



GÖTEBORGS UNIVERSITET

Department of Social Work

International Master of Science in Social Work

AMIDST DOMESTIC VIOLENCE

**An Analysis of the Psycho-Socio Stigma and Feelings
of Isolation faced by Women in Göteborg and
neighboring Municipalities**

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Abstract

In the midst of domestic violence, this study was an analysis of the psycho-socio stigma and feelings of isolation faced by women in Göteborg and neighboring municipalities. In shedding more light on the psycho-social aspects of stigma and feelings of isolation among women who had suffered abuse, the study adopted a qualitative analytic design based on in-depth interviews with social work professionals working with victims of violence and women who had survived violent relationships. In the study, stigma and isolation were portrayed as direct outcomes of violence. Findings in the latter showed stigma as a process starting from the abusive home with the abusive partner as the first stigmatizer; the process then stretches when the victim tries to integrate in the wider society thus taking on the societal stigma anchored on cultural norms and beliefs held on VAW. Findings in the former showed isolation as a kind of violence and a sign of violence; used with a controlling aspect, it was meant to restrict women's movements in all spheres of life increasing their proneness to suffer more violent acts while in seclusion. The study concludes that social conditions such as VAW can only be stigmatizing when people perceive them as such and that the individual stigma of being the 'abused woman' is more profound because it is a feeling from within. Isolation as an act and prerequisite for violence can be neutralized by the presence of social networks for support; moreover support from such networks is dependent on their full awareness of the situation which was more often than not concealed. The study scope in terms of area affected the generalizability of findings; nevertheless, efforts for future research could thus be made in that direction.

Key words: *Domestic violence, stigma, isolation, social networks*

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Operational Definitions

Domestic violence is the violence which occurs between couples who are living together or once lived together in a conjugal-styled relationship (Davis, 1998).

Stigma is “an individual’s negative attitude towards a social group which matches the negative evaluations of society towards the attributes held by that group” (Herek, 2002:595 in Deacon, 2006:420).

Social isolation is the “lack of contact or of sustained interaction with individuals and institutions that represent mainstream society” (Wilson, 1987:60 in Lanier and Maume, 2009:1313).

List of Abbreviations

CHANGE – Center for Health and Gender Equity

ROKS – The National Organization for Women’s and Girls’ Shelters in Sweden

SKR – The Swedish Association of Women’s Shelters

UN – United Nations

UNICEF – United Nations Children’s Fund

VAW – Violence against Women

WHO – World Health Organization

CHAPTER ONE: INTRODUCTION

1.1 Introduction

Violence against women (VAW) is an unfortunate fact of life for millions of women around the world (Kendall-Tackett, 2007). It has become clear that women are more often at risk of those with whom they live and that many of them live constantly with the threat of “domestic violence” (UN, 1989). Of late, violence against women in the family has thus been recognized as a priority area for international and national action (UN, 1989). Owing to this recognition, “.....violence against women constitutes a violation of human rights and fundamental freedoms of women and impairs and nullifies their enjoyment of those rights and freedoms.....”(UN, 1993 A/RES/48/104). Moreover; around the world at least one woman in every three has been beaten, coerced into sex, or otherwise abused in her lifetime (Center for Health and Gender Equity - CHANGE, 1999). I use Michalski’s (2004:653) argument to explain the persistence nature of violence which states “domestic violence endures in large part because the social structure of interpersonal relationships within societies continues to provide the fertile conditions that spawn and perpetuate the use of violence”. The current study embraces different perspectives of violence suggested in literature as a way of enhancing the author’s intellectual capacity as well as the reader’s conception of domestic violence.

1.2 Structure of the degree report

This degree report comprises of six chapters. The introductory chapter sets off by recognizing domestic violence as a social problem based on a human rights perspective. A general background to the study is presented and narrowed down within the Swedish context. The second chapter is a review of literature related to the study. In the third chapter two theories on stigma and isolation are explored. The fourth chapter contains a description of adopted methods for data collection and analysis incorporating details of the predicted ethical dilemmas and how these were minimized; while the fifth chapter deals with research results and subsequent analysis. In the final chapter, a discussion ensued anchored on results and analysis made in the previous section. Suggestions for future research are given therein.

1.3 Background

Violence against women emerged as a serious issue only in the last 25 years (The UN, 1989). In coincident, Dobash & Dobash observed that:

“In 1971, almost no one had heard of battered women, except, of course, the legions of women who were being battered and the relatives, friends, ministers, social workers, doctors and lawyers in whom some of them confided. Many people did not believe that such behavior existed and even most of those who were aware of it did not think that it affected sufficient numbers of women or was of sufficient severity to warrant wide-scale concern” (Dobash & Dobash, 1980:2 in Johnson, 1995:102).

The comparative ‘invisibility’ of domestic violence could be explained in part, perhaps in large part, by a patriarchal state controlled by men (Johnson, 1995). Additionally, it has been claimed that “relationships between sexes are characterized by ‘dominance’ and ‘subordinance’ in which ‘males rule ‘females’ (Millet, 1969:25 in Johnson, 1995:102). Correspondingly, the Declaration on the Elimination of Violence against Women (1993) recognizes that violence against women is a manifestation of historically unequal power relations between men and women which have led to domination over and discrimination against women by men [.....] and that violence against women is one of the crucial mechanisms by which women are forced into a subordinate position compared with men.

From a structural perspective, men’s subjection of women to violence may be regarded as an expression of male superiority which may manifest itself in actual physical attacks on women (Lundgren et al, 2001). From a cultural perspective, many cultures have beliefs, norms and social institutions that legitimize and therefore perpetuate violence against women (CHANGE, 1999). In agreement, the United Nations (1989) holds that violence has been hidden by family privacy, guilt and embarrassment and to a certain extent traditional customs and culture. These perspectives seem to be reinforced by the inequality inherent in societies which subordinate women to men (Lundgren et al, 2001).

Previous studies in Western Europe and across many cultures indicate that intimate male partners perpetrate a significant amount of violence against women with whom they are or were involved in an intimate relationship (Hagemann-White 2001 in Klein 2004). In Sweden, 67% of women aged 18-24 have been subjected to violence by a man and/or have been sexually harassed since their fifteenth birthday (Lundgren et al,

2001). In 2007, it was revealed that 11,047 people out of a population of around nine million people were living under at-risk conditions requiring protective measures for their safety; sixty percent of whom were women hiding from men who had battered them and were still threatening and stalking them (Weinehall and Jonsson, 2009). The Swedish society has begun to view domestic violence against women not as the silent, hushed-up problem of the past but as a serious situation affecting the health of women (Nylen and Heimer, 1999). This background clearly demonstrates how violence against women is no longer invisible; it is a genuinely burning global problem whose stigma equally needs to be subjected to scholarly inquiry by means of research hence the reason for the current study.

1.4 Problem Area

In nearly 50 population-based surveys from around the world, 10% to over 50% of women report being hit or otherwise physically harmed by an intimate male partner at some point in their lives (CHANGE, 1999). In Sweden, a country of nine million inhabitants, about 16 women are killed by their domestic partners every year (Rying, 2003 in Weinehall and Jonsson, 2009). A Swiss survey revealed that 20.7% of women reported being abused by their intimate partner (Gillioz, De Puy, & Ducret, 1997 in Klein, 2004). While this empirically indicates existence of men's violence against women, associated consequences cannot be devoid of mention. Violence is among the leading causes of death worldwide for people aged 15-44 years (Dahlberg and Krug, 2002) moreover; living under constant threat and insecurity has an adverse impact on women's health (Weinehall and Jonsson 2009). Social isolation has been perceived by others to constitute an important risk factor linked to gender violence (Heise, 1998; Krug, Dahlberg, Mercy, Zwi & Lozano, 2002 in Agoff et al, 2007); whereby isolation, lack of personal contacts with friends and family is seen to create further stress (Johnson, 1995). These may seem explicit consequences of VAW however; the same line of thinking is maintained to advance research interventions on domestic violence related stigma and isolation. Particular focus is placed on the psycho-socio aspects of stigma and circumstances propelling conditions of isolation in the midst of violence as these may have practice implications pertinent to seeking and receiving support.

1.5 Aim of the Study

The aim of the study is to explore and describe domestic violence related stigma and isolation among women who have ever suffered violence with men they once loved and lived with, in a seemingly stable relationship/marriage.

1.6 Research Questions

- What is the psycho-socio stigma associated with domestic violence?
- What prompts feelings of isolation among women who have suffered domestic violence?
- What is the role of social networks amid conditions of isolation?

1.7 Scope of the Study

The undertakings of this study were hoped to be fulfilled in women shelters in the Sweden since they have been in existence since the 70's (Eduards, 1997). Gothenburg as a city was purposively chosen in view of the fact that it was the first municipality to grant space for a women's center (Nordisk Ministerråd, 2002). In order to increase chances of getting informants, the scope in terms of area was extended to include three other communities. In regard to this, the study then focused on domestic violence related stigma and domestic violence related isolation. In both instances, the psycho-socio aspects of stigma and feelings of isolation were put to scrutiny in two ways; the first was based on violent experiences shared by women themselves while the second was based on experiences of women as told by the social workers at the shelters. The reasons to involve social workers as key informants in the study are given later in the methodology section.

1.8 Significance of the Study

The significance of the current study was justified by two underlying factors. Firstly, studies by Heise and Garcia-Moreno (2002) have shown that the consequences of abuse are profound extending beyond the health and happiness of individuals. Building on this body of knowledge, the current study was meant to offer a descriptive analysis of the psycho-socio stigma and feelings of isolation associated with domestic violence. Secondly, recuperation of women in the midst of violence is

vital for their own wellbeing yet as postulated by Heise and Garcia-Moreno (2002) denial and the fear of being socially ostracized often prevent women from reaching out for help. More-so, in socially isolated couples, women seldom talk about their violent experiences due to shame referred to as ‘feelings of inferiority embodied’ (Enander, 2008). This can create a challenge for practice especially when details of violence are concealed; an issue anticipated to be addressed through in-depth interviews with women as they give a narrative of their violent experiences which in turn could facilitate the design of appropriate approaches for helping psychologically and socially stigmatized women.

1.9 The Shelter Movement

The Declaration on the Elimination of Violence against Women (1993) welcomes the role which women’s movements are playing in drawing increasing attention to the nature, severity and magnitude of the problem of violence against women. In every country, it is women’s movements that first articulate the issue if violence against women and press for recognition of it as a public problem, one that requires state action (Weldon, 2002). With this as a point of reference, we see the first shelters for battered women being started by feminist women demanding to bring the issue of wife battery into the public arena and wishing to provide a safe place for women who needed refuge and protection from their abusive husbands (Nordic Council of Ministers, 1998).

In Gothenburg and Stockholm; the idea of establishing women’s centers, separate gathering places for women, developed during 1976 as noted by Eduards (1997). Gothenburg was the first municipality to grant space for a women’s centre and the first centers for battered women and survivors of rape were opened in 1978 in both Gothenburg and Stockholm (Nordisk Ministerråd, 2002). The same legislation also allowed for the provision of public funds to women’s organizations (Nordisk Ministerråd, 2002); as such the women’s centre in Gothenburg was the first women’s group in Sweden to ask the municipal authorities to give them a location for a women’s house (Eduards, 1997). As a result, in September 1977 the Gothenburg municipal property office agreed that a site formerly home to a pharmacy could become Sweden’s first women’s center; its formal inauguration took place in February 1978 (Eduards, 1997).

In Sweden two umbrella organizations monitor women shelters - Riksorganization for Kvinnojourer (ROKS) and the Swedish Association of Women's Shelters (SKR). Statistics from ROKS indicate the presence of 100 women's shelters within the organization (ROKS, n.d); while statistics from the Swedish Association of Women's Shelters (SKR) indicate the presence of 160 local women's shelters designed to support and help women who are subjected to violence and their children (SKR, n.d). Like any activist organizations, ROKS is based on a feminist ideology and deals with issues of common interest for the shelters. They are involved actively in social and political debates related to violence against women and other issues related to women in the country. The emergence of shelters in Sweden and Gothenburg in particular implies that the safety of women in the midst of domestic violence is a prime concern for everyone. And in this case, the research will be conducted in undisclosed shelters with subjects being kept anonymous for ethical reasons.

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

This chapter presents related literature to domestic violence, stigma and isolation. The review of literature related to this study was aimed at demonstrating a deep knowledge of the history and breadth of the subject under study as well as how the intellectual field around it has developed (Ebeling and Gibbs, 2008). The review was organized as follows; understanding domestic violence, domestic violence related stigma, relating trauma, shame and stigma and domestic violence related isolation.

