What do Australian Women Experiencing Intimate Partner Abuse Want From Family and Friends?

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Friends?

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Abstract

We analyzed the views of a diverse sample of women (n= 254) living in the state of Victoria in Australia who were experiencing fear of an intimate partner. We explored women's views about their interactions with their families and friends to examine what women who have experienced fear of a partner or ex-partner want from their family and friends. The themes identified provide useful guidance about what are helpful and unhelpful communication strategies and behaviors from families and friends. Women experiencing intimate partner abuse find informal support invaluable, provided it is delivered in a helpful fashion. Helpful support is affirming, encouraging, validating, understanding, and delivered with positive regard, empathy and respect. Social contact and interaction are particularly appreciated, as is instrumental support such as financial help, housing, and child care. Women value both support that is directly related to abuse and support related to other areas of life.

Keywords

Intimate partner abuse (IPA), abuse by a current or previous intimate partner, is a major public health problem, both globally (García-Moreno, Jansen, Ellsberg, Heise, & Watts, 2005) and within Australia (National Council to Reduce Violence against Women and their Children, 2009; Office of Women's Policy, 2009). It occurs in all countries irrespective of culture, socio-economic status or religion, and in all types of relationships, both same sex and heterosexual (Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002). The context and severity of violence by men against women makes IPA against women a much larger problem in public health terms than IPA against men (Krug et al., 2002; World Health Organization, 1997).

IPA has severe short and long term health consequences, both physical and mental, for the partner experiencing abuse, and for any children in the family (Bedi & Goddard, 2007; Campbell 2002; Ellsberg, Jansen, Heise, Watts, & García -Moreno, 2008). As evidence of the magnitude of the problem, IPA is the major cause of death, disability and illness among women aged between 15 and 44 years in Victoria, Australia (VicHealth, 2004; Vos et al., 2006). The problem has major societal costs in both social and economic terms; for example in 2009 the annual cost of IPA in Australia was estimated to be 13.6 billion Australian dollars (Department of Families, Housing, Community Services and Indigenous Affairs, 2009).

Given the prevalence and impact of IPA, the question of provision of appropriate and effective services and support is a crucial one. IPA remains a hidden and stigmatizing issue. For example, in the World Health Organization (WHO) multi-country study (García-Moreno et al. 2005), between 20% and 66% (depending on location) of those women reporting physical abuse had told no one else about the abuse before talking about it to the researchers. Furthermore, studies have also demonstrated women's reluctance or hesitation in accessing formal services (Fanslow & Robinson, 2010; García-Moreno et al., 2005; Hegarty & Bush, 2002). Between 55%

and 95% of women in the multi-country study who had been physically abused by their partner had never sought help from formal services or from individuals in a position of authority (e.g., village leaders).

Of those who do seek help from health services, women typically make seven to eight visits to health practitioners before disclosure (Harris, 2002). This has led to a widespread debate within health services about the value of different forms of direct questioning about abuse in helping women access services earlier (Nelson, Bougatsos, & Blazina., 2012; Taket et al., 2003). There have also been calls for information to be produced and widely disseminated to assist families and friends in providing support (Fanslow & Robinson, 2010; Trotter & Allen, 2009), and for the importance of family and friends in helping to stop IPA to be utilized in prevention campaigns (Klevens, et al., 2007).

Just as the importance of support to health and wellbeing has been identified generally (Taylor, 2011), it has also been found important for women experiencing IPA (Beeble, Bybee, Sullivan, & Adams, 2009; Mertin & Mohr, 2001). Both formal and informal types of support have been identified as important, although, as noted above, women are often reluctant to seek formal support or services. Ability and willingness to access formal or informal support varies according to the socio-economic circumstances of the woman and her family, including factors such as sexuality, ethnicity, culture and religion (Brabeck & Guzman, 2008; Few 2005; Ingram, 2007; Sullivan, Senturia, Negash, Shiu-Thornton, & Giday, 2005; Turell & Herrmann, 2008).

Women from marginalized or disadvantaged groups report additional barriers to seeking formal support (Crandall, Senturia, Sullivan, & Shiu-Thornton, 2005; Davis & Taylor, 2002; Gillum, 2008; Ingram 2007; Wilcox, 2000). The number of different factors at play for any particular woman means that simple, clear cut, differences by characteristics such as ethnicity or

culture are not found in the literature (Jones, Bogat, Davidson, Von Eye, & Levendosky, 2005; Savage & Russell, 2005). Responses received from family and friends are not always helpful (Clark, Silverman, Shahrouri, Everson-Rose, & Groce, 2010; Fanslow and Robinson, 2010; Goodkind, Gillum, Bybee, & Sullivan, 2003; Klevens et al., 2007, Lempert, 1997), and fear of possible negative or unhelpful reaction is one factor that can make women reluctant to talk to families and friends about their experiences. In some cases there is also direct involvement of family members, particularly in-laws, in the abuse experienced (Clark et al., 2010; Gangoli & Rew, 2011; García-Moreno et al., 2005).

Given the importance of informal support from families and friends to women and the mixed nature of women's relationships with families and friends emphasized in the literature, we wanted to explore the perspectives of women themselves on this. This led us to undertake the analysis that we report in this article.

