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Getting Out and Staying Out: Issues Surrounding a Woman's Ability to Remain Out of an Abusive Relationship

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Date: 2004

Funded By: Scotia Bank Community Research Grant

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ISBN#

Abstract

Purpose: To examine the issues that surround a woman's ability to remain out of an abusive relationship and to illuminate the nature and degree of influence nurses have on women during and after the leaving process. Woman abuse is the leading cause of injury to women between the ages of 15 and 44 in Canada. It is estimated that 4.4 million women are battered each year in the United States. Very little research has been done with women who successfully make the transition from an abusive relationship.

Design: Descriptive, feminist narrative inquiry using a purposive sample of 10 women recruited through a newspaper advertisement reaching both rural and urban communities in a large city in Ontario, Canada.

Methods: In-depth, one-to-one, audiotaped interviews transcribed and submitted to analysis.

Findings: Remaining out of an abusive relationship was very challenging for many of the women. Four themes emerged that reflect their ability to remain out of violent relationships: (1) Rocking the Boat: A Change in Beliefs, (2) (Re)discovering self, (3) Sustaining Relationships, and (4) In Case I Fall: The Safety Net of Helping Agencies.

Conclusions: Findings from this study highlight the ongoing need to advocate for and assist women during the transition of leaving and remaining out of abusive relationships. Nurses and nursing leaders have the opportunity to support and introduce system-wide policies, such as universal screening for woman abuse, that create an environment for change and create work environments in which daily guidelines and policies promote the care of women who experience intimate partner violence.

Woman abuse is the leading cause of injury to women between the ages of 15 and 44 in Canada. It is estimated that three in ten Canadian women are assaulted by their partners annually (Statistics Canada, 1993). An estimated 4.4 million women in the United States are abused by an intimate partner each year (Campbell, 1998). The costs to society are staggering. In terms of economic costs, the Ontario government currently spends an estimated three to five billion dollars per year on medical and legal expenses alone (Statistics

Canada). Many businesses forfeit millions of dollars in lost wages and non-productivity each year (Statistics Canada). The physical, psychological, emotional, and financial costs to women and their children are immeasurable. Woman abuse results in acute and chronic health problems, substance abuse, homicide or suicide (Campbell; Herman, 1992).

During the past fifteen years, much attention has been given to the problem of woman abuse. As a result of this increased awareness, many programs and services have been established to respond to the needs of this population. In recent years, research has focused on the battered woman in two spheres: (1) living and remaining in an abusive environment (Kirkwood, 1993; McMurray & Moore, 1994; Varcoe, 1996); and (2) life immediately after leaving the abusive partner (Campbell, 1992, 1998; Farrell, 1996; Merritt-Gray & Wuest, 1995, 2001). Many barriers have been identified that prevent women from leaving abusive relationships. These barriers include lack of economic resources, cultural imperative for a two-parent family, religious beliefs, an increased vulnerability to stalking and homicide, an overburdened court system, and society's subtle blaming of the women who are abused (Ulrich, 1998). Yet, very little research has been done that examines the complex factors that contribute to the ability of women who have left abusive relationships to remain out and live violent-free lives.

Further, there is limited knowledge concerning how women's interactions with nurses affect their ability to stay out of the relationship. Ulrich (1998) observed that women who leave or end the violence in their lives are success stories from which all women and health professionals can learn. Nurses outnumber any other health care professional and, in acute care settings, have 24-hour interactions with women. As a result of this proximity, they are in a unique position to listen to the stories described by women who have experienced violence. Nurses are increasingly present in all sectors of health care, providing an opportunity to seek solutions and strategies for women in ending the violence in their lives.

The purpose of this study was to examine the issues that surround a woman's ability to remain out of an abusive relationship. The research questions that guided this study were: "Why are some women able to stay out of abusive relationships after leaving?" "What external and internal structures exist that help them,

or conversely, that impede the process?" In addition, the study examined the extent to which nurses influence women's decisions during and after the leaving process.

Background

The past 20 years has been a period of awakening, innovation, and growth in the field of violence against women around the world (Edleson & Eisikovitis, 1996). Public policies have been developed, shelters have been built, domestic violence programs implemented, and court systems designed specifically to address the needs of battered women and their children. How to take advantage of all we have learned in these past 20 years and provide intervention and prevention strategies for women is now of current interest to activists, researchers, and practitioners (Edelson & Eisikovitis).

