Against All Odds: Resilience in Women Victims of Intimate Partner Violence

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Abstract

In 2001, over half a million women in America became victims of domestic violence\(^1\). Many women who have been victims of domestic abuse have defied the negative outcomes by proceeding to lead positive and productive lives. This study defines resilience as the ability to endure and recover from crises and traumatic life experiences. Through qualitative methods, this study will supplement past research by analyzing semi-structured interviews of women who have children between the ages of 8 and 12 who have sought help from a local social service agency providing services to victims of domestic abuse. The purpose of this investigation is to determine what factors they attribute to their resilience in an effort to create prevention and intervention resources. Women reported that social support from family and friends, spiritual beliefs and positive self-conceptualization contributed to their resilience. As a result of the findings, further research of resilience in battered women and their children is recommended. Increased community awareness and educational programs informing the general public about intimate partner violence and the services available to victims are also needed.

Keywords: Resilience, Women, Victims

1. Introduction

The epidemic of domestic violence has come to the attention of public policy makers and healthcare providers because of its pervasive effects on the physical and mental health of women and children\(^2\). Intimate partner violence is not a new phenomenon but it has become a significant community problem. In 2001, over half a million women in America were victims of domestic violence\(^1\). Women and men are equally likely to engage in physical aggression but women are much more likely to be injured or killed by a spouse, ex-spouse, boyfriend or same sex-partner\(^2\). Reports of domestic violence are grossly underreported and “only 1/7 of all domestic assaults come to the attention of the police”\(^3\).

Past research on domestic violence highlights the adverse effects that create the need for increased medical attention due to physical abuse. The need for mental health treatment has also increased due to such problems as depression, anxiety, post traumatic stress disorder (PTSD). Likewise, there is an elevated need for law enforcement intervention as a result of stalking, rape, and murder perpetrated by intimate partners. As a result of the violence, some women report they are no longer able to hold a job due to such physical disabilities as hearing loss, diminished vision and broken limbs.

Women are not the only victims of domestic violence. Children of abused women are subsequently victimized due to their exposure to the violence. Children are also more likely to be abused in violent homes. “Children’s adjustment is better when there is less stress, when the emotional climate is less negative, and when parenting is competent\(^4\). 72% of mothers who experienced intimate partner violence state their children exhibit negative
behaviors as a result of the exposure\textsuperscript{5}. Therefore, children’s responses to the violence must then be accounted for when studying female victims of intimate partner violence.

African-American women are found to be at a much greater risk than their white counterparts to become a victim of intimate partner violence due in part to their marginalized socioeconomic status often as a result of institutionalized discrimination\textsuperscript{6}. African-American men are continually overrepresented among the unemployed and their lack of employment is one of the strongest predictors of abuse for African-American women\textsuperscript{6}. Past research has focused on the impact of poverty on self-esteem and anxiety on impaired resilience. “...Because of poverty’s strong connection with impaired resilience and high levels of violence, we believe it is crucial to study this process in a poverty sample”\textsuperscript{7}. It is concluded that if there are factors that could impair one’s resilience then it could also be enhanced\textsuperscript{7}. Studies have shown that providing abused women the opportunity to discuss their experiences, by focusing on their strengths and treating them as survivors rather than victims increases their resilience.

Women with abuse experiences need to have the opportunity to talk about their experiences, as it is through the use of their voices that they are empowered, strengthening their resilience and learning about themselves in the process. Furthermore, women learn to trust and to believe in themselves\textsuperscript{8}.

Despite the pervasive negative effects of domestic violence, many women have overcome their circumstances successfully. Past research has considered many different definitions of resilience. “Resilience, defined in terms such as good self-esteem, optimism, mental flexibility and generally good physical health, mitigates the effects of violence and serves to help victims act positively to end the violence in their lives”\textsuperscript{9}. Resilience also has been described as “the ability to withstand and rebound from disruptive life challenges”\textsuperscript{10}, “strengths forged through adversity”\textsuperscript{11}, and “resilience, as an inner resource, is the ability to succeed in the face of adversity”\textsuperscript{12}. For the purpose of this investigation, resilience is defined as the ability to endure and recover from crises and traumatic life experiences. This definition was preferred as it encompasses the strength of women who have walked away from their abusive partners and their life of violence along with the women who stay in such relationships but continue to care for their families and seek help with addressing the violence in their relationships.

