personal items, food, transportation, and the telephone” (Task Force Report on Violence Against Women, 1997).

This definition has a broad application and includes not only men’s violence to women, but also women’s violence to men and violence in same sex relationships. It also identifies a broad range of behaviours that can be experienced as part of domestic abuse. This study is underpinned by such a definition of domestic because of the broadness and inclusiveness of its application.

In Ireland domestic abuse does not feature as an offence within criminal legislation. Despite this, the Garda Síochána are the sole agency in Ireland to have a policy regarding domestic abuse. This policy is based on a gender neutral working definition of domestic abuse as, “the [use] physical, sexual, emotional, or mental abuse of one partner by the other, in a relationship which may or may not be one of cohabitation, and includes abuse by any family member against whom a safety order, or a barring order, may be obtained by another family member” (An Garda Síochána Policy 1997). Clearly this definition obliges the Gardai to respond to anyone experiencing a fairly broad range of abusive behaviours irrespective of who is impacted by it.

To date, it is the feminist analysis that has greatly influenced the modern conceptualisation of domestic abuse. While this analysis has informed a lot of the thinking around the issue of domestic abuse, it does not explain why there is

abuse within lesbian and gay relationships, why women are abusive toward men, and why women abuse children. In addition, it precludes the possibility of women being seen as active agents capable of engineering change within their own lives. If domestic abuse is viewed as a consequent of the unequal distribution of power between men and women, it is more difficult to describe individual women as active agents for change in their own lives in the face of all powerful men. It is then possible to argue that feminist construct have greatly contributed to the perception of women as helpless victims.

2.2 Prevalence and impact

World wide, the literature appears to indicate “wife abuse takes place in the majority of societies, and has been condoned throughout most of history. Historically the tradition of accepting wife assault has been longer than the tradition of deploring it,” (Hegarty et al 2006, pg 48).

It is difficult to establish with any accuracy the extent of domestic abuse. It is generally acknowledged to be a far more pervasive problem than indicated by official reports. Much research has attempted to estimate its true extent and associations within the general population. According to Barnish (2004),

“Findings concerning prevalence, incidence, gender distribution, causes, consequences and risks of domestic violence vary significantly according to study context, resources and scope, definitions employed, how they are operationalise as questions to participants, sample composition, and methodology, (Dobash et al 1992, Dwyer 1999, Dekeseredy 2000, Buzawa and Buzawa 2002),” (Barnish 2004, pg 18)

There are however, commonalities within the substantial body of international literature on the prevalence of violence against women. Amnesty International state, “at least one out of every three women has been beaten coerced into sex, or otherwise abused in her lifetime,”(Amnesty International 2004). The National Crime Survey (2005) found that in Ireland 15% of women and 6% of men had experienced “severely abusive behaviour of a physical, sexual, or emotional nature from a partner at some time in their lives,” (Watson and Parsons 2005). One in eight women living in Ireland suffer abuse during pregnancy, (Irish-Health.com, 15-02-02).

“Overall the data consistently shows a high prevalence of violence against women in Irish society, as internationally with a high proportion of women experiencing physical and or/sexual assault at some time frequently at the hands of a partner or former partner” (Timoney et al 2004, pg12).

Coinciding with research into prevalence of domestic abuse a substantial body of work has focussed on the impact of domestic abuse on women. According to Radford and Hester (2006), “A general overview of this research suggests that domestic abuse impacts significantly on women’s physical and mental health, economic security and her network of social supports,” (Radford and Hester 2006, pg 20). Roberts et al (2006), concurred that living with domestic abuse has immediate as well as long lasting effects on women’s physical health, that resulted in abused women having a poor perception of their overall health.

2.3 The construct of Learned Helplessness

During the 1960’s psychologists Seligman, Maier, and Geer, administered electric shock treatments to hundreds of dogs and developed the theory of

'learned helplessness'. This research demonstrated that, even after the dogs were no longer experiencing the electric shock treatment, they remained captives and had learned dependence and helplessness as response to their situation. Walker (1979) applied this theory of learned helplessness to the situation of women who live with domestic abuse as a theoretical construct to explain women's responses to living their situation. According to Walker (1979), repeated battering, like electric shock treatment causes a decrease in the victim's motivation to act, (Schornstein 1997). Following her research, Walker (1979) identified common characteristics of abused women which encapsulates the theory of 'learned helplessness',

- low self esteem and related underestimation of her ability to do anything,
- believed all myths of a abusive relationship,
- traditionalist about her role, viewed man as head of the household, taught to believe she was incapable of taking care of herself,
- believed she could keep the abuser from becoming angry, accepted responsibility for abusers action,
- suffered from guilt, but denied terror and anger she felt, presented a passive face to the world, but had the strength to manipulate her environment enough to prevent further violence, or being killed,
- had severe stress reactions with psycho physiological complaints,
- using sex as a way to establish intimacy,
- believed that no one would be able to resolve her predicament but herself, (Walker 1979).

Walker's Theory of learned helplessness was widely accepted, (Roberts et al

2006). The following quote from Weiss exemplifies the impact of the theory of learned helplessness when applied to women who are victims of domestic abuse:

“Say the word domestic abuse and an image springs instantly to mind, a weak little mouse of a victim cowers in a corner of an apartment while her drunken brute of a husband kicks the dog smacks the kids, and pounds the stuffing out of her. She takes it because she doesn’t know any better, because she was raised in a home where her father beat her mother, She will never leave because she would rather have an abusive guy than no guy at all,” (Weiss 2003).

Consequently the application of the theory of learned helplessness suggest that as women’s attempts to escape or avoid their partners behaviour fail, they come to believe they do not have the ability to change their situation and thus become passive and reject help even when its offered, (Taft 2003).

Twenty years later, building on Walkers work, Boyd and Klingbeil (1993) identified still more characteristics of abused women to explain why women stay with men who abuse them, the additional characteristics being:

- economic and emotional dependency,
- stress disorders,
- unlimited patience,
- unsure of own ego needs,
- unrealistic hope,
- experienced an inability to convince her partner of her loyalty, futilely guarded against accusations of seductive behaviour towards others and was often compliant, powerless,
- helplessly allowed containment or confinement,

- lost sight of personal boundaries, unable to assess danger accurately, accepted all of the blame,
- accepted guilt for her partner,
- had a generational history of witnessing abuse,
- frequently contemplated suicide,
- was powerless in child custody issues.

(Schornstein 1997, pg 52)

There is no evidence of a similar attempt on profiling the psychology of a perpetrator of domestic abuse within much of the literature. Indeed, much of the literature in relation to domestic abuse either focuses on the victim or the perpetrator, rather than examining the relationship between the two. This has arguably produced inaccuracies in how domestic abuse is understood and conceptualised. For example, by focussing solely on the victim, the perpetrator is rendered invisible and the victims are held accountable for the ongoing abuse in their lives. Walker's and Klingbeil's (1993) rationale for why women become victims of domestic abuse imply that it is a flaw in women's psyche that attracts ongoing abuse in their lives.

The manner in which women have been portrayed as victims has undoubtedly contributed to domestic abuse being seen as the problem of individual women to solve, rather than responsibility being placed with the perpetrators, (Williamson 2000). The risk inherent in the theory of learned helplessness when applied to all women, is that it stereotypes an abused woman as one who loses her identity, suffers in silence, and does not retaliate, (Hester et al 2000). This has formed the basis of the stereotype of the 'battered woman' as passive victim incapable of

bringing about change in her circumstances.

Due to fact that the focus of domestic abuse throughout history has been on women as victims and not on men as perpetrators, the question of why women do not leave, or commonly return to violent relationships, has been answered not by women, but by the theory of learned helplessness. This construct has done little to promote the strength and resilience of women who use various strategies to protect themselves.

“Few myths have been more damaging to the health of battered women than the belief that they failed to seek help,” (Stark and Flitcraft 1996, pg148).

This focus on abused women as stated earlier has limited our thinking and encouraged the view that what women need most is treatment. (Radford and Hester 2007) suggest a twofold strengths based approach to the issue of domestic abuse:

- 1 A commitment to safety, which means taking steps to stop the perpetrators abusive behaviour,
- 2 Listening to women and building on their coping strategies, and protective factors, (Radford and Hester 2007, pg 40).

2.4 Protective Factors

Protective factors for the purpose of this study refer to any action or actions taken by women in abusive relationships to keep them emotionally and physically protected from their partner’s abuse, (Bragg 2003). The Oxford

English Dictionary (2005) defines the word protective as “intended to protect someone/or something from harm.” Therefore, when a woman who is in an abusive relationship takes any action to maximise her own safety and wellbeing, it may be regarded as protective for her at the time.

