

**LEAVING THE WAR ZONE—FIFTY (THREE) WAYS TO  
LEAVE YOUR LOVER**

**A feminist analysis of fifty–three women’s pathways to  
leaving a male partner who assaulted them**

**by**

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### **Leaving the war zone**

*'Well (it's) like, all my life, I've been living in a concentration camp because my father is still living in the war zone, right. It was just a continuation on from that...When you step out of it, you know, it's just like a big explosion of colour or something. I can't explain it any other way...It was like finding a rainbow, like a peaceful thing or something...It was just like Dorothy and The Wizard of Oz, you know, like as if you put a pair of red shoes on. I even bought a pair of red shoes! It's like you've got something to be happy about' ("Yasmin", interviewee 2001).*

### **Why feminism?**

*'When the six o'clock news is a litany of men being oppressed, murdered and raped by women; when a female Taliban confines Afghan men to their homes; when African women emasculate boy children and call it "tradition"; when two men a week are routinely killed by their female partners; when boys are monthly molested, strangled and left to die in a ditch by female assailants; when the female equivalent of Eminem becomes the world's fastest selling popular singer with her songs about killing and mutilating men—come to me then...and complain about man-haters. Until that day, concern yourself with the reality: that every day, in every way, in every country and in every culture, men are hating women to death. And getting away with it' (Burchill 2001).*

## DECLARATION

I certify that this thesis does not incorporate without acknowledgement any material previously submitted for a degree or diploma in any university; and that to the best of my knowledge and belief it does not contain any material previously published or written by another person where due reference is not made in the text.

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## **ABSTRACT**

This study explored how women were able to leave a male partner who assaulted them, and the common critical success factors of leaving and establishing a new life for themselves and any children in their care. Conducted from a feminist standpoint, a qualitative exploration of 53 women's perceptions of being able to leave was undertaken, using a non-probability purposive sampling method and semi-structured, in-depth interviews. Applying a thematic analysis, the results indicated that women used a variety of strategies to 'manage' and resist the abuse and violence, encountering numerous barriers to stopping the violence and/or to leaving, before reaching a final turning point. The pathways out of the violence included formal and informal support, supportive beliefs and information and underpinning structural supports, including relevant policies and laws. The study's findings highlight the importance of developing strategies that focus on men taking responsibility for their use of violence, effective government and community responses, and changing societal attitudes.

The study provided examples of individual good practice in the responses of a range of workers, and identified a number of characteristics of good practice. Based on these characteristics, the study identified a generic framework for practice suggesting good practice at each of five identified phases of leaving. The study highlighted the importance of specialist domestic violence services and, in particular, mobile domestic violence crisis services, as an effective domestic violence service model. Integral to their effectiveness were: (a) their formal liaison with the police, through police Standing Orders; and (b) regional locations. Four key issues emerged requiring urgent attention: (1) women having to leave their homes; (2) the impoverishment of women who leave a violent partner; (3) the need for a consistent and integrated response across the service system; and (4) the importance of understanding both the role of hope and the concept of relational autonomy when responding to women who are assaulted by a male partner. The study discusses these findings in relation to contemporary social work practice.

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## CHAPTER 1: INTRODUCTION

*The quality, speed and sensitivity of services provided by law enforcement, medical, mental health and social service agencies measures the true regard, dignity and safety that a community extends as a matter of course to members who become victims (Koss & Harvey 1991, cited in Kelly 1996: 67).*

At the Justice and Change Conference held in Canberra (1999), Professor Liz Kelly (Child and Woman Abuse Studies Unit, University of North London) argued that there should be a shift in the direction of domestic violence policy and service research, from what *prevents* women from leaving a male partner who assaults them, to what *enables* them to do so. She suggested documenting the experiences of women who leave and identifying the common critical success factors. Such research also needs to inform the wider community, for as Kelly notes:

Nor is it solely the responses of agencies within communities that express regard and affect women's dignity and safety but also those of individuals—within women's kinship and friendship networks, their neighbourhoods and workplaces (Kelly 1996: 67).

This research is a response to that challenge. It focuses on who and what enables women to leave a male partner who has assaulted them—the *pathways* to leaving and establishing a new life. This chapter provides the background to the research, including: the subjective motivational factors; the research aims and questions; and the significance of the problem. It also provides a summary of the methodology and the findings; the limitations of the study; and an overview of remaining chapters.

### 1.1 Background

Recent Australian research, notably the *Women's Safety Survey* (Australian Bureau of Statistics (ABS) 1996), reported that large numbers of women who experienced domestic violence did not access the formal support systems provided by government and community-based agencies. This was followed by a national report, *Against the Odds: How Women Survive Domestic*

*Violence* (Keys Young 1998), focusing on women who did not use domestic violence and related crisis services or police. The report identified that, before leaving, many women sought the assistance of a range of mainstream professionals before, if ever, contacting a domestic violence service; however, it found the response of professionals to be widely variable, with little consistency (Keys Young 1998).

Whilst both of these reports identified pathways taken by women, pathways were not the primary focus of the research and were not explored in any depth. Four recent projects funded under the Australian Government's Partnerships Against Domestic Violence (PADV) initiative—Partners for Prevention (ACT); Enhancement of Family Violence Protocols/Interagency Links (Victoria); Reshaping Responses to Domestic Violence (South Australia); and Mapping the Pathways of Service Provision (Victoria)—have included some exploration of helpful and unhelpful responses to women leaving violent relationships. This study differs from previous research in that it focuses on:

- (a) Women's own identification of what enables them to negotiate their way successfully out of a violent relationship; and
- (b) The identification and analysis of effective supports, services and strategies for establishing violence-free lives.

Advocates for women experiencing assault from a male partner stress the need for research that focuses on women's own stories. They 'emphasise that a complete understanding of women's victimization must include qualitative analyses of accounts in their own words' (Kurtz 1989, in Jasinski & Williams 1998: 50). In the words of Ellen Pence, the co-founder of the renowned American co-ordinated domestic violence intervention known as the Duluth programme: 'if you want to know about battering and what it is about, the best source of information is battered women' (Pence 1987: 21-22 in Holder 1998, 12).

Why this particular focus? What are the 'subjective motivational factors' (Berg 1989: 56)? A number of 'subjective motivational factors' influence this study's focus of inquiry. Critical social work is concerned with social justice and social change (Fook 1996; Mullaly 1997; Weeks 2003; Pease 2003). Feminism is concerned with addressing the oppression of women and social change (Coorey 1988; Kelly 1996; Laing 2001a; Weeks 2003). As a social worker and a feminist, these concerns were primary influences on me and hence on the focus of inquiry for this doctoral study. This exploratory study was conceptualised within a phenomenological tradition (Moustakas 1994), using a feminist paradigm (Harding 1987; Reinharz 1992; Bell & Klein 1996) to explore who and what enables women to leave a male partner who assaults them, whose help do women seek, if any, and how do they help, and to collect and analyse the qualitative data inductively (Leedy 1997; Grbich 2000; Darlington & Scott 2002).

Other factors include: the researcher's experience of domestic violence; her undergraduate research exploring women's perceptions of police response following an alleged assault by a male partner (McKinlay [Patton] 1991); and over a decade of professional experience in the areas of domestic violence, women's health and women's policy development. This list of factors reflects Leedy's suggestion that 'the phenomenological researcher often has personal experience with the phenomena and aims to heighten their awareness of the experience while simultaneously examining the experience through the eyes of other participants' (Leedy 1997: 161).

A further factor was the release in 1998 of the previously mentioned Office of the Status of Women (OSW) report, *Against the Odds—How Women Survive Domestic Violence* (Keys Young 1998), Australian national research that sought to identify the help-seeking behaviours of women who *did not* use domestic violence services or police. Whilst the report did acknowledge that the sample included women who did use domestic violence services or police (Keys Young 1998: 8-9), the fact that this was a *majority* of the sample did not appear to be adequately reflected in the report. This raised questions for me regarding the impact of the research on social policy, as the report was widely

acclaimed, with a resultant clamour in Australia for a focus on enhancing community (informal) responses and on the efficacy of current models of domestic violence service (formal) response.

Further exploration of this area indicated there was considerable international and national research on ineffective responses to women's help-seeking but little research focusing on the strengths of the formal and informal responses to women's help-seeking, particularly when it enabled women to leave and attain safety. The OSW research did not have a primary focus on women leaving and starting a new life and their samples included both women still in an abusive relationship and those who had left. This led the researcher to consider the point that when women had been able to leave, how had they been able to leave? Had they sought help to leave and if they had, who had supported them? From whom had they received an effective response and what was an effective response? Were there commonalities of an effective response?

An exploration of these questions was further supported by ACT Victims of Crime co-ordinator Robyn Holder, who noted that the response in Australia to the *ABS Women's Safety Survey* results (which showed that most women experiencing violence from a male partner first turn to friends, family and neighbours) was that the Australian Federal government commissioned research (Keys Young 1998) into why women did not use police and crisis services. She asked the question, 'Why didn't they commission qualitative research into what women actually do?' (Holder 1998: 5). My research responds to both Holder's question and Kelly's argument for a shift in the direction of domestic violence research, by focusing on who and what enables women to leave a male partner who has assaulted them, that is, the pathways women use to leave and establish a new, violence-free life.

## **1.2 Research aims**

My research aims to identify and explore women's perceptions of the formal and informal pathways they have used to leave a male partner who has assaulted them; the pathways they used to establish and maintain a new, violence-free life for themselves and, if any, their children; and support structures which have assisted them in this process. The research seeks to acknowledge the capabilities and strengths of such women; to enhance their capacity to build and maintain new, violence-free lives; and to highlight their common needs and concerns. It also aims to identify the turning points and barriers involved in the process of leaving. It aims to identify how and where government and non-government policy makers and service providers, including social workers, could best use their resources to provide more timely and appropriate assistance to women leaving a male partner who assaults them, and to maximise their safety. It aims to inform strategic policy and service development by identifying where and how agencies could assist women to establish and maintain safety in their lives; and the intervention or support needed to achieve safety. The focus is on women who had recently left a violent relationship and established a new life, primarily between 1995 and 1999. This locates the women's experiences within recent service developments, strategies, campaigns and changes in legislation and policies relevant to domestic violence.

## **1.3 Research questions**

The main research question is: What are women's perceptions of the turning points and pathways in leaving and remaining out of a relationship with a male partner who has assaulted them? The subsidiary questions are:

- How are the women able to leave a male partner who has assaulted them?
- What factors do they identify as supporting them to leave and remain out of a relationship with a male partner who had assaulted them?
- What factors do they identify as supporting them to establish an alternative violence-free home?

- Do women from different status groups have different pathways to leaving and establishing an alternative violence-free home?
- What impact do the women's children have on the process of leaving and establishing an alternative violence-free home?
- What are the implications for policy and practice, especially social work policy and practice?

## **1.4 Significance of the problem**

Domestic violence is defined in most current literature as including physical, psychological/emotional, social, sexual and financial abuse. This research is concerned primarily with physical abuse because of the serious implications for women's safety and the risk of homicide. Violence against women by their male partners is a social problem that has both an economic and a social impact on Australian society. Governments, service providers and the community are concerned about: the impact on women's physical and mental well-being; the effects on children witnessing the violence; the costs to the community of accommodation and welfare services for women escaping the violence; and the effectiveness of formal and informal responses to women's help-seeking. Domestic violence research has been published in social work, social policy, public health, criminology, medicine, the law, women's studies, psychology, child and family welfare journals, as well as those journals specialising in domestic violence and feminist issues. It includes research that attempted to measure the extent of domestic violence and to identify government responses to the problem.

There have been a number of prevalence and incidence studies internationally (Straus & Gelles 1986; Rodgers 1994; Mirrlees-Black 1999). However, comparisons are difficult because different definitions of violence have been used and the studies were carried out in different time periods. In America, surveys found 11 or 12 per cent of women had experienced violence from their male partner in the previous 12 months (Straus & Gelles 1986: 465-479). In Canada, over one-quarter of women had experienced some form of

physical or sexual violence during their relationship with their current male partner (Rodgers 1994: 1-22). The British Crime Survey found that almost 23 per cent of women reported experiencing domestic assault over their lifetime (Mirrlees-Black 1999).

In Australia, the *ABS Women's Safety Survey* (1996) was the first nationally representative sample survey to focus on violence against women. It found that nearly a quarter (23%) of all women who had ever been married or in a de facto relationship had experienced violence from their partner during the relationship. Furthermore, 8 per cent of the women surveyed 'had experienced an incident of physical or sexual violence at some time during their current relationship', and one in eight of these women (12%, or 41 700 women) said that they currently lived in fear. The survey found that women often tried to leave but returned after experiencing violence during the separation. Of 483 700 women who separated from a previous partner who had been violent to them and had subsequently returned to that partner, 35 per cent experienced violence from their partner during the time they were separated (ABS 1996).

In addition to information on physical abuse the survey collected information about the emotional abuse that a woman may have experienced by her partner and found nine per cent of women in a current relationship reported some form of emotional abuse (defined as manipulation, isolation or intimidation). Women who experienced violence from their partner were significantly more likely to experience emotional abuse than those who had not (59% compared to 4%). The survey did not provide specific incidence rates for each State.

Whilst the results of prevalence studies of violence against pregnant women vary due to differing methodologies, the literature suggests that 'Violence against pregnant and post partum women is prevalent and endured by between 4 per cent to 9 per cent of pregnant women across many developed countries' (Taft 2002: 17). In Australia the ABS survey found pregnancy to be a time when women were more vulnerable to abuse. Of those women who

experienced violence from a previous partner, 701 200 had been pregnant at some time during their relationship (ABS 1996). Some 42 per cent of these women (292 100 women) experienced violence during the pregnancy, and 20 per cent experienced violence for the first time while they were pregnant (ABS 1996). Another Australian prevalence study aimed to determine the extent of domestic violence in pregnancy by asking women attending a public prenatal clinic to complete a self-report questionnaire (Webster, Sweett & Stolz 1994: 466). The study found that of 1 014 women, 301 (29.7%) reported a history of abuse, 59 (5.8%) had been abused during their pregnancy and the proportion of women admitting to abuse rose, over the duration of the pregnancy, to 8.9 per cent at 36 weeks (Webster, Sweett & Stolz 1994: 466).

A study aimed at determining the prevalence of domestic violence experienced by women attending general practitioners found 'over a quarter of women in relationships had been victims of physical or emotional partner abuse in the previous year, one in 10 having experienced severe physical violence (Mazza, Dennerstein & Ryan 1996: 14). A recent incidence study in Western Australia reported that police records indicated 91.4 per cent of victims of reported domestic violence were women and 8.6 per cent were men; that is, women were 10 times more likely than men to be victims of domestic violence (Ferrante, Morgan, Indermaur & Harding 1996). Whilst obtaining an accurate measurement of the prevalence or incidence of domestic violence remains difficult, the assault of women, including the number of women murdered every year by a male partner, is a significant social problem.

Addressing the issue of violence against women has been a priority area for a number of past and present Australian national policies and programmes, including the National Women's Health Policy, the National Strategy on Violence Against Women, Goals and Targets for Australia's Health by the Year 2000 and Health, Goals and Targets for Australian Women. The Australian Public Health Association has called on the Australian Medical Association (AMA) and the Royal Australian College of General Practitioners (RACGP) to ensure appropriate training for the medical profession in the

management of domestic violence (Public Health Association 1995). The Australian federal government's current major national initiative is the Partnerships Against Domestic Violence Strategy (PADV). The first three-year initiative (from January 1998 to June 2001) provided \$25.3 million from the Commonwealth for six priority themes identified as the focus for projects to be funded under PADV: working with children and young people to break the cycle of violence between generations; working with adults to break patterns of violence—working with victims and violent men; working with the community—educating against violence; protection of the law; information and best practice; and helping people in rural and remote communities (Strategic Partners 1999). Recently the federal government committed a further \$25 million until June 2003 to renew PADV (OSW 1998: i). The recent allocation's focus is on children at risk, indigenous family violence, work with perpetrators and community education (Newnham 1999).

There is a well-established awareness that domestic violence is a serious problem in Australian society. Recent research into femicide identified that nearly 75 women a year are murdered by their intimate male partner or ex-partner, that is, about three women every fortnight (Mouzas 1999: 1). In addition, 35 per cent of children murdered each year in Australia, between 1989 and 1993, 'died at the hand of a male offender as a consequence of a family dispute, usually relating to the termination of the parents' relationship' (Strang 1996, cited in Laing 2000a: 7). Whilst research has suggested an increase in community understanding of domestic violence issues in Australia recent national research indicated that women who experienced domestic violence received an inconsistent response to their help-seeking from informal and formal supports (ABS 1996; Keys Young 1998).

Previous research has provided an essential basis for the development of government policies and programmes aimed at prevention and support for women and their children experiencing domestic violence. However, there is an additional need to understand women's perceptions of what currently enables them to leave and remain out of a relationship with a male partner who has assaulted them. Building on the strengths of informal and formal structures that support women to leave, there is a need to: explore with women what they *do* in order to leave a male partner who assaults them; identify who and what they consider was supportive; and learn from their experiences. Such knowledge has the capacity, at the very least, to inform responses and, in turn, has the potential to save women's lives.

## **1.5 Summary of the study's methodology**

This study is qualitative (exploratory and descriptive), conducted from a feminist standpoint (Hartsock, in Harding 1987; Bell & Klein 1996; Grbich 1999). The conceptual framework informing the methodology is based on feminist and structural social work theory (Reinharz 1992; Kelly, Burton & Regan 1994; Mullaly 2002). Qualitative research methods were utilised, reflecting the study's location within a phenomenological tradition. The research aim was to identify and explore women's perceptions of the formal and informal pathways they used to leave a male partner who assaults them, the pathways they used to establish and maintain a new, violence-free life for themselves and, if any, their children, and what assisted them in that process. The research design involved a non-probability purposive sampling method and semi-structured, in-depth interviews, which were thematically analysed. The use of a qualitative approach supports the analysis of social structures and policies and suits the sensitive nature of the topic and the exploratory nature of the research (Oakley 1981; Riessman 1994; Padgett 1998; Grbich 2000).

## 1.6 Summary of the study's findings

This study's findings highlight women's perceptions of the pathways to leaving a male partner who assaults them and to establishing a new, violence-free life. The women used a variety of strategies to 'manage' and resist the abuse and violence, encountering numerous barriers to stopping the violence and/or to leaving, before reaching a final turning point. The pathways out of the violence include formal and informal support, supportive beliefs and information and underpinning structural supports, including relevant policies and laws. The study's findings also show that when men assault and abuse their female partner the impact on the woman and, if any, her children, is significant. This highlights the importance of developing strategies to address men's use of violence. It suggests the need for strategies that focus on men taking responsibility for their use of violence, effective government and community responses, and changing societal attitudes.

In the women's accounts there is a consistent theme that their male partner felt entitled to use violence and abuse to intimidate and coerce them, and that this was *not* apparent in the men's other social relationships. This has significance for individual and group strategies as well as short-term and long-term social change strategies focusing on behavioural and attitudinal change in men who assault their female partners. It also has significance for those social structures that support and/or fail to challenge oppressive male behaviour.

This study provides examples of individual good practice (see Appendix 6), in the responses of a range of workers, including domestic violence service workers, social workers, psychologists, police, general practitioners, nurses and lawyers, as well as in the responses of friends, family and new partners. These responses identify a number of characteristics of good practice. They show that good practice: is non-judgemental; believes the woman; is action-focused during a crisis; is non-directive at all other times; locates the blame for domestic violence with the male partner whilst still respecting the woman's choices and feelings for her partner; understands unconditionally when a

woman chooses to return, perhaps many times, or is unable to leave for many years; supports women through the grief process of losing hope for change to regaining hope for the future; provides relevant information and referrals; and recognises that assault is a crime.

Based on these characteristics, the study identifies a generic framework for practice. The framework suggests good practice at each of five identified phases of leaving. The study suggests that an understanding of the current phase a woman is in can underpin an effective response, from either formal or informal supports. While most women in the 'pre-contemplation' and 'contemplation' phases of the process of leaving contacted family and friends, this changed substantially when women moved beyond these phases. When they entered the 'deciding to leave', 'actually leaving' and 'establishing a new life' phases, many women contacted domestic violence services. The study highlighted the importance of specialist domestic violence services and, in particular, mobile domestic violence crisis services as an effective domestic violence service model. Integral to their effectiveness are: (a) their formal liaison with the police, through police Standing Orders and (b) regional locations.

Four key issues emerge as requiring urgent attention. The first two are, women having to leave their homes and, the impoverishment of women who leave a violent partner. These issues can have dire economic consequences both in the short- and long-term, for women and children. The third emerging issue is the need for a consistent and integrated response across the service system. Women experiencing violence have a right to expect consistency from formal systems responsible for the delivery of services to the public, particularly police. Most of the women who had contact with state government domestic violence crisis services and with the federal government's income security agency, Centrelink, experienced consistent, enabling responses but there was less consistency across the remainder of the informal and formal spectrum. What the former services have in common are clear guidelines for practice in relation to domestic violence, either through their organisational mandate and/or clear policies that were accountable and monitored. The

fourth emerging issue was the importance of understanding both the role of hope and the concept of relational autonomy when responding to women who are assaulted by a male partner. The study discusses these findings in relation to contemporary social work practice.

### ***1.6.1 Women in the study: demographics***

The 53 women who participated in this study were drawn from all three regions of Tasmania. Their ages ranged from 23 to 63 years, with nearly three-quarters (72%) aged 30-49 years. Of the total sample: six women (11%) identified as Aboriginal; eight (15%) identified as being from a culturally and linguistically diverse (CALD) background; 13 (25%) identified as having a disability; and 13 (25%) had lived in rural or isolated areas. Of note was the high level (68%) of health problems experienced by the women, in particular the percentage who reported as having experienced depression (59%). Almost three-quarters (72%) of the women had children, with a total of 109 children across 42 women. There was a range of education levels, with just over a quarter (26%) of the women having a university qualification and almost a third (31%) having completed Year 10 or less. Over half of the women (57%) had been owner/buyers of their homes before leaving and yet the majority of women (66%) had to leave their home after ending the relationship, with a 14 per cent decrease in home ownership. For 40 per cent of the women, their only income came from income support payments. The women were represented in both low and high socio-economic groups, before and after leaving. Of note was that of the 33 women eligible for child maintenance less than a third (27%) received any money from their ex-partner.

### ***1.6.2 The violence women experienced***

The diverse women in this study had in common the experience of violence and abuse from a male partner. The severity and the duration varied, but for all the women, the violence and abuse had a negative impact on their lives. A third of the women with children also expressed concern about the impact of

the violent relationship on their children. A similar percentage of women identified specific incidents of both psychological abuse (mainly witnessing) and physical assault of the children by their father or stepfather. A smaller percentage believed their partner had sexually assaulted their children. All the women had tried a variety of strategies to deal with the violence. At best, these strategies had merely deferred it. More often, strategies had little or no impact and, even worse, had been taken by the man as an excuse to escalate the violence. But despite the controlling use of violence and abuse, the women's stories provided ample evidence of numerous and varied acts of resistance. Each of the women eventually reached their turning point(s), the events that enabled them to leave.

### **1.6.3 *Turning points***

The women in this study reported that they reached one or more turning points that enabled them either to contemplate, plan and/or finally leave their violent partner. Some were able to leave soon after reaching a turning point, while for others it became the foundation upon which they built plans to leave in the future. For some it took a variety of turning points, each building on the others until the proverbial 'straw that broke the camel's back'. For most of the women, reaching their turning point(s) led to contact with formal and/or informal supports, which they then identified as pathways to leaving and establishing a new life. In common with earlier findings (Keys Young 1998; Dimopoulos et al. 2000), the majority of women in this study reached a turning point where they realised they were unable to stop the violence or manage the abuse. Key turning points—that is, turning points that were identified by the majority of women as the most significant in their influence on the decision to leave—were an incident of severe violence or the women's concerns regarding their children witnessing the violence against their mother.

Just over half of the women (51%) identified an incident of, an escalation of, or further threat of violence as a turning point and a key reason for leaving. Over half of the women with children (55%) identified concerns for their children being in a violent family situation as a key turning point to leaving.

Another key turning point, intimately interwoven with the other two, was a change in beliefs, including new beliefs that staying was not in the best interests of the children, the male partner was responsible for the violence, the violence was not going to stop, the violence and abuse was not normal and/or acceptable and that certain religious views on marriage could be challenged. Where the turning point was an incident of severe violence, the woman's decision to leave was often triggered by the realisation that she could be killed if she stayed, and that the risk of that happening was greater than the previous barrier to leaving—believing she would be killed if she left. It is difficult to imagine the courage needed to make such a choice. Some women identified other turning points, including their partner's infidelity, the involvement of child protection services, a new partner, commencing university, starting work or the children growing older.

#### **1.6.4 *The process of leaving: pathways and barriers***

All the women in this study who were able to leave a male partner who had assaulted them and establish a new life identified 'pathways' or 'enablers' (the terms are used interchangeably) that supported and helped them to take this action—people, agencies, structural supports (including policies, laws and societal beliefs), information and/or their own beliefs. Women used many pathways, sometimes encountering new barriers before being redirected or finding new pathways. *Key pathways* were those that played a significant role in the process of leaving and establishing a new life. They included *formal support* from government, community based agencies and professionals, and *informal support* from family, friends and the broader community. Laws, access to resources and information and women's beliefs were also identified as key pathways—*underpinning enablers* of women's efforts to leave and establish a new life.

#### **1.6.5 *The phases of leaving***

The study found that the process of leaving was characterised by five phases, some of which were repeated until the women were able to end the

relationship permanently. This process took anything from weeks to years.

The phases were:

1. *Pre-contemplation*: managing and/or resisting the violence but not generally thinking about leaving.

2. *Contemplation*: beginning to think about leaving, usually acutely aware of the barriers, and often beginning to discuss their options with informal and/or formal supports.

3. *Deciding to leave*: seeking information and making plans.

4. *Actually leaving*: usually, but not always, involves the women leaving their home either temporarily or permanently, often feeling 'in crisis' and seeking action-focused practical and emotional support.

5. *Establishing a new, violence-free life*: a particularly challenging phase, where women usually seek non-directive practical and emotional support, and access to resources is crucial.

Women identified pathways for each of these phases; however, it was the formal supports that mostly provided crucial, enabling support, often throughout all phases of the leaving process.

### **1.6.6 Pathways and significant factors**

Key pathways fell into two broad categories—formal and informal. In addition, the women identified a range of underpinning enablers—structural supports and beliefs that supported their efforts to leave and establish a new life.

Women in the study were mostly enabled to leave and establish a new life through contact with formal supports, most often, domestic violence services. For over half of the women (51%), domestic violence services, mostly government, regionally based, mobile domestic violence crisis services, were a key pathway to leaving. In summary, the key pathways identified by women in this study were:

1. Enabling responses from formal supports, primarily domestic violence services and counsellors (mostly social workers); but also Centrelink, adult educational institutions, police, lawyers (mostly after leaving) and, to a lesser degree, general practitioners; and informal supports, primarily female friends, but also family (mostly female) and new partners.
2. Underpinning structural supports, mostly access to resources (i.e. income security, employment, education, affordable housing and childcare); and to justice, through the criminal justice system.
3. Access to information, mainly through the media, books and domestic violence services' information strategies.
4. Enabling beliefs and feelings, primarily regarding safety, the children and hope that the violence would stop and regaining hope for a safer future.

#### ***1.6.7 Analysis of the significant factors of an effective response to women's help-seeking***

Women identified significant factors contributing to the effectiveness of key pathways. An effective response was one that: focused on women's safety whilst respectful of women's choices; provided women with information about the impact of domestic violence on children whilst cognisant of the limits of women's agency and the need for support; was non-judgemental, culturally sensitive, non-discriminatory and believed women's accounts of the violence and abuse. It was a response that: was non-directive, being action focused only when strongly indicated, for example, a severe crisis, and guided by previous principles; was emotionally and practically supportive; was active in information provision; referred women to, and actively supported women to access, formal supports; enhanced women's insight into their situation and enhanced their sense of agency. Effective responses were informed by contemporary frameworks of domestic violence (including a feminist analysis); located responsibility for the violence and abuse with the male partner; and were cognisant of the need to support women through the process of giving up hope, grieving and regaining hope.

### **1.6.8 Barriers and significant factors**

Each of the women in this study identified numerous complex and interconnected barriers to leaving and establishing a new life. Every woman identified beliefs and feelings that were key barriers to leaving, the most significant being fears for their own safety and their children's futures if they left. Structural barriers, mainly a lack of access to resources and ineffective responses from formal (particularly police) and informal (particularly family) support, were the other key barriers. The key barriers fell into three categories: constraining beliefs and feelings, structural barriers, and ineffective responses from informal and formal supports. The *constraining beliefs and feelings* were primarily: fear of being killed if the woman left, the impact on the children, losing financial security, managing/being alone and a reduced sense of agency; hope the violence would stop; and feelings for her partner. *Structural barriers* were a lack of access to: an adequate income; information on support services; legal rights and domestic violence; transport; affordable, appropriate housing; support services; and affordable childcare. *Ineffective responses from supports* from whom the women had sought help were: informal supports—primarily family but also friends; and formal supports—primarily the police but also general practitioners; the broader criminal justice system; counsellors; and the clergy.

### **1.6.9 Analysis of the significant factors of an ineffective response to women's help-seeking**

Women identified significant factors and practices contributing to an ineffective response. Primarily they were responses that: did not focus on women's safety; were disrespectful of women's choices; were inactive in information provision; did not provide information about the impact of domestic violence on children. It included responses that: were not cognisant of the limits of women's agency and the need for support; were judgemental, culturally insensitive and discriminatory; and did not believe women's accounts of the violence and abuse.

Ineffective responses were identified as: overly directive; denigrated the woman's partner; failed to intervene when an assault occurred; were emotionally and practically unsupportive; upheld traditional values that were oppressive of women; did not refer women to, and did not actively support women to access, formal supports; did not enhance women's insight into their situation nor enhance their sense of agency. It also included a response that was not informed by contemporary frameworks of domestic violence; failed to locate responsibility for the violence and abuse with the male partner; or were not cognisant of the need to support women through the process of giving up hope the violence would stop, grieving and regaining hope.

#### ***1.6.10 Recognising diversity: culture, background, circumstances and needs***

##### *Aboriginal women*

Most of the pathways and barriers identified by Aboriginal women were similar to those identified by other women in this study. In addition Aboriginal women identified the following as key pathways: Aboriginal-specific formal supports, in particular university Aboriginal education support units; adult education institutions (TAFE and/or universities)—identified as a key pathway by a higher proportion of Aboriginal women compared to the total sample; cultural identity and a sense of community and support from community (including that generated by university Aboriginal education support units). Additional barriers were discrimination, including inequities relating to the intersection of race and gender; and cultural issues. Aboriginal women also reported a lower level (in comparison to the total sample) of accessing police before leaving, and of identifying police as a key pathway.

##### *Women from a CALD background*

Most of the pathways and barriers identified by CALD women were similar to those identified by other women in this study; but they also identified CALD-specific formal supports and their own cultural identity as pathways. In addition, a higher proportion of CALD women (compared to the total sample) identified adult educational institutions and domestic violence services as key

pathways. Barriers identified by CALD women related to: their ethnicity and to access due to discrimination; lower levels of reporting police as a key pathway; a cultural response from CALD informal supports, including a higher level of barriers relating to family; language; and immigration status.

#### *Women with a disability*

For women who identified as having a disability, an additional pathway was disability-related services and service providers. In addition, a higher proportion of women with a disability, compared to the total sample, accessed police and a lower proportion identified police as a barrier. A higher proportion identified the following pathways: domestic violence services; psychiatrists and general practitioners; and a change in certain beliefs. Women with a disability identified a higher level of barriers relating to access, family responses and constraining beliefs and feelings including the fear of being unable to manage alone, and the belief the violence would stop.

#### *Women with a health issue*

The stories of women in this study clearly indicated that the violence and abuse they experienced from their male partner often took a toll on their minds and bodies. Over two-thirds of the women experienced physical and/or mental health problems during their relationship with their ex-partner. Depression was by far the most common health problem, identified by over half the women in the study.

#### *Women with children*

Four out of every five women in the study had children. Of these women, about half identified their families as a pathway to establishing a new life in relation to support for their children; and about half wanted or sought help from formal supports to enable their children to establish new lives. In relation to their children, the women identified the following pathways: structural supports, including Centrelink payments, access to the legal system, housing loans and affordable public and private housing; and a number of other formal supports, including counsellors, government-funded children's mental health services, parenting centres, Aboriginal children's centres, and church-funded

counselling and support programmes focusing on children who have witnessed domestic violence.

Women's fears for their children's future well-being were the second most common key barrier to leaving. Almost a quarter of women in the study reported having children with a disability and/or health issue/s. All of these women identified that disability or health problem as a barrier to leaving and/or establishing a new life. A key barrier raised by several women in this study was the response of statutory authorities to allegations by women of sexual assault of their children by their father or stepfather, when domestic violence was also involved.

#### *Women living in a rural or isolated area*

While pathways reported by women in rural and isolated areas were similar to those reported by other women in this study, women in rural and isolated areas reported fewer pathways overall, largely accounted for by their isolation and/or lack of services. In comparison to the total sample, a smaller proportion of women living in rural or isolated areas identified: family as a key pathway; contact with domestic violence services and counsellors before leaving; and contact with most formal supports. These women also identified the attitudes of some in the rural community as a barrier. Of particular note was the number of significant factors contributing to the barrier of living in rural or isolated areas.

#### *Significant factors*

Significant factors of the key pathways for these diverse groups of women were: cultural sensitivity and non-discrimination; affirmative action; accessible information and referrals; education; the enhancing of cultural identity and sense of community; the enhancing of a sense of self, self rights and sense of agency; emotional and practical support; an enhanced sense of justice and safety; a sensitivity to disability issues; clinical support; acknowledgement of the impact of domestic violence on health; and support in caring for children.

## 1.7 Limitations of the study

A limitation of qualitative research is 'the degree of generalisability of the findings across settings' (Darlington & Scott 2002: 17). This study's sample size is small compared to quantitative studies. Although, at 53 participants, it is large for a qualitative in-depth study, women were not selected randomly or systematically and are therefore not necessarily representative of the population of women who have left a male partner who had assaulted them. Rather, I sought an in-depth understanding of the phenomena under study. In spite of the relatively small sample size, the participants were diverse in age and socio-economic backgrounds, and included women who identified as Aboriginal, as having a culturally and linguistically diverse background, or as having a disability.

Participants' recall can be a limitation, affected by the time elapsed and recent history. To minimise the time elapsed, the sample was taken from women who had left their partners as recently as possible without impinging on situations where crisis interventions were current. The minimum time elapsed was usually two years and in the majority of cases, the maximum time was five years. A further possible limitation of the study is whether there is a middle class bias in the sample. Levels of education are one indicator of class and just over a quarter (26%) of the sample had a university qualification. However, of those, only half (13%) had obtained their qualification prior to leaving. The largest percentage of the sample, almost a third (31%), had achieved an education level of Year 10 or less. Prior to leaving, income levels, another indicator, were distributed fairly evenly across the sample (see Chapter 5). By the time of interview, incomes were heavily distributed in the lower bracket, with over half (56%) in the lowest income level i.e. \$10–19 999. Whilst women in this study identified socio-economic status and access to higher education as pathways, an in-depth analysis of the impact of class on women's ability to leave was not undertaken.

## 1.8 Organisation of the thesis

Following this introductory chapter, **Chapter 2** locates the issue of women being able to leave a male partner who had assaulted them within relevant current literature on domestic violence. A review of the literature identifies a number of theories, including feminist theory, relating to: definitions and the causes of domestic violence; women's responses to domestic violence; and formal and informal responses. The chapter refers to a broad range of studies that examine the effectiveness of formal and informal responses to women's help-seeking in relation to domestic violence, and identifies a variety of strategies that have been recommended to address both the assault and abuse of women by their male partner and to enhance the effectiveness of responses to women's help-seeking. The literature review identifies a gap in knowledge relating to women's perceptions of who and what enables them to leave a male partner who has assaulted them and who and what supports them to establish a new, violence-free life.

**Chapter 3** describes the research methodology, including research aims and questions, the conceptual framework and the research design, including ethical considerations, the interview schedule, how the sample was obtained, methodological issues arising, the interview process and the data analysis.

**Chapter 4** introduces the women who participated in the study, describing the violence and abuse those women and, if any, their children experienced and the women's initial responses to the abuse, including management and resistance.

**Chapter 5** presents the results of the data collected in relation to leaving and establishing a new life, that is, the turning points, pathways and barriers, and identifies the emerging themes and the critical success factors relating to an effective response.

**Chapter 6** identifies the pathways, barriers and critical success factors reported by specific and diverse groups of women, namely: Aboriginal

women; women from a culturally and linguistically diverse (CALD) background; women who identified as having a disability; women with a health issue (particularly depression); women with children; women with children who have a disability or health issues; and women living in a rural or isolated area.

**Chapter 7** discusses the results and the implications for practice suggested by the results. It identifies the characteristics of good practice and, based on these, proposes a framework for practice for each of the five phases of leaving. The chapter discusses the factors of a significant key pathway—domestic violence crisis services—and identifies a model for service delivery.

**Chapter 8** further explores key themes that emerge from the discussion—the concepts of agency, relational autonomy and hope. It examines the role they play in the process of leaving and the possible implications for social work.

**Chapter 9** considers possible strategies for social change in relation to the assault of women by a male partner and presents the study's conclusions.

## **1.9 Summary**

This introductory chapter has provided the background to the research, including: the research aims and questions; a definition of key terms; the significance of the problem; a summary of the study's findings, the limitations of the study; and an overview of remaining chapters. The next chapter provides a literature review that locates the study within relevant contemporary research and literature.

## **CHAPTER 2: LITERATURE REVIEW**

### **2.1 Introduction**

This chapter provides an overview of the literature relevant to this study. The study's focus on how women are able to leave a male partner who assaults them is located within the broader context of domestic violence. There have been numerous international and national studies relating to domestic violence, including literature on definitions and theories of domestic violence (Dobash & Dobash 1992; Scutt 1994; Bell & Klein 1996; Jasinski & Williams 1998; Laing 2001a; Weeks & Quinn 2000; Pease 2003), prevalence/incidence studies (Mooney 1994; Rodgers 1994; ABS 1996), the documented experiences of women who have been abused by a male partner (Horsfall 1991; Easteal 1994; Lempert 1996; Cook & Bessant 1997; Mills 1999; Mullender & Hague 2000) and the efficacy of formal and informal interventions (Buzawa & Buzawa 1996; Dominy & Radford 1996; Edleson & Eisikovits 1996; Gordon 1996; Kelly 1996; Straus 1996; Weisz 1996; Thorpe & Irwin 1996; Hutchinson & Hirschel 1998; Jasinski & Williams 1998; Shepard & Pence 1999; Stanko 1999; Hanmer & Itzin 2000; Weeks 2000; Holder 2001; Gondolf 2002).

The current focus of Australian domestic violence research is influenced by the federal government's domestic violence strategy, Partnership Against Domestic Violence (PADV) with all governments, in 1997, endorsing PADV as a strategy to address the problem of domestic violence in Australia (Keys Young 1998; Bagshaw & Chung 2000; Bagshaw, Chung, Couch, Lilburn & Wadham 2000; Cultural Perspectives 2000; Dimopoulos et al. 2000; Morgan Disney 2000; Laing 2002; Taft 2003). The aim of the PADV research is to identify strategies for the prevention of, and an effective response to, domestic violence and for determining future priorities. The Australian and international literature relating to these key areas, in particular the responses to women's help seeking, is reviewed in the remainder of this chapter.

## 2.2 Current definitions of domestic violence

Reflecting different theoretical perspectives, the terms and definitions referring to domestic violence vary in the literature, including government documents, research and reports. This has an impact on comparative analysis of research, including prevalence and incidence studies, and on social policy and subsequent funding priorities:

...the terminology about violence in families is contested, and this is not merely a matter of semantics. The way violences are defined and understood has a direct relationship to the strategies employed to address them. In the current policy context 'violence against women'...has been replaced by the gender neutral terminology of family or domestic violence (Weeks, in Weeks & Quinn 2000: 271).

The previous Australian Labor government described the problem of women experiencing violence and abuse from partners and ex-partners as domestic violence, and developed strategies focusing on the safety of women as a priority, for example, the National Committee on Violence Against Women (1992). Their definition of domestic violence was:

Behaviour by the man, adopted to control his victim, which results in physical, sexual and/or psychological damage, forced social isolation and economic deprivation, or behaviour which leaves a woman living in fear (1992: 45).

Research undertaken by the Australian Bureau of Statistics, the *ABS Women's Safety Survey* (1996) defines domestic violence as 'any incident involving the occurrence, attempt or threat of either physical or sexual assault'. The PADV report, *Against The Odds—How Women Survive Domestic Violence*, discusses domestic violence as 'women subjected to domestic violence by partners or ex partners' and refers to the previously mentioned National Committee on Violence Against Women definition (Keys Young 1998: 5). A recent meta-evaluation of the PADV strategy defines domestic violence as 'gendered violence' whilst acknowledging other terms are used, such as 'criminal assault in the home', 'spouse abuse' and 'family violence' (Strategic Partners 1999: 2). The review utilises the term 'domestic violence' throughout the report except when referring to family violence 'in

relation to Indigenous communities who have indicated a preference for this term' (Strategic Partners 1999: 2). In the first report of the PADV taskforce, the definition of domestic violence was widened to:

...an abuse of power perpetrated mainly (but not only) by men against women both in a relationship and after separation (PADV 1999).

The variety of terms used in the Australian literature reflect this debate over definitions, for example, domestic violence, family violence, gendered violence, spousal assault, wife battering, criminal assault in the home, assault by a male partner, domestic terrorism, violence between intimate partners, patriarchal terrorism and violence against women (Hopkins & McGregor 1991; Scutt 1994; Hegarty & Roberts 1998; Domestic Violence and Incest Resource Centre 1998). MacDonald observes that:

When we understand that definitions are debated and change over time, we can critically evaluate those that underpin any particular piece of work (MacDonald 1998, in Domestic Violence and Incest Resource Centre 1998: 4).

The debate over definitions includes whether the priority focus in domestic violence should be on women assaulted by a male partner or on women abused by a male partner, the latter argument suggesting that a focus only on assault risks minimising the serious consequences of other forms of abuse (Domestic Violence and Incest Resource Centre 1998). Arguments for defining domestic violence as assault include the capacity for a legal response, without denying that other serious forms of abuse often occur in conjunction with physical abuse and that such a focus recognises the serious health, if not life-threatening, consequences that domestic violence has for women.

Other debates focus on whether domestic violence should refer to the assault/abuse of women by a male partner or should widen to include other assault/abuse in relationships such as abuse of children or elders, between siblings or same sex couples and abuse between any members of a household or even neighbours. The latter argument suggests that focusing

only on women assaulted/abused by a male partner risks excluding or losing sight of other forms of violence prevalent in the private sphere (Domestic Violence and Incest Resource Centre 1998: 5). This argument reflects a postmodern approach. The former argument, supported by many feminists, suggests domestic violence is primarily the assault/abuse of women by a male partner and is concerned with maintaining a focus on the hard-fought-for recognition that assault of women in the private sphere is a public issue (Women's Policy Co-Ordination Unit 1985; National Committee on Violence Against Women 1992; Bell & Klein 1996; Weeks 2000; Pease 2003). The concern is identified as a political one:

...how can the violence that is perpetrated against many women in their relationships, and that has been ignored for so long in human history, be retained as a focus of attention if it is seen to be part of something larger, violence in the family (Domestic Violence and Incest Resource Centre 1998: 15).

Indeed, recent research suggests that the priorities of the current Federal government's PADV initiative justify feminist concerns that widening the definition of domestic violence has reduced the focus on women. Weeks notes that this has 'narrowed the earlier violence against women focus, within government's overall emphasis on "families" ' (Weeks 2000: 277). In summary, the literature indicates that the terms and definitions relating to the broader context within which this study is located, have been and are likely to continue to be contested and changed. The debates reflect differing theoretical perspectives that in turn influence the strategies chosen to respond to women assaulted by a male partner. The recent widening of the definition of domestic violence, in a postmodern trend, has, according to feminists, reduced the focus on women.

### **2.3 Social policies relating to male assault of a female partner**

As with the terms and definitions, a review of the literature identifies various policy approaches to the assault of women by a male partner. In the 21st

century, the issue of male assault of a female partner is generally recognised within contemporary domestic violence literature as both against the law and a social problem. Most of the literature incorporates or has been influenced by a feminist analysis of domestic violence. Historically, this has not always been the case. Until the 18th century the legal systems and standards of Europe, Britain and USA supported the right of a woman's husband to assault her (Crancher, Egger & Bacon 1983). Australian lawyer and domestic violence researcher Dr Jocelyn Scutt states:

...wives were held in law to be the possessions of the husband...acts of violence committed against them by the husband...were not punishable by the criminal law (Scutt 1994: 104).

In the 19th century, laws restricting the severity of legally permissible 'wife battering' were passed. Twentieth-century laws introduced in most Western countries 'formally' prohibited wife battering, but research suggested that:

...most of the ideologies and social arrangements which formed the underpinnings of this violence still exist and are inextricably intertwined in our present legal, religious, political and economic practices (Crancher, Egger & Bacon 1983:43).

In Australia, Judith Allen observes that, from 1880 onwards:

...there were three major Australian trends in the way domestic violence was dealt with: initially without criminal prosecution; later, an attitude of blame the victim; and more recently attempts to perceive the problem theoretically in terms of gender inequality (Allen 1986, cited in Coorey 1988: 1).

Through feminist activism, the assault of women by a male partner has increasingly become acknowledged by policy makers as a social concern. This has resulted in significant policy changes in most Western countries, resulting in the provision of refuges for women escaping violence, income security provisions, legal reforms and changes in police policy. In Australia, this concern is currently reflected in the government's national domestic

violence initiative, the PADV strategy and through each State's domestic violence policies and subsequent strategies. The stated aim of the PADV strategy is to both prevent and ameliorate the effects of domestic violence. Its strategies have included the establishment of:

...a strategic collaboration to test and research new ways of addressing domestic violence, enhance and share knowledge, educate the community about domestic violence, and develop and document good practice (OSW 2001: 2).

Its underpinning principles are stated as: all individuals have the right to be free from violence; all forms of violence are unacceptable; many forms of domestic violence are against the law; the safety of victims must be the first priority of any response; and the community has a responsibility to work towards the prevention of domestic violence (OSW 2001: 2). From 1998 to 2001 the PADV's initial priority areas were education against violence, breaking the cycle and pattern of violence by working with children, young people and adults, protecting people at risk by improving legal responses, identifying good practice and overcoming access barriers in regional areas (OSW 2001: 3). The focus for 2002 and 2003 has been on prevention through action on: community education; indigenous family violence; perpetrators and early intervention with children (OSW 2001: 4).

However, other research identifies concern that the policy is located within the government's broader focus on revaluing the traditional family and unifying families:

The revival of government policy rhetoric about 'families', and a replacement by the term 'domestic violence' for policy to address 'violence against women' (which is statistically more accurate) threatens to put a veil of silence again over women's experiences (Weeks 2000: 281).

Weeks is concerned that the focus on 'domestic' or 'family' violence (rather than on women assaulted by a male partner) 'may foster women's invisibility in families and in gender neutral service delivery' (Weeks 2000: 281). These concerns are echoed in other research examining the PADV strategy, which

notes the absence of a priority theme focusing on the safety of women experiencing assault from a male partner (Patton 2000). Women as a category are incorporated into the PADV priority area 'working with adults' and are reported on, along with men, under the category of 'working with victims' (OSW 2001: 31). A progress report on the PADV strategy identifies the major achievement for the priority area 'working with adults' as the funding of \$6 million over four years for 'innovative services or projects that support men in their relationships with their partners, ex-partners, children, step-children and extended family' and funding for the Commonwealth Department of Family and Community Services to develop 'a national family relationships telephone counselling service for men' (OSW 2001: 33). Patton (2000) suggests this represents a displacement of the PADV goals and principles.

The progress report on the PADV strategy also identifies that PADV research focusing on women and their safety has provided valuable information for practice and future directions and that a number of one-off projects and pilot programmes have provided support for women experiencing domestic violence and focussed on women's safety (OSW 2001: 41-45). Building upon these initiatives, Patton suggests that future social policy on domestic violence categorises women assaulted by a male partner (and their safety) as a separate priority area and provides ongoing funding for services that support women's help-seeking (Patton 2000).

## **2.4 Theories relating to male assault of a female partner**

Theories relating to the social and legal problem of men assaulting their female partner (usually referred to as domestic violence theories) were mostly developed during the late 20th century. Most of the theories are either psychological (utilising a micro approach) or sociological (a macro approach), including feminist theory.

### **2.4.1 Psychological theories**

Early micro or psychological theories of domestic violence located the issue of domestic violence, and hence strategies to address it, with the individual perpetrator and victim. This was associated with interventions at the level of the individual such as marital therapy, psychotherapy and personal support (Renvoize 1978; Shainess 1984; Deschner 1984). According to American researcher Edward Gondolf, 'The psychoanalytical theories focus on stress, anxiety and anger instilled [in men] during child rearing' and they 'depict the abused women as masochistic' (Gondolf 1985: 27). Implicit in these theories are beliefs that men who assault a female partner are fearful and hateful toward women due to overmothering or that men, in response to being brought up mostly by women (their mothers and female teachers), confirm their male gender by developing 'hypermasculinity to overcompensate for their emotional insecurities' (Chodorow 1978). In her analysis of the literature on male violence towards females, Australian researcher Jan Horsfall found:

...women in focus as the victim; women blamed for their own violation; mothers cited as the cause of male violence; interactions between spouses...instigating male violence (Horsfall 1991: 7).

Jasinski and Williams refer to psychological theories of domestic violence as 'intra-individual theory' that emphasises the role of alcohol, drugs and psychological traits such as self-esteem and antisocial personality disorder as an explanation for male assault of a female partner (Jasinski & Williams 1998: 13). They suggest there is a growing body of research focusing on the importance of psychological pathology as an explanation for male violence (Miller 1994, cited in Jasinski & Williams 1998: 13).

One influential American researcher, Lenore Walker posits a theory of 'learned helplessness' which suggests that women are unable to leave a male partner who assaults them due to an increasing passiveness that leads them to believe they are unable to change their situation (Walker 1984). Originally intended 'to counteract the tendency for a woman's victimisation to be sourced to her pre-existing personality characteristics', the theory has since

been used 'in ways which suggest that some pre-existing psychopathology in the woman is associated with her victimisation' (Laing 2001a: 3). This theory underpinned the Battered Woman's Syndrome, used in the legal defense of women who had murdered violent partners, and has since been criticised by feminists, including Kelly, whose own research has identified variations in women's responses:

The variation in responses between women, and for the same woman over time is but one reason why inflexible models of the impacts of domestic violence, such as Battered Women's Syndrome...are dangerous. Not only do they exclude as much of women's behaviour as they include, but they also establish a normative model against which each women's behaviour is measured (Kelly et al. 1999: 17).

Formal and informal responses to women assaulted by a male partner influenced by psychological theories focus on 'changing psychological characteristics of the woman such as "passivity", "low self esteem" or a "tendency to choose abusive partners"' (Laing 2001a: 3). Whilst less dominant currently, these theories continue to influence some formal and informal responses to women's help-seeking by blaming the victim, failing to understand the constraints to leaving and failing to treat the assault as a crime (Coorey 1988; McKinlay [Patton] 1991; Keys Young 1998; Laing 2001a). A feminist critique of a psychological focus that individualises the issue is identified in the literature as failing to take account of sociological factors, making the problem a private matter, and encouraging non-legal responses. The literature suggests many police operate from this model, individualising the problem and ensuring it remains private (Morgan 1985, cited in Coorey 1988: 3). Other critics of psychological theories suggest:

Locating the cause of domestic violence in the personality of either victim or offender implied that the solution to the problem was in 'treatment' of the individual. Accordingly strategies such as support, marital therapy, psychotherapy or alcohol counselling were used rather than dealing with it as the criminal problem that it was (Coorey 1988: 3).

McGregor and Styles suggest that theories which ignore the historical and social context psychologise domestic violence; in doing so women can be 'blamed or implicated in the violence and men are not required to take responsibility for their violent acts' (McGregor & Styles 1991: 6).

#### **2.4.2 Sociological theories**

Sociological explanations of domestic violence focus on the broader social context in which domestic violence occurs. They can be divided into three main groups, with each type becoming increasingly more structural in focus. The explanations include social learning theories, some of which combine social context and psychological factors, while others focus entirely on intergenerational factors (Straus, Gelles & Steinmetz 1980; O'Leary 1988 cited in Jasinski & Williams 1998); and socio-cultural/political theories (Dobash & Dobash 1979; Hanmer & Itzin 2000). Socio-cultural/political theories focus on:

...the influence of social location (social class, education, income) on partner violence and have attempted to integrate social structural and family processes (Jasinski & Williams 1998: 13).

Socio-cultural/political theories include feminist theories that view the basis of domestic violence as located in the structure of society through the institutions and practices that uphold the unequal status of women (Scutt 1979; Hatty 1986; Coorey 1988; Kelly 1988; National Committee on Violence 1990; Scutt 1994; Bell & Klein 1996; Cook & Bessant 1997; Hanmer & Itzin 2000; Weeks & Quinn 2000).

#### *Social learning theories*

Social learning theories of male assault of a female partner focus on learning through experience and exposure to violence in the family. One social learning model in the literature identified five variables related to domestic violence: 'violence in the family of origin; aggressive personality style; stress; alcohol use and abuse; and marital dissatisfaction' (O'Leary 1988, cited in Jasinski & Williams 1998: 14). Straus et al. suggest that 'Each generation

learns to be violent by being a participant in a violent family' (Straus et al. 1980: 121). Women are viewed as playing an active role in their own victimisation (Gelles 1977, cited in Gondolf 1985: 30). Women and men are, in this analysis, 'co-conspirators in a violent relationship' (Gondolf 1985: 30).

Horsfall's analysis of this approach suggests that it moves from the 'victim blaming, mother blaming and perpetrator-excusing' approach of psychological theories to a 'more pleasant sounding "responsibility sharing" position' (Horsfall 1997: 4) that include notions of a 'web of violence' in which 'countless generations of people are caught' (Renvoize 1978, cited in Horsfall 1997: 4). She criticises these 'interactionist' theories as unhelpful, broad generalisations that omit from their analysis 'gender and power differences within the family' (Horsfall 1997: 4).

#### *Other sociological theories*

Other sociological theories relating to class suggest that economic, educational or occupational deprivation (e.g. Straus, Gelles & Steinmetz 1980) are significant factors in relation to the assault of women by a male partner. However, Jasinski and Williams suggest these theories do not provide an adequate explanation. They found that the relationship 'between educational attainment and partner violence is complex and inconsistent' and identified contradictory findings in relation to employment and occupational status (Jasinski & Williams 1998: 25-27). Also within a sociological framework, British researchers Dobash and Dobash suggest the sources of conflict leading to male assault against a female partner are: men's possessiveness and jealousy; their expectations concerning women's domestic work and a sense of entitlement; and men needing to maintain their position of authority (Dobash & Dobash 1992: 4).

#### *Feminist theory*

The most influential explanation of domestic violence to date has been feminist theory which takes as its final point of criticism the unequal relationship between men and women (Hatty 1988; Hopkins & McGregor 1991; Scutt 1994; Hester, Kelly & Radford 1996; Bell & Klein 1996; Cook &

Bessant 1997; Shepard & Pence 1999; Weeks 2000; Laing 2001a). Australian feminist Dr Lyla Coorey examined sociological explanations of domestic violence and found that it is feminists, through their focus on wider structural, class and gender inequalities, who challenge 'the traditional ideologies of family and motherhood evident in the early explanations of domestic violence and research, despite social scientists' attempts to maintain a value free and neutral sociology' (Coorey 1988: 7).

Sociological theories explaining domestic violence provide feminists with more understanding of the predominance of female victims to males, the use of violence for social control of women, the nature of domestic violence and the social acceptance of male violence and control (Coorey 1988; Hanmer & Saunders 1984; Stanko 1985). Coorey suggests that such theories help explain why many women are unable to leave a violent partner and why those involved, including doctors and police, are perceived as ineffective in dealing with the problem (Coorey 1988: 4). The Australian National Committee on Violence also finds that:

Attitudes of gender inequality are deeply embedded in Australia culture and both rape and domestic assault can be viewed as violent expressions of this cultural norm (National Committee on Violence 1990: xxv).

More recently, McKiernan and McWilliams suggest that a feminist analysis of the assault of women by a male partner seeks to understand:

...how within patriarchal societies women's oppression is experienced by women who may be simultaneously privileged and/or oppressed by the power structures of race, class, sexuality, age and/or dis/ability while being oppressed by gender...[and] the ways in which...violence as a major expression of male power in women's lives is a source of both commonality and difference between women (McKiernan & McWilliams, cited in Hester, Kelly & Radford 1996: 10-11).

A feminist theory of domestic violence also views male privilege and a sense of entitlement as key factors in male assault of a female partner. Associate Professor of Social Work at RMIT University, Bob Pease, notes that empirical

research supports the feminist view that gender inequality is the most significant cause of men's violence against women. He observes that a number of cross-cultural studies have shown 'that the greater the level of gender inequality in a society the higher the level of violence against women' (Pease, in Allan, Pease & Briskman 2003: 131). From a feminist perspective, interventions aimed at domestic violence include strategies to eliminate this imbalance of power between men and women (Pease, in Allan, Pease & Briskman 2003), a criminal justice response to assault (Kelly et al. 1999) and effective responses to women's help seeking (Dimopoulos et al. 2000). As Weeks observes, a feminist analysis makes links between the personal and the political, explaining women's personal experiences 'as reflecting wider social and cultural conditions and...historically and socially structured gender power relations' (Weeks, in Allan, Pease & Briskman 2003: 108). The premises of a feminist theory of domestic violence identified by Weeks include: action for social change has priority over supporting women to adapt; work with an individual focus acknowledges women's agency and resists labelling; and support services to respond appropriately to women's needs (Weeks, in Allan, Pease & Briskman 2003: 108-109).

Radical feminists have made a major contribution to feminist theorising of domestic violence (e.g. Scutt 1994; Bell & Klein 1996; Kelly 1996; Rowland & Klein 1996; Hanmer & Itzin 2000). Their analysis of society as a patriarchy identifies a system of structures and institutions created by men to maintain male power and female subordination. This system includes:

...institutions such as the law, religion and the family; ideologies which perpetuate the 'naturally' inferior position of women; socialisation processes to ensure that women and men develop behaviour and belief systems appropriate to the powerful or less powerful group to which they belong (Rowland & Klein, in Bell & Klein 1996: 14).

Radical feminist theory views patriarchal society as sustained through the socialisation of children, the construction of the 'family', women's economic dependence on men and its 'location within a language and knowledge system which constructs masculinity and femininity in support of the

established power imbalance' (Rowland & Klein 1996: 16). From a radical feminist perspective, interventions in domestic violence are inextricably linked to social action aimed at changing the oppressive conditions, including the structures and institutions that maintain injustice and inequalities, in women's lives.

Australian domestic violence researcher and post-structuralist Dr Charmaine Power notes in her recent review of the domestic violence literature that many feminist writers 'recognise the contribution of the ideological construction of gender and sexuality' to understanding domestic violence and seek to 'explore the ways in which these dominant ideologies contributed to the maintenance of male dominance' (Power 1998: 5). In the 21<sup>st</sup> century, whilst some of these social arrangements may be changing or are being challenged, the literature supports feminist theory and concerns that much of the ideology underpinning the violence appears to remain, with ever increasing reports of women being murdered and assaulted by their male partners and ex-partners (Itzin 2000, in Hanmer & Itzin 2000: 377).

#### *What about violent women?*

Whilst not a theory of domestic violence, the mutual combat approach suggests gender makes no difference to an understanding of domestic violence. The literature relating to this approach suggests domestic violence is mutual, as measured by the Conflict Tactics Scale (Straus 1979). Using this scale, researchers undertook large-scale surveys and found similar rates of violence for men and women (e.g. Gelles & Straus 1988; Stets & Straus 1990; Morse 1995). However, renowned American researchers Jasinski and Williams, in their comprehensive review of 20 years of research into domestic violence, state:

Descriptions of marital assaults as mutual combat and of women as equal to men in their violent acts have resulted in extremely contentious debate (Jasinski & Williams 1998: 8).