2.2 Understanding Domestic Violence

According to literature on domestic violence, the issue was kept off the political agenda until the 1970's for a variety of reasons (Johnson, 1995); however a number of scholars have so far attempted to clearly define and classify the problem. The United Nations Declaration on the Elimination of Violence against Women (1993) proposes that the term ‘violence against women’ means “an act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life” (UN, 1993 A/RES/48/104). It is further stated that violence against women shall be understood to encompass, but not limited to the following;

- Physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non spousal violence and violence related exploitation;
- Physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution;
- Physical, sexual and psychological violence perpetuated or condoned by the state, wherever it occurs (UN, 1993 A/RES/48/104).

This study thus concerns the first category of violence given above: physical, sexual and psychological violence against women occurring in the family and the domestic sphere. Buzawa and Buzawa (1996) view domestic violence as violence between heterosexual adults who are living together or who have previously cohabited while the Women's Aid Federation (*Great Britain*) maintain that "violence can mean among other things; threats, intimidation, manipulation, isolation, keeping a woman without money, locked in, deprived of food, or using (*and abusing*) her children in various ways to frighten her or enforce compliance including systematic criticism and belittling comments" (Women's Aid Federation Home Affairs Committee 1992:97 in Johnson 1995: 111). Important to note is that these three definitions present the core of this particular research; that is violence taking place between men and women and more specifically violence against women and the resultant 'physical' 'sexual' or 'psychological harm' or 'suffering to women' will be seen to depict some of the psycho-socio stigma of domestic violence under scrutiny.

Domestic violence can be understood by examining the way in which it manifests itself. Scholars have argued that violence against women takes a number of forms including female genital mutilation, rape, wife battering, incest, stalking, sexual harassment and psychological harassment (Weldon, 2002). Heise, Ellsberg and Gottemoeller (1999) consider physical abuse by an intimate male partner and sexual violence as the most common forms of violence (in Klein, 2004). In a worldwide review of violence against women conducted by the trio based on almost 50 populations based surveys from Africa, the Near East, Latin America, the Caribbean, Europe and North America indicated that between 10% and 50% of women report being physically or sexually harmed by an intimate male partner at some point in their lives (Heise et al, 1999 in Klein, 2004). Johnson (1995) identifies the main categories of [violence] as physical, sexual and emotional or psychological. In his view, physical violence may include slapping, punching, kicking, chocking, butting, biting, burning, pulling hair, pushing down stairs and the frequent use of weapons of one sort or another. The United Nations (1993) also adds that physical violence can range from bruising to killing stressing that what may often start out as apparently minor attacks can escalate both in intensity and frequency.

Presence of the aforementioned forms of violence and the act of violence in particular has been justified from different angles. The United Nations Children's Fund -

UNICEF (2000) holds that even though most societies proscribe violence against women, the reality is that violations against women's human rights are often sanctioned under the garb of cultural practices and norms or through misinterpretation of religious tenets. In the same way, the Center for Health and Gender Equity (CHANGE, 1999) asserts that justifications for violence frequently evolve from gender norms – that is social norms about the proper roles and responsibilities of men and women. According to CHANGE (1999) many cultures hold that men have the right to control their wives' behavior and women who challenge that right – even by asking for household money or by expressing the needs of the children – may be punished.

On the other hand it has been pointed out that violence against women is present in every country, cutting across boundaries of culture, class, education, income, ethnicity and age (Innocent Digest, 2000; UN, 1993). In countries as different as Bangladesh, Cambodia, India, Mexico, Nigeria, Pakistan, Papua New Guinea, Tanzania and Zimbabwe, studies find that violence is frequently viewed as physical chastisement – the husband's right to 'correct' an erring wife (CHANGE, 1999). While this may be true, other literature reveal that certain groups of women tend to be more vulnerable to domestic violence; for example, some groups of women, such as women belonging to minority groups, indigenous women, refugee women, migrant women, women living in rural or remote communities, destitute women, women in institutions or in detention, female children, women with disabilities, elderly women and women in situations of armed conflict, are especially vulnerable to violence (UN, 1993 A/RES/48/104; UNICEF, 2000).

Domestic violence may not be limited to women but quite often acts of aggression are directed towards women than they are to men. The United Nations Children's Fund (2000) maintains that violence in the domestic sphere is usually perpetrated by males who are or who have been in positions of trust and intimacy and power – husbands, boyfriends, fathers, fathers-in-law, stepfathers, brothers, uncles, sons or other relatives. Whereas CHANGE (1999) acknowledges that although women can also be violent and abuse exists in some same-sex relationships, the vast majority of partner abuse is perpetrated by men against their female partners. To confirm these assertions, a study by Straus, Gelles and Steinmetz (1980) of 2,143 married couples concluded that wives were only slightly less likely to use violence against their husbands than

the other way round. They added that violence by wives was often defensive rather than offensive and Straus believed that wives resorted to violence when they themselves suffered repeated attacks over a considerable period (Straus et al, 1980 cited by Johnson 1995); and according to Heise et al, (1994) as cited in Klein (2004) the majority of perpetrators are [usually] current or former intimate partners or other members of women's personal networks.

2.3 Domestic violence related stigma

The meaning of the word 'stigma' is still being delineated by academics. Stigma has been defined "as a social process, drawing on existing forms of social representation rooted in social power relations emerging from an individual's psychological blaming and othering response, a cognitive justification for an emotional reaction of fear" (Joffe, 1999 in Deacon, 2006:420). Link and Phelan (2001) presuppose that stigma exists when elements of labeling, stereotyping, separation, status loss and discrimination occur together in a powerful situation that allows them. They elaborate that;

"In the first element, people distinguish and label human differences. In the second, dominant cultural beliefs link labeled persons to undesirable characteristics – to negative stereotypes. In the third, labeled persons are placed in distinct categories so as to accomplish some degree of separation of 'us' from 'them'. In the fourth, labeled persons experience status loss and discrimination that lead to unequal outcomes" (Link & Phelan, 2001:367).

This proposed conceptualization of stigma as we have so far seen contains components that are central to the current study and will facilitate the process of unveiling the psycho-socio aspects of stigma associated with violence against women.

Accumulated evidence has shown that many social groups or categories of people are stigmatized in our society (Crocker and Major, 1989). What is common to all these social groups is that many regard them as flawed; attitudes towards the stigmatized are generally negative and stigmatized individuals are disliked more than the non stigmatized individuals (Crandall & Martinez, 1996; Crocker & et al, 1998; Jones et al, 1984 in Madon et al, 2005). In regard to the negative attitudes towards the stigmatized, Levin & Van Laar (2006) maintain that stigmas such as mental illness involve devaluation of a broad range of the person's characteristics. In agreement, Crocker et al (1998) cited by Miller (2006) add that the defining characteristic of the stigmatized people is that people devalue them. Stigmatized individuals are also the

target of prejudice and discrimination and suffer more un-wanted negative interpersonal and economic outcomes in life than the non stigmatized (Ainlay, Becker & Coleman, 1986; Crocker & Major, 1989; Jones et al, 1984 as cited in Madon et al, 2005). Stigma is thus two sided involving the stigmatizer on the one side and the stigmatized on the other.

Herek (2002) in Deacon (2006) considers stigma as a social construct. In support of this idea, Dovidio et al (2000) adds that it is a social construct that involves at least two fundamental components; firstly, recognition of difference based in some distinguishing ‘characteristic’ or ‘mark’ and a consequent devaluation of the person. Lewis (1989) elaborates on the fundamental component of stigma as a ‘mark’ by showing how as a ‘mark’, a person is distinguished as being deviant, flawed, limited, spoiled or generally undesirable. Stafford & Scott (1986:80-81) in Link and Phelan (2001:365) elaborate on stigma as a ‘characteristic’ by proposing that stigma “is a characteristic of persons that is contrary to a norm of a social unit” where a ‘norm’ is defined as a “shared belief that a person ought to behave in a certain way at a certain time”. It is indicated that stigmatized individuals possess some attribute or characteristic that conveys a social identity that is devalued in a particular social context (Crocker et al, 1998 in Link & Phelan, 2001).

Dovidio et al (2000) have also related stigma to attributes of deviance and prejudice. The authors stress the fact that stigma involves perceptions of deviance but extends to more general attribution about character and identity. Lewis (1989) adds that the stigma that an individual possesses represents a deviation from the accepted standards of society; this deviation may be in appearance, in behavior or in conduct. This social construction of stigma coincides with Stangor and Crandall’s (2000) belief that stigmas exist primarily in the minds of the stigmatizers and stigmatized individuals as cultural social constructions rather than universally stigmatized physical features. Subsequently, Dovidio et al (2000) assert that because stigma is largely a social construction, a characteristic may be stigmatizing at one historical moment but not at another, or one given situation but not in another within the same period. This indeed reflects Link & Phelan’s (2001) conceptualization of stigma which led them to the conclusion that stigma exists as a matter of degree. By implication, there is considerable individual variation within stigmatized groups (Major, Barr, Zubek & Babey, 1999 in Dovidio et al, 2000).

2.3.1 Relating Trauma, shame and stigma

Levndosky and Graham-Bermann (2000) indicate that most battered women are traumatized by the abuse that they experience; in their study '*trauma and parenting in battered women*'; it was concluded that many if not most battered women are psychologically traumatized by the violence they experience. Trauma can be seen in line with as suggested by Johnson (1995) the psychological effects of repeated and prolonged violence on women where women live in constant fear knowing that when their partner returns from their night out at the pub they will be beaten or raped or possibly both. Levendosky & Graham-Bermann (2000) add that trauma perpetrated by another person as opposed to experiencing severe illness or natural disasters is simultaneously a psychological, physiological and relational event. While elaborating on this, Van Der Kolk (1987) in Levendosky & Graham-Bermann (2000) concur that due to the prolonged, unpredictable and repetitive nature of domestic violence, persistent affective, cognitive and even personality changes many occur.

These changes mentioned above are seen to include alterations in affect regulation (*alternating explosive and inhibited anger*) alterations in consciousness (*dissociation*) and alterations in self perceptions (*shame and self-blame*) (Herman, 1992 in Levendosky & Graham-Bermann, 2000). Of the aforementioned alterations, that of the 'alterations in self perceptions' involving shame and self blame will form an important point of inquiry as shame in this case is seen to make women conceal their experiences of violence thereby increasing the psycho-socio stigma and the self imposed isolation syndrome if not imposed. Sociologists like Jack Katz (1990:149) in Enander (2008:62) explain that "what brings shame is taking towards oneself what one presumes is the view that others would have, were they to look". Also argued is the fact that "as long as it persists, shame carries the sense that there is revealed an undeniable truth about the self" (Jack Katz, 1990:150 in Enander, 2008:62). This connotes that presence of 'shame in oneself' is not a matter of pretence or make believe action but rather an indication of a crisis felt within one-self and probably needs redress.

Levin & Van Laar (2006) argue that stigma has profound effects on well-being, self esteem, self perception, group identification, motivation, task performance and social interaction. Clark et al (1999) in Miller (2006) add that stigmatization also results in

psychological stress responses such as anger, anxiety, hopelessness, resentment and fear. In agreement, Todd et al (2000) point out the major negative impact of stigmatization normally resides not in the physical consequences of the mark but rather in its psychological and social consequences. Therefore, a stigmatizing state (*resulting from domestic violence*) is likely to act as a shame catalyst since it has been argued that being in shame; a person is imagining that s/he is in a state of deficiency, insufficient and also diminished (Sighard Neckel, 1991:16 in Enander, 2008:62).

Stigmatization at its essence is a challenge to one's humanity for both the stigmatized and the stigmatizer (Dovidio et al, 2000) since as argued by Todd et al (2000) the psychological and social consequences of stigma involve the responses both of perceivers and of stigmatized people themselves. When seen from the perspective of the stigmatizer, stigmatization involves dehumanization, threat, aversion and sometimes depersonalization of others into stereotypic caricatures (Dovidio et al, 2000). Lewis (1989) in agreement points out that the stigmatized individual has been characterized as having a disrupted emotional, cognitive and behavioral response system, likely to be caused in part by their dysfunction and in part by their feelings of shame. Jones and colleagues (1984) in Lewis (1989) make clear that stigma felt by the individual is profound, resulting in emotions as diverse as anger, sadness, humiliation, shame and embarrassment. Because of such feelings, Levin and Van Laar (2006) argue that members of stigmatized groups may be devalued, ignored and excluded. Similarly, it has been argued that "stigma can create stress because other people have stereotyped expectancies about what stigmatized people are like, harbor prejudiced attitudes towards stigmatized people and behave in a discriminatory manner towards stigmatized people" (Fiske, 1998; Miller & Kaiser, 2001 in Miller, 2006:21).