Protective strategies that are frequently recommended by family and friends, “include contacting the Gardai, obtaining a barring order, or seeking refuge. Since these recommendations are concrete and observable they tend to reassure people that the victim of domestic abuse is taking steps to address the abuse,” (Bragg 2003).

However if a victim of domestic abuse chooses or is unable to take concrete steps to leave her abusive partner, or bar him from the family home she is can be labelled as helpless or hopeless. The emotional attachment of the victim to the perpetrator can also be disregarded. Women who experience domestic abuse develop their own unique set of protective factors based on there past experience of what is effective at keeping them safe. These can include placating, or colluding with the perpetrator, minimizing or denying the abuse, leaving or staying, or fighting back, (ibid).

It is recognised in this study that women are faced with complex choices when they are living in abusive relationships. The reasons why women find the decision to leave an abusive relationship are many and varied, according to individual circumstances. They may include the emotional attachment to the person they fell in love with, wanting the abuse to end but not the relationship, hoping he might change, or as, identified by Radford and Hester (2007), not wanting to upset their children, not be able to afford to leave, nowhere to go, and for some women fear of being killed or retaliation.

In summary, within the literature viewed it is possible to highlight the many actions women take to address the abuse. While these protective strategies act as coping and survival mechanisms for victims of abuse, they are frequently misinterpreted as uncooperative, ineffective, or neglectful, (Bragg 2003).

2.5. Resilience

In the early 1970's, Garmenzy pioneered ideas about stress resistance and competence in the face of difficulty. In more recent years the term competence has been replaced with resilience.

Boss, highlighted:

“Across disciplines it is now agreed that resilience means more than coping or overcoming, resilience means thriving under adverse conditions”, (Boss 2006, pg 36).

Ann Masten (2001, pg 29) defined resilience as “good enough outcomes in spite of serious threats to adaptation or development. Individuals are not considered resilient if there has never been a significant threat to their development.”

In developing a response to women who are victims of domestic abuse, this study argues the importance of understanding women who are abused in terms of their strengths and resources. This involves focussing on their survival skills, abilities, knowledge, resources, and desires. It is argue here that it is also crucial to women who live with domestic abuse to be able to state what they want from their relationship. While some women may want to leave, some will want to stay

and all will want the abuse to end.

Qualitative studies have confirmed, “Most abused women are not passive victims, but rather adopt active strategies to maximise their safety and that of their children. Some women resist, others flee, while others attempt to keep the peace,” (World Health Organisation 2002). In addition how women cope will vary according to the nature of the abuse. Women who fear physical assault may flee. For women who live with psychological trauma, perhaps because of difficulties associated with naming the experience, fleeing may not be considered as an option.

In summary, the literature shows that "women demonstrate significant resilience as a protective factor, which mediate and lessen the impact of stress related to abuse," (Alytia and Levendosky et al 2004, pg 76).

2.6 Social support

Social support can be defined as, “behaviours that assist persons who are undergoing stressful life circumstances to cope effectively with the problems they face,” (Cutrona 2002, pg 45).

There is a wealth of literature that seems to indicate the importance of having a social support network. Social support has been said to foster resilience, maintain relationships with family and friends and provide support during crisis, (Bonanno et al 2006). The importance of family and friends to women who are in abusive relationships is well documented within the literature as a first point of contact, (Timoney et al 2004, Women’s Aid 1995, Radford and Hester 2007).

Conversely, there is little research regarding how effective this use of informal social support is in terms of acting as a protective factors in the lives of women who are being abused. The literature demonstrates that women who live with domestic abuse access friend or family first and foremost, (Making the Links 1997). This confirms the belief that “when people most need assistance with social care or experience social or psychological problems they generally turn first, and almost exclusively to members of their personal social networks. Those with effective networks are less vulnerable to distress and usually more able to cope with crisis and negative life events,” (Hill 2002).

Furthermore there is a great deal of research indicating that families thrive when they have a strong connection within their own communities (Bruner 2006). Support networks form part of the social capital of individuals and social capital is created from the countless everyday interaction between people.

“Social capital refers to people as creators not victims,” (Bullen and Onyx 2005). In spite of the importance of family and friends to women who are in abusive relationships, there is no evidence of research to date that looks at the effectiveness of informal social support in the lives of women who live with abuse. Given the high priority of friend or family member as a social support for women who live with domestic abuse, it is crucial that the response from their friend or family member is positive and supportive.

2.7 Conclusion

This literature review has highlighted how the language of victimisation around the issue of domestic abuse does not portray a view women who live with violence and abuse as resilient or resourceful. Actions women have taken to maximise their own safety have been perceived as women passively accepting the abuse in their lives. This review has outlined key research findings on the extent and definitions of domestic abuse, and highlighted the limitation of not adopting a universal definition of domestic abuse. This lack of a universal definition has contributed to a difficulty in establishing with any accuracy the extent of domestic abuse.

This literature review has also demonstrated a negative perception of women who experience domestic abuse. The construct of learned helplessness has portrayed women who live with domestic abuse as passive and helpless. This negative focus on women who live with domestic abuse has not allowed for women to be seen as active agents within an abusive relationship, who use protective strategies to maximise their own safety and wellbeing. Conversely there is no evidence of a similar profile to describe the psychology of the perpetrator. It could be argued that this in effect renders the perpetrator invisible and unaccountable and holds women accountable for the ongoing abuse in their lives.

The literature review has demonstrated that there are many actions that women take to protect themselves from abuse. Some women resist, others leave temporarily or permanently, while others attempt to keep the peace, (Radford and Hester 2007, World Health Organisation 2002, Timoney et al 2004). These actions are not considered as protective, but rather as further evidence of their inadequacy or passive acceptance. The stereotypical image of abused women

that has resulted from the construct of learned helplessness may have contributed to women remaining silent, in particular if they do not want to be labelled as a 'victim' or not able to manage their lives

It could also be suggested that professional intervention has focused on changing women by offering counselling, parenting classes and assertiveness training. Far from encouraging women to speak out, this may have also contributed to silencing women who live with domestic abuse and allowed perpetrators to remain invisible and not accountable for their actions. This literature review has concluded that further research is needed to look at the construct of learned helplessness, and resilience and social supports as key protective factors for women who live with domestic abuse.

Chapter 3

Methodology

3.1 Introduction

The purpose of this chapter is to outline the methodology used to carry out the research. In doing so, this chapter will incorporate an analysis of methodological considerations; an outline of the research design; an examination of ethical issues; a review of the implementation process and finally a discussion of the

study's limitations.

It is evident having conducted a comprehensive literature review in the area of domestic abuse that there is limited research that examines protective factors, such as social support or the resilience of women who live with domestic abuse. Much of the literature focuses on women as passive victims, incapable of bringing about change in their lives.

The methodological design of this research was driven by an overarching aim to test the accuracy, validity and usefulness of only seeing women who live with domestic abuse as victims. The central belief underlying this study is that women who live with domestic abuse exhibit resilience and access social support throughout their experience of abuse, which remains invisible in the language of victimisation that is used within the literature related to this field. It is also important to state that the researcher's own background has had significant bearing on the topic and methodology chosen, having lived with domestic abuse for over twenty years and working as an advocate and practitioner in the area for the last sixteen years.

3.2 Methodological Considerations

One of the key methodological considerations when researching domestic abuse is how to maximise disclosure. When choosing a method by which to elicit the information required there are two main approaches to choose from, qualitative and quantitative methods, (Ellsberg and Heise 2002). Quantitative research methods produce information that can be presented and analysed with numbers, such as the percentage of women who have been raped or availed of refuge accommodation, and are largely drawn from the fields of epidemiology,

sociology, economics and psychology.

In contrast qualitative methods gather information that is presented primarily in text form, through narratives, verbatim quotes, descriptions, case studies, and are primarily borrowed from the disciplines of anthropology, sociology, nursing and psychology, (Ellsberg and Heise 2005). Qualitative research often enquires into the lived experience or perception of participants. Examples of qualitative approaches include ethnographic research, grounded theory, discourse analysis, interpretative phenomenological analysis, hermeneutics, action research and participatory/emanicipatory research, (McQueen and Knussen 2002).