They noted, for example, that whilst the study by Stets and Straus (1990) found 'gender made no difference in offender-victim roles as measured by

initiation of minor physical conflicts (mainly slapping or throwing things)' it also identified 'men's acts of serious physical violence (punching, choking, use of weapons) to be much higher when reported by women' (Jasinski & Williams 1998: 9). Critics suggest that there are methodological problems with research using the Conflict Tactic Scale and that 'the notion of reciprocation in marital violence needs to be considered further' (Jasinski & Williams 1998: 8-9). Other research also challenges the mutuality approach which indicates that women have 'more injuries and more negative psychological effects' from a male partner's aggression (Vivian & Langhinrichsen-Rohling 1994, cited in Jasinski & Williams 1998: 9).

Another argument in the literature relating to mutual violence is that there are two forms of assault which are 'virtually non-overlapping in nature'—minor 'common couple violence' and male violence against a female partner where 'women are systematically terrorized and subjected to serious and frequent beatings and women's violence is self defensive in nature' (Johnson 1995, cited in Jasinski & Williams 1998: 9-10). In summarising this debate in their literature review of research on domestic violence, Jasinski and Williams note that whilst:

...it appears that women's violence towards intimate partners does exist...women's physical violence is less injurious and less likely to be characterized as motivated by attempts to dominate or terrorize the partner...No evidence in the literature...describes a comparable system of victimization for men in heterosexual relationships (Jasinski & Williams 1998: 10).

Whilst the research by Stets and Straus (1990) found that women can assault a male partner, Jasinski and Williams found that women who were assaulted were much more likely to require medical treatment after assaults, were significantly more likely to experience psychological harm related to the assault and that 'men's use of force, threat of force and overall control of women's activities results in more clearly defined consequences for women' (Jasinski & Williams 1998: 2). As Dobash and Dobash state:

...it would be truly ironic if...some magical twist of egalitarian

terminology were to be used to deny centuries of oppression and to further repress contemporary women by obscuring the undeniable fact that spousal violence is, to all extents and purposes, wife beating (Dobash & Dobash 1977: 78).

Other writers suggest that research 'that records only the extent of domestic violence ignores its social, political and economic background and especially the fact that men often have more power than women in intimate relationships' (Bagshaw & Chung 2000: 14). Dasgupta's in-depth interviews with 32 women who had assaulted a male partner found:

...the most pervasive and persistent motivation for women's use of violence is ending abuse in their own lives. The majority of participants in this study were battered as well as routinely assaulted by their male partners and reciprocated the violence to affect immediate change (Dasgupta, in Shepard & Pence 1999: 217).

Other research indicates that where women have murdered their male partners, in more than 70 per cent of cases there has been a history of long term systematic abuse, with more than half the murders occurring in response to an immediate threat or attack by their partner (Bagshaw & Chung 2000). Their research also indicates that men are more violent than women in intimate relationships and suggests 'the claim that men and women are equally violent in intimate relationships is placed in doubt by studies that have demonstrated men's monopoly on the use of violence in other social situations' (Dobash et al. 1992, cited in Bagshaw & Chung 2000: 14).

### *Postmodernist and post-structuralist theory*

The literature suggests that neither postmodernism nor post-structuralism are unified discourses and that both are contested terms. Indeed, post-structuralism is often included under the umbrella of postmodernism.

Postmodernism is characterised by its challenge to metanarratives, that is, a resistance to notions of universality and absolute truth and to 'any concept of self or subjectivity in which it is not understood as produced as an effect of discursive practice' (Flax 1990: 188). Whilst acknowledging the contested nature of the terms, a postmodernist and post-structuralist analysis of

domestic violence is generally understood to include: the notion that power is not primarily located in societal structures but is infused in all relationships; the disruption of the discursive construction of women as victims; and the provision of competing discourses about women's agency (Flax 1990; Gavey 1996; Power 1998; Gilmore 2003). The literature also suggests that postmodernism contributes to our current understanding of domestic violence through challenging the notion that traditional dichotomies and normative categories can explain its complexity (Flax 1990).

Postmodernists and post-structuralists have challenged feminist theories of domestic violence by criticising them as essentialist insofar as they believe in the existence of a material reality and construct women as victims. However, the literature suggests that postmodernist and feminist theory do have some ideas in common in relation to domestic violence, including the recognition that feminism identifies the essentialist theorising of patriarchy and the gendered nature of the modern subject (Bordo 1989; Bordo 1990; Flax 1990). Australian researcher and feminist postmodernist Dr Jenny Gilmore suggests feminism has been an enabling bridge between modernism and postmodernism by exposing the gendered nature of society:

The ways in which difference had been used to exclude women in patriarchal society led to the feminist critiques of traditional paradigms and modern epistemologies (Gilmore 2003: 90).

However, although feminist theory has been critical of metanarratives, postmodernists have criticised feminists for using similar approaches, viewing its patriarchal analysis of society as still retaining essentialist values, and its universalising of women as a failure to be sufficiently attentive to cultural and historical diversity (Fraser & Nicholson 1990, cited in Gilmore 2003). Power, in her feminist post-structural analysis of women's narratives of domestic violence, notes that while 'for many feminists speaking from experience has almost unquestionable authority' (Power 1998: 33), a post-structuralist approach assumes 'experience has no inherent essential meaning' (Weedon 1987, cited in Power 1998 33). Similarly, from a postmodern perspective, truth

no longer exists, making it difficult to argue for a validation of women's experiences. Australian feminist researcher Katja Mikhailovich disagrees:

Notwithstanding the potential for liberation to be found in such ideas, history has shown us that good ideas alone do not make a significant difference to the oppressed, the dispossessed or suffering. To work for change in the lives of women who have experienced violence and to decrease the use of violence against women in the future, I embrace the words and meanings from women's experiences (Mikhailovich, in Bell & Klein 1996: 345).

Similarly, the usefulness of post-structural theory to address the issue of domestic violence, is criticised by British feminist researchers Radford, Kelly and Hester (1996) who find:

In post-structuralism the emphasis shifts to an individualised idealist world of representations and texts (which are what women's accounts of their experiences of oppression are taken to be), to be 'deconstructed' through notions of subjectivity, identity and discourse. Central to the claims of post-structuralists is the recognition that it is no longer possible to speak of women as a social category (Radford, Kelly & Hester, in Hester, Kelly & Radford 1996: 9).

These authors view such critiques as not only aimed at 'the entire project of documenting women's experiences of...violence' but also as a 'challenge to the theories of male power and social change generated by feminist work on...violence' (Radford, Kelly & Hester, in Hester, Kelly & Radford 1996: 9). They also critique postmodernism's failure to both 'engage with the actual material realities of women's...lives', as well as failing to acknowledge the support feminists provide to women 'based on the concepts of survival/survivor' (Radford, Kelly & Hester, in Hester, Kelly & Radford 1996: 9).

American radical feminist Joan Hoff also critiques post-structuralism as leaving 'activists without generalizations about the commonly shared experiences of women as a basis for activism' (Hoff, in Bell & Klein 1996: 394). She also observes that postmodernism is:

...irrelevant for analysing the material reality of gendered relationships because as a linguistic tool it was not designed to discern the existence of socio-economic hierarchies that give meaning to gender differences (Hoff, in Bell & Klein 1996: 401).

Hoff considers that a failure to realise this can result in the deconstructing of 'gender relations in a socio-economic void...clouding dominance with rhetoric about multiple and indeterminate identities' (Hoff, in Bell & Klein 1996: 401). This concern is echoed by Mikhailovich, who finds little in postmodern theory to assist with the development of strategies for initiating change in the area of domestic violence (Mikhailovich, in Bell & Klein 1996: 341). Rather than a theory evolving from women's experiences, she defines postmodernism as 'academic intellectualising' and 'hegemonic', with any argument for validating women's experiences of domestic violence challenged by the postmodern view that 'truth no longer exists' (Mikhailovich, in Bell & Klein 1996: 343). This is viewed by many feminists as depoliticised relativism and a threat both to the solidarity of women and feminist aims for women's emancipation (Benhabib 1992, cited in Gilmore 2003).

### **2.4.3 Summary**

A review of the literature relating to theories of domestic violence identifies two key themes—individual and structural approaches. Structural approaches, including a feminist analysis of domestic violence, are evident in most contemporary analyses. Through a gendered analysis of domestic violence, the literature suggests feminist theory has made a significant contribution to both understanding domestic violence and the development of strategies for social change. More recently, postmodernism has further contributed to an understanding of domestic violence through challenges to the notions of universality and absolute truth whilst being criticised by feminists as failing to assist in the development of strategies for social change. As the relevance of any theory, including theories of domestic violence, depends on its applicability and practical use, a review of the literature suggests feminist theory provides a relevant framework for both understanding and developing strategies for addressing the assault of women by a male partner.

## **2.5 Women's experiences of and responses to domestic violence**

This section reviews the literature relating to women's experiences of and responses to domestic violence. It includes research identifying the abuse and violence women experience from a male partner, women's sense of agency and acts of resistance, their help seeking and their perceptions of the efficacy of informal and formal responses.

### ***2.5.1 The violence and abuse women experience***

Every year in Australia almost 75 women are killed and thousands are injured as a result of assault by a male partner. The literature records women's experiences of violence and abuse including physical, sexual, psychological, financial and social abuse (e.g. Horsfall 1991; McGregor & Hopkins 1991; McKinlay [Patton] 1991; Eastaer 1994; Women's Coalition Against Family Violence 1994; Cook & Bessant 1997; Jasinski & Williams 1998; Power 1998; Hanmer & Itzin 2000; Patton 2003). As a consequence of the violence and abuse, women have been murdered, experienced severe injury and pain, trauma, fear, a sense of helplessness, depression, anxiety, a diminished sense of self, and committed suicide and drug and alcohol abuse (e.g. Dobash & Dobash 1979; Straus, Gelles & Steinmetz 1980; Jasinski & Williams 1998; Kelly et al. 1999; Hanmer & Itzin 2000).

The literature indicates there are serious consequences for women who live in a violent relationship with a male partner. More than a quarter of the 2 226 killings in Australia between 1989 and 1996 were 'intimate homicides' between close partners (Carcach & James 1998). The rate of intimate homicide in Australia was relatively stable over the survey period, in contrast to the United States, where the rate had fallen by a third over the past 20 years (Carcach & James 1998: 2). In 63 per cent of the intimate homicides when a male killed a female, the persons involved were in a current spousal relationship. This indicates that intimate-partner homicide is the most serious outcome of domestic violence and may be the result of domestic conflicts that

possibly have been occurring for relatively long periods of time (Carcach & James 1998: 5).

An American study on the epidemiology of murder-suicide found one-half to three-quarters of all murder-suicides involved a male aged 18 to 60 years who assaulted his female partner, 'feared her infidelity or estrangement, murdered her, and committed suicide, usually by a firearm' (Marzuk, Tardiff & Hirsch, cited in Flitcraft 1992: 3 194). A recent Australian report on femicide found, on average, 125 women of all ages are murdered each year in Australia, with the greatest risk for females aged between 21 and 23 years (Mouzas 1999: 1). Nearly three in five of those were women killed by a violent male partner and nearly all as the result of a 'domestic altercation' (Mouzas 1999: 1). This recent figure means nearly 75 women are murdered in Australia, every year, by their intimate male partner or ex-partner, that is, nearly three women every fortnight. In addition, 35 per cent of children murdered each year in Australia, between 1989 and 1993, 'died at the hand of a male offender as a consequence of a family dispute, usually relating to the termination of the parents' relationship' (Strang 1996, cited in Laing 2000: 7).

The sexual assault of women by their male partner is also reported in the literature (Painter 1991; Easteal 1994; Lees 2000). Based on an Australian Institute of Criminology national survey, Dr Patricia Easteal's research, *Voices of the Survivors*, found 'For over three-quarters (77%) of the women who had been raped by a cohabiting partner, the sexual assault was part of a general pattern of physical violence' (Easteal 1994: 53). Painter's (1991) British study of a representative sample of 1 007 women reported similar findings. She found marital rape was associated with physical violence and that women suffered emotional and physical after-effects ranging from headaches to depression (Painter 1991). Other research indicates '10% to 14% of married women have or will be raped by their spouse' (Finkelhor 1985, cited in Easteal 1994: 56).

Although it is no longer legal in Australia for a man to force his wife to have sex or for her consent to be implied, the change in legislation has not translated into many men being charged with rape of their spouse. Low rates of reporting and help-seeking are, in part, attributed to the isolation felt by the women, beliefs that a partner would be immune from charges and feelings of shame (Easteal 1994: 56-58). Research indicates that often 'women who are raped (particularly by a husband, lover, boyfriend or "date") do not label the act as "rape" when it first occurs' (Scutt, in Cook & Bessant 1997: 105). Whilst this has been used against women in some legal proceedings, Scutt argues that the fact 'a woman names the crime *after* the event does not change the nature of the event' (Scutt, in Cook & Bessant 1997: 105).

### **2.5.2 Women's sense of agency**

Feminist theories of agency—the ability to make choices and act for oneself—incorporate a feminist view of subjectivity. Many feminists argue it is important to hold onto the idea of the subject in order to have political and moral agency (McLaren 1997, cited in Gilmore 2003). Postmodern theory challenges a feminist concept of agency by focusing on language and discourse as the primary site for the construction of subjectivity (Gilmore 2003). Whilst for sceptical postmodernists this means the demise of the subject and the subsequent erasure of agency (Rosenau 1992), for affirmative postmodernists decentring the subject does not necessarily mean the elimination of the possibility for agency:

Because affirmative postmodernists accept the possibility of specific and contextual truths which occur within a particular form of lived experience, they retain the notion of theorising and the capacity for agency and political action (Gilmore 2003: 100).

However, many feminists reject the adequacy of a focus on language and discourse to explain the development of subjectivity and agency. Benhabib argues that 'Postmodernism undermines the feminist commitment to women's agency and sense of selfhood' (Benhabib 1992, cited in Gilmore 2003: 55). The feminist literature identifies a sense of agency as particularly important in

relation to women living with violence and abuse from a male partner (Mahoney 1994; Power 1998; Sherwin 1998). From a feminist perspective, understanding the limitations on women's sense of agency and the factors that support and foster it is of central importance when considering domestic violence. It contributes to an understanding of the constraints on women leaving a violent relationship (Lempert 1996; Eiskovits, Buchbinder & Mor 1998; Kelly et al. 1999).

Women's sense of agency is discussed in the literature in relation to their responses to domestic violence, including help seeking and in relation to their responses to interventions from informal and formal supports (Mahoney 1994; Sherwin 1998; Laing 2001b). Laing (2001b) suggests when discussing the concept of agency in the context of domestic violence 'it is important that this is not seen as discounting the terror and abuse with which many women live or holding the woman accountable in any way for the abuse she experiences' (Laing 2001b: 4). The concept of relational autonomy in the literature further informs the constraints on a woman's sense of agency following an assault from a male partner. Relational autonomy—feminist analysis of autonomy—recognises that a woman's ability to make choices in her own best interests, within a violent relationship, presumes that she has equal power and equal access to resources (Mahoney 1994, cited in Fineman & Mykitiuk 1994: 55-92; Sherwin 1998).

Other research suggests women demonstrate agency when they reach a turning point that is about deciding the violence must stop yet choose to remain in the relationship (Eisikovits, Buchbinder & Mor 1998: 412). They challenge practitioners to be cautious of judging women's decisions to stay as necessarily meaning that women are resigned to violence, and to instead acknowledge women's strengths in trying to manage the violence within the constraints of the socio-economic context of their lives (Eisikovits, Buchbinder & Mor 1998: 430-31). They also identify loss as a significant factor in women's decision-making processes, including the decision to leave after reaching their turning point(s)—loss of love for their male partner, one's authentic self, security, meaning in coping and faith in the possibility of change and thus

hope (Eisikovits, Buchbinder & Mor 1998: 420-27). Maintaining hope that the violence would end was a significant factor both in women remaining with a male partner who assaulted them and in leaving him when they lost hope in the possibility of change (Eisikovits, Buchbinder & Mor 1998: 423).

Recent British research (see Table 1) suggests that women both manage and resist the violence from a male partner:

They are active agents, rather than passive victims; learning to read men's behaviour in minute detail, in order to predict what may happen next. They take strategic decisions in which their own safety, that of their children and their self-respect are weighed and considered...How women cope at any one time, or over time is neither fixed or universal; [it] switches from defensive to assertive strategies and back again (Kelly et al. 1999: 16).

**Table 1: The most common strategies women used.**

<b>Strategy</b>	<b>Number</b>	<b>Percentage*</b>
Living from day to day	121	73
Try to reason with abuser	112	68
Try to appease abuser	102	61
Minimise abuse/not name it as violence	93	56
Make excuses for the abuser's behaviour	80	48
Take the blame oneself	73	44
Change own behaviour	72	43
Refuse some of the abuser's demands	68	41
Drinking/taking prescribed drugs oneself	67	40
Leaving/escaping	65	39
Living for the good times, forgetting the bad	58	35
Finding out about options	51	31

*\* This was a multiple response question, so percentages do not add up to 100, calculated on a base figure of 166.*

**Source: Kelly et al. 1999: 16**

They found that the most common strategies used to deal with domestic violence, reported by a sample of 166 women, were often 'misunderstood and misinterpreted by others not least the police' (Kelly et al. 1999: 16). The strategies included trying to manage the abuse on a daily basis, minimising the violence, changing their own behaviour, resisting certain demands, taking drugs, leaving and/or seeking help (Kelly et al. 1999: 16).

### **2.5.3 Barriers to women's help seeking**

The national Australian study *Against the Odds—How Women Survive Domestic Violence* also found that women develop strategies to manage and/or resist domestic violence (Keys Young 1998). It found women are not 'passively accepting or colluding in the violence perpetrated against them but actively taking steps to try and deal with or solve the problem' (Keys Young 1998). However, numerous barriers to women's help-seeking have been identified in the literature.

American research undertaken last century identified factors that inhibited women leaving their violent relationships that included ties to their partner, fear of managing alone, discrimination and fear of reprisals (Steinmitz & Straus 1974). Over a quarter of a century later, after numerous government strategies aimed at assisting women who experience violence from their male partner, research in Australia has identified that similar factors continue to inhibit women from seeking help and/or leaving (Keys Young 1998). The *Against the Odds* report found that women remain in abusive relationships and/or choose not to disclose their predicament or seek help for a variety of reasons, including: denial and disbelief; feelings of emotional attachment to and love for their partner; a strong commitment to making their relationship or marriage work; hope that their partner's behaviour would change and the abuse would stop; staying for the sake of the children; shame and embarrassment; depression and stress; social, physical or geographical isolation; economic considerations; lack of faith in other people's ability to help them with their problem; a strong belief in the value of self-reliance; and a preference to solve personal problems independently (Keys Young 1998).

A key finding of the study was that the major reason that women were deterred from making contact with services was fear (Keys Young 1998). Women feared for their physical safety and for the safety of their children. They feared that nobody would believe them and for their future well-being should they decide to leave (Keys Young 1998: 89). Others said the reason for not seeking help was 'because they did not define their own situation in such terms, or did not think their situation was serious enough as it did not involve life threatening physical violence' (Keys Young 1998: 91). Keys Young (1998) recommends a strengthening of those services in existence, an enhancement of their accessibility, an improved criminal justice system response, and training and education of the mainstream.

#### **2.5.4 Women's help seeking**

Both the *Against the Odds* study (Keys Young 1998) and the *ABS Women's Safety Survey* (ABS 1996) found that many women live in violent relationships for long periods of time without seeking help from services or only intermittently doing so (Keys Young 1998). The *Against the Odds* study found that when women do seek help they contacted family, friends and professionals (Keys Young 1998). Many women sought the assistance of a range of mainstream professionals before, if ever, contacting a domestic violence service (Keys Young 1998). The *ABS Women's Safety Survey* found that most women first told friends and family about the violence they were experiencing from a male partner, before contacting formal supports (ABS 1996). Women's main response to the violence 'was talking to other people, particularly family and friends', with women more likely to contact a crisis service about sexual assault than physical assault (11% compared to 6%), although the rate of contact was low for both (ABS 1996). Recent British research found that when women do contact a domestic violence crisis service they identify the importance of immediate support, with key themes being able to explore their options, as well as reassurance and increased confidence that 'they could and even should act in the interests of their own safety' (Kelly et al. 1999: 29).

Almost three in every ten Australians (29%) live outside metropolitan areas (ABS 1999). In comparison to urban settings, there is a higher reported incidence of domestic violence in rural and isolated communities, and the prevalence of firearms has been identified as restraining women's ability to leave, as well as being linked to the higher level of homicides related to domestic violence (Coorey 1988). Western Australian research found a greater proportion of homicide victims were women murdered by their male partners and, disturbingly, that Indigenous women living in rural and isolated areas were 45 times more likely to be a victim of domestic violence than non-Indigenous women (Ferrante et al. 1996: 37).

Other research has shown that women in rural and isolated areas are potentially subject to a number of constraints, including: a lack of access to child care and transport and few jobs available, resulting in limited employment opportunities for women and an increased likelihood of being financially dependent on male partners (Gibson et al. 1990, Hornosty 1995, cited in Wesnet 2000: 14); limited or no access to money (Coorey 1988); limited access to formal supports and fewer housing options (Dimopoulos et al. 2000: 64–66); and the often conservative nature of rural communities, so that a woman disclosing domestic violence may be viewed as failing to meet 'community and family expectations' (Coorey 1988, cited in Wesnet 2000: 15). Women who leave and break up the family unit may be 'ostracised or condemned by the wider community' (Brownless & Stevenson 1994, cited in Wesnet 2000: 15); and there is an increased likelihood that police will 'handle domestic violence in a lenient fashion' due to the belief that they 'need to maintain a good relationship with community members' (Knowles 1996: 153). In reality, 'community members' usually meant the male perpetrators.

### ***2.5.5 The impact of having children***

The impact of having children on women's responses to domestic violence is reported in the literature. The risk of domestic violence increases when a woman becomes pregnant (Dobash & Dobash 1979; Webster, Sweett & Stolz

1994; Taft 2002). The *ABS Women's Safety Survey* (1996) found that 'of those women who experienced violence by a previous partner, 701 200 had been pregnant at some time during their relationship (ABS 1996). While 42 per cent (292 100) of these women experienced violence during the pregnancy, 20 per cent experienced violence for the first time while they were pregnant (ABS 1996). The *ABS Women's Safety Survey* (1996) reported 61 per cent (211 600) of women who experienced violence by a current partner had children in their care; 38 per cent (132 400) of those children had witnessed the violence; and 46 per cent of women who experienced violence by a previous partner said that children in their care had witnessed the violence (ABS 1996).

American research indicates that 23 per cent of men who assaulted their female partner also physically assaulted their children (Straus & Gelles 1986). Other research into the relationship between men who assault their female partner and the abuse of children found male partners abused 70 per cent of the children (Bowker et al. 1988, cited in Domestic Violence & Incest Resource Centre 2001). The ABS survey also found that half of the women who had experienced violence by a previous partner ended their relationship because of the violence they experienced or because of threats against their children (ABS 1996). However, some women experiencing domestic violence may not seek help out of fear their children will be removed. Recent Australian research found those fears to be justified: child protection cases were tracked and formal interventions were found to have provided 'little or no professional support' to women but rather 'the threat of statutory intervention was often employed to try to force a female caregiver to defend both herself and her children from the violent, abusive partner' (Tomison 1999, cited in Tomison 2000: 8). Tomison suggests that:

...a failure to acknowledge the realities of women's lives in violent households can lead to mother blaming and inappropriate professional expectations that women should be able to protect their children in situations of extreme risk, situations where the child protection system is unable or unwilling to protect them (Tomison 2000: 8).

Howe suggests that contemporary social work practice would view women in this situation as able to make free, rational choices (Howe 1996, cited in in Scourfield 2001: 69). This was identified as problematic in Scourfield's research. Scourfield's interviews with social workers in the UK found that when children are involved the social workers' focus moves from the male perpetrator to the woman so that it becomes her responsibility to protect her children against him (Scourfield, in Shaw & Gould 2001: 69). Scourfield theorises that 'women are expected to have will power and men, when seen as abusers, are beyond subjectivity and therefore beyond clienthood' (Scourfield, in Shaw & Gould 2001: 71). Scourfield argues that this is a failure of practitioners to have a 'social understanding of gender relations [by bringing] everything back to individual responsibility' (Scourfield, in Shaw & Gould 2001: 71). Other research indicates that a range of situational factors impinge on a woman's ability to seek help for domestic violence and to protect her children from the effects of domestic violence (Domestic Violence & Incest Resource Centre 2001: 7). These factors include the locus of power and control, effective supports, and access to resources (Bagshaw et al. 2000, cited in Domestic Violence & Incest Resource Centre 2001: 7).

### ***2.5.5 The effect of domestic violence on children***

The literature indicates that women's perceptions of the effects of domestic violence on their children can influence their responses to domestic violence and their help-seeking (ABS 1996). There has been considerable research into the effects of children's exposure to violence against their mother by her male partner (see Laing 2000b for an overview). British researchers Mullender and Morley found methodological concerns in relation to many of the studies they reviewed (Mullender & Morley 1994: 25). They noted that later, more methodologically sophisticated studies indicated that some children were 'well adjusted despite living with abuse...and that a majority survive within non-clinical or "normal" limits of functioning' but 'children who were both abused and had witnessed violence showed the most distress, particularly preschoolers' (Mullender & Morley 1994: 27). Their study concludes:

There is not one typical reaction but a range of behavioural and/or emotional difficulties *have* been observed as children respond to their own and their mother's distress and draw on whatever survival resources they have - from intervening to withdrawing—dependent on their age, personality and experiences (Mullender & Morley 1994: 28).

In relation to possible long-term effects on children and the notion of 'a cycle of violence', Mullender and Morley's review indicated that the majority of men currently assaulting their female partners, and the women themselves, came from non-violent backgrounds (Mullender & Morley 1994: 34). They identified that whilst *relatively* more people from violent families are violent towards their partners than those with non-violent parents (35% compared to 10.7%) the significance of this was debatable given that the overriding majority (80%) who came from a violent family background were currently non-violent towards their partner (Mullender & Morley 1994: 37).

### **2.5.6 Summary**

The literature identifies the abuse and violence that women experience, their sense of agency and acts of resistance and their help-seeking. Women's experiences of violence and abuse include physical, sexual, psychological, financial and social abuse. As a result of this violence and abuse, women are murdered, raped, experience severe injuries, commit suicide, and experience a range of emotional and physical symptoms. Whilst the literature indicates that women use a variety of strategies to both manage and resist the violence, the importance of understanding the limitations on women's sense of agency is highlighted. The concept of relational autonomy is identified as contributing to an understanding of the constraints on women leaving a violent relationship. The literature identifies the numerous barriers to women's help-seeking and to whom it is that women turn when they do seek help. When first seeking help women mostly turn to friends and family.

Having children was identified as impacting on women's responses to domestic violence. Some women ended their relationship because of the

violence they experienced or the threats made against their children whilst other women did not seek help out of fear their children would be removed. The literature also identifies the impact of domestic violence on the women's children and suggests that whilst some children were well adjusted despite living with domestic violence, children who were both abused and had witnessed violence showed the most distress, particularly preschoolers.

## **2.6 Responses to women's help seeking**

This section reviews the literature relating to the responses women receive to their help seeking when they experience domestic violence, comparing the responses from a wide range of formal and informal supports. As a focus of this study is the assault of women by a male partner, an act which is both a crime and the cause of serious emotional and physical consequences for women there is a particular focus on the responses of the police and doctors to women's help seeking.

### **2.6.1 Introduction**

Over the past 20 years many countries, including Australia, have developed policies and strategies aimed at improving the status of women in recognition of the inequalities and oppression that exist in our society. This has resulted in a number of positive developments in the area of domestic violence, including improvements in legislation, recognition of rape in marriage, income security benefits for women escaping violence, policies that give priority on public housing lists to women escaping violence, the establishment of women's shelters and other domestic violence services and community education campaigns aimed at changing community attitudes tolerant of domestic violence. These efforts were further underpinned at the 1995 Beijing conference where, as part of the U.N. Platform for Action, governments 'were asked to commit themselves to decreasing the prevalence of domestic violence' (Kelly et al. 1999: 1).

However, recently research has identified that women experiencing domestic violence often have lives that are 'fragmented into "welfare packages" of crisis accommodation, income support, counselling or emergency assistance' (La Nauze & Rutherford 1997: 18). Many diverse services such as neighbourhood houses, accommodation services, refuges, police, legal services and early childhood services are trying to deal with the consequences of domestic violence without 'a clean construction of violence against women as a social or justice issue' (La Nauze & Rutherford 1997:18). La Nauze and Rutherford suggest the need for an integrated community response involving three key aspects: the need for a feminist analysis of domestic violence to underpin effective responses; the need to understand and work within the local context while remaining cognisant of the broader context; and the need to work with diverse local networks (La Nauze & Rutherford 1997: 20).

### **2.6.2 *Women's perceptions of responses***

A literature review undertaken by British researchers Mullender and Hague (2000) examines first-hand accounts from survivors regarding helpful and unhelpful service responses and note that refuges are rated 'more positively than any other agencies in terms of services provided' due to practical assistance, empowering staff attitudes and a fundamental commitment to keeping women and their children safe. However, comparing service responses overall, the review identifies that 'despite improvements in recent years, survivors felt that judgemental attitudes and insensitive, disbelieving approaches still impeded help seeking' (Mullender & Hague 2000). They identify social workers as helpful through effective referrals but unhelpful when their primary focus is child protection, with a tendency to blame women for failing to protect their children.

Other research indicates that, in the main, women perceive the responses to their help-seeking as unhelpful and ineffective (Coorey 1988; McKinlay [Patton] 1991; Eastal 1994; ABS 1996; Keys Young 1998). Key themes emerging from the literature are the judgemental attitudes of informal supports and the inconsistency of service responses. Keys Young's qualitative study of

122 women who had experienced domestic violence found that only some of the participants identify family, friends or professionals as providing effective help through the provision of an appropriate, sensitive and helpful response with non-judgemental support (Keys Young 1998: 44-45).

Positive responses are identified as those which assist women 'to gain the information, awareness and support necessary to enable them to deal with the abuse in their own way and in their own time (Keys Young 1998: xii).

Helpful police responses are identified as: a quick response; the provision of useful information; believing the woman; not blaming her for the violence; and charging the perpetrator and/or removing him from the premises (Keys Young 1998: 54). Recent research into women's perceptions of health professionals' responses also highlights the importance of a validating response (Gerbert et al. 1999).

An Australian study of 40 women conducted by KPMG (1994) provides important information on both the economic costs of domestic violence against women as well as an introduction to the pathways, through services, that women take when trying to leave a violent relationship with a male partner. They found that, before leaving, women most frequently engage medical services followed by police and counselling /support services (KPMG 1994: 41). While leaving, they most frequently engage crisis services, followed by emergency accommodation, counselling/personal support, medical and financial services and police and legal services (KPMG 1994: 41). When establishing a new life, the services women used most frequently were legal services and counselling/support services, followed by long-term accommodation services and police, then financial, judicial and crisis services (KPMG 1994: 41). Four key factors are identified which prevent women from leaving earlier: a lack of knowledge of services; financial support; community and personal understanding of their situation; and transport, particularly for women in rural and remote areas (KPMG 1994).

Significantly, women identify they are more likely to leave and use other services when 'police responded to the urgency and severity of the matter'

(KPMG 1994: 42). Key structural enablers are income support through social security and the provision of both low-cost public housing and crisis accommodation (KPMG 1994: 8). Women identified five services they felt offer the most opportunity to impact on how they dealt with the violence: police; general practitioners; infant welfare nurses; solicitors; and family /marriage counselling services (KPMG 1994: 43).

### **2.6.3 An overview of responses from formal supports**

A number of national and international studies have examined formal responses to women's help-seeking when they experience violence from a male partner (McGregor & Hopkins 1991; Dobash & Dobash 1992; Atkinson 1995; ABS 1996; Alston 1997; Chenoweth 1997; Keys Young 1998; Weeks 1998; Breckenridge & Laing 1999; Bagshaw et al. 2000; Laing 2000a; Weeks 2000). Many of them express concerns that are reflected by British researchers Dobash and Dobash, who find that:

The problem of women's reluctance to report men's violence is often exacerbated by social, medical and legal institutions whose actions reveal a powerful legacy of policies and practices that explicitly accept or ignore male violence and/or blame the victim and make her responsible for its solution and elimination (Dobash & Dobash 1992: 4).

Other researchers have examined a range of service providers in the formal support system, comparing the responses from the police, the legal system, doctors, counsellors, health professionals, clergy, social workers and women-specific services such as shelters and domestic violence crisis services (Gamache, Edleson & Schock 1988; Horsfall 1991; KPMG 1994; Stubbs 1994; Davis & Srinivasan 1995; Buzawa & Buzawa 1996; ABS 1996; Gordon 1996; Keys Young 1998; Weeks 1998; Breckenridge & Laing 1999; Bagshaw et al. 1999; Dimopoulos et al. 2000; Mullender & Hague 2000; Laing 2000a). The literature suggests that the most helpful responses are from domestic violence services and women's services and the least helpful are often police and clergy. Yet in a Queensland study Gevers found that police are the most

frequent first point of contact, followed by counsellors, doctors, refuges and domestic violence services (Gevers 1996).

Davis and Srinivasan (1995) found that women-specific services are helpful through validation and information. In Australia, Gordon's research found that crisis lines, women's groups, social workers, psychotherapists and physicians are helpful and police officers, lawyers and clergy are not helpful (Gordon 1996). Women were found to be ambivalent about help received from clergy, feeling the advice they receive often kept them with their partner (Davis & Srinivasan 1995: 61).

British researchers Mullender and Hague (2000) found health workers are identified as unhelpful when they fail to ask about the violence, and that while housing and income security services are identified as essential services 'staff attitudes vary from supportive to demeaning'. They also found that reduced access to Legal Aid is a major concern, with resultant pressures on women to participate in mediation meetings with perpetrators (Mullender & Hague 2000). In relation to the criminal justice system, specialised police domestic violence units are identified as helpful, whereas problems are reported in the rest of the system, including a failure to 'deliver a consistently respectful service to women or handle perpetrators sufficiently assertively' (Mullender & Hague 2000).

The Australian study *Against the Odds: How Women Survive Domestic Violence* found women approach a wide range of formal services and that 'the response of others to the women's disclosure was often significant in determining the women's subsequent help seeking behaviour' (Keys Young 1998: xii). Generally the response of professionals was found to be widely variable with little consistency (Keys Young 1998). Whilst women sometimes report an effective response, responses from generic services are more commonly perceived as unhelpful:

Instead they variously encountered discomfort, a sympathetic but unhelpful response, apparent indifference, avoidance of the abuse

issue or in some cases a response that was mainly sympathetic to the perpetrator (Keys Young 1998: 45-47).

Similar findings to the *Against the Odds* study are identified in the report *Reshaping Responses to Domestic Violence* by Australian researchers Bagshaw, Chung, Couch and Lilburn (2000). Both reports recommend 'an increase in the range and type of services available to women, including services for women who choose to remain in, or who are not yet ready to leave, the relationship' (Laing 2001a: 6).

However, I noted that whilst a substantial number of the 122 women fulfil the core criteria for the Keys Young research sample (women who had not used domestic violence or related crisis services or police), the majority do not fit the criteria (Keys Young 1998: 8-9). Over 50 per cent of the sample (63 women) did use police at some stage and 39 per cent of the sample (47 women) did use domestic violence or related crisis services. Therefore, only a minority of women in the sample (42%) had never used a domestic violence crisis service or the police (Keys Young 1998: 8-9). This was not fully reflected in the focus of the report's findings: responses to the report called for a focus on informal responses and scant attention was paid to the role of domestic violence services.

A recent Australian national PADV report *Mapping Pathways of Service Provision: Enhancement of Family Violence Protocols and Interagency Linkages* examined the formal entry points into service provision systems chosen by women experiencing domestic violence with the aim of identifying the 'gaps and strengths of the current service pathways' (Dimopoulos et al. 2000). A survey was used to gather information of service usage from 28 women in three focus groups and from 104 service providers. Interviews were also conducted with women who had experienced domestic violence, obtained through contact with agencies 'primarily through liaison with services conducting victim support groups' (Dimopoulos et al. 2000: 10). The information obtained is summarised in a *pathway map* that comprehensively

identifies the formal supports women access when they are experiencing violence from a male partner (Dimopoulos et al. 2000).

The study found women first contact a variety of formal (and informal) supports, including family and friends, police and the legal system, counsellors, health professionals or specific domestic violence services (Dimopoulos et al. 2000: 24). The study identifies stages that women move in and out of as they try to achieve 'the desired end-point...of a safe living situation' and acknowledges this is only able to occur after a woman 'has overcome the barriers identified in the lead up to the transition phase' (Dimopoulos et al. 2000: 67). They found that 'meeting short-term needs is not sufficient to ensure that the woman stays in a safe living situation' (Dimopoulos et al. 2000: 67). Whilst the focus is on the service pathways identified by both women and, predominantly, service providers, it does not explore women's stories in any depth or focus on women's perceptions of the effectiveness of the formal and informal supports. Nor does it identify other factors such as information and women's beliefs.

#### ***2.6.4 The response of doctors and the police***

Late 20th century researchers examining formal responses from doctors and police argue that they operated 'as part of an extended patriarchy perpetuating the situation in which violence and the oppression of women occurred' (Dobash & Dobash 1979; Scutt 1983; Stanko 1985; Coorey 1988; Pahl 1995; Taft 2002). Many studies have been critical of the response of doctors and the police (Coorey 1988; Hatty 1988; Easteal & Easteal 1989; Hanmer, & Saunders 1990; McKinlay [Patton] 1991; Sasseti 1993; Head & Taft 1995; Pahl 1995; Knowles 1996; Richardson & Feder 1996). They argue that, often, doctors and the police are conditioned by the legacy of patriarchal control and principles of the maintenance of the family.

Two major concerns identified in the literature are a lack of effective intervention and judgemental attitudes, with police seen as 'gatekeeping' women's access to justice (Coorey 1988; Easteal 1988; McKinlay [Patton]

1991; Kelly et al. 1998) and doctors afraid to 'open Pandora's box' (Head & Taft 1995; Mazza 1997; Taft 2002). In the 21<sup>st</sup> century women continue to be murdered and severely injured by their male partners at increasing rates, highlighting the importance of effective responses from the medical profession and the criminal justice system (in particular, doctors and the police) to women's help-seeking.

### **2.6.5 *The medical profession's response***

Previous research indicates the need both internationally and in Australia to address the medical profession's lack of knowledge and training in relation to domestic violence. The American Medical Association's Council on Ethical and Judicial Affairs concludes that:

The medical profession must demonstrate a greater commitment to ending domestic violence and helping its victims. Medical societies should work collaboratively with established services for those who are abused. Training should include education about the dynamics of abuse as well as presentation of diagnosis and management protocols... Comprehensive training on domestic violence should be required in medical school curricula and in residency programmes for specialities in which domestic violence is likely to be encountered (Council on Ethical and Judicial Affairs 1992).

Other research has found that in the absence of appropriate training in relation to domestic violence, service providers such as the medical profession assume the broader community's values and tend to interpret violence as the result of the woman's failure to meet domestic demands or maintain family stability. Their responses are seen as 'overwhelmingly negative, at best ambivalent or detached (Easteal 1988). Research also indicates that a belief in the privacy of the family impedes doctors' responses to domestic violence. According to Dr. N. Jecker of the University of Washington's Department of Medical History and Ethics:

Privacy beliefs...obfuscate the ethical analysis of physicians' duties to intervene on behalf of battered patients (Jecker 1993).

In a survey in America which asked 1000 abused women to rate the effectiveness of the intervention of various professionals, health care professionals had the lowest rating behind women's shelters, lawyers, social service workers, police and clergy (Bowker & Maurer 1987). Powerful medical institutions such as the American Medical Association have brought to the attention of their medical community the need for doctors to address the issue as it presents to them in their practices (Sasseti 1993). Sasseti finds that:

Domestic violence is an enormous health care issue that primary care physicians are powerfully suited to address. Battered women and their children are regularly and routinely presenting for primary health care (Sasseti 1993).

Australian research has also found that doctors are well-placed to effectively intervene when women present as victims of domestic violence because they often visit doctors for their injuries and other symptoms related to their abuse (Burge 1989; Mazza, Dennerstein & Ryan 1996; Taft 2002). Women present with a variety of medical complaints; these include headaches, sleep disorders and abdominal complaints. They also present at emergency departments as emergency psychiatric patients, and to gynaecologists and obstetricians. Sasseti found doctors are in a unique and critical position to 'break the silence' that surrounds domestic violence and to 'profoundly impact the health and wellbeing of their patients, their communities and the nation at large' (Sasseti 1993). Other research suggests that the medical ethical principle of beneficence requires doctors to intervene in cases of domestic violence. In their research, bioethicists Pellegrino and Thomasma refer to this ethic of beneficence in considering a doctor's duties as being more than addressing physical injuries:

The aim of medicine is to address not only the bodily assault that disease or injury inflicts but also the psychological, social, even spiritual dimensions of this assault. To heal is to make whole or sound, to help a person reconvene the powers of the self and return as far as possible to (their) conception of a normal life (Pellegrino & Thomasma 1988).

The medical profession's ethical principle of nonmaleficence also directs doctors to effectively intervene with women experiencing domestic violence in order to avoid harmful or inappropriate therapies. Previous research indicates that failure to diagnose abuse results in inappropriately prescribed medications and an increase in women's sense of powerlessness (Kurz & Stark 1988; Margolin, Sibner & Gleberman 1988). This includes the prescribing of medications, including anti-depressants, which are contraindicated for victims of domestic violence where possible increased risks may exist for suicide and drug and alcohol abuse (Margolin, Sibner & Gleberman, in Council on Ethical and Judicial Affairs 1992). For example, research in the US found that doctors often prescribed drugs instead of exploring with women the problems in their lives and supporting women's efforts to change their situations:

Doctors who feel unable to alter women's social situations may prescribe drugs for women in an attempt to alleviate the 'symptoms' that result from their experiences of violence. (Harper 1996, cited in Hodges 1997: 23)

According to Hodges, women are often not provided with adequate information to support them in making informed decisions about their health (Hodges 1997: 23).

The American Council on Ethical and Judicial Affairs also found that a number of studies show:

...physicians often fail to diagnose abuse when signs and symptoms are present...emergency department physicians identified one in 35 of their female patients as battered, while a review of their medical charts indicated that one in four were likely to have been battered (Council on Ethical and Judicial Affairs 1992).

They found studies showing physicians' discharge diagnoses correctly indicate domestic violence in only eight per cent of cases where explicit information or strong indications of same were noted on the medical chart (Council on Ethical and Judicial Affairs 1992). Research suggests that if

doctors fail to effectively intervene when a woman is assaulted by a male partner the violence is most likely to continue and possibly escalate. One study found that one in five women experiencing domestic violence who seek help from doctors have sought medical attention for injuries from the violence, on eleven previous occasions (Council on Ethical and Judicial Affairs 1992).

Jecker's research suggests an ethical analysis of a doctor's duties should be widened to incorporate the principle of justice:

Ethical principles of beneficence and nonmaleficence have been invoked to justify physicians' duties to abused patients; however the principle of justice has not been invoked (Jecker 1993).

Establishing conditions favourable for self respect was seen as a requirement of justice, with the intervention chosen by doctors having important ramifications for supporting women's self respect and dignity (Jecker 1993).

Jecker states:

If justice forms part of the ethical foundation for physician intervention in domestic violence mandatory steps that do not transgress the confidentiality of the physician-patient relationship or infringe the patient's autonomy should be taken such as requiring domestic violence training in medical education and following treatment plans and protocols to identify abuse and provide assistance to battered patients (Jecker 1993).

Australian research indicates that women experiencing domestic violence, who present to doctors, express dissatisfaction with the attitudes and interventions received (Head & Taft 1995). Their research recommends domestic violence education for doctors at undergraduate, postgraduate and continuing education levels. However, they state that:

This research suggests that the beliefs a general practitioner holds are not the most important determinant of whether a general practitioner fulfils their role or not (Head & Taft 1995).

They suggest that knowledge and skills are the most important determinant after their research attempted to examine whether beliefs are indicative of a general practitioner's reported behaviour, which beliefs lead to better behaviours and which lead to less useful behaviour. They note:

...from discussions with these GPs about their beliefs, it is difficult to make generalisations about their belief systems (Head & Taft 1995).

However, their findings indicate they did identify some individual beliefs that clearly did lead to differences in reported behaviour and impacted on the effectiveness of intervention.

The evaluation of the Australian *Women and Violence* training manual also raises the issue of doctors' attitudes. The manual states:

You must be aware that your attitude to violence, male-female relationships and the role of women in society affects how you 'hear' a woman's story (RACGP 1994).

The evaluation notes that: the educational intervention changed general practitioners' knowledge in the area of domestic violence; general practitioners reported an increased number of domestic violence cases in their practice; and general practitioners reported an increase in the number of strategies used to identify victims (RACGP 1994). However, it found:

...global questions dealing with complex issues do not lend themselves to simple categorising of right and wrong. GPs may require much more than a two hour session to change their response to questions which might be part of their belief system rather than something learned previously from coursework or texts...Perhaps changes in attitudes, confidence and motivation are required to elicit changes in behaviour, even in GPs who have substantial pre-existing knowledge of the topic area ( RACGP 1994: 53).

Flitcraft suggests that while knowledge, skills and attitudes are necessary for effective practice, 'attitudes can be at odds with practice skills and knowledge' (Flitcraft 1992: 3 195). She suggests:

...knowledge transforms behaviour only when appropriate skills and values converge in the right political climate. Deep ambiguities persist on the societal and community levels regarding the difference between...legitimate authority and abusive behaviour (Flitcraft 1992: 3 195).

These findings reflect concerns that in the absence of appropriate education and training, responses to domestic violence, including from doctors, will tend to reflect community attitudes. This has been supported by more recent research (Patton 1997; Taft 2002; Taft 2003) suggesting doctors' attitudes *are* a significant factor in an effective response to women assaulted by a male partner. They suggest that training for attitudinal change should begin in undergraduate education and continue through ongoing education.

### **2.6.6 Criminal justice system responses**

Due to the influence in the late 20<sup>th</sup> century of feminism and the women's movement, attention has focused on the criminal justice system and the effectiveness of legislative reform to give more protection to women assaulted by a male partner. As Burton states:

Legislative reform can serve as a vehicle for legitimatizing many feminist concerns which did not otherwise find institutionalised channels for expression (Burton 1985 xvi, cited in Coorey 1988: 16).

However, Coorey's research found that if women were to gain from legal changes in the area of domestic violence, police, solicitors and magistrates need to have challenged the ideologies upon which they base their interpretations of this legislation when their decisions went against the interests of women. She suggests it was this authority, 'given to people in these positions of power (predominantly men) to protect victims of crime, that is misused (sometimes blatantly) to the detriment and further victimisation of women' (Coorey 1988: 16). The law's role in dealing with the problem of

domestic violence is seen as important in the literature for two reasons: it may be able to provide a measure of protection to the victims, and it serves as a symbolic and educative role in that attitudes to domestic violence can be, and are, shaped by the law's responses (Seddon 1985, in Hatty 1986: 387). Yet, Coorey's study found that the criminal justice system had become another form of social control:

The criminal justice system became, in effect, another form of social control of women in addition to personal violence in their homes, and the structural inequalities and lack of adequate services that limited women's abilities to leave abusive situations (control at a social level) (Coorey 1988: 16).

In her review into domestic violence in 1983, lawyer Dr. Robyn Hopcroft noted it was clear that assault was a crime, and the law in itself was adequate but states:

Despite the adequacy of the law in theory, in practice there is considerable disparity in the treatment by police...in situations where the offender and victim are married. At every stage of the legal process the woman victim of domestic violence is placed at a disadvantage in comparison to all other categories of assault victims...An informal arrest-avoidance policy may be the police practice (Hopcroft 1983: 61).

Almost a quarter of a century later, the literature suggests that progress has been made, with pro-arrest policies established in most American jurisdictions but there is little evidence of any systemic change in most other western countries (Shepard & Pence 1999). Where pro-arrest policies have been developed, police often retain considerable discretion, even with the introduction of whole-of-system approaches such as the Duluth model (Shepard & Pence 1999, Keys Young 2000). Feminist studies, examining issues such as police intervention and addressing police attitudes and underlying values, continue to indicate the protection of men at the expense of women and children's safety and that police rarely use legal responses (Coorey 1988; McKinlay [Patton] 1991; Kelly et al. 1999).

The study by Kelly et al. identifies that the criminal justice system fails to prioritise the safety of women experiencing domestic violence (Kelly et al.

1999). Data from 223 respondents identifies four key concerns: a failure of police to respond seriously or sympathetically; a failure to arrest or caution the perpetrator; a slow response time; and no follow-up contact or action (Kelly et al. 1999: 51). Whilst most women identified police response as supportive or sympathetic, 42 per cent were unhappy with the police response due to police attitudes, their minimisation of the seriousness of the violence or an inappropriate legal response (Kelly et al. 1999: 53). The research indicated that it 'is both *what* police do and *how* they do it that matters to women' (Kelly et al. 1999: 53). The recommendations from the study include: the need for a nationally agreed mechanism for the collection of statistics; training of police to provide them with a clear definition of domestic violence, information for police on what women want when they call police, an understanding of the social, financial and emotional costs of domestic violence to women and agencies and what increases victim satisfaction and safety; special prosecutors; attention to legal action regarding bail conditions and breaches; and probable cause or mandatory arrest (Kelly et al 1999: 116-117). They noted that either probable cause or mandatory arrest is currently operational in every state in the United States (Zorza 1995, cited in Kelly et al: 1999).

Whilst assault of another person is recognised as a crime and, in theory, it should make no difference that the perpetrator and the victim are in an intimate relationship, the literature suggests that the legal system often, in practice, continues to ignore assault of women by their male partners whilst punishing violence between strangers (Cook & Bessant 1997; Hanmer & Itzin 2000). The literature also identifies an *inconsistency* of police response as a key issue (Hanmer & Saunders 1990; Kelly et al. 1999; Hanmer & Itzin 2000). From interviews with police, it was identified there is 'no shared knowledge base amongst police' about domestic violence and that support for 'a law enforcement response was fragile' (Kelly et al. 1999: 59-60). The study found that police do not agree on 'what counts as domestic violence or what their role in response to it should be' (Kelly et al. 1999: 115). This inconsistency resulted in what Kelly et al. call a *domestic violence lottery* for victims (Kelly et al. 1999: 115). An Australian study found that when an effective police response occurred women were more likely to leave (KPMG 1994).

Two other Australian qualitative studies focus on police responses to domestic violence (McKinlay [Patton] 1991; Knowles 1996). The former study, qualitative research with 15 women who had experienced domestic violence and subsequently sought help from police, suggests the need for police to use available legislation to more effectively provide women with legal protection and for women to have more access to information about their legal rights (McKinlay [Patton] 1991: 100-101). The study's recommendations include: the adoption by police of a pro-arrest policy; the provision of domestic violence training addressing the need for attitudinal change; the establishment of a specialised domestic violence police unit to monitor police response; and the need for further research analysing police data on responses to assault and Restraint Orders (McKinlay [Patton] 1991: 103).

Knowle's primary focus is police officers' perceptions of their role in domestic violence. It also describes the culture of police and its influence on their handling of domestic violence. Knowle's study indicates that effective responses to women are hampered by judgemental attitudes and a reluctance to arrest men, with evidence of police 'gatekeeping' women from the legal process (Knowles 1996: 161). Dr Knowles makes 54 recommendations aimed at improving police responses to domestic violence and providing structural support for police.

Despite their difficulties in seeking help, research has shown that women who experience violence from their male partner, above all else, need and want support and protection (Coorey 1988). Some research reports have indicated that arrest can help provide that support and protection as well as prevent the violence. The Minneapolis experiment conducted by the Police Foundation and the Minneapolis Police Department from March 1981 to August 1982 found that arrested offenders were about half as likely as non-arrested offenders to repeat their violence over a six month follow-up period (Sherman & Berk 1984). There have been a number of overseas research reports since then that have both challenged and supported this finding (National Research Council 1996, cited in Shepard & Pence 1999: 175). However, Zorza's research, which reviewed the methodologies and findings of these studies,

determined that 'no other police action is more effective as a deterrent' (Zorza 1995, cited in Kelly 1999: 64).

### **2.6.7 Co-ordinated/integrated responses**

The literature indicates a co-ordinated community or integrated response to domestic violence enhances the consistency of not only the police response but all agencies involved in responding to women's help seeking (Shepard & Pence 1999; Holder & Munstermann 2002). One of the most successful models is the Duluth model which incorporates an integrated community response to domestic violence. The eight key components are:

1. Creating a coherent philosophical approach centralising victim safety
2. Developing 'best practice' policies and protocols for intervention agencies that are part of an integrated response
3. Enhancing networking among service providers
4. Building monitoring and tracking into the system
5. Ensuring a supportive community infrastructure for battered women
6. Providing sanctions and rehabilitation opportunities for abusers
7. Undoing the harm violence to women does to children
8. Evaluating the coordinated community response from the standpoint of victim safety (Shepard & Pence 1999: 16).

Variations on this approach have been operating in a number of countries, including America, Canada, Britain and, more recently, in Australia (Pence 1985; Ursel 1996; Kelly et al. 1999; Holder & Munstermann 2002). The approach requires:

...a common philosophical framework that will provide the basis around which the goals of victim protection, offender accountability, and changing the social climate of tolerance of domestic violence can be achieved (Shepard & Pence 1999: 17).

Adaptations of the Duluth model in Australia have occurred in six locations: Melbourne (Victoria); Perth and Armadale (Western Australia); Brisbane (Queensland); Adelaide (South Australia); and the Australian Capital Territory

(ACT) (Holder, in Shepard & Pence 1999). In Tasmania, an integrated approach based on the Duluth model was recommended to the government (TDVAC 1996) following a study which identified the economic costs of domestic violence to the state (with a population of under half a million) at \$17.67 million per year (KPMG 1994). Despite both sides of government espousing support for the approach (Swan 1996; Jackson 1996) and a change of government shortly after, there was no commitment of funds to implement the integrated approach. However, two recent government reports proposing legislative reforms in the area of domestic violence support an integrated approach (Patton 2003; Tasmanian Government 2003). Numerous evaluations of Duluth type approaches have been undertaken, particularly in America where it originated (Yllo 1988; Rossi & Freeman 1993; Tolman & Weiz 1995; Gondolf 1997; Keys Young 2000). However, research has primarily focused on components of the approach rather than the whole co-ordinated response because:

...designing an evaluation that can reasonably determine the differential impact of interventions that make up a coordinated community response is extremely difficult (Shepard, in Shepard & Pence 1999).

The literature indicates that it is difficult to find 'reliable and valid instruments that measure outcomes of concern' to co-ordinated/integrated responses to domestic violence. However, previous quantitative and qualitative evaluations have identified both effective and ineffective outcomes (for discussion see Shepard, in Shepard & Pence 1999: 169–191). Many evaluations have measured the effectiveness of legal or community service interventions with a focus on perpetrators, often linking effectiveness to a reduction in recidivism rates. This reflects, in part, the key role which the criminal justice response plays in any co-ordinated/integrated response. A quantitative study by Tolman and Weiz, for example, identifies that within a co-ordinated response arrest reduced recidivism rates (Tolman & Weiz 1995).

Another quantitative study identified that 'None of the variables that were related to the co-ordinated community response (e.g. jail time, type of court

intervention, completion of the DAIP program, number of sessions attended) discriminated between recidivist and non-recidivists' (Shephard 1992, cited in Shepard & Pence 1999: 185). Within an overarching goal of intervention increasing the safety of women and increasing perpetrators' accountability, the literature suggests that the focus of evaluation should shift from difficult to measure long-term outcomes to 'identifying and measuring specific goals and objectives' developed by co-ordinated/integrated approaches to *achieving* long-term outcomes (Shepard, in Shepard & Pence 1999: 175).

### **2.6.8 The responses of informal supports**

Research has also been undertaken into the response of informal supports (family, friends, neighbours, co-workers and the local community) and women's experiences of that support (see Bowker 1984; D'Abbs 1991; Paquin 1994; Davis & Srinivasan 1995; ABS 1996; Gordon 1996; Kelly 1996; Lempert 1996; Keys Young 1998; Holder 1998; Dimopoulos et al. 2000; Heckert, Ficco & Gondolf 2000). Many of the studies found that women first seek help from family and friends, and most reported that women found their responses helpful by allowing them to talk about their experience of violence and providing practical support.

An Australian study found that informal supports were supportive by providing childcare, a safe place or someone with whom they could talk about their problems (KPMG 1994: 43). Service providers interviewed thought that friends and family were a 'particularly important source of assistance to Indigenous women' with many going 'to friends and family...instead of going to services' (Keys Young 1998: 86). Other studies have found a more common pattern of unsupportive responses from family and friends. Their responses either blame the woman or suggest there is nothing that can be done:

...what was less evident in informal responses...were either explicit challenges to the violent man by supporters or their acting as informed advocates for women in discovering what her options were through more formal responses (Kelly 1996: 77).

An Australian study conducted by Peter d'Abbs that focused on who people generally turn to in times of need reported that 'The capacity of people and families to care about each other is sometimes viewed as an untapped reservoir of goodwill and mutual aid' (d'Abbs 1991). His study found that informal networks do play a significant role in supporting families, but he notes:

Because they are governed by underlying norms of reciprocity there is a limit to the extent to which they can take the place of states and other social service agencies. Informal networks are, in fact, most effective when complemented by adequate formal assistance (d'Abbs 1991: 12).

D'Abbs also finds evidence of a gender-based division of labour in the provision of help, which he feels points to 'the existence of normative patterns underlying the provision of informal support' (d'Abbs 1991: 12). His findings support Finch and Groves' observations that 'in practice, community care equals care by the family, and in practice care by the family equals care by women (Finch & Groves 1980, cited in d'Abbs 1991: 122). D'Abbs concludes that informal supports should be seen as complementary and not a substitute for formal supports and that:

...the provision of informal support, subject as it is to considerations of reciprocity and social distance, will be encouraged, rather than discouraged, by adequate appropriate formal services. It is the absence of such services that tends to discourage people from seeking help from each other (d'Abbs 1991: 128).

Some studies reported that women found family and friends could be unhelpful by being judgemental and overly directive. The *Against the Odds* report finds: 'in fewer instances, it seemed, were family and friends able to provide the emotional and/or practical assistance that enabled the women to take critical steps to deal with the abuse' (Keys Young 1998: 44). Service providers interviewed for that report found that:

Family members and friends, although often well meaning, often have little understanding or awareness of the dynamics of domestic violence

and sometimes respond in inappropriate ways to the abused women's situation (Keys Young 1998: 84).

Service providers also felt that some women were ambivalent about their friends and family becoming involved, fearing for their family's safety or not wanting to have 'to deal with their friends' and family's responses' (Keys Young 1998: 85). Holder suggests that 'the critical feature of these findings is the reliance women place in seeking help from and through family, friends, and neighbours—their community' (Holder 1998: 5). However, she raises concerns that not enough is known about the outcomes of this help-seeking.

### **2.6.9 Responses to diversity**

For women from a culturally and linguistically diverse background and for Aboriginal women, concerns about formal and informal supports are often exacerbated by both a lack of culturally sensitive services and discrimination (Antonios 1996; Easteal 1996; Atkinson 1995; Robertson 1999; Memmott et al. 2001). Barriers to accessing support are of further concern when it is noted that 'in a study of killings between adult sexual intimates, overseas born and Aboriginal women are disproportionately represented' (Easteal 1996: 87).

Barriers for Aboriginal women include a reluctance to report violence from their male partners for 'fear of reprisals from the perpetrator, his kinfolk or the justice system' (Robertson 1999: xiv). Other reported barriers include death in custody issues and negative attitudes from police and other parts of the justice system (Sam 1992: 37). However, more recent research indicates that the justice system is the most common avenue resorted to in trying to stop the violence (Memmott et al. 2001: 37). Several recent Australian studies have identified barriers experienced by CALD women including: a lack of information, support networks, culturally and linguistically appropriate service provision and female interpreters; fear of deportation, police and bureaucrats; cultural beliefs; dependence on a sponsor; social isolation; and fear of isolation from their family and community (Dimopoulos et al. 2000; Bagshaw et al. 2000; McBride 2000).