2.4 Domestic violence related isolation

Empirical and clinical evidence indicates that severely battered women tend to be socially isolated and lack individuals in their network who can provide support (El-Bassel, Gilbert, Rajah, Folleno & Frye, 2001; Forte, Franks & Rigsby, 1996; Hilberman & Munson, 1977-1978; Mitchell & Hodson, 1983; Tan, Basta, Sullivan & Davidson, 1995; Walker, 1979 in Levendosky et al, 2004). A United Nations Publication on '*Strategies for Confronting Domestic Violence*' (1993) considered isolation as one of the social costs associated with domestic violence. CHANGE (1999) believes that violence against women includes controlling behaviors such as

isolating a woman from family and friends, monitoring her movements and restricting her access to resources. This reflects Lewis et al's (2008) conceptualization of the term 'social isolation' where a man is seen to control a woman's freedom of movement.

In a study on '*understanding women's heightened risk of violence in common-law unions*' by Brownridge (2004), social isolation was one of the relationship variables measured by asking the respondent to indicate whether her partner tries to limit her contact with family and friends. And according to El-Bassel (2001) isolation by intimate partners is often part of a broader effort to control women's autonomy. She adds that most abusive partners attempted to cut the women off from possible outlet of support that might challenge or curtail their abusiveness or encourage departure from the relationships. Johnson (1995) holds a similar opinion by pointing out that very often the isolation is imposed by the partner who may even confiscate or destroy the woman's clothes; her trips to the shops are strictly timed and she is forcibly restrained by threats or worse, from seeking help or even medical treatment. On the same note, El-Bassel (2001) adds that one way men control over aspects of their partners' lives is through knowledge about their daily routine; women's fear of abuse is heightened by the fact that their partners often gain an advantage through extensive attempts to know as much as possible about their contacts with others.

Sometimes isolation is self imposed because of shame and the unwillingness to reveal what is happening (Johnson, 1995). Dovidio et al (2000:5) assert that "most potentially stigmatizing conditions (e.g. facial disfigurement) lead to social avoidance or rejection and through mechanisms such as these threaten psychological health". As opposed to self imposed isolation, a study on '*isolation and male controlling behavior*'; isolation was a key theme emphasized by many of the women who reported that abusive partners often attempted with varying degrees of success, to separate them from informal and formal networks of social support (El-Bassel, 2001). In another similar study about '*violence against women in Papua New Guinea*', out of a sample of 151 women, 38% reported that they had experienced social isolation and control in their relationships which involved their husbands or partners limiting their social interactions with other women through a lack of trust or jealousy (Lewis et al, 2008).

Social isolation has been linked to gender violence in several studies (e.g. Heise, 1998; Krug, Dahlberg, Mercy, Zwi & Lozano, 2002 in Agoff et al, 2007). Some researchers add that this connection between social isolation and the proneness to suffer gender violence may be a consequence of the fact that the behavior of socially isolated couples is less open to the scrutiny of significant others (Stets & Straus, 1990; Yllo & Straus, 1981 in Agoff et al, 2007). On this note, El-Bassel (2001) advices that it is crucial to depict the contexts of isolation that are created by intimate partners. For example; “a wife is in a much more vulnerable position and there is a far greater likelihood that she will be ill-treated, if she is isolated from her family by rules for post-marital residence that compel her to move to her husband’s distant community at marriage” (Brown, 1992:12 in Michalski, 2004:663). In Michalski’s (2004) view, domestic violence should occur less often if the social relationship can be described as having; a low degree of social isolation or strong network support and a mutually interdependent or integrated support networks. A study on ‘*the impact of life time violence and abuse in pregnancy, postpartum and breast feeding*’ by Kendall-Tackett (2007) revealed that past or current abuse can have a significant impact on women’s relationships and how much support they receive from them and lack of support and social isolation increase the risk of depression and can have a negative impact on women’s relationships with their babies.

The literature and previous research reviewed herein provide substantial points of reference which will subsequently shed more light on domestic violence related stigma and isolation; aspects of which may be relative among women who have been exposed to violence.

CHAPTER THREE: THEORETICAL FRAMEWORKS

3.1 Introduction

This chapter explores two distinct theoretical frameworks sought to be of utmost relevance to the analysis of the “psycho-socio stigma and feelings of isolation associated with violence against women”. Firstly, different perspectives on social isolation were adapted to illuminate circumstances leading to isolation. Secondly, even when researchers found it difficult to develop a common theoretical perspective on stigma (Link & Phelan, 2001); this study adopted Goffman’s (1963) theory to explain the total indignity that women suffer during and after the abuse.

3.2 Theories on Isolation

Isolation has been used as a key concept for understanding intimate partner violence in both rural and urban contexts (Lanier and Maume, 2009). The same premise was adopted in this study to substantiate the circumstances leading to isolation while distinguishing between imposed isolation visa vi self imposed isolation among women who have suffered abuse.

Social isolation has been defined “as a sense of loneliness or of rejection by others” (Fischer, 1976:172 in Lanier and Maume, 2009:1313). To Elliott et al (2005) social isolation conceptually involves the loss of social connection to other individuals and social institutions where socially isolated people do not have friendship networks nor do they participate in the various activities connected with social institutions. Hughes and Gove (1981:50) in Stets (1991) equate the loss of social connection to the “lack of social interaction” or lack of social integration *where social integration is* “the existence or quantity of social ties or relationships” (House and Kahn, 1985:85 in Stets, 1991). In the first definition of social isolation, the author links social isolation with ‘loneliness or rejection’ which in reality may be felt by victims of violence. Moreover, depending on how extreme the isolation is, these feelings may be heightened by absence of social networks within the victim’s reach.

Other theories have linked isolation to violence suggesting that isolation may favor the appearance of violence and may also contribute to its perpetuation in time when

the woman finds herself obliged by the very dynamics of spouse violence to withdraw from other relationships (Stets and Straus, 1990: Yllo and Straus, 1981 in Agoff et al, 2007). The exclusion of women from certain spaces, competencies and activities make them particularly susceptible to being the object of spouse abuse (Agoff et al, 2007). Fitting scenarios have been specified as follows;

Isolation of a wife is also determined by the degree of privacy a society traditionally assigns to the domestic sphere. In general when domestic activities take place almost entirely out of doors and in full view of the rest of the community or when domestic activity is audible through thin house walls, it is less likely that women will be battered because others will step in. There is greater danger that wives will be abused when the domestic sphere is veiled in privacy (Brown, 1992:13 in Michalski, 2004:664)

Generally men isolate their partners in a process of battering, either physically – the woman is not allowed to see other people than those approved by him, she is denied a social life outside her place of work or he denies her to work outside the home. Alternatively, he may isolate her mentally – she is not allowed to give other people insight into their life within their home, at least not the private family matters of their close relationship, like love or violence (Lundgren, 2004:14)

The significance of social networks as sources of social support in cases of isolation has been stressed in theories of social isolation. For example, research by Agoff et al (2007) into intimate partner violence recognizes that social isolation constitutes a risk factor and the presence of social networks can be an important source of social support. Where by a social network in general terms is a structure understood as ties between individuals or groups of individuals and a variety of functions including social support of an instrumental, emotional, evaluative and informative type (Barrera, 1986 in Agoff et al, 2007); without which psychological problems such as depression are more likely to occur (Hughes and Gove, 1981; Lin, Dean, and Ensel, 1986; Thoits, 1984; Vega, Kolody, and Valle, 1986 in Stets, 1991); thus social support acts as a buffer for stress, enabling people to cope better with their problems (Cohen and McKay, 1984; Cohen and Wills, 1985; Gore, 1981; House, 1981 in Stets, 1991). Contrary to this Agoff et al (2007) warns that when dealing with the phenomenon of male violence against women, we should not restrict our attention to the mere absence or presence of social net works; we should also consider the nature and quality of the main social ties available to women.

In view of the above and for purposes of this study, an attempt will be made to investigate; i) whether women have been isolated or feel isolated at all ii) whether they have social networks for social support and most importantly iii) whether those social networks are easily accessible and lastly iv) whether they actually render

support to the women. This will form the basis for analyzing domestic violence related isolation.

3.3 Goffman's Theory on Stigma

Research by Link and Phelan (2001: 363-364) indicates how “the stigma concept has been applied to literally scores of circumstances ranging from urinary incontinence (Sheldon & Caldwell, 1994) to exotic dancing (Lewis, 1998) to leprosy (Opala & Boillot, 1996) cancer (Fife & Wright, 2000) and mental illness (Angemeyer & Matschinger, 1994; Corrigan & Penn, 1999, Phelan et al 2000)” Using renowned sociologist Goffman’s (1963) works on ‘stigma – notes on the management of spoiled identity’ the concept was applied to domestic violence. It was further used to explain the psycho- socio aspects of stigma, showing how these could be a result of recurrent violent incidents suffered by women.

Goffman (1963:13) asserts that “stigma refers to an attribute that is deeply discrediting” Using the example of a stranger Goffman (1963:12) states “that while a stranger is present before us, evidence can arise of his possessing an attribute that makes him different from others [.....], in the extreme, a person who is quite thoroughly bad or dangerous or weak”. He adds that he is thus reduced in our minds from a whole and usual person to a tainted, discounted one. Similarly, women who have experienced violence at one point in their lives are likely to be regarded by others as unfortunate having failed to have stable marriages. Such labeling becomes even more vicious if they are perceived as provocative persons who deserve to be treated as such.

Goffman (1963) mentions three grossly different stigmas; “abominations of the body – the various physical deformities” “blemishes of individual character perceived as weak will, domineering or unnatural passions, treacherous and rigid beliefs and dishonesty [.....] for example, mental disorder, imprisonment, addiction, alcoholism, homosexuality, unemployment, suicidal attempts and radical political behavior” “tribal stigma of race, nation and religion, these being stigma that can be transmitted through lineages and equally contaminate all members of a family” (Goffman, 1963:14). Important to note is that the aforesaid stigmas can only have an impact if they are regarded as such by both the stigmatizers and the stigmatized. In other words, for one to feel stigmatized, one has to perceive his/her predicament as odd before

others thereby accepting the discrediting attributes attached to his/her situation by others.

In regard to the three stigmas, the first classification of stigma may not be directly linked to domestic violence however; it is still applicable when one considers the ‘physical deformities’ mentioned herein as a result of extreme violent acts by men on women. As earlier mentioned Goffman’s second classification of stigma naturally explains some views held in some societies where such women are considered as weak and submissive which makes them even more vulnerable to violence. Also in this classification, stigma should not be seen as limited to the individual characters mentioned therein since any situation can be found stigmatizing especially when it is regarded as such and for purposes of this study, particular attention will be placed on female victims of violence who are psychologically and socially stigmatized. The elements of race, nation and religion mentioned in the third classification in this case can be seen as catalysts of stigma especially in mixed relationships/marriages where women are abused based on who they are, where they come from and their religious convictions respectively.

Goffman (1963) views stigma from different perspectives including deviations and norms. He gives an example of a group of individuals who share some values and adhere to a set of social norms regarding conduct and regarding personal attributes in which one can refer to any individual member who does not adhere to the norms as a deviator and to his peculiarity as a deviation [.....] they differ in many more ways than they are similar, in part because of the thorough difference, due to size, of groups in which deviations can occur (Goffman, 1963:167). In the same way, violence in relationships/marriages may be considered as a deviation in a society whose norms forbid its practice where the perpetrators and victims of violence automatically become the deviators in different capacities. The prevalence of violence and perceived deviations would differ in societies depending on whether violence against women is regarded as being a deviation from the norm. The social norms regarding conduct and personal attributes referred to here could be societal demands placed on women in relationships/marriages which emphasize their submissiveness and male dominance; and these can also increase women’s psycho-socio stigma in the event of violence. This can be manifested in many ways including isolation and humiliation within and outside a woman’s social circles.

In describing the nature of the stigmatized, Goffman (1963:28) reveals that “the stigmatized individual is a person who can be approached by strangers at will, providing only that they are sympathetic to the plight of the persons of his kind” He adds that “the stigmatized individual may find that he feels unsure of how we normals will identify and receive him” (Goffman, 1963:24); he goes on to reveal that “given what the stigmatized individual may well face upon entering a mixed social situation, he may anticipatorily respond by defensive cowering” (Goffman, 1963:28). However, “instead of cowering, the stigmatized individual may attempt to approach mixed contacts with hostile bravado [.....] It may be added that the stigmatized person vacillates between cowering and bravado [.....] thus demonstrating one central way in which ordinary face-to-face interaction can run wild (Goffman, 1963:29). This presents two extreme behavioral responses that are likely to occur when contact is initiated with battered women. The ‘cowering’ may be due to the humiliation as seen in literature where women are ashamed of sharing their violent experiences with the ‘normals’ especially if the normals are strangers whose reactions and subsequent judgments of their predicaments can hardly be anticipated by the stigmatized women. On the other hand, the ‘bravado’ trait can be employed by women to respond to the negative judgments they receive from those around them. This could be but not limited to those who perceive them as ‘provocative’ ‘failures’ and ‘unfortunate’ in their relationships/marriages. Cowering and bravado are therefore strategies used by women when dealing with the normals and their stigmatizers or the unstigmatized respectively.