Although much of the early research on woman abuse was conducted with samples of predominantly white Anglo-Saxon women (Campbell, 1989a), research with Aboriginal Canadian women (Dumont-Smith, 1995), pregnant Hispanic women (Torres, 1998), Native American women, (Bohn, 1998), and migrant farm workers, (Rodriquez, 1998) has also emerged in the last five years. This research is vital in understanding the religious and cultural barriers women face in leaving their abusers. Dutton (1992) explained that without a better understanding of the individual and social context of battered women, it will be very difficult to understand different strategies used by women to escape the violence. Although, the strategies used by abused women to remain out of abusive relationships have seldom been studied, recent research reveals that women rely on both external resources, such as social agencies, and internal resources related to self, in leaving their partners (Ulrich, 1998; Landenburger 1998; Wuest & Merrit-Gray, 1999, 2001).

Economic instability has been identified as one of the most influential factors preventing women from leaving abusive relationships (Frisch & McKenzie, as cited in Ulrich, 1998). For women who work outside the home and for those who do not, economic losses associated with leaving can be crippling (Campbell, 1998; Ulrich, 1998). The loss of belongings, home, salary, health and dental benefits are examples of the burden a woman must carry with her the moment she leaves.

In a Midwest U.S. study (Ulrich, 1989a) of women who returned to their abusers, 44 % of the

participants indicated they had returned because of relationship ties. These women cited difficulties filing charges, obtaining restraining orders, leaving a relationship in which they had invested much time, and lack of confidence in finding another relationship as reasons for returning to their former partners. Similarly, in a qualitative study of 15 Anglo American and 15 African American women that examined the experience of terminating an abusive relationship, Moss, Pitula, Campbell and Halstead (1997) found that commitment to the relationship was the strongest barrier to leaving but women did not identify this until months or years after leaving. Several women spoke about how their childhood fantasies of meeting a man, falling in love, and having a “wonderful life” were key factors that kept them in their relationships.

Women’s experiences with previous attempts at leaving may also influence a woman’s decision to leave in terms of personal safety and security (Ulrich, 1991). A woman’s personal safety may be in jeopardy after leaving and, in fact, abuse may escalate at this time (Campbell, 1992, 1998). An increased risk of stalking, threats, bullying, property damage, and homicide have been documented as a result of the woman leaving (Campbell, 1992, 1998; Kirkwood, 1993).

Lack of support from family, friends, and co-workers has also been identified as a barrier to leaving and a reason for staying (Ulrich, 1989). Within the context of intimate partner violence, women become increasingly isolated from family and friends. Subtle blaming of women for the violence in their lives and for remaining with their abuser contributes to their isolation (Ulrich, 1998). The stigma experienced by women in abusive relationships is derived in part from the abuse, but is compounded by the blame others attribute to her for causing the abuse (Landenburger, 1993; Ulrich 1998). Ultimately, the stigma associated with abuse results in a woman not talking to others about her situation and to a loss of self-esteem, described by many women as a feeling of emptiness, worthlessness, and emotional paralysis (Landenburger, 1989, 1998; Herman, 1992; Moss, Pitula, Campbell, & Halstead, 1997). At the extreme, self-loathing results from terror, isolation, forced dependency, and intermittent rewards (Herman). Negative responses from social agencies have also been identified as barriers to leaving abusive partners (Moss, Pitula, Campbell, & Halstead, 1997). In many cases, there may be more institutional support for women to remain in the relationship rather than to

leave. For example, restraining orders that are not enforced, delayed court dates, and lack of child support are commonly cited as deterrents to leaving an abusive relationship (Moss, Pitula, Campbell, & Halstead; Ulrich, 1991, 1998).

There is general agreement that the issues surrounding leaving and remaining out of abusive relationships are complex (Ulrich, 1991; Merritt-Gray & Wuest, 1995; Moss, Pitula, Campbell, & Halstead, 1997). In a feminist grounded-theory study of battered rural women, Merritt-Gray and Wuest (1995) found abused women to be survivors, not passive victims. Using data collected from interviews with 13 rural women, the researchers proposed a framework that described the process of leaving. The interplay between these phases, the component of time, and the presence of key social conditions were found to influence how a woman prepares for the third stage, “not going back”.