Methods

Our analysis was based on qualitative data gathered from the initial stage of the weave project, which evaluated a brief counseling intervention delivered by general practitioners in Victoria Australia to women who screened positive for fear of a partner or ex-partner. The weave study design included a cluster-randomized control trial and a process evaluation based on qualitative and quantitative data, with follow-up of women over two years (Hegarty, et al., 2013b). In the baseline survey of the women we collected a variety of rich qualitative data on women's relationships with family and friends. We analyzed this data with two aims: first to describe women's interactions with their families and friends; and second to explore the types of support

that women find helpful from family and friends. Our research question was: what do women who have experienced fear of a partner or ex-partner want from their family and friends?

Ethics approval for the weave study was granted by The University of Melbourne's Human Research Ethics Committee. Participants' safety was a key priority, and we used stringent protocols, including contacting women at nominated times, using safe addresses and phone numbers and minimizing likelihood of perpetrator awareness and distress for women and researchers.

Data collection and management

The qualitative data we analyzed for this article were obtained from responses to the open questions included at various points in the baseline survey (see Appendix A). These have been numbered for ease of reference. The vast majority of the survey respondents replied to at least some of the qualitative questions. In our analysis, we also explored differences, if any, between responses from different subgroups in the sample. We therefore used a subset of quantitative data collected in the baseline and screening surveys; the variables concerned are shown in Appendix B.

Transcripts of the responses to open survey questions were entered into NVivo 9 (QSR International Pty Ltd, 2010), together with data on socio-demographic characteristics of the respondents. To ensure confidentiality of participants, numbers had already been assigned to each respondent. We generated an initial coding scheme in discussion over the course of a series of meetings between the four authors using detailed readings of a sample of 10 of the surveys. The aim of the initial coding scheme was to detail who and what the women talked about, together with what they felt about it in emotional and/or psychological terms. This scheme covered codes identifying what was discussed in terms of the type of person/people involved,

activities, behavior, emotions, psychological states, physical states, services, and the environment. The initial coding scheme was then applied to the whole sample, with each researcher coding a subsection of the transcripts.

Data analysis

Multiple theoretical approaches have been applied to understanding women's experience of IPA, their behavior in the face of it and their decision-making around different possible courses of action. The understanding we employed in the analysis we report here was based on the tenets of survivor theory which emphasize the active agency of women who experience IPA (Gondolf & Fisher, 1988) in crafting their response to their particular situation, including any decisions they make to use, or not, different sources of support.

In our analysis we also recognized the importance of appreciating women's psychological readiness to change (Bostock, Plumpton, & Pratt, 2009; Burke, Denison, Gielen, McDonnell, & O'Campo, 2004; Cluss, et al, 2006) in understanding the different strategies women consider at various points in their relationship history. We also drew on the literature on support, in particular using the four-fold distinction of different types of support (Cohen & Hoberman, 1983; Wills 1991): instrumental (tangible); informational; emotional (esteem); and companionship (belonging).

Overall our analysis used a constructivist grounded theory approach (Charmaz, 1990, 2000) involving a cyclical process of continually moving between reviewing literature, data coding and analysis. Our analysis included both inductive and deductive phases. The starting point for our inductive analysis was multiple readings of material coded to "family" and/or "friends" by one of the researchers (the first author). The material was open-coded by generating additional codes to explore relationships with families and friends and what women valued and

did not value in those relationships. A process of memo-writing was used to document the analysis, at this stage concentrating on exploring the connections between the codes generated and the existence or not of any patterning in the response by the woman's relationship stage or other socio-demographic characteristics.

Results of the ongoing analysis were discussed at a series of meetings between the authors; these meetings gave a regular opportunity for reflection on our own positions as researchers and allowed us to consider possible bias, leading, if necessary, to additional scrutiny of the data. Following each meeting the analysis continued, revised and reshaped as necessary, through the merging of existing codes, and the creation of categories to group codes and the identification of overarching themes expressing groupings of, and relationships between, categories. The three themes that emerged were those that captured best the interconnections between the ways that women talked about their interactions with families and friends. Again this was documented in memo-writing. We named and described the themes identified using the terms the women themselves used whenever possible; details are given in the results section.

In the final stage of the inductive analysis we systematically explored whether different patterns of response were found for particular subgroups of respondents. This involved systematically looking to see whether there were any noticeable differences in patterns of responses according to socio-demographic characteristics or characteristics such as stage of relationship, or level of fear of abusive partner. Following this inductive phase of analysis, we carried out a second, briefer deductive phase that explored the women's views on helpful support, both formal and informal, using the four-fold distinction of different types of support (Cohen & Hoberman, 1983; Wills 1991): instrumental (tangible); informational; emotional (esteem); and companionship (belonging).

Participants

The participants in the weave study were recruited between June 2008 and June 2010 via a sample of 52 general practitioners (GPs) located across the state of Victoria. The invitation to participate in the study was sent out by the woman's GP. From each GP, up to 600 women patients aged 16-50 years who had seen their GP for any reason over the previous 12 months were randomly selected, then screened for IPA via a postal survey, asking whether they had experienced any "fear of a partner or ex-partner" in the last 12 months. Those identified as having experienced fear of a partner were invited into the trial. Contact details were only given to researchers, by the women themselves, if they wished to participate in the study. Just under half of these agreed to participate, resulting in a cohort of 272 participants at baseline.