This research specifically focussed on a qualitative approach, which provided the opportunity to maximise disclosure of the perceptions and lived experiences of the participants regarding their experience of living with domestic abuse. The qualitative focus of this research was influenced by the hermeneutics approach which is concerned with the process of using language to make an experience understandable or comprehensible. Within hermeneutics it is assumed that the researchers own background will have a bearing on the investigation and interpretation. There is also an assumption of awareness and knowledge of the subject under investigation, (McQueen and Knussen 2002). In addition, within hermeneutics the researcher introduces the research themes, but the participants' responses are not restricted in any way by the research process. This aspect was considered essential to eliciting an accurate reflection of the participants' experience. Self-reflection by the researcher on the research process and one's own role within this approach was seen as central to this process therefore supervision for this project was provided by the researcher's line manager, Ms Liz Coogan, HSE, Dublin North East, and Dr John Canavan, NUI Galway.

3.3 Research Design

The nature of the thesis topic required a particularly careful approach to the interview schedule development. Specifically, the researcher believed that the interviewees would need an open ended opportunity to speak about their experiences before addressing the more specific thesis concerns regarding resilience and social support. The risk of this, in the context of time constraints, was that a relatively smaller part of the process would be devoted to the core questions.

Research design refers to the overall plan for obtaining answers to the research question, (Coghlan and Brannick 2005). Essentially, the concept of 'protective factors' for women who experience domestic abuse started out from the researchers own experience of having lived with domestic abuse and her work as an activist in the area. The researcher consulted widely with other survivors of domestic abuse and practitioners within the field, as a resource in the research design phase.

This research used a life history narrative methodology to explore resilience and social support as protective factors for women who have experienced or are experiencing domestic abuse. A life history narrative was chosen as this method refers to "the stories we use to make sense of our experiences, represent our identities, and add to our social knowledge," (Kathard 2006). The narrative form was considered particularly useful as a means of "draw[ing] together temporal life events and past actions into a coherent whole, revealing the individual's self identity," (ibid, pg63). It was envisaged that resilience and protective factors would be highlighted through an analysis of the narratives offered by the participants, following in depth interviews conducted by the researcher.

Participants for the study were selected by means of a convenience sample by the researcher. This approach included women who have lived with domestic abuse and were known to the researcher through her work in the field. The rationale for this selection procedure was to ensure access to a sample and participants with the capacity and resources to engage safely in the interview process. A further rationale for this approach was the time constraints of the research. Women who were in crisis accommodation at the time of the study were excluded from the project to avoid service user bias. It was considered important to avoid contributing to the prevailing dependence on women who access emergency accommodation in much of the research to date. While these studies are useful for understanding the dynamics of abuse, they do not provide information about individuals who do not seek services. Ironically most estimates cite “the women who do not avail of services as greatly outnumbering the women who do,” (Ellsberg and Heise 2005, pg 67).

An information sheet was drawn up to outline what was required of participants who consented to take part in this study, (Appendix One). Participants were required to read the information sheet one week prior to giving informed consent. Each participant was then given a copy of the open ended questionnaire that would be used during the interview process, (Appendix Two), to allow time to reflect upon the topic areas to be covered.

3.4 Ethical Considerations

Careful measures were taken to ensure that this research study was based upon the principle of respect. Respect incorporates two dimensions as identified by Ellsberg and Heise (2002), namely respect for autonomy together with protection. Reflecting on the good practice identified in the literature, this research was underpinned by two fundamental ethical considerations, first the

informed consent of the participants and second the need to avoid causing harm or distress, (Ellsberg and Heise 2002).

Researching domestic abuse can raise difficult ethical issues for researchers because of potential conflict between the principle of respect for confidentiality and the need to protect vulnerable people. It is possible for a researcher to receive information that raises concerns for a participant's safety to such an extent that confidentiality cannot be maintained, (Ellsberg and Heise 2005).

It is still possible however to conduct research on domestic abuse with full respect for ethical and safety considerations if proper care and resources are devoted to this. "It must be remembered that women living with domestic abuse are already at risk to a greater or lesser degree. Researchers cannot eliminate this reality", (ibid).

The ethical principles guiding this study can be summarised as follows:

- 1 participants were made aware of the aims and objectives of the study to enable them to make an informed decision about whether to participate or not,
- 2 participants had the absolute right to give or withhold consent to participate,
- 3 participants were made aware that their anonymity would be protected at all times but were aware that while confidentiality was key to the research, it could not be guaranteed if there was an issue of child protection, or if there was a concern for the immediate safety of a participant,
- 4 participants were treated with the utmost respect at all times,
- 5 participants were given the name and address of an independent person

to contact about any aspect of the study they were not happy with.

This research had to obtain approval from two sources, the first being The Healthcare Research Advisory Committee, HSE Dublin North East. Any employee of the HSE undertaking a research project must seek approval for their study from this source. The application form was submitted in July 2006, following which the committee had a number of areas that required further clarification. Upon the submission of the revised documentation approval was granted. At this stage the study was referred to the HSE Dublin North East Research Ethics Committee for approval. The HSE Dublin North East Research Ethics Committee met to consider the application in December 2006, at which point they requested to meet with the researcher to discuss and clarify risks, benefits and potential to cause harm to the participants.

Prior to the meeting taking place in February 2007, the committee requested that some minor changes be made to the consent form to ensure participants were fully aware that the findings of the study would be published. The changes were made to the consent form and the meeting took place between the researcher and the Committee. Following this meeting ethical approval to carry out the study was finally granted in February 2007.

3.5 Implementation process

Ten female participants were identified by the researcher and approached personally. Each participant was given a copy of the information sheet that outlined the aims and objectives of the study. The following week the researcher made further contact with each of the participants to confirm or otherwise consent to take part in the study. A consent form was then signed by each participant. A date, time and venue for the interview to take place was agreed. At this stage a copy of the interview schedule was given to each participant to

allow them to prepare for the questions that would be asked. Participants were offered a choice of venues convenient to them, such as the local community centre in their area, their own home if they so wished or the researchers home, at a time suitable to participants.

The interview schedule began with an open-ended life history, which was followed by the interviewer asking eight open-ended questions, (Appendix Three). During the interview process the Social Network Map (Tracy and Whitaker 1990) was used to assess social support accessed by the participants during their experience of domestic abuse, (Appendix Four). Where possible and only with the consent of the participants, a mini cassette tape recorder was used to record all of the interviews. One participant declined to have the interview tape recorded, but was happy for notes to be taken. Additionally, she requested that she made only brief notes for her own use.

The focus of the interviews was twofold. In the first instance the emphasis was on the lived experience of each of the participants, during which the researcher made contemporaneous notes. The second part of the interview focussed on sources of support of the participants, the strategies or actions that they used to help them to cope with domestic abuse, their self perceptions, how they felt society viewed them and finally what would they say to others experiencing domestic abuse.

At the end of the interview process each participant was given a contact number for the researcher's line manager in case there were any issues raised for them during the interview process that they did not wish to discuss with the researcher. The participants were provided with information on twenty-four hour services available in their area. This information included numbers of crisis

refuges and support services for women who live with domestic abuse, (Appendix Five). The researcher checked back with each participant within a one-week period to ensure no distress was caused to them as a result of being involved in this research process.

Following the completion of all of the interviews the tapes were transcribed verbatim. Next the eight questions were written up on flip chart paper and the responses to each question being written down numerically. The researcher then colour coded the responses to identify any emergent themes. To ensure the accuracy of the transcript of the narrative, participants were given the opportunity to view the script prior to them being finalised. A content analysis was organised around themes of coping, resilience, participants' perception of themselves, and perception of how other people seen them.

3.6 Limitations of the study

The parameters of this study were defined by the research question, which sought to explore the operation of social support and resilience in the lives of women who live with domestic abuse. In addition it sought to challenge a view of women who live with domestic abuse as 'victims' powerless to effect change, which directed the use of a qualitative approach to the study. Additionally, the scope of the research was limited by sample size, time constraint and selection criteria for participation. This in effect produced a small sample. On the other hand the researcher, by merit of professional background, has access to a group that might otherwise not be accessible.

The study was also limited by the time constraints that were set due to the delay in obtaining ethical approval from the HSE Dublin North East, which was not

factored into the original timeframe. This left very little time to carry out ten interviews, transcribe the information, check back with participants regarding the content and finally write up the study for presentation.