Several investigators have suggested that change in self is associated with leaving and remaining out of the relationship. Mills (1985), Ulrich (1991), and Merritt-Gray and Wuest (1995) all identify a change in self-concept as a major factor in a woman’s ability to leave and remain out of an abusive relationship. In Wuest and Merritt-Gray’s (1999) feminist grounded theory study of 14 rural women, “reclaiming self” was identified to be the central social psychological process that helps women sustain the separation process and remain out of abusive relationships.

Although much has been written about the need for violence awareness, assessment, documentation, and intervention, less is known about the role nurses play in prevention, and the influence they have on women’s decisions during and after the leaving process. Most of the nursing research related to woman abuse has focused on clinical areas traditionally considered to be the “key” contact areas for battered women – emergency departments, critical care, orthopedics, and mental health (Campbell 1989a, 1998; Diennemann et al., 1999; Grasley et al., 1999; Hotch, Grunfeld, Macket, & Ritch, 1996). In no studies has the role of the nurse in primary health care settings, including public health and community health, been examined.

While there are many domestic violence programs throughout North America, Varcoe’s (2001) recent ethnographic account of emergency room nurses addressed the ongoing challenge of translating research into

practice. Varcoe's study revealed that abuse continues to be obscured in nursing practice where a focus on physical injuries, rapid patient processing, and stereotypical thinking about woman abuse dominate. "The response of the health-care system to violence against women has been characterized by failure to recognize abuse and by negative attitudes and responses" (Varcoe, p. 96). The health effects of woman abuse have become the focus of study for many nurse researchers (Campbell, 1998; Boyd, 2000).

In summary, research on the process of leaving and remaining free of an abusive relationship is emerging but more work is needed to understand the issues surrounding women's abilities to remain out of abusive relationships. Whether nurses assist women to remain out of abusive relationships and how this occurs is also not well understood.

Method

A qualitative, descriptive study, informed by feminist theory and the use of narrative to access women's stories of remaining out of an abusive relationship was conducted. From a feminist perspective, intimate partner violence can best be understood as an issue of power and control (Hall & Stevens, 1991; Campbell, 1998). Feminist scholarship gives primary importance to women's subjective experiences and is committed to the development of knowledge that may have the potential for emancipation and empowerment (Berman, 1999). Lather (1991) suggested that encouraging transformation through self-reflection and a deeper understanding of self is a goal of critically grounded research.

The use of narrative ways of knowing is very compatible with feminist scholarship. Women try to make sense of what has happened to them through their stories. In telling stories about their experiences, women reveal insights about cultural and societal beliefs, and shed light on how larger social, political, or economic issues alter their everyday experiences. Narratives are not simply telling what has happened but constructing meaningful totalities out of scattered events (Mishler, 1986).

Sample

The purposive sample consisted of 10 women over the age of 20 years who had been free of intimate partner violence for over two years and had encountered the health care system with respect to the abuse.

Intimate partner violence was defined broadly to include physical, psychological, financial, and sexual abuse. Participants ranged from 22 to 50 years of age with one participant age 70. All of the women were of Canadian or Euro-Canadian ethnicity and all were English speaking. The study participants' educational backgrounds consisted of: high school (n=2), community college (n=5), and university degree (n=3). Seven of the participants had children. Participants experienced a range of physical, psychological, sexual, and financial abuse. Nine of the women experienced both physical and psychological abuse; two of the participants suffered sexual abuse; and half of the women experienced financial abuse. The length of time the women were in the relationship ranged from 1.5 to 28 years. The length of time out of an abusive relationship ranged from 2 to 10 years ($M= 4.8$). Three of the participants were involved in more than one abusive intimate partner relationship.

Participants were recruited primarily through an advertisement in a widely distributed local newspaper. A number of strategies were used to obtain a culturally diverse sample. These included placing advertisements in clinics, family physician offices, and drop-in centres in culturally diverse areas of the city, and seeking referrals from key contacts at women's shelters and community agencies. Although interest was expressed in the study, these efforts did not result in the participation of women from these groups.

