

Chapter One: Introduction

“It is amazing I am still alive through all this. I have tried to go under the table to avoid the abuse but it didn’t work, he pulled me out and hit harder. The thing is if I try to get out and escape from his beating it gets severe. That’s what happened the time he beat me with the bed pole till it broke. I don’t know how I am alive still!” – Tamara

“Why should we put up with getting beaten, we work, we do the housework, and bring up the children all by ourselves then when we go home we have to face violence as well” – Shirani

These quotations give glimpses into Sri Lankan women’s experiences with, and their struggles relating to, help-seeking for partner violence (PV). My choice in selecting this thesis topic stems from my clinical experience – my observations, reflections, and conceptualizations gained working with these and other trauma survivors in Sri Lanka. This fuelled my interest in, and motivation to understand, how individuals survive violence and the effects of trauma(s) and what factors help or hinder overcoming PV. These clinical and cultural interests led me to address some of the longstanding gaps in South Asian and Sri Lankan literature. This study is the first in-depth investigation into partner violence, women’s coping, help-seeking, and social support in Sri Lanka.

For the purpose of this dissertation, partner violence is defined as physical, psychological, verbal, sexual abuse, negligence, social isolation and economic abuse of the female by her intimate male partner. This dissertation begins with a tentative model, broadly outlining possible factors that may influence women’s responses to PV that arose while engaging in clinical work in Sri Lanka. In conceptualizing a tentative model for Sri Lanka and broader South Asia, I selected and reviewed three existing theories. The core elements of the three models were integrated into a tentative model based on their appropriateness for addressing Sri Lankan women’s PV and help-seeking experiences. Hence, the second chapter functions both as a theoretical literature review and an outline of the model addressing women’s responses to PV. This chapter is presented as a published chapter, which effectively renders

the overall format of the thesis a thesis by publication. This was an incidental outcome rather than the desired objective of the study. Thus, the remaining sections of the thesis follow a more traditional thesis format as originally planned for it.

The third chapter reviews empirical literature relevant to the three constructs – PV, coping and the social support literature – to ascertain the gaps in research for the phenomena examined. Numerous gaps were revealed in all aspects pertaining to the study's constructs. For example, South Asian literature, including limited Sri Lankan literature, has examined mainly physical or sexual abuse (and to some extent verbal) as types of PV, focusing largely on marital intimate relationships and the abuse within it. There is also a lack of representation of a broad array of social demographics, as most South Asian studies tend to select particular segments of the target population such as low-income groups or women in rural dwellings.

No theories were found in South Asian literature to explain women's help-seeking. Specific studies examining coping strategies for PV did not exist for broader South Asia or Sri Lanka. Some studies, particularly Indian, have briefly assessed the role of social support for PV, but only a few studies investigated the roles of formal and informal support systems in depth. For Sri Lanka, in-depth investigation into any of the phenomena is lacking. This research addresses as many of these limitations as possible, including the lack of a theory for understanding women's responses to partner violence.

The primary aim is to investigate the roles of coping strategies (emotion-focused and problem-focused) and support systems (informal and formal) in attempting to end PV, using both quantitative and qualitative analysis. It aims to develop a theory for understanding women's

responses to PV using qualitative grounded theory. Another primary aim is to examine the processes involved in women's help-seeking and responses to PV. The study includes a sample that is representative of types of PV, types of intimate relationships, stages of PV experience and help-seeking stages. The secondary aims are to: 1) develop culturally appropriate questionnaires and 2) make the study women-centred and therapeutic in all stages of the investigation.

The methodology chapter has been influenced by my clinical and cultural awareness of the target population, and this shows particularly in the research design, data collection and analysis. In addressing the possibility of investigator bias, several steps were taken in all stages of the design, data collection, transcription, translation and analysis process to overcome this potential limitation.

A mixed method design characterises the thesis method where predominantly qualitative analysis is backed up by quantitative analysis. Grounded theory was chosen to make the research women-centred and therapeutic by allowing women to narrate their complex PV and help-seeking experiences. Methodologically it necessitated that I immersed myself completely and for my supervisor to immerse herself selectively in the data, which permitted an increasingly abstract coding process to occur as a requirement of the grounded theory. This permitted a theory to develop that was grounded in the research data and not excessively influenced by my clinical experiences. As part of the attempt to fill methodological gaps and examine the three constructs of PV, coping and support systems quantitatively, I designed, modified and adapted three questionnaires for the study.

The quantitative analysis includes psychometric assessment and exploratory analysis of the data. The psychometric assessment of the developed questionnaires included factor analysis of the developed coping scale, Ways of Coping – Sri Lanka [WOCSL]. Reliability was assessed for both the Ways of Coping Sri Lanka and for a Social Systems questionnaire, while the open-ended PV questionnaire could not be psychometrically assessed. This section also addresses validity issues relevant to the newly developed questionnaires. The quantitative analysis includes: 1) descriptive statistics – particularly of the Sri Lankan PV variables; 2) correlational coefficient analysis of the three constructs examined; 3) cluster analysis and analysis of variance to identify the patterns of PV and the patterns of coping and support seeking in each of the categories for the sample studied.

A theory grounded in the data was developed employing qualitative grounded theory method. This method allowed for assessing the study hypotheses, and for examining various coping strategies and support systems accessed by the Sri Lankan help-seeking women in ending PV. Grounded theory allowed for the role of other crucial factors to become evident as they related to PV and help-seeking, particularly their role in enabling or deterring women's process of responding and help-seeking for PV. The qualitative analysis chapters include the emergent theory (chapter six) and descriptions of the PV, in addition to socio-cultural and other significant factors that affected women's process of responding and ending PV. The two subsequent chapters (chapters seven and eight) unfold in detail the emerging theory of Sri Lankan help-seeking women's resilience development and recovery in responding to PV.

The discussion chapter signifies the most salient qualitative and quantitative findings of this study. As this study engaged in in-depth grounded theory analysis as well as quantitative analysis, it resulted in a significant number of findings pertaining to the phenomena of PV,

help-seeking, coping, social support, women's agency, resilience development and, unexpectedly, into moments of insight (related to resilience development and ending PV) as well as recovery from the trauma of PV. This chapter demonstrates the longstanding and crucial gaps filled by this research and addresses service provision needs of an underprivileged and socially marginalized group – women facing partner violence.

Having described the context and the pattern of the thesis (and the reasons for that), I will now venture into the process of unravelling the investigation in detail.