Timeframe for completion of research was as follows:

- Thesis proposal including abstract May 2006
- Application for approval to carry out study July 2006
- Application to Research Ethics Committee December 2006
- Meeting with Ethics Committee, approval granted February 2007
- Comprehensive literature review carried out February 2007
- Fieldwork undertaken and interviews completed March 2007
- First draft of Transcript April 2007
- Final draft completed. May 2007

In summary, this chapter outlined the methodology used to carry out the study. It highlighted the broadly hermeneutics approach adopted and gave an overview of key ethical considerations, with particular regard to the issue of informed consent and participant protection. In addition emphasis was given to participants' understanding that, while anonymity and confidentiality were key considerations, neither could be guaranteed for reasons of safety and protection. Finally, this chapter outlined both the implementation process employed for this study and its limitations.

Chapter 4

Context

4.1 Introduction

This chapter will provide a broad outline of the context in which this study took place. It will do so by giving an overview of the organizational, legislative and policy context for the delivery of services relating to domestic abuse in Ireland. It will specifically examine the role of the Health Service Executive (HSE) and the Child Care Department, together with an overview of the relevant criminal and civil legislation and the current policy- making structures associated with violence against women, (VAW).

4.2 Organisational Context

The Health Service Executive

The Health Service Executive (HSE) Dublin North-East was formerly known as the North Eastern Health Board (NEHB). The NEHB established in 1970, was one of eleven health boards in Ireland. It comprises the counties of Louth, Meath, Cavan and Monaghan. The core function of the health board was assessing local needs for health services, planning and co-coordinating community care services and managing the fifteen hospitals across the counties of Cavan, Monaghan, Meath and Louth. The board continued to fulfill that function until the recent reform of the health service in 2003.

The main elements of the health service reform were as follows:

- the abolition of the existing health structures,
- re organization of Department of Health and Children,
- establishment of a Health Service Executive, being the first body to be charged with managing the health service as a single national entity,
- establishment of four regional Health Offices,
- immediate establishment of an interim National Hospitals Office.

As a result of this reform programme in January 2005, the NEHB and the other ten Health Boards in Ireland ceased to exist and became four Health Service Executives (HSEs); Western Region, Southern Region, Dublin Mid Leinster, and Dublin North East, (the area in which the researcher works).

The overall population for counties Louth, Meath, Cavan and Monaghan as per 2002 census is 344,926 and the child population (0-18 year olds) is 96,959, (Review of Childcare 2004). Up until 1995 there was no training team within the NEHB to respond to staff training needs. The introduction of the Child Care Act (1991) placed a statutory obligation on the health board to provide, or arrange the provision of family support services to children and families. The training of the personnel required to fulfill the health board's new obligation under the Act became a priority.

Child Care Training Department HSE Dublin North East

In 2000, the post of manager for training and development was created as a result of the identified need to offer comprehensive training to family support staff. The post was filled in 2001 and further funding was allocated for two full

time training officer posts following the publication of Children First National Guidelines for the Protection and Welfare of Children 1999. The remit of the new posts was to support the implementation of the above guidelines.

In addition, a further new post was created to deliver training on recognizing and responding to violence against women. The researcher, as post holder, is responsible for the design and delivery training in relation to the recognition and response to violence against women. A large part of the work involves strategic planning and policy development and further, acting as a resource to The North East Regional Planning Committee on Violence Against Women, whose work will be outlined later in this chapter. As such there is significant opportunity for the post holder to bring about change.

4.3 Legislative Context

General Legislation: The Child Care Act 1991

The legislative basis for dealing with children in need of care and protection is provided by the Child Care Act (1991). The promotion of the welfare of children is the paramount principle underpinning this act. This piece of legislation was brought into operation on a phased basis and was fully enacted by the end of 1996. The key duties placed on the HSE by this act relate to promoting the welfare of children who are not receiving adequate care and protection and the provision of child care and family support services. Further to this act, Ireland ratified the UN Convention on the Rights of the Child in 1992, which is in essence a bill of rights for all children.

Children Act 2001

Essentially a juvenile justice act, it provides a framework for the development of the Juvenile Justice System and makes provision for addressing the needs of out of control, non-offending children, with a new emphasis away from residential and custodial care, to care in the community setting. This act also raised the age of criminal responsibility from seven years to twelve years. Under this act, Gardai are required to refer children under twelve to the HSE.

Health Amendment Act 2004 , Health Act, 2004.

This act was designed as an interim measure to establish the transitional arrangements that were required, pending the introduction of further legislation, to establish the HSE under the reform programme.

Domestic Violence legislation

Domestic Violence Act, 1996 and Domestic Violence (amendment Act), 2002

There is no criminal offence of ‘domestic abuse’ in Ireland. The legislation relevant to domestic abuse in Ireland is a piece of civil (as opposed to criminal) legislation. The Domestic Violence Act 1996 and the related Domestic Violence (amendment Act) 2002 makes provision for the safety and welfare of people who experience domestic abuse, regardless of gender.

Under the domestic violence act two main kinds of protection are available:

- A Safety Order: prohibits the abusive person from further violence, or threats of violence. A safety order does not oblige the abusive person to leave the family home and can last up to five years.
- A Barring Order: obliges the abusive person to leave the family home and prohibits the use of violence, or threats of violence. A barring order can last up

to three years.

- Protection Order: is an immediate temporary order with the same powers as a Safety Order.

- Interim Barring Order: is an immediate temporary order obliging the abusive person to leave the home. This order can only last for eight working days.

Application for any of the above orders is held in camera, (in private) as it is a civil matter. However breach of any of the above orders is a criminal offence and the case will be held in open court.

4.4 Policy Context

In Ireland in 1997 the Report of the Task Force on Violence against Women was a significant document in that it initiated the setting up of present policy making structures, including the National Steering Committee on Violence against Women. The Report of the Task Force (1997) defined domestic abuse as "the use of physical or emotional force, or the threat of physical force, including sexual violence, in close adult relationships. This includes violence perpetrated by a spouse, partner, son, daughter, or any other person who has a close or blood relationship with the victim" (Report of the Task Force on Violence against Women 1997).

While this definition reflects and acknowledges that abuse can occur in any intimate or close family relationship the policy-making structures focused only on the issue of violence against women.

The National Steering Committee on Violence against Women (NSC)

In December 1998, Mary Wallace, TD Minister of State at the Department of

Justice, Equality and Law Reform, set up the NSC to implement recommendations of the Report of the Task Force (1997). The NSC is a multi agency initiative which aims to develop a strategic response to women experiencing violence. It draws its membership from five government departments having a responsibility in relation to domestic violence, representatives from the main national non-governmental organizations (NGO) and nominated experts in the area of violence against women.

The remit of the NSC is to:

- Coordinate and advise on distributions of resources among the health board regions,
- Coordinate and advise on the on developments of policies,
- Oversee and monitor individual agencies written policies and procedures,
- Ensure Regional and Local structures are established,
- Undertake research and needs analysis nationally,
- Promote interagency training,
- Ensure maximum value for money from available resources,
- Develop codes of practice for collecting statistics and monitoring responses,
- Publish periodic reports.

Funding to the sector has increased from 3 million to 12 million. While the Report of the Task Force (1997) proposed a comprehensive framework for the development of a standardized, coordinated approach to addressing the issue of domestic violence, there is still no national strategy in Ireland today. In addition, the Garda remain the only statutory agency to have a written policy on domestic

abuse.

The Regional Planning Committees (RPCs)

The remit of RPCs set out in the Report of the Task Force (1997) is to;

- Carry out an assessment of existing need in the region,
- Develop a strategy for meeting those needs,
- Set out an implementation plan, including service targets in terms of delivery and development
- Identify the resources of each agency in the public voluntary and community sector that will be devoted to achieving those targets.

It should also

- Oversee the development of local networks,
- Promote and develop preventative strategies,
- Establish appropriate evaluation and monitoring mechanisms for services and for preventative strategies,
- Provide feedback through the health board to the NSC,
- Ensure local cooperation happens,
- Ensure maximum value for money from available resources.

The North East Regional Planning Committee (NERPC)

The NERPC was established in May 1998 as one of eight such committees set up around the country. Membership is drawn from non governmental organisations {NGO} and statutory agencies within the region. The key purpose of the NERPC is to address at issues in relation to the delivery of services to women who experience violence in the North East region. The committee has produced a number of significant and influential pieces of work including:

- development of a two day inter agency training programme,
- the publication of 'Changing Directions' (2005), an evaluation of services for women in the north east who experience violence and abuse,
- an information leaflet for women experiencing domestic abuse,
- the publication 'Guidelines for Hospital Staff' in the recognition and response to domestic abuse,
- piloting of a court mandated perpetrators' treatment programme in Co Louth.

The present policy context for the operation of the VAW sector is on the verge of change, with the development of a new Strategic Plan by the National Steering Committee and may also be impacted by the HSE restructuring into four health service executives.