The weave baseline survey was completed by 272 women. Eighteen women were excluded from our analysis for this article, because they did not respond to any of the survey's qualitative questions (5 women), or did not mention friends or family at all in their answers to these questions (13 women). Thus the analysis was based on responses from 254 women. Table 1 presents basic socio-demographic and health information on the women.

INSERT TABLE 1 ABOUT HERE

The sample of women was extremely diverse in terms of their experience of abuse, including those still actively working to improve the relationship, those who were staying in the relationship and could not see how it could change, those working to stay safe in the relationship while they worked out how to leave, those in the process of ending the relationship and sorting out finances, housing and custody of children when this applied, and those who had ended the relationship but were still experiencing abuse and/or were dealing with the physical or psychological effects of abuse. The sample thus included women from all the different stages

identified in the transtheoretic model of change or other readiness to change models (Burke, Mahoney, Gielen, McDonnell, & O'Campo, 2009; Chang, et al., 2006). The health of the women was poorer than that of women who did not screen positive for fear of a partner (Hegarty, et al., 2013a).

Results

The terrain that women experiencing IPA negotiate is complex and dynamic, summarized by one respondent as "living on tender hooks". This quote points in several different ways to the complex challenges that women experienced in their daily lives as they employed a variety of different strategies for different purposes. These purposes include to: heal from a past abusive relationship; remain safe in a current abusive relationship; protect their children and/or negotiate changes up to and including ending the relationship.

"Tender hooks" might be read in a number of different ways. First, it can be read in relation to their love for their partner, but not their partner's behavior. And/or it can be read in relation to their children and the perceived risks of losing them on any separation. And/or it can be read in relation to pressure from the cultural and/or religious norms within their birth family and/or the family of their partner that can provide pressure toward, and expectations of, remaining in the relationship. "Tender hooks" might also be a simple miss-rendering of "tenterhooks", offering a different view into daily challenges: perhaps in terms of the women's strategies for maintaining safety for herself and her children; or behavioral strategies to minimize risk and maintain quality of life.

Women's relationships with their families and friends in the context of their experience of IPA were also complex. Relationships with family members and friends were not always

uniformly positive or negative. Almost 70% (176) of the women talked about some negative aspect(s) of their relationships with family or friends, while 55% of the women (141) talked about positive aspect(s) of their relationships with family or friends. As might be expected, given the possibility of choosing one's friends, negative aspects were more frequently discussed in relation to families than friends while for positive aspects, friends featured more frequently than families. A small group of women (just under 2%, 5 women) were very explicit about wanting their families and friends to know nothing about their situation in relation to abuse. Aside from this small group of women, all the others, i.e., the vast majority of the women expressed the wish for support from family and/or friends.

In the next section our findings in relation to what women value from their families and friends are considered, followed by our findings about what women do not value; these sections offer two different ways of looking at what women want from their family and friends. The subsequent section considers women's views on support in more detail, looking at different types of informal support. When illustrative quotes from the women participating in the study are used, brief contextualization is given in terms of the women's life situation is given if this is necessary. With the exception of one woman from whom two quotes are used, each quote used in the article comes from a different woman.

The final stage of our inductive analysis found no systematic different patterns of response for particular subgroups of respondents according to different socio demographic characteristics. We also found no differential patterns of response according to relationship stage either, or in terms of level of fear of partner or ex-partner.

What women value from families and friends

First, we examine what women valued from their families and friends. Our discussion considers in turn each of the three themes identified from the way the women talked about this topic. The first theme encompassed the qualities that women valued in their interactions with families and friends: affirmation, appreciation, encouragement, love and positive regard, validation. The second theme described features relating more specifically to families' and friends' communication around the abuse experience: understanding, empathy, listening and respect. The third theme related to aspects of families' and friends' behavior and covered social contact and interaction. As our discussion below demonstrates, these three themes were inter-related and interconnected. Each theme was found in women from each of the different relationship stages.

No single phrase from our participants captured adequately the entirety of the first theme: a constellation of valued elements: affirmation, appreciation, encouragement, love and positive regard, and validation. Some of the terms used in our description of this theme, specifically appreciation, encouragement, love and positivity appear often as terms in the women's accounts. The other two terms used in the theme description, affirmation and validation are terms that we supplied as researchers in response to the women's descriptions; none of the women used these terms explicitly. Quotes from three women in different relationship stages illustrate typical ways that women in the sample talked about the first theme. One woman wrote:

> I wish that my family and friends continue to support, love and encourage me on this journey - I know I have a lot in stall for me in this wonderful life and a part of understanding that was having to go through this situation with my partner.

The second woman wrote: "I wish that my family and friends know how amazing they are. They have been more insightful, supportive and helpful than any health provider". The third example comes from a woman who wrote in response to question 11:

> My eldest sister is fantastic. She will listen without judgement although I know it hurts
>
> her that I am not in a great relationship. Of enormous value is her encouragement, telling
>
> me how proud she is of me and that I am a wonderful mother/person.