Data Collection and Analysis

An in-depth, one-to-one, audiotaped interview lasting 45-75 minutes was conducted with each woman and demographic data were obtained. Open-ended questions were used to elicit the women's narratives about the structures that helped them in leaving and staying out of abusive relationships. Eight of the interviews took place in a private office, in a hospital setting, while the remaining two took place in the women's homes. During the course of the interviews, it became apparent that the women needed to present their experiences in an ordered or sequenced fashion beginning with when they met their partners, when the abuse began, and the nature of the abuse. Therefore, the interview questions were modified to include questions about the nature of the abuse to allow the women to place the abuse within a context they could describe. Interviews were transcribed verbatim.

Transcripts of the narratives were analyzed using an approach described by Mishler (1986) and Reismann (1993). The purpose of narrative analysis is to reconstruct the participant's interpretation of their experiences and then to classify those experiences into themes (Rosenthal, 1992). The process consisted of: (1) reviewing the audiotapes and memos made about the interviews, (2) transcribing, (3) reading transcripts, and (4) coding for categories and themes. The analysis of the narratives, sampling, and interviewing took place simultaneously. All of the women were contacted by phone at a later date and were asked to verify some parts of their narratives to be sure that the interviewer had interpreted their stories in the way they had been intended. Pseudonyms have been used in reporting the findings in order to protect participant identity and maintain confidentiality.

Findings

All of the women described leaving as a process that occurred over time and not a single event. Much of the energy needed to leave the relationship was still required by the women when interviewed, as they continually tried to understand their past and present lives, raise their children, and move on with their lives. The following four themes that reflect the participant's abilities to remain out of violent relationships emerged from the data: (1) Rocking the Boat: A Change in Beliefs; (2) (Re)discovering Self; (3) Sustaining Relationships; and (4) In Case I Fall: The Safety Net of Helping Agencies.

Rocking the Boat: A Change in Beliefs

Half of the women in the study did not label their situations as abusive until someone pointed it out to them. For many, the abuse was unlike typical media portrayals of violence against women, but included psychological and financial forms of abuse. Inaccurate representations of abuse had shaped the women's beliefs about what they thought "real" woman abuse was. When media and family members inaccurately defined woman abuse as only "physical" in nature, the women often felt isolated and lonely. Several of the participants believed that the treatment received from their ex-partners was a common and accepted feature of male/female interactions. Two of the youngest participants in the study described their feelings of helplessness and isolation. These women stated that they did not know where to go for help because they did

not see themselves as “battered” women. Because they were not married and did not have children, they felt that resources, such as shelters, were not intended for them. They described encounters with friends and family members who did not take their situations seriously or affirm their experiences because they did not fit the predominant stereotype of “the battered wife”. Not only did they not see themselves as “battered”, but neither did anyone else.

For twenty-eight years Jennifer lived with an emotionally abusive husband. It was not until her family physician pointed out to her that her husband’s behaviour was abusive that she realized there was more than one kind of abuse. She stated: “It was her that brought it to my attention that there was more than one form of abuse, because up to that point I didn’t think I was being abused. I thought that this is just the way it is.” Once Jennifer was able to identify her situation as abusive, she could accurately account for her experiences and justify the fear and anger she experienced. The general view that ‘this was just the way it is’ was also reported by some of the other women. Evelyn, age 70, had been out of an emotionally abusive relationship for six years. She was married for 24 years and described how she became increasingly isolated from family and friends over the years because of her husband’s “strange behaviour”. She thought, “This is how it is”. Evelyn needed a deeper understanding of the abuse she suffered. She sought counseling at a centre for abused women and, ultimately, was able to understand that her husband’s behaviour was controlling, intentional, and abusive.

Recognizing the intentionality of the abuse and realizing that the abuser’s behaviour was highly controlled rather than random helped some of the women put the violence into a context they could understand. Tina, age 25, was in an abusive relationship for three years. She defined her partner’s behaviour as abusive when she recognized the intentionality of his actions and that these actions were deliberate.

Although these women did not initially identify abuse as part of their lives, each gradually came to understand that their relationships, were, in fact, abusive. This realization changed their belief systems about intimate partner relationships forever. Although their beliefs had started to change prior to leaving, the women’s understandings continued to evolve and provided a source of strength and resolve to remain free of

intimate partner violence.