Women with disabilities found that the access barriers commonly encountered by women in general were compounded for them and that they often had the traumatic experience of finding a lack of support when they did finally access services (Sobsey 1994; Mulder 1995; Young et al. 1997; Frohmader 1998). A number of barriers to accessing services have been identified in the literature, including a lack of knowledge of services available; inappropriate services; and insensitive community attitudes reflected in the attitudes and skills of service providers. Women with a mental and/or physical disability who experienced violence from a male partner have been identified as being doubly disadvantaged. The disability created additional barriers to leaving and establishing a new life and resulted in a situation of '*double jeopardy*' from an 'added layer of oppression' (Chenoweth 1997: 24).

A recent American study conducted by the Centre for Research on Women with Disabilities (CROWD), involved both qualitative interviews with 31 women with disabilities, and a national survey of 946 women, 504 of whom had physical disabilities and 442 who did not have disabilities. Their findings indicate that:

...abuse prevalence (including emotional, physical and sexual abuse) was the same (62%) for women with and without disabilities...The most common perpetrators of emotional and physical abuse for both groups were husbands...physical abuse by husbands was reported by 17% of all women with disabilities and 19% of all women without disabilities (Young et al. 1997).

However, the CROWD study also found that: 'Women with disabilities reported significantly longer durations of physical or sexual abuse compared to women without disabilities', that is, 3.9 years versus 2.5 years (Young et al. 1997). Other research, not specifically focusing on women, indicates that people with disabilities 'are far more at risk for all forms of abuse and violence than the general population' (Sobsey 1994, in Chenoweth 1997: 26). In Australia there has been limited research into the prevalence of violence against women with disabilities by their male partner. However: 'Evidence from women with disabilities suggests that violence against them differs in significant ways to violence against other women' (Frohmader 2001). This

includes women being more vulnerable through dependence on a partner as their carer; service providers not believing women; and for some women with disabilities, less ability to exercise power and control over their lives (Frohman 2001).

#### **2.6.10 Unmet needs**

In examining the literature in relation to the responses women receive from formal and informal supports it is apparent that their needs are not always met. When British researchers Mullender and Hague (2000) reviewed first-hand accounts from survivors of the most and least helpful aspects of the available services they also identified women's unmet needs. These include secure funding for refuges, social services supporting the non-abusing parent, health services adopting routine questioning, benefits agencies minimising delays in financial assistance and the criminal justice system taking a 'proactive, interventionist response provided it is combined with attention to safety and a believing and supportive approach' (Mullender & Hague 2000).

The *Against the Odds* report also identifies women's unmet needs and contributes to an understanding of what might enable women to leave and establish a new life (Keys Young 1998: xiii-xix). The report identifies that women need: non-judgemental support; to be believed; a more effective response from service providers, particularly police; to have someone trustworthy for support and to take any necessary initial action; improved promotion of domestic violence services; increased accessibility to domestic violence services for women with special needs; an increase in the awareness of family and friends regarding the issue of domestic violence; and, when establishing a new life, practical support to obtain housing, employment and in dealing with legal issues and emotional and personal support, particularly in order to manage the ongoing impact of the abuse on themselves and their children (Keys Young 1998: xiii-xix).

There are also differing perspectives on the most efficacious use of resources to address these unmet needs. Some studies highlight the importance of a

criminal justice response (Shepard & Pence 1999) whilst others raise concerns regarding women's choices in that process (Mills 1999). Other studies explore the need for supporting community involvement in strategies against domestic violence (Kelly 1996; Holder 1998) while others focus on the efficacy of service responses (Gordon 1996; Mullender & Hague 2000). There has been less debate in Australia about the most efficacious use of resources, perhaps because there has not been the same resource intensive, integrated criminal justice approach that exists, for example, in some states of America (see the Duluth model in Shepard & Pence 1999). However, debate is beginning to emerge as the PADV strategy develops and new research evaluates the initial attempts to develop integrated models of service delivery in Australia (Weeks 1998; Holder 1998; Patton 2000; Keys Young 2000; Holder 2001).

Whilst the Keys Young study, like many other studies, did explore women's experiences of domestic violence and formal and informal responses, it did not focus on what enables women to leave (Keys Young 1998). There is not a clear picture from the literature of who are, and what is, meeting the identified needs of women in Australia, who seek help to leave a male partner who assaults them.

### **2.6.11 Summary**

In summary, considerable research has been undertaken both internationally and nationally that has relevance for women who have been assaulted by their male partner and for guiding effective informal and formal responses. The factors and subsequent directions that appear to be indicated by the research include:

- most women initially try to self-manage the violence they experience from a male partner;
- most women subsequently reach out to friends and family (informal support) when first seeking help. This is helpful when it provides women with someone to talk to, emotional support and practical assistance. It is unhelpful when the response is judgemental and overly directive.

Generally, though, responses from family and friends do not always enable women to take critical steps to deal with the abuse;

- when seeking formal support women often find non-domestic violence services unhelpful. Women most often reach out to the medical profession at this point. Although individual professionals and some services give women considerable support and display sensitivity and understanding, it is most common for women to encounter a sympathetic but unhelpful response, indifference, avoidance of the issue, discomfort or a response that was sympathetic to the perpetrator;
- women who are assaulted by their male partner often seek help from police, particularly when leaving, but mostly find the police response unhelpful, citing judgemental attitudes and an unwillingness to take action;
- when used, women mostly express satisfaction with domestic violence services but these are primarily used while leaving and immediately after leaving. The response from domestic violence services mostly helps women to take critical steps to deal with the abuse by validating women, believing them, providing information and referrals and supporting them through the legal processes. However, most women did not use domestic violence services due, in part, to a lack of knowledge about the services (or how to access them) or negative perceptions about them, particularly shelters.

## **2.7 Summary**

This chapter provided a review of the literature relevant to the focus of this study: what enables women to leave a male partner who assaults them. In relation to theories of domestic violence the literature identifies two key themes, individual and structural approaches. Structural approaches, including a feminist analysis of domestic violence, are evident in most contemporary analyses. The literature identifies the abuse and violence that women experience, their sense of agency and acts of resistance, and their help-seeking. Whilst women use a variety of strategies to both manage and resist the violence, the importance of understanding the limitations on women's sense of agency is highlighted.

The numerous barriers to women's help-seeking are identified and to whom it is that women turn when they do seek help. The findings indicate that most women initially try to self-manage the violence before reaching out to friends and family. This is helpful when it provides women with someone to talk to, emotional support and practical assistance and unhelpful when the response is judgemental and overly directive. Generally, though, the responses from family and friends do not always enable women to take critical steps to deal with the abuse. Having children is identified as impacting on women's responses to domestic violence. Some women end their relationship because of the violence they experience or the threats made against their children, whilst other women do not seek help out of fear their children will be removed.

When seeking formal support, women often find non-domestic violence services unhelpful. Although individual professionals and some services give women considerable support and display sensitivity and understanding, in the main women encountered a sympathetic but unhelpful response, indifference, avoidance of the issue, discomfort or a response that was sympathetic to the perpetrator. Women who are assaulted by their male partner often seek help from police particularly when leaving, but mostly find the police response unhelpful, citing judgemental attitudes and an unwillingness to take action. Effective police responses are often linked to a co-ordinated/integrated criminal justice response based on models such as the Duluth model.

When domestic violence services are used, women mostly express satisfaction with them but these are primarily used while leaving and immediately after leaving. The services mostly help women take critical steps to deal with the abuse by validating women, believing them, providing information and referrals and supporting them through the legal processes. However, most women did not use domestic violence services due, in part, to a lack of knowledge about the services (or how to access them) or negative perceptions about them, particularly shelters.

## 2.8 Relevance of this study—the gap in knowledge

The literature clearly informs this study, providing a context for the research methodology and information on the diverse issues related to what enables women to leave a male partner who assaults them. This includes definitions and theories of domestic violence, prevalence and incidence rates, women's experiences of domestic violence and the effectiveness of formal and informal responses to women's help-seeking. However, the literature indicates that there is little research that focuses specifically on women's perceptions of being able to leave a male partner who assaults them and establish a new life, on identifying who and what enables women to leave, nor research determining the significant factors of an effective formal and informal response as perceived by women who have left and established a new life. There is also the need to continue to document women's experiences to:

...provide women who have been subjected to this mostly privatised violence with a source of information about these issues against which they might find validation of their own experiences' (McCarthy, in Cook & Bessant 1997:134).

As described previously, the ACT Victims of Crime Co-ordinator, Robyn Holder, noted that the response in Australia to the *ABS Women's Safety Survey* (which showed that most women experiencing violence from a male partner first turn to friends, family and neighbours) was for the government to commission research into why women do not use police and crisis services. She asked the question 'Why didn't they commission qualitative research into what women actually do?' (Holder 1998: 5). This qualitative study aims to contribute to an understanding of this question by exploring women's perceptions of what they 'actually did' to leave a male partner who has assaulted them and establish a new life, who and what helped them to do so, and what factors are perceived as contributing to an effective response. It does so whilst recognising the constraints to leaving, within the social and structural context of women's lives. The next chapter discusses how these questions are answered by describing the methodology of the study and the method utilised.

## **CHAPTER 3: METHODOLOGY**

### **3.1 Introduction**

This chapter discusses the methodology of the study—that is, the theory of ‘how research should proceed’ and the method utilised, ‘the techniques for gathering evidence’ (Harding 1987: 2). It describes a qualitative (exploratory and descriptive) study conducted from a feminist standpoint (Hartsock 1987; Harding 1987; Bell & Klein 1996; Grbich 1999). The research aims and questions are outlined below, followed by a definition of key terms. The conceptual framework informing the methodology is discussed, followed by the research design including ethical considerations, the interview schedule, how the sample was obtained, methodological issues arising, the interview process and the data analysis process.

### **3.2 Research aims**

This research aims to identify and explore women’s perceptions of the formal and informal pathways they have used to leave a male partner who has assaulted them; the pathways they used to establish and maintain a new, violence-free life for themselves and, if any, their children; and supports which have assisted them in this process. The research seeks to acknowledge the capabilities and strengths of such women; to enhance their capacity to build and maintain new, violence-free lives; and to highlight their common needs and concerns. It also aims to identify the turning points and barriers involved in the process of leaving. This research aims to identify how and where government and non-government policy makers and service providers, including social workers, could best use their resources to provide more timely and appropriate assistance to women leaving a male partner who assaults them, and to maximise their safety. It aims to inform strategic policy and service development by identifying where and how agencies could assist women to establish and maintain safety in their lives; and the intervention or support needed to achieve safety.

The focus of this study is on women who left a male partner during the 1990s, primarily between 1995 and 1999, as there was a number of service developments, strategies, campaigns, changes in legislation and policies relevant to domestic violence both nationally and within Tasmania during that time. The methodology was based on semi-structured, in-depth, qualitative interviews with 53 women who lived in Tasmania and had left and remained out of a violent relationship with a male partner. In addition to qualitative data, some limited demographic and service usage data was collected in order to analyse the relationship between factors such as age, service use and location.

### **3.3 Research questions**

The main research question is: What are women's perceptions of the turning points and pathways in leaving and remaining out of a relationship with a male partner who has assaulted them? The subsidiary questions are:

- How are the women able to leave a male partner who has assaulted them?
- What factors do they identify as supporting them to leave and remain out of a relationship with a male partner who had assaulted them?
- What factors do they identify as supporting them to establish an alternative violence-free home?
- Do women from different status groups have different pathways to leaving and establishing an alternative violence-free home?
- What impact do the women's children have on the process of leaving and establishing an alternative violence-free home?
- What are the implications for policy and practice, especially social work policy and practice?

### **3.4 Definitions of key terms**

The key terms which require definition in this study are 'turning point', 'barrier', 'pathway', 'key pathway', 'domestic violence service', 'formal and informal support' and 'leaving a male partner who has assaulted her'.

*Turning point:* Commonly referred to as a defining moment in time, often, but not always, following a particular event, when a person identifies that they changed how they thought about a situation. This may or may not result in different behaviour and/or a different view of the situation. In this research it includes:

- (i) those events that most contribute to a woman's decision to leave her partner and establish a new life;
- (ii) the point(s) at which a woman makes her life-changing decisions.

*Barrier:* A constraint that makes it difficult for women to leave. Barriers include such factors as ties to the partner, economic dependency, fear of reprisals, and subjective feelings and beliefs (Keys Young 1998).

*Pathway (enabler):* Both concrete enablers and abstract processes by which women overcome perceived barriers to leaving. They therefore include formal public, private and community support services, informal support networks of family, friends, neighbours, work colleagues, fellow students and other members of the community and factors such as information, feelings and beliefs, and structural supports such as laws and policies.

*Key pathway:* A pathway identified by a woman as especially significant in the process of leaving and establishing a new life.

*Informal support:* Family, friends, neighbours, co-workers, fellow students and the local community.

*Formal support:* The public, private and community services funded to provide support.

*Domestic violence service:* Services with a primary mandate to provide support to women who experience domestic violence. This also includes

women's shelters due to the high number of service users who have experienced domestic violence.

*Leaving a male partner:* Refers to the woman neither co-habiting with or maintaining an intimate relationship with, the man with whom she has a married or de facto relationship.

*Assault:* Specifically defined in this study as violence that constitutes an assault as defined by law. Assault is defined by the Criminal Code Act 1924, Section 182 (1) as:

An assault is the act of intentionally applying force to the person of another, directly or indirectly, or attempting or threatening by any gesture to apply such force to the person of another if the person making the attempt or threat has, or causes the other to believe on reasonable grounds that he has, present ability to effect his purpose, or the act of depriving another of his liberty.

This is consistent with the definition that the Australian Bureau of Statistics (ABS) used in its national domestic violence survey: 'any incident involving the occurrence, attempt or threat of either physical or sexual assault' (ABS 1996). The focus of such a definition is on women as survivors and men as perpetrators of assault and refers to those in a married or de facto relationship, living together or separated; within this conceptual framework the significant factor is the 'marital' relationship.

### **3.5 Conceptual framework**

Commenting on the development of a theoretical framework, the feminist writer Catherine Riessman observes: 'Beliefs about the nature of social reality and how we are to know it (ontology and epistemology) shape which method we choose, which questions we ask, and what counts as knowledge' (Riessman 1994: xii). Therefore paradigms (a basic set of beliefs that guide action) imply methodologies and enable social workers to connect ideology with action (Mullaly 1997: 21). Patton (1990: 67) suggests that 'how you study

the world determines what you learn about the world'. This exploratory study was conceptualised within a phenomenological tradition (Moustakas 1994), using a feminist paradigm (Harding 1987; Reinharz 1992; Bell & Klein 1996) to develop the preliminary research question 'Who and what enables women to leave a male partner who assaults them, whose help do women seek, if any, and how do they help?', and to collect and analyse the qualitative data inductively (Leedy 1997; Grbich 2000):

In implementing these theoretical assumptions two feminist principles were followed: respectfully listening to women's voices; and accepting their subjective perceptions about their experiences, motivations and decision making processes (Bell & Klein 1996; Eiskovits, Buchbinder & Mor 1998). This view assumes that women have a unique ontology by which they make sense of the world and that their perceptions are unique:

The phenomenological and feminist traditions share several common assumptions...they reject the positivistic assumption of a single reality...the researcher is both the instrument and the medium of doing research...both paradigms recognise the primacy of women's lived experiences while locating them in the socio-cultural context (Eiskovits, Buchbinder & Mor 1998: 416).

Epistemologically, this research is constructionist—that is, it accepts the view that 'meaning comes into existence in and out of our engagement with the realities in our world' (Crotty 1998: 8–9). People construct meaning, within a social context, in a variety of ways 'even in relation to the same phenomenon' (Crotty 1998: 8–9). The research also takes a phenomenological perspective which privileges the experiences and perceptions of those interviewed. Theoretically it is influenced by social and radical feminist theory (Scutt 1994; Bell & Klein 1996; Kelly 1996; Hanmer & Itzin 2000; Weeks 2000; Laing 2001) as well as structural social work theory (Ife 2002; Mullaly 2002; Weeks 2003), with a focus on action for social change.

Whilst post-structuralism and postmodernism have made considerable theoretical contributions to feminist debates about knowledge and ways of

knowing, they are not a major influence on this study due to their primary focus: on nihilism, cynical scepticism or relativism, on textual analysis, and a lack of focus on informing action for social change (Rosenau 1992), although there have been recent efforts to rectify the latter (Pease & Fook 1999; Healy 2000; Gilmore 2003). The relativism of postmodernist theorising means it can be incompatible with feminist theory's observation that women live in a 'dualistic, power-driven gender system' (Scourfield, in Shaw & Gould 2001: 66). In contrast, feminist theory maintains it remains important 'to hold onto a conception of material reality when considering gender relations' (Scourfield, in Shaw & Gould 2001: 66).

This research is about women by a woman to improve women's daily lives and is committed to changing social injustice to women. It emphasises a non-exploitative relationship between the researcher and the participants based on 'collaboration, co-operation and mutual respect' and 'recognises the open presence of the researcher as intrinsic to the process' (Reinharz 1992). Feminist paradigms of social science take gender into account by breaking away from the traditional scientific method and recognising the socio-political and economic conditions in which the assault of women by a male partner occurs. Feminist paradigms of social science encourage the development of action research that leads 'to action and amelioration of the problems rather than the disinterested gathering of information...to influence the attitudes and responses of workers in the field' (Coorey 1988: 12).

Using a sociological framework, this research locates the description of women leaving a violent relationship with a male partner, within a macro model of society. It is concerned with both structural relations and the unequal role of women in power relationships within society. Within this model of gender relations, the research is concerned about the way in which dominance is asserted within the private domain, as a reflection of roles displayed in the wider social context, and assumes a desire to restructure social relations.

### 3.5.1 *Feminist theory*

The main theoretical influence upon this research is feminism, specifically social and radical feminist theory. This includes the concept that feminism is a perspective—a way of seeing; an epistemology—a way of knowing; and an ontology—a way of being in the world (Stanley 1990). The experience of acting against perceived oppression is seen as giving rise to a distinctive ontology and it is the analytical exploration of this in the research process that gives expression to a distinctive epistemology (Stanley 1990: 12–38). A feminist approach is concerned with the conditions under which some classes of people but not others, are treated as (or come to feel they are treated as) other and consequently construct a shared/social epistemology (way of knowing) of that distinctly defined ontological position (Stanley 1990: 15).

Nielsen (1989) suggests feminist inquiry represents a paradigm shift (Nielsen 1989: 24). Jagger (1983) calls that shift *feminist standpoint*, defining *standpoint* as a ‘position in society from which certain features of reality come into prominence and from which others are obscured’ (Jagger 1983, cited in Nielsen 1989: 24). Nielsen argues that:

Feminist standpoints begin with but do not end with women’s experiences, and as in the case of other standpoint epistemologies, they are more than perspectives. They involve a level of awareness and consciousness about one’s social location and this location’s relation to one’s lived experience (Nielsen 1989: 24).

Feminist standpoint informs this study, that is, any theorising is ‘grounded in women’s material reality’ providing a basis for ‘a specifically feminist materialism...from which to both critique and to work against’ the ideology and institutions of patriarchy (Hartsock, in Harding 1987: 175-6). A feminist standpoint argues that:

...the ‘sexual division of labour’ uniquely makes available to women a vision of the real social relations that is unavailable to men insofar as they (intentionally or unintentionally) benefit from the exploitation of women (Hartsock, in Harding 1987: 157).

A feminist analysis locates the issue of violence against women by their male partner within a wider social, historical and cultural context. Whilst social and radical feminists have long challenged universal/objective claims (Bell & Klein 1996), they also maintain the usefulness of locating violence against women by their male partners within the concepts of patriarchy and capitalism, identifying them as sources of women's oppression (Kelly 1998). Patriarchy is defined as:

...a system of structures and institutions created by men in order to sustain and recreate male power and female subordination. Such structures include: institutions such as the law, religion and the family; ideologies which perpetuate the 'naturally' inferior position of women; socialisation processes to ensure that women and men develop behaviour and belief systems appropriate to the powerful or less powerful group to which they belong (Rowland & Klein, in Bell & Klein 1996: 15).

African American theorist bell hooks suggests that while women's experiences of patriarchal oppression differ by race, class and culture, what makes feminism still possible is that 'feminism names the fact that women can federate around their common resistance to all the different forms of male domination' (hooks 1984, cited in Harding 1987: 188). Harding suggests this as a response to postmodernist critics of a unitary feminist perspective (Harding 1987: 188-189). The status of women within social structures of production, reproduction and sexuality is therefore the focus of action for social change (Tong 1989). As feminist researcher Liz Kelly states:

What distinguishes feminist research is the theoretical framework...It must be predicated on both the theoretical premise and the practical commitment: its purpose being to understand women's oppression in order to change it. Feminism is, therefore, both a mode of understanding and a call to action (Kelly 1988: 3).

For social and radical feminist researchers, the argument that gender is a social construction is central to their research. Gender is viewed as impacting

at a micro level on individuals and at a macro level through the distribution of power and privilege. According to Lather:

The overt ideological goal of feminist research in the human sciences is to correct both the *invisibility* and the *distortion* of female experience in ways relevant to ending women's unequal social position (Lather 1991: 71).

A feminist research paradigm aims to 'illuminate issues from the standpoint of women' (Gregg, in Riessman 1994: 49) and includes a primary focus on women's voices being heard:

At the core of feminist research, therefore, is the commitment to give voice to previously marginalised and silenced people (Davis & Srinivisan 1994: 348).

It also recognises that the relationship between researcher and respondent is also a crucial tool of any research method aiming to elicit social reality (Oakley 1981; Stanley & Wise 1983; Coorey 1988, Reinharz 1992). Sandra Harding (1987, cited in Hyde 1994: 173) suggests that feminist research shares the following emancipatory agenda: knowledge is grounded in women's experiences; the research should benefit women and the researcher should immerse herself, or show empathy for, the world being researched (Shaw & Gould 2001: 37). In contrast to postmodernists, social and radical feminists are interested in women both 'as individuals and as a social category' (Reinharz 1992: 241).

### *Feminist methods*

Methods are the techniques utilised to gather and analyse data relevant to the research question. Feminist method is centrally concerned with bringing about changes for women through social action. This implies directly working with the women who are the objects of the research. In contrast, post-structuralists focus on 'textual strategies that disrupt illusionary notions of found worlds' (Lather 1991: 681). As a feminist, I agree with Whitford's caution:

Playing with a text, from Irigaray's point of view, is a rather solipsistic activity; it is not a dialogue with the other which includes process and the possibility of change (Whitford 1991, cited in Lather 1991: 681).

However, feminist researchers have differing views on the appropriateness of various methods. Reinharz (1992) considers that it is *how* the method is used that identifies it as feminist research. She offers an inductive definition of feminist methodology arising from the sum of feminist research methods. The 10 themes she identifies are:

1. Feminism is a perspective not a research method.
2. Feminists use a multiplicity of research methods.
3. Feminist research involves an ongoing criticism of non-feminist scholarship.
4. Feminist research is guided by feminist theory.
5. Feminist research may be trans-disciplinary.
6. Feminist research aims to create social change.
7. Feminist research strives to represent human diversity.
8. Feminist research frequently includes the researcher as a person.
9. Feminist research frequently attempts to develop special relations with the people studied (in interactive research).
10. Feminist research frequently defines a special relation with the reader (Reinharz 1992: 240).

This view is supported by British feminist researchers Kelly, Burton and Regan who suggest that 'what makes research "feminist" is not the methods as such, but the framework within which they are located, and the particular ways in which they are deployed' (Kelly, Burton & Regan, in Maynard & Purvis 1994: 46). Feminists have long criticised positivism and challenged notions of objectivity by placing themselves in their research and rejecting detachment (Riessman 1994). They have sought methods that are congruent with feminist epistemology, including qualitative research methods. A qualitative approach was chosen for this study, utilising in-depth interviews to provide a richness of data. (Basic demographic data, that was not intended to be generalisable, was also collected.) Feminist methods are congruent with the values of the

researcher and particularly suitable for working with women and for research focusing on violence against women by a male partner (Reinharz 1996; Bell & Klein 1996; Kelly et al. 1994; Hanmer & Itzin 2000).

### **3.5.2 Social work theory**

In conjunction with feminist theory, the other primary theoretical influence on this research is structural social work theory (Mullaly 1997; Mullaly 2002; Allan, Pease & Briskman 2003). It recognises 'oppression as the major explanation for social problems and an anti-oppressive social work practice as the means of dealing with these problems' (Mullaly 2002: x). Structural social work theory is congruent with feminist theory in its struggle against oppression (patriarchy) whilst retaining a focus on personal autonomy (women's rights) (Gregg, in Riessman 1994: 50). Weeks, identifies a feminist social work framework as:

...resting on a feminist analysis of social issues which emphasise women's experiences and names experiences hitherto shrouded in silence such as...violence in intimate adult relationships (Weeks, in Allan, Pease & Briskman 2003: 108).

Structural social work theory is premised on the following assumptions and concerns: the *personal is political*; a primary focus on structural change; responses to individual needs (defined as 'working towards women's emotional wellbeing') which acknowledge both women's agency and their oppression; and the requirement to improve organisational services and responses to women's needs (Weeks, in Allan Pease & Briskman 2003: 108). Mullaly observes: 'Structural social work owes a great deal to feminist analysis', through its highlighting of the role of patriarchy and by providing ways of addressing the oppression of women (Mullaly 1997: 166). Structural social work approaches 'focus on addressing material issues primarily through politicisation and collectivisation of social problems' (Pease, Allan & Briskman, in Allan, Pease & Briskman 2003: 1–14). Mullaly defines the focus for change as 'mainly on the structures of society and not solely on the individual' (Mullaly

1997: 104). This approach rejects postmodernism's relativism. As Ife notes, counter-oppressive social work is premised on a meta-narrative of oppression (Ife, in Pease & Fook, 1999).

Characteristics of social work research include: dealing with both the macro and micro levels of social life; using multiple methods; recognising the researcher as actor, requiring reflexivity; using research as an intervention; focusing on the most marginalised and oppressed in society; and using methods that collaborate with the researched. Shaw and Gould state that the focus of social work research should:

...contribute to the development and evaluation of social work practice and services, enhance social work's moral purpose, strengthen social work's disciplinary character and location [and] promote social work inquiry (Shaw & Gould 2001: 3).

A number of these expectations are reflected in this study, including a focus on individual women's perceptions of their experience of leaving a male partner who assaulted them, whilst locating their experience within a structural context. They are also reflected in its aim to enhance informal and formal responses, including social work responses, to women's help-seeking following an assault by a male partner. Structural social work theory informs this study's methodology because of its congruence with the researcher's values, its fit with feminist theory, the 'reality' of the problem and the focus on social structures and social policies.

### **3.5.3 Qualitative approaches**

Social work researchers, along with other researchers, have debated the appropriateness of qualitative versus quantitative research methods. Qualitative research has been described as attempting to capture people's definitions and descriptions of events; in contrast, quantitative research aims to count and measure things (Berg 1989, cited in Minichiello et al. 2000: 9). The choice of method is influenced by the assumptions that a researcher makes about science, people and the social world, and in turn the method used will influence what the researcher sees. According to Grbich:

Qualitative research is concerned with describing patterns of behaviour and processes of interaction as well as revealing the meanings, values and intentions of a person's life experiences. Data collection is based in an interpretative (power sharing) model, it is creative and idiosyncratic and utilises the techniques of interviewing...informed by various theoretical perspectives (Grbich 2000).

Padgett identifies the paradigmatic assumptions and approaches of qualitative methods as: inductive; naturalistic; having an absence of controlled conditions; an open system; an holistic manner using 'thick' description; using the researcher as the instrument of data collection; and allowing categories to emerge from the data analysis (Padgett 1998: 3). Similarly, Shaw and Gould identify qualitative research as: focusing on 'everyday life'; holistic; forefronting 'member categories'; interpretive; using the researcher as instrument; and reflexive (Shaw & Gould 2001: 7-8).

Methodologically, qualitative researchers are not concerned with assigning numbers to observations and transcripts. Rather, data from semi/unstructured interviews or participant observation are studied for themes in the natural language of the participants:

Qualitative methods allow you to gain access to motives, meanings, actions and reactions of people in the context of their daily lives without relying on predetermined and fixed applications of the predictive and prescriptive requirements of quantitative methodologies. The focus is not to reveal causal relationships but discover the nature of phenomena as humanly experienced (Minichiello et al. 2000: 11).

In contrast, quantitative researchers view participants as subjects who supply data that has been pre-ordered by the researcher and would argue that social facts can only be explained by other social facts, often in terms different from those employed by the participants (Minichiello et al. 2000). The latter's interpretations of their own situation often stands outside the analysis or may play only a small part; as the researcher views participants as having a 'blurry understanding of their social world', with the researcher needing to provide accurate accounts of what is really going on, using tools of science (i.e. giving precise definitions and developing measurements/procedures to identify

regularities in the research) (Minichiello et al. 2000). Of particular interest to quantitative researchers are explanations that offer causes:

Quantitative research is concerned with measuring the magnitude, size or extent of a phenomenon. Data collection derives from a scientific, positivist, cause effect model...Prediction and generalisation are the desired outcome...(Grbich 2000).

Structured interviews are predominantly used in surveys or opinion polls and consist predominantly of close-ended questions. There is an assumption that the researcher controls the flow in a one-way process (Roberts 1988, cited in Minichiello et al. 2000: 64). Many researchers argue that such methods do not adequately deal with differences between objects and people and that there are better ways to study social reality (Taylor & Bogdan 1984; Oakley 1988; Roberts 1988). Semi and unstructured interviews are said to be one-such way. Semi structured interviews are considered suitable for in depth interviewing directed towards understanding participants' 'perspectives on their lives, experiences or situations as expressed in their own words' (Bogdan 1984, cited in Minichiello et al. 2000: 68). Interview schedules for semi-structured interviews are usually developed around themes that the researcher wishes to examine, without necessarily having fixed wording or ordering. This allows flexibility and assists the establishment of rapport between researcher and participant so that they converse in a minimally controlled exchange, whilst still maintaining a focus on the experiences and attitudes relevant to the research area (Minichiello et al. 2000).

Qualitative research does not seek to establish generalisable findings, so sample size is less important than in quantitative research. This is the domain of probability sampling, that is, random surveys of entire population groups often involving thousands of participants and totally unsuitable to this research. However, aiming for a diversity of participants influences the sample size, for example, participants from urban and rural areas, ranging in age; culturally and linguistically diverse, indigenous and able or disabled. In-depth interviewing is time intensive and this also affects the size of the sample, as

does the concept of *saturation* where no additional data adds to the themes developing (Padgett 1998: 69; Minichiello et al. 2000: 161–2). In this study saturation occurred after about 30 interviews. However, further interviews were sought to ensure specific marginalised groups were included, which resulted in a total of 53 participants.

Qualitative research has been criticised both by the methodological right, primarily in relation to statistical and experimental rigour, and more recently by postmodernists who argue there can be no objective knowledge (Flinders & Mills 1993: 218–229). In the past, concerns focused on the theoretical bases of qualitative findings, whereas current concerns focus on the underlying theory of knowledge (Flinders & Mills 1993: 218). However debates over method are an ongoing social phenomena rather than a serious epistemological concern, and despite postmodern concerns it is still possible to ‘find out things about social life in ways that are more or less good enough’ (Flinders & Mills 1993: 219).

Qualitative research has also been criticised for lacking rigour, being atheoretical, ungeneralisable, methodologically weak, methodologically-led, anecdotal, mystifying and failing to produce findings that are useful (Shaw & Gould 2001: 5). Numerous social work writers have countered these criticisms (see Riessman 1994; Padgett 1998; Shaw & Gould 2001). Shaw and Gould (2001: 15) focus on how qualitative research both stems from and addresses issues of social work values, knowledge and skills, while Riessman states qualitative research supports:

...values of decreasing inequalities and increasing life choices of all citizens by documenting inequalities in lives and analysing precisely how social structures and social policies enhance and restrict opportunities for individuals and groups (Riessman, in Shaw & Gould 2001: 73-82).

This provides social workers with a ‘contextualised usefulness’ rather than ‘universal generalisations’ (Shaw & Gould 2001: 21).

### *Implications of the conceptual framework on the method*

As this study aimed to learn from women's experiences—that is, their perceptions of who and what enabled them to leave a male partner who had assaulted them and how they were able to establish a new life—a feminist standpoint utilising a qualitative approach was deemed appropriate.

Advocates for women experiencing assault from a male partner stress the need for research that focuses on women's own stories. They 'emphasise that a complete understanding of women's victimization must include qualitative analyses of accounts in their own words' (Kurtz 1989, in Jasinski & Williams 1998: 50). The method needs to be respectful of women's social context, their different life experiences and ways of knowing. Given the feminist and social work theoretical framework of this study, qualitative research methods were deemed congruent for the exploration of women's stories and the documentation of their experiences:

Because qualitative approaches offer the potential for representing human agency...they provide support for the liberatory project of social work (Riessman 1994: xv).

### **3.6 Ethical considerations**

Ethical issues affect the way in which social work research is conducted. They require social work researchers to ensure voluntary participation, gain informed consent, to do no harm to the participants and guarantee confidentiality (Padgett 1998). This study was conducted with the approval of the Human Ethics Committee, University of Tasmania. Participation was voluntary as each woman self selected after receiving information about the research through a variety of strategies used to obtain the sample, including media interviews, networking and 'word of mouth'.

Informed consent has been defined as the right of participants 'to be informed that they are being researched and what the nature of the research is' (Minichiello et al. 1995). As all the participants were voluntary, information was provided on the 'nature of the research' and what was involved in

participation. An information sheet about the researcher and the research was developed and distributed as part of the process of obtaining a sample (see Appendix 5). When women inquired about participating, I verbally provided an outline of the nature of the research and what was involved. If women met the sampling guidelines and wished to participate they were provided with a letter, information sheet and two copies of the consent form (Appendix 5). Those who consented to participate in the study were asked to bring the two consent forms with them to the interview to be signed in the presence of the interviewer, retaining one for themselves and one for the researcher.

In seeking to do no harm to the participants, a possible ethical problem was that domestic violence is a highly sensitive area which can be difficult for women to talk about, and re-telling their story can therefore be a painful experience (Coorey 1988: 4). It was therefore necessary for the interview design to be sensitive to the feelings women may have had about being interviewed on a private aspect of their lives. Sensitivity was needed throughout the delivery of the questions used during the interview. Coorey suggests a 'naturalistic' approach whereby rapport is established to convey ease with the researcher and the research process, and to develop trust—implicit trust in the women as being reliable sources of data and their trust in the researcher (Coorey 1988: 40–41). Rapport is generated by an assurance of confidentiality and an explanation of the purpose of the research and its processes (Coorey 1988: 40–41). This approach was used for this research and was facilitated by the researcher's social work background and experience in interviewing. In addition, participants were made aware, at the beginning and end of the interview, of the availability of a list of appropriate referral agencies and relevant information on support services. However, whilst respect and a willingness to listen to women's stories were ethically imperative, any intervention, other than the aforementioned information provision, was deemed inappropriate.

Providing guarantees of anonymity and confidentiality are usually important factors in assisting people to decide to participate in research, particularly on sensitive topics. All identifying information relating to participants was kept in

locked cabinets in the researcher's office at the University of Tasmania, separately from interview transcripts. Numbers and later pseudonyms were used on all interview transcripts. Interview transcripts on the researcher's computer had no identifying information attached. Methods of and locations for contact were negotiated with each participant to maximise safety and anonymity.

### **3.7 Research design**

A research design describes the procedures that enable a study's goals to be achieved (Padgett 1998). This section describes the instrument design, the techniques of data collection and how the data was analysed. As suggested by Oakley (1981), the techniques of data collection focus on women's subjective experiences rather than traditional methodological approaches aimed at so-called 'objective' quantification of data from an 'informant'. This research analyses the data by describing and discussing women's subjective experiences, making them visible to society (Harding 1987; Reinharz 1992; Riessman 1994). Advocates for women experiencing assault from a male partner stress the need for research that focuses on women's own stories. They 'emphasise that a complete understanding of women's victimization must include qualitative analyses of accounts in their own words' (Kurtz 1989, cited in Jasinski & Williams 1998: 50). As Ellen Pence, the co-founder of the internationally renowned American domestic violence intervention, the Duluth programme says 'If you want to know about battering and what it is about, the best source of information is battered women' (Pence 1987: 21–22, cited in Holder 1998: 12).

As a result of a grant application to the Tasmanian government department, Office of the Status of Women, government funding through the federal government's Partnerships Against Domestic Violence Strategy (PADV), was obtained to assist me to carry out the study and provide a report to the government on the findings (Patton 2003).

### **3.7.1 Pilot study**

A pilot study was carried out before the major research commenced. Two women who met the sample criteria and were known to the researcher participated in the pilot study. The process was the same as that planned for the data collection and data analysis of the research design. The research design was then evaluated against an analysis of the effectiveness of the interview schedule, the quality of the data generated, the usefulness of the method for recording the data and the validity of the research questions (Padgett 1998). It was also used to analyse my interactions with the women interviewed, with a particular focus on a feminist framework. The outcomes were discussed with the research supervisor and adjustments made accordingly. The main changes involved: refining the questions; reducing the number of questions; changing the sequence of the questions to improve the logical flow; and improving the wording.

### **3.7.2 Interview schedule**

A number of sources were drawn on to develop the initial interview schedule, including the conceptual framework, relevant literature and my professional experience. The interview schedule was further developed through feedback from the pilot study and input from academic and social work peers. The interview schedule included a closed question section for collection of minimal demographic data (see Appendix 3). This included questions on age, children, disability, race, ethnicity, education, accommodation, income, work status, years lived with ex-partner and location. This provided a basic demographic context in which to locate the women's lives and was not intended to be generalisable.

Qualitative research seeks to 'understand the meaning people make of their lives from their own perspective' (Darlington & Scott 2002: 48). Semi-structured interviews are the means by which feminists have sought to achieve participants' active involvement in the 'construction of data about their lives' (Graham 1984, cited in Reinharz 1992: 18). Reflexive interviewing

assists women to express the meaning they make of their reality, in their own words (Reinharz 1992: 18–21). This research acknowledges that women's stories *matter* whilst recognising that 'narratives change, all stories are partial, all meaning incomplete' (Bruner 1986: 153).

This study's semi-structured interview schedule is designed to focus on women's strengths within their social context. The interview schedule was used as a guide only, as most of the women provided much of the information as a part of telling their story of leaving and establishing a new life. The interviews are divided into eight sections, each with a different focus. Women who had identified as belonging to a special needs or equity group and/or had children were asked additional questions about the impact this may have had on their experience of leaving. The eight sections are: *Life, then and now*; *Turning points: deciding to leave*; *Turning points: barriers to leaving*; *Pathways: getting support to leave*; *Pathways: getting help to actually leave*; *Pathways: establishing a new life*; *Pathways: recognising diversity and specific needs*; and *Your new life* (see Appendix 4).

### **3.7.3 Obtaining the sample**

Sampling in qualitative research focuses on: flexibility and depth; usually involves much smaller numbers than quantitative research; and utilises non-probability techniques (Rubin & Babbie 1993; Leedy 1997). Non-probability techniques include 'purposive, convenience, and snowball sampling' (Padgett 1998: 50). In order to 'capture depth and richness rather than representativeness' the goal of purposively sampling in this study was to locate a range of women willing to share their experiences of leaving a male partner who had assaulted them (Padgett 1998:50). Whilst representativeness is not a goal of qualitative research, researchers focusing on women still need to recognise diversity. As Reinharz states:

Producing research that is inadequately diversified with regard to race, age, ethnicity and sexual preference can be seen to be a sign of methodological weakness, an impermissible reflection of effort and unwitting prejudice (Reinharz 1992: 255).

With the aim of enhancing diversity, snowball sampling occurred in the later stages of obtaining the sample. The sample includes women: aged between 23 and 63 years; with and without children; from rural, urban and isolated locations; from varying socio-economic groups; Indigenous women; women from a culturally and linguistically diverse background; and women who identify as having a disability. To obtain the sample, similar strategies were used as those undertaken by other Australian domestic violence researchers, KPMG (1994) and Keys Young (1998). This included networking, contacting relevant government and non-government service providers and distributing information about the research, inviting services to distribute pamphlets to women who might be interested in participating. It also involved developing a media release that was released through the University of Tasmania's Media Office. The most successful strategy was the media release and subsequent newspaper articles, television and radio interviews, resulting in 34 of the 53 participants. A payment of \$35 was paid to each woman to cover costs associated with the research.

### *Demographics*

Whilst the demographics of the sample are reported fully in the next section, a brief overview of the sample is provided here. The 53 women who participated in this study were drawn from all three regions of Tasmania, including one woman from a coastal island (see Table 2). Their ages ranged from 23 to 63 years, with nearly three-quarters (72%) aged 30–49 years. Of the total sample: six women (11%) identified as Aboriginal; eight (15%) identified as being from a culturally and linguistically diverse (CALD) background; 13 (25%) identified as having a disability; and 13 (25%) had lived in rural or isolated areas. Over a third of the women (37%) had left their ex-partner within five years of the relationship, and the same percentage left a relationship of 6 to 15 years duration. Over a quarter of the women had been in the relationship for between 16 and 30 years. Education levels ranged from university educated (just over a quarter [26%] of the women), to completion of Year 10 or less (almost a third [31%] of the women). For 40 per cent of the women, their only income was from income support payments. Full-time or part-time work was the sole source of income for almost half (47%) the women. The

remaining 13 per cent had a mixture of income support and work, or scholarship.

#### **3.7.4 Data collection**

A semi-structured interview schedule was used to gather the data, allowing for the exploration of a variety of responses from respondents (Minichiello et al. 2000). The activities undertaken to arrange and conduct the interviews included: responding to the participant's initial contact; the arrangement of a convenient time and place for the interview; the provision of comprehensive information about the research purpose and process; the minimising of likely distractions during the interview process; and the development of the researcher-participant relationship guided by basic social work values and ethics regarding respondents, that is, respect for personal dignity, protection of confidentiality and acceptance of the right to self-determination, including the right to refuse to answer any question (Grinnell 1997). As a social worker, I was an appropriate interviewer because my training and experience made me knowledgeable about social issues and people's responses, and skilled in sensitive areas (Grinnell 1997). The interviews averaged two hours in length and at the end of each one, or as soon as possible afterwards, I completed a handwritten summary, noting any points of interest that arose from the interview.

##### *Initial contact*

The initial contacts from women were almost all by telephone, although several women who worked or studied at the University contacted me in person at my University office. A primary goal of this initial contact was for me to establish rapport in recognition of the sensitivity of the research topic (Reinharz 1992; Padgett 1998; Grbich 2000). Many women appeared to be 'checking me out', deciding whether it was safe to speak to me about their private lives and whether I 'understood'. Several women confirmed this later at the time of interview. Whilst not completely standardised, a response was developed that had several common components: I provided clear, concise

information about myself and the research; I informed women of my professional involvement with and, briefly, of my personal experience of domestic violence; and I stressed my commitment to wanting women's voices to be heard, with the aim of improving service and community understanding and responses. Many women indicated that two key points made by me at this initial contact facilitated the establishment of trust: (i) My comment that 'Rather than asking, "Why don't women leave?" we should be asking "How on earth does any woman ever manage to leave?" and, (ii) My self-disclosure.

Most women were also keen to know what likely impact their participation might have on the problem and this was clearly a key factor in their choice to participate—to possibly benefit other women experiencing domestic violence and to have their experiences made known both to the community and to people who may have the power to effect change. These comments affirmed the feminist and critical theory paradigm within which I was operating, knowing that a goal of my research was to disseminate the findings widely and use them to impact on social policy and improve service delivery (Harding 1987; Reinharz 1992; Hanmer & Itzin 2000; Mullaly 2002; Allan, Pease & Briskman 2003). Australian feminist researcher Power, working within a post-structural framework, identified the tensions this approach created for her when she interviewed women who had experienced domestic violence and who wanted 'their experiences to make a difference to other women':

...women wanted to know what I was going to do with the stories. I did not feel then, and still do not today, that I could meet their expectations about "making change"...working with poststructuralist theory I can show how women constitute themselves as feminine subjects through positioning themselves within discourses but I cannot name the ways in which this knowledge will be taken up by the women themselves and others (Power 1998: 51).

### *Location*

The interviews were carried out in a number of locations, including women's services, government offices and the University's campuses. Interviews at the

University proved convenient for women working or studying on campus at the time. As all of these locations were used by many women for a variety of purposes, this assisted with maintaining confidentiality. A minority of women were interviewed in their own homes. As other researchers have identified, women were much more relaxed in their own environment (Power 1998: 50) and there were fewer time constraints. For the most part, I also felt more relaxed in the women's own homes and was able to establish rapport more quickly as women took more control of the process, offering refreshments, deciding where the interview would take place and feeling comfortable about taking breaks.

It was a privilege to be invited into a woman's home and this was respectfully acknowledged to women. Like Power (1998: 51) I felt that being in a woman's home meant learning about other parts of her life, such as meeting children and new partners, looking through photograph albums, reading poems the women had written or viewing legal documents relating to previous or current legal actions against their ex-partner. Like Power (1998: 51) I also saw the effect that the telephone ringing had on some women, such as waiting for an answering machine to indicate who was calling before picking it up and evidence of other safety measures. However, interviewing women at home also presented a personal safety dilemma that is discussed at the end of this section.

### *Information provision*

After initial greetings, efforts were made to assist women to feel comfortable with the interview process, the audiotape and the interviewer. Permission to audiotape the interview was obtained and participants shown where the 'off' button was, and invited to turn it off at anytime. Several women did make use of this offer when they needed to take a break, to talk off the record, explain something already said or when they were overcome with emotion. At this point women were reminded of the information available about relevant support services should they indicate a need for those at the end of the interview (Padgett 1998). To enhance access, the available service

information included the names of specific people with whom women could make an initial contact. Debriefing for the researcher was a planned for and necessary part of the research process and was provided for by my colleagues and supervisor (Padgett 1998; Darlington & Scott 2002).

Following introductions, women were provided with an overview of the demographics form and the interview schedule, and any questions they had were answered. Each woman was informed that she had the right to stop the interview at any stage and then continue or discontinue as she chose. There was no indication from participants that using a tape recorder was problematic; instead, as Power (1998: 52) found, as the interview progressed the tape recorder seemed to be forgotten and the interview became more like a conversation.

#### *The interview process*

As the interview commenced some women expressed concern about 'getting it right' or being able to 'remember it all'. Women were reassured that whatever story they had to tell about leaving their ex partner was 'right'. Many women responded to the first question, 'Can you tell me what your life was like when you lived with your ex-partner?' by telling their story from 'beginning to end', covering much of the areas the research sought to explore, including the abuse experienced, the barriers to leaving, the pathways to leaving and life now. When they had finished, the schedule was checked to ensure all areas had been covered or an area revisited for further information or clarification. For fewer women it was guided throughout by the interview schedule. During several initial interviews the potential to become 'task focused' at the expense of process became apparent when time constraints arose. As a result, wherever possible, more than two hours was allowed for each interview.

Establishing trust between researcher and participant is an important element of feminist and qualitative research (Reinharz 1992; Gregg, in Riessman

1994; Darlington & Scott 2002). In this study it included expressing appreciation to each woman for her participation and the privilege of being able to learn, through her experiences, her perceptions of leaving and establishing a new life. Women freely told their stories despite me being a relative stranger. American feminist sociologist Mary K. Zimmerman, who interviewed women about abortion, suggested women's participation in her research was facilitated by the lack of a relationship:

The interviewer was a stranger—not a part of the woman's world...The interviewer was a professional who would not discuss the interview with anyone else. For these reasons the women may have felt they could talk about their most private lives and feelings relatively freely (Zimmerman 1977, cited in Reinharz 1992: 26–27).

Being a stranger or a friend in feminist interviewing is debated in the literature. Power (1998: 53) states that being 'dispassionately distanced from the researched has increasingly been called into question by feminist researchers'. In 1981 British sociologist, Ann Oakley suggested what was then a new model for feminist interviewing that 'strove for intimacy and included self disclosure and believing the interviewee' (Oakley 1981, cited in Reinharz 1992: 27). I found useful the 'knowledgeable stranger' approach that positions the researcher between the 'interviewer as friend' and 'interviewer as stranger' position (Evans 1979, cited in Reinharz 1992: 27) wherein my personal and professional background was acknowledged as valuable for its intimate knowledge of domestic violence whilst avoiding substituting my experience for that of the participants. Like Evans, I found rapport developed quickly through being both a stranger and a friend:

I had neither met nor heard of most of the people I interviewed...Yet the rapport that developed in many of my interviews resulted in part from my own and my informants' confidence that my prior research and my personal experience together allowed me to comprehend what they had to say in a way that no 'outsider' could (Evans 1979, cited in Reinharz 1992: 27).

Like Gregg (1994) my approach 'acknowledged the inherently interactive quality of interviewing (Gregg, in Riessman 1994: 52). Whilst the women's perceptions were the primary focus during the interviews, most participants sought interaction. Others sought reciprocal self-disclosure. As Hanmer and Saunders also found in their study of violence against women: 'Women interviewing women is a two way process' (1984: 20).

The likelihood of experiencing strong emotions during the process of retelling their story was discussed with women. As Padgett notes:

The sensitive and probing nature of qualitative research almost guarantees that emotionally laden information will surface (Padgett 1998: 63).

When the interview took place in women's own homes, a box of tissues or a handkerchief was suggested. This was almost never questioned and almost always needed, as recounting their stories was an emotional experience for women. For some women, it was the first time they had told anyone their full story. One woman cried throughout most of the interview but was adamant she did not want to stop and determined her story would be recorded. The tissues were also there for the researcher. Some researchers suggest the use of 'bracketing' when participants' stories touch an emotional nerve (Ely et al. 1991, cited in Padgett 1998: 41). This refers to the researcher suspending their feelings, without eliminating or repressing them, in order to better understand the experience of participants (Padgett 1998: 41). Whilst this was consciously practised during each interview, it was not always successful. Despite considerable experience listening to women's stories of violence in their lives, I also cried on several occasions, listening to heart-wrenching stories of injustice, extreme cruelty and near murder that saddened, angered and horrified me. Australian feminist researcher Renate Klein had a similar experience in her research with women about infertility where she reported that she was in tears during a third of her interviews, often through anger (Klein 1989, cited in Reinharz 1992: 36).

As the turning points, barriers and pathways of the leaving process were explored with women it quickly became apparent that telling such complex and traumatic stories is rarely a linear process. Padgett identifies the importance of flexibility when interviewing in qualitative research:

During the ebb and flow of a successful interview, qualitative researchers strike a balance between the general and the particular, the need to stay focused versus the need to probe deeper' (Padgett 1998: 62).

In the interviews for this study, events overlapped and were sometimes confusing, new information would be recalled and added to a previous response, contact with a formal support not previously mentioned would be remembered following a prompt by my probing, or most of the interview might focus on one particular aspect of the research. By remaining flexible within 'a goal directed conversation', each interview provided rich data about the leaving process (Padgett 1998: 59).

At the end of each interview women were asked if they would like a copy of their transcript and/or a copy of the government report on the findings. The management of future contact between the researcher and the participant was also discussed, a possibility due to the relatively small population in the state. It was contracted that discussion of the interview and/or the research was to be initiated by participants. This demonstrated respect for the participants' privacy facilitated the maintaining of confidentiality and assured women that they were in control of any meeting in a public or social situation. In relation to ongoing confidentiality, women were informed that the records of interviews would be stored in a locked filing cabinet at the University of Tasmania. This included tapes, notes and transcripts. The latter were also entered onto an Ethnograph programme on the researcher's computer using codenames and numbers, with copies kept on floppy discs. Codes were used to maintain a filing system of the data and the participants' details were linked to the codes and locked in a separate filing cabinet. This information included details for future contact. Although the researcher chose most of the pseudonyms a minority of the women selected their own. After the tapes were

transcribed women were provided with copies of their transcripts and invited to make further comment.

### *Risk to the researcher*

A final comment on the interview process is the issue of accounting for risk when the topic under study involves violence. Padgett warns that the qualitative researcher can encounter not only emotional but physical risks (Padgett 1998: 41). Interviewing women at their home raised the issue of the researcher's safety on two occasions. This issue was also raised although not explored by Power (1998: 54) in her research with women who had experienced domestic violence. Although all the women in this study had separated from their ex-partner at least a year before, safety issues became apparent during two interviews.

During the first interview to be carried out in a woman's own home her ex-partner arrived unexpectedly to see their children, just prior to the interview commencing. When the woman expressed the need to keep my purpose and identity hidden, the potential for compromising the safety of both the woman and the researcher became apparent. I raised her safety concerns with the participant and it was agreed to reschedule the interview. This resulted in the question of safety, for both the researcher and the woman, being raised with each participant, prior to carrying out an interview at their home.

The second safety issue arose during one of the final interviews, at the end of the interview session. The participant expressed fear that her violent ex-partner, who the researcher had believed was still in gaol, had just been released and could be trying to find her. She was planning to move interstate immediately as she feared for her life. Whilst this was clearly a serious threat to the woman's safety, it was also a potential threat to my safety. Had the interview not just been completed it would have been necessary at that stage to have ceased the interview and to have invited the woman to complete it somewhere other than her home. Reflection on this issue during supervision raised another concern—the potential danger to the participant and/or the

researcher if a participant's violent ex partner learns she has contributed to the research and as a result reacts violently to her and/or the researcher. In addition, this particular interview had involved serious but as yet unproven criminal allegations (already known to police), raising concerns for the woman's and the researcher's safety if her ex- partner ever discovered she had discussed the allegations. Despite a background in domestic violence this was not an issue that I, as the researcher, had taken into consideration.

The woman did move interstate immediately but it took several months before I stopped feeling anxious about the ex-partner. This only proved to reaffirm to me, in a very personal way, the danger which some women continue to face with a violent ex-partner. It also brings another dimension to issues of safety when research is undertaken with women who have been assaulted by a male partner. It is suggested that every effort be made by researchers in this area to obtain sufficient information from participants regarding the possible danger from an ex- partner, prior to carrying out interviews in the home, and the need to discuss with participants any possible risks to their safety if they participate in such research. This is necessary even after long periods of separation.

### **3.7.5 Data analysis**

This section describes the process of data analysis, including transcribing the interviews, managing the data, coding and the development of themes. Qualitative analysis generally begins with a description of the data, the generation of categories usually referred to as codes, and the identification of connections between codes to make interpretations (Leedy 1997; Grbich 2000; Padgett 1998). Conceptually, an interpretative approach 'holds that people's individual and collective thinking and action has a meaning which can be made intelligible' (Minichiello et al. 1995: 248). It is described as a creative process requiring careful judgement about what is significant and meaningful in the data (Patton 1990). The aim of qualitative data analysis is:

...to find meaning in the information collected...systematically arranging and presenting information in order to search for ideas (Minichiello et al. 1995: 247).

In addition, Barritt suggests that qualitative data analysis is about trying to:

...go to the heart of the matter by looking for themes that lie concealed in the unexamined events of everyday life...to find meaningful, shared themes in different people's descriptions of common experiences (Barritt 1986, cited in Leedy 1997: 162).

Data analytic techniques in qualitative research are often inductive, and include 'juxtaposing emic accounts with codes, analysis and interpretation' by the researcher (Padgett 1998: 110–111). Induction involves the development of generalisations from specific observations (Ruben & Babbie 1993: 54); an emic style of reporting includes first-person narratives that value the respondents' world view (Padgett 1998: 110–112). The approach taken in this study is primarily inductive and emic and, like Gregg (1994), applies a feminist method by giving credence to women's voices and injecting into scholarly and activist discussions the voices, views, insights and experiences of women (Gregg, in Riessman 1994: 50).

#### *Transcribing and managing the data*

The audiotapes for each woman were transcribed verbatim onto a computer and averaged 30 pages in length. Each transcript consisted of thick description and was analysed to identify the emerging central themes (Riessman 1994; Minichiello et al. 1995; Padgett 1998). Each transcript was given a number and a pseudonym, with the latter attached to each unit of coded data. It was initially thought a qualitative data management computer programme, Ethnograph, would be a useful tool to both manage and assist with the process of analysing the large amount of data (approximately 1 600 pages). With only minimal training in its use, however, the technical task of entering the data and assigning codes became time-consuming and I began to perceive it as an onerous task. Months were spent entering and coding the transcripts using the Ethnograph programme.

However, working on the computer to analyse the data did not enable me to achieve the feeling of 'being immersed in the data' nor gain an overall, visual, 'holistic feel' for the data. In order to manage the data more effectively and intuitively, hard copies of each transcript were made and summary sheets devised for the cover of each transcript. From this developed a feeling of 'being immersed in the data' and a sense of creativity emerged (Patton 1990). Padgett (1998) suggests: 'The goal of qualitative data management is to organise and store data for maximal efficiency in retrieval and analysis' (Padgett 1998: 75). For this study, manually handling the approximately 1 600 pages of data became the most effective means of retrieval and analysis.

### *Coding and the development of themes*

Based on the assumption within a feminist framework that women's perceptions of their experience of leaving and remaining out of a violent relationship with a male partner are meaningful and valid, codes and themes were identified (Riessman 1994; Minichiello et al. 2000; Padgett 1998). Content analysis involves a search for repeated key words, phrases, sentences and themes. Some researchers count these elements in terms of frequency (Berg 1989), whereas Minichiello et al. suggest 'these elements not only be counted...but...be examined for meaning' (Minichiello et al. 2000: 252). As other researchers have found, discovering recurring themes takes the researcher months of reading and re-reading the transcripts and coding the data (Minichiello et al. 2000: 248).

Developing coding categories was initially achieved by highlighting, on hard copies of the text, the key words, phrases or concepts used by the participants during the interview. This initial coding was based on categories matching the key topic areas in the semi-structured interview schedule that had been addressed by each participant (see Appendix 4).

The next phase of the analysis involved coding sub categories, the development of additional categories and identifying similarities, contrasts and potential connections between them. This resulted in the generation of the

major themes. Using A5 sheets of paper, grids were initially used to visually present the codes which assisted with the creative process of developing new codes. The codes and themes that had emerged when coding the data in the Ethnograph programme were used as headings on the grids, resulting initially in 25 headings (new code and theme headings were added as they emerged from each re-reading of the transcripts). Each heading was then transferred to foolscap sized sheets of paper. Under each heading, the numbers one to 53 that were allocated to identify the participants' transcripts in Ethnograph, together with their pseudonym, were written down on the left side of the page. Other information was included, for example age, region and number of children for easier cross-referencing throughout the analysis when identifying similarities, contrasts and potential connections. Brief summaries of the units of data in each transcript, related to the codes and themes, were then recorded against the pseudonym, along with related short quotes and a page reference. Also included were page references to longer quotes that most effectively illustrated the codes and emerging themes, to be used for reporting of the results. When writing up the results this enabled ready retrieval of the data from the transcripts on computer.

Compiling these summaries under each new heading (code/theme) meant going through each of the 53 transcripts at least 15 to 25 times depending on the relevance of each heading to each participant. An example of a code or theme being relevant to every participant was 'experiences of abuse and violence'. An example of when it may not have been relevant was codes related to having children where the participant did not have children. Having the pseudonyms attached to each unit of data throughout the entire analysis facilitated familiarity with the data and the development of linkages within and across the data. It also provided for a more holistic approach to the data, locating each woman within the emerging themes. It also helped me maintain respect for the uniqueness of each woman's story whilst her experience was being generalised in the analysis of the data.

Once every participant's contribution to each code had been summarised, an overall summary was compiled, enabling further development of emerging

themes and basic service usage data. This process resulted in 350 handwritten foolscap pages of data analysis. The combination of handwriting the coding, manually handling and keeping all the handwritten coding together facilitated a high level of immersion in the data and easier cross-referencing. This resulted in a high level of familiarity with the rich data. The visual capacity to dip in and out of the data, and to spread it out in front of one-self, facilitated this process.

The use of pseudonyms, whilst time consuming, was an effective strategy aimed at maintaining a focus on the context of the data during the technical process of data analysis. It was also aimed at what I have described as reducing the 'disembodiment' of women from their quotes in the data presentation. This strategy resulted in what I have termed 'living' data, that is, every code, category, theme, and quote evoked the women and the research context. Despite the relatively large sample for qualitative research (53), this facilitated the making of connections between and across data. However, as issues of confidentiality can arise when presenting data on recognisable groups (such as Aboriginal women or women from a culturally and linguistically diverse background), quotes from women in these groups were not always accompanied by descriptions.