Note that the quote from this woman introduces two other important characteristics, listening, considered as part of the next section, and the importance of not being judged.

Many women discussed the importance of the health issues that affected their daily lives. In some cases these were issues that had directly arisen from their experience of IPA, whereas in other cases they were separate issues, but contributed to making it more difficult to make changes in their lives. Women expressed how understanding about this was something they would like to receive from family and friends: "I wish that my family and friends were loving, forgiving, non-judgemental, understood the degree to which my health issues impacted on my daily lifestyle."

Women often talked about what they valued despite its absence in their lives. This form of expression is only to be expected given the form of questions 7 to 10 (see Appendix A). For example from two women in contrasting relationship stages: "I wish that my family and friends that my family would accept who I am today", and: "I wish that my family and friends liked and appreciated me for who I was". Taken together these illustrate the particular qualities in the communication from families and friends that women valued.

We now move on to the second theme identified in the analysis of what women value from family and friends more specifically in relation to their abuse experience: understanding, empathy, listening and respect. Here again no single phrase does justice to the theme. The terms understanding, listening and respect are used frequently in the women's accounts. Empathy was a term we supplied as researchers in response to the women's descriptions; none of the women used this term explicitly in relation to their discussion of their families and friends. Women's wishes for understanding were again often expressed in terms of a lack, as quotes from three different respondents illustrate: "I wish that my family and friends would try to understand me as an individual and respect my wishes"; "I wish that my family and friends could just have lived in my shoes for just a while"; and "I wish that my family and friends really understood what I'm going through".

Another woman, divorced quite some time ago, reports still experiencing considerable consequences, as illustrated by her responses to question 2 on keeping herself safe: "I don't tell my son anything important so he won't slip and tell my ex-husband. I don't make friends. I'm reclusive. Avoid places he will be going." The understanding she seeks is that of the long-term consequences of her abuse: "I wish that my family and friends would understand some days are good and some are bad. Even years down the track from the past problems".

Listening was an extremely important component of this theme: "I wish that my family and friends understood, listened, did not compare me to them". A second woman was typical of many who contrasted her family and friends: "I wish that my family and friends would understand me and listen more deeply than what they do. My friends are lovely, I'm very lucky."

Some women welcomed direct enquiry from their family and friends: "I wish that my family and friends would ask me how I am". However, as we noted earlier, there were a small

group of women in the sample who wanted their family and friends not to know about their abuse. There was also much complexity and some tension regarding how much women wanted their families and friends to know, as one woman, whose relationship has just ended, illustrates: "I wish that my family and friends knew everything. Of course I tell them what's going on but there's a line, and I don't feel that comfortable". Similarly, another woman, experiencing ongoing emotional abuse from her partner with whom she lives explains her tension and the reasons underlying it: "I wish that my family and friends could know more about my problems but I don't want to burden them + I feel like I would be dishonouring our relationship if I let them know more".

A third woman who was divorced and raising a daughter on own, offers her different explanation for why she finds it difficult to tell her family and friends what she has experienced:

> I wish that my family and friends knew how bad things have been, I'm still so ashamed about my situation, that I am loath to ask for support or assistance. I keep things bottled up and keep my distance from close relationships. I haven't dated in the 10 years since my ex-partner left me.

There were many tensions about how women wanted their family and friends to communicate or display their understanding, and some women discussed this explicitly. Some women wanted direct input from families and friends, as these three quotes from women in different relationship stages illustrate: "I wish that my family and friends were more confrontational in a loving way and made me more accountable for my decision making in this area"; "I wish that my family and friends told me what they really felt, they did not want to intrude, But I wish they did!!"; and finally "I wish that my family and friends would support me

more by listening, not judging - telling me things that I can't see (like I'm getting tired. I should slow down) and more physical touching – hugs".

In contrast, other women talked about experiencing direct input as an unwelcome pressure, two typical examples of this group, again from women in different relationship stages were:

I wish that my family and friends were more understanding about why I am finding it difficult to leave the relationship rather than just saying "I don't see why you don't just tell him it's over and be done with it".

I wish that my family and friends had've allowed me to get over what I'd experienced at my own pace. I knew what I was capable of the whole time but I was pushed further than I could deal with by everyone.

Finally, some women narrated how they experienced some of their families' behavior as complicit with the abuse:

I wish my family understood that it is not right for somebody to treat me the way my ex did and that as they support him both financially and emotionally this empowers him to continue his behavior.

Taken together these imply the need for families and friends to be very sensitive to allowing the woman to set her own pace and to carefully consider, and perhaps explicitly ask about, the extent of direct input wanted from them.

We now turn to the third of the three themes we identified in the analysis of what women valued from family and friends: social contact and interaction. Women talked about this in a variety of different ways and identified specific reasons why social contact and interaction with families and friends was highly valued. One woman, still in the abusive relationship, with preventive strategies focused on changing her own behavior, wrote in answering the question on who has helped most: "Friends. Even though they may not change the situation they make you feel not alone". The desire for more social contact was often connected to everyday socializing activities: "I wish that my family and friends weren't so busy so we could catch up more often".