These two theories on stigma and isolation will facilitate the analysis of the psycho-socio aspects of stigma and facets of imposed and self-imposed isolation among victims of abuse respectively. In both cases, stigma and isolation could vary given the type of violent behavior encountered and presence of supportive social networks. A further discussion of these issues will be presented in chapters 5 and 6.

CHAPTER FOUR: METHODOLOGY

4.1 Introduction

This chapter illustrates the research design, study area and location and a briefing on the study population. It explains the sampling procedure and techniques used for selecting the sample. Specific methods of data collection, interpretation and analysis are detailed while issues of validity and reliability are dealt with accordingly. Likewise, foreseen ethical dilemmas were identified and given due consideration.

4.2 Research Design

A qualitative design was found most suitable for the study given the fact that “qualitative data often makes it easier to follow cause and effect since one can track people through their lives or ask them to tell their live histories” (Nigel, 2008:35). In this way, it was anticipated that the research questions would be fully answered when women (*subjects*) were asked to give a narration of their violent experiences. Besides, there was no better way of understanding the psycho-socio stigma and feelings of isolation than being told by victims themselves. Owing to this personal view, the qualitative design was used as a means for exploring the meaning individuals or groups ascribe to a social or human problem (Creswell, 2007 in Creswell, 2009) thus investigating stigma and isolation from the subjects’ perspectives was a central part of this study.

In an attempt to address the descriptive and analytical demands of the study, a phenomenological qualitative strategy was adopted. In the researcher’s view, ‘violence against women’ was perceived as a social phenomenon associated with extreme stigmatization and trends of isolation which are in line with the principles of this kind of strategy where the researcher is able to identify the essence of human experiences about a phenomenon as described by participants (Moustakas, 1994 in Creswell, 2009). In this process, the researcher brackets and sets aside his or her own experiences in order to understand those of the participants in the study (Nieswiadomy, 1993 in Creswell, 2009). This was achieved by applying the interview guide with questions prompting research subjects to give a thorough description of

their violent experiences and supplementary probe questions offered more in-depth data.

4.3 Study Area and Location

The research was conducted in Sweden and it was localized in the city of Göteborg. Right from the beginning, the research was meant to be carried out in the six women shelters found in the city of Göteborg with women living in the shelters as study participants. However, this was not the case due to what Berg (2009) calls ‘gatekeepers’ who may be formal or informal watchdogs who protect the setting, people or institutions sought as the target of research. With the exception of one shelter which granted access to one subject, the rest opted not to have the women take part in this research on grounds that the women were trying to recuperate and were not in position to share their horrific experiences. For this reason, the study area and location were expanded to include three neighboring localities while targeting shelters for women in those areas purposely to increase chances of gaining access to women. This plan unfortunately was futile seeing as the gatekeepers were very protective of the women.

4.4 Study Population

The study population was made up of three categories of respondents. The first and ideal category comprised of women living in shelters. Failed attempts in getting access to such women bore the second category – the social worker professionals at the different shelters. Their positions and experience in working with abused women qualified them as key informants in the study. The third category comprised of women who had never necessarily been to shelters but had a history of violence in their relationships/marriages. The inclusion criteria for this category was that a woman should have suffered violence from a man she once loved and lived with, in a relationship/marriage; and that she should have been involved in this relationship/marriage for more than a year (see appendix 3). However, one of the women who took part in the study had been in an abusive relationship for a period between 3-4 months and was not excluded since she had initiated contact and expressed her interest to participate in on-going research at the time.

4.5 Sample size and Selection

“The decision about sample size is not a straight forward one: it depends on a number of considerations and there is no definitive answer” (Bryman, 2004:97); this is a fact which manifested itself in different ways during this research. In the first instance, a specific sample size could not easily be worked out due to accessibility hindrances stated in 4.3; there was also a time factor tagged to the research report and since the entire sampling selection followed non probability procedures, participation of subjects was voluntary and there was no guarantee for it either. In due course, the sample size was made up of three women who had at one time in their lives been exposed to domestic violence and six social worker professionals working in with victims of abuse in women shelters and women organizations in and around the city of Göteborg.

4.6 Sampling Techniques

The research was purely qualitative. Quantitative methods based on probability theories would not be applicable - as such the actual sample of subjects representing the population under study was selected using non probability sampling techniques; these techniques enabled the investigator to have a clear idea about what larger group or groups of the sample may reflect (Berg, 2009) i.e a statistical representation may not have been achieved considering the small sample size however representativeness would be in respect of specific features that are common among women who have ever been exposed to violence by their partners.

The main non probability sampling technique used in drawing the sample was the convenience sampling technique. In reality, convenience sampling would provide access to what Berg (2009) refers to as sensitive or difficult-to-research study populations. In regard to this, women shelters were naturally the most convenient places where victims of violence sought refuge. Efforts were made to initiate contact with all the shelters seeking permission to have the research conducted in the shelters with women as the target population; however, when these efforts turned futile – a ‘women’s notice’ (see appendix 3) was designed and conveniently put up in places with flexible access. Eventually this led to the emergence of a convenient sample – one that was available to the researcher by virtue of its accessibility (Bryman, 2004).

Further, a sample of six social workers was purposively selected. Hagan (2006) in Berg (2009) calls this technique of sampling judgmental sampling and for its justification Berg (2009) presupposes that when developing a purposive sample, researchers use their special knowledge or expertise about some group to select subjects who represent this population. Although the social workers did not directly represent the target population, they symbolized a reliable secondary source of data considering difficulties involved in accessing women in shelters but most importantly their status as professionals and experience with a multitude of abused women qualified them as key informants.

4.7 Data Collection Instruments

In this study, primary data was collected through interviews. Interviews were conducted with both social worker professionals at women shelters as well as women who had responded to the ‘women’s notice’ (see appendix 3). Secondary data was collected through reviewing literature relevant to the area of study. This was mainly done in line with Ebeling and Gibbs’ (2008:64-65) to “learn as much as you can about your research [.....], and to demonstrate this knowledge through a coherent and systematic text that helps to link what is learnt from previous research to what you are researching for your own project. These two different ways of data collection intended to facilitate the process of analysis and conclusion drawing based on literature, theories and most of all substantiating study results.

4.7.1 Interviews

Bryman (2004:319) notes “interviewing, the transcription of interviews and the analysis of transcripts are all very time-consuming but they can be more readily accommodated into the researcher’s personal lives”. Equally so, the use of interviews was a deliberate attempt in gathering in-depth information as opposed to structured responses associated with quantitative methods. Social researchers like Berg (2009) recognize interviewing simply as a conversation with a purpose – specifically the purpose is to gather information while Kvale and Brinkmann (2009) stress that qualitative interviewing can provide well founded knowledge about our conversational reality. The nature of the qualitative interviews designed for this study wholly emulated these two principles.

In order to get the best out of the entire interviewing process, I assumed the metaphor of ‘the interviewer as a miner’ whereby in the miner metaphor as explained by Kvale and Brinkmann (2009) knowledge is understood as buried metal and the interviewer is a miner who unearths the valuable metal – *women who have been exposed to violence by their partners have something to say about their different violent experiences most of which they have been keeping secret*; Kvale and Brinkmann (2009) further explain that the knowledge is waiting in the subject’s interior to be uncovered, uncontaminated by the miner – *as such their experiences can be revealed through dialogue*; Kvale and Brinkmann (2009) carry on by pointing out that the interviewer digs nuggets of knowledge out of the subject’s pure experiences, unpolluted by any leading which may be understood as objective data or as subjective authentic meanings.

4.7.2 Documentation

While as the search for literature relevant to your research can often be a frustrating and highly protracted process as Bryman (2004) points out, documentation was still used to collect data from secondary sources. Factors that made the process manageable and less tedious was the reading list I got from my supervisor, trouble-free access to databases and the proximity of university libraries. These provisions enabled access to text books, previous researches, reports from world organizations; and the internet was resourceful in searching for e-books and journal articles all of which were rich in literature and theories relevant to the study.

4.8 Qualitative Validity and Qualitative Reliability

Creswell (2009) recommends the use of multiple strategies which enhance the researcher’s ability to assess the accuracy of findings as well as convince the readers of that accuracy. Following this recommendation, issues of validity and reliability presented concerns that had to be addressed. For example validity is concerned with the integrity of the conclusions that are generated from a piece of research (Bryman, 2004) meaning that the researcher checks the accuracy of the findings by employing certain procedures (Gibbs, 2007 in Creswell 2009); with the qualitative nature of the research, the use of statistics to measure validity was out of the question however the research devised mechanisms to achieve a high level of qualitative validity. It all

started with identifying the right respondents who would offer information about their real life experiences with violence; the use of multiple sources of both primary and secondary data and the adoption of two distinct theoretical frameworks used in the analysis of findings.

On the other hand, reliability is commonly used in relation to the question of whether the measures devised for concepts in the social sciences are consistent (Bryman, 2004). Qualitative reliability puts emphasis on the consistency of the researcher's approach across different researchers and different projects as put by Gibbs (2007) in Creswell (2009). He further suggests several reliability procedures such as checking transcripts to make sure that they do not contain obvious mistakes made during transcriptions (Gibbs, 2007 in Creswell, 2009). Other reliability control measures used included having backup copies of both recorded interviews and transcripts; and the possibility of clarifying responses during and after the interviews where certain questions were repeatedly asked to avoid misinterpretation of responses and the researcher tried as much as possible to avoid contamination of findings with probing as a technique of getting a deeper understanding of responses.

4.9 Methods of Data Collection

As indicated in section 4.7.1, the interview was used as the main technique of collecting data. In this section, I elaborate on the interviewing methods which were employed to this effect. The sensitive nature of the research was used as a determinant of the entire design of the interview. It was therefore sought that a face-to-face semi-standardized interview using an interview guide was fitting. With this kind of interviewing approach, the interviewer asks major questions the same way each time but is free to alter the sequence and probe for more information (Fielding and Thomas, 2008). This provided a high level of flexibility in the interview process in such areas as varying the order of questions, following up leads, and clearing up inconsistencies in answers (Bryman, 2004). The interview guide served just as a 'guide' in the entire interview process, the focus of attention drawing from Bryman's (2004) view was put on how the interviewee frames and understands issues and events – that is, what the interviewee views as important in explaining and understanding events, patterns and forms of behavior . In order to get the best out of the entire interview process, it was punctuated by probe questions which according to Berg (2009) provide interviewers with a way to draw out more complete stories from

subjects. The interviews were recorded. Recording of interviews was seen as a necessity in the interest of maintaining eye contact with the interviewees, observing the way in which answers were being said as well as seeking further clarifications to confirm and draw meaning from what was being said. It was also hoped that the procedure of recording and transcribing interviews would i) help correct the natural limitations of our memories and the intuitive glosses that we might place on what people say in interviews ii) allow more thorough examination of what people say iii) permit repeated examination of the interviewees' answers (Heritage, 1984:238 in Bryman, 2004).

4.10 Data Collection Procedure

The procedure below guided the process of writing the degree report.

- A letter introducing the researcher, topic and aim of the study was designed and sent to different shelters so as to obtain permission to conduct research in the shelters.
- Small notes to prospective participants were enclosed in the letters seeking their consent to take part in the research (see appendix 2).
- For a bigger sample size, a women's notice was designed and put in convenient places (see appendix 3).
- Non probability procedures were followed to obtain the target group (refer to section 4.6 above).
- Interview schedules and venues were determined by both the researcher and respondents. Technical problems were encountered at this level during actual interviewing with one of the research participants. Recorded data was lost due to a faulty recorder. Efforts to have the interview rescheduled were futile, for this reason the interview was considered as a pre-test having been the first. Through it, changes were made to the interview guide making the questions comprehensible and recorders were tested to ensure proper functioning.
- Despite the above mishap, the study registered successful interviews with 6 social work professionals and 3 women. The collected data made a firm foundation for results and analysis.
- A final research report was compiled after the final stages involving data analysis, discussion and conclusion drawing.

4.11 Data Analysis

The process of data analysis started with transcription known as the “written translation of a recorded interview or focus group session” (Bryman, 2004:545); this was applied to all the recorded interviews held with social workers and female participants. Kvale and Brinkmann (2009:181) writes “transcriptions involves the sampling of which of the multiple dimensions of oral interview conversations are to be selected for written transcription; for example, should pauses, emphases in intonation and emotional expressions like laughter and sighing be included? And if pauses are to be included, how much details should be indicated?” meaning that one can choose to include certain details of the interview while omitting others. To avoid the risk of misinterpreting original responses, alterations were not made in the transcripts since the aim was to study the content as opposed to the structure of the narratives.