4.5 Summary

The key elements, which provide the arena for this study, include legislative developments such as the Child Care Act (1991), which initiated the development of the childcare training team. The Domestic Violence Act (1996), which is gender neutral and the only specific legislation to deal with domestic abuse in the Irish context. In addition, the organizational context provided by the reformation of the health services from eleven health boards to four health service executive regions, has overlaid developments in the policy making

structures of the NSC and RPCs. In over-viewing the context of this study, it is possible to identify a clear, inherent tension within the Irish context between the gender neutral definition of domestic abuse offered by both legislation and the Report of the Task Force on Violence against Women (1997), as against the policy making structures of the NSC and RPCs, which focus exclusively on violence against women.

Chapter 5

Findings

5.1 Introduction

This chapter aims to report on the overall findings of the ten qualitative, semi structured, one to one interviews that were held with women who have experienced domestic abuse. The purpose of the interviews was to arrive at an understanding of how social support and resilience operate as protective factors for women. The nature of the thesis topic required a particularly careful approach to the interview schedule development. The researcher believed that the interviewees would need an open-ended opportunity to speak about their experiences of domestic abuse, before addressing the more specific thesis concerns regarding resilience and social support.

The interview schedule was designed to explore with participants: when the abuse began; how they coped; who was in their social support network; participants' view of themselves; their perceptions of how others viewed them; what participants had learned about themselves following their experience of abuse; and finally what they would say to other women who may be in an abusive relationship. During the interview the Tracy and Whitaker Social Network map was used as a visual aid to

support participants to map out their support systems.

A summary of the findings is presented as follows;

- a demographic profile followed by the range of abuse experienced by participants,
- participants background prior to the abusive relationship, their age when they met their partner, context in which they met, and their expectations of the relationship,
- when the abuse began, how they coped, who was in their support network, their perception of how other people saw them at this time, and how they perceived themselves,
- participants learning post the relationship, including the message participants would give to other women who are in abusive relationships,
- summary of the overall findings.

5.2 Sample profile

At the time of the interview:

- participants were living in the following counties, Cavan, Monaghan, Meath and Louth,
- seven participants were in full time employment,
- three of the participants worked in the home,
- all of the participants had children, ranging in ages from six months, to adult, with the overall total of children being, thirty-two,
- nine of the participants were married. The exception to this was the participant who was the oldest at first point of contact,
- the majority of the participants had long-term relationships. Three participants were in the relationship over thirty years, one for twenty years, three seventeen years, one for seven years and two for five years,
- the participant who was youngest at first point of contact has remained in the marriage for the longest period, which is currently thirty three years,
- the participant who was oldest at first point of contact stayed the shortest period, of five years,
- nine of the participants were under twenty years at first point of contact,
- six of those nine were sixteen and under.

5.3 Range of abuse experienced

While it was not the main intention of this study to focus on the actual abuse that women had experienced during their relationships, the researcher felt it necessary to refer to this area in order to set the scene for the interview. To place the matter in context participants were encouraged to discuss their general experience of the abuse within the relationship. The researcher made brief contemporaneous notes of those experiences. The response of the participants confirms that domestic abuse is not just about physical assaults, but encompasses a whole range of behaviours that contribute to a pattern of controlling behaviours that cause fear and distress. Participants described a range of experiences:

- physical assaults,
- sexual assaults,
- threats of assault if participant didn't comply,
- humiliation, withholding of finances even though both parties were working and wages were paid into joint bank account,
- access to the car being denied,
- stalking the participant after she had left the relationship,
- verbal abuse,
- isolation, as a result of their partner using silence as a psychological weapon.

“He would just stop talking to me for weeks for no reason, and I could not figure out what I had done, so I just tried harder,” (Interviewee 8).

“An awful lot of subtle things were happening, you know criticism of friends, what you would wear stuff like that, but I didn’t see it until a year into the relationship, when I got a box in the face,” (Interviewee 3)

“The first time it happened, well your numb, to be violated by somebody that is supposed to love you,” (Interviewee 5)

5.4 Participants pre the Relationship

The first two questions on the interview schedule were designed to allow participants an opportunity to reflect on their life prior to meeting their partners, for example what they liked and didn’t like to do as children, what they wanted to do when they grew up, how old they were when they met their partners, the kind of things they liked to do together when they first met, and what they hoped or expected from the relationship at this point.

All of the participants outlined a range of activities that they engaged in as children, what their career and personal aspirations when they were growing up. These activities ranged from swimming, sports of all kinds, hurling, camogie, football, gymnastics, art, playing outside with friends and appearing in stage shows.

The following is an example of what participants reported;

“I was very good at art as a child and would have loved to have gone into fashion design possibly, and then another thing that I really wanted

to do was become an air hostess, and I did get that but I decided no when I looked into the wages and that kind of thing,” (Interviewee 5).

“Well as a very young girl I was big into gymnastics and did lots of competitions, and was big into the pursuit of excellence as a gymnast because I did have dreams that I was going to be a gymnast”

“We played football and camogie, but we did an awful lot of work on the farm really” (Interviewee 7)

5.5 Expectations of the relationship

The questions regarding the onset of the relationship were designed to allow participants time to reflect on the progression of the relationship from when they met, how they met, the kind of things they did together and what they expected of the relationship. The responses demonstrate that all of the meetings with partners occurred in a random fashion as they do in the general social context. With the exception of one participant who knew her partner from childhood, the other participants reported meeting their partners on buses, trains, the street, the pub and a dance hall. These would not be unusual meeting places within the general population, as the following quotes demonstrate:

“I met him in the pub. I was on the darts team and, he joined the dart team and that’s how I met him,” (Interviewee 7).

“We met on the train,” (Interviewee 9).

“We met in a dance hall, he was a great dancer,” (Interviewee 6).

In response to the question about how they spent their time together at the start of the relationship, a theme that emerged which was noteworthy. Many of the activities participants reported involved others. The kind of activities participants reported were going for walks, the cinema, visiting his parents, going to a game of football and the pub:

“He was so involved in sport, we would just go to a football or hurling match,” (Interviewee 5).

“We went to the pictures a lot, maybe the pub sometimes, but I was only fourteen, so we couldn’t go to the pub too often, or we just went for walks,” (Interviewee 8).

“ Mostly we would just go out on his bike, and meet up with his friends,” (Interviewee 7)

In response to the question about participants' expectation of the relationship at the outset, the majority responded that they hoped they would get married and live happily ever after. Their response demonstrates that the participants had an expectation at the outset that the relationship would be happy and long term.

“ I would have expected it to be for life, like my mother and fathers relationship which was very solid,” (Interviewee 4).

“He was going to make me happy for ever,” (Interviewee 8).

”I would definitely have thought after going out with him for two years that I had to marry him, Jesus I was only eighteen and a half,” ((Interviewee 3.

"I hoped we'd be together forever, get married, have children and live happily ever after," (Interviewee 10).

5.6 Participants responses during the relationship

Participants were asked how soon into the relationship things started to go wrong. For seven of the participants getting married appeared to be the trigger. For a further two participants being pregnant or just giving birth appeared to mark the onset of the abuse. One participant reported being married for six years before her partner became abusive. Considering that the average length of time participants remained in the relationship, (18.5years), this finding would appear to indicate that the majority of the participants were in abusive relationships within the first year of their marriage, with three participants reporting being abused from the outset of the marriage:

“ We weren't married very long before he smashed up everything in the house,

he did not actually hit me that night but it wasn't too long after that it began," (Interviewee 8).

"As soon as we got married," (Interviewee 1).

"It was wrong from day one when we got married," (Interviewee 2).

"We got married soon after we met and things went wrong from there," (Interviewee 4).

"I was twenty three and a half weeks pregnant the first time it happened," (Interviewee 5).

"When our first baby was born," (Interviewee 3).

5.7 How participants initially responded to the abuse

It was noteworthy that none of the participants reported taking concrete action, for example, leaving, or seeking help when their partners initially became abusive. However, all of the participants reported emotional reactions like suffering from initial shock and horror, being traumatised, or just not knowing what to do. Denial was the main response to this question, in that the majority of participants, stated they just carried on, pretended the abuse was not happening. In addition, the majority of participants reported being unable to comprehend why the person who was supposed to love them was subjecting them to such

behaviour.

“Initial shock and horror, I could not believe I was being subjected to such behaviour from someone who was supposed to love me,” (Interviewee 5).