Rejecting the Cinderella Principle – not fitting the stereotype. Many of the married women in the study felt they were committed to their partners for life when they took their wedding vows. Feeling love for their abuser despite his behaviour was a common theme among the participants. Women's notion that a partner will protect them and make all their dreams come true is what we have called the "Cinderella Principle". Interestingly, it was the younger women in the study who were more likely to embrace this ideal. Three of these women left home to escape abusive childhoods, hoping that an intimate relationship would provide a loving and trusting environment for them, only to realize that they had entered an abusive relationship.

Tina described her feelings of vulnerability following the deaths of both her father and stepfather. It never really turned physical until my dad died and my step-dad was also killed the same summer. So after that, there was really no men around, and I'm an only child ... it kind of left me vulnerable, where this was the only man left in my life....Somebody needed me for a change, instead of me needing my parents or whatever, somebody needed me.

With the passage of time and the opportunity to reflect on their lives, the women who were looking for a protector or 'prince charming' came to the understanding that they were raised like millions of other young women - they needed to be partnered with a man in order to attain social respect, as well as emotional and economic security. At the end of our interview I asked Linda, age 27, if there was anything else she wanted to add to her story of leaving and remaining out of violent relationships. Her response was framed as advice for other women. "Don't jump into relationships right away. Like don't think this is the prince that came to save me. Because it just could be a prince in disguise. That's what I look at with my second husband."

The internalization of a society's imperative to be partnered in a heterosexual relationship had an impact on almost all of the women in the study. Discovering that these stereotypes were, in fact, well-entrenched myths in our culture, the women could understand the role these beliefs played in getting out of

their relationship and remaining free of violence. This new understanding gave the women the strength to “resist” the pressure to be partnered. Rebecca, age 30, left her common-law partner after six years. While in the transition of leaving, she described periods of feeling anxious about growing older and being single.

I think that stupid thing that once you’re past 24 or 25, like you’d better find someone and get married. I know that’s stupid but at the time I remember thinking well 27, it’s too late for me to find someone again, you’ll never get married. And I do remember thinking that way. But that was really dumb. I look back and realize that. But that was hard, thinking of time constraints.

(Re)discovering Self

For many of the women in the study, reflecting on who they were before the relationship began and who they had become was at the core of being able to stay out. A renewed sense of self-worth came from both internal and external sources. Freedom from the abuse allowed the women to see new possibilities for themselves. For example, two of the women experienced dramatic, and desired, weight-loss during the transition of leaving. Both of these women felt this contributed to their improved sense of self-worth, which, in turn, gave them added confidence to leave their abusers and begin a new life.

Jennifer, age 49, described being out of the relationship as a source of freedom that she had not felt in years. This freedom gave her the time to find herself. “I’m finding out who I was before I met this man, and it is a wonderful, wonderful feeling, because I lost or I had buried – because in the relationship I don’t know who I was but it wasn’t me.” She shared with me the things she is now enjoying. “I found I love to read, I love to walk, I love to just experience life, to just take it all in. But, with him, it was typically dark and ugly, when I look back.”

Linda, age 27, described an inner strength that developed after leaving. Linda had gained weight over the years and her abuser always called her “lazy and fat”. She explained that her inner strength came from being more independent, gaining a sense of freedom, not being told “what to do all the time” and from a weight loss that helped her feel more confident about herself. In addition, Linda found gainful employment and was able to end years of receiving social assistance, both of which helped boost her self-esteem. She

described in detail a renewed sense of self-worth:

Self-confidence. I know who I am. I know who I want to be. I went to school, like I decided I am going to do stuff for myself. And I think once you have self-confidence you can get through pretty much anything because you don't doubt yourself every time you do something. So I think self-confidence is one of the best things.

Dianne, who had been married to an abusive partner for ten years, described how her self-confidence was boosted as she became more dependent on herself and less dependent on her abuser once there was geographical distance between them. "Well for one thing I think it is because he wasn't there afterwards telling me that I can't do anything and this and that. Once he was gone I could do what I wanted and how I wanted without anybody telling me. I like that. I liked being independent as the years went by." Dianne became accustomed to her independence and did not want to risk losing it.