Transcription was done simultaneously with coding. Coding as a process is used to generate a description of the setting or people as well as categories or themes for analysis (Creswell, 2009). Social researchers like Fielding and Thomas (2008) indicate that analytic codes may have a number of origins – themes, topics and subject areas may be generated a priori from the research questions or interview guide. Others contend that coding can be either concept-driven where codes are developed in advance by the researcher or data driven where codes are developed either by looking at some of the material or by consulting existing literature in the field (Kvale and Brinkmann, 2009). A similar system of coding was adopted where themes were developed through carefully examining transcribed texts for similar content and recurrent aspects. The research questions and aim acted as reference points in an attempt to have them achieved.

Deeper analysis of data followed two qualitative approaches. The first approach was the phenomenological analysis involving the analysis of significant statements and generation of meaning units (Creswell, 2009). Since ‘domestic violence’ ‘stigma’ and ‘isolation’ were seen as social phenomena; an analysis of this kind would lead to a realistic understanding of the given phenomena from different dimensions. The second approach was the bricolage analysis considered as an eclectic form of generating meaning through a multiplicity of ad hoc methods and conceptual

approaches (Kvale and Brinkmann, 2009). They add that “it is a common mode of interview analysis, contrasting with more systematic analytic modes and techniques such as categorization and conversation analysis (Kvale and Brinkmann, 2009:233). This approach to interview analysis facilitated the categorization of important themes based on domestic violence, stigma and isolation as study concepts. Data reflecting any of these concepts was clustered and analyzed jointly to draw meaning. Consideration was placed on interview contents so as to reveal their links and variations to and from literature including theories.

4.12 Ethical Issues

Upon recognizing ethics as a matter of principled sensitivity to the rights of others (Bulmer, 2008); the current study identified with the universalism stance on ethics which according to Bryman (2004:508) “takes the view that ethical precepts should never be broken; infractions of ethical principles are wrong in a moral sense and are damaging to social research” Affiliation to this way of thinking had a great bearing to the study since the topic of research was sensitive, calling for strict adherence to ethics. As indicated in section 4.4 the second category of subjects – the social workers professionals were required to give responses based on different experiences of women; the first and third categories of subjects – the survivors of violence were required to give accounts of their rather painful and touching experiences of abuse through face-face interviews – this naturally created a felt need to protect both the integrity of participants and the credibility of research findings.

The sensitive nature of the research resulted into a number of ethical dilemmas that needed to be addressed in the entire research process. Focus was placed on issues of ‘informed consent’ ‘confidentiality’ and ‘privacy’. Strict adherence to ethical principles cannot be over emphasized and in the current study, ‘informed consent’ was put before the rest owing to the fact that ethical conduct is assured in the acquisition of the informed consent of participants (Homan, 1992).

The very initial stages of dealing with ‘informed consent’ began when letters seeking permission to conduct research in shelters were sent out. The letters gave all details of the purpose and aim of the research. Further clarifications were made on telephone when follow-up calls were made to different the social worker professionals. Enclosed in the letters were brief notes meant for individual women – emphasized on the notes

was the issue of voluntariness when it came to participation. This was done following the standard account of informed consent as put forth by Macklin (1999) involving provision of adequate information enabling prospective shelters as well as women living in shelters to make an informed choice; the capacity of an individual woman to understand what she is told and to make a reasoned choice based on that information and the voluntariness with which the choice is made. The same standard of account was also applied to subjects acquired through the ‘women’s notice’ as explained in section 4.6. Informed consent with this category of subjects was forthcoming given the fact that they took it upon themselves to contact the researcher and express their interest to participate after seeing the ‘women’s notice’. After consent was granted and as advised by WHO (2001) the sensitivity of the research topic was raised but fortunately still, this did not dissuade their participation as they all believed that the area of research was a crucial one and that findings would be resourceful to other women in their own situation.

Confidentiality was yet another ethical dilemma that needed redress. In this regard, Homan (1992) stresses that subjects must know how confidential will be the data they furnish. The demands for confidentiality were well founded considering the recorded nature of interviews. Some participants wanted to know how classified the information they furnished during the interviews would be. WHO (2001) shows how protecting confidentiality is essential in ensuring both the women’s safety and data quality since much of the information provided by respondents is extremely personal. With this in mind, the interview guides used in the process of research did not require participants to give personal information that could be used to identify them as individuals (no names, date of birth, nationality or even shelter names or addresses were given); even when the interviews were recorded, the focus of interest was put on the content as opposed to the author of the content and lastly the recordings were kept for the duration of time when the final degree report was submitted since the research was conducted for academic reasons – this was equally known to all participants. The recordings including backup copies of the same would be destroyed after the final submission of the degree report.

‘Where will the interview be held?’ was the question that needed an answer whenever a woman made contact. This in so many ways implied privacy and safety concerns for all participants. Bok (1984) in Homan (1992) defines privacy as the condition of

being protected from unwanted access by others – physical access, personal information or attention. Studies on domestic violence by WHO (2001) strongly assert that interviews should be conducted only in a private setting in that the participant should feel free to reschedule or relocate the interview to a time or place that may be more safe or convenient for her. Clearly, this study prioritized the safety of women in every kind of way after discovering that privacy issues pertinent to interview settings raised concern. Women who participated in this study enjoyed a high level of flexibility with the power to decide the time and place of the interview. It was important for them to choose a convenient time and venue they felt was secure. However, arrangements for the same were made by the researcher upon request. Interviews with the social work professionals took place in the privacy of their offices with limited external interruptions. A guarantee for total confidentiality remained a dilemma since their responses were based on real experiences of abused women. What was emphasized here is the fact that the data was meant for academic purposes more-so; they were speaking in their capacities as professionals and not as individual persons.

In general, the current study was carefully designed not to create discomforting moments to participants. Participants' needs were highly prioritized especially during interview processes. Interview questions were simply formulated to avoid being misinterpreted by participants and asked compassionately depicting a high sense of understanding by the researcher which in a way encouraged participants to open up freely. Both at the beginning and end of interview sessions, participants were constantly commended for their strong will and courage in contributing to ongoing research which hopefully made them feel good about themselves.

CHAPTER FIVE: RESULTS AND ANALYSIS

5.1 Introduction

In this chapter findings of the study will be presented. During the transcription process, the following themes emerged:- who is the battered woman?; living with violence; stigmatization process within and outside the violent relationship; patterns of isolation: a process and a web; net(not)working for support. And because the psycho-socio stigma and feelings of isolation were perceived as being dependent on acts of violence, their analysis was done based on the presence of aggressive behavior exhibited by men towards women in relationships/marriages.

5.2 Who is the Battered Woman?

In their description of the kind of women subjected to male violence, the social work professionals stressed the fact that domestic violence affected a diversity of women implying that women in any kind of relationship irrespective of their backgrounds were vulnerable to violence. Social worker C observed “different kinds of women, most of them have children and are between the ages of 18 and 81” and social worker B noted “mostly well educated women with children with a well educated man as an abuser, mostly they are from the middle class and also high class” while social worker A in her description said “we have women that come from all over the world and it varies in nationalities, sometimes we can have a lot of different women, sometimes they are Swedish women, so we do not have this main nationality group here but women come from all over the world and it is multi ethnic”. Portrayed here is the non discriminative nature of violence against women and domestic violence in particular in terms of but not limited to elements of age, ethnicity, social and/or economic status. In other words, a woman in a relationship is prone to violence regardless of who she is, the absence or presence of all of any of these attributes would not make a difference. This substantiates other studies by UNICEF (2000) and the UN (1993) which revealed the presence of violence against women in every country, cutting across boundaries of culture, class, education, income, ethnicity and age.

5.3 Living with Violence

Through working with victims of abuse, social work professionals observed that women had been living in violence. Social worker D stressed the way in which women had been living horrible lives with their partners attempting to strangle them, kicking them and burning them with cigarettes. Yunia who lived in a violent relationship for more than a year narrates how;

“he spit on me like when he thought that I had done something wrong when I did not and he was not like really, really violent but it was like he could like push me and he could like try to strangle me and in the beginning it was just small things like he pushed me on one side and I hit my head in the wall and I had like a big bruise in my head and I was wondering what happened and once I was bleeding from my nose and I did not understand how it happened because I never bleed and it was just those things, I used to have bruises on my body [.....]”

Being subjected to such cruelty meant that women had to search for an exit from the abusive relationships. In respect to this, the social work professionals observed “women wanted to get away from actual violence, they were quite dangerous situations in their homes and they just wanted to get out, it was quite urgent that they had to go and live somewhere else” and on a number of occasions “most of them said that they were too afraid to stay at home, they could not stay at home because they were afraid of what their partners might do, kill them or their children”. Life was unpredictable and women wanted to free themselves from their abusive partners and from the homes they now described as dangerous. This is a demonstration of how women had been and continue to live with violence in their lives which potentially affects their wellbeing. Pertinent to this are the psychological effects of repeated and prolonged violence on women where women live in constant fear knowing that when their partner returns from their night out at the pub they will be beaten or raped or possibly both (Johnson, 1995). Women lived in constant fear in anticipation of many other violent scenes whose cause was unjustifiable considering the circumstances. Women confessed the lack of understanding as to why their partners behaved violently towards them arguing that sometimes the reasons for their aggressiveness were trivial. Commenting on this, social worker C noted that women often said “I put too much salt in the food and I dressed in black and he wants to see me in red or I said yes instead of no and I watched a wrong TV show”. This is the kind of life the women had lived everyday enduring emotional, psychological, social and physical pain.

Having been subjected to a violent way of living, social work professionals subsequently pointed out ‘violence’ as the one specific variable connecting all the women irrespective of their backgrounds. A thorough assessment of violence was thus inevitable in trying to understand the psycho-socio wellbeing of those exposed to it. Social worker B briefly described the violence as “very bad, very bad, very bad behavior”; social worker E noted that the women had been exposed to “physical violence, sexual violence, control, threatening, threatening to use violence and economic violence”. In this study, the kind of violence that was recurrently described was economic violence; as it was commonly referred to by the social worker professionals. Typical cases of economic violence according to social worker E and social worker A would be “putting women in debt when it is the violent partner who took the loan, who has spent the money” and/or “there are women that have never been allowed to work, have no bank accounts, they have been handed money but they can never know how much they can get every time or yeah, they have never been able to work and never had their own income” respectively. Such cases of economic violence could lead to economic trauma where women are indebted to banks and mortgage companies for loans they never spent. Economic violence is also a way in which women are economically disempowered with no reliable sources of income and have to live in anticipation, uncertain of the next time a hand out will be given and they have to worry about whether or not it will.

Social work professionals identified physical violence to be common among women who sought refuge at shelters. Social worker E “talks of the very clever ways that the violent partner has been calculating how to hit her in places that you cannot see, that is a common thing that the women share with each other that he usually hit me on the arms because I wear long sleeves or he always hit me on the head because I have thick hair so no one can see the bruises in my head and he never hit my face”. Social worker D gave a case of a woman who had been exposed to severe physical violence by her partner – “she cannot even walk properly because her husband abused her so much, he used to stand on her back and jump and kick her so much so she got like bleeding inside her body and now she is handicapped for the rest of her life, she has to go to physiotherapy all the time and she was so badly hurt”. This relays one of Goffman’s (1963) stigmas; the abominations of the body associated with various physical deformities which in this case are a result of violence. Such women have to live perpetually with physical marks on their bodies. For some, such memoires can

never be erased while it could be a matter of time for others but the psychological damage will have been suffered especially when the deformities are visible to attract the attention of stigmatizers.

Psychological and sexual violence were the recurrent forms of domestic violence among women who participated in the study. Amelia recalls “he was always telling me that I was useless, stupid and ugly yet I did everything around the house for him and he was telling me that I was not good enough” Just like Amelia, the sad thing is that the belittling comments such as these brainwash the women and soon they start believing in them because they have lost the reality of life including their own self esteem and confidence. Amelia also mentioned that;

“I felt useless because it was so far from the picture of the ideal relationship that I had, one side of me saw that he was not treating me the way I deserved to be treated but in the end after a while I had no ‘ork’ [Swedish translation for strength] I was too tired, I just felt I did not care about the relationship or anything”.

My interpretation is that at this point, Amelia had no energy to go on; to her, saving a violent relationship was meaningless and stressful in itself. With regards to sexual violence, the practice was recurrent and the issue proved to be a contentious one as social worker A observes “a lot of women would never define it as rape but it is sexual abuse”. In her experience, Celia calls to mind “for the 3-4 months we were together, I think he came to see me almost every-day and almost every-day he demanded for sex and you know I am a woman and I would have periods and there are those days that I do not want to have it but he does not care about those and he would do things that I did not want him to sexually or he did not use any protection even when I told him to use condoms and I even bought condoms but he did not use them”. Some people would perceive this as consensual sex between two adults but it was not the case for Celia since there was an element of ‘unequal sexual power relations’ which actually lead to her break up as she narrates “the reason I broke up is that I was really fade up with him asking for sex every-day and I started to suspect that maybe he only likes my body and not me as a person”. A woman in this situation might think that she has been reduced to a mere sex object leading to feelings of dissatisfaction and a sense of personal worthlessness. The unequal sexual power relations reflect an aspect of control earlier pointed out by social worker E where men wanted to be in charge of virtually every aspect of a woman’s life, limiting her

choices and leaving her with a narrow area of operation affecting the quality of her life.