“It broke my heart actually, I couldn’t understand what was happening,” (Interviewee 1)

“I just pretended it wasn’t happening, pretend to everybody that everything was all right, knowing in my heart and soul, that everybody knew and could see what was happening, I mean what was I hiding, you can’t hide the marks, and cuts, and everything else that you have, and the tiredness you feel, but you pretend anyway,” (Interviewee 2).

5.8 Responses to ongoing abuse

Participants’ responses to how they coped with the abuse is very similar to how they coped with the abuse initially. They simply minimised what was happening to them, pretended it wasn’t happening and got on with life. It would appear from the findings that the main coping mechanisms used by the participants to survive in an abusive environment were minimisation and denial. By minimising and denying what was happening to them, the participants were able to get on with their lives, in spite of the abusive environment they were living in.

“How did I cope, I played a lot of golf. I mean the last couple of years before I finally left, I played a lot of golf, I read, I didn’t sleep. I read, that was my escapism,” (Interviewee 4).

Other responses included meeting with friends and going to work every day. Participants reported that it was very important to them that they carried on with life as normal. For one participant having a black eye was not the problem. Not being able to go out in case people noticed was a bigger problem. It would appear from these findings that not being viewed as victims of domestic abuse was at least as important to the participants as their safety.

“You don’t want to let other people think you are not a strong person, that you are in control, or that you actually let somebody do that to you,” (Interviewee 2).

“I always just got on with it, but one time he beat me up and I had a black eye, and I had to send the children to the shop, I mean I couldn’t go myself in case people noticed,” (Interviewee 1).

“I just dealt with it as best I could,” (Interviewee 6).

“ If he said black was white, I would just agree with him, I never started an argument,” (Interviewee 3)

5.9 Participants' perception of how others viewed them

The findings demonstrate that how other people perceived the participants when they were living with on going abuse was hugely important to them. Participants went to great lengths to preserve this perceived public image. They did not want people outside of their home to know they were living in an abusive relationship.

Participants' perception of how other people viewed them varied from that of strong women with nice homes, perfect partner, perfect relationship, perfect marriage, and good friends. It was very important to participants be seen as the perfect couple and they went to great lengths to project this to others. From their responses, it is clear that participants did not want to be seen as victims of domestic abuse within their relationships.

"They probably thought that I was strong, but as well as that there wasn't really anything else that you could do, you would have to leave everything, your marriage, and your business and then to leave your husband, well it wasn't really the thing to do, when everybody else on the outside thinks that your this marvellous couple," (Interviewee 2).

"That I had it all, that I was strong, that I had a great relationship, I was great at hiding it, especially when I was playing golf, even my best friend never knew, even though I had coffee with her every day for years, I never actually told her what was happening, I was so ashamed," (Interviewee 4).

5.10 Participants' own perception of themselves

It is noteworthy that while participants worked really hard to convey a positive image of the perfect relationship, their perception of themselves was the complete opposite. There appeared to be no acknowledgement by the participants that not only had coped, but were in full time employment, had children to rear and still managed to successfully conceal the impact of living within an abusive relationship.

Three of the participants responded that they just didn't think about themselves at all. While other participants stated they felt ashamed, weak, low in themselves, unsure of what to do. The responses given to this question would appear to indicate that the majority of participants, while wanting to convey an image to people around them as strong capable women, by going to work, managing their children, and participating in day to day living did not report having a corresponding self-image to match their projections. Nine of the participants did not have an image of themselves that matched their projections, as the following quotes illustrate:

“Well I never really looked at myself at all, I just had to get on with it,”
(Interviewee 1).

“I was very ashamed of myself, for staying so long, and felt I was very weak, then I blamed myself for having children with him,”
(Interviewee 4).

“Why couldn't I fix it and be the person he wanted me to be, what was wrong with me,” (Interviewee 10)

One participant felt that she was strong and proud, but conversely reported that it was her pride that prevented her from seeking help:

“I was strong and proud, which of course also meant I couldn't tell people what was happening to me, I was too proud to admit what was

happening to me,” (Interviewee 3).

5.11 Social Supports

To help participants identify who supported them in times of crisis, the Tracy and Whitaker Social Network map was used as a tool to help them to visualise their support networks. It is interesting to note that the majority of the participants never told anyone other than their best friend for long periods of time, that they were living with domestic abuse. However this is perhaps not surprising, when it is considered how important it was to the participants that other people viewed them as strong and capable women. Admitting they were in an abusive relationship, meant that somehow this was their fault. Clearly, telling someone outside of the home what was happening to them was not an easy option. It would also appear from the findings, that although seven of the participants had confided in their best friend over the years, they did so with no expectations, other than a listening ear:

“There was one friend I relied on, we supported each other, and sure she was in the same boat herself,” (Interviewee 1).

“I had a really close friend, I told her about, and i talked to her all the time, but I didn’t expect her to be able to anything about it, she was just somebody to talk to,” (Interviewee 8).

The shortest period within which a participant told absolutely no one what was happening to her was 5 years. It is noteworthy that this participant was oldest at first point of contact (aged 32). Conversely, the longest period a participant told

no one was 33 years. This participant was the youngest participant at first point of contact (aged 13) and the only participant still in the relationship today.

“I didn’t tell anyone, someone said it to me once and I denied it,”
(Interviewee 6).

One participant told her sister and her mother,

“I did tell confide in my sister and my mother, only because my mother was over, and she corrected him about his behaviour, plus he had no voice at the time solely from shouting at me,” (Interviewee 5).

One participant recalled how for a total period of seventeen years, she did not tell anyone. During the times she had to flee her home to keep herself safe, which was a regular occurrence for her, she slept rough, always going back the next morning to open up the family business. And how finally one night she left as usual and she never returned.

“I think I always knew that if I ever actually left that I would not go back and after being away from my home all day, like for a 24 hour period I knew I wasn’t going to go back, because I wasn’t going to take it anymore or live that life anymore,” (Interviewee 2).

A further response from another participant who recalled never telling anyone what was happening to her for twenty-five years, then one night she watched a film about a relationship that was abusive, obtained the number of a helpline for abused women and made contact, but it was a full year before she felt able to

meet with someone face to face.

“When I rang the number and the woman answered I started to panic, and I thought she was going to tell him, or he’ would find out so I hung up, and about 3 weeks later I rang again, so it did take a good while to build up trust, and then it took me about another year before I went to meet somebody,” (Interviewee 5).

A noteworthy theme to emerge in relation to social support is how limited they were in terms of formal agencies, outside of a cleaning lady and a GP, whom the participants reported they found extremely helpful. The only other agencies the participants had contact with were a priest, an addiction counsellor, a refuge, a helpline and an individual Garda. Formal Services approached were refuge, helpline, cleaning lady, Garda, GP, addiction counsellor, priest.

Of the seven participants who did approach a formal agency only four found it was helpful to them at the time. The participants who did not find formal agencies helpful reported that they felt the agencies did not understand their experience of abuse. Generally participants’ social networks were confined to friends for seven participants; limited family support for one participant and three of the participants unable to identify any support network at all. The participants with no support networks were the three participants who had remained in the relationship the longest.

5.12 Participants learning post the relationship

It is perhaps not surprising in view of the length of time in abusive relationships, one hundred and eighty three years collectively, and the extent of the abuse participants had suffered, all of the participants reported they had gained insights

about themselves following the experience of living in an abusive relationship.

Overall, the responses of the participants highlighted being more confident than they ever dreamed of and finding inner strengths that they never knew they had. One participant spoke about finally getting to know herself, as she had lost her family as a result of the relationship. While another participant spoke about discovering self-love and self-discipline. Another participant found that being in an abusive relationship made her to discover her own strength and showed her that she is capable of doing absolutely anything she wants to do.

Generally, the responses appear to suggest that having survived and coped within an abusive relationship forced them to discover strength and resilience that they did not know they possessed. It could be concluded that having had to survive under such adverse conditions, without seeking support other than the listening ear of a friend, demonstrates that the participants were indeed resilient and strong women, capable women of engineering change within their lives.

“ I guess being in an abusive relationship taught me that you have inner strength,” (Interviewee 4).

“The relationship taught me that you cannot rely on someone else to make you happy, my happiness comes from within me, what I can do for myself,” (Interviewee 8).

“I learned a huge amount from being I that relationship, having said that I wouldn’t advertise it as a learning experience for anybody, I learned an awful lot about myself,” (Interviewee 7).