Due to copyright laws, the following articles have been omitted from this thesis.
Please refer to the following citations for details.

Pinnewala, Parvani (2009) 'Good Women, Martyrs, and Survivors : A Theoretical Framework for South Asian Women's Responses to Partner Violence', *Violence Against Women*, Volume 15 Number 1, January 2009 81-105,
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Chapter Three: Empirical literature review

“Inside the house I face more problems than I face out-side. Now on the road it is a bit difficult for my husband to do something all the time. I may be able to go to the police station and put an entry then, how many times can he do that? He is always inside the house and can do a lot of damage, he can harass us daily, so it is best to get harassed out-side once in a while than inside all the time. Now that everything is lost and I have been disgraced in the worst possible way” – Neela

The preceding chapter provided a brief review of the literature on PV. Select theories were reviewed in-depth to formulate a tentative theoretical framework for Sri Lankan (and other South Asian) women's responses to PV. This chapter is a second literature review chapter, providing a comprehensive examination of select literature covering central parameters (rather than aiming for an exhaustive coverage) relevant to the south-Asian and Sri Lankan context. Literature on partner violence, coping, and social support is reviewed highlighting the relevant gaps in knowledge.

Partner Violence

From Victim to Survivor: In the 1970's a social phenomenon took place that drew attention to the abuse within family/relationship contexts by emphasizing the patriarchal social structures (Heise, Ellsberg, & Gottemoeller, 1999), the power dynamics of the male family members and/or other intimate partners. It foregrounded the positioning of women as 'subordinates to be controlled' within the family, heterosexual relationships, and other types of social constructions. This initiation and expansion of awareness, dialogue, policy change, and activity surrounding women's issues occurred through feminist activisms and human rights movements begun initially in the west. These aided the development of crisis centres/shelters, family and feminist therapies and other related services. They promoted a women-centred approach to the empirical, theoretical, and clinical understanding of partner and other forms of

gender-based violence. The development of therapeutic and legal services, referral and other medico-legal-clinical-social services, and the increase in media and public awareness began to lend a voice however small to women's hitherto silent and hidden distress in the face of PV. Researchers and practitioners over the last 30 years changed the understanding and perception of female partner abuse by firmly establishing it as a social and public health concern and emphasizing the numerous physical, psychological, and social consequences for women, their children, families, and the larger society.

Women's agency and the process of responding to Partner Violence

People are rarely passive about problem solving and women who face violence are no exception (Yoshihama, 2002). Recent partner violence literature at least partially contradicted the traditional portrayal of women as passive victims and helped to portray women subjected to PV as being active in trying to resolve their abuse (Bowker, 1984; Gondolf, 1988; Gelles & Straus, 1988; Renzetti, Edleson & Bergen, 2001). Using large shelters' records, Gondolf, Fisher, and McFerron's (1988) and Okun (1986)'s reviews illustrated the survival strategies women used: showing most sought help repeatedly before seeking shelter, which for many was the last resort. Bowker (1984) and Davis and Srinivasan (1995) demonstrated that most women who seek help approach their family and friends before any other source of support for PV. Hoff (1990) documented women's survival and their escape from abuse highlighting the role of social support - family, friends, and shelters for their survival. Several investigators using qualitative approaches have demonstrated that women actively counteracted the abuse from the first appearance of violence (Merritt-Gray & Wuest, 1995). More recently, Goodman, Dutton, Weinfurt, and Cook (2003) demonstrated that women facing intimate PV appear to try a wide array of strategies to reduce or eliminate threats to their physical safety and emotional well-being, with severe violence triggering intense use of strategies. Gondolf

(1988), Bowker (1993), and Goodman, Dutton, Vankos, and Weinfurt (2005) also gave evidence to women's tendency to employ numerous types of coping strategies and their tendency to increase the number and diversity of strategies employed when facing increased abuse. These studies exemplify the feminist perspective taken in regards to PV and illustrate a gradual shift, within research and clinical practice, from early assumptions about women as "victims of abuse" to "survivors". The change in focus of research to a survivor perspective helped to highlight women's complex and difficult journeys involved in resolving the PV.

Lempert (1996) focused on a central concept of 'agency' to describe the strategies women employed to "halt, change, or cope with their partner violence". She redefined seemingly passive actions as active coping strategies and showed the complex process of women's responses to PV. Despite the agency shown by abused women, comparative studies provide evidence that they cope less effectively than non-abused women. They employ fewer active problem-solving strategies and greater numbers of passive strategies such as avoidance and denial (Finn, 1985). However, researchers and service providers have given ample evidence to the fact that abused women are highly resourceful and cope well when one takes into account the types and extent of the multiple traumas and stresses they face (Campbell et al., 1998). Clinical and research endeavours demonstrate that abused women must contend with a variety of stressors other than the PV. These include: economic hardship, lack of sufficient resources, and child related concerns. People cope less effectively when the number of stressors is overwhelming (Carlson, 2000). Abused women's use of seemingly passive coping strategies at times is understandable in light of the nature and complexity of the abuse(s) they face. In a longitudinal study combining qualitative and quantitative analysis, Campbell, Rose, Kub, and Nedd (1998) demonstrated that dealing with PV is a complex process and that most women worked on the process of achieving non-violence rather than necessarily leaving the relationship. They show that achieving non-violence is neither strictly linear nor necessarily

progressive in all instances. They also demonstrated that women selected strategies to decrease abuse and that these strategies were chosen through an active, conscious, evaluative process of decision making, revising, and choosing new strategies when old ones failed to achieve the desired effect.