Several women explicitly expressed the wish for family and friends to make more effort in maintaining social contact, for example: "I wish that my family and friends would call in a little more - I tend to do the most work in these relationships". Another woman who expressed a similar view also offered one potential reason for lack of contact: "I wish that my family and friends would just pick up the phone and call me or drop in to visit, and not think that I'm after their partners because I do not have one".

Some women talked about the effect that the IPA had on restricting their interactions with friends and family, for example one woman, experiencing emotional abuse, ready to make a change "if the situation required" commented: "Not many female friends as they have slowly decreased over several years because too difficult to socialise with them". Another woman, no longer in the abusive relationship but still dealing with effects of her abuse stated: "I am estranged from my family and most friends and rarely leave my house". A third woman, divorced, living with her child and stressed by demands of caring for an elderly parent and maintaining sufficient income wrote: "I wish that my family and friends were still in contact and had not been neglected and lost".

Although many women wanted more contact with families and/or friends, some women considered that maintaining their safety in the relationship required restricting such contact. For example, one woman, still in the relationship, had children from a previous marriage who were not living with her. In response to question 2 "Are there things that you have done in the last 6 months to keep you safe from your partner or ex-partner?", she wrote: "Tell my children and family not to come to my house or call".

As we discussed earlier, a small group of women (five women in the sample, in diverse relationship stages) explicitly did not want their families and friends to know about the experience, and as a result restricted social contact. For example, one woman wrote: "I wish that my family and friends never had to hear or know what I have endured during my relationship".

What women do not value

Next we discuss what women did not value in terms of their relationships with family and friends in four sections corresponding to the four themes that emerged from the way the women expressed their views: judgment; blame; directive advice and interference; social isolation. Here the theme descriptors come directly from the terms used in the women's accounts. As our discussion below demonstrates, these four themes are inter-related and interconnected. Each theme was found in women from each of the different relationship stages.

One very important area that women did not value was being judged. Note that the way that the women talked about judgment was always in a negative sense, an affirmative or validating comment was never expressed as a positive judgment. One woman, still in the relationship, and several others (in a diversity of different relationship stages), expressed this succinctly: "I wish that my family and friends were less judgemental". Another woman wrote: "I

wish that my family and friends wouldn't judge me on the things I do and the choices I make". A final example another woman, separated from her abusive partner who wrote: "I wish that my family and friends weren't so judgmental about how long I stayed with my ex-partner. Sometimes I feel they blame me for what he did".

Both of these last two women experienced judgment from their family and friends as a criticism of their choice and agency in the situation. The quote from the last woman above also illustrates another issue raised by many women, namely feeling blamed for the abuse they experienced; the issue of blame is discussed further below. Some women linked this to feeling that family and friends valued their abusive partner/ex-partner over them.

Several women extended this lack of judgment they valued to their abusive partners as well, for example: "I wish that my family and friends would stop passing judgement on my ex-husband". It is thus very important to recognize that being supportive to the women is not necessarily the same as condemning her abusive partner/ex-partner, although there is a delicate balance to be struck in terms of not condoning abuse, as discussed earlier, and also of recognizing abusive behavior for what it is, as another woman expressed it: "I wish that my family and friends had more understanding of my life/my illness and in the past saw my ex-husband for who he really was - a vindictive, manipulative, liar".

Another aspect commonly linked to feeling judged was concern about feeling that their abusive partner/ex-partner was accorded more belief than them. This is illustrated by quotes from two different women: "I wish that my family and friends would stop listening to the crap that my ex keeps saying" and "I wish that my family and friends could understand how I feel & talk to me about things rather than gossip or talk to my partner".

One particular type of judgment that was raised frequently, and already touched on above, was that of feeling blamed. Blame is identified as a separate theme to judgment as not all judgments in the women's accounts were accompanied by blame. Blame could be attached to a number of different things: for the abuse itself, for not ending the abuse, for not ending the relationship, for ending the relationship. The first and third of these manifestations of blame has already been illustrated in the section above, by the woman who wrote: "I wish that my family and friends weren't so judgmental about how long I stayed with my ex-partner. Sometimes I feel they blame me for what he did". Another woman illustrates the second by saying:

> I wish that my family and friends did <u>not blame me</u> [in original] for his violence. People
> do not understand the dynamics of abuse and tell you to tell him to "just stop" - as if it
> was that easy!

The effects of feeling judged or blamed were described graphically by women, another woman illustrates: "I wish that my family and friends stop blaming me, whispering about me, adding to my shame & alienation".

The next major theme in women's reports about what they did not value was directive advice or interference. Some women had received directive advice to return to the abuser. One such example is a woman who had eventually separated from her abusive partner, who wrote: "I wish that my family and friends i.e., (mum) never talked me into going back to my ex-partner all those years ago". Other women talked about receiving directive advice to end the relationship, for example one woman working to improve her relationship and to encourage her partner to tackle his drinking wrote: "I wish that my family and friends would realise it is hard for me and not make me chose between them and my husband".