5.13 Messages to other women in abusive relationships

To conclude the interview, the researcher asked participants what they would like to say to other women who may be in an abusive relationship. What is interesting about the responses to this question is the unanimous agreement that as soon as a woman is abused she should tell somebody. The participants advised women to seek help the first time it happens, not to believe that it will not happen again, because it always does. This response however contrasts starkly with what they themselves did when they were in abusive relationships. Participants did not seek help, did not tell people and did not want to admit that they were in an abusive relationship. One participant whose advised disclosure acknowledged her own difficulty with telling somebody:

“Tell somebody, but I know from experience until you are ready to tell, you won’t you will cover it up, and you will do an even better job if somebody puts it in front of you, or says something to you, you will go on a mission to cover it up, better than you were before,” (Interviewee 6).

“The first time it happens do something about it, because it won’t go away,” (Interviewee 2).

“Get out definitely, especially if you have children, its not fair on children to grow up in an environment where they think domestic abuse is normal, because it definitely is not, definitely no way,” (Interviewee 5).

5.14 Summary

The findings from this study demonstrate that women who live with domestic abuse experience a whole range of behaviours that contribute to a pattern of control, which cause fear and distress. The participants' experience would appear to concur with the definition outlined in the Report of the Task Force (1997), which identified a broad range of behaviours that can be experienced as part of an abusive relationship. This study has found that the majority of participants were under twenty when they met their partners. For some of the participants the abuse began shortly after they got married. For others abuse began within the first year and for two participants it was either being pregnant or just having had a baby that triggered the abusive behaviour.

The findings demonstrate that participants' response to the abuse initially was emotional shock. Participants reported feeling at a loss in how to deal with what was happening to them. For the majority, the main response was to carry on and ignore the abuse was happening. Findings also appear to suggest that participants' coped with the ongoing abuse in a similar way to how they reacted to the abuse initially. They simply minimised what was happening to them did not acknowledge the abuse and just got on with life. It would appear therefore from the responses that the main coping mechanisms used by the participants in this study to survive in an abusive environment was minimisation and denial.

In relation to social support networks, the findings suggest that there was a reluctance to seek help from formal agencies as they did not want the shame of being identified as victims. The exception to this was a best friend. It could be inferred that the reason for this reluctance to engage with services was the overriding desire of participants not to be viewed as victims. Being identified as victims was perceived by participants to suggest failure on their part. Three of

the participants did not even have a best friend. All of the participants reported positive outcomes for themselves following the experience of living with an abusive partner for many years. These responses would appear to indicate that participants certainly fulfilled Boss (2006) description of resilience as more than coping or overcoming, but thriving under adverse conditions. Finally, while most of the participants spent long periods within an abusive relationship without seeking formal assistance, their unanimous advice to another women in the same situation was to tell someone, get help and get out.

Chapter 6

Analysis of Findings

6.1 Introduction

This chapter will discuss the implications of the findings outlined in chapter five. The purpose of the interviews was to explore the operation of social support and resilience as protective factors in the lives of women who live with domestic abuse. In doing this study seeks to challenge the view of women who live with domestic abuse as ‘victims’, who respond to their situation with passive

acceptance.

The implications of the findings will be organised in the following key areas: social support; resilience; the theory of learned helplessness and definitions of domestic abuse.

6.2 Social Support

Social support is defined here as “behaviours that assist a persons who are undergoing stressful life circumstances to cope effectively with the problems they face”(Cutrona, 2002).

Formal support

Findings from this study would appear to indicate that the formal support network of participants was very limited. Agencies approached for help included helpline for women affected by domestic abuse, refuge, GP, addiction councillor, priest, Garda and a cleaning lady who just happened to come across the participant sleeping rough in a toilet. The question this study set out to answer was to what extent is social support a protective factor for women who live with domestic abuse and whether it increases women’s safety. Findings from this study appear to indicate that while seven of the participants accessed formal support services, the majority did not find it helpful, citing that they felt the agencies that were unhelpful as they did not understand participants experience of living with domestic abuse. It is also noteworthy that the findings indicate that participants did not access formal services, or seek support from formal services until they had decided to leave the relationship.

This in itself is significant considering the length of time participants in this study remained in abusive environments. Furthermore they went to great lengths to portray themselves as strong capable women during the time they were in the

abusive relationship. Accessing a formal service, as far as participants in this study were concerned, was not an easy option, as doing so would mean admitting that they were not in perfect relationships.

Informal support

Carolyn Cutrona (2004) argued that in times of stress the most meaningful support we get is from the person closest to us. If we consider the role of a best friend in our own life, we know they can encourage us, care for us, express a belief in our ability to overcome anything, and accept us exactly as we are.

It is noteworthy that seven of the participants in this study told their best friend that they were in an abusive relationship. There was, however, no expectation from participants that their best friend would do anything, other than to provide a listening ear. The question for this study whether this support can that be considered protective. It could be argued that on an emotional level their friend was empathetic, listened to them and was generally there for them when they were needed. It can be argued that this support can be considered protective for participants as it enabled them to continue with their lives.

However on the other hand while the best friend provided emotional support, it did not protect participants from on going abuse. Therefore it is possible to infer that a listening ear actually enabled the participants to remain in an abusive environment longer. Consequently, informal social support could be seen as a double edged sword, effective in terms of emotional support, but ineffective in terms of protecting women from further abuse.

The implication of this finding is that while the importance of friends to women who live with domestic abuse is evident both within the literature reviewed and from findings in this study, it highlights the lack of research in the area of the effectiveness of informal social support in the lives of women experiencing domestic abuse.

6.3 Resilience

“Resilience is important as it is the human capacity to overcome or be strengthened or even transformed by the adversities of life”(Grothberg 1995, pg54).

The findings from this study demonstrate that participants exhibited remarkable resilience, not only during the time they were in the relationship, but post the relationship. Participants reported discovering inner strengths they did not know they possessed, learning things about themselves they might never have known, being strengthened following the experience. This finding concurs with Radford and Hester (2007, pg39), "Some participants felt they were stronger people due to the experience of having lived through and coped with domestic violence".

Perhaps it is not difficult to understand why participants did not identify themselves as resilient until after they had left the abusive relationship, if resilience is as Masten (2001, p 227) states:

“Common and usually arises from the normative functions of human adaptational systems, with the greatest threat to human development being those that compromise protective factors.”

If we accept that there needs to be a threat to human development before resilience comes to the fore, then clearly this would mean that women had to experience and overcome adversity before they could identify with resilience.

The question for this study is whether resilience can be described as a protective factor for women who experience domestic abuse. Clearly the participants in this study were resilient in terms of how they coped over the years with living in an abusive relationship. Participants managed to not only cope with on going abuse, but reported going to work, playing golf, running a family business, socialising with friends, as well as managing to rear their children. It was this aspect of resilience to carry on regardless, which may have contributed to women staying in the relationship.

While it is evident in the literature that resilience is a positive concept in terms of helping people overcome adversity, this study suggests that resilience may have both positive and negative outcomes. Being resilient may well be a positive protective factor for women who live with domestic abuse, enable them to survive. However, resilience may be regarded as negative if it contributes to women remaining in an abusive relationship.

In relation to resilience contributing to physical safety, it could be argued that like informal social support from a friend, resilience can positively contribute to emotional well being following adversity. Conversely resilience can also contribute to women staying for long periods of time in environments that is abusive. Therefore it could be argued that being resilient does not always produce positive outcomes.

The findings in relation to resilience are contradictory and complex. It is possible to argue that resilience is protective as it allows women to not only survive, but also achieve positive outcomes post the abusive relationship. Equally, it could be argued that being resilient may contribute to women being able to carry on regardless and thereby stay in the abusive relationship longer, as

demonstrated by participants in this study. This points to the need for further research into how resilience operates.

6.4 The Theory of Learned Helplessness

This study aimed to challenge a view of women who live with domestic abuse as helpless and hopeless as the explanation of why women stay in their abusive relationships. Walker's (1979) construct attempted to provide a rationale for why women became victims and how the process of victimisation further renders her incapable of being able to make changes in the relationship.

It is noteworthy that the starting point for this construct was to identify why women became victims. This presupposes that it is something in women's psyche that attracts men who will abuse them. The theory of learned helplessness has played a significant role in the stereotypical image of abused women that has emerged within the literature as passive, helpless and hopeless. Furthermore, practices influenced by such a view would focus on deficits, rather than strengths in women who are in abusive relationships.

This is confirmed by Radford and Hester (2007, pg 19):

“This focus on abused women in such a negative manner has limited our thinking and encouraged the view that what women need most is treatment”.