Walker (1979) highlighted women's complex internal cognitive constraints which resulted (at times and for some women) in a learned helplessness, which affected their responses to PV. Based on this notion, Walker (1979, 1984, and 1994) introduced the term 'battered women syndrome' which meets the diagnostic criteria for posttraumatic stress disorder. She emphasized that, the abuse-related symptoms some women exhibit such as: avoidance, cognitive and memory disturbances, anxiety and other high arousal symptoms, are similar to the symptoms exhibited when faced with other traumatic stressors. Walker demonstrated how complex factors kept some women psychologically and physically trapped within the relationship. These factors include: fear of retribution (including loss of children or increase in violence), lack of constructive coping skills (such as minimization, denial, self blame, repression, dissociation), cognitive confusion, fear, shame, guilt, and fear of not being believed or being blamed for the abuse. However, most studies (including Walker's) found that for many battered women practical assistance, the help of a support system, and/or minimal psychological assistance was largely sufficient for them to return to their previous levels of functioning and to resolve PV. Walker's empirical research based on clinical samples demonstrated two major patterns of violence. First, Walker (1994) demonstrated that the violence and the psychological manipulation tend to grow more intense, vicious, and more frequent. Other studies attest to escalating abuse (Campbell et al, 1998; Dobash et al., 1992). Second, Walker (1979, 1984, 1994) emphasized that the abuse occurred within a predictable three-stage cycle of violence: tension building, acute battery incident, and a period of loving contrition and absence of tension. This has also been illustrated in other studies. However,

Walker emphasized that this three-stage cycle tends to occur in two-thirds of battering incidents and not in all relationships. Based on these findings, Walker (1994) developed a survivor therapy for battered women to overcome violence and develop resilience.

The complexities of staying, leaving, and help-seeking

Regarding women's decisions to stay or leave in order to end PV, research offers mixed evidence. Many attempt to end the violence by leaving; others turn to their informal and formal support to end the violence while continuing the relationship (Campbell et al., 1998, Lempert, 1996, Davis, Taylor, & Furniss, 2001). In contrast, Strube's (1988) review of literature pertaining to leaving demonstrated that existing research indicated that a substantial percentage of battered women continued to live with their perpetrators or returned even if they sought help. Strube and Barbour (1983) found that many who left the relationship were likely to return if they had limited economic resources or legal and long-standing commitment to the perpetrator. Existing qualitative research suggests that women's decisions to leave PV relationships are complex and involve number of personal and situational factors (Campbell et al., 1998). Merritt-Gray and Wuest (1995) illustrated that women employ such strategies to deal with PV as; relinquishing valued beliefs about self and relationships, minimizing the abuse, creating a safe space for thinking, setting limits, and formulating plans for leaving. Johnson and Ferraro (2000) encapsulated a core issue in suggesting that the best approach is to treat women's leaving as a process. Regarding the decision to stay, leave, or return to the relationship, women tend to engage in diverse coping methods depending on their unique circumstances. Research also demonstrated that each of these decisions have implications for women's safeguarding of themselves and their children and affects their ability to resolve the PV. Dunn and Powell-Williams (2007) demonstrated a need for a more nuanced framing to understand women's agency regarding decisions for staying or leaving. They stressed the need to examine closely how battered women who remain or return to violent relationships

exercise agency and resist violence. Accordingly, it is pertinent to examine women's effective help-seeking strategies and/or explore the relationship between women's strategies/resources and safety, and how these affect their ability to stay safe over time. This was demonstrated by Goodman et al., (2005) in their longitudinal study involving help-seeking African-American women. Regardless of whether women stay or leave, if they are successful in resolving the abuse, the strategies or resources they employ gives service providers valuable clues for recommending effective women-centred policy and providing appropriate safety planning. Women's complex help-seeking processes and their use of various resources and strategies need to be examined, particularly for understudied populations.

Defining Partner Violence

Partner violence is defined in many ways. One definition of PV is a pattern of behaviours including physical abuse, psychological abuse designed to instil fear or confusion and includes sexual and economic abuse, social isolation, and threats against loved ones (Bancroft, 2002; Goodkind, Sullivan, & Bybee, 2004), which results in the perpetrator gaining an advantage of power and control (Dobash, Dobash, Wilson, & Daly, 1992). For the purpose of this dissertation a similar definition is employed. Partner violence is defined as physical, psychological, verbal, sexual abuse, negligence, social isolation, and economic abuse of the female by her intimate male partner. Regarding types of abuse emphasised in the past, physical abuse is given the most prominence, while attention has also been given (to a lesser degree) to psychological and sexual abuse. Most other forms of abuse such as social isolation, economic abuse, negligence, and verbal abuse have received little attention - even within a western context. The relationship type emphasised in studies (including most western studies) has largely been intimate (heterosexual) PV relationships, particularly marital relationships with minimal attention to dating and cohabiting relationships. Hence, it is important to have representation of all types of PV and all forms of intimate heterosexual

relationships when studying the complex phenomenon of women's experience and responses to PV.

South Asian Immigrant Partner Violence

Regarding the global position of PV, several studies have addressed the issue of violence against women, including partner violence. A review of population-based surveys from 36 countries demonstrated that 10%-50% of women experienced physical abuse from their male partners at some point in their lives (Heise, Ellsberg, & Gottemoeller, 1999). Studies on Asian immigrants and refugees in the U.S. have illustrated that socio-cultural factors-language, gender roles and values related to help-seeking influence how women interpret and respond to PV (Yoshihama, 2000, Dasgupta, 1998). Women's financial resources, social support, and availability of culturally competent help, affect their responses to PV (Bhattacharjee, 1997). Scholarship on PV suggests that those from different racial and ethnic minorities may cope with abuse differently (Abraham, 2000). Regarding immigrants from South Asia facing PV, research has demonstrated that these women face numerous challenges. These include difficulties in adjusting to the new culture, economic hardships, under or unemployment, language barriers, and fear of deportation (Panchanadeswaran & Koverola, 2005). Dasgupta and Warriar (1996) and Dasgupta (1998, 2000) demonstrate many barriers that affect help-seeking, such as immigration and adaptation issues and South Asian cultural attitudes. These factors, in addition to other personal, relationship, and social barriers affect help-seeking and complicate the issue of South Asian women's responses to PV. In an overview of South Asian immigrant women's experience of PV, Dasgupta (2000) stated that the South Asian communities' insistence on upholding cultural integrity and values similar to that of their natal country and their need to present themselves as successful model citizens meant that all social issues, including partner violence, were ignored for the longest duration. She notes that

the lack of reliable statistics concerning intimate PV within this community reflected the fact that the magnitude of the issue was denied within the community. Research on South Asian immigrant PV is insufficient. The few studies conducted demonstrate South Asian PV is a serious social concern (Abraham, 2000; K. Dasgupta, 1993; Dasgupta & Warriar, 1996; Dasgupta, 1998; Krishnan, Baig-Amin, Gilbert, El-Bassel, & Waters, 1998). Raj and Silverman (2003) illustrated that prevalence of PV among South Asian women in the United States is more than 40%. Dasgupta (2000) stated that although there are several South Asian PV prevalence studies, there is lack of empirical data on South Asian women's help-seeking behaviours and on the efficacy of intervention methods employed by service organizations that support them. Dasgupta & Warriar (1996)'s interviews with Indian American battered women indicated that women's socialization of being "good" wives and mothers was salient to their need to carry the burden of demonstrating an unblemished view of the family to the outside community, in spite of severe abuse. Hence, Dasgupta (2000) elaborated that shame and stigma attached to help-seeking deter women from utilizing mental health and public assistance services with powerful implications for their ability to resolve PV.