Throughout all phases of the analysis, the procedures of clarification, confrontation and confirmation occurred. Previous feminist researchers have recorded the difficulties in relation to false consciousness versus researcher imposition (Acker, Barry & Esseveld 1983). They ask, how do we:

...produce an analysis which goes beyond the experience of the researched while still granting them full subjectivity. How do we explain the lives of others without violating their reality? (Acker, Barry & Esseveld 1983: 429).

However, Power refers to Hyde (1994) when she suggests that 'limiting the research agenda to only *giving voice* would be an abdication of responsibility to link data from informants with broader theoretical frameworks to advance social change' (Power 1998: 57). As part of addressing this issue, the

participants' own words were a central focus of the findings, including: quotes from every woman; recording the specific information that each woman wanted to share with other women (see Appendix 1); and providing a summary of each woman's recommendations for improving formal and informal responses (see Appendix 2).

Avoiding imposition also requires the researcher's reflexivity and self-critique (Riessman 1994; Padgett 1998; Darlington & Scott 2002). The process was assisted by the challenging data provided by several participants who reflected very different views to the majority of the participants and the researcher. The need to ensure that their views were incorporated into the analysis was a constant prompt for reflexivity as the data was analysed and emerging themes were identified. At the same time, connections between the women's perceptions and relevant theoretical frameworks were made both in the analysis and the findings.

### *Methodological issues*

Two methodological issues to emerge from the research were the inclusion of three participants who had left their partners earlier than the specified timeframe. As each of these women belonged to a significant interest group (an Aboriginal woman, a woman from a CALD background and a woman who identified as having a disability), it was decided that their experiences could contribute to understanding the needs of each of these groups, albeit not specifically informing the research regarding more recent innovations and developments in practice and support in the domestic violence area.

The potential for sampling bias is acknowledged insofar as participants may not broadly represent women who have left a male partner who assaulted them and that the conclusions drawn can only be applicable to the participants at the time of the study. Criticism of previous research in this area has been sample bias towards lower class groups who were more likely to come to the attention of helping agencies and police (Coorey 1988: 39). However, Coorey's research sample of 15 women who had experienced

domestic violence, obtained from police and court records, did result in a sample from different classes and backgrounds. McKinlay's research sample of 15 women in Tasmania who had experienced domestic violence, obtained through networking and media publicity, also resulted in a sample from different socio-economic backgrounds (McKinlay [Patton] 1991). This research sample of 53 women resulted in a sample with a wide range of socio-economic backgrounds. It is not possible to know how representative the women are of the population in the general community.

As in the recent national study *Against the Odds*, this research included women who: had never told anyone about the violence; had only sought help from family and friends; used formal services but not domestic violence services or police; used police and/or domestic violence services; and women who gained support from both formal and informal systems (Keys Young 1998: 7). The sample covers a range of women's experiences to contribute to future policy and service development.

#### *Validity and reliability*

Many of the strategies for rigour in quantitative research, such as random sampling, generalisability and reliable and valid measurement, do not readily apply to qualitative research (Padgett 1998: 91). Rather, the goal of qualitative research is to evaluate trustworthiness and credibility using techniques like bracketing, searching for disconfirming evidence, triangulation, member checking, outlier analysis, chain of evidence, coding checks and the use of 'thick' description (Patton 1990; Leedy 1997). Other qualitative practices for validity include peer debriefing (Lincoln & Guba 1985), catalytic validity (Lather 1991); and construct validity where observations are consistent with current theory (Rubin & Babbie 1993). A number of these strategies were utilised to enhance trustworthiness and credibility.

The trustworthiness of the interview schedule was enhanced by both the piloting and consultation process, which was undertaken with social workers familiar with the topic, and academic researchers. To avoid interviewer

influence, consistency in tone of voice and phrasing of questions was aimed for in the application of each interview. Internal logic was aimed for by having one interviewer analyse all the interviews. Triangulation includes using theories to check the validity of the findings; and if similar themes are noted in the data credibility is enhanced. The themes found in this study reflect relevant theories identified in the literature. Peer debriefing was used both to critique the initial analysis of the data as the transcripts were coded and themes emerged, as well as throughout the study (Lincoln & Guba 1985). Member checking occurred when a number of participants were provided with the initial findings of the study through papers presented at numerous forums. Domestic violence service providers and government policy makers reviewed drafts of the research. The subsequent government report was published and provided to participants who also provided feedback.

Altheide and Johnson (1994) believe the usefulness, contextual completeness, research positioning and reporting style of a study (referred to as *interpretative validity*) can also be used to judge the validity of qualitative research (Altheide & Johnson 1994, cited in Leedy 1997: 168). Leedy states:

*Usefulness* refers to whether the research report enlightens those who read it or moves those who were studied to action. *Contextual completeness* refers to the extent to which a comprehensive review of the situation is provided (Leedy 1997: 168).

Leedy suggests completeness can be obtained by providing information about both the history of the topic studied and participants' perceptions and meanings (Leedy 1997: 168). Research positioning requires the researcher to be both aware of their own influences and to make them explicit 'so that readers can determine for themselves the credibility of the findings' (Leedy 1997: 168). This is enhanced by the researcher's reflexivity: 'the continued consideration of the ways in which the researcher's own social identity and values affect the data gathered and the social world produced' (Reay 1996: 60). In relation to a researcher's reporting style, 'the reconstruction of participants' perceptions must be perceived to be authentic' (Leedy 1997: 168). According to each of these 'measures', the feedback on the government

report, provided by participants, suggests the study has interpretative validity.

There is also an assumption inherent in the subjective paradigm of qualitative research that participants will be able to reflect on their experiences and accurately express their perceptions of those experiences. A possible extraneous factor may be that a participant's recall can be a limitation, affected by the time that has elapsed and recent history. To minimise the elapse of time, the sample was taken from women who had left their partners as recently as possible without impinging on situations where interventions were current. The minimum time that had elapsed was usually two years; and in the majority of cases, the maximum time was five years. Participants who had indicated at the time of interview their desire to receive copies of their transcripts were sent copies and invited to correct any transcribing errors, amend their recorded responses or make further comment.

### **3.8 Summary**

This chapter has discussed the methodology of the study and the method utilised, describing a qualitative (exploratory and descriptive) study conducted from a feminist standpoint (Hartsock, in Harding 1987; Bell & Klein 1992; Grbich 1999). The research aims and questions were outlined and a definition of key terms provided. The researcher's conceptual framework was discussed, identifying the influences of feminist and structural social work theory on the methodology (Reinharz 1992; Kelly et al. 1994; Mullaly 2002). The choice to utilise qualitative research methods was justified, supporting an analysis of social structures and policies and suitable for the sensitive nature of the topic and the exploratory nature of the research (Oakley 1988; Riessman 1994; Padgett 1998; Grbich 2000). The research design was described, including ethical considerations, the interview schedule, how the sample was obtained, methodological issues arising, the interview process, the data analysis and the measures used to enhance trustworthiness and credibility. The following chapters report the findings of this study.

## CHAPTER 4: THE WOMEN WHO PARTICIPATED

*If you want to know about battering and what it is about, the best source of information is battered women (Pence 1987, cited in Holder 1998: 12).*

### 4.1 Introduction

This chapter introduces the women who participated in the study, describes the violence and abuse they (and, if any, their children) experienced and their initial responses, including management and resistance.

### 4.2 Demographics

The 53 women who participated in this study were drawn from all three regions of Tasmania, including a coastal island (see Table 2). Their ages ranged from 23 to 63 years, with nearly three-quarters (72%) aged 30-49 years. Of the total sample: six women (11%) identified as being Aboriginal; eight (15%) identified as being from a culturally and linguistically diverse (CALD) background; 13 (25%) identified as having a disability; and 13 (25%) had lived in rural or isolated areas.

Almost three-quarters of the women (72%) had children, with a total of 109 children between 42 women. Over a third of the women (37%) had left their ex-partner within five years of the relationship, and the same percentage left a relationship of 6 to 15 years duration. Over a quarter of the women had been in the relationship for between 16 and 30 years. For some in this latter group (a number of whom were older women), the violence had slowly escalated over time. The mean length of time in the relationship was 10 years. Education levels ranged from university—just over a quarter of the women (26%), to completion of Year 10 or less—almost a third of the women (31%).

Over half the women (57%) had been owner/buyers of their homes before leaving, yet the majority of women (66%) had to leave their home after ending

the relationship. Since leaving, the number of owner/buyers had decreased by almost one quarter, from 57 per cent to 43 per cent, and over half of the women (53%) were renting. Of those renting, a minority (32%) had used the public rental market.

For 40 per cent of the women, their only income was from income support payments. Full-time or part-time work was the sole source of income for almost half (47%) the women, 41% from their own work and 6 per cent from their new partner's work. The remaining 13 per cent had a mixture of income support and work, or scholarship. Of the 33 women eligible for child maintenance, only just over a quarter (27%) received any money from their ex-partner.

The majority of women (70%) felt they were now financially better off—despite the fact that over half (56%) received an income less than \$20 000 and over half (53%) were receiving less income than before leaving. Their perception that they were better off often reflected their previous lack of control over their finances, as indicated in the women's stories of financial abuse. This perception was unrelated to the economic group a woman fell into, either before or after leaving. From seven women whose previous joint incomes had been between \$70 000 and \$160 000, three were now in the lowest socio-economic group.

Of note was the high level (68%) of health problems experienced by the women, in particular the percentage that reported having experienced depression (59%).

**Table 2: Demographic characteristics of participants**

<b>Category</b>	<b>Number</b>	<b>Per cent</b>
<b>Region</b>		
North West	10	19
South	23	43
North	20	38
<b>TOTAL:</b>	<b>53*</b>	<b>100</b>
<b>Age</b>		
20–29 years	8	15
30–39 years	20	38
40–49 years	18	34
50–59 years	6	11
60+	1	2
<b>TOTAL</b>	<b>53</b>	<b>100</b>
<b>Education</b>		
University degree	14 (includes 1 PhD)	26
Currently enrolled at university	8	15
TAFE qualification	10	19
Completed Year 12	5	9
Year 10 or less	16	31
<b>TOTAL</b>	<b>53</b>	<b>100</b>
<b>Housing</b>		
Current		
- owner/buyer	23	43
- rental	28 (19 private, 9 public)	53
- other	2	4
Previous		
- owner/buyer	30	57
- rental	23 (16 private, 7 public)	43
<b>TOTAL</b>	<b>53</b>	<b>100</b>
<b>Income: Source</b>		
Pension only (includes parenting payment–single, disability, veteran affairs, widow’s)	20	38
Pension/Education supplement	1	2
Part pension/part-time work	5	9
University scholarship	1	2
Abstudy/part-time work	1	2
Paid work: full-time	14	26
Paid work: part-time	8	15
Partner’s paid work: full-time	3	6
<b>TOTAL</b>	<b>53</b>	<b>100</b>

<b>Category</b>	<b>Number</b>	<b>Percent</b>
<b>Income: Amount</b>		
\$10-19999	30	56
\$20-29999	12	23
\$30-39999	7	13
\$40-49999	1	2
\$50-59999	3	6
<b>TOTAL</b>	<b>53</b>	<b>100</b>
<b>Income: Change</b>		
Now less than before leaving	28	53
Now the same before leaving	9	17
Now greater than before leaving	7	13
Incomplete information	9	17
<b>TOTAL</b>	<b>53</b>	<b>100</b>
Felt they were financially better off than before	37	70
Felt they were financially the same	1	2
Felt they were financially worse off than before	15	28
<b>TOTAL</b>	<b>53</b>	<b>100</b>
<b>Income: Maintenance</b>		
Of 33 women eligible	<b>9</b>	<b>27</b>
<b>Equity group</b>		
Aboriginal/Torres Strait Islander	6	11
Cultural and linguistically diverse background	8	15
Disability	13**	25
- physical	(8)	15
- mental	(6)	11
<b>Special needs group</b>		
Rural or isolated (before leaving)	13	25
Health problems	36	68
- depression	30	57
- other (eg asthma, cancer, narcotic addiction, anorexia, anxiety disorders, hypertension, migraines, angina)	8***	15
Women with children	42	79
- number of children involved	109	n/a
- children with a disability/health problem	12****	n/a
<b>Number of years lived with ex-partner</b>		
Less than one year	5	9
Between 1 and 5 years	15	28
Between 6 and 10 years	11	22
Between 10 and 15 years	8	15
Between 16 and 20 years	6	11
Over 20 years	8	15
<b>TOTAL</b>	<b>53</b>	<b>100</b>
<b>Women who had to leave their home</b>	<b>35</b>	<b>66</b>

\* Included one woman from a coastal island.

\*\*One woman had both a physical and a mental disability.

\*\*\*Several women had both depression and health problems.

\*\*\*\*Nine women's children.

Whilst not a specific question in the demographics, the women's stories indicated that they had a range of roles, qualifications and occupations, both before and at the time of the interviews. A number of these are listed in Figure 1. The list challenges some of the stereotypes associated with women experiencing domestic violence. The women were from both low and high socio-economic groups, and a wide range of occupations.

**Figure 1: Examples of the participants' roles and occupations**

Administration clerk	Manager	Salesperson
Agricultural scientist	Medical secretary	Senior bureaucrat
Artist	Music teacher	Senior nurse
Business woman	Nurse	Sex worker
Disability worker	Pensioner	Social worker
Doctor of Philosophy	PhD student/tutor	TAFE lecturer
Farmer	Photographer	TAFE student
Full-time parent	Politician	Teacher
Graphic designer	Public servant	University lecturer
Health worker	Research assistant	University student
Legal clerk	Retiree	Welfare worker

The women's stories also provided some information on the range of roles, qualifications and occupations of the men who had been their partners. A number of these are listed in Figure 2. The list demonstrates that men who assault their female partners can come from a broad cross-section of the community, from both low and high socio-economic groups, and from a wide range of occupations.

**Figure 2: Examples of the ex-partners' roles and occupations**

Builder	Labourer	Teacher
Business man	Pensioner	Teacher's aide
Butcher	PhD student/tutor	Telecom worker
Chartered accountant	Psychologist	Tradesman
Defence force member	Public servant	Unemployed
Fisherman	Security guard	University lecturer
Hydro worker	Shift worker	University student

### 4.3 The Violence and Abuse That Women Experience

The women in this study experienced the full range of types of violence and abuse by their male partners, including physical and sexual assault, and psychological, financial, verbal, social and sexual abuse. In addition, many of their children also experienced violence and abuse. This section presents the experiences of women in this study, and the strategies they used to deal with the violence. Pseudonyms have been used to protect confidentiality.

#### 4.3.1 Physical assault

The physical assault that women experienced ranged from being pushed around the room, to threats to assault or kill, and attempted murder. It included punching, kicking (often with boots), slapping, use of weapons, throwing objects, attempted strangling, attempted drowning, and rape. Women reported being kicked in the ribs when pregnant, pushed down a flight of stairs, having chemicals poured over their face, a gun held to their head, and hair pulled out. They were kidnapped, held hostage, chained to a bed, and stabbed. Attempted murder weapons included a knife, an axe and other implements.

Teena is 33 years old with three children, the youngest from her recent relationship. She lived in a small rural town in a house she had inherited when she met her ex-partner. He assaulted her on many occasions, the most serious after she asked him to leave her house. He refused and assaulted her. She was forced to sell the house to evict him, after police said they could not remove him. Ongoing contact has been unavoidable due to access hand-overs and she continues to live in fear of him. Here she relates the last time he assaulted her:

*He stripped me...kicked me in the side with steel capped Blundstones on... whilst I was holding my baby [he] threw us on the floor...I was unconscious for a little while...from being thrown into the wall and hit round the head with an 18 inch shifter and also a poker from the fireplace...I somehow got [the baby] into his cot...and got in the car...and made my way to the [city] hospital. Till today I still don't know*

*how I got there. I had loud music on the stereo...because I couldn't stand hearing myself scream with pain.*

Most women experienced multiple assaults. Over a period of 13 years, one woman's husband broke her shin, nose and arm and fractured her cheek. Over a shorter period of four years, a woman's partner blackened her eyes, broke her nose, assaulted her with a baseball bat, tried to cut her throat, stabbed her with a garden fork, gouged her eyes and severely kicked her:

*[He] was violent at least once a month...it would range from...pushing...to a slap which...can send me reeling...to punches to the back of my head and places that wouldn't show bruises. Things like strangulation, choking and...a lot of kicking with boots (Melody, 32).*

*It was unpredictable...if he were home and drinking and you sat there silently saying nothing, you could get a back hander for not saying anything. If you responded to something you could also get beaten up because you weren't saying the right thing (Shelley, 63).*

When one woman did not respond during intercourse as enthusiastically as her husband desired, he broke her nose:

*He was lying on top of me when he hit me (Isabella, 55).*

The injuries which women sustained ranged from bruising, black eyes, being knocked unconscious and broken bones, through to internal injuries requiring hospitalisation and surgery:

*He kicked me and that's when my spleen burst. It was a wonder I didn't bleed to death because he still wouldn't let me go to hospital ...[then] he realised he had to take me...and he told the hospital that I'd fallen out of the car (Julie, 45).*

Over a quarter (27%) of the women who had been pregnant while with their ex-partner identified that they had been assaulted during pregnancy, some for the first time. For several women, this resulted in miscarriage:

*A week before I had [the baby] he bashed me (Isabella, 55).*

Over 20 per cent of the women describe specific threats to kill and the terror they felt. They fully believed the man had the capacity to carry out his threat. This often involved weapons. Fear was a major barrier to women leaving:

*He said he'd been thinking for some time that he wanted to kill the baby and then he told me he wanted to kill me... that he knew where he could get a gun. He said that if I left him I'd go to heaven (Sharyn, 24).*

In the most extreme cases of violence the men attempted to murder the women, some of who came close to death. Two of the perpetrators were subsequently charged with attempted murder and jailed:

*He stabbed me in the chest and then the abdomen...I started running down the passage, he hit me over the back of the head with a shovel...I tried to get through the door but he hit me on the front of my head with an axe...We had a carving knife, a pruning saw, an axe and a shovel, and he used all of them...and I remember him going down in my blood and somehow I got the door open and I just flew out the door (Yvette, 56).*

#### **4.3.2 Sexual assault**

Almost a quarter of the women (23%) reported experiencing rape. None of the women laid charges and during the interviews many of them found it painful to disclose the experience of rape by their partner. Only two had sought support from a sexual assault counselling service, and that was after leaving:

*It started the day we came home from our honeymoon...I didn't want to have sex with him. He just hit me and ... held me down and raped me...it just got worse after that...The last thing he did...he held a knife at my throat and raped me and...the next day I left (Jane, 27).*

Some of the women were clear at the time that the assault was rape; others named it as rape only after they had left. As one woman said: 'It's like those High Court judges [said], if you're in a relationship with them, they don't rape

you' (Simone). Some women were still trying to make sense of their experience, describing it as forced sex but unclear how to define it, knowing that 'if you knocked him back you got the physical so you gave him sexually so that you wouldn't get the physical' (Nyree). In her research, Eastaer found that 'For over three quarters (77%) of the women who had been raped by a cohabiting partner, the sexual assault was part of a general pattern of physical violence' (Eastaer 1994: 53). This reflected the experience of most of the women in this study, who reported experiencing rape.

### **4.3.3 Abuse**

In addition to physical and/or sexual assault every woman experienced other forms of abuse. Often the abuse involved controlling the woman—an attack on her right to choose for herself. This was often underpinned by threat, provoking fear of retaliation if she didn't obey and making resistance difficult and dangerous. Abuse is considered in five categories: verbal, psychological, social, financial and sexual. In reality, however, these often overlap. Sexual abuse is considered here separately from sexual assault, as the latter (discussed above) is a criminal offence. Women experienced a variety of forms of *sexual abuse*. It included being forced to watch pornography, coerced into sexual activities and acts that the woman felt unable to refuse, and pressured to participate in group sex. There were sometimes threats of harm if the woman was reluctant to comply:

*He...had this other woman...in our bed and he was saying...come and get into bed...There was always this threat of violence lurking in the background (Erin, 29).*

Most of the women spoke of the traumatic and often long-term effect of *verbal abuse* on their sense of self. Some found it as damaging as the physical violence and sometimes harder to bear:

*Whereas [the] physical abuse...didn't last more than...five or so minutes...the verbal abuse used to stay with me (Melody, 32).*

Some women experienced *financial abuse* despite having independent incomes, earning high salaries or having financial management experience. They felt a lack of financial control over their lives because of violence, or the threat or fear of violence, from their male partner:

*I would often gladly hand over my entire wages because that might mean...a few days of things being calm (Melody 32).*

*I used to work in a bank... [but] I lost control of my finances totally...As long as we had our [basic] needs met, he could... do what ever he wanted with the rest (Yasmin, 39).*

One woman was so desperate as a result of her partner's financial abuse that she shoplifted to provide for herself and her three young children. Even when she organised a separate payment through Centrelink, he still managed to access it:

*I shoplifted to try and compensate for what he was doing... I got caught twice. I've never been so embarrassed in my whole life, but at the same time I'm not ashamed to tell people, this is what my life came to...Even when I was getting the pension, he was nicking my money...[as] he took my credit card (Chrissy, 33).*

Almost every woman in the current study describes *psychological abuse*, including demeaning behaviour from the man, being controlled, embarrassed in front of the children, shamed publicly and living in fear. Women also spoke of 'mind games' that they felt their partner played, which left them doubting their own reasoning or even, their sanity:

*I couldn't have two pairs of underwear that were the same colour in case I was cheating...Being made to sleep outside with the dogs...If a lump appeared in the gravy, everything would just be thrown out and you'd have to start to cook a meal again...My baths were monitored, towels were counted (Angelina, 38).*

One woman's partner would threaten to burn down their home, knowing that she would be too afraid to go to sleep and would be exhausted for work the next day:

*I felt safer outside in the street than in my own home (June, 32).*

Many women were cut off from family and/or friends as a result of *social abuse*. Sometimes it was done subtly; for example, by making visitors feel unwelcome, making the woman spend all of her time with the man when he was home, or turning her against her family. Sometimes it was more overt; for example, refusing to allow the woman to have contact with specific people or attend significant events such as family funerals, disconnecting the phone when she was talking to people, or not allowing her to leave the house:

*I wasn't allowed to have any friends. It got to the point where I had no friends, I'd lost all control (Yasmin, 39).*

One woman only went out twice socially with her husband during their 22 years of marriage. He suggested that he was ashamed to be seen with her. Another woman, who described her partner's violence as 'more like torture', was prevented from seeing her father for over four years. As soon as she was able to leave she reunited with her father, only to have him die a short time later. It remains her biggest regret. One woman was actually chained to a bed to prevent her from leaving her home:

*For about six weeks he actually tied my leg to the bed every night when we went to bed so that I couldn't get up and run away in the middle of the night. I had enough length to get to my son's cot (Sandi, 37).*

#### **4.4 Violence and abuse to children**

The majority (79%) of the women have children and, as in the ABS study, over a third spoke specifically of their children witnessing the violence. Over a quarter of the women with children (29%) reported physical assault of the

children by their father or stepfather. Sometimes the violence occurred at the same time as the assault on their mother, sometimes it was a separate act:

*[My son]...had his ankle broken because his Dad threw him about three metres across a room into a wall (Colleen, 34).*

*Our [baby] daughter... wouldn't go to sleep and...he went into her room and smacked her...constantly. I bawled my eyes out and...he said 'If you don't f'n get out of here, I'll knock you out too' (Sonya, 23).*

Five of the women with children alleged sexual assault of the children by their father or stepfather. Mostly they learnt about it after they had left the relationship. Some of the women tried to have their suspicions confirmed by contacting statutory authorities and police for support but were unable to prevent the men having contact with their children. Several women returned after their initial concerns were not supported:

*My children were being interfered with and I went to the police, Child Protection, an independent psychologist, to [a government children's support service] and to lawyers. Nobody helped me. They just passed the buck, palmed me off and more or less told me I was a neurotic mother coming out of a domestic violence situation (Terri, 33).*

One woman alleges the sexual abuse continues during access but she has been powerless, despite legal efforts, to prevent unsupervised access. She said that her husband insisted the initial abuse of their small son and daughter was harmless, no more than a game:

*He [was] chasing my children around the house...saying 'I check the oil', poking his finger in my kids' [bum] (Louise, 37).*

One woman believes that her son and daughter were sexually abused, as children, by their stepfather. Both are now adults. For years—both during and after the relationship—she had pursued authorities to investigate her concerns, but had been thwarted by a lack of evidence and, as she sees it, a lack of effective intervention by all relevant authorities. She is estranged from

her daughter, but her son recently confirmed that he had been sexually abused by his stepfather. The women's stories suggest the psychological abuse of children, most often through their male partner causing the children to witness the assault and abuse of their mother. Over a third of the women with children expressed specific concerns about the effects on their children of hearing the violence and abuse happening:

*I was in a lot of pain and the kids—I'll never ever get the sound of their screaming out of my head—they were in such distress (Melody, 32).*

#### **4.5 Women's responses to violence and abuse**

As part of trying to manage the violence, many of the women tried to make sense of it by seeking causes. The causes of the man's behaviour that the women suggest include work stress, mental illness, a traumatic childhood, a domestic violence background, a lack of control, drugs and/or alcohol, and problems with anger management. Many women, however, could find no rationale for the violence, whilst others analyse it as power, supported by society's sanctioning of that power:

*He'd...smoke drugs which was the main problem...plus he had his own upbringing in that sort of environment (Sonya, 23).*

*Whether it was alcohol or drugs or he was stone cold sober ...whether there was people around or not...he just didn't care (Chrissy, 33).*

*It's like men are allowed to be violent (Erin, 29).*

The causes that women attributed to the violence often influenced the strategies they used to deal with it, and/or the help-seeking action they took initially. The strategies that women adopted included organising couple counselling or marriage guidance counselling; adapting their behaviour to avoid confrontation; organising the man's attendance at individual counselling, a men's support/anger management group or perpetrator programme; hiding

potential weapons; taking leave from work to try and improve the relationship; and staying with friends or in hotels for short periods.

Alongside the management strategies most women also tried to resist the violence during the period of the relationship. They tried to fight back verbally and/or physically, developed leaving plans (which sometimes took years to implement) or they quietly developed a network of informal and/or formal support. They secretly saved money to escape; established new relationships that eventually supported them to leave; or kept records of the violence and abuse, including detailed journals. One woman had her son take photographs of her injuries as evidence. Often women secretly told people what was happening to them, most often their female friends, sometimes family, then, when the violence was escalating, formal supports. They gathered—and often hid—information on domestic violence, on their legal rights, on support services, on leaving plans and on other women’s experiences of domestic violence. Some women withdrew emotionally and/or sexually; others resisted by seeking new outside interests which enhanced their sense of self, such as attending university, joining women’s singing groups or non-denominational church groups. Some women retaliated with violence:

*I hate to be portrayed as the victim...it wasn't...like I sat there and let it happen...He...threw me across the kitchen one day and I picked up... the pan with the boiling water in it and...smacked him in the back of the head with it and all this hot water went down his back...There's this perception...that they behave like victims and that's why it happens. 'Why didn't you hit him back? Well, you did and it comes down to who is physically stronger...or who has got the power (Erin, 29).*

Many women in jail for murder in Australia are there as a result of killing their male partner after years of domestic violence. Some of the women in this study indicated there were times when the abuse was so traumatic that they thought they might kill their partner:

*He drove his fingers into my son's eyes...trying to pull them out...I grabbed the wooden waddy...and I hit him fair across the back of the head. I thought, he's going to kill me now...this is the first time I've ever*

*retaliated...I couldn't make him stop so I hit him again...I was put into the situation of life and death, I thought, for my son (Julie, 45).*

There were, nevertheless, significant constraints, including structural constraints, on women's ability to resist violence from a male partner, and it is crucial that these be acknowledged.

## **4.6 Men's controlled use of violence**

Many of the women identified the control that the man used during the assault. Women spoke of their ex-partners using premeditated violence or assaulting them where it was less likely to be seen by others. Their stories challenge the view that men assault their female partners because they 'lose control':

*He was very careful not to leave bruises...he was very aware of what he was doing (Abbey, 45).*

*The times he strangled me he'd always let me go...that indicated exactly how much control he had (Melody, 32).*

### **4.6.1 Perpetrator programmes**

A number of the women's partners went to anger management or perpetrator programmes with the aim of stopping the violence. Not only were these programmes unsuccessful, for some they exacerbated the violence:

*He went to [a men's group] once but he came home so angry he never went again...He...admitted how bad I was and then came home and beat me for it!...They go...because they've been ordered to...but nothing changed (Angelina, 38).*

*He went back to two sessions and he's okay for six months and then it started again (Nyree, 37).*

Although the sample in this study is biased in that women who have left are less likely to have seen a successful outcome from such programmes, the

finding is consistent with numerous international and national studies of perpetrator programmes. Except for perpetrator programmes based on or similar to the Duluth model, and linked to a criminal justice response, many evaluations of perpetrator programmes, men's groups or anger management programmes have identified poor outcomes in terms of recidivism (Shepard & Pence 1999; Mullender & Burton 2000; Gondolf 2002). Even with the Duluth model there are criticisms: outcomes are deemed 'successful' when they achieve a reduction in a man's violence towards a female partner, even though non-criminal forms of abuse may continue or increase.

British researchers Mullender and Burton reviewed the literature relating to the effectiveness of perpetrator programmes and found them controversial for the following reasons: 'a lack of conclusive evidence of their success; fears that they will fail and leave survivors in greater danger; the view that programmes can dilute the criminal justice response; and arguments that programmes will compete for resources with other successful survivor services' (Mullender & Burton 2000: 2). None of the programmes referred to by women in this study were part of an integrated response. The women found the programmes were an ineffective means for managing their partner's violence.

#### **4.7 Summary**

Women's experiences of violence and abuse in this study are similar to previous research, in particular, the *ABS Women's Safety Survey* (1996) and the *Against the Odds* report (1998). Whilst diverse, the women in this study had in common the experience of violence and abuse from a male partner. The severity and the duration of the violence varied, but for all the women it had a negative impact on their lives. A third of the women with children also expressed concern about the impact of the violent relationship on their children. A similar number of women identified specific incidents of both psychological abuse (mainly witnessing) and physical assault of the children by their father or stepfather. A smaller percentage (12%), believed their partner had sexually assaulted their children.

All the women had tried a variety of strategies to deal with the violence. At best, these strategies had merely deferred it. More often, strategies had little or no impact, and even worse, had been taken by the man as an excuse to escalate the violence. But despite the controlling use of violence and abuse, the women's stories provided ample evidence of numerous and varied acts of resistance. Each of the women eventually reached their 'turning point(s)', enabling them to leave. The women's experiences of violence provide a context for the remainder of this study: women's decision-making processes (the turning points), the pathways which they took out of violence into new lives, and the barriers they encountered. The next chapter identifies those turning points and the subsequent barriers and pathways identified by the women in this study.

## **CHAPTER 5: THE PROCESS OF LEAVING AND ESTABLISHING A NEW LIFE—THE TURNING POINTS, BARRIERS AND PATHWAYS**

*...domestic violence occurs within communities where members of neighbourhoods, kinship networks, and friendship networks know about domestic violence long before any outside agency is approached—they see and hear it happening, they see the physical consequences on women's bodies or they are the ones women speak to about it (Kelly 1996: 68).*

### **5.1 Introduction**

This chapter reports on how women are able to leave a male partner who assaults them and establish a new life that is, the turning points, barriers and pathways. It then identifies emerging themes and the critical success factors of an effective response.

### **5.2 Turning points**

Turning points are those events that precipitate or critically influence the decisions that enable a woman to leave and establish a new life. This section reports on the turning points identified by women in this study. Women reported one or more turning points that enabled them to contemplate leaving, to plan to leave and, finally, to leave. The majority of women in this study reached a turning point where they realised they were unable to stop the violence or manage the abuse. Some women were able to leave soon after reaching a turning point; for others it became the foundation upon which they built plans to leave in the future. For some, it took a variety of turning points, each building on the other until the proverbial 'straw that broke the camel's back'. For most of the women, reaching their turning point(s) led to contact with formal and/or informal supports, which they then identified as pathways to leaving and establishing a new life.

Key turning points—that is, turning points that were identified by the majority of women as the most significant for their influence on the decision to leave—were: an incident of severe violence; the woman’s concern regarding her children witnessing the violence; and a change in beliefs. Just over half of the women (51%) identified an incident, escalation, or further threat of violence as a turning point and a key reason for leaving:

*[A turning point was my] safety...he told me...he'd kill me (Teena, 33).*

*I had a nervous breakdown...I realised that I was in a life or death [situation], that I was going to die either physically or that the essence of me would die...It became obvious that staying was more dangerous than leaving (Diana, 41).*

*When he held the knife at my throat I thought I'm either going to leave or I'm going to be dead (Jane, 27).*

Over half of the women with children (55%), identified concerns about their children in a violent family situation as a key turning point to leaving. Often, the turning point was children witnessing the violence:

*He had me up against the bathroom wall and I saw my eldest son's eyes. I thought...'It's better that the kids grow up in a violence-free environment'...it took me some time after that to actually leave [but] it was that moment of making eye contact with my seven year old son (Prue, 40).*

*I was holding [my baby daughter] one day...and he head butted me...That was my total turning point. I thought I'm not going to have this little girl growing up witnessing all this (Julie, 45).*

A *change* in belief however, was intimately interwoven with the other two key turning points, and it was this combination of either an incident of severe violence or concern about the children, *combined with* a change in how the woman perceived the situation, that, very often, precipitated women leaving. A change in beliefs, included new beliefs that: staying was not in the best interests of the children; the male partner was responsible for the violence; the violence was not going to stop; the violence and abuse was not normal

and/or acceptable; and certain religious views on marriage could be challenged:

*The turning point was [when] I went to a...[church affiliated] marriage counsellor... He said, the church doesn't say that you should stay in a relationship if it's destroying both of you...that was the green light...A couple of days later I was gone (Karen, 49).*

Some women identified other turning points including: their partner's infidelity; a new partner; commencing university; starting work; the children growing older; or the involvement of child protection services:

*[Child Protection] were going to take my daughter off me. She was born with a [physical disability], and her father kept taking the plaster off and the hospital made several reports...I was given the choice of taking my daughter and [leaving] or they would take my daughter and I wouldn't get her back...I didn't have a choice (Terri, 33).*

For many women there were several turning points before they literally reached 'the point of no return'. For example, one woman identified all three key turning points: a severe assault outside an entertainment venue and being taken to hospital by ambulance; her partner's assault of her daughter; and the realisation that she could be killed if she stayed:

*I really wanted to leave when...I got badly beaten up at an [entertainment venue]. He kicked me to death nearly. [Then] he hit my eldest daughter...that was the turning point. And...I feared for my life. I guess it came down to him or me (Yasmin, 39).*

### **5.2.1 Summary**

The women in this study reported reaching one or more turning points that enabled them either to contemplate, plan and/or finally leave. Some were able to leave soon after reaching a turning point, while for others it became the foundation upon which they built plans to leave in the future. For most women the key turning points were fear of assault from their male partner, concern about the effects of the abuse on the psychological, emotional and physical

well-being of their children and/or a change of beliefs. Where the turning point was an incident of severe violence, the woman's decision to leave was often triggered by the realisation that she could be killed if she stayed, and the risk of that happening was greater than the previous barrier to leaving—believing she would be killed if she left. It is difficult to imagine the courage needed to make such a choice. For many women, reaching their turning point(s) led to contact with formal and/or informal supports, which they identified as pathways to leaving. For the majority, however, despite having reached a turning point they encountered numerous barriers to leaving before finding the pathway(s) to establishing a new life. The next section reports on the women's experiences of those barriers and pathways.

### **5.3 Pathways and barriers**

#### **5.3.1 Introduction**

All the women in this study were able to leave a male partner who had assaulted them and establish a new life, and they identified 'pathways' or 'enablers' (the terms are used interchangeably) that supported and helped them to take this action—people, agencies, structural supports (including policies, laws and societal beliefs), information and/or their own beliefs. Women used many pathways, sometimes encountering new barriers before being redirected or finding new pathways. *Key pathways* were those that played a significant role in the process of leaving and establishing a new life. They included *formal support* from government, community-based agencies and professionals and *informal support* from family, friends and the broader community. Laws, access to resources and information and women's beliefs were also identified as key pathways—*underpinning enablers* of women's efforts to leave and establish a new life.

As part of identifying barriers, women were asked about the greatest difficulty that they had encountered when leaving and how it had been overcome. The women's responses reflect the turning points already reported. Fear of

reprisals from their partner and overcoming feelings for their partner were the most prevalent responses. Other difficulties most commonly identified were fear of being unable to care for the children alone; fear of loss of security (i.e. financial difficulties, losing everything they owned, financial insecurity); holding onto hope that the violence would stop; being unable to think clearly/plan/work out how to safely escape due to being depressed; and feelings of pride, disbelief or failure.

The most frequent response to the question of how they overcame these difficulties was formal support (i.e. effective responses from services). Other responses included: support from family and friends; letting go of feelings for their partner; changed beliefs about their ability to manage alone (financially or with the children) and to manage the judgemental attitudes of others; facing their fears or feeling more fearful of staying; putting their and/or their children's emotional needs ahead of security; waiting until the children were older; taking one step at a time and planning; and giving up hope the violence would stop.

### **5.3.2 Formal Supports: Services—Pathways and Barriers**

Women in this study contacted a range of services and formal supports while living in a violent relationship, and during the process of leaving and establishing a new life. As identified earlier, contact with these services and formal supports was a key pathway in enabling women to leave and establish a new life. Those services included: domestic violence services—the most important enabler for many; counsellors, primarily social workers; police; the legal and criminal justice system, including lawyers, Restraint Orders and Legal Aid and Victims of Crime services; and to a lesser degree the medical and health care system—largely general practitioners. *Significant factors* in these key service pathways included: an empowering approach; a priority focus on the safety of the woman and her children; believing the woman; a non-judgemental attitude, with respect for her feelings, choices and decisions; recognition of the man's responsibility for the violence; a timely response; and practical support.

Women also experienced a range of barriers within all these services, relating to service provision and availability. The key barriers related to: an insufficient focus on the woman's safety; a disempowering approach, a lack of belief in the woman, or lack of respect for her choices and decisions; and a lack of awareness of services. Many women contacted more than one formal support, and several reported that different practice models and a lack of co-ordination between services was also a barrier to leaving.

### *Domestic violence services*

Significantly, over half (51%) of the women in the study identified domestic violence services as a key pathway to leaving and establishing a new life. The services identified were government domestic violence crisis services, community-based long-term support services and women's shelters. Almost three-quarters (74%) of the women in this study accessed domestic violence services and over two-thirds (68%) of women identified them as supportive at some point in the process of leaving and establishing a new life:

*I couldn't have done it without (a domestic violence crisis service)...We got...the Restraint Order to have him evicted so that I could be back in my own home with my children...The worker supported me in court (Anita, 42).*

Of the eight women from a CALD background, six identified domestic violence services as a key pathway, a higher proportion than for other women. Only domestic violence services offered interpreter services to the CALD women in this study:

*The only places [that being from a CALD background] didn't matter...I come back to the [women's and domestic violence] services... where services are provided for all women, full stop. Be that black, white, Indigenous, it wouldn't matter.*

More than two thirds (70%) of the women who identified as having a disability reported domestic violence services as a key pathway, primarily through the provision of emotional and practical support:

*I saw an ad on telly and phoned [a domestic violence crisis service] and she...organised for all the locks on the house to be changed...She was an ear for me to talk to, a shoulder for me to cry on, totally neutral...[and made] me not feel such a messed up person.*

Women in this study named government domestic violence crisis services as a key pathway to leaving and/or establishing a new life. They were accessed by over half (53%) the women in the study, and identified as a key pathway by 23 women—43 per cent of all those in the study and almost 60 per cent of those who accessed domestic violence services. They were named as a key enabler at all phases of the leaving process, through: providing information as women were thinking about leaving; supporting them emotionally through the process of making the decision to leave; providing resources, vital information, referrals, emotional support and practical assistance to actually do the leaving; and supporting them to establish a new life, including support in negotiating the legal, housing and income support systems and provision of helpful information and referrals and outreach support.

Women spoke of various aspects of the model of service delivery. The *significant factors* included: facilitation of access to safety; a response that was compassionate, empowering and respectful; a feminist analysis of domestic violence; a criminal justice approach; a non-judgemental attitude; a recognition of the likely constraints on women's agency; a mobile crisis response; the facilitation of access to support services; the opportunity for enhanced insight into the issue of domestic violence; the opportunity for an enhanced sense of agency; a service through the night and on weekends; workers being action-focused at the moment of crisis whilst maximising women's self-determination at all times; cultural sensitivity and non-discrimination; financial assistance with security, travel and removals; and, importantly, engendering women's belief that they could recontact the service each time they tried to leave, without being judged for having previously reconciled. Most women included practical support, information provision, effective referrals and support to take legal action, as significant factors in the domestic violence crisis services' response:

*They delivered [service] in a manner that communicated total and utter confidence that I...had the internal ...resources that I could make a life for myself... that I was an intelligent woman (Katerina, 56).*

*[The domestic violence crisis service worker] ... put it back in my [court]...You were in control (Julie, 45).*

The women's access to domestic violence crisis services was facilitated by the services' close liaison with police, formalised through police Standing Orders, requiring police to accompany workers on domestic violence crisis call-outs and refer women to the services. Women also identified community-based, long-term domestic violence support services, as key pathways to leaving and/or establishing a new life. They were identified as key pathways, before and after leaving, for a quarter (25%) of the women in this study:

*[They] just helped me understand that what I was going through was defined as domestic violence and it was an assault and he didn't have rights to do what he did to me (Helena, 43).*

Whilst not providing a mobile crisis response, nor available through the night or on weekends, most of the *significant factors* of long-term support service responses were similar to those of the domestic violence crisis services, with the addition of the provision of group work support and the opportunity to develop peer support groups.

Although women's shelters are mandated to provide services to both women experiencing domestic violence and women who are homeless, they were included in the section on domestic violence services due to their high level of use by women escaping domestic violence and the key role they play in women's sense of safety. Emergency housing is mostly funded by a government Supported Accommodation Assistance Programme (SAAP). The use of emergency accommodation was a traumatic experience for most of the women. They did not always consider the environment ideal but it was a key pathway for over a quarter (28%) of all women in the study. Obtaining a sense of safety enabled women, often for the first time, to gain insight into their situation and develop strategies for establishing a new life:

*The Salvation Army Captain changed our names for us. When we moved out of the refuge...they bought us pots and pans, a lounge room suite, food vouchers. They used to come out every week and see me. Refuges over here are fantastic (Audrey, 36).*

*[They] put me onto the solicitors and...came with me...told me about [a long-term domestic violence support service] and... dropped me off and waited for me (Grace, 53).*

While not all shelters provided women with all of the factors identified as contributing to an effective response, the *significant factors* reported by women were similar to those of the domestic violence crisis services and the long-term support services, with the addition of: bi-cultural workers; a greater focus on the provision of practical support, including transport, emergency accommodation, financial assistance, removals and security needs; and assistance to obtain long-term accommodation and household goods.

A minority of women (26%) did not use any domestic violence services. The reasons identified for this included: the women did not need any formal support from a domestic violence service; they were unaware the services were available; there were no services (rural and isolated areas); the women lacked information on what the services provided; they did not think the services were appropriate for them due to a perceived stigma or negative stereotypes associated with the services; and they did not identify as a domestic violence victim. The majority of barriers in relation to contact with domestic violence services were in relation to women's shelters. Whilst women identified shelters, and their provision of safety and accommodation, as a key pathway, some of those same women identified as a barrier a shelter's environment or the lack of one-to-one, short- or long-term outreach support:

*Everything is shared, I'd be happier if [it was] separate. [I would] like it to have been cleaner, in the kitchen especially (Louise, 37).*

*You get to the stage that you need help right then and there...and they can't see you for another week (Jane, 27).*

A small percentage (8%) of women reported that, when they were still in the contemplative/planning phase, a *focus* on the issue of leaving by crisis or long-term domestic violence support services was actually a barrier to the *process* of leaving. The women would have preferred to access a non-crisis, generic, woman-focused service to explore their options while still in the relationship. Whilst they valued the domestic violence services as pathways when they did leave, they felt that they may have left earlier had they been able to access alternative long-term support before leaving.

Most women in the study identified that they were at a crucial turning point when they first wanted to initiate contact with services, and several reported that a lack of 24-hour access to domestic violence services was a barrier to leaving. A quarter of women identified barriers in relation to domestic violence services, mostly shelters:

*Some of the more feminist (services) were coming from...what appeared to me, at the time, to be an anti-man stance...I went there for marriage guidance...I wanted to know how to stop him beating me so that I could be [with him] 24 hours a day (Diana, 41).*

*They made me think, like, 'We'll get him'...I didn't want to blame anyone...I just wanted answers...It actually set me back a fair bit...put me off...I was never going to call another agency again after listening to them (Yasmin, 39).*

The *significant factors* included one or more of the following: unsatisfactory shelter environments (39%); insufficient one-to-one support or short- or long-term outreach support from shelter workers (23%); a lack of information about the services (23%); a lack of 24-hour access to the services (23%); inadequately resourced services (23%); a disempowering worker (23%), or the sense that the woman was required to fit the service's model rather than the service respecting their assessment of their situation and providing the support they required; a perception that some workers were anti-men (23%) or were inappropriate for women who were not yet ready to leave but wanted the violence to stop; and not treating the issue of safety seriously enough

(15%). This was a problem particularly for those women who had fled from interstate, fearing for their lives:

*[A woman] said 'I don't want the curtain open because my perpetrator knows where this place is'. I argued with [shelter staff], 'Well, what the hell is she doing here if her perpetrator knows where this place is, she's putting the rest of us at risk'. [They said] 'Well what can we do, [this state] is a small place' (Sandi, 37).*

### *Counsellors*

Along with domestic violence services, counsellors and counselling services were the most significant key enablers identified by women in the study. The terms 'counsellor' and 'counselling', in this study, refer to a broad range of formal support provided to women, involving primarily one-to-one and group work approaches located within a variety of practice frameworks. The study nevertheless acknowledges debate about the term 'counselling', particularly amongst social work and feminist practitioners:

Some practitioners regard the use of such terms as inappropriate for describing the empowering practice they engage in with individual women, while others are more comfortable in defining their work with women within a framework of counselling (Laing 2001b: 1).

A social work approach locates work with individuals within a structural framework and is more likely to describe it as interpersonal work with the aim of addressing inequalities and oppression. Whilst the majority of the 'counsellors' that women identified as pathways were social workers, the term 'counsellor' is used here to reflect the words used by women when describing this area of formal support.

Close to half of the women (47%) identified counsellors as a key pathway, and over half (59%) identified a counsellor as supportive during the process of leaving and/or establishing a new life. The counsellors involved were mostly professionals, primarily social workers but also psychologists and (to a lesser degree) psychiatrists. Only a few were in private practice, most providing a

free service through the key agencies identified—that is, Anglican and Catholic welfare services and government services such as community health centres. In smaller numbers women also identified other counselling services as enabling, including sexual assault services, mental health services, parenting centres, alcohol and drug programmes, neighbourhood houses, and volunteer telephone counselling lines. Other counsellors, mostly social workers, were with agencies referred to elsewhere in the report including Centrelink, Victims of Crime, the Family Court and hospitals:

*A counsellor...said to me...'Look at what he does not what he says'...I realised that the violence...the controlling was getting worse...It was information I'd had before...but it was either at the wrong time or expressed to me in the wrong way (Diana, 41).*

*I hadn't been [able] to talk about what was going on for a really long time. I...didn't...have the words or want to have the words or even [been] allowed to have them...I guess (the counsellor) gave me...a voice (Skye, 30).*

*[The social worker]...told me about the avenues I didn't know existed (Kaycee, 32).*

Women reported that the *significant factors* contributing to counsellors being a key pathway included: highly developed interpersonal skills; a non-judgemental, respectful and empowering approach; believing the woman's story and providing validation; being non-directive; challenging men's use of violence against female partners; supporting a woman to gain insight into her situation within contemporary frameworks; locating responsibility for the violence with the male partner whilst respecting the woman's feelings for her partner; respecting the woman's choice to stay in or leave the relationship; cultural sensitivity and non-discrimination; facilitating the development of a safety plan; exploring options; respecting the woman's decisions; appropriate referrals; provision of relevant information; not maintaining hope that the violence would stop; and free sessions.

Despite the high percentage of women who identified counselling as a key pathway, almost a fifth of women (19%) identified an ineffective response

from counsellors as a barrier to leaving and establishing a new life. These ineffective responses included responses from psychologists, social workers, psychiatrists, other counsellors and specialist counselling services:

*The psychiatrist asked to see me but he asked me with [my partner] present. That didn't work. He told [the psychiatrist] everything was fine (Angelina, 38).*

Women also identified as a barrier, an ineffective response from counsellors/counselling services when they worked with women's partners, both individually and through perpetrator/anger management programmes:

*He had counselling...went through all this rigmarole that he had to go through and she reckons he was fine, he was cured...Within five months that's when it started. [It] got really bad (Audrey, 36).*

*He [male partner] was ordered to see [a social worker] through the courts because...he'd had numerous [Restraint Orders] put on him...He would hold my hand and make everything look so rosy then we'd come home and he'd bash me (Julie, 45).*

The *significant factors* women identified as contributing to an inappropriate response included: not making the woman's safety a priority (reported by 83 per cent of women who identified an ineffective response by counsellors as a barrier); a focus on the relationship rather than the violence (75%); providing couple rather than individual counselling (67%); a focus on maintaining the family unit (67%); approaches which sustained hope the violence would stop (50%); failure to identify the man's violence as his choice and his responsibility (50%); the expectation that the woman would take a key role in behavioural change strategies and monitor her partner's progress (50%); and suggestions that if the woman adapted her behaviour she could prevent the violence (42%).

### *Police*

Almost two-thirds of the women in this study (62%) contacted the police at some point in the process of leaving and establishing a new life and the

findings confirm the very positive effect that police can have in protecting the safety of women and children and enabling women to leave a violent relationship. Almost a third of those (30%) identified police response as a key pathway, and almost half found police supportive at some point. Yet some two-thirds of women also found police response a barrier. Women in this study indicated that contacting the police was usually an act of desperation. Invariably, it meant a woman had unsuccessfully tried every other solution to stop the violence. In situations of this nature, an ineffective response by police was particularly devastating.

Women with a disability reported a higher level than other women (77% compared to 62%) of accessing the police and a lower level (40% compared to 67%) of identifying them as barriers, as a result of an enhanced sense of justice and safety:

*I phoned the police and said my ex-husband is here. I want him removed off the property [and] they came.*

Although Aboriginal women were as likely as other women to access police *after* leaving a violent relationship, only one of the six Aboriginal women in the study contacted police for support before leaving, and only one identified police as a key pathway. Contact with police after leaving was mostly related to applying for and reporting breaches of a Restraint Order. One woman identified the combined inequities relating to race as well as gender as a barrier in relation to police response:

*[Whilst] I've met a lot of wonderful police officers that have been very supportive...when it comes to domestic [violence] issues between non-Aboriginal people and Aboriginal people, it is usually the Aboriginal person who is listened to less. What we need are officers who act for us.*

Five of the eight CALD women (63%) had contact with police. A higher proportion of CALD women than other women (80%—that is, four of the five who identified police as a key barrier—compared to 67 per cent of other

women) identified contact with police as a barrier at some point in the process of leaving and establishing a new life.

Close to a third (30%) of the women who contacted the police at some point in the process of leaving and establishing a new life identified police intervention as a key pathway to leaving and/or establishing a new life. Supportive police action included making arrests, applying for or supporting women to apply for Restraint Orders, providing emotional and practical support, and demonstrating a respectful and non-judgemental attitude. Women who identified police as a key enabler were more likely to have left permanently shortly after that point of contact. One woman believes an effective response from police saved her life:

*[My ex-partner] said, 'If you don't get rid of the kids they'll come too...and they don't want to witness what I'm going to do. I said, 'I've got to get petrol'...got out...to pay and I said, 'Ring the police and tell them it is an extreme emergency, that I've got someone threatening to kill me inside [the car]'...I almost got to the roundabout and the police pulled in alongside me. They took it very calmly...swerved in front of me, to pull me up and I acted dumb. He was so agitated. The police jumped out and opened his side door. As soon as they did, he hit them, pulled the gun on them and held them at gunpoint...And I just drove straight off with the children in the car and left that all happening on the highway...He was jailed for that (Julie, 45).*

In addition, almost half of the women who had contact with police (49%) identified police as supportive at some point in the process of leaving and establishing a new life. This was often due to a non-legal response such as encouraging their partner to leave the premises:

*[The police officer] said, 'It's not your fault, it's him'. [He] said he'd get me into a women's shelter. I said, 'I want to stop here'. He said, 'Well, if you stop here I'll come everyday to [check] on you.' He was there with support all the time (Grace, 53).*

Several women spoke of the advantages of having a domestic violence specialist unit within the police (although this unit is no longer in existence).

One spoke of her need for police to take legal action on her behalf, as she feared reprisals and, under crisis, felt unable to make a decision:

*The police officer was excellent. [He said] I'm going to take [a Restraint Order] out for you, whether you want one or not'. He didn't give me any choice, which was good because I probably would have said no... Sometimes you are so stressed out and upset that you can't make decisions for yourself...if he'd said to me, it's up to you, I probably would have said no, because he'll come and bash me again (Sandi, 37).*

The *significant factors* contributing to the police being a key pathway were: initiating legal action following an assault without requiring the woman to lay charges; initiating legal action following a breach of a Restraint Order; a non-judgemental, respectful attitude; responding to reports by a woman of an alleged assault as a priority; taking a pro-arrest approach; efficient processing and serving of Restraint Orders; believing the woman; taking a position that condemns men's use of violence against their female partners; removing the male partner from the home; provision of information on legal rights and support services; and facilitating support through contacting domestic violence crisis services.

Of the 33 women in this study (62%) who had contact with police through the process of leaving and establishing a new life, over two-thirds (67%) reported that at some point in the process an ineffective response by police had acted as a barrier. The problem often related to the initial contact women had with police, usually following an alleged assault by their male partner:

*I went to the police station...and they made me stand at the counter...with people walking past, in and out. I'm...bawling my eyes out...describing what had happened. It was almost as bad as going through the whole thing at home with [ex-partner] (Anya, 38).*

*When [police]... say, 'Well, I'm not going to charge him because it will fall down in court', they're not the person who should decide that. That should be a court and what they should be doing is acting, not judging. They only see part of the story, some of the instances...What they need to understand is, women can go through this for years...They*

*have to stop advising women to drop it. It is difficult to be always told 'No, we can't do anything about that' or 'That's pretty minor'. You get to a point where you think no one will help...it will never be over... I believe police need to act on domestic violence, especially when there's a Restraint [Order]...[and] on every complaint (Angelina, 38).*

The *significant factors* contributing to an ineffective response from police included: a judgemental, disrespectful attitude (77%); failure to take legal action following an assault without requiring the woman to lay charges (64%); failure to take legal action following a breach of a Restraint Order (46%); failure to respond as a priority to a woman's reports of an alleged assault by her male partner (23%)—for example, women spoke about being left with the impression that the police could take no action unless the woman laid the charges; delays in serving of Restraint Orders (23%); not believing the woman (23%); and failure to provide information on legal rights and support services (10%):

*They have the power to put that Restraint Order on. They don't even have to wait for me...Why aren't they doing it? (Yasmin, 39).*

*He followed me...to [my] door...I called the police...I had a Restraint Order. He was taken away but a police officer came...and said "We're not going to charge him...because he comes here to pick up your son. I said, No, he doesn't...He said 'I don't see why you want to persecute this man, you've [already] got a Restraint Order...We're not pursuing it. It won't go to court' (Angelina, 38).*

Lack of legal action was a key barrier both before and after leaving. *Before* leaving, it left women feeling: unprotected and powerless; fearful of recontact due to reprisals following previous lack of legal action; a diminished sense of agency and sense of self-rights; an often increased sense of fear as their partner had not experienced any legal consequence nor often any other sanction for his actions; and a reduced capacity to consider leaving. *After* leaving, lack of legal action by police resulted in women feeling less safe, with a diminished sense of control over their lives and a diminished capacity to re-establish their lives. A lack of legal action often resulted in women remaining longer in the violent relationship:

### *Criminal justice system*

Many of the women in this study accessed the legal system at some point in the process of leaving and establishing a new life. The key pathways they identified were:

1. Lawyers: identified by a fifth of women (21%) as a key pathway, with most of the contact occurring after women had left the violent relationship. Women reported that the lawyers were supportive primarily through their non-judgemental, respectful attitude and their facilitation of access to safety, children, property, divorce, maintenance and compensation;
2. Legal Aid: free legal advice supported women to access justice, safety, their children, property, divorce, maintenance and compensation;
3. Restraint Orders: obtained by over a third of women (38%) against their ex-partner. For many, this was their first involvement with the criminal justice system. Whilst a Restraint Order did not always prove to be a significant pathway to leaving and/or establishing a new life, for many women it was a key pathway through the provision of safety; and
4. Victims of Crime: identified by some women as a key pathway in relation to compensation and counselling support.

In addition, several women identified the Family Court (including social workers), Community Legal Services and magistrates as key pathways:

*I went to Legal Aid...They arranged for me to go to [a lawyer] in [town]. [Although] he had been giving my ex-husband work, he didn't say it was a conflict of interest the way that several other [city] lawyers had done (Suzanne, 49).*

*[A domestic violence support worker] helped me and I wrote my own Restraint Order...that was amazing because I actually fought the system!...It showed me that you are going to have...a magistrate listen to you (Helena, 43).*

Underpinning these pathways were the *laws* that enabled women to access justice in relation to domestic violence, including those contained within the *Criminal Code*, the *Police Offences Act* and the *Justices Act*. These included laws relating to attempted murder, assault, threat to assault, confiscation of weapons, and applications for and breaches of Restraint Orders, as well as recent legislation in relation to stalking. Other relevant laws were those enabling women to have successful outcomes in relation to obtaining a divorce, property settlement, child custody, access to children, child and/or spousal maintenance and compensation:

*[After] the [stalking] legislation was...put in place...[ex-partner] was convicted...He got two months suspended sentence and two years good behaviour bond (Lara, 44).*

The *significant factors* of the legal system pathway were: the provision of safety; a non-judgemental, respectful attitude; an empowering approach; access to justice through the application of relevant laws and availability of free or subsidised legal support; provision of effective and affordable legal advice and information; facilitation of access to children, property, divorce, maintenance and compensation; and provision of support to negotiate the legal system.

Over a fifth (21%) of women identified aspects of the response from the broader criminal justice system as a key barrier to leaving and establishing a new life. This included responses from lawyers, Legal Aid, magistrates, and the court system, as well as victim support services or the lack of them. The barriers were encountered mostly when women needed legal advice before leaving, and when seeking legal advice or action, legal information and/or support shortly after leaving. Barriers also related to contact with magistrates and the court system, mostly applications for Restraint Orders as well as assault charges or breaches of Restraint Orders against an ex-partner:

*I got very bad advice...[from] the lawyer [and] I had to go along with it...You're naïve (Nyree, 37).*

*The paper work [for a Restraint Order] was very daunting. I didn't have anyone to tell me what I was supposed to do (Shayla, 26).*

*The lawyer (cost) \$2600...[for] which I [had to get] a personal loan (Kaycee, 32).*

Women also identified the broader criminal justice system as a key barrier in the longer-term establishment phase (this is discussed later in this chapter). The *significant factors* of an ineffective legal system response were: a lack of or inappropriate information provision about the legal system and women's legal rights (55%); a lack of support to negotiate the system (46%); the costs (36%); and an unsympathetic attitude (36%).

#### *The medical system*

The majority of the women in the study (68%) reported that they experienced physical and/or mental health problems during the relationship with their ex-partner and most had contact with a *general practitioner*. A small percentage of women (13%) identified general practitioners as a key pathway to leaving and/or establishing a new life, and rather more (36%) reported that a general practitioner was supportive at some point in the process. These figures highlight the crucial role that general practitioners can play in their response to women, particularly those who present as feeling depressed after experiencing violence and abuse from a male partner (see discussion of depression and the role of general practitioners in the next chapter, under the section entitled 'Women with a health issue').