Other women expressed their views in terms of what they saw as interference, and others talked about receiving advice that was unwelcome, for example one woman, separated from her abusive partner but still occasionally in contact with him, as she was trying to stay "in a friendship ([because of] kids) but distancing us at the same time", in answering the question about what had helped most wrote: "Police and parents helped to an extent. Lots of unwelcome advice and comments as well--hinders me asking /getting complete help". This does not mean however that all advice was perceived as unhelpful, as the later section on women and support discusses. Some women specifically talked about interference as being what was not wanted, without however expanding on whether this was advice and/or actions.

A few women specifically identified beliefs in their family or culture that resulted in pressure on them:

> Because of cultural differences relationship between couples in my culture is not just merely between the couples, is affected by many other factors, e.g., parents' influence, other family members'/siblings/ need/expectation will put weight/tense on the relationship. In my case, it turned so sour that we were talking about divorce all because of our beloved extended families.

Another woman, still in her relationship, and waiting for children to move out of home wrote: "my family was of the belief that divorce=failure". Other women narrated instances when direct interference by the family had resulted in them staying in an abusive relationship:

> I wish that my family and friends had supported me in being a better parent and trying to remove my boys from the situation 15 years ago. Instead they tried to take my boys - I had no choice so I stayed.

The final major theme in women's reports about what they did not value was social isolation. One woman explained how the problem can be compounded by different factors to do with the abuse and living and work situations:

> I wish that I didn't feel so alone, even with my children living with me. That I could find the JOY in life and it wasn't so mundane - lifeless!! …. I feel there is a need to include emotional and psychological abuse - there are no visible physical injuries but there are still "injuries" and issues which need to be resolved. This type of "abuse" still empowers the aggressor and isolates the victim. So much so that when the aggressor has left the relationship, "so called friends" disappear and the victim needs to form a new network of friends. This is much more difficult when children are older and you choose to stay in the same area so as to provide stability for the children!!!! This is such a LONELY place to be when you are in full-time work.

Other women similarly linked their isolation to factors to do with health, disability, income and/or childcare, making it hard for them to socialize. Some women were quick to report that that they had played a part in creating their own isolation: "I wish that my family and friends would talk to me more often (partly my own fault here though - I'm aware I've become more isolated as a result of developments)". This woman is perhaps far too quick to see herself at fault however, as she narrates elsewhere, the "developments" she refers to include factors outside her own control, including her caring responsibilities for her mother who lived with her and whose health problems had become progressively more severe over the previous two years.

In some cases isolation was reinforced by distance, increasing the challenge of maintaining day to day social contact. Quotes from two different women give typical examples: "I wish that my family and friends were not living interstate and were more available when needed"; and "I wish that my family and friends contacted me as I am 12,000 miles away & only my twin contacts me regularly. No phone calls from parents at all".

Women and support

Before looking at the types of support women reported receiving from families and friends in turn, we look briefly at the overall sample of women in terms of how they valued informal versus formal support. Question 11 invited women to identify who had helped them most with issues in their relationship with their abusive partner or ex-partner. In their answers many women took the opportunity to reflect on the help they had gained from different people and agencies; some went on to identify the specific individual or agency that had been of most help, others made it clear that they had received different things from different individuals/agencies without making any statement about the relative importance of these. Some of these women who gave an extended answer to this question also explicitly reported what they had *not* found helpful, these answers have contributed to the findings reported above on what women do not value from family and friends.

Some did not answer the question, or replied "no one" or "self". Sixty percent (153/254 women) of the sample mentioned at least one source of informal support as helpful, and forty-eight percent (123 women) mentioned at least one source of formal support as helpful, some reported both types of support were helpful. Fifteen percent (39 women) mentioned no external source of informal or formal support, some of these (8 women, 3% of total sample), did mention

themselves as the source of most help. Thirty-one percent of the women (79 women) mentioned receiving help from their family; most frequently this was from their family of origin, and less frequently from the family of their abusive partner or the family of their current non-abusive partner. Forty-four percent of the women (112 women) mentioned receiving help from their friends. One percent (3 women) mentioned their boss, employer or colleague at work.

As can be seen from this, many women received support from a variety of sources, and their responses illustrated how they drew on different individuals or agencies for different types of support. One woman, still in her marriage and with children, talked about working toward "building my resilience, self-esteem and honestly communicating with my husband" and replied to the question on who had helped her most with issues in her relationship with her partner or ex-partner by writing: "My mother-- financial and emotional support. My two best friends -- help with kids and listening. GP -- advised on counsellor". A second woman, also with children but separated from her abusive partner wrote in response to the question:

> When it came to the crunch, the Police Involvement. My father has had great advice for
> my financial concerns. My best friend has been an invaluable pillar of support and always
> been available, forward and assertive with her opinions--empowering. She had made sure
> I've followed through each and every step. Another girlfriend has been supportive and
> understanding only a call away.

All four different types of support (instrumental, informational, emotional and companionship) were identified in the responses that the women gave. In two of these four categories, instrumental support and companionship support, there was enormous scope for support not necessarily directly related to discussing the women's abuse experiences.