5.4 The Stigmatization Process Within and Outside the Violent Relationship

The concept of stigma as used in the research was meant to dig up the negative evaluations held by societies towards victims of violence. In this research, stigma featured prominently as a product engineered within different societies involving stigmatizers and the stigmatized with violence as a means to this end. Literature suggests that the social construct of stigma involves recognition of difference based on some distinguishing characteristic or mark and a consequent devaluation of the person (Dovidio et al, 2000). From this social construction of stigma, stigmatization as a process is seen to originate from within societies especially when as Goffman (1963) argues the stigmatized individual feels unsure of how we normals will identify and receive him. Contrary to this study, the very starting point of stigma was the abusive relationship with the abuser as the first stigmatizer while society as an avenue of stigma only made it worse for the stigmatized women based on societal norms and beliefs. The social work professionals described ways in which the abusive partner doubled as a stigmatizer. Social worker D provided statements illustrating violent men as stigmatizers which read as;

“you are useless, you are nothing without me, nobody would want you, you should be grateful to me because I am looking after you because no one else would, not even your parents want you, you are nothing, you are like dirt on the ground, you are stupid, I have rescued you from a life of poverty”.

This is a process of labeling seen to be happening in an abusive relationship and not in the wider society as a form of psychological violence in which the woman is psychologically stigmatized; she loses her self-esteem because of the demeaning statements from the abusive partner. The just constructed psychological stigma relates to the deeply discrediting attributes of stigma as postulated by Goffman (1963).

Thus, the demeaning statements leading to psychological stigma begin within abusive relationships and later extend to the wider society thus leading to social stigma. In other-words the statements are used as weapons of stigmatizers to stigmatize their victims. The process of stigmatization at this point is dependent on norms and beliefs held by society on men’s violence against women and it begins when the abused woman tries to integrate herself within society or even try to seek help from family

regarding her predicament. Social worker A observes “there is always a stigma in society and that is what they are carrying very much”; social worker C adds “sometimes women do not feel good and then they think that society also sees them that way”. Under normal circumstances, no one would want to take on the identity of an abused woman since it could mean a deviation from the accepted standards of society as put by Lewis (1989) especially in societies which expect women not only to be married but to be submissive to their partners in their marriages. In respect to this social worker C notes “there are women from other countries with different cultural backgrounds whose families believe that it is not okay to leave an abusive partner even if they are in a deadly situation”. Families believing in such societal norms often tell the women to go back a number of times; saying that she is not good enough because the husband does not want her, they tell her to stay with him and be good explains social worker F. The rigid nature of such cultures and as explained by social worker A makes women feel abandoned by their families in this state of crisis which increases the period of time spent in an abusive relationship regardless of the psychological, social and not to mention the physical pain involved.

In regard to societal norms and beliefs held on VAW, social worker D noted “the Swedish women say that they would not tell their families because they would just demand them to leave their husbands”; Amelia, who also had a similar background said “I would not tell my family about it because he was supposed to become a family member and they would not forgive him and my friends would not forgive him either”. This may not be a question of Swedish societal norms but rather different societal contexts where principles of equity for humanity preside and/or norms have been replaced with such principles. Besides, stigma exists when elements of labeling, stereotyping, separation, status loss and discrimination occur together in a powerful situation that allows them (Link and Phelan, 2001); which in this case such elements are not accentuated meaning that victims of abuse from such societies do not have to bear the social stigma.

There was evidence of the predominance of stigma in different social settings based on societal practices in which women were distinguished as being deviant, flawed, limited, spoiled or undesirable (Lewis, 1989). However, another dimension illustrating the way in which stigma is a social construct was established; that based on individual judgment and general negative attitudes usually advanced towards

victims of violence from people known to them yet reflecting societal norms and beliefs held on VAW. Social worker D in her experience in dealing with women who have suffered abuse has over time heard comments like “I understand it is a terrible thing he should not beat her up but honestly, have you seen her or have you heard how she nags him?” or that “she can be really, really annoying I can understand if he lost his temper”. Negative remarks such as these based on individuals’ biased sense of judgment seem to justify men’s violent behavior towards women where women have been labeled as provocative thus deserving to be treated as such. There was also evidence of concern from society relayed with sympathetic comments. In Yunia’s experience, she admits that had she not concealed the details of her violent relationship, “everyone would really hate him and try to stop me from being with him” while Amelia after confiding in a friend had this to say “if this is what he is doing and he won’t change and you know that, you have to tell him to move out”. The social work professionals also mentioned of how both the off-putting and understanding commentary towards women coming after the abuse was usually from people they knew. Negative remarks created and heightened the victims’ levels of social stigma while remarks that were not necessarily positive but those that communicated concern for the women lessened the psycho-socio stigma because they felt understood and consoled.

From a human rights perspective, the study recognized “[.....] VAW as a violation of human rights [.....]” (UN, 1993 A/RES/48/104); meaning that an abusive man chooses to ignore principles of just living and women are in much more vulnerable positions when they are unaware that such provisions are there for their protection. But on the other hand, even when such provisions exist, it requires a lot of effort by the women to seek help in this respect. Social worker D talks of “women who have taken their husbands to court and unfortunately there has not been enough evidence to penalize the husbands and that has been really, really bad for them”. From an informed point of view, I doubt these women are out for revenge, all they want is justice and for the rest of society to agree with their testimonies of how they have been through troublesome times with men who claim to be in love with them. The mere fact that this does not happen leaves them completely stigmatized.

5.5 Patterns of isolation: A Process and a Web

Social work professionals identified various ways in which victims of violence had been isolated by their partners while in the abusive relationships. Likewise, previous research evidence indicates that severely battered women tend to be socially isolated and lack individuals in their network who can provide support (El-Bassel, Gilbert, Rajah, Folleno & Frye, 2001; Forte, Franks & Rigsby, 1996; Hilberman & Munson, 1977-1978; Mitchell & Hodson, 1983; Tan, Basta, Sullivan & Davidson, 1995; Walker, 1979 in Levendosky et al, 2004). Research subjects too recalled several incidents of isolation imposed on them throughout the abuse. Isolation appeared as a process and as a web. In the latter, study results revealed that isolation was not sudden; it was a gradual process in which abusive partners thought through their every move while in the former, it was associated with physical, social and emotional isolation with one kind of isolation leading to the other in some of the cases. Social worker C gives an example of a fast pattern leading to isolation; she stresses “they will move in together quickly, get engaged quickly, get children quickly, get married quickly and buy a house quickly, check on her phone and tell her that it is not okay to have contacts outside the relationship”. And because this happens in the beginning of the relationship when women hardly know their men, very often women interpret such gestures as signs of love and qualities of a serious partner and by the time they start to suspect and question his ways, most of their freedoms have been compromised.

Research by Lundgren (2004:14) argues “generally men isolate their partners in a process of battering, either physically the woman is not allowed to see other people than those approved by him, she is denied a social life outside her place of work or he denies her to work outside the home”. In this study, the practice of isolation starts with control as opposed to actual battering; women live under the control of their partners. Some abusive men plaster control with courtesy which women mistake for kindness and concern while in other cases it is forceful; for example, “they will meet each other very often and as much as possible; he will start taking her to work and from work; he will try to get her not to meet other friends” explains Social worker C. The life of a woman in a situation like this one rotates around home and office; she loses contacts with her friends because they have been restricted. The end result could be physical, social and emotional seclusion. To achieve what they want, abusive partners employ the use of commands in order to isolate. Social worker F explained

that physical isolation involved orders like “you are not allowed to get out; you have to do as I say; you cannot go out without me; you cannot go to school, you cannot work or you cannot use the phone”. The aspect of control here cannot be over emphasized, abusive partners want to gain complete control and this can only happen when the women are isolated.

Extreme cases of total physical isolation also surfaced as observed by social worker E, women had been locked inside their apartments or rooms and they were like prisoners in their own homes. Social worker F gave an example of a woman “she had just lost her job and the man did not want her to take a new job, he said that it was good for her to stay at home and he called her from his place of work many times just to find out if she was at home and what she had done and she was not allowed to meet friends and she was not allowed to speak to her mother, he took the television remote control with him when he went to work []”. The abusive partner does this to ensure that the woman’s movements are monitored or if not completely limited. Categories of women who even suffered enormously from this kind of isolation were the immigrant women from other countries. According to social worker D, the husband who has been living here for a while does not want the woman to find out about her rights. And for some reason, he realizes that the control is not sufficient, he devises threats. Through working with this category of women, the social work professionals came to understand that women were threatened that “if you go to the police and say that I have abused you, the social services in Sweden will come and take your children and they will think you are an unfit mother or if you go to the police and say that I beat you up, they will put you in jail and interrogate you for a long time”. All these threats and misinformation heightens their fear and they end up submitting to the isolation.

Social isolation figured as an outcome of physical isolation through the aspect of control which left women with no social contacts whatsoever. Yunia’s social sphere was restricted by her partner who never wanted her to meet with some of her friends or even talk to male classmates at school; she adds “he wanted to be the only man in my life”. Celia, whose experience was similar; interpreted her partner’s controlling behavior as his kindness in worrying about her and her security at the time. Social worker F observed that as justification for their controlling behavior, men claimed that they loved their women so much and that they wanted to be with them all the time. Traits of isolation within relationships cannot easily be understood especially by

people who have never been secluded; because even the women who have been isolated keep wondering why men are trying to limit their space. This can be understood from Agoff et al's (2007) point of view when he says that exclusion of women from certain spaces, competencies and activities make them particularly susceptible to being the object of spouse abuse; which ideally is the aim of isolation; women are at a higher risk of being abused once they are isolated.

Emotional isolation featured as an end result of the physical and social isolation; in both cases women were isolated from their family and friends, they were not allowed to work or even talk to other people about whatever might be going on in their lives. This is what Lundgren (2004) calls mental isolation where the woman is not allowed to give other people insight into their life within their home, at least not the private family matters of their close relationship like love and violence. At this point, with limited or no physical and/or social contacts outside the home, the only person in the woman's life is the abusive partner yet women still felt emotionally distant from them. Yunia's experience brings this out quite clearly;

"He was really far away from me, he was trying to [] it really did not feel like we were together because he was trying to just [] I do not know, trying to push me down so much".

This demonstrates that isolation is some kind of violence in itself; it is even easier to expose women to other kinds of violence within the home once the abusive partners have managed to put them in solitary positions hence; there is greater danger that wives will be abused when the domestic sphere is veiled in privacy (Brown, 1992 in Michalski, 2004).

Isolation was a process in which men assumed control over women subjecting them to conditions of physical, social and emotional isolation. Women were entrapped in this kind of web with one condition leading to the other which made them lose their sense of being in and outside the relationship. Women lost contact with friends and family as a result of being physically confined in specific places with limited possibilities of socializing; while the special attachment they once had with their partners disappeared as a result of the emotional distance between them. Isolation became a common practice due to the use of commands and it was seen to foster other types of violence but at the same time; women opted to isolate themselves so as to recuperate from violent episodes. Yunia says "I was trying to be myself because I was feeling too bad

to be able to be back to normal and I did not want people to notice anything”. Consequently, women confessed having felt lonely and helpless due to the restricted nature of their lives and the inability to make decisions since the power to decide was not in their hands. Women who specifically sought help from shelters were unable to make decisions on their own and were confused and for some of them as social worker A notes “do I have to make my bed today or not and they want to discuss this with you and for some of them, they are like should I file for a divorce or not”. Isolation thus transforms women into helpless victims of violence.

5.6 Net(not)working for Support

Michalski’s (2004) point of view that domestic violence should occur less often if the social relationship can be described as having a low degree of social isolation or strong network support and a mutually interdependent or integrated support networks is used to understand the significance of networking among abused women considering their horrifying experiences. Study results indicated that some women were more connected having networks of friends and family for support than others and for some, it was a question of proximity and availability of such networks as social worker C observes “women who came from countries other than Sweden had no networks”; it is possible that such women could have had limited or no contacts in a foreign country but it should not mean complete absence of social networks. Related to this category of women was social worker E’s observation “sometimes we meet women who have no networks at all with the only person they know being the partner they are trying to run away from and their family and friends are back in their home country”. Networking for such women becomes complicated especially when their social contacts are at a distance moreover; for those that had networks social worker D observes “it is usually the husband’s relatives who tend to side with the husband”. Women in such situations have limited alternatives for social support, they are left with one option and that is seeking support from shelters. In reference to such women, social worker A adds “these women would not be here if they could get help from the people they know, I mean if they could [] if they honestly thought that they could get the help they need from the people around them then they would not be here; the shelter is the last resort and maybe the only resort for some of them especially those that do not come from Sweden”. In the absence of social networks due to issues of proximity and availability, shelters end up taking on networking roles offering the needed support to victims of abuse.