Partner Violence in South Asia

Violence against women including PV in South Asia is a serious social issue that crosses cultural, geographic, religious, ethnic, and social boundaries. South Asia is regarded as a region where power imbalance in regards to gender is prominent (Naved, Azim, Bhuiya, & Persson, 2006). Although this is not exclusive to the South Asian region, researchers working on the South Asian context have shown that the patriarchal nature of the South Asian societies and their strict gender role socialization affects the prevalence and perception of PV and women's help-seeking. In a review of data from 15 societies, Campbell (1999) demonstrated that South Asia fell into the high wife abuse category. This is especially significant because

most studies in South Asia tend to focus on physical abuse against women while other forms of abuse are not given sufficient attention. Many South Asian studies report high rates of spousal physical abuse. Jejeebhoy & Cook's (1997) study conducted in Tamil Nadu and Uttar Pradesh reported that 40% of married women reported physical abuse. Sattar & Kazi's (1999) study conducted in rural Punjab in Pakistan reported that 55% of women were physically abused by their husbands. Schuler et al (1996) demonstrated similar rates of physical abuse among married women in Bangladesh and found that among rural economically disadvantaged women of reproductive age, 47% were beaten by their spouses. Marital relationships are privileged as the relationship type where PV is investigated, while cohabiting and other forms of intimate heterosexual relationships are not given attention. Rather than trying to have overall estimates of prevalence, most South Asian studies focus on particular socio-economic groups such as rural and/or economically disadvantaged. Thus, an overview of the socio-demographic representation in regards to both the perpetrators and the women subjected to PV is minimal.

India: Status of Partner Violence

Examination of peer-reviewed literature demonstrated that most of the South Asian domestic violence literature was from India, although there is limited literature from Bangladesh and Pakistan. Most studies in South Asia, particularly in India have focused on examining PV in regards to its prevalence rates, determinants, risk factors, patterns and triggers of abuse, and physical and psychological consequences of PV. These are important issues, but it means that there are few studies examining women's help-seeking behaviours and the role of their support systems in resolving the PV. India has been prolific in examining issues related to PV. The International centre for research on women (1999) reported that irrespective of education levels two out of five women in India faced physical abuse. Several Indian studies

have demonstrated that the incidences of physical abuse ranged from 22% to 60% (Mahajan, 1990, Rao, 1997). In a qualitative study, Khanna et al (2000) found that a significant number of women experienced coercive sex. Visaria (1999) illustrated that in rural Gujarat state two-thirds of the women surveyed acknowledged physical, sexual, and psychological abuse across different socio demographic levels such as age, education, and caste. In a large scale South Indian study conducted in 40 low income communities in Chennai, Solomon et al (2009) demonstrated that the life-time prevalence of physical abuse and forced sex was 99% and 75%, respectively. The investigators also established that women in low income slum dweller communities were at risk for HIV and other sexually transmitted diseases as a consequence of their PV. According to the investigators the prevalence of PV in India varies according to the region, with 22% for southern rural villages in Karnataka (Rao, 1997) to 75% in low-caste communities in northern Punjab (Mahajan, 1990). Indian studies assessing the prevalence and risk factors of PV have focused mostly on rural populations (Jejeebhoy, 1998; Mahajan, 1990; Rao, 1997; Koenig et al., 2004). Examining other consequences of PV, Jain et al (2000) documented the immediate physical injuries, while Maitra and Schensul (2002) demonstrated that early experiences of physical and sexual abuse in marriages affected women's desire for sex.

Context and community in PV

Although most Indian studies have focused on individual factors, a few studies (such as Koenig et al (2006)) have given attention to context and community in PV. Regarding contextual factors, some Indian studies have focused on the organized responses to PV, such as the role of state and non-governmental and voluntary organizations responses. For example, Poonacha and Pandey (1999) illustrated the role of formal systems in responding to PV in the Karnataka and Gujarat states. They examined voluntary community programmes,

state welfare policies, and responses from the criminal justice and other systems. The existing research demonstrated that India is progressive relative to the other South Asian countries in regards to the range of services offered. For example, regardless of the level of availability and effectiveness of the services, India offers extensive services to women facing PV. These include all-women police stations, long-stay shelters, all-women courts, child care services, financial assistance, and referral to medical and psychological services. Poonacha and Pandey (1999) also stated that at village levels, local women's collectives work to provide economic and political power. They note that these strategies can act as preventative and reactive responses to PV. They elaborated that in spite of numerous services available, family reconciliation is still clearly desired regardless of the nature and severity of the PV. This may reflect the patriarchal and disempowering nature of social responses to PV which lead to tolerance of PV as a normative behaviour by both men and women. It may lead to lower identification and reporting of PV, particularly of forms PV that are perceived as less severe. Rao (1997) provides evidence of this. His findings demonstrate that women only considered the most severe physical abuse as PV. Solomon et al (2009) and Jejeebhoy (1998) provide evidence that PV is at least partially accepted as being normal in the Indian context.