*[The general practitioner] gave me a lot of time. He just would listen to me...He believed me...He said...it was domestic violence, what [my ex-partner] was doing to me ...He wouldn't tell me what to do but he would advise me (Helena, 43).*

*The doctor did ask me about [seeing] anyone from domestic violence. [He] acted for me and supported me and the first question [he asked] was, 'Was it domestic violence?' (Nadia, 59).*

Among women with a disability, compared to other women, a higher proportion (78%, 10 women) identified psychiatrists and general practitioners as a pathway. Smaller numbers of women identified hospital staff and policy as a key pathway, mainly: nurses; social work departments; mental health psychiatrists and social workers; hospital domestic violence policies; and staff adherence to the policy through reporting assaults to police and referring women to domestic violence crisis services:

*[A nursing] sister was a great support. I opened up totally to her [about the violence] and she showed compassion. She listened and she let me make my own mind up. She put everything into a structure for me...and in this book that she gave me...there was a diagram of the way (violent men) operate, an actual cycle and she went through all that with me (Julie, 45).*

*I got bashed really severe...and he told the hospital that I'd fallen out of the car. Well, they knew that it wasn't from falling out of the car and they called the police in. [The nurses]...let me believe that they knew it wasn't that and if I'd like to really tell them what had happened, that they would stand by me and [give me] full support (Julie, 45).*

*Significant factors* that contributed to these key pathways included (as appropriate): the treatment of injuries following assaults; an effective response to the effects of violence and abuse on women's mental health, including appropriate referrals for support; providing the opportunity for consultations without the woman's partner present; well-developed interpersonal skills, and a non-judgemental, respectful and empowering approach; believing and validating the woman's story and supporting her to gain insight into her situation within contemporary frameworks. They also included: being non-directive, providing continuing and unconditional support while respecting the woman's decisions, including the right not to disclose, and her choice to stay in or leave the relationship; exploring options including the development of a safety plan; challenging men's use of violence against female partners, and locating responsibility for the violence with the male partner, whilst respecting the woman's feelings for her partner; and provision of appropriate referrals, particularly to domestic violence services. The provision and prominent

display of relevant information and the existence of and staff adherence to hospital domestic violence policy were also significant factors.

Among ineffective responses identified from formal supports, general practitioners were the second most frequently identified barrier to women leaving and establishing a new life. Over a quarter (26%) of all women in the study identified the response of general practitioners as a key barrier to leaving. This percentage was contributed to by the high level of contact that women had with their general practitioner, throughout the period they experienced domestic violence.

*He hit me in the face and I [went] to the doctor and [said], 'My husband did this. Write it down because if the day comes that I ever leave him, I want that written down'. [Yet] the doctor never sent me anywhere or gave me any advice and I often wonder why (Marnie, 44).*

The *significant factors* that made a general practitioners' response ineffective included: a failure to explore further with the woman the cause of her injuries (50%); prescribing anti-depressants (43%); a failure to provide information on domestic violence or referral to support services (43%); being unsympathetic, overly directive or judgemental (43%); and seeing the woman with her partner present (29%).

Depression was by far the most common health problem experienced by women in the study, this was reported by 57 per cent, almost two-thirds of whom (63%) were prescribed anti-depressants. Mostly, this was without any other form of intervention such as counselling or referrals to support services, even when domestic violence had been disclosed. Whilst acknowledging clinical depression is a serious illness, this raises questions about the risks of pathologising women's normal responses to the violence in their lives, and a lack of psycho-social assessments and interventions:

*Since I've left...I haven't had the overwhelming horrible depression I used to have (Karen, 49).*

Some women were ambivalent about the response they expected and received from general practitioners. They were afraid to disclose the violence and afraid of having it identified, because of fear of the consequences, a sense of shame, and fear they would be forced into leaving or charging their partner when they were not yet ready for such action. At the same time, women wanted the general practitioner to be aware of their situation, to condemn domestic violence, and to, somehow, indicate support without necessarily requiring a woman to admit overtly to experiencing domestic violence. Despite this ambivalence, the majority of women were clear about the nature of the response they wanted: one that was enabling, with an effective interpersonal as well as medical response.

### *Clergy*

Very few women in the study identified any contact with the clergy in relation to domestic violence. Two women identified the clergy as a key *barrier* to leaving because of their powerful influence over the women's decisions: they obeyed ministers' instructions to change their behaviour in order to prevent the violence. Whilst women's reports indicated that the clergy did not condone the use of violence, the following *significant factors* were associated with the clergy being a key barrier: a priority focus on keeping the couple together; minimising the violence; framing the violence as a communication problem; and blaming the woman's behaviour for the violence, including a failure to submit to her husband:

*We were having marriage counselling with [the church]... They kept telling me I wasn't being a good enough wife... I had this list of things I had to change in my life to make his life better... [Once] I burst out in tears and said, 'I can't handle the violence any more' and told them [about it]. They said 'Oh look it's alright. We'll fix it up... It's not as bad as you think it is' (Colleen, 34).*

*I felt so let down the way [the church] handled it... They saw it that it was my duty as a wife to submit... We had a meeting with [the minister], my husband and [I]... [The minister] said that it was not right for the violence to have occurred. That was a breach of the marriage laws in the Bible but the fact was that I should still be submitting (June, 32).*

The women's reports highlight the importance of the clergy acquiring and applying contemporary frameworks to the analysis of domestic violence. Their capacity to influence women's lives through their status as religious leaders needs to be informed by the impact of violence on the lives of women and their children.

### **5.3.2.1 Gaps in service**

Women identified key gaps in support services, primarily: the lack of 24-hour domestic violence services; the need for non-crisis services that are not domestic violence-specific, but women-focused, where women can explore their options when still in a violent relationship with a male partner; and the non-existence of particular support services such as child contact centres outside metropolitan areas and long-term domestic violence support services in all regions:

*24-hour support is...just not there...It's no good having workers available part time (Diana, 41).*

*The services have to be there when the woman does leave but [also] while she's gaining her confidence. You can go 20 years and know that you've got to leave but there's circumstances keeping you there (Lara, 44).*

*We need more things in [country towns]. [The city] is a very daunting place. I'd like someone...to say to me, I'm going to advise you and help you on this path...so that you can...get your mind together (Teena, 33).*

### **5.3.3 Formal supports: Structural resources—Pathways and barriers**

Structural supports and resources—their availability or absence—play a major role in women's ability to leave a violent relationship and establish a new life. Key pathways were financial independence and accessible housing and childcare. Two key structural barriers to establishing a new life were identified: the financial impoverishment of women after leaving a male partner who assaults them and women having to leave their home. The resources that women identified as key pathways were access to: income support/money

and/or credit; education; employment; affordable, appropriate housing; and affordable childcare. Women identified affordable childcare as a pathway to leaving and establishing a new life by enabling them to access employment, education and 'time out'. The *significant factors* that contributed to these being key pathways include: providing access to finance, supportive networks, and accommodation; and enhancing self-determination, a sense of self and agency and safety.

Over a quarter of women in this study (28%) identified Centrelink as a key pathway, primarily through the provision of income support but also through its domestic violence policies and information, and the responses of social workers and staff. Over half of the women (51%) in the study were in receipt of some form of full or part pension or benefit. Whilst a number of women reported the income as seriously inadequate, particularly those in private rental accommodation, most indicated it was nevertheless a significant pathway:

*Privacy [policies] and stuff like that ...my life depends on it (Campbell, 43).*

*Now [the Centrelink worker] controls my case and [only] she handles it...absolutely no-one can get to my case...She was really good and helps me with anything now (Colleen, 34).*

The *significant factors* in an effective Centrelink response are directly related to its policies that: enable women to change their identity and ensure restricted access to women's computer data and paper files—identified as particularly important by women who had fled from interstate; enable income security payments to be paid independently from payments to the male partner, supporting access to a separate income for women still in a violent relationship; provide women with an emergency payment when escaping domestic violence; and enable women to receive an income security payment while separated but still living in the same residence. Other significant factors were policies that: provide a case management approach, enabling a woman

to have one primary point of contact within Centrelink; provide for social work support; provide and promote written information in relation to domestic violence, available in waiting rooms and interview areas; and exempt women from pursuing maintenance if they are at risk of further violence or potential violence from an ex-partner or his family.

Adult education, and the supports, skills and opportunities it provided, was identified as a key pathway by a number of women in this study. Around a quarter of the women in the study (26%) identified universities, along with their Aboriginal support units and student counselling services, as a key pathway; and several other women (6%) identified TAFE:

*I was doing a course at the University...I suppose I gathered confidence...I could see there was more in the world than [the one] I was living in (Kelly, 50).*

*I never admitted to myself that I was in a violent situation...Being at [university] made me face up to the fact of what my life was, what my relationship was and that it wasn't acceptable (Karen, 49).*

The *significant factors* in these pathways include fostering an increase in knowledge, enhanced sense of self and sense of agency, insight into domestic violence, increased understanding of the position of women in society and increased sense of community, particularly for Aboriginal women through university Aboriginal education support units. They also include support through contact with lecturers, colleagues and student counsellors and an increased access to employment and a wider range of opportunities. Some women identified adult educational institutions as a pathway because they offered an environment that was less accessible to the woman's partner. This, as well as the support and sense of community provided by universities' Aboriginal support units, played a key role for some of the Aboriginal women in this study:

*I think the...really big changeover was [a university Aboriginal support unit] and [also] coming back into the education system and finding out*

*that I could do that. And there was all this support there and [it was] completely separate from him...A 'circle of influence' that he couldn't penetrate... for two reasons: one, it was an education system and he was completely foreign to that, and [two]...it was a community, an Aboriginal system. And...he really resented that.*

While the study included only eight women from a culturally and linguistically diverse background, six identified adult educational institutions (TAFE and/or university) as a key pathway.

Nearly a third (30%) of women reported that gaining employment was a key pathway to leaving and/or establishing a new life. Employment not only provides women with an independent income and the capacity to more effectively plan leaving, but the work they undertook, the work environment and work relationships also enhanced women's sense of self and agency:

*Before I left him, I started a new job...Inside three months I was a field supervisor...It was a massive confidence boost (Abbey, 45).*

A key pathway was being able to access money and/or credit to cover the immediate financial costs of leaving, such as transport and the initial high costs of rent and bond in the private rental market. This highlights the importance of women being able to access money readily (sometimes up to \$1 000) from support services and credit institutions:

*I went to [a support agency] and [got] a \$500 cash advance which gave me my bond and rent (Kaycee, 32).*

*[What finally enabled me to leave was] I managed to save \$70...That's when I knew I could go...It took me six months (Marnie, 44).*

At the same time, nearly half of the women in the study (45%) identified that a lack of access to one or more resources was a key barrier to leaving and establishing a new life:

*Once I left [I] knew what was there...I just wish...I'd known [before]. I mean, a lot of people just don't know that [services are] there (Sonya, 23).*

*You never had any money and no transport (Angelina, 38).*

*I [knew I] wouldn't...be able to rent a house with four children. People would run a mile, 'She's got four kids—we're not going to rent it to her'! So, you're discriminated in that respect (Helena, 43).*

Women reported that key barriers included a lack of access to: an adequate income (34%); information on support services, legal rights and domestic violence (34%); transport (21%); affordable, appropriate housing (19%); support services (13%); and affordable childcare (6%). Two key structural barriers to establishing a new life were identified: the impoverishment of women after leaving a male partner who assaults them and women having to leave their home. The *significant factors* of these structural barriers included: poverty; a lack of knowledge; diminished self-determination; a diminished sense of self, self-rights and agency; no supportive networks; homelessness; and diminished safety. All these factors increased a woman's risk of remaining in or returning to her male partner or made it difficult for her to establish a new life.

#### **5.3.3.1 Socio-economic status: a pathway and a barrier**

The women in this study encompassed a range of socio-economic groups, with annual household incomes ranging from less than \$20 000 to \$160 000 before or after leaving (see Table 3). Before leaving, women experiencing violence from a male partner were spread fairly evenly across all socio-economic groups. After leaving, those figures changed significantly, with women over represented in lower socio-economic groups, and over half (56%) of the women in receipt of incomes (joint or partner only) lower than \$20 000. This represents a threefold increase in the number of women at this lowest income level.

**Table 3: Participants' incomes before and after leaving**

Previous income	Number	Percentage	Current income	Number	Percentage
Not known	9	16	Not known	0	0
<b>\$10-19999</b>	<b>10</b>	<b>19</b>	<b>\$10-19999</b>	<b>30</b>	<b>56</b>
\$20-29999	7	13	\$20-29999	12	23
\$30-39999	6	11	\$30-39999	7	13
\$40-49999	5	9	\$40-49999	1	2
\$50-59999	7	13	\$50-59999	3	6
\$60-99999	6	11	\$60-99999	0	0
\$100–160,000	3	6	\$100–160,000	0	0
<b>TOTAL</b>	<b>53</b>	<b>100</b>	<b>TOTAL</b>	<b>53</b>	<b>100</b>

Among women of higher socio-economic status, some identified this as a pathway, enabling them to access the resources they needed in order to leave and establish a new life. At the same time, several identified barriers associated with a higher economic status and their beliefs in relation to accessing formal supports and/or concern for their own, their partner's or their family's reputation in the community:

*[I thought] these kinds of things don't happen to people like me...I had [a] problem with getting...people to help me knowing...it must be embarrassing for [a family member involved in a senior position in the bureaucracy] to have me as a sister (Colleen, 34).*

Eligibility for free legal support after leaving was also an issue for women who were legally 'asset rich' but actually 'cash poor' until property settlements (which were often protracted) were finalised. Many of these women were on low incomes. On the other hand, low economic status was a pathway for some women as it rendered them eligible for Legal Aid and public housing. For many, however, low socio-economic status after leaving was a major burden, and a barrier to establishing a new life. Women wept as they told of the loss of their homes and their precious belongings, of children doing without, Christmases without toys and of 'living on the breadline'. One woman reported leaving with nothing but 'a pair of knickers and my son'; another, of

turning to prostitution to re-establish her and her children after leaving everything they owned behind interstate:

*We had to gradually replace all [the] things that we had...I wanted [the children] to have...what their friends had... just what modern life has...but you can't do that on the pension. I decided to work as a prostitute...then one of the girls introduced me to drugs...I was using morphine...I started scamming it from doctors and...they'd give it to me because I seemed so respectable and believable...I ended up in a psych hospital over it all (Marnie, 44).*

In spite of well-established mechanisms such as the Child Support Scheme, only just over a quarter of women who were eligible were receiving maintenance (27%). Monthly payments ranged from \$13 to \$375, averaging just over \$100 for, on average, two children. There were various explanations for this low percentage. Some women drew attention to unintended consequences of the Child Support Scheme's provision for women not to have to seek maintenance if they believe it would put them in danger. This means not only that these women and their children are financially disadvantaged, but also that men who are assaulting their female partner benefit financially from their violence. Some women's ex-partners had been ordered by the Family Court to pay maintenance but refused to pay, and the women were too fearful of reprisals or financially unable to afford legal support to pursue the matter. Other women said their ex-partners had claimed unemployment benefits to avoid paying maintenance whilst continuing to work illegally. Some women perceived a lack of action after they had provided the Child Support Agency with information on their ex-partner's changed financial circumstances or failure to pay maintenance. The effect of socio-economic status on women's housing options, after leaving, are considered further in the next section.

### **5.3.3.2 Housing**

For a third of the women (34%), being able to stay in their own home was a key pathway. The woman's socio-economic status was a significant factor in

this. There was a range of reasons why women were able to remain in their homes after the end of the relationship: the ex-partner didn't want to continue paying the rent or the mortgage; the house belonged to the woman or was rented in her name; she helped the ex-partner find another place to live in and helped him move; she was able to demand or persuade him to leave; the ex-partner chose to leave; she called the police and had him removed; the ex-partner was arrested; the ex-partner was goaled; or she obtained a Restraint Order or a court order preventing contact:

*I went to talk to [my general practitioner]...She sent me straight to the lawyer to get the police to get him out of the house...The lawyer [obtained] a Restraint Order...He had to move out...The police...charged [him and he was placed] on a good behaviour bond (Nadia, 59).*

The most common factors enabling women in this study to stay in their own home—identified by half of the women (50%) who were able to stay—were police initiating action and/or women obtaining a Restraint Order.

More than one in three women (36%) in this study had to access women's shelters after an assault by their male partner, and two in every three women in the study (66%) had to leave their home to end their relationship with a violent partner. Over half of these women (53%) moved into rental accommodation and of these, one-third (32%) were in government rental:

*I applied to [an Aboriginal housing corporation] for a house, and I went on the emergency list because of the situation that we were in and I got a house from them.*

For the latter group, accessing government rental accommodation was a key pathway to leaving, underpinned by government policy in relation to the provision of government housing; housing policy that gives higher priority to women escaping domestic violence; and public housing agencies having formal liaison with domestic violence crisis services. Most women preferred

public housing to be located throughout the suburbs rather than broad acre housing.

Approximately two-thirds (68%) were in private rental. Some of these women were experiencing financial hardship as a result of rental costs, either because they were unable to access government housing; or they perceived broad acre housing as undesirable or they could not obtain government housing in a suitable location (near support networks or children's schools). Some women on incomes lower than \$20 000 identified as a barrier, the difficulty of moving out of broad acre housing due to a lack of affordable private rental.

Women were economically disadvantaged by having to leave their homes. Home ownership dropped by 14 per cent in the longer-term after women left their ex-partner, with about four in every ten women (43%) owning their home at the time of the research. Five of these women had remained in the home they had owned jointly or solely before leaving the relationship; nine had physically left the house of which they were an owner/buyer and later bought another, some through the proceeds of the sale of the house, their parent's help or jointly with a new partner; and nine who had previously rented were now owner/buyers through help from parents, new partners or improved financial circumstances (e.g. employment).

Of the 28 women currently renting, 11 had previously been owner/buyers and, of those, seven left their homes to end the relationship. Two of these are in hiding and have never been able to apply for a settlement; three stayed until the house was sold for settlement and now can only afford to rent; and the jointly owned house of one is in bank receivership as her ex-partner refused to pay his share of the mortgage and she had to declare bankruptcy:

*There should be some law that a man has to be taken out of the house...it's wrong for the women to have to leave their home...Some women for safety reasons wouldn't feel safe staying but...[they would] if the laws were upheld by the Restraint Orders...The woman has*

*to...change her whole life. It's half the reason why you don't want to leave...why did I have to go, why? He's the one that's been violent, why can't he be removed? You don't like to disrupt your kids' lives. You want...to make their life as normal...as possible while all this is being sorted out (Lara, 44).*

The consequences for women of having to leave their home comprise *significant factors* relating either to leaving or to establishing a new life after leaving. They include: the fear that women experience in fleeing their homes and being unable to return; having to seek protection and accommodation in a women's shelter; and having to sell the home a woman solely owns, as the only means of evicting her ex-partner. Other significant factors are fleeing interstate and, by going into hiding, being unable to make any claims on joint property through fear of discovery by the ex-partner; leaving behind all possessions; being prevented from obtaining possessions, even personal belongings, because the woman does not have occupancy or there has not yet been a property settlement; waiting months and years for a property settlement and, in the interim, having to repurchase all household goods and belongings, even clothing; having a woman's household goods and personal belongings sold by her ex-partner without notice or recourse, or returning home and finding household goods destroyed or stolen by the ex-partner.

Women also reported the following as *significant factors*: having to pay rent because of a lease agreement, despite being unable to return to the house because of the ex-partner's threats to kill them; going bankrupt and/or having the bank foreclose and having to sell the house with subsequent financial losses (due to the ex-partner remaining in the house but failing to pay his share of joint bills and the mortgage, and/or being unable to maintain or to begin to contribute her share due to her changed economic circumstances); having to pay rent while paying her share of the mortgage until the house was sold; and being unable to access affordable housing other than broad acre housing.

### **5.3.4 Informal support: Friends, family and community—Pathways and barriers**

Overwhelmingly, research has indicated that the main action that women take after experiencing an assault by a male partner is to talk to other people, particularly family and friends. The *ABS Women's Safety Survey* found that four in every five women (79%) who had, at some time since the age of 15, been physically assaulted by a man, and nearly three-quarters (72%) who had been sexually assaulted, had discussed their most recent experience with family, friends or others (ABS 1996). What was unclear in the ABS survey was how effective that contact was in enabling women to leave and establish a new life.

Whilst more than three quarters of the women in the current study (77%) identified a family member as supportive or helpful at some point in this process, only one in four women (25%) identified family (mostly mothers and sisters) as a *key pathway* to leaving and establishing a new life. It was friends, mostly female, who were particularly effective enablers at the 'thinking about leaving' stage, by being non-judgemental listeners and providing emotional support. One-third of women (34%) identified friends as a key pathway. Of the 64 per cent of women in the study who had a new partner, one in five (20%) identified this partner as a key pathway. Some women also identified the following as pathways to leaving: work and student colleagues—identified by 11 per cent of women; and church congregation members—identified by 6 per cent. Almost a fifth (19%) of women identified a member of the community, often a stranger, sometimes a neighbour, as supportive of them at some phase in the process. Whilst rarely identified as a key enabler, these people played some role by lending or offering assistance after an assault, providing (albeit briefly) a safe haven at a crisis point, or offering practical help.

Whilst one in three women (34%) identified friends, mostly female, as a key pathway to leaving and establishing a new life, two-thirds of women (66%) also reported that friends were supportive at some point during this process:

*After he bashed me I rang a girlfriend and her husband...They always had faith in everything I've ever done and made it clear they loved me. When somebody believes in you like that...you can pick yourself up (Kim, 33).*

*[My female friend] rounded up friends with cars and trucks...We were just running to the car and bundling stuff in...it was the support of my friends... being able to get out without leaving everything (Melissa, 46).*

Friends often appeared to be less likely than family to be invested in the outcome of the women's decisions. They seemed more tolerant of the ambivalence which women exhibited and of the, sometimes lengthy, process of leaving, including reconciling and leaving a number of times. Perhaps by being less engaged than family at a relational level, they did not feel the same level of responsibility to 'fix' things or fear having to be involved in long-term support.

Women also identified male friends as enablers to leaving through challenging the violence:

*What was helpful was [a male friend] saying, 'This guy is an arsehole, what are you doing?'...[It] definitely made me think...It's out in the open now, I can't hide this any more (Shayla, 26).*

While only a quarter of the women (25%) identified their family, mostly mothers and sisters, as a key enabler in the process of leaving and establishing a new life, over three-quarters of all women in the study (77%) reported that a family member was helpful at some point, through providing help whilst actually leaving and/or after leaving. Before leaving, the main form of support was emotional. During and after leaving, support was both emotional and practical—for example, condemning the violence, exploring options whilst being non-directive, providing reassurance and information, physically assisting the women to move, and providing accommodation:

*If I hadn't stayed...with my parents I couldn't have done it...They were better than any Restraint Order...We made an agreement that if I ever*

*felt like going back, the first thing I'd do was ring [a domestic violence crisis service] and talk it through (Melody, 32).*

*If it hadn't been for my mother and my sister...doing the packing for me... I would have left with basically nothing, only my clothes (Lisa, 45).*

*My brother had...tried to come to my defence and [was] beaten up for it. [He], his wife [and] four children, made room for me and my three... Lots of hugs and being allowed to cry (Prue, 40).*

Women also identified other informal supports as pathways, in particular new partners; colleagues and community members. At the time of interview, almost two-thirds (64%) of the women reported having new partners. Of those, 20 per cent reported that their new partner had been a key pathway to leaving and establishing a new life, supporting them both emotionally and practically. For some women, the support was provided through a friendship before they left, which went on to become the non-violent relationship they sought after leaving. Other women reported that they were enabled to leave through beginning an intimate relationship with a new partner before leaving.

Just over a fifth of women (21%) identified work or student colleagues as pathways to leaving. *Significant factors* in this support included a compassionate response to disclosure, practical help to leave and appropriate referrals:

*I went into my boss's office...burst into tears and told her. She...[got] a box of tissues...made a cup of coffee and we talked...She organised somebody...to answer the phones, closed the door...and we just sat there, for ages. [She] suggested the counsellor which I [contacted] (Lisa, 45).*

A small percentage of women (6%) identified members of their church congregation as a key enabler to leaving. This support included: believing the woman's story; asking appropriate questions; protecting her from her partner; providing practical support to leave; and inspiring her with their own experience of leaving a violent partner:

*We went on a church camp...my husband got angry and stormed off...[A church member] said, 'Has this happened before?...Have you been this afraid before?...Has he threatened you before?'...I said, 'Yes'...The support that I got... the fact that they believed me ...they supported me in my decision...that was really important to me (June, 32).*

Whilst usually not a key pathway to leaving, almost a fifth of women (19%) identified the responses of neighbours and members of the community as supportive at some point in the process of leaving and establishing a new life. This support included ringing the police when they overheard the violence, challenging the man after the abuse/assault or assisting the woman after an assault:

*I could see [a young man] walking by, I staggered down there with [blood] around my face...He said, '[Grace] did he belt you? Come on, I'm going to take you to the police station'. It was so good of that boy, he was only eighteen (Grace, 53).*

The *significant factors* contributing to an effective response from informal supports included: a non-judgemental attitude; believing the woman's story; holding the male partner responsible for the violence and abuse; providing emotional and practical support; supporting the woman's choices; and not being overly directive.

Almost every woman in this study sought help at some stage from family and/or friends, but family and friends were not always the first point of contact. Some women feared their judgement or unwanted interference; others wanted to protect friends and, particularly, family from retaliation from the male partner. Nearly two-thirds of women (64%) identified an ineffective or inappropriate response from family and friends as a key barrier to leaving and establishing a new life. Women either failed to seek their support, fearing an unsupportive response or they experienced ineffective responses. Inappropriate responses were also received from work and/or student colleagues, neighbours and community and church congregation members.

Women indicated that emotional and practical support from informal supports would have enabled them to leave earlier.

Friends were a barrier to leaving when they were directive, or where they withdrew their support, feeling their efforts had been wasted because the woman reconciled after initial attempts to leave. Very few women were able to leave permanently at their first attempt, and so friends were often called upon many times for support and some invested considerable time and emotional support into assisting the woman to leave. Failing to understand the barriers to her permanently leaving, friends were sometimes resentful when the woman returned to her partner:

*A friend...[tried] to get me to leave him...then became angry when I took him back. We... haven't seen each other since...What I needed was for someone to stick by me and be there...whatever decision I made (Anya, 38).*

*[Sometimes] they're advising you...and sometimes they're putting him or you down...Usually people will blame someone...that's not really being respectful (Helena, 43).*

In some cases women received an ineffective response from family, typified in the phrase, 'You have made your bed, now lie in it'. Whilst such a response may be underpinned by notions of individual responsibility and resilience, women saw it as an effective abdication by their family of any responsibility to provide support. Other women felt their families were more concerned with easing their own anxieties or were unwilling to accept or believe the violence was happening. Women also identified, as a barrier, traditional values affecting family members' beliefs and responses, including those relating to women's roles:

*I talked to my mother and father about it, and they said, 'No, don't leave him, you've got the children...You don't just say I'm going to leave. You can't do it' (Kelly, 50).*

*I thought their reaction would be 'Well leave him' and I wasn't quite ready to. [My mother] would have stepped in [and] I wanted to do it myself (Cecilia, 37).*

*His mother said 'I don't care how he treats you, you have to go back'... Her...idea is that all women get hit and that's the way it is and you just take it...because you have no rights (Angelina, 38).*

Some women reported that when they first disclosed, families had been supportive by providing temporary accommodation but then demonstrated an unsupportive attitude through being judgemental or disbelieving. Families were more supportive once a woman had finally decided to leave or had left. While women were still ambivalent about leaving or had not yet made a final decision, women reported that their families were often too directive in comparison to effective formal supports, creating a potential barrier to further help-seeking.

It may be that family are more likely than others to feel pain and loss themselves in response to the woman's trauma and the possible ending of her relationship. Directiveness often took the form of trying to 'fix' it or advising the woman on how to 'fix' it, perhaps as part of families easing their own worry, anxiety and fear. Some families also appeared to fear the possible responsibility and the impact on their own lives of the woman's decision. Emotional investment in the outcomes of each other's lives is a part of many family relationships, and feeling or taking responsibility for each other is often part of that. It may be that some of the women's families felt an increased or renewed sense of responsibility for them as their child or sibling, and tried to address this by making decisions for the woman. Nevertheless, failing to see the barriers to leaving that the woman faced, minimising her story, and/or pushing her to remain in the relationship, all constituted an ineffective response from the women's perspective.

Women from a CALD background identified responses from members of their cultural community as a barrier:

*People [think] it's someone else's problem...They'd never knock on your door and say, I've come to offer some support... I'm really well known in [my ethnic] community [but] there was no support at all.*

*I couldn't go to someone from my own cultural background because a woman's role is seen to be different to that of the Anglo Saxon role...You're responsible for your children, for cooking tea on time, not nagging him and waiting on him hand and foot...that sort of thing.*

*In my culture if you marry a man you have to stay with him, for life.*

Ineffective responses from informal supports displayed any of a number of characteristics. The *significant factors* were responses that: did not focus on women's safety; were overly directive and/or did not respect women's choices; were judgemental, culturally insensitive, discriminatory, and did not believe women's accounts of the violence and abuse; failed to provide women with information, including information about the impact of domestic violence on children; did not recognise the limits of women's agency and their need for support; or denigrated her partner. They also included responses that: failed to intervene when an assault occurred; were emotionally and practically unsupportive; upheld traditional values that were oppressive of women; did not refer women to, and did not actively support women to access, formal supports; or did not enhance women's insight into their situation or their sense of agency. Other *significant factors* were responses that were: not informed by contemporary frameworks of domestic violence; failed to locate responsibility for the violence and abuse with the male partner; and were not cognisant of the need to support women through the process of giving up hope that the violence would stop, grieving and regaining hope.

### **5.3.5 Beliefs and feelings: Pathways and barriers**

Every woman in this study identified beliefs and feelings that were key pathways to leaving a violent relationship and establishing a new life. At the same time, women also identified fear and other constraining beliefs and feelings as a key barrier to leaving. For some women, the beliefs they

identified as pathways were of long standing, often an outcome of their family background and/or previous education. More often, however, women reported that they had gained their enabling beliefs as a result of their interaction with formal supports and more recent access to information. The beliefs and feelings that women identified as key pathways to leaving included: beliefs about their safety; beliefs about their children; feelings for their ex-partner; beliefs about the violence; a sense of self and self-rights; a sense of agency; and hope.

When beliefs held about violence were a key pathway to leaving, specifically, the beliefs were that: violence is wrong; violence is unacceptable; and violence is unjustified. For some, these beliefs came from their family background, but for many they grew out of contact with informal and formal supports and/or new information. The *significant factors* that made women's beliefs a pathway were that these beliefs: gave priority to safety and self-determination; helped women to disengage from the relationship; enabled and enhanced insight into the violence and abuse; challenged oppressive myths, belief systems and structures; and enabled women to imagine an alternative future.

Women who identified as having a disability were more likely overall to report, as a key pathway to leaving, a change in beliefs that enhanced or developed their sense of self, self-rights and sense of agency. This change was often facilitated by formal/informal support and information, including books:

*I had to try and define myself...All those years he was telling me I was useless. I thought I was and then one morning I woke up and [thought] that's not true. We've been away [from ex-partner] six months and I've managed to keep the house going, [paid] my bills, [kept] food in the cupboard, managed to buy a car...[paid] the loan back, run the car and the kids are going to and from school. It was like, look out world, here I come...It really becomes a turning point, when you've figured that you are a human being and that everything that you do and say and think does count in some way. It's having a real purpose, not just being a punching bag.*

A key change for women in this group was coming to believe they could manage alone. Some said that as the violence escalated and/or their children were being affected they just ‘faced the fear’ and took the risk they would be able to manage. Some—like other women in this study—were enabled to overcome their fear of leaving through coming to believe they would be killed if they stayed.

Beliefs and feelings that women identified as a constraint and a key barrier to leaving included: fear of being killed if the woman left; fear of the impact on the children of the breakdown of the family unit; hope that the violence would stop; feelings for her partner or beliefs about marriage; fear of losing financially; fear of managing and being alone; and a reduced sense of agency. Some of these fears were, for a number of women, well-founded, as partners stalked them, attempted to kill them or seriously assaulted them after leaving. Many women lost their home or experienced reduced financial circumstances. The *significant factors* that made beliefs and feelings a barrier were that they: failed to give priority to the woman’s safety and self-determination; maintained engagement in the relationship; prevented or constrained insight into the violence and abuse; failed to challenge oppressive myths, belief systems and structures; and prevented the imagining of an alternative future.

Women’s socialisation influenced many of the beliefs and feelings that they identified as initial barriers to leaving. Whilst women reported that access to information and contact with formal supports helped many to change these beliefs, they also described the ways in which society, and both informal and formal supports, reinforced their constraining beliefs. Beliefs related to safety are a key pathway for many women—the belief that she will be killed if she stayed and would be safer if she left. At the same time, the fear of being killed (or of severe reprisals) by their ex-partner if they left was the most common reason given by women in this study for not leaving. This fear is identified as a key barrier by 40 per cent of the women:

*The biggest thing [was] the fear for my life—the fear of what he'd do to me and that he'd actually come after me and kill me (Abbey, 45).*

Often it is contact with formal supports, in particular, domestic violence services, that finally enables women to overcome this barrier. Changed beliefs also play a significant role, including a woman's belief that she is in as much danger staying as leaving. For many women, their fear is exacerbated by their experience of others' failure to implement available law and enforcement mechanisms to protect them.

Women identify beliefs about their children's well-being as a key pathway to leaving, including beliefs that: the children will be safer if the woman leaves; leaving will improve the children's physical and/or mental health; the violent relationship will have a harmful affect on the children; leaving will enable the children to form healthier relationships as adults; and maintaining the family unit is not a priority:

*I figured I've got three little girls that belong to me...and they're going to grow up thinking that this is the way to live life...seeing Dad belt Mum up...I don't want my children growing up thinking that's normal. A man will hit them and they'll think, 'Oh, yeah, Mum lets Dad do that, that's cool'. It's not cool. I guess [the girls] were the main reason that I made sure I stayed away this time (Chrissy, 33).*

At the same time, fear of a negative impact on the children's lives is the second most common belief reported as a barrier to leaving (30%). As a percentage of the number of women with children (38%), this is almost as high as the women's fear of further violence:

*I think at the beginning...it was my children. They had to have a father...It was important (Helena, 43).*

*[I was] trying to make a marriage work that wasn't a marriage. [There was] pressure that, for the children, [I should] stay in this marriage—'You've made your bed, you lie in it' (Kaycee, 32).*

Some further issues relating to having children are discussed in the next chapter in the sections on 'Women with children' and 'Women with children who had a disability or health issue'. The *significant factors* in this barrier—women's fears for their children's physical and emotional well-being—are that the children will: lose their family unit; lose a close relationship with their father and his extended family; lose their home; leave familiar friends, schools and communities; face the risk of reduced financial circumstances; and experience stigma attached to one-parent families. Often, it is only after women *change their beliefs* and begin to believe the violence will have a negative affect on their children that they overcome these barriers.

A number of women identify as a pathway the development of new beliefs relating to their feelings for their partner, including: loss of feelings of love, trust and/or respect for the partner; the ability to disregard feelings of love for the partner in the interests of the woman's own and/or her children's safety and well-being; and the realisation or discovery that, within a religious framework, it was acceptable to leave:

*In the end...love turns into hate. I loved the person that he pretended to be, not the person that he is (Kristy, 32).*

*We still have that deep feeling for each other and that's the hardest thing to get over (Kelly, 50).*

Often, however, feelings about women's partners are a barrier to leaving. Many of these feelings are underpinned by values highly regarded in society. Women report that love for and commitment to their partner is a key barrier to leaving earlier. Other feelings for the partner that are barriers to leaving include: pity; a sense of obligation; gratitude; a concern for the partner's physical and/or mental health; empathy; and feelings of compassion regarding his possible loss of a close relationship with his children:

*You marry the bloke because you love him...For a long time that love does exist and after it...fades, you want it to exist. [Otherwise] it makes it all meaningless and...that's probably the biggest factor. You have to*

*[believe you] love them otherwise why [else] would you stay there (Abbey, 45).*

*I felt sorry for him because certain events had happened in his life [that] I thought were horrible (Shayla, 26).*

For many women, a sense of self and self-rights is a key pathway to leaving. For some, this sense was of long standing. For others, it was developed or enhanced, often as a result of contact with informal and formal supports and/or new information that encouraged and inspired women, helped them gain insight into their situation and provided understanding:

*I believed I had a right to live (Campbell, 43).*

*I always believed in equality for men and women and...that no-one had a right to put anyone else down (Helena, 43).*

Women identify this sense as a belief in their own self worth, their entitlement to respect and dignity and their entitlement to control over their own lives:

*Deep inside me...[was] the belief that I deserve better than this...and I don't have to be treated like this... I wanted my family to stay together and I wanted to grow old with my husband...[but] I had to let go of it all... The belief that I didn't deserve to be treated like that was just...stronger (Lisa, 45).*

Women also identified a sense of agency as a key pathway. The concept of a 'sense of agency', as used in this research, is informed by the concept of 'relational autonomy', which acknowledges that women who are oppressed are constrained in their ability to act for themselves and make choices in their own best interests, without support (Sherwin 1998; Lempert 1996). (Women's agency and relational autonomy are discussed further in Chapter 9). A number of women identified a sense of agency (acting for oneself) as a key pathway to leaving:

*I planned it all...did research, read the newspapers [and] realised you've got somewhere to go...and the barriers all sort of fell down...I'd made the decision it had to stop and there's only one way it's going to*

*stop. That is for me to go away...to not come back any more. [But] it was the hardest thing I ever did (Chrissy, 33).*

*I'm really proud of my kids and in spite of everything, they've turned out wonderful people and I stayed [because of]...them. [But] I always knew that once they were independent, I'd be off like a bride's nightie (Karen, 49).*

Most women reported their sense of agency was enhanced as a result of their interaction with formal supports and more recent access to information.

Women also identify a reduced sense of agency, with fear of financial loss or of managing/being alone, as a barrier to leaving. Some feared for their financial future after spending years establishing a home and attaining some degree of financial security. Some had no experience of financial management because their partners had taken full control of their finances. Others were daunted by the prospect of caring for children alone, maintaining a joint business, negotiating the legal system, physically managing a house or farm alone:

*I used to think, 'Oh, what if I die [alone], like in "Bridget Jones' Diary" '. You know, this terrible image you have of being alone (Simone, 31).*

Others felt so oppressed by their partner that, initially, they saw no capacity, or only limited capacity, for action. Despite wanting to leave the relationship, some women initially felt powerless to act. Their life experiences left them feeling that they had little or no control over their lives:

*I felt like I didn't have any control over my life...I was so accustomed to everything just happening to me...I sort of held back from taking an active part in my life...You just take things as being fate and...having been brought up in the church...you...get this deterministic approach that...this is God's will. I felt like I was stuck with him, let's make the best of it...that sort of determinism (Erin, 29).*

The concept of hope is a central theme of this study. Hope plays a significant role as both a barrier and a pathway—constraining women from leaving a

violent relationship and establishing a new life, and then, as the nature of their hope changes, enabling them to do so. Over a half (59%) of women in this study identified the hope that their male partner would stop assaulting them as a barrier to leaving, with over a quarter (28%) identifying it as a key barrier. Informal and formal structures that 'fed' hope, maintaining a woman's belief that the violence would stop, contributed to women being unable to leave a violent relationship with a male partner:

*The hope that it wasn't really real, that it was going to get better. I always felt that I just didn't try hard enough. If I just tried a little bit harder...my marriage would work (Campbell, 43).*

Hope becomes a key pathway when a woman is able to give up hope that the violence and/or abuse will stop, regain hope for a better life in the future and anticipate that she will be able to manage on her own. Hope in women's relationships is inextricably tied up with love, commitment, religious beliefs about marriage, beliefs about not giving up, 'taking the good with the bad', and a belief in people's capacity to change. All these are deemed by society to be honourable qualities, and women often feel they are being honourable when they maintain their hope in the relationship and their hope that the violence would stop. It is painful for women to give up, first, the hope that the man would stop being violent and, then, hope in the relationship. Indeed, many women experience a lengthy process of grief after leaving, leading quite often to a diagnosis of depression and prescription of anti-depressants.

Many women reported that it was only when they gave up hope that the man would stop being violent that they were able to decide to leave, and supports (both formal and informal) that did *not* maintain hope that the violence would stop contributed effectively to enabling women to leave. (Such an approach is supported by the considerable research indicating that the violence is unlikely to stop and is much more likely to escalate over time.) Many women need to grieve for their loss of hope in the man and the relationship in order to acquire the *new* hope, that they could successfully establish a new and safer life:

*It's stepping out of something you know into the unknown...you don't know what to expect...being alone, feeling like you have no-one. Then I [came] to the realisation...I got hope...The thing that you really have to have that enables all that to happen is this shred of hope, that there is something that is better out there (Erin, 29).*

The enabling process of losing hope is facilitated by a variety of *significant factors*, most often: the woman's own insight into her situation through the escalation and increasing severity of the violence; her access to information on domestic violence; and/or an effective intervention from an individual service provider such as a domestic violence service worker, social worker, nurse or general practitioner. After giving up hope that the violence would stop and/or for the relationship, it was particularly important for women to gain a new sense of hope for the future. In this study, women reported that hope for the future was a key pathway to leaving. For one woman the pathway to regaining belief in herself and hope for the future was through an inspiring woman speaker at a non-denominational church:

*[Listening to a female speaker at the church] it dawned on me that the whole perception I had of myself was a construction of his!...That probably allowed me to just get on with it...You think, if you've got no faith in yourself then you haven't got anything and that's what they try to destroy and they try to tell you who you are and you take all that on board (Erin, 29 years).*

### **5.3.6 Information: A key pathway**

Women identify a vast array of information that enables them to leave and to establish new lives. Information provides a pathway at all stages of the leaving process. Its influence could not be emphasised enough by the women in this study:

*Available information]...made me realise...I shouldn't be in that sort of relationship and there were places I could go to, people to talk to (Karen, 49).*

*[A TV] special on Princess Diana...she was talking to women who were victims of domestic violence...That helped...that someone of such great importance thought it was important to deal with it (June, 32).*

There are a number of significant avenues for provision of information, including: television and radio—including documentaries, interviews, domestic violence campaigns, movies, news, series, and advertisements for services; films and videos (e.g. *Once Were Warriors*, *Burning Beds*); famous people condemning domestic violence and the men who perpetrate it and publicly supporting women who experience violence from a male partner; newspaper articles and advertisements for services; magazines, particularly women's; books and articles (self-help and domestic violence-specific); domestic violence information kits developed and distributed primarily by domestic violence services; pamphlets, posters and STOP cards (purse-sized domestic violence information cards); and Telecom phone books with prominent domestic violence information listings. Being able to access information readily when at a crisis point, including emergency and domestic violence services' phone numbers in telephone books was important to women:

*When I rang [a domestic violence crisis service]...I said...I loved the big page in the book, that's how I found you...I want you to keep printing that (Campbell, 43).*

Women reported that the *significant factors* that make information a key pathway include: being readily accessible; increasing knowledge about domestic violence services; increasing access to services and support; enhancing a sense of self and agency; providing insight into the issue of domestic violence; validation; and increasing insight into the position of women in society.

Most women identified the media as a key information pathway, for example through validation and insight into domestic violence, increased knowledge about domestic violence services and facilitating access to support. Specific types of media include television, radio, film and videos, and the commercial print media—magazines, books and newspapers:

*Television ads about domestic violence—it seemed to me my husband should have leapt up and said 'Oh goodness, now I see what I'm doing wrong, I'm so sorry'! (Karen, 49).*

*In the 'New Idea' there was this survey [on domestic violence]. I thought 'Oh, goodness, it's got a name'. I didn't realise I was being abused until I thought I...go into all those categories. It was [helpful] for me because it had a name...I actually thought I was just being a bad wife and not the person I should be (Yvette, 56).*

As a key pathway women also identified information specific to domestic violence—articles, information kits and books. This is mostly provided by domestic violence services. The information increased knowledge about and access to domestic violence services, enhanced agency and insight into domestic violence, was validating, and increased understanding of the position of women in society:

*There were posters in public places and around the Uni...On the back of toilet doors and everywhere there were little stickers about violence...They made me face up to the fact...that it wasn't acceptable (Karen, 49).*

Particularly useful is information on domestic violence and services that is readily accessible, and is able to be hidden (for safety reasons). This includes pamphlets, stickers and purse-sized information cards:

*When [ex-partner] assaulted me [a police officer] gave me a STOP card...If I'd had one of those [before] I don't reckon I would have got belted the first time (Campbell, 43).*

Despite their brevity, these cards are often effective, enabling women to gain insight into their situation.

### **5.3.7 Summary**

This section has reported the process of leaving and establishing a new life for women who have been assaulted by a male partner. The pathways, barriers and significant factors to leaving and establishing a new life were identified and included formal and informal supports, structural resources, information and beliefs and feelings. Key barriers were constraining beliefs

and feelings, structural barriers and ineffective responses from informal and formal supports to women's help seeking. The significant factors of key service barriers were related to: an insufficient focus on the woman's safety; a disempowering approach, lack of belief in the woman, or lack of respect for her choices and decisions; and lack of awareness of services.

The services identified as key pathways were domestic violence services, counsellors, Centrelink, universities, lawyers and, in smaller numbers, police and general practitioners. Just over half of the women identified domestic violence services and almost half identified counsellors, mostly social workers, as a key pathway. The significant factors of key service pathways were: an empowering approach; a priority focus on the woman's and the children's safety; believing the woman; a non-judgemental attitude, with respect for her feelings, choices and decisions; recognition of the man's responsibility for the violence; a timely response; and practical support. Over a third of women identified friends as a key pathway. The significant factors of informal support pathways were: a non-judgemental attitude; believing the woman's story; holding the male partner responsible for the violence and abuse; providing emotional and practical support; supporting the woman's choices; and not being overly directive.

The structural resources which women identified as key pathways to leaving were employment, access to income support, money and /or credit, and access to affordable, appropriate housing and childcare. A lack of access to any of these was identified as key structural barrier. Also identified were two key structural barriers to establishing a new life: (i) The impoverishment of women after leaving; (ii) Women having to leave their homes. The beliefs and feelings which women identified as key pathways included: empowering beliefs about their safety, their children and the violence; a change of feelings for their ex-partner; a sense of self, self-rights and agency; and hope. The concept of hope was identified as a central theme of the study. Access to information on domestic violence and relevant support services was also reported as a key pathway.

## 5.4 Establishing a new life—Looking forward

This section reports on women's perceptions of their life now and identifies pathways and barriers, in the long term, to establishing a new violence-free life. It reports women's ongoing need for support after the initial establishment phase—in particular, formal supports that provide access to safety, financial and legal resources. It identifies the informal and formal supports that provide the emotional support needed to heal after the violence and its accompanying losses, whilst helping women build hope for the future. It also identifies the gains that women make after leaving in terms of an enhanced sense of self, agency, opportunities and wellbeing. Some women identify ongoing barriers and hardships and, for several women, the fear of violence and/or abuse continues in the longer term.

The recent PADV report, *Mapping the pathways of service provision: Enhancement of family violence protocols and interagency linkages*, identified that 'meeting short-term needs is not sufficient to ensure that the woman stays in a safe living situation' and that, if women were unsupported at this time, they were less likely to 'manage their *post-violent* lives' (Dimopoulos et al. 2000: 67). The current study also identified women's continuing need for support after the initial establishment phase, and their need for acknowledgement of both the barriers they have overcome and their strengths in the process of leaving and establishing a new life. At the same time, it identifies the immense gains experienced by many of the women in terms of an enhanced sense of self, agency, opportunities and wellbeing—and it highlights the courage and strength of these women.

The pathways enabling women to establish themselves in the long term were similar to those that were important in the early stages after leaving. The difference was the long-term nature of issues such as ongoing violence, legal disputes, financial hardship, grief and loneliness. Important pathways in the long term included: formal supports that provided access to safety, financial and legal resources; and informal and formal support that provided the emotional support needed to heal after the violence and its accompanying

losses, whilst helping women build hope for the future. Women identified emotional support from domestic violence services and counsellors as a key pathway to establishing a new life in the future, as it was in enabling women to leave initially. Other commonly identified key pathways were: financial—access to resources, education and employment; and effective support from lawyers and solicitors, due to the need for property settlements, legal access to safety and access and custody disputes.

The majority of women (60%) with children reported that their children did not display harmful effects from living with domestic violence once they had left. Three-quarters of the women with children (75%) reported that ‘life now’ was better for their children, and did not report any ongoing barriers, in relation to their children, to establishing a new life:

*[My daughter]...went through most of her childhood...with a belief that she was no good, that she couldn't possibly get a degree, that...a woman...needed a man. She was getting that message from that violent relationship [but] she's now decided to go to university (Diana, 41).*

*My [son] does miss a male figure in his life...But...he seems a lot more settled emotionally...He's become easier to discipline...his school work has improved tremendously. His behaviour at school is better (Karen, 49).*

Women noted that children had adjusted to their new circumstances and often made considerable progress, particularly in school, once out of the domestic violence situation. This is not to deny the adverse effects on children living with domestic violence (see the section ‘Women with children’ in the next chapter). Although a somewhat macabre incident, one woman was relieved when her teenage daughter was able to see humour in the difficult situation, following the death of her father:

*We went to his plot and stood there for a while. I didn't know whether she was going to cry or what...she sort of just walked away. I thought she wasn't looking...so I kicked [the headstone] and it tipped over, the whole plot just tipped over! I turned around and looked at her, and*

*thought 'Oh my God'....Well she just burst into laughter. I thought, 'Oh, thank God for that'. She said, 'Good on you, Mum'. I said, 'That's for all the times that he did it to me! (Chrissy, 33).'*

Despite the association between exposure to violence and diagnosable problems [in children], previous research has consistently found that the *majority* of (children) exposed to violence do not exhibit these negative effects (Magen 1999, cited in Laing 2000b: 7). Other research has found that 'some children and young people [from domestic violence situations] demonstrate above average social competence and adjustment', with children benefiting from 'support within the family such as a good relationship with one parent; and support figures outside the family such as relatives, peers or teachers' (Jaffe et al. 1990, cited in Laing 2000b: 7).

A frequent comment from women prior to interview was that, if telling their story could encourage one other woman to leave a violent relationship with a male partner, it was worth doing for that alone. Through the course of the interviews, most women had a quiet sense of achievement as they identified the many barriers that each of them had overcome and the pathways they had accessed to leave and establish a new life for themselves, and often, their children. When asked 'What is life like now?' most women responded by focusing on the positives of leaving and establishing a new life. A woman from a CALD background likened leaving and establishing a new life to coming out of a war zone and landing up in *The Wizard of Oz*. To celebrate, she went out and bought red shoes:

*Well (it's) like all my life, I've been living in a concentration camp, because my father is still living in the war zone, right, it was just a continuation on from that...When you step out of it, you know, it's just like a big explosion of colour or something. I can't explain it any other way...It was like finding a rainbow, like a peaceful thing or something...It was just like Dorothy and 'The Wizard of Oz', you know, like as if you put a pair of red shoes on. I even bought a pair of red shoes! It's like you've got something to be happy about (Yasmin, 39).*

Some recurring themes were: a sense of agency; peace and safety; new insights into self, an enhanced sense of self; new opportunities; non-abusive new partners; happier children; becoming smarter and wiser; and the 'personal is political'. The majority of women identified that they now feel in control of their lives, are able to make choices and have a sense of freedom:

*Well, I live a life of my own...It's that feeling that [for] once in my life, I'm free. I can do what I want, be where I want, be with who I want...like a sense of freedom. I have a life!...I prefer to be getting by on \$300 and something a fortnight and thoroughly enjoying...my freedom than going through a life of hell on \$43 000 a year (Gwenda, 43).*

Many women identify a sense of peace and safety with contentment, reduced anxiety and a capacity to reflect and think again:

*[It's] peaceful...I feel safe with him in gaol...there's light at the end of the tunnel and you do come out of the tunnel...That's when you start living again. The most positive thing is that we get to lead a peaceful life now, peaceful and safe (Julie, 45).*

Many women report journeys of self-discovery, rediscovering their sense of identity and building an improved self-image. Many women spoke of new and exciting opportunities, which they believe would never have occurred if they had stayed where they were. They spoke of moving into politics, of achieving their ambitions at university or a better lifestyle for themselves and their children:

*I've got my PhD...I have a big disposable income...I'm going to write a book for which I have a publisher's contract signed, sealed and delivered (Simone, 31).*

At the time of interview, almost two-thirds (64%) of the women reported having new partners. The majority spoke of the happiness of entering into a non-abusive relationship. Most women also reported that their children's lives are now happier, they are able to enjoy being with their children more, and their children feel safe. Women reported new strength, wisdom, and the acquisition of new insights and skills that enabled them to build a new life:

*I'm not in a relationship, so I do get lonely...that's normal. But I would never put up with what I put up with before...I'm much stronger and if it did happen, I'm ready, I've got the strength to boot him out and I'd move on. I can survive (Helena, 43).*

Another theme was 'the personal is political'—wanting to make a difference for other women. Some women spoke of taking action to achieve this. Although fearful at times, they reported taking a stand for social justice as they lived out the belief of the women's movement that the personal is political. Since leaving, some women had become involved in politics, been advocates for women or worked with domestic violence issues. One woman, despite threats to her life from her ex-partner and his friends, went to court to testify against him after he threw chemicals on her face. She said she had wanted to make a stand for other women whom, she had since heard, he had previously assaulted. The other women had been too afraid to testify against him in the past but were present in the court to support her on the day she testified against her ex-partner.

Whilst all the women were able to identify positives in their lives from leaving, for some women there were also hardships. They included: a lack of confidence in making decisions after years of being controlled; grief and loneliness; an inability to trust men; a dislike of men; feeling unable/being unwilling to establish new relationships; the difficulty of being a single parent; and not feeling safe physically or financially. Some women spoke of not feeling safe, of being isolated from loved ones interstate and being afraid for the future:

*I come out at the end of this with nothing, virtually. Enough to buy myself a small property and the car which I know is a lot better than some people but considering how I've worked, what I'd done and what we had...this is terribly frightening (Suzanne, 49).*

Some women continued to encounter barriers in the long term. For some, the violence and threat of violence has not stopped. Others have experienced negative encounters with the criminal justice system, financial difficulties,

and/or loneliness. For some women the loneliness related to the difficulties of bringing up children alone or feeling unable to enter into new relationships.

Research indicates that women are at greater risk of being murdered by their estranged male partner immediately or shortly after leaving than at any other time (Women's Coalition Against Family Violence 1994). Research into child homicides between 1989 and 1993 found: 'that 35% of the children were murdered as a consequence of a family dispute, usually relating to the termination of their parents' relationships. Men were the offenders in all cases' (Domestic Violence & Incest Resource Centre 2001). In the minority, some women reported that the violence or abuse continued after leaving, including being stalked for long periods of time, even with Restraint Orders in place:

*The stalking...Each time I put a block on one thing, he would do something else...You have to lock them up! We have to be safe in our own homes...to go out the door, take our children to school...go to the supermarket...without fear in our hearts and our mind that when we come out they're going to be there (Lara, 44).*

*My husband attacked me five years ago. The police said he might re-offend and my best bet was to move away ...I'd lived with him for 24 years so I know how deep his hate is...I think he has found out where I work and when he comes out of gaol at the end of the month, I don't know whether he'll pursue it but I think he will (Yvette, 56).*

As barriers to establishing a new life in the future, women also identified responses from the broader criminal justice system, including police, lawyers, Legal Aid, the Department of Public Prosecution, magistrates and the court system, including the Family Court. The significant factors that contributed to these barriers were: decisions by magistrates and judges in relation to custody, access and charges against ex-partners for stalking, assaults and/or breaches of Restraint Orders; legal costs; reluctance to take legal action or proceed; an unsympathetic attitude; lack of information provision about the legal system and their legal rights; and a lack of support in negotiating the system:

*(My ex-partner) was a well respected business man [and] very highly connected...[He said] that he could do anything that he liked and nobody would give a rat's arse...There are...pending charges [for stalking] and the (court) won't pursue them...He was convicted [but] his lawyer...took it to (court) and [the] court actually overturned the convictions (Lara, 44).*

Protracted and expensive property settlements, ineligibility for Legal Aid and being unable to obtain even personal belongings from one's house after leaving were also a barrier to establishing a new life:

*I can't get Legal Aid because there's the properties...I have a [solicitor's] bill of \$15 000 and they take a weekly amount out of my pension, to get this settlement because of the amount of property...We've had...three conciliation conferences and about 20 attempts at settling (Colleen, 34).*

This current study also confirmed major concerns reported in the literature relating to custody and contact issues. For example, in relation to the Family Court on custody and access: 'insufficient relevance is accorded to a history of domestic violence by many decision makers thus minimising issues of safety for women and their children' (Rendell, Rathus & Lynch 2000: 19). Similar to Rendell, Rathus and Lynch's study, women in this current study who experienced violence from a male partner and made allegations of child abuse, identified agencies as performing 'gatekeeping functions in terms of access and credibility in the Family Court' (Rendell, Rathus & Lynch 2000: 27). As for women in this study, rather than protecting their children from their ex-partner by leaving, previous research found that access decisions had 'exposed them to it alone—without her potential protective presence' (Rendell, Rathus & Lynch 2000: 28).

This current study confirms previous research that identified 'violence against women and children is hidden in decisions about contact because of the pro-contact values in family law' (Smart 1996, cited in Rendell, Rathus & Lynch 2000: 29). Contact arrangements were also reported by women in this current

study as facilitating the continuation of violence and/or abuse where the arrangement allowed some level of access to the mother. This study confirms previous research that found contact often ‘entails a power relationship with the children’s mother, played out through the issues of custody and visitation’ (McMahon & Pence 1995, cited in Rendell, Rathus & Lynch 2000: 37).

Women identified financial difficulties as a barrier to longer-term establishment including—‘sexually transmitted debt’—or ‘STDs’, as several women called it, lost assets, the practices of lending institutions, and expensive legal bills:

*He was unemployed, so I offered to split the debts 60/40...The finance companies...knew what was going on...I got a phone call from one of them. [The ex-partner] hadn’t made any payments... [I ended up having to] pay the rest of the loans... [Any] tax returns, any bonuses, I’ve just put into [it] (Mara, 28).*

One woman from interstate lost property and assets worth \$200 000 by being too afraid, even several years later, to make a claim in case her whereabouts become known. Another has to keep paying for her own car after her ex-partner stole it from her and she has been unable to get it back from him:

*[My ex-partner took] my car off me...I had to continue paying the loan to the bank for the car for 12 months...[The police said they couldn’t act] on the grounds that it’s a civil matter (Teena, 33).*

Women also reported negative responses from banks when they sought housing loans:

*I had \$46 000 cash [from the sale of my house] ...Because I was on a pension they wouldn’t give ...me [a loan] ...It was cheaper [to pay the loan than the cost of renting]...A pension is something that’s guaranteed money, a job isn’t (Helena, 43).*

*The questions that [the bank manager] asked I'm sure no man was ever asked...My income would have been higher than some of the men that they were lending money (Shelley, 63).*

#### **5.4.1 Summary**

When women were asked about their lives now, they identified both pathways and barriers to establishing a new violence free life. They reported an ongoing need for support after the initial establishment phase. Many identified immense gains in terms of an enhanced sense of self, agency, opportunities and well-being. Important pathways in the long term included formal supports that provided access to safety, financial and legal resources, and informal and formal support that provided the emotional support needed to heal after the violence and its accompanying losses, whilst helping women build hope for the future. Women identified gains for themselves and any children in their care. Recurring themes were: a sense of agency; peace and safety; new insights into self; an enhanced sense of self; new opportunities; non-abusive new partners; happier children; becoming smarter and wiser; and 'the personal is political'—wanting to make a difference for other women. Some women identified ongoing barriers and hardships and, for several women, the fear of violence and/or abuse was ongoing.

### **5.5 Summary**

This chapter has reported women's experiences of leaving a male partner who assaulted them, and their efforts to establish a new violence-free life for themselves and any children in their care. It has reported the turning point(s) they reached before deciding to leave and the pathways, barriers and critical success factors to leaving and establishing a new life. The pathways included formal and informal supports, structural resources, information, and beliefs and feelings. In addition, the pathways, barriers and significant factors of specific and diverse groups of women in the study were reported. And finally, the ongoing pathways, barriers and significant factors of establishing a new life, long-term, were reported.