Instrumental support of all different kinds was mentioned and appreciated: financial, housing, babysitting, child care, help with housework and caring responsibilities, for example: "I wish that my family and friends could babysit the children more often! (so that I can get more time to myself)"; "I wish that my family and friends would help me out to give me some more me time"; "I wish that my family and friends could take my son when I need it, so I don't feel so restricted"; and as a final example, "I wish that my family and friends were more helpful around the house with chores without being asked".

Our analysis here illustrates the very wide range of different ways in which families and friends can offer support to women experiencing IPA that are valued by the women. Particularly important is the finding that this includes both support that is directly related to IPA, and support that is related to other areas of life, with the implication that women do not see or want their lives to be seen as defined only by their experience of IPA.

Discussion

Our findings yield useful information about how families and friends can actively support women who are experiencing IPA. Helpful communication strategies are particularly illuminated by the first and second themes discussed above in the section on what women value, and the themes in the section on what women do not value provide information about what is unhelpful communication. The findings here are very consistent with those from a meta-analysis of what women want from health care professionals (Feder, Hutson, Ramsay, & Taket, 2006).

Supportive behaviors from families and friends are further illuminated by the third theme discussed in the section on what women value – social contact and interaction - and the findings also illustrate the importance of both support directly related to abuse and support that is not IPA

specific, for example socializing, babysitting, help with housework and so forth. Our findings are broadly consistent with those that emerge from research into women's experience with families and friends (Goodkind et al., 2003; Rose & Campbell, 2000), women's strategies for surviving abuse (Brabeck & Guzmán, 2008; Wilcox, 2000) and informal help seeking (Brabeck & Guzmán, 2009; Fanslow & Robinson, 2010; Trotter & Allen 2009). Below we consider the implications of these findings, looking in turn at families and friends themselves, health and social welfare professionals, and researchers.

There is a significant potential for increased support for women experiencing IPA from family and friends. Studies in the literature identify significant proportions of samples that, prior to contact with researchers, have not told anyone about their abuse or received any formal or informal support. One of the most comprehensive examples of this is the WHO multi-country study (García-Moreno et al. 2005), between 20% and 66% (depending on location) of those women reporting physical abuse had told no one else about the abuse before talking about it to the researchers; these women thus did not receive support directly related to their abuse. Such figures however, do not tell us whether women wanted formal or informal support; the results reported in this article take our understanding further by identifying a considerable difference between the percentage of participants who reported receiving positive support from family and/or friends (55%) and the vast majority (98%) of participants who would have welcomed such informal support.

Many studies have identified that responses received from family and friends are not always helpful (Clark et al., 2010; Fanslow & Robinson, 2010; Goodkind et al., 2003; Klevens et al., 2007, Lempert, 1997), indicating a considerable potential for change. This is reinforced by our finding that 70% of our participants had experienced interactions with families and/or friends

that they found negative or unhelpful. Our findings thus illustrate the importance of responding to calls for information to be produced and widely disseminated to assist families and friends in providing appropriate support (Fanslow & Robinson, 2010; Trotter & Allen, 2009).

Our findings provide the basis for giving families and friends clear information about the types of support that women experiencing IPA find helpful, the type of communication they value and the type of behavior that is helpful. As we emphasized in the results section, our finding that women value both support that is directly related to IPA and support that is related to other areas of life is particularly important for families and friends to recognize. The implication of this is that women do not see or want others to view their lives as defined only by their experience of IPA. Recognition of this opens up scope for families and friends to interact with women in multiple ways that can provide valued support to women, through including them in everyday social activities and contacts. This offers women a chance to see themselves, and be seen by others, in ways which emphasize other aspects of themselves and their lives rather than being defined solely by their abuse experience. Providing affirmation and validation about other aspects of the women's lives is also relevant here, constituting a strengths-based approach to supporting women experiencing IPA.

The role of health and social welfare professionals is important to consider in terms of potential avenues for maximizing the support that women experiencing IPA receive from their families and friends. Within the bounds of confidentiality, professionals can assist by discussing with concerned, aware family members the different types of support that women experiencing IPA find helpful. The similarity between the particular types of communication and behaviors identified as helpful in our findings and those found in analyses of what women want from health

care professionals (Feder et al., 2006), demonstrates the potential value of family members and professionals jointly addressing the issue.

The results also have a number of implications for future research. First is the importance of taking our results further into practice by developing and testing public health style interventions that educate the community on how to support women living with IPA and which promote the adoption of the kinds of behaviors identified in this study as important. These could also be incorporated and tested as a part of family therapeutic interventions and/or in family therapeutic settings. A particular challenge, which also represents a considerable opportunity, is to ensure that the best use is made of different communication media in achieving this. Although our sample did contain Aboriginal women and those whose first language was not English, and our results did not identify any differential patterns of response for these groups, the numbers in these groups were small, and possibly insufficient to represent the diversity within either of these groups; further research in this area would be useful.

For the purpose considered here the study had a number of other limitations because data were gathered through postal surveys. First, there was no opportunity to ask for clarification or probe when no answers were given. This was a particular issue in terms of clearly understanding some responses. A second limitation was the relatively small number of questions that were asked to which qualitative responses were sought. Although this had the advantage that it offered women the chance to write as little or as much as they wished, there was no chance to encourage women to elaborate or even to answer the question, and without such encouragement some women might not have written as much as they would have said in an interview situation. A final limitation was the lack of opportunity for any kind of member checking or taking the results of our analysis back to the participants. This has limited the extent that development of theory was

possible in our analysis and is something that could usefully be followed up in further research with different samples of women.