Women's help-seeking, role of social networks

Sen (1999) illustrated that in spite of the social and cultural beliefs, practices and constraints, women's attempt to social network can serve the function of making the transition between facing violence to ending it. This can be achieved either by women's links to their families, neighbours or other informal sources or to organizations. If they are helpful, they are an important source of collective resistance to PV. This study hints at the fact that, women's responses and help-seeking for PV involves *a process* in that it demonstrates that responses to PV happen as a transition. To my knowledge, none of the South Asian studies - including the

Indian studies - have examined in-depth the *process* component of women's responses to PV, although several Indian studies focus on women's help-seeking. An example of Indian women's help-seeking is illustrated in Panchanadeswaran and Koverola's (2005) study. In their in-depth mixed method study, designed to give voice to the women's private distresses, they examined women's help-seeking behaviours and the efficacy of the support sources, (amongst other factors). Their study demonstrated that, for the sample studied, PV began soon after marriage and that vast majority faced severe daily abuse. Their study found that 70% reported that they lived under threats of murder while 85% reported that they needed medical care for the injuries. Women sought help from various sources; the most effective being the counselling centres and women's shelters. Women's help-seeking varied and diversified with time, including seeking parental support (mainly emotional), altering behaviours to avoid the abuse, lying about the abuse, retorting, filing police complaints, and seeking counselling and shelter support. Regarding help-seeking Panchanadeswaran and Koverola stated that the responses of the abused women followed a pattern of active help-seeking from informal/formal systems (including temporary departure from the relationship), to completely withdrawing from all support seeking, to finally proactively accessing sources. Their findings show that women sought help from informal sources (to receive emotional and instrumental support) for many years prior to seeking formal support, such as legal interventions or shelter. This study hinted at the possibility of viewing women's help-seeking as a process in describing it as occurring as 'a pattern'. The study further stated that in the active stage of help-seeking, women sought help from numerous sources such as parents, siblings, in-laws, employers, community leaders and doctors. This study found that on average, women sought help over time from at least four sources and stated that formal systems such as counselling centres, police, and legal aid were sought when they needed concrete help and protection. The study found that 66% stated that police support was inadequate or useless, while 53% stated that the tangible, concrete help they received from formal support significantly changed their

experiences of PV. As such, for the participants of this study, formal systems - particularly counselling centres and shelters - are seen as crucial systems that provided the resources needed to resolve PV. This study also highlighted the critical role of clinicians and community-based organizations as well as the importance of providing comprehensive services for dealing with PV. Sen (1999) and Rao, Indhu, Chopra, Nagamani, and Padaki (2000) have described the help-seeking of Indian women. Sen (1999) found that social networks, both informal and formal, were critical in helping women resolve their PV. Subadra (1999) stated that women's help-seeking efforts are evident after a while and are multifaceted. In a South Indian study, Rao et al (2000) demonstrated that women sought help only after enduring various forms of abuse for long periods. They showed that women sought help from multiple informal sources before seeking formal support. Providing a powerful summary, Ahmed-Ghosh (2004) show that family and community need to be made aware of PV, so that they can create a more receptive environment in which women can seek help.

Dowry-related abuse

In the Indian context, PV has been synonymous with dowry-related violence to the extent this form of abuse has been given unprecedented attention particularly by the media and the society. According to many activists and researchers this has rendered invisible other forms of partner abuse. For example, Ahmed-Ghosh (2004) illustrated that, although domestic violence occurs for many reasons, the issue of dowry plays an important role in the initiation and perpetration of violence against women, including PV. Rao (1997), Heise et al (1994), Solomon et al (2009), and others provided evidence for this interpretation. This reveals the role of specific socio-cultural norms in instigating PV.

Patriarchy, Socialization processes, and their impact on Partner Violence: Silence, subjugation and tolerance

According to Bhatti (1990), Go et al, (2003), Ahmed-Ghosh (2004), and Panchanadeswaran and Koverola (2005), the phenomenon of violence against women (including PV) needs to be placed in the patriarchal, patrilineal, and patrilocal cultural context of India which is marked by socialized female subordination. Subadra (1999) stated that domestic violence is rooted in patriarchal notions of ownership of women's bodies, sexuality, labour reproductive rights, mobility, and levels of autonomy. Ahmed-Ghosh (2004) stated that Indian men define the household, the society, and the nation and that the woman's status is relational to the male. This creates a social order that ensures that women provide service within each of these contexts, with silence, subjugation, and tolerance. Go et al (2003), in their multi-site qualitative study, demonstrated that in the Indian context, the male partner holds the decision-making power regarding all household and relationship issues spanning economic, social and sexual domains. As examples of reasons given for the PV, Go et al (2003) demonstrated that frequently cited issues included: speaking out of turn, refusing to have sex, perceived neglect of household work, suspected infidelity, and men's alcohol consumption. These findings are supported by Jejeebhoy (1998) and Jain et al (2000). A patriarchal structure where the socialization of women renders them subordinate subjects is true for other South Asian countries as well. Go et al (2003) and Jejeebhoy (1998) demonstrated that, legally, the presence of unequal divorce and inheritance laws and the lack of enforcement of laws regarding the minimum age of marriage contribute to and tacitly sanction domestic violence. Bhattacharya (2004) demonstrated that although the Indian government is obliged by the Constitution to take steps to eliminate gender-based violence, there is an immense gap between laws and the reality of the pervasive nature of PV. Although the gap between policy

(including legal changes) and on-the-ground reality concerning PV has not changed drastically there has at least been the emergence of the Indian women's movement. This is composed of women's rights activists, lawyers, clinicians, and non-governmental organizations (NGOs) that work towards bringing the issue of PV to the forefront of the national debate. It is significant in comparison to rest of South Asia. For example, establishing laws restricting dowry practises - however slow or difficult they are to be implemented - demonstrates the progress made. Nevertheless, Kapur and Cossman (1996) and Ahmed-Ghosh (2004) have illustrated that, in spite of the enactment of laws and other progress made, the dent in the patriarchal fabric that views family as a societal unit with prescribed traditional roles for women has been minimal (Panchanadeswaran & Koverola, 2005, p.737).

Bangladesh: Status of Partner Violence

In regards to Bangladeshi literature, several studies and reports have demonstrated that PV, particularly that inflicted by a husband, is a serious problem in the country (Azim, 2000; Bhuiya, Sharmin, & Hanifi, 2003; Schuler, Hashemi, Riley, & Akhter, 1996). Azim (2000) found the rate of wife abuse in urban Bangladesh to be 61%, while Steele, Amin, and Naved (2001) in a study involving one rural region demonstrated that the rate was 32%. Naved, Azim, Bhuiya, & Persson (2006) stated that for spousal physical abuse or for women's disclosure and/or help-seeking behaviours no reliable estimates existed for Bangladesh. The study further stated that limited understanding of PV in the country led to missed opportunities to address appropriate health-related policy for abused women.