The next chapter identifies the additional pathways and barriers reported by specific and diverse groups of women, that is, Aboriginal women, women from a culturally and linguistically diverse (CALD) background, women who identify as having a disability, women with a health issue (particularly depression), women with children, women with children who have a disability or health issues, and women who live in a rural or isolated area.

## **CHAPTER 6: RECOGNISING DIVERSITY: CULTURE, BACKGROUND, CIRCUMSTANCES AND NEEDS**

### **6.1 Introduction**

This chapter identifies the pathways and barriers reported by specific and diverse groups of women: Aboriginal women; women from a culturally and linguistically diverse background (CALD); women who identified as having a disability; women with a health issue (particularly depression); women with children; women with children who have a disability or health issues; and women living in a rural or isolated area. Issues of confidentiality can arise when focusing on recognisable groups, particularly in smaller communities, so in this section, women's quotes are not accompanied by descriptions.

As in all qualitative research, the findings are not generalisable to whole population groups. However, although the women in each group are not representative of all women in those groups, their stories do reflect their individual experiences of being a part of that group. As such, they contribute to our understanding of the issues involved in experiencing violence from a male partner and being able to leave and establish a new life.

The past decade has seen improvements in the provision of support for women experiencing violence from a male partner. However, as Stubbs indicates, for some groups this support is not as readily accessed. For example, Indigenous women, women from a CALD background and women identifying as having a disability 'remain the least protected' (Stubbs 1994: 4). Women experiencing ill- health, caring for children or living in rural or isolated areas also experience access barriers. While all the groups considered in this chapter reported the same key barriers to leaving and establishing a new life as other women in this study, each group also identified other specific barriers; their experiences further inform community and formal responses and contribute to government policy and practice.

## 6.2 Aboriginal women

Six women in this study (11%) identified as Aboriginal. Whilst not generalisable to all Aboriginal women, the research findings have provided information on Aboriginal women's experiences of leaving and/or establishing a new life. Most of the pathways identified by Aboriginal women were similar to those identified by other women in this study. Aboriginal women identified domestic violence services, adult educational institutions and employment as key pathways. They accessed general practitioners and counsellors at similar levels to other women, and had a similar reported rate of supportive responses. Although fewer identified them as a key pathway, a similar number of Aboriginal women accessed the police, albeit only after leaving.

In addition, Aboriginal women identified the following as a key pathway: Aboriginal-specific formal supports, in particular university Aboriginal support unit—identified by two of the six Aboriginal women in the study; adult education institutions (TAFE and/or university), identified by four Aboriginal women as a key pathway; and cultural identity and a sense of community and support from community (including that generated by university Aboriginal education support units), through their contribution to enhancing the women's sense of self and sense of agency:

*[Starting university], that was the big one, having this education. Thinking, well, I can get what I want in life. I don't need him...I can do it on my own...I'm capable of that. I had that confidence.*

The *significant factors* in these key pathways include: cultural sensitivity and non-discrimination; affirmative action; information and referrals; education; the enhancing of cultural identity and sense of community; and the enhancing of a sense of self and sense of agency.

The Aboriginal agencies and service providers identified as pathways included: university Aboriginal education support units—providing education and support from Aboriginal social workers; Aboriginal child care

centres—providing affordable and culturally appropriate childcare; Aboriginal liaison officers at Centrelink—providing support to negotiate the system; Aboriginal housing corporations—providing access to affordable housing; and Aboriginal centres—providing support and information:

*It was a whole social [and] support network...It was like you could stand on [a university Aboriginal education support unit] and say, 'Look there's something else out there...this is the stepping stone'. It gave me the ability to think I could...do it. All my support at that time came from [them].*

*At [a university Aboriginal education support unit] I felt at home...I didn't know they knew [about the domestic violence] but...they knew...There was some spiritual connection, without me saying anything. The other thing was knowing...I had someone to turn to once I decided I'd have to leave.*

Aboriginal support units at university were identified as a key pathway through the support provided by various staff, including Aboriginal social workers, and the sense of community. A significant factor in this pathway was the enhancement of Aboriginal women's sense of self and their sense of agency. Whilst Aboriginal women were as likely as other women to access police *after* leaving a violent relationship, only one of the six women contacted police for support before leaving, and only one identified police as a key pathway. Contact with police after leaving was mostly related to applying for and reporting breaches of a Restraint Order. One of the six women identified formal and informal responses to her Aboriginality as a key barrier to leaving and establishing a new life. This involved discrimination from a non-Aboriginal partner and his family, who alienated her from her community so that she felt isolated culturally. She identified as a key barrier her belief that the legal and welfare systems would discriminate against her for being Aboriginal and a young mother, preventing her from seeking their help sooner:

*In the Aboriginal community there is a perspective that the courts are unfair to Aboriginal parents...My ex used to tell me that courts don't give young Aboriginal women custody. I believed that and I couldn't bear to leave them with him, so I stayed...Perhaps the justice system*

*has changed but most of the stereotypes about Aboriginal people are entrenched.*

Also identified is the 'double whammy' of inequities relating to both race and gender as a barrier in relation to the response of police:

*[Whilst] I've met a lot of wonderful police officers that have been very supportive...when it comes to domestic [violence] issues between non-Aboriginal people and Aboriginal people, it is usually the Aboriginal person who is listened to less.*

*The social work help outside the community can be a big issue, as well as asking the police to attend...When we were growing up...my Dad [and Mum were] always talking about [their] fear of welfare...Even to this day [Mum] thinks...my eldest brother could have been stolen instead of dying...I [also] think my socio economic status is a huge [issue]...Never being good enough...remains a real fear...probably one of the biggest issues. As well as being an Aboriginal person and thinking that I have to [leave and] start a new life, you think you're equal and then you find that you never do get equal treatment, yet again.*

This woman's inability to trust non-Aboriginal formal supports in light of discrimination and the 'stolen generation' were a key barrier to her leaving and establishing a new life. She also identified a lack of awareness, in shelters, of cultural needs and access barriers. She identified a need for Aboriginal women's safe places as a gap in service. The *significant factors* of these barriers include: cultural insensitivity and discrimination; the diminishing of cultural identity and sense of community; and the diminishing of a sense of self and sense of agency.

Until recently, the Aboriginal community has found it difficult to give priority to the needs of women experiencing violence from their male partner, given the need to strive continuously for racial equality and to address the effects of colonisation, the 'stolen generation', the issues of land rights and reconciliation. However, recent developments have put the issue of domestic violence firmly on the national agenda, at least for influential national bodies

such as the Aboriginal and Torres Strait Islander Commission (ATSIC) (Hansen 2001). Aboriginal women have been raising awareness, with ATSIC and other relevant bodies, of the seriousness and extent of the problem of domestic violence in the Aboriginal community and have been urging them to take action. International writer Valli Kanuha suggests that a wariness of contributing to degrading stereotypes may have contributed to community collusion with Indigenous men's gendered violence, through attempts to protect them from further racial discrimination and stigmatisation when they assault their female partners (Kanuha, in Edleson & Eisikovits 1996: 44). Her comments may have relevance for Indigenous women when she states:

Somehow both the anti-violence movement and communities of colour have claimed through default, that it is more important for men of colour to be protected in all aspects of their lives than it is for women of colour to be protected in the most intimate and private aspects of their lives (Kanuha, in Edleson & Eisikovits 1996: 44).

For Indigenous women, this could mean that while all women can experience violence from a male partner, only some are protected; and while all men can assault their partners, only some will be held accountable. There is a dearth of research into Aboriginal women's experience of trying to leave a violent relationship with an Aboriginal male partner—something that this project has also not contributed to, as none of the Aboriginal women who participated had Aboriginal partners. While several non-Aboriginal women who participated had left Aboriginal male partners, the issue of further discrimination of their partner, as a key barrier to help-seeking, did not arise.

### **6.3 Women from a culturally and linguistically diverse background**

Four of the eight women from a CALD background did not identify their CALD background as a significant issue in their story of leaving and establishing a new life. Three of these were born in Australia to European parents. Two of the women's ex-partners were from the same ethnic background as they were (one woman and her ex-partner were both born in Australia, the other woman

and ex-partner were both born overseas). Two of the women born overseas found that their CALD background did contribute to them being able to leave and establish a new life:

*[My birthplace overseas] is a lot tougher on [domestic violence]...They have a very good social security system...[My cultural background] assisted [me to leave] because...I believed that it was my right to have access to services.*

The CALD women accessed general practitioners and lawyers at similar levels to other women in the study and had a similar reported rate of supportive responses. A similar proportion of these women accessed the police, although they were less likely to identify police as a key pathway. In addition: two of the CALD women identified their cultural identity as a key pathway; for six CALD women, adult educational institutions (TAFE and/or university) were identified as key pathways; and six of the CALD women identified domestic violence services as key pathways, a higher proportion than for other women. Only domestic violence services offered interpreter services to the CALD women in this study:

*The only places [that being from a CALD background] didn't matter...I come back to the [women's and domestic violence] services...where services are provided for all women, full stop. Be they black, white, Indigenous, it wouldn't matter.*

Three CALD women also identified as pathways, CALD-specific formal supports and service providers, including migrant support services' social workers, bi-cultural workers in domestic violence services and general practitioners from the same CALD background:

*[The CALD general practitioner] listened...he believed me...[It mattered]...especially him being a male, to be supportive of me...[and] being [from a CALD background], anyone professional is right...So...what he would say to me would make sense...I think I got through [it] because of the doctor.*

Like other women in this study, CALD women identified information as a key pathway. In addition, for some CALD women, domestic violence information that took account of diverse cultures, languages and education levels was identified as an important pathway:

*[The 'New Idea' article on domestic violence]...was so useful to me. I'm probably better read than many of [my CALD group]...The women that are older...that have experienced domestic violence...have [often] only achieved grade six level education in (their language). So you need to [aim information strategies]...so women at this level of education can actually understand it. It's no use using fancy [words]...[This article] was very basic...I read it and I understood it and I read it again to make sure that what I was reading corresponded with what I was experiencing.*

The *significant factors* of these pathways include: cultural sensitivity and non-discrimination; affirmative action; accessible information and referrals; education; the enhancing of cultural identity and sense of community; and the enhancing of a sense of self and sense of agency:

Half of the CALD women in this study identified barriers in relation having a CALD background, including:

1. Discrimination: Three of the women who had been born overseas identified discrimination from informal and/or formal supports as a barrier to leaving. This included, for one woman, the negative reaction of smaller communities to cultural diversity and, for two other women, traumatic encounters with formal supports (including police, child protection services, Legal Aid services, lawyers and the Family Court), trying to convince authorities their children were being sexually abused:

*I...found a very noticeable difference in treatment [when] people realise I'm not Australian...but in smaller [regions]...[it affected my ability to leave]...because I knew that I was going to be dependent on people in very small communities.*

*[When the sexual abuse occurred]...I didn't get any help, not from a doctor, the police, [or] Legal Aid. I did give up...That's why [for] years and years [I] was stuck in that relationship.*

2. Police: A higher proportion of CALD women than other women (80 %—that is, four of the five who identified police as a key barrier—compared to 67% of other women) identified contact with police as a barrier at some point in the process of leaving and establishing a new life.

3. Cultural values held by informal supports: This included a proportion of women being blamed for the violence, and barriers relating to traditional family values and defined gender roles:

*People [think] it's someone else's problem...They'd never knock on your door and say, I've come to offer some support...I'm really well known in [my ethnic] community [but] there was no support at all.*

*In my culture if you marry a man you have to stay with him, for life.*

*I couldn't go to someone from my own cultural background because a woman's role is seen to be different to that of the Anglo-Saxon role...You're responsible for your children, for cooking tea on time, not nagging him and waiting on him hand and foot...that sort of thing.*

4. Language: Three of the women, all born overseas, identified barriers relating to language. Two spoke of having only a minimal capacity to understand and speak English when the violence began and both still had limited English when they left. A key barrier was the failure of services to provide interpreters. Except for domestic violence services, none of the formal supports the women contacted (police, child protection services, lawyers, Legal Aid services, the courts) offered or provided an interpreter service:

*[He said if I left] he'd kill me and kill my children too...I had to put up with him...all that time...because I didn't have any choice [as] I didn't want to leave [and be] on my own here, no speaking very well English. I was feeling trapped.*

5. Immigration status: Two of the eight women identified fears regarding their immigration status as a barrier to leaving. Exacerbating a language barrier for one woman was her fear of being deported if she left her partner before the time period stipulated by immigration policy at the time:

*The fear in the beginning was I was not five years here. When you divorce him, you have to go back to your country. [I wanted to divorce him] much earlier.*

The *significant factors* of these barriers include: cultural insensitivity and discrimination; inaccessible information; blaming the women for the violence; the diminishing of cultural identity and sense of community; and the diminishing of a sense of self and sense of agency.

The thought of leaving, for one CALD woman, brought back childhood memories of being a refugee, walking away from the comforts of her home toward an uncertain future. In the end, she did that literally, trudging kilometres through snow in isolated highland country to seek help after a severe assault:

*[It was] facing up to the fact that I would be walking out with the clothes on my back. I had an enormous sense of déjà vu, because I felt like a refugee. I thought 'Will I ever get rid of my refugee mentality?' We arrived here in Australia with the clothes on our back and one small suitcase and nothing and nowhere to go and I thought here we go again, full cycle. Although material things didn't matter to that extent, walking away from what I had was more a walking away from all my hopes, all my dreams. I took with me a big suitcase stuffed full of betrayal, a great stack of lies. You know, it was a pretty heavy suitcase.*

Another of the women in this study arrived as a refugee and another on a bridal visa, both before the 1990s. Since that time there has been an increase in the number of women arriving in Australia who fall into these categories, and current global developments suggest the possibility of a further increase in refugees. Further understanding is needed about the issues for women who have recently arrived as refugees or on a bridal visa, and have experienced violence from a male partner, in order to identify current barriers and pathways to leaving and establishing a new life.

## 6.4 Women with a disability

Whilst acknowledging definitions of disability are highly contested, for the purpose of this study, the term disability was defined as: physical, sensory, and/or mental impairment/s; physical disability resulting from injury or chronic disease; a congenital condition; sensory (hearing and/or visual) impairment/s; or mental impairment/s, comprising developmental conditions, cognitive impairment and/or mental illness (Violence Against Women Online Resources 1998). Many women spoke of feelings of depression; however, it was decided to include only psychiatrically diagnosed clinical depression in the category of 'disability'. The effects of labelling, differing definitions, and the risk of pathologising normal responses to violence and abuse were considerations in this decision. (Depression is considered more broadly in the next section 'Women with a health issue'). Of the 13 women in this study (25% of the total) who identified as having a disability, seven reported a physical disability; five a psychiatric disability, and one had both a physical disability (musculo-skeletal injury) and post-traumatic stress disorder (PTSD) (see Table 4). Three had been in a psychiatric hospital as a consequence of their diagnosis, including one woman who was sectioned (committed against her will). None of the women identified as having intellectual disabilities.

**Table 4: The disabilities identified by participants**

<b>Physical Disability</b>	
Chronic fatigue syndrome	1
Congenital disability of the hips	1
Visual disability	1
Severe juvenile arthritis	1
Musculo-skeletal injury	3
Cardiomyopathy	1
<b>TOTAL:</b>	<b>8</b>
<b>Mental Disability</b>	
PTSD	3
Schizophrenia	1
Agoraphobia	1
Clinical depression	1
<b>Total:</b>	<b>6</b>

Mostly, the pathways identified by women with a disability were similar to those identified by other women in this study. Women with a disability

accessed counsellors and the legal system at similar rates to other women, and the reported rate of supportive responses was also similar. Two of the women (15%) reported that their disability was not a barrier to leaving and six (46%) reported it was not a barrier to establishing a new life. In comparison to other women: a higher proportion of women with a disability accessed domestic violence services, and a higher proportion (70%) identified these services as a key pathway, primarily through the provision of emotional and practical support; a higher proportion (78%, 10 of the women) identified psychiatrists and general practitioners as a pathway; a higher proportion identified a change in certain beliefs as a key pathway; and a higher proportion accessed police (77% compared to 62%), and a lower proportion identified police as a barrier (40% compared to 67%), as a result of an enhanced sense of justice and safety:

*I phoned the police and said, my ex-husband is here, I want him removed off the property [and] they came.*

Women with a disability also identified disability-related services or service providers (e.g. Centrelink, psychiatrists and general practitioners) as a pathway. Five of the women (39%) with a disability identified Centrelink as a pathway through the provision of income security, mainly a disability pension:

*My doctor said, 'This is just not on anymore' and I was put onto a cardiologist...[He] put me on a disability pension.*

One woman identified the approach of a support group for overcoming addictions, the '12 STEP Programme', as supporting her to leave and establish a new life:

*The '12 STEP Programme' provided me with some very basic tools for dealing with day to day issues, and they were simple and they were manageable because I didn't have to do it all at once. It also gave me that 24-hours support.*

The *significant factors* of these pathways include: emotional and practical support; enhanced sense of justice and safety; a sensitivity to disability issues; clinical support; non-discrimination; and the enhancing of a sense of self, self- rights and agency.

Of the 13 women in this study who identified as having a disability, 11 (85%) reported their disability as a key barrier (85%); 8 (62%) reported a higher level of access barriers than reported by the other women; 10 (77%) reported family as a barrier, a higher proportion than the other women; and 11 (85%) reported beliefs and feelings as a barrier, again a higher proportion than the other women. These included a fear of being unable to manage alone and a belief that the violence would stop. The *significant factors* in these barriers include: a lack of emotional and practical support; a diminished sense of justice and safety; an insensitivity to disability issues; a lack of clinical support; discrimination; and the diminishing of a sense of self, self rights and agency.

Most (85%) of the women who identified as having a disability identified the effects of their disability on them physically and/or mentally as a key barrier to leaving. They reported that their disability was a key barrier to leaving through: being physically and/or mentally unable to care for their children alone (46%); being physically and /or mentally unable to care for themselves alone (31%); fearing they would lose custody of their children because of their illness (15%); and being unable to leave the house alone (8%):

*Because I was born with a [physical disability] and...I knew eventually that [my body] would break down and at that stage nothing could be done about it, I thought...How am I going to support two kids?*

*Not only was I planning to leave a violent...relationship but...I had a range of anxiety disorders...which made thinking and functioning on a daily basis difficult at times.*

Fewer women, just over half (54%), identified that their disability was also a barrier to establishing a new life. The women reported that the difference between these two figures reflected, in part: the improvement in their physical

and mental health that followed their escape from the violence and abuse; the discovery that they were capable of caring for themselves and their children alone; or that they had obtained support to establish their new lives. The barriers reported were: fear they would not be considered credible; feeling overwhelmed by the combination of their disability with the violence and abuse (the double jeopardy previously referred to by Chenoweth (see page 79); and fear of being physically and/or mentally unable to negotiate the legal system:

*People talk about what's going to happen in court and...about safety and they label the mental illnesses...attached to [domestic violence] but there wasn't enough information about how that was going to affect me on a daily basis.*

The women also identified a higher level of access barriers (62%), including access to transport, money, affordable housing and information, particularly about domestic violence and support services. For one woman who had agoraphobia, her ex-partner prevented her from having access to information (including burning her books):

*I never got to read a newspaper. Well, I wasn't really allowed to read anything. Often I wasn't allowed to watch TV. Often I wasn't allowed to sleep or eat. I didn't get much outside exposure.*

Lack of adequate income was a barrier for several women on a disability pension, due to the extra costs that some incur because of their disability:

*I just can't afford [the extra help I need]...I'd like to have a...trainer...I've got a lot of muscle wastage and I need to build up and I'm sure that would help to put on some weight.*

*We're made to live in poverty [on a disability pension].*

A smaller proportion of women with a disability reported family support or family as a key pathway. These women were more likely to report that they did not want their families to know about the violence, and a higher proportion

reported that their families were unsupportive. More than three-quarters of the women (77%, 10 of the women) identified family and friends as a barrier to leaving compared to 64% of other women:

*My mother, when I first told her [about the violence] said 'You've made your bed, lie in it' because she was ashamed of me. She didn't support me to leave...Now of course she's glad that I left, [but] the support wasn't there when I needed it.*

Women with a disability identified a high level of barriers (85%) relating to fears: particularly fear of being unable to manage on one's own; with the children or financially; and beliefs relating to hope the violence would stop:

*[I hoped] things would change and I wondered...if I could cope on my own...I found [it] very hard. I was very muddled, for a long time.*

*Oh no, I was too useless [to leave then]...I wasn't strong enough...I mean it sounds ridiculous, I was 28.*

*It took...about seven years to leave. [It was] having young children...not having any confidence, not knowing if I could cope. In the end I got sick...I got depressed.*

One woman identified as a barrier to leaving, a feeling of being discriminated against because of her disability. She had been sectioned under the *Mental Health Act* due to her attempted suicide and subsequent diagnosis of clinical depression. Although recommended for release, she believes she continued to be committed because her abusive partner, whom she identified as contributing to her mental state, deliberately delayed agreeing to her release into his care. She reported that she had been alienated from seeking further help as a result of her experience of the system:

*I had a breakdown. I took all these pills and ended up in [a psychiatric hospital]...I just couldn't cope any more and I felt so useless and worthless. I thought that the kids would be better off without me...I know...for some people it's a chemical thing but...mine was situational... He was making me depressed...[When I was in hospital] he brought my son in to show him how useless I was and what a bad*

*mother I was [for] doing that...He wouldn't sign for me to come home. He was punishing me...If he'd said that he would look after me...after I'd done it, I think I could have gone home but he wouldn't...I mean the reason that I took those pills I suppose was...about a cry for help...trying to escape from the situation that I got myself into...I was a really strong person and then suddenly...I'm not any more.*

In obtaining a sample for this study, information on the study was distributed to disability forums, but the process did not account for the more complex barriers to participation for women with severe disabilities. Consequently, none of the women in this study had intellectual disabilities or severe physical disabilities. This meant that the study did not include or identify the issues for, women with intellectual or severe physical disabilities who experience violence from their male partner; or women with a disability who experienced intimate violence from a carer other than their male partner. Abuse of women with a disability by someone other than a male partner is related to the woman living with and/or being cared for by others. This may involve an intimacy and dependency that is generally uncommon outside a marriage-like situation. There has been little research into the effectiveness of responses to women with a disability in relation to leaving an abusive relationship with someone other than a male partner. Further research into these areas is needed.

## **6.5 Women with health needs**

The stories of women in this study clearly indicated that the violence and abuse they experienced from their male partner often took a toll on their minds and bodies. The majority of the women (68%) experienced physical and/or mental health problems during the relationship with their ex-partner. Depression was by far the most common health problem, identified by over half the women in the study (57%).

Depression (described by women as 'feeling depressed', 'being depressed' or 'having depression') was, for over half of the women in this study (57%), identified as an additional barrier to leaving and/or establishing a new life.

Most women reported that their feelings of depression were caused by the violence and abuse they experienced. It resulted in feeling a lack of energy; a loss of hope; a diminished ability to make decisions and plan; and a diminished sense of self, self rights and agency. Like other women in the study, women who experienced feelings of depression reported that as they gained insight (often facilitated by formal supports) into the violence and abuse they experienced, they changed constraining beliefs about their situation. For example, they came to realise that their partner was not going to change and the violence was unlikely to stop, and this then became a pathway to leaving. This realisation itself often produced feelings of depression and grief, before the women were able to regain a sense of hope for the future.

For some, grieving and regaining hope occurred while they were still in the relationship, and this then became a pathway to leaving. For others, it occurred only after they had left, and was a pathway to establishing new lives for themselves and their children, if any. But whenever it occurred, women who were supported through the process identified it as a key pathway. Some identified, as pathways, the responses of clinical psychologists, psychiatrists and other counsellors; others identified the response of a general practitioner:

*I went to the doctor's...he put me on anti-depressants and referred me to [a counsellor]. It was like someone was actually listening and trying to help me.*

The *significant factors* in responses from formal supports that contributed to their responses being a key pathway were: emotional support; acknowledgment of the impact of domestic violence on the woman's health; and provision of relevant information and referrals to support services:

Several women reported that they began feeling depressed after leaving and that this became a barrier to establishing a new life. They felt suicidal, lacking energy or hope for the future. A number of women referred to having, or being close to, 'a nervous breakdown', before and/or after leaving. They identified

their responses as a consequence of the violence and abuse, the grief from the losses they had experienced and, often, their sense of being overwhelmed by the changes, responsibilities and issues (including financial, housing and legal) associated with leaving and establishing a new life:

*[He] made you feel like you're worthless...so you feel depressed and when you try and find the strength to get out of it [and can't], you just think, well, I'm everything he says I am.*

*When severe depression hits you it feels like you can't cope with anything at all...There were days when I couldn't even leave the house. absolutely terrible.*

*It got worse after I left...my self esteem really plummeted...trying to cope with everything and you feel really alone. And in the end I got to the suicidal point.*

Whilst most women in this study believed the violence and abuse from their male partner had caused their depression, previous research has indicated that sometimes this is ignored in medical responses, and doctors resort instead to prescribing drugs. Prescribing drugs was the most common medical response in this study: almost two-thirds (63%) of the women who experienced depression were prescribed anti-depressants, mostly by a general practitioner. The effectiveness of this strategy varied. While it was described as a pathway by a third (32%) of women who reported experiencing depression, more (42%) identified it as a barrier.

In addition, some women identified as pathways, suggestions that they come off anti-depressants, and the provision of support without being prescribed anti-depressants. Almost half (47%) of the women with depression reported that they did not receive any other support from the general practitioner and were not referred to other services. Only around one-third (32%) of women who were prescribed anti-depressants were referred to support services, despite the general practitioner often being aware of the domestic violence:

*He foolishly offered me anti depressants...I looked at him and I burst into tears and I said, don't you offer me drugs, I don't want them! I went right off.*

Several women reported that the anti depressants had been of no benefit to them and others reported that the drugs created further barriers by preventing them from thinking clearly or dealing with their situation effectively; and for some it resulted in them believing they would need to 'take [the anti-depressants] for life'. One woman initially welcomed the cocooning and relaxing effects of the drugs but stopped taking them when she needed to address the problems she was facing:

*I was feeling like [I was] inside an egg...[but I decided] I wanted to fix my problems. It was really painful for me. I'd lost my husband...Like I said, I have to cope now without him [and] I have to do things on my own.*

Most women experiencing depression reported that responses from formal supports, mainly general practitioners, were a key barrier when they included the following *significant factors*: a lack of emotional support: a failure to acknowledge the impact of domestic violence on women's mental health; the pathologising of women's responses to domestic violence; and a failure to provide information and referrals for support:

A quarter of women (25%) reported having a health problem, other than or as well as depression, which they identified as a barrier to leaving and/or establishing a new life. These problems included: health problems as a direct result of the violence (spinal injuries, eye damage, organ damage); ailments attributed indirectly to the violence (including ulcers, angina, hypertension); existing physical health problems (including severe arthritis, migraines, a chronic back injury), which were exacerbated by the violence; and cancer which had developed during the relationship. Some of the health problems were exacerbated by the stress of leaving and/or establishing a new life. Like

women with disabilities, these women's health problems affected their ability to care for themselves and/or their children:

*It was always...harder for me to cope as a mum. That was one reason...why I had stayed as long, when I think about it...With the arthritis...there was times when I couldn't do things and although he wouldn't really [do much to help], he would look after the kids. He wouldn't look after me but at least there was someone there to...[help].*

The *significant factors* that contributed to health issues being a barrier were: reduced strength or energy; reduced ability to manage alone; a lack of financial independence; and a lack of practical support.

This research has raised issues regarding the impact of general practitioners' responses to women presenting with depression as a result of violence or assault by their male partner. This suggests research to explore the impact of current education on medical students' and general practitioners' responses to domestic violence could assist in modifying their responses.

## **6.6 Women with children**

Recent research has drawn attention to the effects of domestic violence on children and young people, and the potential to exacerbate or ameliorate these effects through the 'structures, policies and procedures of a broad range of social and legal systems including housing... health and social security' (Laing 2000b: 15). Further, recent research under PADV has found that: 'For most women with children, assistance with supporting their children to overcome the disadvantages of a violent early life is an important aspect of the long-term recovery period' (Dimopoulos et al. 2000: 67). The majority of women in this study (79%) had children. In total, 42 women had 109 children, with families ranging from one to five children. Almost two-thirds of these women (65%) reported that having children had affected their ability to leave and establish a new life.

Some reported that it was not harder to leave with children. These women identified two main pathways:

1. Concern for the children's wellbeing enabled them to leave.
2. Having children made it easier to obtain support.

Almost half of the women with children (49%) did not seek or want formal support for their children. Others, after realising that staying was not in their children's best interests, encountered other barriers relating to the children.

Among the women with children, about half (49%) identified their families as a pathway to establishing a new life in relation to support for their children; and about half (51%) wanted or sought help from formal supports to enable their children to establish new lives. (This included both women who had, and women who did not have, support from their families.) Most women seeking help reported that families were much more supportive after the woman and children had finally left:

*Mum was so happy [I had left]...They were very supportive of me once I'd made the decision. They weren't going to try and influence me [but] they were waiting for me and they caught me [and the children] with both hands and said, 'You've done the right thing'.*

*I had a supportive family. I didn't feel the need to look to other agencies and I didn't really have any problems with my children that made me think I should maybe get outside help.*

The *significant factors* in the support provided by families were the provision of care for the children, accommodation, and emotional and financial support.

Of those who wanted or sought help from formal supports to enable their children to establish new lives, 64 per cent were successful in accessing this help. Structural support was identified as a general pathway. This included: Centrelink payments; access to the legal system; housing loans; and affordable public and private housing as general pathways. Women also identified a number of other formal supports as pathways in relation to their

children, including: counsellors (mainly social workers and psychologists); government-funded children's mental health services; parenting centres and Aboriginal children's centres; and church-funded counselling and support programmes, such as those provided by Anglicare and Centacare, focusing on children who have witnessed domestic violence:

*[A social worker] helped me deal with the children's problems and it worked. I don't know what I would have done without it.*

*It was easy [to get the help that I needed] because we didn't have a man in the house, stopping us. The help is there, it's just being able to access it.*

The *significant factors* in these pathways include: emotional and practical support; a non-judgemental approach; free consultations; ready access; locating responsibility for the violence with the male partner; and well-developed interpersonal skills.

As already discussed, women's fears for their children's future well-being was the second most common key barrier to leaving, reported by 38 per cent of women with children. In addition, almost two-thirds (65%) of women with children identified further child-related barriers and difficulties, both to leaving and to establishing a new life:

*It's harder to get out with the children...You've got everything to gather...[I was] running across the paddock with a baby on each hip, my son in his pyjamas and my daughter...half dressed...to get a neighbour, to call the police, so I could get out...It scared the kids.*

*It was very difficult...coping with my problems and also trying to help these [two little girls]...understand what was going on...We were in a women's shelter and I just sat them down and said, 'Look, Mummy can't take it any more...her mind and heart and soul have just had enough...[But] no matter what I do in my future...no matter what happens...he's your Dad. No matter what he's done to me (and I mean he attacked those two once as well)...he is your Dad, and you are allowed to love him... No matter what I say or do...You can love him as much as you like, but God don't expect me to, you know, because I don't any more'.*

The *significant factors* in these barriers include: the physical demands of escaping with children; dealing with the emotional effects on the children of having lived with their father/stepfather assaulting their mother; dealing with the emotional effects on the children of separation from their father/stepfather; difficulties accessing support for the children; managing financially with children; difficulties accessing affordable housing with children; becoming ostracised from their children; losing custody of their children; and losing access to their children.

There has been considerable research into the effects of children's exposure to violence against their mother by her male partner (see Laing 2000b for an overview). While there are well-documented methodological difficulties in identifying the long-term impact of domestic violence on children, research indicates that 'the majority of children exposed to domestic violence do not become either perpetrators or victims of domestic violence in their adult relationships (Humphreys & Mullender 2000, cited in Laing 2000b: 5). More methodologically sophisticated studies indicate that while some children are well adjusted, children who have been both abused and have witnessed violence were most affected, particularly pre-schoolers. The studies also indicate that the majority of men currently assaulting their female partners, and the women themselves, come from non-violent backgrounds.

While the *majority* of women with children in this study did not report harmful effects on their children from living with domestic violence, over a third (40%) believed that, in the early months after leaving, their children's behaviour indicated they had been affected either by living with a father or stepfather who had assaulted their mother, and/or by the subsequent separation and all it entailed for the child. For example, women reported that their children had, during these early months: self-harmed; taken drugs; exhibited behavioural problems, mental health problems and/or offending behaviour; blamed the woman for leaving; performed poorly at school; developed an eating disorder; or become violent towards their mother:

*Although [my daughter] was happy the relationship was over, [she] did have some extreme reactions including one night...using scissors to cut off all the tops of her fingers. And she's a pianist. There was a very clear message in that.*

*[My children] were very angry with me because they saw their father at his most unhappy and they blamed me. They couldn't remember the violent times...They just sort of blocked it out of their minds, I think...They knew it was there but they loved their father dearly.*

Although the majority of women with children in this study reported that 'life now' was better for their children than either before they left, and/or in the initial establishment phase, one in four reported long-term or ongoing difficulties. These included: teenage or adult sons exhibiting aggressive behaviour towards their mother and/or female partners; teenage or adult daughters having mental health problems or being in an abusive relationship; and younger children exhibiting behavioural problems, offending or not performing well at school:

*My son... I love him with all my heart, but [he] screams, yells, and stands over women...He's going to be another replica of what I let him witness all those years.*

*My daughter was...sixteen [and] into heavy drinking, smoking dope...and was bulimic and anorexic...She is a very intelligent girl...[but] she just dropped right out.*

*My [adult] daughter recently told me that she used to lay awake...and listen to [the violence]...She [recently] had night terrors and...saw a psychologist...and this is what it all came back down to, this [memory] of her father being like that.*

One woman is estranged from her daughter (now an adult) who she believes was sexually assaulted by her ex-partner—the child's stepfather—as she has aligned with her stepfather. Her adult son recently told her that, as a child, his stepfather had sexually assaulted him and that he had to seek counselling after becoming suicidal.

When asked about seeking help in relation to their children after leaving the relationship, almost half of the women (49%) reported that they did not seek or want formal support. Of those who sought or wanted help from informal or formal supports, many identified barriers. Of the 51 per cent of women who wanted or sought help for their children, over a third (36%) did not receive the help they wanted or were dissatisfied with the support received:

*[My teenage daughter] asked to leave [home]... She got special dispensation to be supported in a flat... [It] was just a big drunken place [with] lots of kids there, in the middle of town.*

*You had a male social worker and a male guidance officer... This is not appropriate. There's still this cultural barrier there, that says [concerns regarding my daughter] is women's business. Men don't go there.*

The *significant factors* in this lack of effective support for children were: a lack of family support with the children, particularly practical support; a lack of information about services for children; no services for children available in rural and isolated areas; access barriers due to a lack of transport; and a lack of formal respite care or home help with the children, particularly immediately after leaving when women often felt physically and emotionally exhausted. They also include: being unable to obtain crisis appointments with children's support services; a lack of liaison between agencies (e.g. schools and children's mental health services); an ineffective response by welfare services when children displayed challenging behaviours; an ineffective response by services to alleged sexual abuse of children; a lack of social workers in schools; and the need for a choice of gender and cultural sensitivity in relation to social workers in schools.

## **6.7 Women with children with a disability or health needs**

Almost a quarter of women in this study (24%) reported having children with a disability and/or health issue/s. The twelve children involved had one or more of the following problems: asthma; eczema; a congenital disability; mental health problems; internal injuries from a car accident; and a brain tumour resulting in a severe disability. Approximately half of these women sought

help and two-thirds (67%) eventually obtained support for their children's disability or health problem. The women identified changed beliefs and informal and formal support as key pathways; but several also identified ongoing difficulties in caring for their child. The pathways that women identified included: family and new partners who helped financially and with caring for the children; obtaining assistance from formal supports, including special schools, physiotherapists, respite care and child disability payments from Centrelink; support and transport from government welfare services; discovering that the health problem was reduced after leaving the stressful environment; and realising they could manage the child/children alone:

*[My new partner] just did everything for me and...for my daughter and they had a wonderful relationship together and [he] basically took over...the father's role.*

*I got help for [my daughter with a disability] through a disability pension and she had to go to a special school...where they [did] a lot of physio and she had transport...I [also] got help for her through social welfare.*

*The situation had exacerbated their asthma enormously...[now] none of them are on preventative medicine...leaving allowed them to get better...and I saw that I was capable.*

The *significant factors* in these pathways include: emotional and practical support; financial support; shared responsibility; respite; and an enhancing of a sense of self and agency.

All of the women who had a child with a disability or health issue identified that disability or health problem as a barrier to leaving and/or establishing a new life. In addition to the barriers identified by other women, these women identified additional barriers relating to: the child's illness; not knowing what support services were available; and ineffective informal or formal responses—a lack of support, and a lack of access to formal supports, particularly in rural areas:

*[My daughter] was in a wheelchair...I didn't know about special care, respite. It was a financial drain too, in and out of hospitals for two years.*

*I had a daughter who was so sick [with a tumour]...and then the added stress [of the violence]...I just...couldn't see any way out. It was like I was just in a vicious circle.*

The *significant factors* contributing to these barriers include: the extra costs incurred for medication, special dietary requirements and caring for the children; not wanting to expose the children to further stress by leaving; and fear of being unable to manage the disability or health problem outside their familiar environment.

A key barrier raised by several women in this study was the response of statutory authorities to allegations by women of sexual assault of their children by their father or stepfather, when domestic violence was also involved. A Family Court Chief Justice recently called for a national scheme to help children whose parents allege child abuse during custody disputes, prompted by his concern about what he saw as a common and erroneous perception that such allegations are 'concocted by vengeful parents' (Nicholson 2002). The findings of this study suggest research with women in this situation is needed to examine the efficacy of agency responses in achieving positive outcomes for children.

The education system has potentially a very important role to play in the lives of children who live with domestic violence and who establish a new life after leaving. While few women identified the education system as a barrier, none identified it as a key pathway. This study suggests that research by education departments into their responses, including those of teachers, school social workers and guidance officers, has the potential to enhance responses to children living with domestic violence.

## 6.8 Women living in a rural or isolated area

Thirteen women in this study (25%) lived in rural or isolated areas during the time they experienced violence from their male partner. The areas included isolated farming communities, hydro towns, islands and small country and seaside towns and villages. At the actual point of leaving, a large majority of these women (85%) were still living in rural or isolated areas. The average length of time in the relationship was 40 per cent higher than that of the other women—14 years compared to 10 years. After leaving, a minority of the women (22%) remained in the same rural or isolated area where they had experienced the violence, while over a third moved to the city and another 39 per cent moved from an isolated area to a larger rural area.

While pathways reported by women in rural and isolated areas were similar to those reported by other women in this study, women in rural and isolated areas reported fewer pathways overall. Isolation and/or a lack of services contributed, in part, to fewer reporting formal supports as a key pathway: only two women (15%) identified counsellors, adult educational institutions and hospital medical staff as key pathways; and one woman identified police and another a general practitioner as key pathways. Only one woman had contact with a domestic violence crisis service before leaving, identifying it as a key pathway both to leaving and establishing a new life. Four (36%) of the eleven women living in rural or isolated areas at the point of leaving, identified contact with domestic violence services in nearby cities as a key pathway to actually leaving and/or immediately after leaving. Of the eight women still living in rural areas at the time of the study, five made contact with domestic violence services after leaving, two of whom identified them as a key pathway to establishing a new life:

*My general practitioner said, 'You can't allow this to go on'...[that] I needed to get out...and to report [it]...because it would only keep happening.*

*Without [a domestic violence crisis service] I would be dead...[The worker]...came to the police station with me and we had him charged with one [count] of common and one of criminal assault.*

*When we went to [a country town] it was the first time I'd lived in and been part of that community and it did help. People knew who I was...not to say that [they're] sticky-beaks. A lot of people might find that a bit invasive but it also acts as a safety net...[My ex-partner] used to turn up at all odd hours of the day and the neighbours would tell us.*

While almost half (46%) of the 13 women in rural and isolated areas identified family as supportive through helping them to move, caring for their children, providing emotional support or accommodation, only two women (15%) identified family as a key pathway. Two women (15%) reported that the caring and protective nature of their close-knit, rural community was a pathway in establishing a new life after leaving.

Although women living in a rural or isolated area identified similar barriers to other women in this study, a smaller proportion of rural women reported family as supportive (46% compared to 77%); a smaller proportion reported family as a key pathway (15% compared to 25%); a smaller proportion reported contact with domestic violence services and counsellors before leaving; a smaller proportion reported contact with most formal supports and thus a smaller proportion identified them as key pathways; and rural women also reported the rural community as a barrier. Several women identified the following key barriers to leaving: the conservative values of their small, rural community; its judgemental approach, narrow vision and tendency to gossip; and the need to 'maintain standards'. One woman who reported that her family had 'standing' in the community felt unable to leave due to such attitudes:

*Those sort of values...kept me there...The community obviously blamed me...I think...[it's] still the attitude of small towns.*

Women for whom geographical isolation was a key barrier identified a number of contributing factors—including literally having nowhere to go, no informal or formal supports, no transport and significant difficulties moving out of the house:

*He kicked me out of the house...then I had nowhere to go. I'd just go back in, in a couple of hours...No, I didn't [get help], I didn't have a phone...But there was nothing [anyway], only the police.*

*I'd lived in a tiny [remote] village all them years and I was just way too scared to come down to the city by myself...I had no-one, no friends down in the city]...I didn't have any options. I had to stay.*

*It made it harder to pack up and go because there's so much more to do...You do have to be organised and...plan. You can't just decide [you're] going to go.*

Most of the 13 women identified a number of additional barriers: the additional difficulties and costs of packing up and moving; the additional cost of physically leaving (e.g. plane fares, extra distance to travel); lack of access to transport; being unable to leave for geographic or climatic reasons (on an island or snowed in); and the distance from family, friends and neighbours:

*I couldn't pop over to the neighbours for a cup of coffee and a chat...the psychological isolation is 'I'm on my own in this.' The fact that you know your neighbours are two acres away added to that isolation.*

The additional barriers also included: no existing support services or no access to support services; and the need to move outside the community to access women's shelters; limited or no access to information; limited or no access to outside communication; the conservatism of rural communities; limited or no capacity to develop an escape plan; and no access to emergency cash due to a lack of banking services, or no access to banking services. Other significant additional barriers reported are: the need to leave one's livelihood or employment (e.g. a farm) if leaving home; a lack of confidentiality; police taking a conciliatory approach; and key support services' workers, including police, more likely to be known to friends or colleagues of the woman and/or be known to friends or colleagues of male partners:

*The [farm] was my whole work and my life...I didn't have anywhere to go or any other independent means...So I [thought] you've got to hang in and try and make things better.*

*I just wasn't prepared to report [the assault] because of the impact it would have had on his job [and reputation].*

Isolation was the main reason that informal or formal supports were less likely to be identified as pathways. The usual key formal supports were often non-existent in rural or isolated areas: only one woman still living in a rural or isolated area had contact with domestic violence services early in the process of leaving, and that was due to her hospitalisation in the city after a severe assault; five of the 13 women (39%) had no contact at all with domestic violence services, compared to only 26 per cent of other women in this study—due, at least in part, to the fact that no domestic violence support services were available within an hour or more of the women's residences; there were often no other formal supports available—no counsellors, legal services, adult education institutions or access to employment; and women had the additional barrier to establishing a new life of having to adapt to living in a city after leaving a rural or isolated area to escape their partner:

*If I'd known how difficult it was I may not have left, because it really is very difficult to move to a new place and to meet new people...It's a very slow process.*

Whilst the responses of general practitioners were identified as a barrier by 26 per cent of all women in this study, their responses were of particular significance for isolated women. Most women identified that their only contact with a formal support, before leaving, was with a general practitioner. Several women reported this contact as a barrier to leaving, with *significant factors* similar to those identified by other women, including: the general practitioner seeing the woman with her partner present; not querying the cause of injuries; not offering information on domestic violence; prescribing anti-depressants; or minimising the woman's situation.

## 6.9 Summary

This chapter identified the pathways and barriers reported by specific and diverse groups of women: Aboriginal women; women from a culturally and linguistically diverse background; women who identified as having a disability; women with a health issue (particularly depression); women with children; women with children who have a disability or health issues; and women living in a rural or isolated area. Whilst most of the pathways and barriers reported by these groups of women were similar to those of other women in this study, additional pathways and barriers were identified. Key pathways identified by Aboriginal women included Aboriginal-specific formal supports, in particular university Aboriginal education support units, their cultural identity and a sense of community and support from their community. Fewer identified police as a key pathway. Similarly, CALD women were less likely to identify police as a key pathway.

CALD women identified as additional pathways their cultural identity, domestic violence services which used interpreter services, CALD-specific formal supports such as migrant services, and information provision that took account of diverse cultures, languages and education levels. The additional barriers identified by CALD women were in relation to discrimination, the traditional family values held by their cultural community, language and immigration status. A higher proportion identified contact with police as a barrier at some point in the process of leaving and establishing a new life. A higher proportion of women who identified as having a disability accessed domestic violence services and identified psychiatrists and general practitioners as a pathway. A higher proportion accessed police and a lower proportion identified police as a barrier as a result of an enhanced sense of justice and safety.

For women with health problems, most commonly depression, the key issue was the response of formal supports, in particular general practitioners. Women losing hope the violence would stop and their subsequent grief played a key role in women feeling depressed. Responses that failed to take this into

account were identified as a barrier. The significant factors of responses being identified as a key pathway were emotional support, acknowledgment of the impact of domestic violence on the woman's health, and provision of relevant information and referrals to support services. Responses that lacked these factors were identified as a barrier. Most of the women who sought help for their children who had a disability or health issues eventually obtained support. Key barriers included not knowing the services available or a lack of services.

For women in rural or isolated areas the average length of time in the relationship was 40 per cent higher than that of the other women. While pathways were similar to those reported by other women in this study, women in rural and isolated areas reported fewer pathways overall. Isolation and/or a lack of services contributed, in part, to fewer women reporting formal supports as a key pathway. Whilst they identified similar barriers to other women in this study, fewer reported family as supportive or a key pathway. Rural women also reported the conservative values of rural communities as a barrier. There were considerable additional factors of the barriers encountered by women in rural or isolated areas, including the additional costs of leaving, the distance from supports, limited or no access to emergency cash and a lack of confidentiality in close-knit communities.

Locating the discussion within the current literature and the study's conceptual framework, the next chapter discusses the findings, including a summary of the reported pathways, barriers and significant (critical success) factors. The characteristics of good practice are identified and, based on this information, a framework for practice is proposed for each of the five phases of leaving identified. A significant key pathway, domestic violence crisis services, is discussed and a model of service delivery identified. The chapter concludes with the implications for practice arising from the findings.

## CHAPTER 7: DISCUSSION

### 7.1 Introduction

This chapter is a discussion of the findings of the study, linking it with the aims of the research and locating it within the current literature and the study's conceptual framework. It summarises the pathways, barriers and critical success factors reported by women in this study, and the five phases of the leaving process suggested by these findings. Consistent with the theory/practice spiral, the women's experiences are linked with social work practice. The characteristics of good practice are identified and based on this information, a framework for practice is proposed and suggestions made for implementing it at each of the five phases of leaving. This is followed by a discussion of a significant key pathway, domestic violence crisis services and a model of service delivery is identified. The implications for practice arising from the findings are explored.

### 7.2 Links to the literature

As outlined in chapter two, the review of the literature suggests a diverse range of possible strategies to address the problem of domestic violence. The substantial impact of men's violence on women and children highlights the importance of developing strategies that focus on men taking responsibility for their use of violence, effective government and community responses to domestic violence, and societal attitudes to domestic violence. The literature review provides information that can enhance government and community understanding and guide strategies to assist women to take appropriate action at an earlier stage and enable them to receive a more effective response. The findings of this study suggest similar future directions for effective responses to women's help-seeking, when they are assaulted by a male partner: While many of the strategies implied by the literature include essential measures, at both a structural and an individual level to assist women to *manage* the violence, this exploratory study also suggests

strategies to support women at a structural and individual level to *leave* a violent relationship with a male partner and establish a violence-free life. By understanding the turning points, barriers and pathways that women encounter in this process, government and community responses can be enhanced through informing policies, strategies, service delivery, laws and community attitudes.

This qualitative, in depth study aimed to: investigate women's perceptions of what they 'actually did' to leave a male partner who had assaulted them, and establish a new life; who and what helped them to do so; and what factors were perceived as contributing to an effective response. It did so whilst recognising the constraints to leaving, within the social and structural context of women's lives. As Kelly (1999) recommended, this study documents the experiences of women who were able to leave a male partner who assaulted them, and identifies the critical success factors. As suggested by Holder (1998) it applies a qualitative approach to understanding what women actually do to leave, by analysing women's first hand accounts of their experiences. As a study undertaken within a phenomenological tradition, informed by a feminist and structural social work perspective it is acknowledged that interpretation of the data is an 'imperfect and incomplete process. There are many possible readings of interview transcripts' (Reay 1996: 70). As Holland and Ramazanoglu note, in feminist research:

The validity of our interpretations depends on the integrity of the interaction of our personal experiences with the power of feminist theory and the power, or lack of power, of the researched. Our conclusions should always be open to criticism (Holland & Ramazanoglu 1994: 146).

They suggest that in the political and contested process of interpretation, the search for 'truth' is united with the rules of research method, making some conclusions stronger than others (Holland & Ramazanoglu 1994: 127). In the pursuit of transparency, strategies in this study have included stating my epistemological position, my conceptual framework and the subjective motivational factors influencing the study. Reflexivity has been a central

strategy to maintain awareness of how my own 'social identity and values affect the data gathered and the picture of the social world produced' (Reay 1996: 60). Women's own narratives have been widely used to support the findings and enhance 'trustworthiness'. The analysis was located in 'feminist understandings of what women share, as well as focusing on the differences between them', by identifying what leaving a male partner who assaults them 'means for women, while highlighting the inequalities all women experience, to differing extents, in their relationships with men' (Reay 1996: 70).

Most of this study's findings confirm previous research, identifying similar key turning points and key barriers to leaving (KPMG 1994; ABS 1996; Kelly 1996; La Nauze & Rutherford 1997; Keys Young 1998; Bagshaw et al. 2000; Taft 2000). Similar to earlier findings (Eisikovits, Buchbinder & Mor 1998; Keys Young 1998; Dimopoulos et al. 2000), the majority of women in this study reached a turning point where they realised they were unable to stop the violence or manage the abuse. The findings confirm previous research that suggested that women reaching a turning point may not immediately result in their leaving and that, although readiness for change was an internal process, external events were precipitating factors (Eisikovits, Buchbinder & Mor 1998: 420).

In the *ABS Women's Safety Survey* (1996), many of the women who separated from a previous partner who had been violent to them, subsequently returned to that partner. Half of those finally ended their relationship because of the violence they experienced or because of threats against their children. Similarly, the *Against the Odds* report identified significant turning points as women's fears for their physical safety or that of their children, or significant concerns about the impact of the abuse upon the children (Keys Young 1998: xi). The findings of this study are consistent with these previous studies and other similar research.

Although each woman in this study was eventually able to leave an abusive relationship with a male partner, and identified a variety of enabling pathways,

each woman also identified numerous complex and interconnected barriers to leaving. Very few women were able to leave permanently the first time they left. Often when they had found a pathway to leave, they then encountered new barriers, and the result was that most women returned after their first, or often subsequent, attempts to leave. The further consequence, for many, was that they continued for years to live in relationships consumed with fear. For those who were able to leave permanently the first time, this was more often from a relationship of relatively short duration. For the remainder, leaving and being able to establish a new life, was a long and difficult process that took years, sometimes decades, to achieve. The key barriers fell into three categories: constraining beliefs and feelings, primarily fear; structural barriers, primarily a lack of access to resources; and ineffective responses from informal and formal supports from whom the women had sought help. Inappropriate responses have been well documented as barriers in recent research at the international, national and local level (ABS 1996; Keys Young 1998).

This study confirms previous research, with three-quarters (75%) of women identifying barriers in relation to an ineffective or inappropriate response from formal supports, at some point in the process of leaving. Barriers included a lack of information about services and/or a perceived inability to access them, when initially thinking about leaving. Almost two-thirds (64%) identified the response of informal supports as a key barrier to leaving and establishing a new life.

Previous research found that, irrespective of the service pathways used by women to leave a violent relationship, a satisfactory outcome rarely occurs without the woman deciding that she can not mend the relationship, and has to either leave or separate from her violent partner (Dimopoulos et al. 2000: 17-67). Their research found that women are 'bouncing back and forth' between initial contacts and formal support services in the 'pre-transition phases', and that this continues until a woman comes to terms with being unable to 'fix the relationship' by herself and that she needs to obtain safety for herself and, if any, her children (Dimopoulos et al. 2000: 17-67). Whilst the

findings of this study confirm that changes in beliefs about the relationship is a key pathway, including giving up hope the violence will stop, this study adds to previous knowledge by highlighting the importance of effective formal and informal responses in supporting these changes. The concept of hope—its role in the process of leaving—and informal and formal responses is further discussed in the next chapter. Many of the pathways identified in the study confirm previous research, including effective responses from formal and informal supports, and access to structural resources and information (Keys Young 1998; Kelly et al. 1999; Dimopoulos et al. 2000; Laing 2000a; Mullender & Hague 2000; Weeks 2000).

The majority of women (51%) identified domestic violence services, in particular regional mobile domestic violence crisis services, as a key pathway both to leaving and establishing a new life. This confirms previous research, including a literature review by British researchers Mullender and Hague (2000) that examined first-hand accounts from survivors regarding helpful and unhelpful service responses and qualitative research by Davis and Srinivason (1995) but is in contrast with recent Australian studies (ABS 1996; Keys Young 1998). Possible explanations for this are explored further in the chapter.

### **7.3 A summary of the key pathways**

The key pathways fell into broad categories: formal and informal. In addition, the women identified a range of underpinning enablers—structural supports and beliefs that supported their efforts to leave and establish a new life (see Table 5 for a summary). Women in the study reported that it was contact with formal supports—most often, domestic violence services—that were most important in enabling them to leave and establish a new life. Almost three-quarters of the women in this study (74%) accessed domestic violence services, and over half the women in the study (51%) identified these services—mostly government mobile crisis services—as a key pathway (see Table 6 for percentages).

**Table 5: Summary of key pathways**

**The response of key formal supports**

- domestic violence services
- free counselling services, mostly social workers as well as psychologists
- police and the legal system, including lawyers
- Centrelink.

**The response of informal supports**

- friends, mostly women
- family, mostly mothers and sisters
- new partners.

**Underpinning enablers**

**Access to resources**

- access to an income through social security benefits
- the use of the law to obtain protection, custody, property and divorce
- priority access to housing and low-cost government housing
- access to employment, affordable childcare and adult educational institutions
- change of identity supported by policies such as at Centrelink.

**Information**

- from informal and formal supports
- from books, articles, posters and the media
- through formal education.

**Beliefs**

- sense of self and self-rights (existent and developed)
- sense of agency
- about hope;
- about the impact of the violence on themselves (and, if any, their children).

**Empowering practice**

- non-judgemental, believing of a woman
- action focused when a crisis
- non-directive at all other times
- locating the blame for domestic violence with the male perpetrator whilst still respecting the women's choices and feelings for their partner
- understanding, unconditionally, when she needs to return, perhaps many times or is unable to leave for many years
- assault being responded to from a criminal justice perspective, either by police or other workers (more often domestic violence services).

*NB: Of significance was the importance of ensuring a consistent, effective **structural** (formal/informal) response to support a woman's **individual** response to experiencing domestic violence and seeking to leave and establish a new life.*

Other formal supports that women identified as key pathways were: counsellors, primarily social workers—a key pathway for 47% of the women; police—almost two-thirds of women (62%) contacted the police at some point in the process of leaving and, of those, almost a third (30%) identified the intervention of police as a key pathway to leaving and/or establishing a new life; access to employment—a key pathway to leaving for almost a third of women (30%); Centrelink—a key pathway to leaving for over a quarter (28%); adult educational institutions—a key pathway for over a quarter (26%); lawyers—identified as a key pathway, primarily after leaving, by one-fifth of women (21%); and general practitioners - a key pathway to leaving for 13 per cent.

Smaller numbers of women also identified a range of other services, including: Telstra; women's policy, health and information services; migrant services; non-government welfare support agencies; and advocacy by local politicians. There were also specific examples of individual professionals being identified as a key pathway including domestic violence workers, police, general practitioners, counsellors, nurses and lawyers.

Among the informal pathways identified, friends, mostly female, were particularly effective enablers at the 'thinking about leaving' phase by being non-judgemental listeners and providing emotional support. Approximately a third (34%) of women identified friends as a key pathway. Whilst the majority of women in the study (77%) identified a family member as supportive or helpful at some point in the process, fewer (25%) identified family as a key pathway. Those who did mostly identified mothers and sisters. At the time of interview, almost two-thirds of the women (64%) had a new partner, of whom a fifth were a key pathway to leaving and/or establishing a new life. More than one in 10 of the women (11%) identified work and student colleagues as key enablers, and approximately 6 per cent identified members of their church congregation as key enablers.

**Table 6: Key pathways - percentages**

<b><i>Formal pathways</i></b>	<b><i>Percentage of women</i></b>
Domestic violence services	51%
Counsellors (primarily social workers)	47%
Access to employment	30%
Centrelink	28%
University	26%
Lawyers	21%
General practitioners	13%
Police (as a percentage of 62% contact)	30%
<b><i>Informal pathways</i></b>	<b><i>Percentage of women</i></b>
Friends (mostly women)	34%
Family (mostly mothers and sisters)	25%
Work/student colleagues	11%
Church congregation	6%
New partner (as a percentage of 64%)	20%

Supporting the process of leaving were a number of underpinning enablers including: access to resources (e.g. the provision of income security); the laws enabling access to justice; the Standing Orders between the domestic violence crisis services and police; agency domestic violence policies; the adult educational institutions; the provision of affordable public and emergency housing; access to employment and affordable childcare; access to information; and the women’s beliefs, including a sense of agency (acting for oneself). Women’s beliefs and sense of agency functioned as enablers despite the oppression they experienced as women—a constraint that made the potency of their beliefs all the more significant.

This highlights the importance of an empowering practice that supports women and pathways that support women’s agency. Most women in this study identified empowering practice as a significant factor in key pathways. This study has added to previous research by identifying with women who have left and been able to establish a new life, what and whom they consider

are the most significant pathways and their critical success factors. It identifies additional pathways associated with empowering beliefs and feelings, in particular hope and subsequent responses from informal and formal supports. These findings suggest a framework for practice and its implementation at each of the five phases of leaving.

## **7.4 The phases in leaving**

An analysis of the data suggests that the process of leaving is characterised by five phases, some of which are repeated until women are able to end the relationship permanently. This process can take anything from weeks to years. The 5 phases are as follows:

1. Pre-contemplation: Women at this stage are managing and/or resisting the violence but not generally thinking about leaving. Often, this is when women first seek help, mostly from informal supports, to manage the violence. Some women remain in this phase for years.
2. Contemplation: Women begin to think about leaving, though often they just want the violence to stop. They are acutely aware of the barriers to leaving. Usually, this is when women first want to discuss their options with informal and/or formal supports but they are often ambivalent, maintaining hope for change. Effective intervention is non-directive but does not feed hope that the violence will stop. This phase can also last for years.
3. Deciding to leave: Women decide to leave and/or make plans to do so, often after a severe incident of violence and/or the children witnessing or experiencing violence. They often seek information about leaving from formal and informal supports, including specialist services. Many women at this stage have already disengaged from the relationship emotionally and/or sexually. They have usually given up hope the violence will stop and can be experiencing grief. Effective responses take account of the grieving process. Depending on the barriers and pathways, this phase can last anything from hours to years.

4. Actually leaving: Women will often reach this phase after a turning point, following a severe incident of violence and/or the children witnessing or experiencing violence. The 'leaving' usually involves the women leaving her home either temporarily or permanently, but can entail the male partner leaving of his own accord or because of outside intervention. Women in this phase often feel 'in crisis' and seek action-focused practical and emotional support from formal and/or informal supports, particularly police and domestic violence services. Whilst the act of physically leaving is usually completed within days, the feeling of being 'in crisis' can last for days or weeks.