Considering the resilience in women who have been victims of intimate partner violence, there should be a continued focus of research for the purpose of prevention and intervention using a strength-based model. This type of model will serve a two-fold purpose of (1) better understanding the dynamics of resilience and (2) extracting and highlighting the positive elements of women’s coping strategies to create resources that will foster hope and increased resilience. This study will focus specifically on social support, spirituality, and self-conceptualization because they are factors that in past research have played a major role in helping women cope with the violence, leave their abusers, and increase resilience. This examination is ongoing and will add to previous research of resilience utilizing a model focused on strengths.

2. Methodology

2.1 participants

The participants were women, 18 years or older, who have children between the ages of 8 and 12. Each of the women has been a victim of intimate partner violence and has sought help from a local social service agency providing services to victims of domestic violence as well as such other services as alcohol and substance abuse treatment. The participants voluntarily assisted in this study after receiving information and a flyer regarding the research from a counselor at the agency. One of their children between the ages of 8 and 12 was privately interviewed at the same time by a separate researcher. The women were paid a stipend of $25 and each child received a $5 gift certificate to a fast food restaurant for their participation.

2.2 measures

Each woman took part in a semi-structured interview that lasted between 1 to 1 ½ hour. They completed a Marquette informed consent document and each child completed an assent form. The interview process and confidentiality were explained to the child in the presence of his/her mother to ensure that the children were aware that their parent agreed with their discussing the violence with the interviewer and to confirm the name of the abusive partner who would be discussed. The purpose of the interview was to obtain the women’s
perspective on the violence they experienced and how they coped. The interview began by asking what led them to the domestic violence center for assistance. They were asked to describe the violence, how it began and open-ended questions about what helped them recover. The interviewer followed by asking more specific questions about social support and spirituality. Finally, the interviewer inquired about the participant’s perception of their child/children's responses to the violence and coping strategies. Immediately following the interview each woman completed a questionnaire that was not analyzed for this study. The children participated in a separate semi-structured interview and completed a questionnaire that was not analyzed for the purpose of this study; however, the women received a report of their child’s psychological adjustments to the violence.

The interviews were recorded, transcribed and the women’s responses to each question were categorized into similar themes. The specific areas of focus for this investigation are social support, spirituality/religion, and self-conceptualization.

3. Data

3.1 demographics

This study is the prelude to a more intensive examination of resilience in women victims of domestic violence. Currently 22 women between the ages of 25 and 48 have participated. Of the participants, 12 are African-American, 2 Hispanic, 1 Bi-racial and 7 white. Ten of the women did not complete high school, while 9 completed high school and 3 women have completed some college or a college degree. Fourteen of the participants were unemployed at the time of the interview. Nine women reported having annual household incomes below 10k, 6 reported 10-15k, 1 at 15-20k, 1 at 20-25k, 2 reported 30-35k, 1 at 35-40k, 1 at 50-55k and 1 woman reported an annual income over 65k.

3.2 findings

In a preliminary examination of the interviews, the study shows substance abuse and domestic violence were common with many of the participants and their partners. Several of the women used cocaine with their abusers, which contributed to and was usually an initiating factor in each episode of violence. Many of the women reported they sought help from the social service agency as a result of their drug addiction. Consequently, they were able to address their domestic abuse issues during their treatment.

Participants gave detailed accounts of the violence they experienced with their abusers, in past relationships and of their exposure to violence as children. One participant stated:

One day I was coming from the W-2 building, it was called a welfare building then, on my way home from the appointment he hit me with a car, broke my pelvis bone. Then he took me upstairs and shot me up with drugs and I laid there and suffered for like a week, damn near dead.

Another woman noted:

He would always start (the fight)… he would usually be the one to call the police on me. How many times did I go to jail? Because I shot him once, I stabbed him once, and I tried to cut his eyes out… you know I was real pretty. He hit me so much in this eye to where it’s kinda sunk in some. I can’t hardly see out of it that well. The only thing I got out the deal was a bad record.

Several of the women have been charged with domestic violence offenses and served time in jail or on probation when they fought back. Another participant recounts her experience as she stated:

It’s mostly verbal abuse. I had an incident with him where he broke my foot, my ankle. He broke my ankle and broke the front of my leg. As a result I’ve had two surgeries on that ankle. He hasn’t hit me in a really long time but it’s that screaming and yelling… and the kids have to hear it. You know it’s almost like he doesn’t know how to talk to us like we’re human. It’s the verbal abuse and sometimes that’s worse than the violence.
There were countless examples of abuse but as they talked about their experiences some also mentioned how they got tired and would not stand for it anymore. One participant said, “I can see myself leaving now.”