Disclosure and role of Support Systems

Naved et al's (2006) study was one of the few studies in Bangladesh to focus exclusively on the issue of PV. In their study, 66% of the sample did not disclose the abuse. Their qualitative data demonstrated that the majority of the women did not disclose PV and their lack of disclosure resulted from: fear of jeopardizing family honour and their own reputation, as well as a need to secure children's future; fear of further abuse, threats of murder, or the expectation things would change; and finally the belief the husband has a right to be violent. Naved et al, also found that that 66% of urban women and 51% of rural women facing PV did not receive any support from others. This study also demonstrated that women approach others for support after enduring the abuse for a long time, and only when they couldn't endure further. They sought support when violence became life-threatening and/or when children were at risk. Although the investigators did not examine help-seeking as a process, these findings hint at a process component to women's responses to PV. This study demonstrated that if women perceived their natal family to be supportive, they were more likely to disclose the abuse and they disclosed mainly to parents, siblings and even to the in-laws. This demonstrates the important role of informal support systems for women in dealing with PV. Almost all who sought support from formal sources indicated that they did not receive sufficient support. This is a familiar pattern in regards to some types of formal support for PV, particularly in South Asia. The study found that children and neighbours supported women even when the support was unsolicited, particularly in the case of the children. This may have been because the children had also witnessed PV and may even have faced abuse themselves.

Patriarchy and Socio-cultural Factors

Hadi (2005), employing survey and interviews conducted in 70 villages in 10 districts of Bangladesh, demonstrated that psychological and physical abuse was high and stated that women's unequal social and financial status promoted PV. This study demonstrated the patriarchal family structure of Bangladesh (comparable to the rest of South Asia), where women are socialized to be subordinate to men who are privileged as legitimate beings. Hadi (2005) illustrated that these socio-cultural attitudes are reinforced by religious codes and the legal system in the case of Bangladesh. In concluding the review of selected Bangladeshi literature, it is important to note that for Bangladesh, acid attacks are relatively common country-specific form of abuse against women, even as a form of PV. As emphasized by Chowdhury (2007) acid attacks are increasing visible in a range of domestic violence situations including; unmet dowry, land, and family disputes. Although acid attacks are demonstrated as specific only to Bangladesh, Chowdhury (2007) stated that that other countries in the region also reported incidents of this form of gender-based abuse.

Partner Violence in Pakistan: A brief account

Only a brief comment on PV in Pakistan will be made. The few Pakistani peer reviewed has articles have focused on prevalence and factors associated with physical, sexual, and emotional abuse of married women. A study conducted by Kapadia, Saleem, and Karim (2009) in tertiary-care hospitals in Karachi, involving 500 women, found that 21% of the women experienced sexual violence in their married lives. Their study showed the critical importance of social support in that women who had support were less likely to be abused. Farid, Saleem, Karim, and Hatcher (2008), in their study of spousal abuse during pregnancy, demonstrated that 44% reported abuse during the index pregnancy, 12.6% faced physical

abuse, while 43% reported emotional abuse. Once more strong social support was demonstrated to protect the women from abuse.

Gaps in South Asian Literature

The previous chapter and the review of select South Asian literature highlight several gaps in PV literature for South Asia. South Asia lacks theoretical frameworks for explaining PV, women's responses to PV, and their help-seeking. As demonstrated, most studies on PV in the region have focused on examining mainly physical abuse and at times, sexual and psychological abuse. None of the studies to my knowledge have focused on examining other forms of PV, such as verbal violence, economic abuse, enforced social isolation, and negligence. A vast majority of the studies have focused on examining PV within a marital context thereby excluding all other forms of intimate relationships from the analysis. Most studies did not have a varied socio-demographic sample. For example, most Indian and Bangladesh studies have focused on rural or urban populations and mainly low income populations, while examination of other socio-demographic factors are minimal. It is important to examine the nature of PV and women's responses to PV in a more inclusive and representative manner.

Although a few studies have focused on the help-seeking behaviours of women, such as Panchanadeswaran and Koverola (2005) studying in India, and Naved et al (2006) in Bangladesh, none to my knowledge have examined women's responses and help-seeking as an in-depth process that has identifiable stages. Regarding support systems literature, some studies have demonstrated the role of social networks, both informal and formal systems crucial role in helping women resolve PV. A few studies, such as Panchanadeswaran and

Koverola's (2005) study, focused in-depth on the role of support sources for women's help-seeking and in resolving PV. However, further analysis is needed to clarify existing findings and to study in-depth the role of both informal and formal support systems to determine how these factors affect in each stage of women's process of responding and help-seeking to PV. Particular attention is required regarding the use of different types of support such as emotional, tangible, and instrumental support, South Asia seems to lack studies that examine women's coping strategies and lacks in-depth analysis of coping in regards to PV. It would be particularly valuable to examine the complex dynamics of coping in regards to women's help-seeking, which would aid service providers in facilitating women's agency in order to help resolve PV. In a region that has minimal women-centred resources and numerous socio-cultural barriers, this is an important task.

Sri Lanka: Status of Partner Violence

Despite the fact that in the other cultures only peer-reviewed material was discussed, because this is a Sri Lankan study – even reports not published under a peer-review process will be discussed (with due care) because they add to the full picture.

Peer-reviewed literature

Regarding Sri Lankan peer-reviewed PV literature in spite of periodic, extensive, searches only five articles were located. Although not a direct study of women's PV, Haj-Yahia and De Zoysa's (2007) study addressing Sri Lankan medical students' beliefs regarding wife abuse demonstrated some concerning attitudes being expressed. A percentage of medical students justified physical abuse of married women, believed women benefited from the beating, and held women responsible than their husbands for the PV. However, the study also

found that as future medical officers they were willing to help the abused women who need services but a majority were against women seeking divorce or for the perpetrators of PV being punished. Their study indicated that out of a sample of 467, 7.2% - 33.4% justified wife beating. Regression analysis demonstrated that the gender of the student and a patriarchal approach to women affected their justification (amongst other factors). The authors stated that the patriarchal nature of the Sri Lankan society is solidly reflected in the participants' tendency to promote family and marriage as sacred institutions by opposing divorce and by not promoting punishment of the perpetrators. Moonesinghe, Rajapaksa and Samarasinghe (2004), in a study involving 1200 pregnant women residing in Badulla district in Uva Province, demonstrated that 219 faced physical abuse. Regarding the abuse, 44% of the abused women faced abuse during the current pregnancy. The prevalence of physical abuse for those who had ever been abused was 18.3% compared to a rate of 10.6% for the current abuse. The main objective of this study was to develop and validate a screening instrument to estimate the prevalence of physical abuse in pregnant women. Subramaniam and Sivayogan (2001), in their descriptive cross sectional study conducted in Trincomalee district of the Eastern province, assessed the prevalence and socio-demographic patterns of partner beating of married and cohabiting women. A prevalence rate of 30% was reported for a sample of 417 women. This study demonstrated that no association existed between wife beating and ethnicity and that wife beating was associated with early marriage for women, low income, a low standard of living, large families, and alcohol consumption by the perpetrator. They illustrated that 82% were unwavering in their belief that PV is not justifiable on any grounds. However, a significant finding of the study was that 81.5% of the women, irrespective of their level of education and employment, stated 'the children' as the main reason for remaining in the marriage. Regarding temporary departure as a solution for PV only 10% employed this method. The authors emphasised that the lack of both disclosure and help-seeking may have

been because of the perceived shame of disclosure, fear of the perpetrator's retaliation, and an absence of awareness of formal support.