Networking as a process was particularly found problematic for the women as a result of isolation. Isolation per se affected both its availability on the one hand and accessibility on the other. In both cases, social worker A observed that “a lot of women had been isolated from work; their partners had not allowed them to meet their friends and families”. Isolation was thus considered by CHANGE (1999) as controlling behavior associated with VAW and in this study; it was a common scheme employed by abusive men aimed at limiting avenues for women in gaining access for help and support. This was also divulged by El-Bassel’s (2001) who believed that most abusive partners attempted to cut the women off from possible outlet of support that might challenge or curtail their abusiveness or encourage departure from the relationships. Women admitted that they neither saw their friends nor visited their families as much as they would have wanted because their partners would not approve of it; Yunia recalls “I travelled to my family once and it was not with him and when I went there he was like really angry and blamed me for taking our money to go and visit my family [.....]”. In all the cases, isolation compromised the process of initiating contacts because women’s movements were restricted and monitored at all times by men who kept pondering for ways of keeping them hostage in their homes to satisfy their abusive egos.

Although study results indicated existence of social networks, their resourcefulness to the women remained uncertain. Agoff et al (2007) rightly cautions of the nature and quality of social ties available to women while dealing with the phenomenon of male VAW. Accordingly, women whose experiences were referred to in this study did not consider their social networks supportive. Social worker D gave an example reflecting a cultural perspective “women who came from cultures where it is not unusual that women are being abused, being beaten, then it is quite common that their friends and family tell them to put up with it, it is just a slap and we have all been slapped”. The supportive nature of networks depends on the relationship the women once had with their friends and family before and during their abusive relationships. Social worker A observes “women who have had good relationships with their families or an okay relationship with their parents or birth family, no matter how isolated they have been during the relationship, when they leave, they can get back to their family and get back the good connection again but women who have never had a good contact or connection with families, for them it is very hard when they leave or when they have

left the relationship” it is natural that the latter category including those from cultures that do not condone VAW will be more stigmatized as a result of unsupportive social networks.

Study results demonstrated how the resourcefulness of social networks was questioned by women yet it was at the same time very dependent on the amount of information they were told about the abuse by the women. Some women kept their abusive relationships secret from both friends and family. The social work professionals observed that friends and family are not always aware of what is happening in the women’s lives and that for those who know, do not really know the details of violence because most women keep it a secret. Women who covert their abusive relationships from their social networks have been perceived as living double lives by social worker B having to pretend as though everything is okay before others when you are being consumed from the inside out. The women who took part in this study concealed their abusive relationships to different extents. Yunia says “in the beginning, I did not tell anyone anything, I just told them that I met the right person and that I want to be with him for the rest of my life and like everyone was really happy but like when he was getting worse and worse, then I told some of my friends but I did not tell them everything [.....]”. Amelia admits that she did not tell either and that it was important for her to keep this, apart from her best friend whom she told in the end while Celia recalls “my friends knew that I had a boyfriend but they did not know that I was suffering because I had not told them”. Thus, support from social networks may also be dependent on how much detail is known by social networks about the abusive relationship. Friends and family would possibly be willing to help if their efforts were not deterred by the fact that women offer scanty information and conceal details of the abuse. The willingness to offer support by social networks was stressed by social worker E who observed “it is usually friends and family who called the shelter’s helpline to seek help on behalf of a friend, sister or daughter”

Each of these women kept their abusive relationships secret for varied reasons. Some were still in denial while others were just ashamed of themselves for having let their partners treat them harshly. Jack Katz’s (1990:150) argument in Enander (2008:62) “as long as it persists, shame carries the sense that there is revealed an undeniable truth about self” is used to highlight the intertwined feelings of denial and shame among abused women. In her experience, Celia recalls;

“I was ashamed about myself just because I did not understand what was happening because I knew from the beginning that he was not just a normal nice guy and still I wanted to try and have a relationship with him and that maybe he could change and be a good person but it did not happen”.

Celia felt ashamed of herself because she knew the truth yet she lived in denial with hope that her partner would change and become the good person she wanted him to be. The high sense of denial is a result of her knowledge of the truth which others were probably unaware of and this was shameful in itself because she choose to remain in the relationship with false hope. A similar case is that of Amelia who admits having felt absolutely ashamed before everyone “I did not even tell my best friend about this but he was a charming person you know and everyone thinks that he is a great person and he has a great personality and you know very extrovert and of course he was a great guy [.....]”. Amelia in a way was protective of her abusive partner, she never wanted to tarnish the good image he already had among her friends and because of this; she kept it a secret and endured the pain. And because she tried so hard to keep it that way she notes “I also did not see my friends and family as much as I would have wanted because I was afraid that they would question my relationship”. Due to shame, Amelia did not want to risk exposing the truth about her relationship because her friends knew her as Amelia their friend while her family knew her as Amelia the sister and daughter as opposed to Amelia the battered woman. The self aloofness that Amelia talks of portrays Dovidio et al’s (2000) assertion that most stigmatizing conditions lead to social avoidance or rejection which threaten psychological health. Most women in her position would have done the same thing; that is detaching one-self so as to restore oneself also known as the self imposed isolation.

Although “research into intimate partner violence recognizes social isolation constitutes a risk factor and the presence of social networks can be an important source of social support” (Agoff, 2007:1206); study results additionally indicated that the ability of social networks to offer support was dependent on social connections and awareness. The regularity of contacts between women and their networks was important since the women had been isolated during the abuse and how well aware those networks were of details of the abusive relationship was equally important. It was a common trend for women to conceal their experiences with violence due to feelings of shame only releasing scanty pieces of information. The practice of keeping

their affairs secret was understandable considering that some of them had been living in denial still trying to understand what had become of them which meant that opening up was deemed to be a gradual process for each one of them. This created a support dilemma; social networks could not offer as much help seeing as they were not fully involved yet they would have done much more in terms of counsel thereby reducing stigma had they known.

CHAPTER SIX: DISCUSSION

6.1 Introduction

This chapter presents a discussion anchored on literature, theoretical perspectives and proceedings from results and analysis. The discussion dwells on the persistent nature of violence against women; it considers stigma as a feeling from within and isolation as a condition having two faces – imposed and self-imposed isolation. Through this discussion, I propose that violence as a social phenomenon can be used to understand the psycho-socio stigma and feelings of isolation experienced by women who have been exposed to it.

6.2 The Persistent Nature of VAW

Violence and all its forms was the underlying topic of discussion in the interviews that were held with the social work professionals and women who took part in the study. From their responses, what became apparent was the fact that women continue to live with violence and that violence regardless of its nature has become a-part of human experience for women affecting their psycho-socio wellbeing. This reflects the persistent nature of violence against women in societies to which Michalski (2004:653) argues “domestic violence endures in large part because the social structure of interpersonal relationships within societies continues to provide the fertile conditions that spawn and perpetuate the use of violence”. From a cultural perspective, many cultures have beliefs, norms and social institutions that legitimize and therefore perpetuate violence against women (CHANGE, 1999). A big part of the women’s experiences as given by the social work professionals represented women from different backgrounds who still suffered a great amount of violence; notably so were the immigrant women living in Sweden who belonged to societies with cultures still disregarding men’s aggressive behavior towards women. Women in such situations carried an individual stigma knowing that they were the ‘battered ones’ and a societal stigma for having deviated from the norms. Culture which may be part of one’s identity makes women question its essence and feel betrayed especially by their families for complying with cultural beliefs.

In other cases, VAW still persisted in relationships as a result of feelings of superiority felt by men over women. A model relationship should reflect ideals of respect and mutual understanding between couples. The issue of male superiority is clarified by using one of the earliest and most compelling discourses on patriarchy explaining how relationships between sexes are characterized by dominance and subordinance in which males rule over females (Millet, 1996 in Johnson, 1995). Male dominance manifested itself in the form of control as stressed by participants. Abusive partners used the aspect of control to facilitate other forms of violence as evidenced in cases of physical violence, sexual violence, economic violence, psychological violence and isolation experienced by women in varying degrees. This school of thought was supported by women for in all their experiences, their abusive partners aimed at lessening them in all spheres of life and because they had submitted to it, they took on subordinate positions which made them even more vulnerable to violence.

As earlier noted, the persistent nature of VAW and domestic violence in particular has become a part of women's life experience. Women are more often at risk of those with whom they live and that many of them live constantly with the threat of domestic violence (UN, 1989). This is a fact that reflected a number of women's experiences with violence. Some women had lived with violence for long periods of time so much so that they had become too used to the violence and thus ceased to regard certain violent acts as such as a result of being transformed by the violence into the passive persons they now were. The violence that women are subjected to during the abusive relationships thus becomes their reality of life; they completely lose the taste and meaning of a normal life meaning that they have to seek help so as to understand their own situations. The persistent nature of violence within relationships and societies as a whole means that women in abusive relationships are left in a dilemma to choose between living a violent life or opting out of it. This is a decision that cannot easily be made without the support of important others and not to mention the rigid cultural norms and beliefs held by societies that continue to perpetuate males' violence against women makes it harder for such decisions to be realized.

6.3 Stigma: A Feeling from Within

The notion held by Crocker and Major (1989) showing that social groups or categories of people are stigmatized in our societies was confirmed through this study.

In using Crandall and Martinez (1996); Crocker et al (1998); Jones et al's (1984) in Madon et al (2005) description of these social groups, there is a realization that many regard them as flawed; attitudes towards the stigmatized are generally negative and stigmatized individuals are disliked more than the non stigmatized individuals. The kind of stigma described herein is the kind that stems from the 'others' the stigmatizers in society. This kind of stigma (societal stigma) was stressed by the social work professionals noting that because of their violent experiences, a number of women had to carry a stigma placed on them by society instigated by societal norms. The existence of societal norms was decried by the majority of women because they could not easily get help from people they knew and society as a whole in the midst of violence. An abused woman cannot leave an abusive relationship/marriage due to the varied connotations her decision to leave may have on her from society. i.e being perceived as the weak one and as a failure as revealed in the study.

Assessing stigma as something emanating from society disregards the individual perspective of stigma. A number of situations not limited to VAW connotes that individuals often feel stigmatized even before they were brought before society. The social construction of stigma in the previous chapter identified the abusive home as the starting point of stigma with the abusive partner as the first stigmatizer. This was evidenced through the different forms of violent behavior exposed to the women especially the belittling comments to which some of the women had come to believe; leading to a loss of self including self-esteem. Through their experiences, women had felt stupid for having submitted to the violence; abuse may have been the least they had ever expected from a relationship. Given that they had submitted to violence for different periods of time, they inhibited mixed feelings of shame, sadness and weakness which could serve as labels identifying themselves as persons who were unable to salvage their lives and the abusive relationships as a whole.

The mixed feelings can thus be categorized as the individual stigma; those that are felt from within oneself as a result of violence. Similarly, Jones and Colleagues (1984) in Lewis (1989) found that stigma felt by the individual is profound, resulting in emotions as diverse as anger, sadness, humiliation, shame and embarrassment. Most women were angered and saddened at the same time because of what their abusive partners had done to them and because of what they had made them do; moreover they also felt humiliated, ashamed and embarrassed before their children, friends and

families. These feelings (individual stigma) as it was argued were worsened whenever women made contact with the wider society because they did not know what to expect from the ‘others’ – the unstigmatized who in most cases were the stigmatizers. In this regard, Goffman (1963:28) highlights “given what the stigmatized individual may well face upon entering a mixed social situation, he may anticipatorily respond by defensive cowering”; a common reaction expressed by victims of violence before society. Different situations of defensive cowering were articulated by the social work professionals describing women as being unable to initiate contact afraid of who they may be perceived as by society.

Defensive cowering is manifested through fright that victims of violence already feel; they are afraid to talk about their situation with others even before they have actually been asked anything because they anticipate how they will be judged and because of that they tend to shy away. In extreme cases, this kind of stigma that is felt from within affects the victim’s psychological and social wellbeing for one cannot be at peace with themselves if you continuously harbor false expectations of what the others might have towards you. Using an example of a stranger, Goffman (1963) clarifies that while a stranger is present before us, evidence can arise of his possessing an attribute that makes him different from others [.....] in the extreme, a person who is quite thoroughly bad or dangerous or weak. A big part of stigma is built on anticipations of how they are viewed upon entering different social settings; especially when they see themselves as being different before the others taking on the marks placed on them by society. Put differently, a situation is only stigmatizing when it is perceived as such by both the stigmatized and the stigmatizers.