Strengths of the study include that it was community-based, with a reasonably large sample size and considerable diversity in the sample obtained. In particular, the sample included women with a variety of relationship statuses with respect to their abusive partner, and also women with a variety of socioeconomic statuses. A further strength was the very open nature of the opportunities for women to provide views, which, though subject to limitations as noted above, had the advantage of not leading the respondent in any particular direction. It is possible that women might have experienced more freedom and confidence to express their views, without having to concern themselves about the researcher's perceptions and reactions to the extent that they might in an interview situation.

As the findings in diverse countries from the WHO study on IPA and women's health emphasize (Djikanovic, et al., 2012; Fanslow & Robinson, 2010; Kiss, d'Oliveira, Zimmerman, Heise, Schraiber, & Watts, 2012) women's social networks are very important in terms of supporting their efforts to make sense of and respond to their experience of IPA. Our analysis has illuminated what women value and what they do not value in their interactions with families and friends and provides a basis for helping families and friends understand how they can help and support women experiencing IPA, and reduce the risk that they are experienced as a source of stress rather than support for women who experience intimate partner abuse.

Women experiencing intimate partner abuse find informal support invaluable, provided it is delivered in a helpful fashion. Helpful support is affirming, encouraging, validating, understanding, and delivered with positive regard, empathy and respect. Social contact and

interaction are particularly appreciated, as is instrumental support, and notably, women value both support that is directly related to abuse and support related to other areas of life.

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Declaration of Conflicting Interests

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Appendix A

Open questions and their positioning in the baseline survey

Section on 'quality of life' (no open questions)

Section on 'your relationships' including:

1. Is there anything that could help you feel less fearful of your partner or ex-partner?

Section on 'safety' ending with:

2. Are there things that you have done in the last 6 months to keep you safe from your partner or ex-partner?

3. What, if anything, could help make you feel safe from your partner or ex-partner in the future?

Sections on 'about your health' and 'your emotional wellbeing' (no open questions)

Section on 'making changes in your life', consisting of:

4. What do you consider to be the most stressful aspect of your life right now?

5. Thinking about the issues with your partner or ex-partner, have you thought about making any changes with the next 6 months?

6. Thinking about the issues with your partner or ex-partner, have you thought about making any changes within the next 30 days?

Thinking about the issues with your partner or ex-partner, please complete the following sentences with the first words that come to your mind. *(There are no right or wrong answers, just write what you feel.)*

7. I wish my partner (or ex-partner)….

8. I wish that health providers including my GP….

9. I wish that I….

10. I wish that my family and friends….

Section on 'health service use' (no open questions)

Section on 'about social and community support', ending with:

11. Please describe who has helped you most with issues in your relationship with your

partner or ex-partner?

Section on 'about you and your household' (no open questions)

Section on 'your views about this survey', ending with:

12. Please use the space below if there is anything else you would like to tell us about the

survey.

Appendix B

Other items of data used

Item	Form of question and response set on survey
Age	Calculated from date of birth filled in on survey
Current fear	How afraid have you been of your partner or ex-partner in the last two weeks?
	Place an X on the point on the line that most closely reflects how you feel
	The two end points of the line were labeled 'Not at all afraid' and 'Very afraid',
	position converted to number between 0 and 100
Employment	Which of the following most accurately reflects your main occupational status?
	A part-time wage earner
	A full-time wage earner
	Working unpaid (including home duties)
	Unemployed, seeking work
	Unemployed, not seeking work
	None of these
English first language or not	Is English your first language?
	Yes
	No
Health	In general, would you say your health is:
	Excellent
	Very good
	Good
	Fair
	Poor
Level of fear of abusive partner	How often have you experienced being afraid of your partner or ex-partner in the last 12 months?
	None of the time
	A little of the time
	Some of the time
	Most of the time
	All of the time
Living with children under 18	How many children under the age of 18 years do you currently have living with you?
	None
	1

	2
	3
	4 or more
Main income source	What is the main source of income for your household?
	Wages or salary
	Pension or benefit
	Other
School education	When did you leave school?
	Completed secondary school to end of year 12 or equivalent
	Attended secondary school but did not complete final year
	Attended primary school only
	Did not attend school

Bios

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Table 1. Baseline Characteristics of Participants (n=254)[a]

Characteristic	Number of women (%)
Marital Status	
Married	77 (31%)
Separated/divorced	92 (37%)
Never married	79 (32%)
Lives with a partner	134 (53%)
Have children <18 years living at home	156 (61%)
Pregnant	13 (5%)
Year 12 not completed	99 (40%)
Unemployed	73 (29%)
Pension or benefit as main income source	59 (23%)
Have a health care card	124 (49%)
English not first language	15 (6%)
Feel fear of partner/ex-partner most or all of the time	35 (14%)
Health poor or fair	68 (27%)

Characteristic	Range
Age	17-50

[a] Denominators for individual characteristics vary because of missing data.