Fisher (2010) examined violence against women, including domestic violence in post-tsunami Sri Lanka, using a range of staff from women's community and non-governmental organizations, international non-governmental organizations, and governmental representatives. Her findings demonstrated that from the onset of the tsunami, women and girls were subjected to rape and other forms physical and sexual abuse. According to the persons interviewed, the rate of PV was high and at times very severe. Although the respondents were unsure as to whether and how much PV was present prior to the tsunami, most felt it had become more violent. Fisher concluded that the violence that occurred during the tsunami needs to be placed in the context of the overall gender-based violence that prevails as a norm in Sri Lanka. Finally, Pinnewala (2009) provided an initial conceptualization of a culturally-appropriate theoretical framework for Sri Lankan and other South Asian women by focusing on Sri Lankan women's responses and help-seeking behaviours.

Sri Lanka lacks adequate peer-reviewed literature on PV. Most studies take the format of reports or small scale and community-based studies that are largely descriptive. Hence to review Sri Lankan literature as deeply as possible, reports and small scale studies were included.

Reports and studies on Sri Lankan status

In the majority of peer-reviewed studies, and akin to the rest of the South Asian literature, in Sri Lanka it is physical abuse that has received most attention. Most Sri Lankan studies place physical abuse to be between 30% (Samarasinghe, 1991) and 60% (Deraniyagala, 1992). Deraniyagala (1992) investigated the incidence, causes, and myths surrounding physical abuse surveying 200 low-income married or cohabiting women living in Colombo, the capital of Sri Lanka. This study also aimed to find out whether leaving was a viable solution to PV. Her findings demonstrated that of the 60% physically abused, 51% stated that the perpetrator used weapons while 43% were beaten while pregnant. These highlight the extreme intensity and life-threatening nature of the abuse. Of the respondents, 29% reported that their children were also abused. Deraniyagala found that 24% of the women were employed and that 33% owned the house they lived in. Although PV was high, 75% reported that the perpetrator was not abusive to others in an external context, outside the home. Regarding the perceived cause of abuse, 18% believed alcohol was the cause. Other reasons given were: perceived failure to perform household and child care duties, financial issues, influence by perpetrator's relatives, and perceived infidelity. Deraniyagala suggests that domestic violence needs to be seen as arising out of the need to control women within the relationship (p.25) and out of the power relationships within the family (p.43). In this study 38% of the women left temporarily and returned while 62% stayed, irrespective of the fact that some were employed or had other resources such as property. This highlights the fact that material resources on their own are not sufficient for preventing or ending PV, particularly in a culture that condones PV.

Under-reporting, lack of intervention, and issues related to Partner Violence

It is important to stress that in Sri Lanka, as in rest of South Asia, underreporting of PV or any other type of violence against women is the norm. This is because of a myriad of factors, such

as stigma attached to disclosure, a lack of women-centred services, socio-cultural pressures to remain in marital relationships, normalization of PV by the patriarchal family and society, enforcement and promotion of male privilege by both males and females, and women's need to maintain integrity of the familial setting by tolerating the abuse. Furthermore, Wijayathilake and Gunaratne (1999) stated that local norms define violence against women as a private issue that cannot be discussed and one which is beyond the realm of public scrutiny. As illustrated by Subramaniam and Sivayogan (2001), given the socio-cultural norms of the society and the family, women's tendency to under-report PV (including severe physical abuse) is common. Reliable statistics do not exist for rates of PV in Sri Lanka, something that is also true for other countries in the region. Factors that limit women's disclosure and help-seeking include obstacles embedded in the criminal justice system and other formal sectors, such as non-intervention for PV even when women seek out the police when faced with obvious and serious physical forms of abuse.

Hussein (2000) demonstrated problematic aspects of Sri Lankan PV in her multi-site study involving 52 rural women subjected to PV in three provinces. Two strengths of her study were the inclusion of other types of intimate relationships as well as the marital, and the consideration of various types of PV to include social, economic, emotional and verbal abuse as well as physical and sexual abuse. However, the span of her inclusion of various forms of violence against women, such as incest, compromised the in-depth analysis of PV. She gathered a broad array of information concerning family violence (including from parents, siblings, in-laws, grandparents, and others), rape and sexual harassment. Of the 52 women studied, 35 received support from family, 19 from neighbours and only 10 from women's organizations. Most women perceived the perpetrator's alcohol abuse as the main cause of PV, while his adultery and financial problems were considered close seconds. Some women

perceived the abuse as occurring because of their failing in wifely duties, while some perceived PV as an extension of daily, normal aspects of a woman's life. Some strongly opposed leaving and stated that they would encourage other women to remain in abusive relationships. It is important to note that, for this sample, only six ended the relationship to resolve PV. This study also illustrated that many women felt helpless and felt a sense of futility in attempting to deal with PV. They felt the abuse was a social and religious burden they had to face because of their gender. According to the findings these socialized beliefs were promoted by others including family and other support sources.