6.4 The Two Faces of Isolation

Social Isolation surfaced mainly as a multi faceted condition linked to VAW as described by the social work professionals and from the abused women’s experiences. Common isolation trends manifested themselves as ‘imposed isolation’ or ‘self-imposed isolation’. In the latter, abusive men forcefully isolated their victims while in the former women complied with the isolation commands from their abusive partners but at the same time choose to isolate themselves as a way of regulating the violence by calming their abusive partners down and not defying the commands associated with isolation. Being socially isolated is defined “as a sense of loneliness or of rejection by others” (Fischer, 1976:172 in Lanier and Maume, 2009:1313). Isolated

women inhibited a high sense of loneliness and rejection which came as a result of being secluded from society and/or being confined in one place unable to seek help beyond defined parameters. The sense of loneliness and rejection by others is linked to the loss of social connection to other individuals and social institutions where socially isolated people do not have friendship networks nor do they participate in the various activities connected with social institutions (Elliot et al, 2005). This loss of individual connection in every aspect of life reveals the first face of isolation; that which is solely impelled by abusive men on their victims.

Understanding the first face of isolation also referred to as ‘imposed isolation’ in this study means assessing the different settings under which it is seen to occur. The different patterns of social isolation described by the social work professionals made clear that acts of isolation in abusive relationships were not impromptu but were rather cautiously planned to seclude women from all spheres of life such as social, emotional, and to a given extent economic. To a majority of women, social isolation led to loss of important contacts with their friends and family; emotional isolation led to a remarkable loss of emotional attachment with their partners whom they described as being emotionally distant; severe physical isolation where women were not allowed to work led to some kind of economic disempowerment which left women with no reliable sources of income. The conditions of isolation varied among women whose movements were strictly monitored and the fact that the act itself was happening in closed doors made it possible for other types of violence to thrive reflecting the link between isolation and violence; in that social isolation and proneness to suffer gender violence may be a consequence of the fact that behavior of socially isolated couples is less open to the scrutiny of significant others (Stets & Straus, 1990; Yllo & Straus, 1981 in Agoff et al, 2007).

The second face of isolation also referred to as ‘self-imposed isolation’ in this study is very much an outcome of the first face – the imposed isolation. From a theoretical perspective citing Stets and Straus (1990) Yllo and Straus (1981) in Agoff et al (2007) isolation may favor the appearance of violence and may also contribute to its perpetuation in time when the woman finds herself obliged by the dynamics of spouse violence to withdraw from other relationships. Women tended to withdraw from other relationships or even engage in any activities outside their homes after being denied the freedom to socially integrate and interact; demands to which they dutifully obliged

and in so doing they consciously submitted to the isolation as desired by their abusive partners. Equally so and on a number of occasions, social work professionals observed the way in which women choose to isolate themselves because they were afraid of other people finding out about details of their abusive lives. Self imposed isolation was thus a safe path for avoiding the stigma emanating from society especially when people perceive one as a victim of violence; this was heightened by feelings of shame for being the unfortunate one; the battered one.

Regardless of imposed or self-imposed isolation, in both cases; the practice leads to a remarkable loss of social contacts for support seeing as women are forced or choose to live solitary lives. To women in such circumstances, the notion held by Agoff et al (2007) about the presence of social networks being an important source of social support would be more of a myth given that women had not been in touch with their important ones for long periods of time; unable to initiate or maintain social connections with people nor institutions. With regard to isolation, migrant women were cited by social work professionals as having the most difficult situation because their friends and family were in other countries and could not be easily reached due to distance and travel costs involved. Moreover, migrant women may have been married off to their abusive partners who then might be the only persons they knew in Sweden. Likewise, participating women were equally restricted from socializing; they had not seen their friends and families as much as they desired by submitting to the isolation. Consequently, they became pessimistic that support from their long lost contacts would not yield since details of their abusive relationships were often concealed. The women decried cultures which still perpetuated VAW noting that they felt abandoned by their own; they found friends found friends and family unsupportive under the guise of respecting cultural norms and beliefs.

6.5 Conclusions

The study aim was to explore and describe domestic violence related stigma and feelings of isolation among women who had ever suffered violence with men they once loved and lived with, in seemingly stable relationships/marriages. Research efforts to achieve this aim were anchored on three research questions. The first research question addressed stigma and examined its psycho-socio aspects resulting from men's abusive behavior towards women. The second research question was concerned with feelings of isolation among women who had suffered abuse;

circumstances leading to conditions of imposed and self-imposed isolation were scrutinized. The third research question focused on the role of social networks amid conditions of isolation; it was important to find out if victims of abuse perceived their social networks as supportive or unsupportive. Through qualitative interviewing, these research questions not only aided the data collection process but also ensured coherence of study results which reflected issues of validity concerning the integrity of conclusions generated from a piece of research (Bryman, 2004); and reliability which emphasizes the consistency of the researcher's approach across different researchers and different projects (Gibbs, 2007 in Creswell, 2009). Important to note is that while adherence to such principles ensured the authenticity and dependability of research results; generalizability per se could not be guaranteed especially in terms of scope seeing as the study was not extensive. On the other hand, generalizability in terms of content was more likely considering the way in which research results generated significant links to theoretical perspectives and literature content pertinent to VAW and the associated psycho-socio stigma and feelings of isolation among women.

Findings from the study revealed that domestic violence led to the psycho-socio stigma felt by women during and after the abuse. Women lived in abusive relationships for different periods of time enduring physical, psychological, emotional and social pain after consciously submitting to the violence. This could be understood in part by using the structural perspective where men's subjection of women to violence is regarded as an expression of male superiority which may manifest itself in actual physical attacks on women (Lundgren et al, 2001); or from a cultural perspective where many cultures have beliefs, norms and social institutions that legitimize and therefore perpetuate violence against women (CHANGE, 1999). From these perspectives, two important conclusions were drawn based on the study finding that women continuously lived with violence as a part of their lives. In the first instance, VAW will be a recurrent social phenomenon for as long as men feel mighty over women; which might be put across in the form of negative energy hurting those they are involved with in intimate relationships. In the second instance, the existence of societies with a multiplicity of cultures that do not condone VAW are seen to contribute to its pervasive nature as well as increasing the social stigma that victims of violence have to bear.

Findings from the study revealed that isolation was a common physical, social, economic and emotional condition among women who had suffered abuse. The act of isolation was a form of violence in itself (*i.e the physical, social, economic and emotional isolation*) equate to violence. Being in anyone of these conditions of isolation is an important prerequisite for violence, meaning that isolation should be seen as a sign that actual violence is likely to occur. Regardless of the different conditions of isolation, isolation trends can be imposed or self-imposed. In the latter, abusive men have a selfish burning desire to take control over women's lives thereby limiting their space in all spheres of life; while in the former, the self imposed trend of isolation is employed by women as a conscious move to neutralize the violence as well as recouping from the violence. In both cases, the outcomes of the isolation are virtually the same. Secluded women will feel lonely; lose contact with friends and family; lack avenues for support resulting from the different conditions of isolation with restrictions that affect availability and accessibility of networks and other resources for support.

The study presented important implications for practice and future research. Stigma, a result of violence also appeared to be inherent in societies based on societal norms and beliefs held on VAW. Women carry an individual stigma of being the 'the battered ones' and a stigma placed on them by society for being the 'deviant ones' having deviated from the norms. Women in situations such as these are left with limited options for assistance because it is not easy to anticipate what to expect from society if it is still clung on norms and beliefs that perpetuate VAW. Women neither integrate nor seek help which is understandable because no one wants to take on the label of being the 'abused one' or having a history of violence for that matter. My conclusion concurs with Heise and Garcia-Moreno's (2002) assertion that denial and the fear of being socially ostracized often prevent women from reaching out for help; and add that this explains why women keep their violent experiences classified presenting a challenge for practice for professionals and social networks alike. The process of seeking help might be problematic moreso; conditions of total physical isolation too complicate the process of giving help by social networks. The dissolution of societal norms and beliefs that perpetuate VAW will reduce the social stigma associated with violence; the diminishing prejudice will enable victims to share their experiences which will in turn foster the design of practice approaches in handling

victims of violence seeing as help is dependent on how much detail is known about the abusive relationship.

This study was a qualitative analysis of the psycho-socio stigma and feelings of isolation among women who had suffered abuse in Göteborg and neighboring municipalities. By using the same research area, future research efforts could be directed towards testing hypothesis and expanding the scope in terms of area with qualitative or quantitative research designs. This would increase generalizability of findings, enable comparisons among similar or different research subjects and locations. Such research undertakings could generate more data; allow deeper analysis of findings and better understanding of social phenomena.

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APPENDICES

Appendix I: Introduction Letter

Dear Sir/Madam,

Re: Request to conduct research in the shelter

My name is Gaudy Kiconco. I am an international student at the University of Gothenburg pursuing a Masters in Social Work and Human Rights at the department of Social Work.

As part of the course requirements, I intend to carry out research on the ‘stigma of domestic violence on women’. The main aim of the study is to investigate the subsequent psycho-socio aspects of stigma as these may differ among women who have suffered abuse.

Information will be gathered by face-to-face interviews with women in the shelters. Participation of women will be voluntary, all data will be treated with utmost confidentiality and anonymity of participants and that of shelters will be highly preserved.

The purpose of this letter therefore is to express my interest and seek your permission to conduct the study in this shelter. I have also included an information sheet to possible participants. After you have received this letter, I will contact you by telephone to let me know of your decision.

Sincerely,

Gaudy Kiconco

For more information about this research/researcher, please contact my supervisor Viveka Enander via email: viveka.enander@socwork.gu.se or phone: 070-7131414

Göteborgs Universitet
Institutionen för Socialt Arbete
Box 720, 405 30 Göteborg.

Appendix II: Participants' Cheat

My name is Gaudy Kiconco, an International student at the University of Gothenburg. I am reading a Masters' course in Social Work and Human Rights at the department of Social Work.

As a course requirement, I intend to carry out research on the 'Stigma of Domestic Violence on Women'. I would like you to share your experiences of violence through a brief interview. Your feelings and views about this topic are an invaluable contribution to this research.

The interview is purely for academic purposes. Information given will be confidential and your identities will be kept anonymous. Participation will be voluntary, you can choose to/or not to take part in the interview process.

I look forward to your participation. Thank you!

Appendix III: Women's Notice

Woman!

Have you ever been in an abusive relationship/marriage?

Would you like to share your experience and contribute to research?

My name is Gaudy Kiconco, an International student at the University of Gothenburg. I am reading a Masters' course in Social Work and Human Rights at the department of Social Work.

I am currently writing my masters' thesis on the 'Stigma of Domestic Violence on Women'. The research will be based on face-to-face interviews with women who have been exposed to violence by their partners.

To qualify as an informant;

- You should have been involved in a relationship or marriage for more than a year.
- You should have suffered violence within this relationship from a man you once loved and lived with.

If you are interested in knowing more about this research and are willing to take part, participate, feel free to contact me via: guskicga@student.gu.se

Appendix IV: Interview Guide for Social Work Professionals

Research on Domestic violence, psycho-socio stigma and feelings of isolation

1. Give a description of the kind of women who come to this shelter? (*i.e. married/relating, have children/ educated with a job, citizen/non-citizens*)
2. What reasons do they give for seeking sanctuary at this shelter?
3. What kind of violent behavior have they been exposed to by their partners?
4. What do they do whenever their partners behave violently towards them?
5. Would you say that these women have been stigmatized by their violent experiences?
6. If yes - In what way(s) have they been stigmatized?
7. Do these women have children/relatives/friends in Sweden?
8. Do you think that their children/relatives/friends know about what is happening to them?
9. What do they have to say about their situation?
10. Would you say that their experience with violence has affected their relations with their children/relatives/friends?
11. If yes - In what way(s) has this manifested itself?
12. Do these women find it easy to seek help from shelters as opposed to getting help from the people they know?
13. If yes - Why do they choose to come to the shelter?
14. Through sharing their experiences, would you say that these women been isolated in anyway?
15. In what way(s) have they been isolated?
16. Would you conclude that the stigma and feelings of isolation felt by these women are a result of the violence they have suffered over time?
17. In what way(s) are the women's experiences similar or different?

End

Appendix IV: Interview Guide for Battered Women

Domestic violence, psycho-socio stigma and feelings of isolation

1. Could you please tell me about your abusive relationship?
2. What kind of violent behavior have you been exposed to by your partner?
3. Why do you think he behaves this way towards you?
4. What do you do whenever this happens?
5. How do you feel about being treated like this by your partner? (*Anger/shame e.t.c.*)
6. Do you have children/relatives/friends in Sweden?
7. Do they know about what is happening in your life?
8. What do they have to say about your situation?
9. How have your feelings affected the way you relate with your children, friends and family?
10. Would you easily seek help from your children, friends and family about your situation?
11. Does your partner try to prevent you from being with your friends and family?
12. Where would you prefer to be after the abuse? (*And why*)
13. Would you consider the way you feel about yourself a result of your partner's violent?

End