5. Establishing a new, violence-free life: This is a particularly challenging time for women. They usually seek non-directive practical and emotional support, and require a higher level of contact with informal and/or formal supports. Effective responses take account of the process of grieving that women are often experiencing, and support them to regain hope for the future. Access to resources is crucial, as women are often moving to different towns, regions or states. Women often encounter many barriers that, if not overcome, can result in the woman returning to her male partner.

Whilst women usually experience all five phases of leaving, it is not always a linear process. Many women move back and forth between phases, and repeated phases, depending on the barriers they encounter and the pathways available to them. When they experience ongoing violence, threats of violence and other significant barriers to establishing a new life, the process takes a longer time to complete. For a few women in this study, the process did not follow these phases. Some were catapulted out of the relationship or had to stay out after initially leaving, less through their own agency and more from unusual circumstances such as the jailing of their partner or an ultimatum from child protection or statutory authorities. Women identified pathways for each of these phases.

Often the effect of the pathways was to improve the woman's ability to overcome barriers that she encountered. For some, the pathway to leaving

was easy to negotiate; for others it was difficult. Mostly the leaving was a triumphant experience, but for some it was the beginning of further trauma and abuse. In this study it was the formal supports that mostly provided crucial, enabling support, often throughout all phases of the leaving process. The next section summarises the pathways, barriers and significant factors identified by women in this study and, based on these findings, suggests a framework for practice.

### **7.5 Pathways, barriers and significant factors: A summary**

The notion that domestic violence is an abuse of power is a central tenet of a feminist analysis (Bell & Klein 1996; Kelly 1996; Weeks 1998; Laing 2002). As Power notes, domestic violence is a micro strategy of patriarchy (Power 1998: 114). The pathways that enable women to leave a male partner who assaults them—effective responses from formal and informal supports, structural support, information, and enabling beliefs and feelings and/or changes in constraining beliefs and feelings—challenge patriarchy and individual men’s abuse of power.

Women in this study identified the following *key pathways* to leaving a violent relationship: intervention from formal supports, primarily domestic violence services and counsellors (mostly social workers); intervention from informal supports, primarily female friends; underpinning structural supports, usually access to resources; access to information, primarily the media and books; and enabling beliefs and feelings, primarily regarding safety, the children, and a sense of hope—that is, giving up hope the violence would stop and regaining hope for a safer future. At a micro level the study has provided examples of individual good practice in the responses of a range of workers, including domestic violence service workers, social workers, psychologists, police, general practitioners, nurses, lawyers, friends, family and new partners. Women identified a range of significant factors that characterised responses of a number of these key pathways and barriers. These are summarised in Table 7.

**Table 7: Significant factors of key pathways and barriers**

<u><b>Significant factors of key pathways</b></u>	<u><b>Significant factors of key barriers</b></u>
<p><b><i>It included a response that:</i></b></p> <ul style="list-style-type: none"> <li>• focused on women’s safety whilst respectful of women’s choices;</li> <li>• provided women with information about the impact of domestic violence on children whilst cognisant of the limits of women’s agency and the need for support;</li> <li>• was non-judgemental, culturally sensitive, non-discriminatory and believed women’s accounts of the violence and abuse;</li> <li>• was non-directive, action-focused only when strongly indicated (e.g. severe crisis) and guided by previous principles;</li> <li>• was emotionally and practically supportive;</li> <li>• was active in information provision;</li> <li>• referred women to, and actively supported women to access, formal supports;</li> <li>• enhanced women’s insight into their situation and enhanced their sense of agency;</li> <li>• responded from a perspective or practice model informed by contemporary frameworks of domestic violence (including a feminist analysis);</li> <li>• located responsibility for the violence and abuse with the male partner; and</li> <li>• was cognisant of the need to support women through the process of giving up hope, grieving and regaining hope.</li> </ul>	<p><b><i>It included a response that:</i></b></p> <ul style="list-style-type: none"> <li>• did not focus on women’s safety and was disrespectful of women’s choices;</li> <li>• did not provide women with information about the impact of domestic violence on children;</li> <li>• was not cognisant of the limits of women’s agency and the need for support;</li> <li>• was judgemental, culturally insensitive, discriminatory and did not believe women’s accounts of the violence and abuse;</li> <li>• was overly directive;</li> <li>• was emotionally and practically unsupportive;</li> <li>• was inactive in information provision;</li> <li>• did not refer women to, and did not actively support women to access, formal supports;</li> <li>• did not enhance women’s insight into their situation or enhance their sense of agency;</li> <li>• responded from a perspective or practice model that was not informed by contemporary frameworks of domestic violence;</li> <li>• failed to locate responsibility for the violence and abuse with the male partner; and</li> <li>• was not cognisant of the need to support women through the process of giving up hope, grieving and regaining hope</li> </ul>

## 7.6 A framework for practice, including social work

At a micro level the significant factors in an effective response suggest a framework for practice. The response of family, friends and the community, as well as formal supports, is of vital importance (Keys Young 1998). This study has confirmed the findings of other research—that women are most likely to approach friends and family first, either to talk about the violence and/or seek help:

...domestic violence occurs within communities where members of neighbourhoods, kinship networks and friendship networks know about domestic violence long before any outside agency is approached...women and children who are escaping violence either relocate to new neighbourhoods or are attempting to secure safety in their current ones...the prevalence of domestic violence means that we will never create enough specialist services to cope with the actual let alone potential demand(Kelly 1996, cited in Holder 1998: 3).

Holder suggests the need for informal supporters to ‘acknowledge and begin to work with the very early strategies that (women) adopt to “manage” the violence in their lives’ (Holder 1998: 3). Previous research suggests that in fewer instances the response of family and friends enables women to take action to obtain safety in their lives (Keys Young 1998). Usually family and friends are unable to provide the emotional and/or practical assistance that enable women to take the necessary critical steps to leave (Kelly 1996; Keys Young 1998). The findings of this current study suggest that an effective informal and formal response *supports* each woman’s individual response to trying to deal with violence from a male partner whilst understanding the structural constraints most women are likely to encounter. The findings highlight the importance of a response which is non-judgemental and empathic, and one which holds the man accountable for the violence and views assault as a crime.

This study highlights the importance of an empowering practice which supports women and pathways that support women’s agency. Most women in this study identified empowering practice as a significant factor in key pathways. Based on the significant factors identified in this study, a number of

characteristics of basic good practice are set out below in Table 8. These characteristics can be readily adopted by both informal and formal supports. This study suggests the importance of service providers, including social workers, locating these characteristics of good practice, within contemporary frameworks of domestic violence, including a feminist analysis.

**Table 8: Characteristics of good practice**

<p>Good practice:</p> <ul style="list-style-type: none"><li>• is non-judgemental;</li><li>• believes the woman;</li><li>• is action-focused during a crisis;</li><li>• is non-directive at all other times;</li><li>• locates the blame for domestic violence with the male partner whilst still respecting the women's choices and feelings for her partner;</li><li>• understands unconditionally when a woman chooses to return, perhaps many times, or is unable to leave for many years;</li><li>• supports women through the grief process of losing hope for change to regaining hope for the future;</li><li>• provides relevant information and referrals; and</li><li>• recognises that assault is a crime.</li></ul>
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The study suggests that the implementation of these characteristics of good practice can be informed by an understanding of the five phases of the leaving process: pre-contemplation, contemplation, deciding to leave, leaving and establishing a new life. Table 9 below suggests how the framework for practice can be implemented by both informal and formal supports, at each of the five phases in the process of leaving. As this framework makes clear, an understanding of the phase a woman is up to underpins any effective response, from either formal or informal supports.

**Table 9: A framework for good practice**

Phase 1: Pre-contemplation	Good Practice
<p>Women are managing and/or resisting the violence but not generally thinking about leaving.</p> <p>Many seek help for the first time to manage the violence, mostly from informal supports.</p> <p>Women may remain in this phase for years.</p>	<p>Women are often seeking emotional support to ‘deal with’ or manage’ the violence. Even when police are called (often by someone else), women are seeking action to stop the violence rather than removing the man or ending the relationship.</p> <p>Effective responses, both formal and informal, will:</p> <ul style="list-style-type: none"> <li>• be non-judgemental and involve listening and understanding;</li> <li>• support the woman to explore her feelings, options and relationship;</li> <li>• be non-directive and enhance a woman’s sense of self and her sense of agency, whilst recognising the possible limits of her agency; and</li> <li>• ask the woman how they can help and what it is that the woman needs from them, right now.</li> </ul> <p>Information can be provided on:</p> <ul style="list-style-type: none"> <li>• <b>domestic violence:</b> <ul style="list-style-type: none"> <li>–the risks;</li> <li>–that it is unacceptable, a crime, not the woman’s fault;</li> <li>–that it rarely stops, and is likely to escalate;</li> <li>–the possible impact on children; and</li> <li>–about support services.</li> </ul> </li> <li>• <b>respectful relationships</b> and <b>women’s rights</b> including their legal rights.</li> </ul> <p>Informal supports can only do what they feel able to– nothing is more important than listening respectfully, not judging, and affirming that violence is unacceptable and not the woman’s fault.</p> <p>Formal supports will ideally provide all the components of the basic good practice response in addition to the support provided through their own individual or agency mandate. Responses should <b>not</b> be directive, tell the woman what she must do, or tell her she should leave. This is likely to result in her being less willing to seek further help as she may feel she has failed to do the right thing if she does not leave. She may be resistant to suggestions or agree with what is suggested rather than offend, but take none of the agreed action and/or feel unable to return for support in the future. An effective response will support a woman to manage the violence whilst contributing to her eventually leaving. It is essential not to make decisions for women at this stage. Women will introduce the possibility of leaving when they are ready to contemplate such action.</p>

Phase 2: Contemplation	Good Practice
<p>Women begin to think about leaving, though often they just want the violence to stop.</p> <p>They are acutely aware of the barriers to leaving.</p> <p>Many want to discuss their options with informal and/or formal supports, but are often ambivalent, maintaining hope for change.</p> <p>This phase can last for years.</p>	<p>The first step is to establish whether the woman is actually in Phase 2.</p> <p>A Phase 1 response may need to occur on many occasions before she begins to seek a response that assists her with thinking about leaving. She may have reached a turning point; this may be one of many or the final one. If it is the final one, she has moved beyond contemplation and is ready to leave.</p> <p>It is important to listen to what she is saying. Is she talking about:</p> <ul style="list-style-type: none"> <li>• managing the violence?</li> <li>• being unable to manage the violence any longer?</li> <li>• seeking other solutions?</li> <li>• the possibility of leaving?</li> </ul> <p>Effective intervention is non-directive but does not feed hope the violence will stop. If she is in Phase 2, it is appropriate to use all the Phase 1 steps and approaches:</p> <ul style="list-style-type: none"> <li>• respectfully explore the woman's beliefs and feelings about her partner and the relationship and some of the barrier beliefs she may hold as a result of her experiences;</li> <li>• present information on supports and her legal rights, to remind her of the risks to herself and to her children and inform her of legal action available for her safety; and</li> <li>• talk about a safety plan and explore planning for the future.</li> </ul> <p>This discussion may occur many times before a woman is ready to plan leaving or actually leave. During this time she may be giving up hope the violence will stop and can be experiencing grief and loss which may affect her levels of energy. This may be counter-balanced by a growing sense of agency and sense of self.</p>

Phase 3: Deciding to leave	Good Practice
<p>Women decide or plan to leave, often after a severe incident of violence and/or the children witnessing or experiencing violence.</p> <p>Women often seek information about leaving from formal and informal supports, including specialist services.</p> <p>Many have already disengaged from the relationship emotionally and/or sexually.</p> <p>Most have given up hope the violence would stop and may be experiencing grief.</p> <p>Depending on the barriers and pathways, this phase can last anything from hours to years.</p>	<p>This stage is the final turning point. Being actually able to leave may take time and responses may still need to be about planning and encouragement, validation and information provision.</p> <p>Often, however, this is a crisis point and a woman is ready for action. Sometimes at a point of crisis, needs can be confused and the situation can be chaotic. In this situation, women are seeking more action-focused support aimed at addressing their expressed needs.</p> <p>Often the final turning point is a violent incident. It is essential that support provided at this point has a woman's safety as the first priority. Consideration also needs to be given to the supporter's safety.</p> <p>Effective responses also take account of the grieving process that many women are experiencing.</p>

<b>Phase 4: Actually leaving</b>	<b>Good Practice</b>
<p>Women often leave after a turning point, a severe incident of violence and/or the children witnessing or experiencing violence.</p> <p>The woman may remain in her home, with her male partner leaving of his own accord or because of outside intervention, such as police removing him from the home.</p> <p>Alternatively, the woman may leave her home temporarily or permanently, primarily to access safety.</p> <p>Women often feel ‘in crisis’ and seek action-focused, practical and emotional support from formal and/or informal supports, particularly police and domestic violence services.</p> <p>The phase is usually completed within days.</p>	<p>Again, this often occurs at a turning point—often a severe incident of violence and/or the children witnessing or also experiencing violence.</p> <p>A crisis response needs to be action-focused, but must still respect, and occur within the context of, a women’s expressed needs. Failure in this can result in women later overturning the decisions made at this crisis point.</p> <p>An effective response includes providing information about and facilitating access to available resources and supports, including specialist services. It also includes facilitating a woman’s access to safety through available legal action.</p> <p>Again, the woman’s and any children’s safety is a priority.</p>

<b>Phase 5: Establishing a new, violence-free life</b>	<b>Good Practice</b>
<p>This phase is often particularly challenging.</p> <p>Women usually seek non-directive practical and emotional support, and require a higher level of contact with informal and/or formal supports.</p> <p>Access to resources is crucial, as women are often having to move to different towns, regions or states.</p> <p>Many barriers are often encountered which, if not overcome, may result in the woman returning to her male partner.</p>	<p>An effective response takes account of the grieving process women often experience as a result of leaving their male partner, providing emotional support as women seek to regain hope for the future.</p> <p>Respondents need to listen to what help a woman is asking for and avoid making decisions for her. A woman may feel vulnerable and anxious after leaving and may seek emotional and practical support to sustain her decision. She may also need support to address ongoing concerns for safety.</p> <p>Respondents need to be aware of, and support women's access to, available support services.</p> <p>If the woman returns to her male partner, an effective response assures her she will again be supported if and when she seeks help to 'manage the violence' or leave in the future.</p>

In relation to 'good practice' the study findings also suggest that providing 'couple counselling' when a man has assaulted his female partner is not a significant factor in effective responses. This does not mean that meetings with a couple are always inappropriate, and in some formal support services such meetings may be unavoidable or necessary. Where this is the case, the findings suggest that a possible guideline to practice could be:

- Does the meeting require equal participation?
- Does the meeting require decisions to be made based on freedom to choose?
- Does it involve issues of possible conflict?

If the answer to any of these questions is 'yes', the findings suggest that a joint meeting may be inappropriate, as a woman is less likely to have the freedom to make choices in her own best interests, when the person who is violent towards her is in the same room. As Stubbs notes:

A woman who has been living in a violent relationship may well have become very practised at 'not saying very much' or anticipating what

might be acceptable as strategies for avoiding further violence (Stubbs, in Cook & Bessant 1997: 123).

Women in this study were aware that their responses could place them in danger, particularly if they challenged or disagreed with their male partner, demonstrated their own power or were supported to have power in front of others.

In addition to a framework for practice, the findings of this study suggest implications for practice relating to an effective response to women's help-seeking when they are assaulted by a male partner, and support for women to leave and establish a new life. The next section outlines the implications for practice relating to formal and informal supports, including a discussion of the key pathway, domestic violence crisis services.

## **7.7 Implications for practice**

This section looks specifically at the implications for practice suggested by the findings of this study. With a particular focus on the key pathway—domestic violence crisis services—it discusses the implications for practice for: formal supports, including counsellors, police, the medical profession, the legal and criminal justice system and the clergy; informal supports, including friends and family; as well as underpinning enablers relating to women's beliefs, practice responses, responses to diversity and access to resources and information.

### ***7.7.1 Domestic violence crisis services: A model for service delivery***

The findings of this study indicate that domestic violence crisis services were a key pathway through most of the phases of the leaving process. An analysis of the critical success factors suggests a model for service delivery. This study has refined the findings of recent national research which found that most women did not contact domestic violence services when they experienced domestic violence, but first contacted family and friends (ABS 1996; Keys Young 1998). It has found that women generally contacted family

and friends when they were in the *pre-contemplation* and *contemplation* phases of the process of leaving. However, when they entered the active phases of the leaving process, most women contacted domestic violence services, predominantly domestic violence crisis services, and over half the women in this study identified them as a key pathway. *The findings highlight the importance of specialist services for domestic violence.* This is a particularly significant finding at a time when the level of funding for women's services, including domestic violence services, has not risen to keep up with the need. Yet \$4.3 million of the funds allocated to the federal government's domestic violence initiative, the PADV strategy, was underspent in 2001 (Summers 2003: 92). In 2002 a further \$10.1 million of PADV funds were re-allocated (Summers 2003: 93).

Previous research has indicated that, of the services available to women who are assaulted by a male partner, those that are most highly regarded by women:

...are able to assist directly, provide a wide range of services, or provide accurate information and referrals in the widest range of areas of need experienced by women in family violence situations (Gevers 1996, cited in Dimopoulos et al. 2000: 70).

Women in this study reported that domestic violence services provided that assistance. The percentage of women in this study who had contacted domestic violence services was almost twice that found in previous national research—74 per cent versus 39 per cent (Keys Young 1998: 8-9). The 74 per cent included 53 per cent of women accessing domestic violence crisis services. Of those, 23 women identified domestic violence services as a key pathway—43 per cent of all those in the study and almost 60 per cent of those who accessed domestic violence services. Possible explanations for the difference from previous research include the characteristics of the sample: women who had been assaulted; women who had left; and women who had remained out of the relationship for at least two years and had established a new life.

This suggests that women are more likely to contact domestic violence services when their safety has been threatened and they are in the active phases of the leaving process. Other possible explanations for this difference include: the level of access to domestic violence crisis services; the service delivery model of the regional domestic violence crisis services identified in this study; their formal liaison with police (which included domestic violence service workers being located in police stations in the evenings); and the enhanced capacity in regional responses for effective service linkages. Rather than merely a telephone help-line, which is often the only service available to many women in Australia, the domestic violence crisis service model identified as a key pathway in this study, provides a telephone help-line and a mobile crisis response day and night, and immediate and short-term crisis support. This support includes facilitating access to accommodation, legal advice, income support and the provision of court support.

Domestic violence crisis services were named as a key pathway in most of the phases of the leaving process through: providing information as women were thinking about leaving; supporting them emotionally through the process of making the decision to leave; providing resources, vital information, referrals, emotional support and practical assistance to actually do the leaving; and supporting them to establish a new life, including support in negotiating the legal, housing and income support systems and provision of helpful information and referrals and outreach support. Their framework for practice is feminist and all the workers are women. While most of the workers had social work qualifications, others had a background in welfare or community work.

Women spoke of various aspects of the model of service delivery. The critical success factors identified were: facilitation of access to safety; a response that was compassionate, empowering and respectful; a feminist analysis of domestic violence; a criminal justice approach; a non-judgemental attitude; a recognition of the likely constraints on women's agency; a mobile crisis response; the facilitation of access to support services; the opportunity for

enhanced insight into the issue of domestic violence; the opportunity for an enhanced sense of agency; a service through the night and on weekends; workers being action-focused at the moment of crisis whilst maximising women's self-determination at all times; cultural sensitivity and non-discrimination; financial assistance with security, travel and removals; and, importantly, engendering a woman's belief that they could recontact the service each time they tried to leave, without being judged for having previously reconciled. Many of these aspects confirm previous research (Kelly et al. 1999: 30–35).

The study implies that safety issues, access to resources and the concepts of hope and women's agency were central to women's ability to move through the five phases in the process of leaving; and responses that understood these key factors were identified as the most effective. The responses from domestic violence services, in particular crisis services, were identified as the most likely to take these key factors into account and were therefore identified by many women in this study as a key pathway, both to leaving and to establishing a new, violence-free life.

Significantly, domestic violence crisis services were included in the pathways identified by Aboriginal women, women from a culturally and linguistically diverse background and women who identified as having a disability. Regional mobile domestic violence crisis services appear to provide a model for effective service delivery and practice. Integral to the effectiveness of the services is a formal contract with police. Women reported that their access to domestic violence crisis services was facilitated when services had close liaison with police, formalised through police *Standing Orders*, requiring police to accompany workers on domestic violence crisis call outs and to refer women to the services. Based on these findings, a model for service delivery is outlined in Table 10.

**Table 10: A model for domestic violence crisis services**

An effective domestic violence crisis service:

- Responds from a perspective or practice model informed by contemporary frameworks of domestic violence (including a feminist analysis);
- Provides a regional mobile crisis response, day and night;
- Plays a pivotal co-ordination role in facilitating women's access to other key pathways, supporting women's access to other domestic violence services; counselling services such as sexual assault support services; police and other parts of the criminal justice system; lawyers; and access to resources such as income security (through Centrelink), housing, transport, removals, emergency assistance and security;
- Is cognisant, as a regionally located service, of local networks, providing for effective referrals and liaison;
- Develops formal liaison between the service and police;
- Formalises police attendance with workers at domestic violence call-outs;
- Ensures police provide information about, and referrals to, the service when women report domestic violence;
- Formalises police provision to the service of domestic violence incident reports that outline a woman's contact details, police action taken and any service contact requested by a woman; and
- Locates service workers in police stations in the evenings.

Clearly, domestic violence crisis services played a key role in enabling women who contacted them to leave a male partner who was violent, and to establish a new violence-free life. Their effectiveness was underpinned by: a capacity for a crisis response; formal liaison with the police through police *Standing Orders*; and their legitimacy as a service within a government agency. Significantly, they provided a consistent, coordinated response linking women with essential legal, housing, financial and emotional support. This implies the need for domestic violence crisis services, based on the above model, to be established in each city and all regional areas to provide all women

experiencing assault from a male partner with access to information, resources and support to leave and establish a new life. The initial establishment funding for services could be provided through the PADV initiative, with states funding ongoing service delivery and promotional strategies to raise community awareness of the services provided.

For other domestic violence services, the implications for policy and practice relate mainly to women's shelters. When women were dissatisfied with the physical environment of shelters, a lack of high-level security or a lack of emotional support, they identified shelters as a key barrier. This has policy and practice implications, including resource allocation and the need to provide both high- and low-level security emergency accommodation. Other concerns were a lack of access to 24-hour domestic violence services for women. Women also felt that they may have left earlier had they been able to access alternative long-term support before leaving.

The women in this study also highlighted the effectiveness of long-term domestic violence support services, particularly in the 'thinking about leaving phase' of the process and in establishing a new life. Their community-based, non-crisis response providing support over long periods of time, were significant factors in identification as a key pathway. Significantly, women could obtain support at any phase of the leaving process, both in and out of the relationship. This implies the need for government funding of long-term domestic violence support services with community-based management and location and promotional strategies to raise community awareness of the services they provide.

Women in this study identified the effectiveness of both high-security shelters and shelter-linked houses/units with short- and long-term outreach support, as a key pathway to leaving a violent male partner, through obtaining affordable emergency accommodation and, most importantly, achieving a sense of safety. Significantly, once a sense of safety was obtained, women reported that they were able to think more clearly about their future options and

strategies for obtaining ongoing safety in the long term, highlighting the ongoing need for high- security emergency accommodation. As not all of the shelters were identified as providing all of the significant factors of a key pathway, support to ensure consistency of service provision is suggested. This implies the need for government funding and development of both high-security emergency accommodation and alternative models of emergency housing accommodation, taking account of women's differing safety, support and accommodation needs short- and long-term. It also implies the need for emergency accommodation to be both adequately funded to, and required to meet, quality assurance standards in relation to environment, staffing and service delivery.

### **7.7.2 Formal supports**

This next section outlines the implications for practice relating to formal supports including counsellors, the police, the medical profession, the legal and criminal justice system and the clergy, as well as those related to structural resources. The key role played by counsellors, mostly social workers, in enabling women to leave and establish a new life highlighted the importance of both the government and the community sector providing free, accessible, generic counselling, support and advocacy services to women experiencing domestic violence. The study supports previous research critical of couple counselling and of perpetrator programmes that are not based on a Duluth-type integrated model, and it highlights the importance of contemporary frameworks, including a feminist analysis, for understanding domestic violence.

The study also identified the essential requirement that key service providers have well-developed interpersonal skills and a contemporary analysis of domestic violence. This has implications for the relevant agencies' policies and accountability mechanisms as well as the education, training and recruitment of key service providers who frequently come into contact with women subject to assault by their male partner. It implies the need for the

availability of free, accessible, generic counselling support and advocacy services to women experiencing domestic violence. It also implies the need for relevant government departments and community sector agencies to have policies, guidelines for practice and accountability mechanisms in relation to contact with women experiencing violence from a male partner and for the education, training and recruitment of key service providers (social workers, psychologists, psychiatrists, welfare workers, nurses, doctors, lawyers, police, teachers and clergy) to include, as a key element, an understanding of, and ability to respond effectively to, domestic violence.

Almost two-thirds of the women in this study (62%) contacted the police at some point in the process of leaving and establishing a new life and the findings confirm the very positive effect that police can have in protecting the safety of women and children and enabling women to leave a violent relationship. Almost a third of those (30%) identified police response as a key pathway, and almost half found police supportive at some point. Yet some two-thirds of women also found police response a barrier. This appears to reflect a basic and serious inconsistency in police response. Individual officer discretion and a lack of internal monitoring and accountability may have contributed to this. This finding is supported by previous research into police responses to women who have experienced domestic violence (Gondolf 1985; Kelly et al. 1999). This reflects previous research that suggested women have on average been assaulted 37 times prior to their first police contact (McGibbon, Cooper & Kelly 1989). In situations of this nature, an ineffective response by police can be particularly devastating.

Women's experiences indicated that, along with taking any appropriate legal action available to them, police should: condemn the use of violence; inform both the woman and the male partner that assault is a crime, and describe the available legal action that police can take and the consequences; inform the women of her legal rights; inform the woman of the action she can take; and inform the woman of available support. This study highlights the importance of a legal response in cases where women were assaulted or

threatened with assault by their male partner and/or when breaches of a Restraint Order occurred. This also entails overt respect for women's concerns about their safety. The study also identified the importance of police liaison with domestic violence crisis services through Standing Orders, and a consistent, coordinated justice response for women experiencing domestic violence.

These findings imply the need for a consistent, predictable criminal justice response to assault of a woman by her male partner. This includes improving the delivery of domestic violence training to recruits; establishing an internal monitoring and accountability mechanism for police responses to the assault of women by a male partner; and providing structural support through training, policy and procedures for police to take a pro-arrest approach, initiate applications for Restraint Orders, and arrest for breaches of Restraint Orders. It also implies the need for multi-media promotional strategies that highlight the role of police in providing immediate protection and more long-term safety for victims by taking action against perpetrators.

Access to justice, safety, their children, property, divorce, maintenance and compensation were significant factors of the legal system as a key pathway; and women reported that this access was facilitated through lawyers, magistrates, laws, court processes, Restraint Orders, Legal Aid and victim support services. This implies the need for: funding of free legal advice and support to women experiencing violence from a male partner; a consistent criminal justice response throughout the legal system to assault of a woman by her male partner; services to provide victim and court support; and Restraint Orders being identified as a priority category by the criminal justice system.

General practitioners and the broader medical system play a crucial role in supporting women who are assaulted by their male partner. The findings highlight the importance of an effective interpersonal and medical response. This has implications for training which focuses not only on knowledge and

skills but, most importantly, attitude in relation to both women and to domestic violence. This implies the need for the education, training and recruitment of general practitioners and other professionals in the broader medical and health system to include, as a key element, an understanding of, and ability to respond effectively to, domestic violence. It also implies the need for all hospitals to have and display domestic violence policies and guidelines and all medical and health services to display and provide information on relevant support services.

For the small number of women who had contact with the clergy, they were identified as a key barrier when their focus was on maintaining the family unit, as opposed to focusing on the violence. This has implications for training of the clergy and highlights again the importance of contemporary frameworks for intervening in domestic violence. It implies the need for the education, training and recruitment of the clergy to include, as a key element, an understanding of, and ability to respond effectively to, domestic violence, an examination of the current training needs of church leaders and the provision of appropriate domestic violence information to church congregations.

Income support agencies such as Centrelink and adult educational institutions (university and TAFE) enhance women's sense of agency, through the former providing income security and implementing policies aimed at safety and support, and the latter providing education and support. This implies the need for the ongoing development and implementation of national income security policies (which maximise women's financial independence) and privacy policies (which maximise women's safety when escaping domestic violence) and the ongoing provision of Centrelink social work services which contribute to the development and delivery of policies and services facilitating women's escape from domestic violence. It also implies the need for ongoing national and state education policies and strategies which encourage, facilitate and support women's access to education, including those that recognise the diversity of women.

Access to employment, money/credit, affordable housing and affordable childcare were key pathways to women leaving and establishing a new life. This implies the need for government strategies that facilitate women's access to employment, including the provision of accessible, affordable childcare. It also implies the need for responses/enacting of laws that enable women to remain in their homes and/or obtain sole occupancy, the provision by government of low-cost rental accommodation, priority given by housing departments to the accommodation and safety needs of women escaping domestic violence, and government schemes that enable women escaping domestic violence to access low interest rate credit or housing loans.

A lack of access to resources prevented women from both leaving and successfully establishing a new life for themselves and, if any, their children. It raised issues in relation to the impoverishment of women, child support payments, access to legal aid, women having to leave their homes, and the reduction in home ownership after leaving. Previous Australian research indicated that women were more likely to retain occupancy of their home after property settlement if they had been able to stay in their home in the first three months after separation (Macdonald 1986, cited in Southwell 2002). A recent Australian report, *Home Safe Home: The Link Between Domestic and Family Violence and Women's Homelessness*, found that:

Homelessness for women and children who have experienced domestic and family violence is the result of social failure to fully accept and deal with the criminality of the perpetrators' behaviour (Chung et al. 2000: 2).

The reports of women in the current study provide further confirmation of this. Chung et al. (2000) recommend 'the development of policies and protocols to enable the safe removal of the perpetrator in domestic violence situations, and ensure that legislation in each state jurisdiction provides the option of sole occupancy orders for women in domestic violence situations' (Chung et al. 2000: 3–4). These two recommendations are strongly supported by this study and the consequences it identified for women having to leave their home. This

implies the need for enhanced access to, and /or provision of, housing, legal, financial and information resources to enable women experiencing domestic violence and their children to live independently. It also implies the need for strategies that enhance women's access to education, employment and supports, and an examination of laws and practices, supported by societal attitudes, that favour men staying in the family home, thus preventing or delaying women's access to their home, assets and belongings and seriously impacting on their financial status. The findings of this study also imply the need for an examination of identified gaps in service in relation to 24-hour domestic violence services, child contact centres and long-term domestic violence support services.

### **7.7.3 *Informal supports***

This study highlighted the importance of having friends, families, new partners, colleagues, neighbours and community groups who respond effectively to women experiencing violence from a male partner, as well as the need to ensure the community has access to current information about domestic violence and knowledge of available supports. This implies the need for community development strategies that build on the strengths of those in the community who do not support the use of violence and abuse, and community education and awareness strategies that build on the strengths of informal networks.

While the responses of family and friends were clearly significant, the majority of women identified that an ineffective response from family and friends was, at some point in the process of leaving, a key barrier. Strategies for community education need to take account of the relational factors that are likely to be involved in constraining families from providing an effective response. As previous research indicates, informal supports were not always effective pathways to women leaving (Keys Young 1998). This implies the need to address the ineffectiveness or inappropriateness of informal responses which maintain hope that the violence will stop, as well as

community attitudes and beliefs which support the maintenance of the family unit and marriage to the detriment of women and children. It also implies the need to assist informal responses, through community education and community development strategies, to effectively support women who seek to leave a male partner who assaults them.

#### **7.7.4 Beliefs**

As key pathways, women identified beliefs about their safety and their children, feelings for their ex-partner, beliefs about the violence, and a sense of self, self- rights, agency and hope. For some women, the beliefs were the result of their family backgrounds but usually they developed as the result of contact with formal supports and information. This implies the need for an analysis of domestic violence, by formal and informal supports, to be within contemporary frameworks, including a feminist analysis. It implies the need for: portrayals of women in all forms of the media to be cognisant of denigrating or gender stereotyping of women; the widespread education of women, across their lifespan, focusing on positive images of women; and the promotion of egalitarianism in families. It also implies the need for informal and formal supports to be provided with information and training, in order to support women through the process, often inherent in leaving, of giving up hope, grieving and regaining hope.

The constraining barrier of fear highlighted the importance of addressing women's fears for their safety through providing information on, and facilitating access to, available mechanisms for obtaining safety, such as the law, police, domestic violence crisis services and secure accommodation. This has implications for both policies and practices that privilege the maintenance of the family unit over the impact on children of male partner violence against their mother and/or maintain hope that the violence will stop. It highlights the need for raising community awareness about the impact of domestic violence on children whilst recognising the constraints on women's agency within a violent relationship and the importance of strategies enhancing women's access to education, employment and supports.

There is considerable research indicating that the violence is unlikely to stop, and is much more likely to escalate over time. Arrest has been found to reduce recidivism (Sherman & Berk 1984) although more recent studies replicating this research have been inconclusive (Shepard 1999: 175). Evaluations of court-mandated perpetrator programmes based on the Duluth model or similar have demonstrated that often only lengthy, consistent participation (usually six to nine months) had any significant effect on recidivism of male perpetrators of violence against their female partners. Even then, despite reduced physical violence, other forms of abuse often continued, or were substituted. Nor, as Shepard notes, do reduced recidivism rates mean an increase in women's safety, as the violence may continue without coming to the attention of police (Shepard 1999: 188).

Many of the programmes had high attrition levels and difficulties with follow-up assessments of participants, making efficiency and effectiveness measures difficult for evaluators. This is not to say that such programmes do not have value—they do, for a number of reasons, not least being: their societal and criminal sanctioning role; holding men responsible for their abusive behaviour; the support gained by women in associated women groups; reductions in levels of violence or regularity of violence; and their essential role in any coordinated community response to domestic violence. Indeed, recent British research found that criminal justice-based perpetrator programmes 'focusing on the offender and the violent behaviour are more likely than other forms of criminal justice interventions to reduce or eliminate violence and intimidating behaviour' (Dobash et al, in Hanmer & Itzin 2000: 304). However, what perpetrator programmes, or any other form of intervention, could not do was to give women a guarantee that the violence would stop.

In conjunction with the high level of barriers in relation to police response, the constraint of women's fear implies the need for a priority focus on women's safety concerns, for available legal action to be implemented to maximise women's safety, and consistency and monitoring of formal responses, particularly the criminal justice system. It also implies the need for raising

awareness in the community and amongst service providers of the impact on children of living with domestic violence, whilst recognising the constraints on women's agency within a violent relationship.

#### **7.7.5 Information**

Women in the study highlighted the importance of written information, developed and distributed by domestic violence services being available in public places and places where women visit—for example, public toilets, toilet cubicles in workplaces and education institutions, and doctors' surgeries. These pathways need to be maintained and built upon with innovative strategies that maximise the available technology. Women identified that an under-developed area for women to access information was in hairdressers and children's educational environments. Women identified education campaigns as a pathway.

The literature and this study suggest the need to take account of various audiences. Community education and awareness strategies need to be regular and innovative—for example, 'shock' style campaigns like 'Work Safety', 'Road Safety' and 'Quit' campaigns, as well as 'shaming' perpetrators campaigns and 'information for women' style campaigns. When developing information and community education strategies that regularly target women experiencing domestic violence this study suggests taking into account three different groups: (i) women in denial/disbelief (a more subtle strategy which acknowledges the denial); (ii) women who experience extreme violence and feel subtle strategies underplay the horror of their ordeal (more explicit strategies which acknowledge the extremes of violence that women experience); and (iii) women who may fail to identify with the other two strategies on the basis of not 'being punched or hit' but experience more subtle forms of physical abuse as well as other forms of abuse (an educational approach).

The findings also suggest the need for community education strategies (using both universal and targeted approaches), aimed at both informal supports and women with children experiencing violence from their male partner. These strategies should balance: (a) raising awareness of the potential negative impact on children of living with domestic violence and highlighting the potential positive impact on children of women being supported to leave and establish a new life, with; (b) information which explains that after women leave, most children exposed to domestic violence do not exhibit negative effects in the long term.

Community education and intervention strategies in relation to children and domestic violence need to take account of the risk of constructing a socially deviant identity for children by avoiding the misuse of emotive, generalising depictions of children living with domestic violence. All community education strategies in relation to children living with domestic violence need to be developed within a framework that locates the responsibility for the children's experiences with the male perpetrator of violence. Information was clearly a key pathway at all stages of the leaving process. This implies the need for the development by government of long-term, regular, varied and innovative information strategies that raise awareness of domestic violence and available supports, and for relevant government and community services and individual practitioners, particularly general practitioners, to develop, display and distribute domestic violence information. It also implies the need for support of the arts as a medium for delivering domestic violence information, including film, theatre, television series, books and community arts projects and for community leaders to take a role in challenging domestic violence.

#### ***7.7.6 Recognising diversity***

Aboriginal and CALD women, women who identified as having a disability or health issues, women with children, and women living in rural or isolated areas, reported both similar and additional pathways and barriers to the remaining women in this study. The additional pathways and barriers included cultural and access factors. This implies the need for community development

strategies that build on the strengths of Aboriginal and CALD women's cultural identity and sense of community, and for domestic violence information strategies that take into account diverse cultures, languages, education, abilities and locations. It implies the need for adult education strategies that recognise the diversity of women and facilitate their access to education. It implies the need for the development of community education strategies targeting informal supports and education and training strategies for formal supports, to address the ineffectiveness or inappropriateness of responses which fail to take account of diverse cultures, languages, education, abilities and locations.

Some further implications for practice include the need for general practitioners, psychiatrists and other mental health service providers to respond to domestic violence within contemporary frameworks as well as recognition of the grief process that women may experience before and/or after leaving a violent male partner. The findings imply the need for the provision of relevant services to assist women seeking support for their children as a consequence of having lived with domestic violence and the development of strategies to provide supports to women in rural and isolated areas. They suggest the need for domestic violence community education strategies that include initiatives recognising the diversity of women and focus particularly on constraining beliefs, and research that takes account of the diversity of women and the current gaps in knowledge. Finally, the findings suggest the need to develop strategies that ensure service providers, including the education system, can respond effectively to women and their children who are living with domestic violence, and community education strategies that raise awareness of the issues for children, both living with and after leaving, a father/stepfather who assaults their mother.

#### ***7.7.7 Education and training of service providers***

Good practice is dependent not only on a coherent and appropriate policy framework, but also on appropriate undergraduate, postgraduate and ongoing

professional education for all those involved in responding to women in domestic violence situations. Currently very little domestic violence education and training is provided at an undergraduate and postgraduate level. Mostly it consists of minimal, introductory or non-compulsory components within curricula. Ongoing professional education within government and community agencies involved in responding to women in domestic violence situations needs to be routinely provided and adequately resourced. This study highlights the need to enhance the response of key service providers. Education and training that addresses knowledge, skills *and* attitudes is required, based on an understanding of domestic violence within contemporary frameworks. This is supported by previous national and overseas research (Kelly 1999; Taft 2002). This study confirms previous research which suggests that education and training, particularly of police, should include: a focus on definitions of domestic violence; understanding women's coping strategies and how they can be misinterpreted; and 'what women want when they call police; the social, financial and emotional costs of domestic violence on individuals and agencies; and what increases victim satisfaction and safety' (Kelly et al. 1999: 116).

## **7.8 Summary**

This chapter discussed the findings of this study, and explored the implications of policy and practice, including social work, at a micro (individual) level. The characteristics of good practice were identified and a framework for practice developed, suggesting a response that takes account of the five phases of leaving. As a significant key pathway for women in this study the role of domestic violence crisis services was discussed, the critical success factors analysed and a model of service delivery outlined. The remainder of the chapter identified the implications for practice suggested by the findings. The next chapter further explores the concepts of agency, relational autonomy and hope. Their role in the process of leaving is identified and the implications for social work considered.

## **CHAPTER 8: THE CONCEPTS OF AGENCY, RELATIONAL AUTONOMY AND HOPE: IMPLICATIONS FOR SOCIAL WORK PRACTICE**

### **8.1 Introduction**

A significant finding of this study is that a key pathway for women to leave a male partner who assaults them, and establish a new life, is an effective response from informal and formal supports, including social workers. The role that hope plays in the process of leaving emerged as an unanticipated central theme. The process of losing hope that the violence would stop, grieving for the loss of hope and the regaining of hope for the future, along with a sense of agency (acting for oneself), were key pathways to women leaving and establishing a new life. This study suggests this process is central to women's ability to move through the five phases in the process of leaving; responses that understand the role of hope are identified as the most effective. This section focuses on these critical success factors and the implications for social work practice.

### **8.2 Agency and relational autonomy**

Social work, along with feminist theory, views the powers of agency (and subjectivity) as an essential part of socially transformative struggle (Lather 1991; Ife 2002; Mullaly 2002). Many feminists argue that it is important to hold onto the idea of the subject in order to have political and moral agency (McLaren 1997, cited in Gilmore 2003). The feminist literature identifies a sense of agency as particularly important in relation to women living with violence and abuse from a male partner (Mahoney 1994; Power 1998; Sherwin 1998). From a feminist perspective, understanding the limitations on women's sense of agency, and the factors that support and foster it, is of central importance when considering domestic violence. It contributes to an understanding of the constraints on women leaving a violent relationship

(Lempert 1996; Eiskovits, Buchbinder & Mor 1998; Sherwin 1998; Kelly et al. 1999; Laing 2001b; Weeks 2003). For Weeks, a feminist social work framework acknowledges women's agency as well as women's oppression and the requirement to improve organisational services and responses to their needs (Weeks, in Allan, Pease & Briskman 2003: 108).

The concept of a 'sense of agency', as used in this research, is informed by Sherwin's feminist analysis of autonomy, involving the concept of 'relational autonomy':

By focusing on injustice associated with oppression feminism helps us to recognise autonomy is best achieved where the social conditions to support it are in place (Sherwin 1998).

A relational approach to autonomy prompts those responding to a woman who is assaulted by a male partner to take into consideration that, without support, there are constraints and limitations on her ability to act for herself and make choices in her own best interests (Sherwin 1998: 27). Indeed, a woman's sense of agency can be so affected it would be distorting reality under such circumstances to describe women as always having the choice to leave a violent relationship (Sherwin 1998: 27). She suggests the usual language of agency and autonomy fail to expose the workings of privilege and the barriers of oppression. This is 'a wider notion of autonomy that will allow us to distinguish genuinely autonomous behaviour from acts of merely rational agency' (Sherwin 1998: 33).

Sherwin suggests that standards of autonomy 'should make visible the impact of oppression' on a woman's choices and her ability to exercise authority, thus avoiding a focus on 'the supposed flaws of the individual who is choosing under oppressive conditions...recognising that such choices can be reasonable for her as an agent' (Sherwin 1998: 33). She argues that these tend not to be taken into account when responding to women who experience violence from a male partner (Sherwin 1998: 25). The concept of relational autonomy challenges the legitimacy of such questions as: Why does she

stay? Why doesn't she leave? Relational autonomy recognises that a woman's ability to make choices in her own best interests, within a violent relationship, presumes that she has equal power and equal access to resources (Mahoney 1994, cited in Fineman & Mykitiuk 1994: 55–92; Sherwin 1998). The findings of this study confirm the importance of understanding the concept of agency and its role in the process of leaving.

Other research suggests women are agentic, albeit within the emotional and structural constraints that reflect the complexity of women's lives and relationships (Eiskovits, Buchbinder & Mor 1998; Kelly et al. 1999). Kelly et al. found that the common strategies women use to deal with domestic violence are often 'misunderstood and misinterpreted by others', highlighting the importance of informal and formal supports being aware of the complexity of women's response (Kelly et al 1999: 16). These strategies included women trying to manage the abuse on a daily basis, minimising the violence, changing their own behaviour, resisting certain demands, using drugs and alcohol, as well as seeking help or leaving (Kelly et al. 1999: 16). The research by Kelly et al. aimed to enhance respect for women by understanding the complexity of women's responses to assault from a male partner, including remaining in the relationship. This current study confirms previous research that highlights the importance of understanding the complex process of women's decision-making, and calls for respect for women's agency in managing what Stanko (1999) calls 'the danger of men'. However, the findings also suggest that the notion of women being truly agentic in this process is challenged by Sherwin's feminist analysis of autonomy—relational autonomy (Sherwin 1998).

Whilst Sherwin's focus is on a relational approach to autonomy in health care, the findings of this study confirm the usefulness of her feminist analysis of women's agency and concept of relational autonomy for understanding women's responses to assault from a male partner and informing an effective response. It highlights the importance of understanding the limitations on women's sense of agency. The concept of relational autonomy suggests the impact of oppression in women's lives has the capacity to severely limit their

choices, making it particularly difficult for them to always choose freely, without coercion (Sherwin 1998). This implies the need to respect women's agency in the decisions they make to manage and resist the violence in their lives whilst understanding the impact of oppression on constraining agency. The concept of relational autonomy informs social work's understanding of the possible limitations on women's capacity to leave a male partner who assaults them and the constraints on establishing a new life.

### **8.2.1 *The implications for social work***

Significantly, Sherwin's relational approach to autonomy directs social work attention to the conditions that shape women's choices, making those conditions the basis of critical analysis. Service provision can tend to focus on the assault of women by a male partner as a problem of the individual rather than focusing on the social context that produces those conditions. This can result in resources aimed at helping women manage the danger of men or the funding of men's relationship services (Summers 2003). It can result in ineffective responses such as doctors prescribing anti-depressants without challenging the 'sexism that accepts male violence as a natural response to frustration and fears of abandonment' (Sherwin 1998: 30).

The implication for social work of applying Sherwin's analysis is not that a focus on the individual should be abandoned but a warning that if that is our primary focus, gaps are created in society's ability to understand and promote violence-free lives for women. While social workers can ensure that women have the information and support they need to make 'rational' decisions in their lives, without a structural analysis questions may not be asked about the social context in which women's decisions are made and the social causes and conditions contributing to male assault of a female partner. Sherwin's relational approach to autonomy suggests that a lack of a structural analysis obscures the need to consider questions of oppression and privilege in both our own and women's interpretations and responses to assault from a male partner and in interpretations of women's agency and autonomy (Sherwin 1998: 31). It can obscure the political dimensions of male assault of a female

partner as well as of autonomy, and may interfere with the ability to identify and pursue more effective responses, helping to ‘foster a social environment that ignores and tolerates oppression’ (Sherwin 1998: 31). Sherwin suggests that feminism offers the broader perspective required to raise questions about the social basis for decisions:

Feminists are inclined to ask whose interests are served and whose are harmed by traditional ways of structuring thought and practice (Sherwin 1998: 31).

She suggests that by asking these questions, practitioners can see how assumptions of individual-based practice and, in the case of this study, non feminist concepts of autonomy—presuming women have autonomy and can readily leave if they want to—‘preserve the social and political status quo’ (Sherwin 1998: 31).

In summary, the findings of this study confirm that a non-relational approach to autonomy fails to take account of the oppression and privilege that constrain women’s ability to exercise autonomy with respect to making choices. Sherwin suggests that it is necessary to distinguish between agency and autonomy:

To exercise agency one need only exercise reasonable choice...the habits of equating agency (the making of a choice) with autonomy (self governance) and accepting as given the prevailing social arrangements, have the effect of helping to perpetuate oppression. When we limit our analysis to the quality of an individual’s choice under existing conditions... we ignore the significance of oppressive conditions (Sherwin 1998: 33).

The implication for social work policy and practice is the importance of accepting a broader concept of autonomy that differentiates it from rational agency. It avoids dismissing women’s choices as ‘false consciousness’ because it views those decisions as ‘reasonable for the agent’ (Sherwin 1998: 33). Consistent with feminist and structural social work theory, this directs social work attention not only to an effective response at an individual level

but also to the conditions that shape the agent's choices and a focus on social change strategies. The latter is further discussed in the next chapter.

A second critical success factor in an effective response, discussed below, is understanding the role that hope plays in women being able to leave a male partner who assaults them.

### **8.3 Hope—losing hope, grieving and regaining hope for the future**

As the concept of hope emerged as an unanticipated central theme of this study, a review of the concept in the literature was required. The findings indicate that hope plays a significant role as both a barrier and a pathway—having hope that the violence will stop constrains women from leaving a violent relationship and establishing a new life, and then, as the nature of their hope changes, enables them to leave. This section further explores the concept of hope, the role it plays in women leaving and the implications for social work.

At a structural level, recent writers on the concept of hope have focused on what it means to be hopeful in contemporary society (Hage 2003; Zournazi 2003). Reviewing Hage's book, *Against Paranoid Nationalism: Searching for Hope in a Shrinking Society*, Phiddian reports Hage's thesis as:

...societies are mechanisms for the distribution of hope, and that the kind of affective attachment (worrying or caring) that a society creates among its citizens is ultimately connected to its capacity to distribute hope (Phiddian 2003: 56).

Phiddian reports that Hage views society as not just about the equitable distribution of goods and services but about the circulation of hope and about people being able to locate their lives within a hopeful narrative (Phiddian 2003: 56). Explorations of hope and strategies for change include: viewing the increase in resistance to the recent crisis of militancy as a 'leap of hope'; creating hope by renewing class struggle against social inequalities and

resisting managerialism; and working towards the creation of 'a caring society that generates hope' (Hage 2003; Zournazi 2003).

Broinowski (2003: 40) suggests we also need to explore several other aspects of hope: the *absence of hope* in society as evidenced by increasing levels of depression, homelessness and euthanasia; interpreting hope as 'a Clayton's "certainty", something that you say you want but don't really expect or intend to achieve'; or hope that can be implanted or excised by others. Bishop, in her book *Becoming an Ally*, regains hope each time she sees someone reach out beyond 'the boundaries of their own oppression to understand and support someone else's oppression' (Bishop 2002: 20). She identifies 'maintaining hope' as a key step in workers becoming an ally in breaking the cycle of oppression (Bishop 2002: 22). She identifies hope as both part of a social justice framework and 'something we can deliberately build into the structure of social change organisations' (Bishop 2002: 146–50).

At a conceptual level, Miller and Powers define hope as:

...an anticipation of a future which is good, based on mutuality, a sense of personal competence, coping ability, psychological well being, purpose and meaning in life, a sense of the possible (Miller & Powers 1988: 6–10).

They identify 10 critical elements of hope: mutuality affiliation (a sense of belonging, of being loved and needed); a sense of the possible (avoiding the despairing effects of a futile attitude); avoidance of absolutising (not imposing rigid all-or-none conditions on an event in life or a hoped for situation); anticipation (looking forward to a future that is good); achieving goals; psychological well-being and coping; a sense of freedom; reality-surveillance optimism (a search for clues which confirm that maintaining hope is feasible); and mental and physical activation (Miller & Powers 1988: 6–10).

Darlington and Bland (1999), in their study of hope in mental illness, extended this concept of hope by identifying the role that workers play in one of hope's' critical elements—'achieving goals'. They identified two worker strategies for

building hope, both of which reflect social work principles: working within a person's frame of reference; and focusing on people's strengths (Darlington & Bland 1999: 22–23). The concepts of acceptance and affirmation were identified as 'central to hopefulness', with a person's hope sustained by having confidence in a worker's knowledge, skills and power of understanding (Darlington & Bland 1999: 22–23). They suggest hope is not just 'beliefs expressed as action' but is 'a human quality' experienced in relationship to others (Darlington & Bland 1999: 22). Their study also suggested the concept of a 'hope carrier', a worker who has the ability to provide hope when a person is losing hope, requiring the worker to have hope that change is possible (Darlington & Bland 1999: 22–23).

This study confirms the significance of a number of these elements associated with the concept of hope, or lack of them, in the process of women leaving and establishing a new life. The findings also identify a possible new element of hope, *the enabling process of losing hope*, in relation to women being able to leave a male partner who assaults them and establish a new life. The study found that workers who 'feed' hope by sustaining a woman's belief that the violence will stop contribute to women being unable to leave a violent relationship with a male partner. How might this relate to belief in the possibility for change—a key element of hope in the literature (Miller & Powers 1988) and a cornerstone of much of social work practice? This question is explored later in the section. I will now discuss the role of hope in the leaving process, including the critical elements, relate the findings to the literature and explore the implications for social work policy and practice.

### **8.3.1 *The role of hope in the leaving process***

As identified by previous researchers (Eiskovits, Buchbinder & Mor 1998; Keys Young 1998), many of the women I interviewed for this study identified hope that the violence would stop as a key barrier to leaving. Women reached a key turning point after losing hope for change and this change in beliefs eventually became a key pathway to leaving. This study found that hope became a key pathway when a woman was able to give up hope that the

violence would stop and was able to regain hope for a better life in the future. This process usually included a period of grieving for the losses involved in giving up hope for change. The findings of this study confirm previous research (Lempert 1996; Eiskovits, Buchbinder & Mor 1998; Power 1998) which found that hope in women's relationships is inextricably tied up with love, commitment, religious beliefs about marriage, beliefs about not giving up, 'taking the good with the bad', and a belief in people's capacity to change. All these are deemed by society to be honourable qualities, and women often felt they were being honourable when they maintained their hope in the relationship and that the violence would stop. It was painful for women to give up, first, the hope that the man they love would stop being violent and, then, hope in the relationship. Many of the women experienced grief before and/or after leaving, leading quite often to a diagnosis of depression and the prescription of anti-depressants.

Loss of hope and its role in women leaving has been explored in the literature (Eiskovits, Buchbinder & Mor 1998). Their study found that women experienced a 'collapse of a system of meaning that had kept them in the violent relationship following a series of losses (Eiskovits, Buchbinder & Mor 1998: 419). One of these was 'loss of faith in the possibility of change' (i.e. hope that the violence would stop), and when women lost hope, 'their despair deepened' (Eiskovits, Buchbinder & Mor 1998: 429). This was identified as a necessary prelude to regaining hope: 'reconstructing from destruction, or gaining from loss (Eiskovits, Buchbinder & Mor 1998: 429).

The findings indicate that when women experienced grief in response to their loss of hope, a significant factor in an ineffective response was a failure to take account of this process, either while women were still in the relationship, immediately after leaving or while establishing a new life. Recent research by Weisz and Scott (2003: 10) identifies 'disenfranchised grief as an obstacle to recovery from abuse'. They suggest that workers are effective at acknowledging women's strengths when they leave an abusive relationship but less effective at supporting women to grieve the losses they experience,

including the loss of their partner, relationship, status in society and, often, familiar environment (Weisz & Scott 2003 10). Weisz and Scott further suggest Herman's three stages of recovery from abuse can inform responses to women's grief and loss: the establishment of safety; remembrance and mourning; and reconnection with ordinary life (Herman 1992, cited in Weisz & Scott 2003: 12).

While this study confirms the importance of workers acknowledging women's grief when they leave an abusive relationship, it adds to the literature by identifying the importance of providing the same response when women lose hope the violence will stop, and in the 'deciding to leave' phase of the process of leaving, a phase that can last hours or years. Acknowledging women's grief at this phase and supporting them in the task of 'remembrance and mourning' assists women to move towards the 'establishment of safety' and 'reconnection with ordinary life' (Herman 1992, cited in Weisz & Scott 2003 12).

Most aspects of the findings regarding the role of hope in the process of leaving confirm previous research on hope (Miller & Powers 1988; Darlington & Bland 1999). A number of the elements of hope are present in the process of women leaving and regaining hope for a new life, a better future. The beliefs and feelings that women identified as pathways to leaving relate to the concepts of hope in the literature (Miller & Powers 1988): anticipating a better future; a sense of self and self-rights; and a sense of agency. A number of the critical elements of hope were facilitated by an effective response from formal supports through assisting women to achieve goals, imagine an alternative future and obtain a sense of freedom and control in their lives. This supports previous research that extends the concept of hope by identifying the role that workers play (Darlington & Bland 1999: 22–33). The characteristics of good practice identified in this study confirm the importance of worker strategies for building hope— that is, working within a person's frame of reference; focusing on people's strengths and being a 'hope carrier'—providing hope when a person is losing hope, and having hope that change is possible (Darlington & Bland 1999: 22–23).

This study adds to the role of hope in relation to women assaulted by a male partner by finding that, conversely, the loss or absence of the elements that constitute the concept of hope is a key pathway to deciding to leave and a prelude to women regaining hope—for a violence-free life and a better future. Based on previous research (Eisikovits, Buchbinder & Mor 1998) and the findings of this study I suggest extending the concept of hope with a new element: *the enabling process of losing hope*.

### **8.3.2 The implications for social work**

Many women reported that it is only when they gave up hope the violence would stop that they were able to decide to leave, and social workers who did *not* sustain hope the violence would stop were identified as a pathway to leaving. Conversely, a significant factor of an inappropriate response was sustaining hope the violence *would* stop. Almost a fifth of women (19%) identified an ineffective response from counsellors (who were mostly social workers), as a barrier to leaving, and of those, half identified this as a factor. There is considerable research indicating that the violence is unlikely to stop, and is much more likely to escalate over time. What perpetrator programmes, or any other form of intervention, cannot do is to give women a guarantee the violence will stop.

The *enabling process of losing hope* was facilitated by a variety of factors, most often: the woman's own insight into her situation through the escalation and increasing severity of the violence; her access to information on domestic violence; and/or an effective intervention from an individual service provider such as a domestic violence service worker, social worker, nurse or general practitioner. After giving up hope that the violence would stop, it was particularly important for women to regain a new sense of hope for the future. Confirming previous research (Weisz & Scott 2003), many of the women in this study needed to grieve for their loss of hope in order to acquire the *new* hope, and successfully establish a new and safer life.

The role of social workers in this process, particularly in relation to *the enabling process of losing hope*, has not been explored. How might this relate

to the belief in the possibility for change—a key element of hope in the literature (Mills & Powers 1988; Darlington & Bland 1999) and a cornerstone of much of social work practice? Does it have implications for the role of social workers as ‘hope carriers’ (Darlington & Bland 1999)? Todd, a previous social work academic, describes his social work framework for practice simply—vision, passion, compassion and hope (Todd 2003). He suggests we cannot practise social work without hope. This current study suggests social workers can be ‘hope carriers’ (Darlington & Bland 1999) when women are assaulted by a male partner, by sustaining women’s belief that the violence is unlikely to stop and, if they decide to leave, by supporting them to regain hope for a new violence-free life. This is a complex process, requiring social workers to: balance working within the woman’s frame of reference whilst not ‘feeding’ any hope the violence will stop; support her through any change in beliefs (cognisant of the grief process involved with her loss of hope) while sustaining her belief/change in belief that the violence is unlikely to stop; and support her to regain hope for a safer future. The process is briefly outlined in Table 11.

**Table 11: The role of hope and the implications for social work practice**

<b>Woman’s response</b>	<b>Social work response</b>
Hope that the violence will stop: <i>a barrier to leaving.</i>	Sustaining hope that the violence will stop: <i>a barrier response.</i>
Loss of hope that the violence will stop: <i>a pathway to leaving.</i>	Not sustaining hope that the violence will stop: <i>a pathway response.</i>
Grieving for the loss of hope: <i>a pathway; and a barrier to leaving.</i>	<i>Cognisant of the grief process: a pathway response.</i> Lack of understanding of the grief process: <i>a barrier response.</i>
Regaining hope for the future: <i>a pathway to leaving/establishing a new life</i>	Maintaining hope for the future: <i>a pathway response.</i>

Social workers have always sat with the tensions and possibilities inherent in social work practice. This study suggests social workers have a dual role when women seek their help after being assaulted by a male partner: not sustaining hope that the violence will stop; and being a 'hope carrier' for women when they give up hope that the violence will stop and decide to leave. Understanding the complex role hope plays in the process of leaving can contribute to social workers being a pathway for women leaving a male partner who assaults them and then to establishing a safer life. As Bishop said: 'Our recovery of hope...is our key to liberation' (Bishop 2002: 150).