Cathy's improved self-esteem came partly from her involvement in helping others and surrounding herself with positive people. Cathy, a 34-year-old mother with two children, reported that an improved sense of self-worth helped her to remain out of an abusive relationship. "I think becoming involved in the community, volunteering for different things helped my self-esteem – I didn't do those things before."

(Re)discovering self was the process that almost all of the participant's were most proud of when questioned about how they had been able to remain out of an abusive relationship. All of them felt this personal sense of their own strength was the critical element in remaining out of violent relationships.

Sustaining Relationships

When the women had the opportunity to fulfill their needs and wishes about how they wanted to move on with their lives, they saw how years of isolation had affected their relationships with others. Re-connecting with family and friends was critical for almost all of the women in their efforts to remain free of abusive relationships. The isolation that created social deprivation was a loss that many of the women did not want to experience again. Although one-third of the women were involved with new intimate partners, all expressed concerns about entering or maintaining healthy, violent-free relationships with new partners. Many

of the women described feelings of anxiety, fear, and uncertainty when they spoke of starting new relationships.

Jennifer explained that she had become so alone and isolated during her marriage that just being with people, even if they were strangers, was important to her. “And when I find myself looking back, I forced myself to go out to a mall, just to walk around and be with people, just to change my mind. I spend time with my sister and her family now.” Thus, experiencing the freedom to be with others was a source of pleasure that reinforced the desire to stay out of an abusive relationship.

In Case I Fall: The Safety Net of Helping Agencies

All of the participants had been out of the abusive relationships for over two years. Just over half of the women continued to receive counseling from various sources that included: a family physician, a counselor at a battered women’s center, a psychologist, and a psychiatrist. The women spoke about knowing that there are agencies to help them should they need support in the future as a great source of comfort to them. Many of the women were unfamiliar with helping agencies while they were in their relationships and did not access them until they prepared to leave. Information about key resources, such as shelters and counselors, came from a variety of sources including family physicians, the telephone book, and Family and Social Services. For example, Leslie confided in her family physician, which helped connect her to the resources she needed. “But when you are not aware of what is available to you, you have no idea. And I was not aware, even though I lived in a small community that has a shelter. I knew nothing about it.” Two years later, Leslie continues to see the counselor with whom she connected when she first met her at the shelter.

Many of the women were able to relate the changes that had occurred in their beliefs about woman abuse and their rediscovery of self with a better understanding of where to go for help when it was needed. These changes resulted in less fear, isolation, and misconceptions about agencies that are available to abused women.

Encounters with the Health Care System

All of the participants had encounters with the health care system with respect to the violence in their

lives. The nature of these encounters is important because all of the women experienced a change in health as a result of the violence in their lives. They did not seek out the health care system as a place to help them leave or remain out of their relationship but as a place to seek treatment for the health effects of woman abuse. All of the women and some of their dependent children suffered a change in physical and/or mental health during their abusive relationships. Six of the participants were diagnosed with a form of depression and three required hospitalization secondary to the depression. A family physician or a psychiatrist prescribed anti-depressants for 9 of 10 women in the study. Two of the participants' female children suffered from diagnosed eating disorders. At the time of the interviews all of the women had come to understand that the changes in their health status were directly related to the abuse they had encountered.

The Role of the Nurse

Just over half of the women had direct contact with nurses with respect to the violence in their lives. All of these encounters took place within acute care settings. One of the participants entered a university nursing program while in an abusive relationship and another had a close friend who was a nurse. In each of these cases, these women sought the advice of the nurses who were close to them, but never accessed the support of a nurse through the formal health care system. Of the women who had direct contact with nurses, none described nurses as influential in their decisions during or after leaving their partners. In fact, the women who did encounter nurses explained that they were only peripherally involved in their care and could remember interactions with their physicians more clearly.

She didn't look like a nurse. Many of the women who encountered female counselors in shelters, family physician's practices, and advocacy centers were unable to identify the professional status of these counselors. Tina saw a female counselor at her family doctor's office but was unsure if this woman was a nurse. She could not articulate what kind of counselor she was. "She now totally helps me with everything and helps me to deal with everything, like to deal with my depression as well as to deal with the aftermath of the abuse."