After describing the violence in their relationships each woman was asked an open-ended question about what helped them cope. Initially it took some of them several moments to respond to the question, and some needed the question explained further before they answered. The delay in response was perhaps due to the shift in questioning from detailing the abuse to who helped them. Initially, the women responded by either naming such practical routines as feeding and clothing their children while others listed all of the behaviors they felt they were doing wrong – such as not spending enough time with their children or taking their anger out on them. That delay is possibly because in the past they have not put much thought into their strengths or resilience.

The next portion of questioning asked about practical support ranging from if they needed a ride, to borrowing money, a safe place to go, guidance and advice to consistent love and support regardless to what is going on in their lives. The women responded to each question naming a family member, friend or the social service agency where they sought help. The women’s social support systems differed ranging from several family members, church family, current non-abusive partners, and friends to other women who only have one or two people in their circle of support. Their social support systems were highly valued. However, some explained that due to their multiple attempts to leave their abusers, family and friends often decided not to help or “interfere” anymore because they believed she would return to her partner.

As aforementioned, the social service agency where the women sought help was noted as a resource. They explained that going to the center helped and that they could count on the agency providers for assistance and support. Several of the women indicated that this attempt was their second time going to the center for assistance and they returned because they trusted that they would get the help they needed. Additionally, being able to talk to their peers who have suffered similar experiences was helpful. It also assisted them in feeling more comfortable with sharing their problems, receiving advice from one another, and keeping one another in check when they are making excuses or minimizing the abuse. One participant explains how discussing her problems in group have helped as she stated:

The people that was there, it was like they could relate to a lot of the stuff that I had been going through so that’s how I coped with it. Now all the problems that I have, I bring it to group because I used to hold all that in and I get stressed. When I get stressed that leads to depression that leads to drugs. So I just talk about it. I don’t hold it in now.

The following question pertained to spirituality. Each of the women, regardless of religious affiliation, discussed spirituality as an integral portion of their lives and how it was utilized as a coping mechanism. Their belief in God, praying and trusting him, and their belief that they are sustained and are still alive because a higher purpose helped them to deal with the violence. One woman stated:

I always pray. I pray and it makes things better. I pray and for some reason I feel that God protects me because I’ve put myself in so many situations that I’ve gotten out of. I’ve got 20 years of using (drugs), to actually be sane right now, you know that’s a God. That’s not just me. When I wake up feeling bad I pray and it eases the tension.

The participants highly valued their spiritual beliefs and actively used prayer, as one participant noted “speaking things into existence”, to initiate their going to the social service agency for treatment and therapy. Another woman stated:

It’s helped me a lot. My mother and father are actually Pastors. I stay prayerful. I know a lot of scriptures in the Bible that I also use. Keep acknowledging God throughout the whole process.

Finally, the women were asked an open-ended question about what they see in their future. Common themes that were expressed by the women were the desire to live in peace and be free from substance abuse and domestic violence, to return to school, purchase a home, and spend more time with their children. The women described what they wanted for themselves as well as their families. The ability to see a different life for them appeared to provide a sense of hope. One participant stated she did not want her children to think the way she has lived is acceptable and “that’s why I’m trying to break the cycle now.”
There was a small sample size and the children’s responses were not analyzed for the purpose of this study. The limitations of this study were due to time constraints. This study is ongoing and will continue to conduct interviews to examine the factors women attribute to their resilience.

4. Conclusion

According to the preliminary findings, strong social support systems and spirituality are key elements of resilience in women victims of intimate partner violence. Not all of the methods used to cope, particularly illegal drugs, are a productive coping mechanism as it further exacerbates the problem rather than helps solve it. However, strengthening such constructive systems as support groups and spiritual or religious involvement will foster increased resilience and aid in intervention and prevention programming. In addition, assisting the women to recognize their strengths and educating them on how to capitalize on those strengths will elevate their self-esteem and consequently increase resilience.

It is necessary for additional research to be conducted to aid in the identification and understanding of resilience in women victims of intimate partner violence. Educating the community on the prevalence of domestic violence, its long term negative effects on the entire family and reducing the stigmatism women face when struggling with leaving their abuser will assist in providing women the social support they need. It is the responsibility of policy makers, medical and mental health professionals, social service providers, the criminal justice system, clergy and the general public to provide support and protection to victims of intimate partner violence.

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6. References