### **8.3.3 Summary**

This section further explored the role of hope in the process of women leaving. It examined the concept of hope, including previous research (Miller & Powers 1988; Darlington & Bland 1999) and recent writing on hope (Bishop 2002; Hage 2003; Zournazi 2003). It identified similarities with previous research whilst adding to the literature: the need to take account of the grief which women can experience while still in the relationship, after losing hope that the violence will stop; and adding to the concept of hope with *the enabling process of losing hope*. Women's experiences are central to feminist theorising and this chapter has explored how we might integrate their diverse experiences into social work practice. It explored the implications for social work practice in light of the possible dilemma between being both a 'hope-carrier' and supporting women as they lose hope that the violence will stop.

## **8.4 Summary**

This chapter has further explored the concepts of agency, relational autonomy and hope, in relation to an effective response. Hope emerged as a central theme from the findings. The importance of a relational approach to autonomy was highlighted for social work practice, in particular the need to understand the impact of oppression and privilege on women making choices about managing the danger of men. It also explored the concept of hope, the role that hope played in the process of women leaving and the implications for social work policy and practice.

The next and final chapter considers strategies for social change and concludes the study. From a structural and feminist perspective, the nature of male assault of a female partner is analysed and its implications for policy and practice, including social work, identified. The remainder of the chapter: explores two issues that urgently require further exploration—women’s homelessness after leaving, and their impoverishment; discusses the crucial importance of a coordinated response across services and service systems, and how this might be achieved; and looks at the broad implications of the study for future directions in responding to women assaulted by a male partner.

## **CHAPTER 9: STRATEGIES FOR SOCIAL CHANGE AND CONCLUSION**

*Violence against women by known men will only end when the men who do it decide to stop and the men who don't decide to stop the men who do. This is unlikely to happen without concerted intervention by the state (Itzin, in Hanmer & Itzin 2000: 378).*

### **9.1 Introduction**

This final chapter discusses the implications of the findings from a macro perspective. It considers strategies for social change and makes conclusions. It analyses the nature of the violence, locating it within a feminist and structural social work framework. The implications for policy and practice, including social work, are identified. The remainder of the chapter explores two issues that urgently require further exploration—women's homelessness after leaving, and their impoverishment. I then discuss the crucial importance of a coordinated response across services and service systems, and how this might be achieved, and conclude with a summary of the broad implications of the study for future directions in responding to women assaulted by a male partner.

### **9.2 Violence: a choice**

This study found that men's violence was, almost always, only aimed at the woman and sometimes the children as well—but not outsiders. This is despite perceived 'causes' of the violence—such as substance abuse, mental illness, a traumatic background—being an equal influence on all other aspects of the man's social encounters. Any analysis of the violence therefore needs to incorporate an understanding of male power and entitlement within a patriarchal society, particularly as it is played out in intimate male/female relationships.

Many of the women in the study tried to make sense of the violence they experienced, seeking causes and explanations and trying to manage it by developing strategies to make the violence stop. The ways they found were as varied as the women themselves. What they had most in common, however, was that, invariably, *nothing they tried stopped the violence*.

There was a consistent sense, in the women's accounts, that their male partners felt entitled to use violence and abuse to intimidate and coerce them, and that this was *not* apparent in the men's other social relationships. The violence was instrumental, a means to an end, that enabled the women's male partner to achieve power over them through the fear it generated. This has significance for individual and group strategies as well as short-term and long-term social change strategies focusing on behavioural and attitudinal change in men who assault their female partners, and on those social structures that support and/or fail to challenge oppressive male behaviour.

### **9.3 Social change strategies**

The findings imply the need for federal and state support for social change strategies, including campaigns such as the British 'Zero Tolerance' campaign. This 1992 Edinburgh campaign 'specifically challenged the myth that women were responsible for male violence and sought to put responsibility onto men' and, by putting the issue of male violence into the public arena, the campaign 'created a consensus for change' (Gillan & Samson, in Hanmer & Itzin 2000: 340–355). Stanko (1999) suggests a number of social change strategies she labels as 'crime prevention strategies'. She calls on men to take responsibility for their own and their 'brother's' behaviour in the public and private domain, supported by strategies that confront the power of men in the family, including strategies aimed at boys and men that challenge traditional notions of masculinity (Stanko 1999: 181). Her recommendations include adequate funding of domestic violence services and advertising campaigns that include a focus on men's violent behaviour as 'socially irresponsible in a community concerned with the

wellbeing of its members' (Stanko 1999: 182). The findings of this study support these strategies for social change.

Other social change strategies can be informed by Ife's (2000) view that the assault of women by a male partner is a human rights issue. As part of Sweden's Violence Against Women Policy, innovative and groundbreaking legislative provisions and other measures to counteract violence against women were submitted to Sweden's parliament in 1998. It introduced a new offence, *gross violation of a women's integrity*, aimed at dealing with 'repeated punishable acts directed by men against women having a close relationship with the perpetrator' (Swedish Government Office 1998). If a man commits the criminal act of assault of his female partner, he is sentenced for gross violation of the woman's integrity instead of for the crime that each of the acts comprise, making it possible for the courts to increase the sentence imposed.

This is supported by other research which suggests that current legislation is unable to encompass the repeated ongoing nature of male assault of a female partner (Kelly et al. 1998: 117; Stanko 1999: 182). Legislative reforms based, in part, on Sweden's model have recently been proposed in Australia and are outlined in the report *Safe at Home* (Department of Justice, Tasmanian Government 2003). The findings of this study support these reforms for their recognition of the instrumental and often repeated nature of male assault of a female partner and the capacity to take account of the entire situation of the women being abused.

There is also no regular collection in Australia of statistics and no reliable national statistics for recording the extent of male assault of a female partner. Clearly the technology is available to develop a database, as Australia currently has a national database on stolen vehicles that is updated four times a day (Summers 2003: 80). Summers suggests the need: to collect regular statistics; to update the 1996 *ABS Women's Safety Survey*, maintaining the focus on violence against women by a male partner; for an increased level of

funding for domestic violence services; and for a nationally co-ordinated approach to stopping domestic violence including a national Stop Domestic Violence Day (Summers 2003: 97). These suggestions are supported by this study. Funding for the strategies could be made available through the federal government's PADV initiative.

Strategies are also required that support non-violent men to publicly challenge male entitlement and the structures and practices that maintain male oppression of women. One approach to this, suggested by Laing, could be for providers of perpetrator programs (both voluntary and mandatory) to develop strategies that articulate 'the connections of this work at the individual level with efforts at the institutional and social levels' (Laing 2002: 23).

In relation to social change strategies and informal support, research indicates that the role of individuals in supporting women has been acknowledged in a feminist analysis but less attention has been given to developing their support as a political strategy (Kelly 1996: 80). Kelly suggests a community development approach to 'create ways in which isolated individuals and actions can be linked into a more collective context' (Kelly 1996: 81). She suggests community organising and political education should be part of any co-ordinated/integrated approach, creating new alliances between formal and informal supports to provide education and information on how to support women experiencing assault from a male partner and challenge attitudes that tolerate violence (Kelly 1996: 81). The findings of this study support the formation of partnerships between formal and informal supports for effecting social change; for as Kelly states, informal supports 'know about domestic violence long before any outside agency is approached' (Kelly 1996: 68).

#### **9.4 Sherwin's relational approach and social change**

Sherwin's relational approach to autonomy informs social change strategies. Whilst a relational approach to autonomy acknowledges that it ultimately

resides in women as individuals, Sherwin redefines autonomy 'as the social project it is' by paying attention to the social and political contexts:

[It] can help to move autonomy from the largely exclusive preserve of the socially privileged...combined with a commitment to social justice in order to ensure oppression is not perpetuated simply because women have been deprived of the resources necessary to exercise the autonomy required to challenge it (Sherwin 1998: 39).

This invites social workers to challenge the oppression of women by advocating for social change. While social work at an individual level aims to 'aid and abet in the empowerment process' (Mullaly 1997: 168), at a macro level Sherwin's relational approach implies that social work's aim when working with women who are assaulted by a male partner is to increase women's power by changing the systems (for example, the criminal justice system) in order to ensure a more effective response by working to remove the barriers identified by women in this study; and promoting the necessary knowledge, skills and attitudes identified as contributing to an effective response.

As this study suggests, when formal supports (e.g. police, courts, doctors, clergy) reflect oppressive social mores or are inconsistent in their response it is difficult for women to resist the impact of oppression. A relational approach also highlights the role which women's socio-economic status plays in being able to leave and establish a new life, and the need for social workers to address any structural constraints that restrict the options available to them. Sherwin's approach, confirmed by the findings of this study, implies a duty on the part of social workers 'to join the political fight', to ensure governments provide women who have been assaulted by a male partner with equal access to supportive structures (Sherwin 1998: 44).

The need for social workers to 'join the political fight' has recently been the focus of a number of writers and social work academics (Specht & Courtney 1995; Jacobson 2001; Mullaly 2002; Weeks, in Allan, Pease & Briskman

2003; Todd 2003). Jacobson suggests that while social work codes of ethics focus on social justice, the strategies most likely to achieve this are less likely to be prioritised (Jacobson 2001: 51–61). She believes social work students are more likely to be trained ‘as clinical practitioners than advocates for social change’ (Jacobson 2001 51-61). Specht and Courtney suggest that social work has therefore ‘abandoned its mission to help the poor and oppressed and to build community’ (Specht & Courtney 1995, cited in Todd 2003). They consider ‘collectivist types of theory are most useful for these purposes by focusing attention on groups and the social context rather than on the individual’ (Specht & Courtney 1995: 141).

Practice within a critical social work and feminist theoretical framework involves social action (Mullaly 2002; Weeks in Allan, Pease & Briskman 2003). The findings of this study have identified that social workers can be a key pathway to leaving—the study also suggests that social work has a key role to play by ‘joining the political fight’ for social justice and involving itself in social change strategies.

## **9.5 Homelessness and impoverishment**

Most of the barriers identified by women in this study—constraining beliefs, structural barriers (including a lack of access to resources) and ineffective responses—repeated the findings of previous research (Keys Young 1998). However, the dire consequences for women of being forced to leave their homes urgently requires further exploration. It highlights the importance of legal provisions for the removal of perpetrators from the home. Often called ‘exclusion’ or ‘sole occupancy’ orders, they ‘address in a pre-emptive way the homelessness of those subjected to violence should the perpetrator not be removed’ (Southwell 2002). This issue needs to be informed by the recent research report *Home Safe Home* (Chung et al. 2000), current DVIRC research on removing the perpetrator from the home (forthcoming), current PADV funded national research ‘exploring ways of enabling women and children experiencing domestic violence to remain safely in their homes’

(Health Outcomes International, forthcoming) and the report *Safe at Home* (Tasmanian Government 2003).

The process of leaving a relationship with a violent male partner most often meant women *literally* leaving their homes, towns, regions and even their states. Mostly, women left their home to seek safety following an assault. It was often the only action they could take to end the relationship and be safe, as they were rarely able to persuade their male partner to vacate the home. This highlights the contribution which police can make to a woman feeling able to remain in her home, through their legal response to an assault or a breach of a Restraint Order. Leaving their home had dire economic consequences for women, both in the short- and long-term, not only for the women but, in the majority of cases, for their children as well. Before leaving, the women were spread fairly evenly across all socio-economic groups.

After leaving, over half (56%) were in receipt of incomes (joint or partner only) lower than \$20 000—triple the number in this income group before leaving. Home ownership dropped by 14 per cent. Only a third of women eligible for maintenance were receiving any child support payments. This requires government action to increase the access of women in this situation to affordable housing and childcare as well as employment, and to review the processes that currently prevent them from receiving child maintenance.

## **9.6 Achieving a consistent and integrated response**

Research has indicated that the key to effective service delivery for responding to domestic violence is a co-ordinated, consistent and integrated service response (Shepard & Pence 1999; Kelly et al. 1999; Holder & Munstermann 2002). This study supports those findings. At what was very often a time of crisis, women in the study clearly needed a consistency of response; furthermore, they had a right to expect consistency from formal systems responsible for the delivery of services to the public. In particular, whilst women were enabled to leave through the responses of formal and/or

informal supports, responses from the same supports were identified as barriers when they reflected a climate of tolerance towards domestic violence. However, it is not enough to focus only on ineffective responses from professionals and individuals in the community. Rather, as Australian researchers Cook and Bessant suggest:

...a more effective response may be to question the knowledge and power relations that have informed such practices (Cook & Bessant 1997: 15).

This suggests the need to focus on the inequalities between men and women in society, which underpin oppressive relationships maintained by the use of violence, as identified by women in this study. Violence is then perceived as a:

...logical outcome of relationships of dominance and inequality—relationships shaped not only by the personal choices or desires of some men to dominate their wives but by how we, as a society, construct social and economic relationships between men and women and within marriage (or intimate domestic relationships) and families. Our task is to understand how our response to violence creates a climate of intolerance or acceptance to the force used in intimate relationships. (Shepard & Pence 1999: 29–30)

However, the majority of women in this study did report consistently enabling and integrated responses from domestic violence crisis services and the federal income security agency Centrelink. Both have clear guidelines for practice in relation to domestic violence, either through their organisational mandate and/or clear policies that are accountable and monitored. There was, however, little consistency of response or approach from other supports, both formal and informal. This finding supports previous research that found responses from formal supports (police, judges, doctors, lawyers, clergy and other service providers) often reflect the beliefs of many in Australia, and argued that criminal justice practitioners' willingness or resistance to implementing reform is also influenced by current attitudes towards violence against women (Easteal 1994: 88). It is unacceptable and inequitable for

individual choice and discretion in formal systems to result in a system delivering an inconsistent and at times ineffective response to women who are assaulted by their male partner. For women, the most serious potential consequence is murder.

Experience overseas, and more recently in Australia, indicates that consistency can be enhanced through the development of mechanisms for monitoring and accountability (Shepard & Pence 1999; Holder & Munstermann 2002). This study supports the integrated response established in numerous regions in America, in New Zealand (the Hamilton model) and recently in Australia—for example, the Family Violence Intervention Programme in the ACT. An integrated response needs to be located within a whole-of-government approach and entail the eight key activities (see Chapter 2, page 74) identified in the literature (Shepard & Pence 1999; Holder 2001).

## **9.7 Conclusion**

This exploratory study has demonstrated the complexity of the process of leaving for a woman who is assaulted by a male partner. Government and community responses to violence against women by a male partner need to include strategies, often long-term, that have an impact on gendered social and economic relationships. Recent international and national research has suggested relevant macro (structural) strategies, and the findings of this study support those strategies. Women themselves have suggested many of the implications for practice identified in this study (see Appendix 2: Women's Recommendations—Their Suggestions for Improving Services), a powerful endorsement coming as they do out of their personal experiences of the trauma of violence from a male partner.

This research is a reminder about how individual women find the ability to reach out to ask for assistance in managing men's violence—'managing the danger of men' as Stanko (1999) names it—and to eventually leave and establish a new life. Stanko suggests that such requests for assistance should

be viewed as taking special courage because all women are expected to manage men's violence. How we as a community respond has serious implications for women and any children in their care. This study provides information that can support us to provide the kind of response that 'measures the true regard, dignity and safety that a community extends as a matter of course to members who become victims' (Koss & Harvey 1991, cited in Kelly 1996: 67).

In conclusion the findings of this study, including the women's own recommendations, are consistent with the key implications already identified from the literature for informing future directions. Together, they clearly indicate the need for the development of strategies aimed at strengthening and supporting the responses of the informal supports with whom women first make contact. They indicate the need for better targeted information strategies about domestic violence and the availability of domestic violence supports, aimed at reaching women while they are still trying to 'manage the violence'. These would need to take into account the stigma which some women perceive is attached to using domestic violence services.

The study indicates the need for the provision of education and training about domestic violence (with a particular focus on attitudinal change), to non-domestic violence professionals (particularly the medical profession), and the development and monitoring of guidelines to practice, in all formal support agencies. An improvement in the criminal justice response is necessary, with a particular focus on consistent and predictable police intervention, including domestic violence training (with a focus on attitudes), a pro-arrest approach, a 'no drop policy' and effective internal monitoring systems.

The findings indicate the need for the provision of domestic violence services throughout regional and urban areas, in particular mobile domestic violence crisis services with formal linkages to police services; a feminist analysis of domestic violence to inform effective responses; and an integrated community

response to domestic violence which has a local focus, using local networks, but informed by the broader context.

The study indicates the need to understand the central role hope plays in the process of women leaving and the importance of a relational approach to autonomy, in particular the need to understand the impact of oppression and privilege on women making choices about managing the danger of men. This indicates the need for community education strategies, and education and training strategies for practitioners, including social workers, which focus on these critical success factors.

Finally, the findings indicate the need for the development of government and community strategies to end violence against women by their male partners. As Itzin (2000: 378) also identified, this includes strategies to support men who do not use violence to stop men who do.

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## APPENDICES

### Appendix 1: Women Sharing With Other Women—What They Learnt

Women were invited to share with other women (who were currently experiencing violence from a male partner) what they had learnt from their experience of leaving and establishing a new life. This section consists of the women's responses, mostly in their own words. Several women who are currently encountering difficulties shared negative experiences. Almost all of the women wanted to encourage other women to leave and/or to seek help to leave, with a number of women echoing the words of an internationally renowned advertising jingle—*Just do it!*

**Abby:** Wanted to encourage women to leave and if a woman feels she can't do it by herself suggested she get help from services because she believes no woman should ever have to put up with violence from her partner.

**Angelina:** Said, if speaking to a woman experiencing violence, she would 'First [try] to convince them that he's a violent partner...it's knowing you're not alone, knowing there are plenty of people out there'.

**Anita:** Wanted to warn women that with some men '...they become more violent when you leave'.

**Anya:** Has learnt that: 'It's very important that you think of yourself as being important and...to get help, professional help...Not just from your friends...I don't think friends know enough about the whole domestic violence thing...Get some counselling, a psychologist or a social worker...you need someone to talk to...who can advise you on what's available...you need to know that it's confidential...that you're getting good advice that's based on lots of research'.

**Audrey:** Encouraged women to leave: 'Get out. Don't matter how long it takes, just get out because your life is ruined if you don't. It's not living, it's just not. It's like a limbo, it's a living hell'.

**Campbell:** Her message for women was to encourage them to '*Just do it*'.

**Catriona:** Has learnt that women need to get the right advice from people they feel comfortable with, people they can trust who will believe her. She feels it is important for women 'to stop being a victim and become a survivor' and to seek out supportive people who promote that message. She wanted to encourage women to get past feeling ashamed and to know that it's not their fault but rather it's the man's problem.

**Cecilia:** Said: 'When you've had enough, you've had enough and you'll leave then' and that she would then '...probably advise them on other [support] facilities and that they're not alone'.

**Chrissy:** Encouraged women to leave: 'Yes, do it. Go ahead and do it because there's life after that sort of rubbish...You are a worthwhile person and...your thoughts and your opinions and your beliefs do count. Get out there and just go for it! Make a decision! Set yourself a goal. Get yourself strong enough'. She also suggests women do an assertiveness course to help them to be strong.

**Colleen:** Wanted to encourage women: 'To get out, or they will regret it the rest of their lives. I look back and I wonder why I didn't leave earlier but my time mustn't have been right'.

**Coral:** Had a number of suggestions she would like to share with women: Have a prenuptial agreement. Leave after the first assault as it escalates and they lose respect for you. Staying affects your self-esteem. If thinking of leaving, plan. Start putting money away; get everything in order.

**Diana:** Said she often shares everything about her experiences with other women: 'I do, with gay abandon, at work, at home, over dinner...in fact I have to pull back on that more...I can be very obsessive about helping, and that goes back to...my need to enable people and I was doing that for him too and I struggled with it. One of the things that "12 STEPS" says in order to "get well"...you need to really look at that enabling, that need to mother the world...although I'm telling everybody everything I've said on these tapes and a whole lot more besides, it's stuff that I tell people all the time, and I'd love to be telling it more'.

**Erin:** Wanted to share this with other women: 'To think that she can do it... There's nothing worse than being trapped in that relationship...take out everything this person has told her she is, that is negative, and look at what she really is and the person she was before all this happened. And to just take that step...because there can't be anything worse out there. What can be worse than what you're in? Finding that support...have something outside of that relationship...that's going to be there when he's gone...that is completely out of the reach of that relationship, and a *circle of influence* that cannot be penetrated by the person that is doing this to you'.

**Grace:** Encouraged women to leave: 'Don't stop with them...Leave, because they never change...they can really have you thinking that you're silly in the end...Go and get support from women's shelters or counselling and start a new life because they don't change, [they] never change'.

**Gwenda:** Said: 'If I had my time over again, to seek help. Don't try and hide it. Go to [a domestic violence crisis service] or Victims of Crime. Speak to the counsellors there. I wouldn't involve [mutual] friends... they only take sides'.

**Hazel:** Has learnt that: 'You can do anything if you try hard enough'. She suggests women keep a journal of the violence and abuse when still in the

relationship, to help them remember what it was like when things were bad. She said: 'Write it all down'.

**Helena:** Said: 'I believe that I had to go through it, this journey to be who I am today and to have this strength...you have to boost your own sort of confidence and morale up...just so you can get through...when you have a low down day. I do get lonely, I mean that's normal, but the thing is I would never ever put up with what I put up with before'.

**Jane:** Said: 'I've learnt that if it happened again, I'd say something so much sooner because I'd know that my friends and family will support me and that there are services out there that will support you...It took me three or four years to find those services but...now I know they're there, I'd use them straight away'. She encouraged women to find out about support services and to go and speak to staff in these services.

**Julie:** Suggested that even if a woman stays, she needs to let someone know she is experiencing abuse, someone who will understand. She believes it is important that '[n]o one should ever be isolated. Someone has got to know what's going on'. She recommended women keep a journal because '[t]he memory lapses and you don't want to remember the past'. She encouraged women to think of the impact of the violence on the children when trying to decide whether to leave. She also suggested that if the man is from a different culture, a woman should learn about the man's cultural background before deciding to marry him.

**June:** Suggested that women 'make sure that when they take action they keep the details of their intentions as private as possible' and ensure those they do tell do not reveal any information to anyone else because people's lives are at stake. 'Don't be afraid to stand firm re not telling people your address'. She also suggested, as a confidence booster, women to go to their local library and borrow an inspiring book of quotes or a true life story because if a woman can see other people overcome adversity in their lives, it can help her believe she can do it too.

**Karen:** Suggested women plan the leaving thoroughly and not go back, because their partner will not change: 'It's not so much the person you're leaving, it's the situation. If you can't fix the situation, you have to create a new one for yourself'.

**Katerina:** Wanted to say to women currently experiencing violence: 'I understand how terribly difficult, how heart wrenching it is, yet, please do it because you'll find a part of you that has been squashed for so long. You'll find the you that you never believed existed...been minimised into non-existence. It just sort of fades like a puff of smoke...like mist in the morning, like river mist and it's gone. No! *There* is you. Have a look, that great big thunder cloud up there is you...Go and rain all over the rest of the world! And, if you have children...for the sake of the children, let them see what a strong woman you are... Get in touch with places like Women Tasmania, for a start.

If there's any way to, access the Internet There is the Older Women's Network.'

**Kaycee:** Said: 'You can do it! Believe in yourself, trust yourself. No matter how hard it seems...there are people out there. You *can* do it, you *can* get out of it. It's not easy... but it's worth it. *You're* worth it and that's what I think you've got to say to yourself'.

**Kelly:** Encouraged women to plan their leaving: '...gather your resources, your strength—like friends...money...[it's] expensive to leave home and set yourself up...[women] need to talk to people and work things out'.

**Kim:** Wanted women to know she understood the shame and fear that are barriers to women seeking help from the people who care about them, but encouraged women to be honest with the people who love them and with themselves, and to know that they don't have to do it by themselves.

**Kristy:** Said it was important for women to be aware that after leaving there will be good days and bad days: 'It's like going on a roller coaster ride...There's light at the end of the tunnel. You do come out of the tunnel and that's when you start living again'. She recommends, 'If they do assault you, charge them, they've got no right' and warns women against forgiving their partner for the violence as he will think she will never stand up to him.

**Lara:** Felt it was important to acknowledge that the woman may still love the man whilst at the same time confronting what is happening to her. She also believes a woman will only be able to leave/will only hear advice/will only accept support and use services when she has reached her turning point.

**Lisa:** Wanted to acknowledge the importance of a woman needing to look after herself but didn't feel she could tell any woman what she *should* do as she believed women have to do what's right for them at any given time: 'You've just got to take one step at a time and go at your own pace'.

**Liz:** Said: 'I would advise them not to stay in it and not to think that things might change because they never really do. Go and see a psychologist or a counsellor or something...if they need that extra courage or incentive to do it or they can't see clear'. She encouraged women to think about the risks of staying, such as depression, resorting to violence herself and the effects on children: 'Seek services that will help them, seek support of friends...things just don't get better, they just seem to get worse... they [women] are more valuable than that, we don't deserve to be treated like that...I just hope women don't make the same mistake as me and stay there too long and suffer the abuse because they don't need to. Things do get better and they *can* do it'.

**Lois:** Suggested that women: 'Get some good girlfriends...I think that every woman should have a qualification [so] she can be independent financially and, [with] financial independence, you've got power to make decisions and choices'.

**Louise:** Said: 'I tell her leave him straight away, yes, not worth it. If he's treating you...bad, is better to leave him. It's hard in the beginning but...I will tell her "What you want, live in peace or live like a cat and dog, fight all the time?" I know...it's painful, but you have to look to better side, brighter side. You have to focus for the children'.

**Lyn:** Suggested women be wary if, in the beginning of the relationship, several of their family and/or friends don't like their partner. Wanted women to know 'that life gets better without [the partner]'.

**Mara:** Said: 'The longer you leave it, the harder it is...You dismiss the bad, you rationalise the good...you convince yourself that the good is happening but it will happen again'. She encouraged women to: '*Just do it*'.

**Marnie:** Shared three don'ts: Don't believe men regarding threats over custody of children. Don't stay in the same area as the man. Don't feel you have to give him access. She encouraged women to: 'Be really brave and get out of there because it's so good on your own with your children'.

**Melissa:** Said that the people women trust are the ones that are really important for them to draw on, because they will take pleasure in the woman having asked them for help. 'You can only leave when it's right for you and you're the only one who can make that decision. Take on board that you are important, special and that you don't have to put up with being treated in a way that is negative to that'.

**Melody:** Wanted women to know there is 'Light at the end of the tunnel'.

**Nadia:** Said: 'Fight for your house, get him out. Don't go back. Say to [yourself] there is light out from the tunnel. Don't look back, look forward. It's hard in the beginning but you get there.'

**Nyree:** Wanted to reassure women to not be influenced by media reports of women being murdered by their ex-partner after leaving: 'You can do it, not to be scared...You hear about that...but look at all the women who have left and stayed away. Don't go back, don't listen to their sob stories. The more you ignore them, the more you stay away from them, the easier it is and the more help you get, especially ringing [a domestic violence crisis service], the more help you get, to get on[to] the right people...Don't involve family and friends because they feel obligated...all you get is "I told you so"...You *can* do it. It's not as scary as you think. It is scary, but you get over it'.

**Prue:** Encouraged women to: 'Believe in yourself. Follow that feeling... women's intuition... follow it. Don't even think about. *Just do it*'.

**Sandi:** Reflecting on her current difficult financial circumstances, Sandi said: 'Off the record, I'd say stay there and put up with it because it's got to be better than living like this! On the record, leave. I would never encourage someone to stay in a violent relationship by any means...There's got to be a happy medium, this is better than what I was in before but this is not OK!'

**Sharyn:** Wanted to say to women: 'You are the person you need to take care of, not him. They're not your responsibility. As much as you care for them, if they're bad for you then...leave them...Care about yourself. Put yourself before him...Better to be on your own than with the wrong partner. Financially [it's] better...on your own even with a smaller income than [with] a partner who is... not being responsible with finances'.

**Shayla:** Said: 'That you *can* do it. That it's going to be scary and it's going to be hard but it's got to be...a lot better than it was, staying... and being tormented...every day of your life. It will get better...easier...you will get stronger and you will feel relieved, freedom and peace. And don't be afraid to express yourself to the people you think you can trust for help. Don't bottle it up because it's the worst thing you can do. Have faith ...not to blame yourself and feel guilty...Just realise that all the behaviours and things that went on weren't you. They were someone else thinking that they could dump their crap on you...when it's not right...Yeah, that's probably what I would say to them.'

**Shelley:** Said: 'I think what I've learnt is that once you begin to realise that you've got to do something about it, don't wait too long. *Do it!*... I know now I should have and that's the thing I resent most, and I resent it as far as I'm concerned towards myself, not having left before I did. So I just think, it's difficult, but find the courage to do it...access the services that are available, talk to friends if you need to...you'll find they're there, they are there to support you. But do it. Don't, just *don't* put your life on hold for any longer than you have to'.

**Shirlyn:** Wanted to share that: 'There is life outside of it. A much better life too. You can actually build up your own world and you can eventually go into partnerships later on and be your own self and have your independent life and dreams and ambitions without having to sacrifice that for another person.'

**Simone:** Said: 'Get to know them before you move in with them...watch how they treat people...how they treat you...the way they talk about their friends'. She has also learnt: 'If you need another person to complete you, you are likely to make a horrible mistake'. Suggests that women 'keep an escape route open'.

**Skye:** Wanted to share with other women that 'Women are beautiful people... beautiful inside and outside and they deserve to be free and light and happy and their children do. And just that they're OK...Go for it and try to be brave'.

**Sonya:** Suggested that, initially, women try to ensure they know as much as they can about their partner before they become seriously involved with him. She wanted to let women know that they can get help, even when they are staying in the relationship and encouraged women to seek out information, learn what supports are available and find out what they can do for themselves.

**Suzanne:** Said: 'You've got to go ahead and do it. It certainly isn't easy. There were times when I thought I'd done the wrong thing and I even tried to

talk about a reconciliation... But...you know inside yourself that something is so inherently wrong and I don't think there's any cure for it unless you do take the action and *just see it through and do it*. Believe that there's light at the end of the tunnel'.

**Teena:** Despite being relieved that she was out of the relationship, Teena wanted to warn women that with some men: 'Believe what they say. Everything he's ever threatened you with through the relationship, he means it. That has been my experience. Everything he ever said he'd do, he's doing it and I'm just waiting for the rest to happen. Don't just leave on a whim, think about it'.

**Terri:** Wanted to say to women that they don't have to live like this, there is support out there: 'I just wish the women to be tough. To get out...you don't have to put up with it and you can get help out there and that it's not...something [for you] to be ashamed...about'.

**Yasmin:** If speaking with a woman experiencing violence: 'I'd say I can't tell you to leave. It's up to them...Just to keep going and believe in yourself really, and be positive...You deserve the best...everyone deserves the best in life...So long as they believe that, they'll get it'.

While each of the participants' stories are unique there are some common themes that emerge from the women sharing their experience with other women. These include:

- the encouragement of women to leave;
- the benefit of planning in assisting a woman to leave;
- the effectiveness of seeking help, before and after leaving, from domestic violence services and other informal and formal supports;
- the acknowledgment of the difficulty of the decision to leave and the potential for further difficulties after leaving, whilst at the same time emphasising it is worth it for women to be able to have control over their own lives;
- that while in the relationship the violence does not stop; and
- that women have a right to a violence-free life.

## Appendix 2: Women's Recommendations—Their Suggestions for Improving Services

Recommendations for improving service delivery were inferred from the women's stories and the emerging themes are reflected in the implications for practice in this study. They were also informed by women's specific suggestions for improving services and support for women who are either thinking about leaving, are in the process of leaving or have left a violent partner and are establishing new lives. This section consists of summaries of the women's specific suggestions and their related comments.

- Abbey:** That federal and state governments increase the financial assistance provided to women escaping violence from a male partner, to assist with the initial establishment phase, e.g. special circumstances payments, rent assistance, payment of bonds.
- That governments examine legal constraints to women accessing their belongings after they have been forced to flee their homes.
- Angelina:** That there be culturally appropriate safe havens for Aboriginal women experiencing domestic violence.
- That there be an increase in Aboriginal female community workers.
- That police not gatekeep women's access to justice/the legal system.
- That police not advise women to drop charges against their male partner.
- That police take legal action on breaches of Restraint Orders.
- That there be an increased use of television to get domestic violence information to women, particularly women who are isolated by their partners from all other sources of information.
- That domestic violence information be available at schools eg pamphlets that children and/or parents can pick up.
- Anita:** That professional women experiencing domestic violence be able to access formal support locally that protects their anonymity, e.g. visiting counsellors.

That domestic violence crisis services increase their outreach component and provide more detailed information to women, at the initial point of contact, about the services they offer.

**Anya:** That women's shelters provide more one-to-one support through staff or bring in domestic violence counsellors or other external counsellors eg at set times so women can make appointments.

That information on domestic violence and support services be more widely disseminated.

That general practitioners be made more aware of the possibility of domestic violence regarding women presenting with illness/depression and give out information on domestic violence and domestic violence supports.

That this current type of research be used to raise awareness.

**Audrey:** That Restraint Orders be renewable from interstate, if a legal representative is present in the court, without women needing to be present.

That specialist police domestic violence hot-lines and units be established.

That there be an increase in community education and awareness about domestic violence to address attitudes and questions like 'why do women stay/they must like it'.

That realistic television documentaries be made about domestic violence showing what it's really like for women living with violence, that is graphic, depicts the torture/trauma and involves 'normal' women who have experienced it, telling their stories through re-enactments, so that people can relate to it.

**Campbell:** That there be an increase in funding and resources for domestic violence support services.

That more domestic violence peer support groups be established.

That Vietnam Veteran counselling services working with a man who is also a perpetrator be cognisant of the potential for confidentiality issues to conflict with a focus on women's safety.

That a Restraint Order information kit be developed and provided to every woman applying for a Restraint Order.

**Catriona:** That Medicare rebates be available for consultations with counsellors and psychologists who charge fees.

That strategies be developed, aimed at training service providers to respond with greater empathy to women experiencing domestic violence: 'Sympathy is the last thing I

want. Just a bit of compassion and empathy and time, so that you don't feel like you're intruding'.

- Cecilia:** That governments adequately resource women's shelters.
- That domestic violence support services increase the promotion of their services including advertising on television and in the print media.
- That governments increase community education about domestic violence to raise family and friends' awareness regarding the gamut of abuse.
- Chrissy:** That there be an increase in long-term support for women after leaving domestic violence.
- That there be an increase in funding for all domestic violence services and the police, to work with domestic violence.
- That service providers use a non-directive approach to working with women and domestic violence.
- Colleen:** That child contact centres be provided outside the metropolitan areas to meet the needs of women in country towns.
- That resources be made available to women in country towns to enable women who lack other support to access 'home help/respite' when first leaving and establishing a new life.
- That governments undertake strategies to increase community awareness of domestic violence.
- That there be an increase in support programmes for women experiencing domestic violence who live in country towns.
- That domestic violence services be better advertised in rural areas.
- Coral:** That there be an increase in the publicity/promotion of the range of supports available to women experiencing domestic violence.
- That there be an increase in Federal government action regarding domestic violence.
- That there be harsher penalties for men assaulting their female partners.
- Diana:** That domestic violence support services be available on a 24-hour basis.
- That formal supports be aware of how their model for practice may be different from the woman's understanding of her situation and the need for flexibility to ensure the woman does not feel disempowered.

That domestic violence support services provide women with information about the possible psychological and emotional effects of leaving.

**Erin:** That respite and practical support be made available to women when they first leave.

That education departments increase their provision of social work services in schools.

That access to children's mental health services be improved.

That liaison between schools, children's mental health services and welfare services be increased to improve management of children with challenging behaviours.

**Grace:** That governments take seriously the need to improve the service response to women experiencing domestic violence.

That governments increase their awareness of the domestic violence experiences of women.

That research about women's domestic violence experiences (including this current research) be made widely available to the public.

That public and government awareness of domestic violence be increased by supporting women to tell their stories through print and television media.

That there be increased resourcing of women's shelters to ensure women are not turned away.

That the police improve their response to women experiencing domestic violence.

That there be an increase in the compensation payments awarded to women assaulted by their male partner, and improved rights of appeal.

**Gwenda:** That community women's support groups be established.

**Helena:** That basic level, empowerment focused, free courses/free sessions for women be widely available to enhance women's confidence and sense of self, as well as making more use of already available training such as computer courses that are provided for women only.

That children's education should include teaching about respectful relationships and that domestic violence is unacceptable.

That domestic violence support services be adequately supported.

That there be an increased public focus on the issue of domestic violence and the reason for the existence of women's shelters so that it is not hidden and perpetrators cannot avoid being confronted with their use of violence—'so that they can feel a little bit of guilt'.

That there be an advertising campaign on domestic violence that takes a confronting approach (such as the recent Worksafe advertisements and Road Safety campaigns) on billboards, posters and television commercials. It should be aimed at confronting men who assault their female partners whilst at the same time, imparting knowledge to those women who are not experiencing domestic violence, eg that it does happen and if they know someone experiencing domestic violence they can provide some sort of emotional support.

**Jane:** That domestic violence support services be available on a 24-hour basis.

That domestic violence support services increase the promotion of their services through the media, i.e. television, radio and newspapers, including specific details of what their services actually provide, the practical support they offer and how they can assist with safety.

That all domestic violence support services be resourced to provide emergency accommodation when women are escaping violence (other than a shelter).

That governments undertake strategies to increase community awareness of domestic violence, its impact on women and the difficulties some women may encounter when establishing a new life.

**Julie:** That the police be required to remove from the house, a man who has assaulted his female partner, rather than the woman having to leave for safety reasons.

That domestic violence services increase their focus on informing women of the impact of domestic violence on their children.

That domestic violence services offering long-term support are able to provide women with the option of individual sessions until they feel ready/decide to go to group sessions.

That domestic violence services, where safe to do so, be able to provide the option of support in a woman's home environment.

**June:** That domestic violence support services be resourced to provide a 24-hour service.

That long-term domestic violence support services be resourced to provide women's support groups for working women, outside business hours.

That all police, counsellors and ministers of religion receive compulsory training on how to protect and help victims of domestic violence to ensure a consistency of response.

**Karen:** That mentoring services be developed under the auspices of domestic violence support services, for women who have indicated they are planning to leave but are not yet ready to do so. The service would provide women with someone to talk to regarding the process of leaving, information on what she needs to do and know before actually leaving, facilitate appropriate referrals and would provide a physical location for women to deposit essential documents and basic possessions as apart of the planning process. It would be a 24-hour service employing skilled counsellors.

**Katerina:** That a legal information kit (including information on Victims of Crime and criminal compensation) be given to women who report domestic violence, particularly by the police when a woman lays charges and by the Department of Public Prosecutions.

That there be increased education for doctors regarding domestic violence and intervention with women.

That domestic violence information on posters, pamphlets and cards always include specific information on 'What do I do about it? Who can I go and see?' and phone numbers and names of organisations/support groups.

That in order to cover gaps in domestic violence services on weekends, peer support groups/phone trees provide support.

That radio and television be used to reach isolated women with information on domestic violence service.

That information on domestic violence and support services be placed where women can safely access it, e.g. hairdressers and supermarkets.

**Kaycee:** That governments widely publicise the practical support available for women escaping violence, e.g. rent assistance, income security benefits, bond assistance, and services that assist women to find rental accommodation, provide transport, telephones, security.

That all domestic violence support services more widely publicise their services.

That governments increase their efforts to enhance community awareness and education about domestic violence and support services through all forms of media, including television and newspaper advertisements and women's magazines.

**Kelly:** That domestic violence support which does not necessitate a legal response be made available to women when their male partner is having a psychotic episode.

**Kim:** That domestic violence Restraint Orders be assigned a separate category to all other Restraint Orders as the former are being devalued by the granting of orders for less serious matters, such as neighbourhood disputes.

**Kristy:** That there be an increase in the number of female police responding to women being assaulted by their male partner.

That long-term domestic violence support services be adequately resourced to provide childcare, when required, in order to enable women to access the service.

That domestic violence support services be resourced to provide greater levels of outreach support after women leave.

**Lara:** That those women's shelters whose physical environments are unsatisfactory be upgraded accordingly.

That governments provide permanent funding for all community based domestic violence support services.

That police be required to take legal action and to also remove a man from the home after he has assaulted his female partner.

That a database be developed of male perpetrators of violence against their female partners, which women can access.

That governments address the gap for a support service for women before they leave (who are not yet ready to leave) which would support women contemplating leaving (sometimes over many years), is cognisant of the barriers they face and of the need for support to build confidence and overcome the barriers.

That campaigns to raise community awareness about domestic violence identify it as a community problem not just a woman's problem: 'It has to be dealt with by everybody. We cannot see it as us and them. We are just ordinary people who are in a situation that we have absolutely no idea how we got in it'.

That governments undertake an advertising campaign regarding domestic violence education/awareness for the community like the confronting Work Safety campaign.

That community education strategies include regular (weekly/monthly) newspaper articles/features on domestic violence, including stalking.

**Lisa:** That whomever a woman first discloses to should know what is available to support a woman experiencing violence from a male partner and be able to refer appropriately.

**Liz:** That police be trained to increase their understanding of women experiencing domestic violence.

That television be used for domestic violence education, awareness and information campaigns.

That domestic violence information pamphlets be delivered by mail to households.

That there be an increase in the dissemination of information on domestic violence supports and on how to go about leaving.

**Lois:** That retreats be available for women (and their children) when a woman is recovering from depression and abuse.

That there be education in schools regarding domestic violence issues.

That community awareness be increased using domestic violence information promoted through magazine articles (such as *New Idea's* domestic violence story) and that this information be available in places that women access, e.g doctors surgeries.

That domestic violence information be made available in school common rooms, at universities, in young women's magazines, e.g. *Dolly*, on television and all forms of media.

**Louise:** That domestic violence pamphlets in other languages be readily available.

That all women's shelters have separate rooms for each woman.

**Lyn:** That research, like this, continue to be undertaken and made public so that women know they can get help, to encourage them to leave and to assist women's friends to support her to leave.

That parents be encouraged to teach their children that domestic violence is not OK and that it is not OK to stay in a domestic violence situation.

That the police and the courts ensure that they do not place pressure on women to minimise the conditions of Restraint Orders.

- Mara:** That there be an increase in the number of women lawyers in the Family Law arena.
- That governments increase community education regarding domestic violence, including debunking stereotypes and increasing awareness that domestic violence occurs at every level of society.
- That any community education strategies include information assisting women to identify that before physical abuse begins, other forms of abuse may occur, i.e. financial, sexual and social control.
- That there be an increase in publicising what each of the different services do to support women experiencing domestic violence.
- That domestic violence support services' promotion strategies address the access barrier experienced by those women experiencing domestic violence who do not feel they are 'needy' enough to access support services.
- Marnie:** That general practitioners display and provide information on domestic violence and support services in their waiting rooms.
- Melissa:** That information on domestic violence support services be available in all workplaces.
- That there be an increase in the accessibility of free counselling.
- Melody:** That [domestic violence crisis services] be available 24-hours, including weekends.
- That there be an increase in the number of female police involved in responding to domestic violence.
- That police be better trained to: ensure an effective response to domestic violence; to be respectful of women; and legally respond to breaches of Restraint Orders.
- That there be no requirement for women to have to pay process servers to serve Restraint Orders: 'The huge message was that it's back onto the responsibility of the women for the violence'.
- Nadia:** That a mechanism be put in place whereby women can do 'police checks' on prospective partners regarding child abuse.
- That women experiencing violence from their husbands be exempt from deportation when they separate prior to the legal length of time required.
- That there be harsher sentences for domestic violence assaults.
- That governments create more opportunities for women for work and education, particularly older, single women.

That governments create more affordable housing for women and provide communal/co-operative housing.

**Nyree:** That governments increase community awareness about domestic violence.

That children be educated in schools about healthy relationships.

**Prue:** That child contact centres be established in regional areas.

That community-based long-term domestic violence support services be established in rural areas.

That governments provide perpetrator programmes based on the Duluth type model, i.e. as part of an integrated criminal justice response).

That children be taught effective communication and conflict resolution skills in school.

That governments and communities treat the issue of domestic violence more seriously.

**Sandi:** That there be an increase in financial support from Centrelink for women to re-establish themselves and their children when escaping domestic violence.

That there be an increase in funding available for fares to flee interstate when domestic violence danger is high.

That funding priorities for domestic violence be on practical support to women before education and awareness campaigns.

**Sharyn:** That a tenants' policy be developed which enables women who are assaulted/threatened with assault to use that as grounds for breaking a lease.

That women's shelters be acknowledged as a great service for women and that they should promote their services more widely.

That mental health services need to liaise with/inform women at possible risk from an ill male client when he is her partner, both for her safety and to enable her to support him.

**Shayla:** That there be increased promotion of domestic violence services and support for women.

That there be increased domestic violence education for police to improve response/attitudes to women experiencing domestic violence.

That doctor's surgeries have a counsellor on-site/available for women disclosing domestic violence/presenting with injuries.

That male politicians and high profile men speak up/out about domestic violence.

That domestic violence information stalls be set up in supermarkets/shopping centres.

That domestic violence information should be provided in schools.

**Shelley:** That there be an increase in the promotion to rural women of the availability of anonymous, free phone links to domestic violence services.

That domestic violence support services develop strategies for visiting rural areas to enable women to make face-to-face contact without losing anonymity in small towns.

That domestic violence information campaigns use the local press and commercial radio which women in small towns read and listen to, in order to assist rural/isolated women access supports.

**Shirlyn:** That a women-focused free legal information booklet be available on what women do legally, regarding leaving, e.g divorce, settlement, custody.

That information regarding legal advice and support services regarding separation be available in work places.

That community education campaigns should be run regularly 'because it's never going to go away'.

**Simone:** That the police actively promote the services they provide to support women assaulted by their male partner.

That governments promote and support the value of applications for Restraint Orders for women who have been assaulted by their male partner.

That governments undertake a domestic violence education campaign that enables women to identify domestic violence in their lives and to seek appropriate support.

That support groups be established for families of women who experience domestic violence: 'so they can get together and say "Why didn't we see it, what could we have done, what can we do now?"...I mean there's Friends of the Mentally Ill, Friends of AIDS...we could have Friends of Domestic Violence Victims' .

**Skye:** That alternative style respite/safe places be developed for women escaping domestic violence which provide a healing opportunity for women and children, and includes 'women's circles' where women tell their stories.

That there continue to be research about domestic violence and women's experiences such as this research, so women's voices are heard.

**Sonya:** That domestic violence support services enhance access by holding regular social conferences/forums or information nights at which the community/women can attend for information on domestic violence and available supports.

**Suzanne:** That coordinated 'one-stop shops' incorporating domestic violence and legal services be established in regional areas.

That free legal telephone advisory service be established in regional and remote areas.

That there be an increase in family lawyers in regional areas.

That Legal Aid clinics be available in regional areas.

**Teena:** That governments address the current gap in service regarding the need for child contact centres outside of metropolitan areas.

That governments address the gap for 'in between' domestic violence support services for women in the contemplative stage who are not yet ready to leave. It would have a mentoring, advisory, advocacy, information provision and referral role.

That governments increase publicity in rural and isolated country towns about available supports for women experiencing domestic violence and their legal rights.

That there be improved access for rural and isolated women to the available supports for women experiencing domestic violence.

That there be an increase in co-ordination and communication between all services involved in supporting women experiencing domestic violence in order to assist with continuity and consistency of service.

That general practitioners provide women experiencing domestic violence with relevant domestic violence information and appropriate referrals to domestic violence support services.

That the Family Court restrict men's access to their children when they have perpetrated violence against the children's mother.

That the Family Court review the practice of awarding separated parents one week on/one week off custody, as the instability is harmful to children.

That governments undertake a domestic violence awareness campaign targeting men in places where they congregate eg. the TAB, men's clubs, etc. The campaign would acknowledge that not all men assault their female partners and that not all men accept that it is OK when they learn more about it. It would aim to assist men who do not use violence against their female partners to pick up on it, e.g. 'Is your mate's wife always covered?', and it would let men know that a man assaulting his female partner is a criminal offence, for which he can be arrested and kept overnight in jail.

**Terri:** That domestic violence posters be developed with 'You don't have to live/look like this' and a confronting battered face of a women on it along with a list of support services.

That there be an improved response by all services when women, experiencing violence from a male partner, raise concerns regarding their partner sexually abusing their children and there are current custody issues.

**Yasmin:** That legislation be available that provides for the man to be removed from the house when assault occurs, enabling women and children to stay in their own home.

That there be an increase in community awareness regarding domestic violence and public discussion about it.

That there be an increase in education/information provided on relationships and human and individual rights.

That police be trained to respond respectfully to women and treat as serious the issue of domestic violence.

That the importance of undertaking research with women who have experienced domestic violence be acknowledged.

**Yvette:** That governments widely publicise all the relevant support available for women escaping violence including income security benefits and any barriers to entitlement.

## Appendix 3: Demographics Questionnaire

The interview schedule included a closed question section for the collection of minimal demographic data. It included questions on age, children, disability, race, ethnicity, education, accommodation, income, work status, years lived with the ex-partner and location. It provided a basic demographic context in which to locate the women's lives.

### **Age:**

### **Children:**

How many children?

How old are they? What sex are they?

### **Disability/Health issues:**

Do/Did you and/or any of your children have a disability or a long-term health problem?

Was the permanent/temporary disability/health problem(s) caused/made worse by the violence?

### **Race/Ethnicity:**

Are you Aboriginal or Torres Strait Islander?

If no: How does your family describe themselves? (e.g. as Asian, European, Anglo-Australian etc)

Are any of the children in your care Aboriginal or Torres Strait Islander?

### **Education:**

What is your highest level of education?

What is your ex-partner's highest level of education?

### **Residence/Accommodation:**

What suburb/town/area do you live in now?

How long have you lived there?

Do you own your home? Own/buying home or do you live in: private rental, government rental, with family, shared house, shelter, other?

How much does your home cost per fortnight?

Which suburb/town/area did you live in (longest) with your ex-partner?

How long did you live there?

Was it your own home? Own/buying home or did you live in: private rental, government rental?

**Independent Income/Work Status:**

What is your primary source of income now? (specify type of paid work, pension, benefit, other).

How many hours of paid work did you do last week?

**Maintenance/support:**

Do you get financial support from your ex-partner? e.g.

Child maintenance Amt/fortnight \$

Home loan/mortgage/rent Amt/fortnight \$

Children's school fees Amt/fortnight \$

Other Amt/fortnight \$

**Income:**

What was your annual income for the last tax year?

What was your joint annual income when you lived with your ex-partner?

Partner: \$ Self: \$

Are you financially better off now; worse off; or about the same?

**Partner:**

Have you established a new relationship since you left?

How long were you on your own before you re-partnered?

Does he/she live with you?

How long have you lived together?

## **Appendix 4: Interview Schedule**

A semi-structured interview schedule was used to gather the data, allowing for the exploration of a variety of responses from respondents. The interview schedule was divided into eight sections: *Life, then and now*; *Turning points: deciding to leave*; *Turning points: barriers to leaving*; *Pathways: getting support to leave*; *Pathways: getting help to actually leave*; *Pathways: establishing a new life*; *Pathways: recognising diversity and specific needs*; and *Your new life*.

### **SECTION ONE: LIFE THEN, AND NOW**

Can you tell me what your life was like when you lived with your ex-partner?

Can you describe your ex-partner's violence?

In contrast, what is your life like now?

### **SECTION TWO: TURNING POINTS: DECIDING TO LEAVE**

When did you first begin to think about leaving?

What happened when you left for good? What made it different to other attempts?

What had the greatest impact on your decision to leave?

Was this the turning point for you or was it something else?

What personal beliefs helped you decide that you could and should leave?

### **SECTION THREE: TURNING POINTS: BARRIERS TO LEAVING**

What personal beliefs/feelings had made it difficult to leave?

What other barriers made it difficult to leave?

How did you overcome these difficulties?

### **SECTION FOUR: PATHWAYS: GETTING SUPPORT TO LEAVE**

Did you try and get support/help from anyone once you decided you were going to leave?

Who did you try to get in touch with?

Which of these people/service providers supported and strengthened your belief that you could /should leave? In what way did they do that?  
Did anything that you read/heard or that you saw support /strengthen your belief that you could/should leave?

### **SECTION FIVE: PATHWAYS: GETTING HELP TO ACTUALLY LEAVE**

Who and/or what helped you to actually leave your violent ex-partner?  
How and what did they do to help and support you?

### **SECTION SIX: PATHWAYS: ESTABLISHING A NEW LIFE:**

What challenges and difficulties did you have to overcome when you established your new life?  
Who and what helped you to establish this new life?  
What beliefs helped you to establish a new life?  
Did any information you read, heard or saw help you to establish a new life?  
What would you say has been the most difficult aspect of leaving and establishing a new life for yourself and the children?

### **SECTION SEVEN: PATHWAYS: RECOGNISING DIVERSITY**

You have identified as (being indigenous, from a CALD background, having a disability).  
How did that affect your ability to leave and start a new life?  
You have identified as having (health issues; children/no children/ children with health issues; lower/higher socio-economic status; living in a rural/ urban area). How did this affect your ability to leave and start a new life?  
What help would you have liked but couldn't/didn't get?  
What do you think prevented you from getting the help you needed?  
(If any children) If you required it, were you able to get any help for your children, for example, to assist them to deal with the violence, the separation; or the changes involved in setting up a new life?

### **SECTION EIGHT: YOUR NEW LIFE**

Compared to life with your violent ex-partner, what is life like for you now?

What has been the most positive aspect of leaving and starting a new life for yourself (and, if any, for the children)?

(If any) How is life now for the children?

Looking back, what helped you most to leave and start a new life?

Have you learnt anything from this experience that you would particularly like to share with other women who may be thinking of leaving a violent partner?

What suggestions do you have for maintaining and/or improving services and support for women who are thinking about or are leaving violent partners/establishing new lives?

Is there anything else you would like to share about your experience of leaving a violent partner and starting a new life?

## Appendix 5: Information Sheet and Consent Form



UNIVERSITY OF TASMANIA

Shirley Patton  
School of Social Work  
Locked Bag 1-340  
**LAUNCESTON 7250**

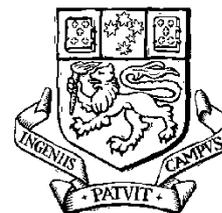
*Dear Reader*

Thank you for taking the time to read this. My name is Shirley Patton and I am trying to learn from women in Tasmania what enabled them to leave a relationship in which they had an experience of violence from a male partner, with whom they lived. If you left your partner between 1995 and 1999, I would be grateful if you would be willing to share your story with me. Any contact with me will be treated respectfully and confidentially.

Your story will assist me to gain an understanding of women's experience of leaving and creating a new life. It is often difficult for women to consider leaving after an experience of violence from their partner. I am interested in what helped *you* to leave? Was anyone supportive? How did *you* establish your new life? If you would be willing to share your story with me, I would like to use your story, along with the stories of other women throughout Tasmania, to become the subject of a report I will write. I aim to raise awareness about your's and other women's experiences.

If you wish to, you may prefer to use another name when you make contact with me. Please be assured that your contact with me will be treated with the utmost confidentiality. I have attached an information sheet about the study to assist you with deciding to participate and I invite you to contact me to talk more about it. My number is:

**Yours sincerely**



UNIVERSITY OF TASMANIA

Shirley Patton, School of Social Work  
LAUNCESTON 7250

### INFORMATION SHEET

#### **Title of Research:**

***Pathways and turning points: how women leave violent partners and create new lives.***

#### **Purpose of the Study:**

My name is Shirley Patton and I am currently a lecturer in the School of Social Work at the University of Tasmania. I have chosen this area to study as a result of my previous involvement with women as a Social Worker in the areas of domestic violence, women's health and women's policy, and my ongoing personal interest and concern about women's safety and wellbeing. ***Previous research indicated women often found it difficult trying to leave and faced considerable barriers which prevented them from leaving.*** These have included commitment to the relationship, reluctance to break up the family, lack of financial, societal and personal supports, fear of reprisals and lack of information about available support. This research seeks to learn from **your** experience and provide information to women, the community and government about what enables women to leave.

#### **What the study involves:**

I will be asking you to participate in an interview with me of between 1 and 2 hours, at a venue that suits you. This may be in your own home or you may prefer to choose from a number of other suggested private locations in or out of your local area. ***The interview will be aimed at allowing you to share your story about what enabled you to leave, between 1995 and 1999, a relationship in which you had an experience of violence with a male partner with whom you lived and about what helped you establish a new life.*** With your permission the interview will be audio-taped. This will be typed up and a copy of this will be available to you for comment before being used for the report. Your identity will remain confidential with a code name given to the tape. All tapes and transcripts will be kept securely stored by the researcher and destroyed at the end of the process. Your participation is entirely voluntary and if you decide to take part in the study you have the freedom to withdraw at any time without prejudice. As reasonable out of pocket expenses, a payment of \$35 will be paid to each participant at the time of interview.

#### **Contact persons:**

You may feel like talking further about thoughts and feelings arising from the interview and information will be provided about available supports. The study has been approved by the University of Tasmania's Human Ethics Committee. If you have any concerns of an ethical nature or complaints about the manner in which I conduct the study you are able to discuss these with the Chair, - ph: or the Executive Officer, -ph:.. Copies of this "Information Sheet" and the "Statement of Informed Consent" will be made available to all participants. A summary of the report will be available to all women taking part in the study. If you are interested in participating, please be assured again, your contact with me will be treated with respect and confidentiality. You can phone me to participate or discuss further on ph: or write to me at Locked Bag 1-340, Launceston, 7250



UNIVERSITY OF TASMANIA  
School of Social Work

**STATEMENT OF INFORMED CONSENT**

Title of research: ***Pathways and turning points: how women leave violent partners and create new lives.***

1. I have been provided with a copy of and read and understood the 'Information Sheet' for this study and will be provided with a copy of this signed "Statement of Informed Consent".
2. The nature and possible effects of the study have been explained to me.
3. I understand that the study involves the following procedures:
  - participation in a audio-taped interview of 1-2 hours duration with the researcher;
  - transcription of the tapes by a professional transcriber for analysis by the researcher;
  - the opportunity to comment on and keep transcripts of the interview;
  - the publication of the results in a final report;
  - the opportunity to access summaries of the final report.
4. I understand that should I feel uncomfortable or upset during the interview that I can stop and/or withdraw at any time. I have also been provided with information regarding appropriate emotional support if I require it as the result of the interview process.
5. **I understand that all research data will be treated as confidential.**
6. Any questions that I have asked have been answered to my satisfaction.
7. I agree that research data gathered for the study may be published provided that I cannot be identified as a participant.
8. I agree to participate in this research and understand that I may withdraw at any time without prejudice.

Name of participant: .....

Signature of participant: ..... Date: .....

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I, the researcher, have explained this project and the implications of participation in it to the above woman participating and I believe that the consent is informed and that she understands the implications of participation.

Name of investigator : Shirley Patton

Signature of investigator : ..... Date: .....

## **Appendix 6: An Example of Good Practice: A Nurse's Outreach Support**

*There was one [nurse] I did relate a lot to...She was a great support...I opened up totally to her [about the violence]...She showed compassion and that's what I felt was always lacking...No-one really wanted to help, they just wanted to do everything by the book...and domineered. But if you come across that individual who said, 'Right, if you go back that's fine, but I'll be here for you when it happens again. I'll be here for you, we'll go through it together'. That is what you look for...She listened. If I...told her that I loved him when he was good and then I hated him when he was bad, but I still thought he might change and I'd give him a second go, if that was my decision, she'd say 'If that's what you want to do, you do that'. So she wouldn't argue with me and...make predictions of what I should do for the future. She let me make my own mind up and always let me know she was there for me. I'd speak to her once a week or once a fortnight, and I'd probably see her once a month...[over] twelve months...She was definitely [significant]...[My thoughts changed] totally. Sometimes I thought I was going totally insane, that I wasn't all there in my mind because what I wanted to do and what people were seeing and what I was believing were two totally different things. I was very, very confused...But she was very supportive...just compassionate and understanding...I felt that I wasn't a hindrance...she wasn't getting sick of it. Friends you can only tell so much and then you think, 'Oh no, I can't just go on. They'll think, "Oh, here comes that woman again, and she's going to go on and on about this"'. So you'd pick and choose who you ever told and what you told. I wanted support [from friends]...to back me up and agree with me in what I was doing, biding my time for when the time was right. In this book that she gave me...there was an actual diagram of the way that these (violent men) operate...She went through all that with me...and I'd probably say to her, well this sounds so silly, she'd say 'No it doesn't because such and such' and she'd have a story for me. But again it was just finding the individual who was compassionate (Julie, 45).*