The findings from this study demonstrate that far from being helpless and hopeless the participants in this study remained in abusive relationships for 183

years collectively, an average of 18.3 three years. They went to great lengths, during that period, to conceal their experience of domestic abuse. The rationale for participants remaining in this abusive environment ranged from a sense of shame, fear of public judgement, and simply not wanting to be viewed as an abused woman.

Radford et al (2000), outlined the risk inherent in the theory of learned helplessness when applied to all women is that it stereotypes an abused women as one who loses her identity, suffers in silence, and does not retaliate. Participants in this study went to great lengths to conceal their abusive relationship. It could be argued not because they were helpless, hopeless or frightened, but because of the stigma and shame that they associated with admitting they in an abusive relationship. This is endorsed in Timoney et al (2004), which highlighted the power of stigma and shame being a potent barrier to women seeking help. Participants in this study remained silent for many years simply because they did not want to be labelled as abused women.

Within the literature stigma, shame and embarrassment are documented as inhibiting factors for women accessing health services, (Roberts et al 2006). Similarly, the importance of avoiding the stigma and shame associated with being a victim of domestic abuse was evident in this study.

The implication of this finding for women who live with domestic abuse would appear to indicate that shame and stigma, far from decreasing for women who live with domestic abuse, is the single most significant barrier to women disclosing abuse. This finding concurs with the researcher's hypothesis that how women are reflected in the literature has actually contributes to women who live with domestic abuse being too ashamed to admit that they are in an abusive relationship.

6.5 Definitions of Domestic Abuse

There is no universally agreed definition of domestic abuse, therefore it is understandable why it is difficult to establish, with any accuracy, the true extent of domestic abuse. It could be also argued that the lack of definition also explains why it is difficult for women to name their experiences as domestic abuse, particularly if their experience is not about an actual physical assault. Equally, it can be argued that because domestic abuse is not a crime, perpetrators are not held accountable for their behaviour.

It is possible to argue that until there is a legal definition of domestic abuse, perpetrators will remain invisible and unaccountable for their behaviour and the focus of attention will remain on women as victims of such abuse. As stated earlier this study recommends the use of the definition contained in the Report of the Task Force as:

“The use of physical or emotional force or threat of force, including sexual violence, in close adult relationships. This includes violence perpetrated by a spouse, partner, son, daughter, or any other person who has a close blood relationship with the victim,” (Report of Task Force, 1997).

This definition is inclusive of men’s violence to women, women’s violence to men, violence in it sex relationships, it also identifies a broad range of behaviours that can be experienced as part of domestic abuse.

6.6 Summary

This study set out to explore the operation of social support and resilience as protective factors in the lives of women who have experienced or are experiencing domestic abuse. In addition it set out to challenge a view of women

as ‘victims’ as inaccurate and unhelpful. While the findings demonstrate that participants were resilient, it could not be conclusively argued that being resilient was always a protective factor. On the one hand, resilience enabled women to cope with on going abuse simply by ignoring it and “carrying on regardless”, which it could be argued is protective in itself. On the other, it could be argued that resilience is not always a protective factor as it enabled women to remain in abusive environments for long periods of time.

This study was faced with the same dichotomy regarding the participants’ social support network. Participants did not access formal support until the point they were going to leave the relationship, with a close friend providing informal support. Participants themselves deemed this support to be helpful to them throughout the relationship. But this study questions whether social support in this instance was protective. Again it is not possible to say conclusively that the informal support was protective, as it could be argued that in only offering a ‘listening ear’, friends colluded with the silence women kept to maintain the appearance of the perfect relationship.

This study has argued that Walker’s (1979) theory of learned helplessness has contributed to the view of women who live with domestic abuse as passive and helpless. This has left little room for women who live with domestic abuse seek help, as they simply do not want to be labelled as ‘victims’. “People do not want to be labelled, or social isolates”, (Cutrona 2002, pg 29).

While this research has found that both resilience and informal social support provided by a best friend could be considered protective, they could equally be considered to be the ingredient that allows women to stay in an abusive environment longer.

Women who live with domestic abuse have been portrayed as helpless and hopeless because their silence has been interpreted as passive acceptance. Participants in this study did not passively accept the abuse, but because of stigma and shame, suffered in silence sooner than be identified as victims of domestic abuse. The language of victimisation that is used to describe women living with domestic abuse needs to be dismantled in order to remove the shame and stigma associated with disclosing such abuse.

The ability of participants to overcome adversity experience over many years was remarkable and challenges the assumption of powerlessness and passivity. all participants were able to testify to their achievement of positive outcomes and personal growth following their experience of abuse.

Chapter 7

Conclusion and Recommendations

7.1 Conclusions

The aim of this thesis was to explore the operation of social support and resilience in the lives of women who live or have lived with domestic abuse. It sought to challenge a view of women as victims. The strength and resilience of women who live with and cope with domestic abuse remains unacknowledged in much of the literature related to this field, other than in the use of the term 'survivor', which the Oxford dictionary defines as someone who stays alive after an accident or ordeal. This definition describes someone following the experience of abuse, but ignores the ongoing process of living domestic abuse.

Many women who live with domestic abuse do not identify themselves as victims or as survivors, has been demonstrated by the women who took part in this study. Participants in this study went to great lengths to disguise their experience of living with domestic abuse and were highly successful in doing so. The participants were motivated by a strong desire not to be seen as helpless or hopeless, but rather wanted to be viewed as strong, capable women, managing their day to day lives in the same way as those in their community.

The research sought to demonstrate that women employ various strategies to maximise their own safety and well being, but these actions are not commonly recognised as protective. Rather, they are seen in the literature as passive acceptance of the situation. This study challenged this assumption and proposes that shame and stigma may more accurately describe women's responses to abusive relationship, than the theory of learned helplessness. The women in this study did not demonstrate helpless or hopelessness, but exhibited remarkable resilience in their efforts to 'keep up appearances'.

This study demonstrated a complex interplay of resilience, stigma and shame, rendering a simple interpretation of the concept of protective factors impossible. When analysed in the context of stigma and shame, resilience has been shown here to operate both negatively and positively. Resilience enabled participants to cope, survive and carry on regardless in an endeavour to keep up appearances and avoid the stigma associated with being labelled a 'victim'. However, this research pointed to a possible negative outcome of resilience as contributing to the ability of women to remain in the abusive relationship longer. This questions whether resilience can accurately be described as protective in this context.

Likewise, social supports as protective factors are equally ambivalent. The participants described the emotional support offered by friends as being positive in offering a listening ear. However, there was no evidence of friends actively contributing to physical safety. It can be suggested the support offered by friends, colluded with the silence central to the participants' ability to keep up appearances and possibly delayed contact with formal supports. The importance of educating friends as first and only points of contacts for many women living with abuse, cannot be underestimated by policy makers.

This research has clearly questioned the appropriateness of expecting women who live with domestic abuse to come forward and seek support if doing so means being labelled as helpless, hopeless and unable to manage their own lives. The study emphatically demonstrated that victim labelling has contributed to silencing women about their experiences simply because they want to be seen as strong, capable and in control of their own lives. It is this avoidance of stigma and shame associated with victimhood that has possibly contributed to women remaining in abusive environments longer.

All of the participants in this study suggested the most helpful course of action would have been to seek support at the onset of abuse. From this study, it can be concluded that we are unlikely to make significant inroads in encouraging women to seek support without dismantling the shame and stigma associated with being a victim.

7.2 Recommendations

Following a review of the evidence presented in this study, it is possible to suggest possible recommendations:

- development of an universal definition of domestic abuse which is broad enough to encompass the diversity of experience of those living with such abuse,
- dismantling of the stereotypical image of a victim by listening to women's accounts of their survival and publicising their strength and resilience. This can be achieved through co-ordinated education and awareness raising programmes that challenge the view of women as hopeless and helpless,
- intervention with women who live with domestic abuse needs to be strengths based, non-stigmatising, community based and solution focussed, rather than problem orientated,
- central to the development of this approach is the recognition of the voice of women who live with domestic abuse, as the experts of managing their own lives,
- interventions need to be designed to strengthen and extend informal support networks beyond friends towards the encompassing contact with formal supports. In this endeavour the education of friends as possible first points of referral to formal supports is essential.

This study points to further research into the following areas: age of women at first point of contact with abusive partner as possibly predictive of length of stay within an abusive relationship; marriage as a possible important trigger for onset of domestic abuse, examination on how the negative outcomes of resilience can

be minimised or eliminated and finally, further research regarding the relative importance of resilience in the form of keeping up appearances versus fear of retaliation as contributors to women staying in abusive relationships.

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