Leslie worked in a setting where she was in contact with nurses every day. At the time of our

interview, she had begun to share her stories of living in an abusive relationship with nurses in her work setting and found them very supportive of her and her family. When asked directly if she would be as open with her co-workers if they were not nurses, she was uncertain.

Gloria confided in a close friend who was a nurse during the break-up of her second marriage. She identified this period of time with the end of her silence as she became more vocal about the abuse with those close to her. “Then my friend, the nurse, she was there. It helped talking to her. Then I went to the authorities.”

These examples suggest that, while many of the participants had encounters with nurses and female counselors, they were unclear of the role nurses played in supporting abused women in leaving and remaining out of abusive relationships.

Discussion

It is clear that the factors involved in helping women remain out of abusive relationships are intertwined with their experiences of leaving these relationships. The four themes identified in this study reveal the complex nature of the relationships that exist between interpersonal relationships, sociostructural influences, and self. Of importance to the women in this study as they strove to remain out of an abusive relationship, was the delicate balance they found between the rediscovery of self and the outside support of family, friends, and professional help agencies.

One-third of the study participants stated they entered and stayed in relationships that were abusive secondary to the pressures they felt to be partnered. This finding has implications that are far-reaching and move beyond individual explanations of the leaving and remaining out processes. Sex-role stereotyping and the societal pressures to be in a heterosexual relationship continue to be a concern for women of all ages. A sex-role stereotype is a belief about how men and women conform to a fixed pattern of behaviour (Rosener, 1990). Throughout time and across many cultures, sex-role traits and behaviours for men and women have become socially acceptable and as people within a culture, we adopt these behaviours to remain within the norm (Rosener; Kirkwood, 1993).

The study findings support women's use of helping agencies during and after the leaving process. Some of the participants indicated that they were initially unclear as to which agencies could help them. Once the connection was made with these agencies, the women used these resources to help them get out of the relationship. Each of the women felt secure in the knowledge that there was this safety net for them. This finding supports other research that highlights the need for helpers to remove the barriers that exist for women who are trying to access and use resources to their full advantage (Campbell, 1998; Wuest & Merritt-Gray, 2001).

The findings in this research contribute to the emerging body of knowledge related to a woman's ability to remain out of an abusive relationship. Specifically, this research supports the balance that exists between internal and external resources, which influence a woman's decision in leaving, and remaining out of an abusive relationship. Findings bear similarity to aspects of Wuest and Merritt-Gray's (2001) stage of "moving on" after leaving which women feel a sense of security and control over their lives. "Moving on" is the process in which women shed their identities as victims, begin to launch new relationships and create new images of themselves. Similarly, participants in this study re-established fractured relationship once they felt they had great control over their situations and could resume interpersonal relationships with some vigor. In addition, they developed self-confidence and a strong sense of self. (Re)discovery of self as a resource for remaining free of intimate partner violence has been highlighted as a key resource for leaving and remaining free of intimate partner violence (Landenburger, 1998; Farrell, 1996; Wuest & Merritt-Gray, 1999, 2001). Landenburger (1998) described a period of time when women search for meaning to make sense of their experiences with their partner. During this time, a woman examines herself as an individual and in relation to others which assists in the development of a positive view of self (Landenburger).

The difficulty experienced in recruiting a culturally diverse sample suggests that the findings may not be relevant to women from minority groups. It is reasonable to presume that women from different cultures also have difficulty accessing services and sharing their situations with family, friends, and health care providers that can help women to end the violence in their lives. However, the context in which this process

occurs may differ. Further research is essential in understanding how the experiences of women whose voices are rarely heard may vary from those of Euro-Canadian women.

The invisibility of nursing work is a systemic issue that has implications beyond the scope of this study. Findings of this study support the importance of acknowledging and supporting the work nurses do with women who have encountered intimate partner violence. Studies which examine the experiences of nurses who care for abused women are particularly needed to critically examine current practices and to suggest ways that the care of women can be enhanced to help them live violence-free.

Conclusion

Findings from the current study highlight the ongoing need to advocate for and assist women during the transition of leaving and in their efforts to remain out of abusive relationships. Nurses and nursing leaders have the opportunity to support and introduce system-wide policies, such as universal screening for woman abuse, that create an environment for change and create a work environment in which daily guidelines and policies promote the care of women who experience intimate partner violence.

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