Hussein demonstrated a number of factors that severely inhibited women from seeking legal resolutions for PV. These included social stigma such as that attached to help-seeking and the fear of exposing self and natal families to societal ridicule, and the stigma attached to divorce. Deficiencies in public attitudes were also inhibitors of help-seeking: the strict patriarchal stance of formal systems (including criminal justice systems) where there is a societal lack of sufficient laws and law enforcement, legal delays, a tendency on the part of lawyers and judges (as well as others) to blame the women and publicly humiliate them for seeking legal support, and lack of meaningful punishment (except light suspended sentences) even if the cases were pursued legally. Added to these, women's lack of awareness of legal issues and lack of financial capacity to seek legal solutions, paints a grim picture. This study also illustrated that although there were 33 police stations with 'women's and children's desks' in different parts of the country, the police officers who manned these were patriarchal and further victimized the women. This was true even when female police officers handled the PV cases. Hussein stated that they did not provide privacy for the abused women when investigating the case, and did not believe women's disclosure but insisted on verifying their accounts. Further, she reported that the police officers at all times worked to reconcile the

marriage by advising women to tolerate PV and advised the women to modify the behaviours that 'cause the partner to abuse her'. Hussein stated that some police officers said they were advised by their trainers always to work towards reconciliation when dealing with PV issues. These findings support other Sri Lankan studies as well as the experience of service providers and other women's narratives of their own PV experiences. Hussein's study illustrates formal systems promoting patriarchal values and blaming women for the abuse they faced. For example, she stated that a handbill displayed in Anuradhapura on the women's and children's desk attributed total responsibility to the behaviour of the women and girls for gender-based abuse, suggesting that responsibility for avoiding abuse was solely the women's (p. 40). Most formal systems surveyed in this study, such as medical services, the Gama Niladhari (village headman), and even women's organizations implicitly or explicitly blamed the women and promoted strict socio-cultural values of preserving the relationship at all costs.

Most Sri Lankan literature focused on examining low income women's experiences. As Wickramasinghe (1997) stated domestic violence in other social classes such as the middle class is not made public; so middle class women's PV is under-examined (Deraniyagala, 1992).

Women's responses to Partner Violence

Wickramasinghe (1997) in her qualitative, small-scale study to assess the strategies employed by women, demonstrated that women employed many strategies such as: tolerating the abuse, attempting suicide, seeking help from formal support venues such as women's organizations, leaving temporarily, going to Middle East countries to work in order to get away from the perpetrator, seeking police support, resorting to physical retaliation and leaving to end PV.

Her study also found that at times women rationalized their PV as a result of destiny or fate. However, strong role models and support systems encouraged some women to end the violence. In regards to state systems, Wickramasinghe demonstrated that the Sri Lankan state does not sufficiently address the issue of PV and that it lacks crucial resources for women subjected to PV such as safe houses or governmental counselling centres. She stated that deterrents to women's departure from the relationship included: shame, fear, fear of losing children's custody, cultural conditioning, and respecting societal and elders' wishes. A limitation of this study is that it consisted of a just four interviews, two interviews of women subjected to PV and two interviews with activists who work with survivors. However, this study made an initial attempt at assessing women's responses to PV even though it lacked in-depth analysis regarding women's strategies for dealing with PV. Wickramasinghe acknowledged that women's responses to PV in Sri Lanka need to be examined in greater depth in future studies.

Legal aspects: a brief review of directly pertinent features

A few legal scholars have carried out studies and reviews of the status of Sri Lankan law in regards to violence against women, including PV (Gomez & Gomez, 1999; Goonesekere & Guneratne, 1998). Goonesekere's and Guneratne's (1998) study on sexual violence and the legal process focused on giving an extensive account of the laws of rape (including marital rape) as it is enacted in legislation and interpreted in the courts. The analysis was also accompanied by recommendations for legal reforms. A long overdue essential legal provision and support system, the Prevention of Domestic Violence Act, came into operation in October 2005, after extensive advocacy and lobbying by various service providers. The Act provides for the issue of protection orders by the magistrate's court in regards to physical and

emotional abuse and recognizes violence within both marital and cohabiting partnerships as grounds for accessing the new law.

Gaps in Sri Lankan Literature

The literature demonstrates that Sri Lanka lacks in-depth analysis of most aspects of PV. Most studies have focused on physical abuse and PV within marital relationships to the exclusion of other types of PV and intimate relationships. In addition, there is underrepresentation regarding socio-demographic aspects of women who face PV. More importantly, Sri Lanka lacks an in-depth study into women's process of disclosure, help-seeking and responses to PV, the role of formal and informal support systems for dealing with PV, and women's strategies for dealing with PV.

Sri Lanka lacks any theories to explain PV which integrate women's responses, help-seeking and strategies for dealing with PV. Viewing women's responses to PV *as a process* has not occurred in Sri Lanka. A few Sri Lankan studies have briefly described the role of support systems for dealing with PV. However, there are no in-depth studies addressing the role of both formal and informal support systems. Nor are there studies addressing the types of support sought for responding to PV. This represents an enormous gap in the PV literature for both Sri Lanka and the rest of South Asia. An in-depth examination into women's coping strategies for dealing with PV is required. As psychology is an emerging profession in Sri Lanka, a psychological in-depth study into the dynamics of coping and support seeking in regards to PV has not previously been attempted. There has been no exploration of the dynamics of coping and support systems in regards to PV in a help-seeking sample within the Sri Lankan and South Asian cultural context so far (to my knowledge).

Most Sri Lankan studies on the central constructs have employed quantitative data or small-scale qualitative case studies. Sri Lankan PV studies lack representative and in-depth mixed method design and analysis. Sri Lanka lacks a national study or a geographically representative study into PV. It lacks a representative study into the various stages of women's help-seeking. This study aims to address some of the gaps in this literature as the first Sri Lankan psychological study into partner violence, coping, social support and to women's responses to PV.

Coping

As demonstrated earlier, women who face PV respond to the abuse in ways that range from passive and active self defence to formal help-seeking strategies (Dutton, 1992). Examining the role of women's coping is valuable for understanding their process of disclosure, help-seeking, and attempts at resolving PV.

Definition, context, and process of coping

Coping is often viewed as a factor that helps an individual maintain psychosocial adaptation in the face of stress (Moos & Schaefer, 1993). One definition of coping is “constantly changing cognitive and behavioural efforts to manage specific and/or internal demands that are appraised as taxing or exceeding the resources of a person” (Lazarus & Folkman, 1984, p.141). This transactional model takes into account the particular stressor(s) faced and the context over time (Lazarus & Folkman, 1984; Moos & Holahan, 2003). This is especially true regarding coping with PV as opposed to dealing with general stressors, as coping with PV creates a special set of circumstances where a woman has to decide how to cope with the abuse. As Waldrop and Resick (2004) emphasized in regards to coping with PV the context

cannot be ignored, particularly when evaluating the adaptive and maladaptive nature of battered women's coping strategies. Thus, as opposed to coping with general stressors when coping with PV the specific context in which PV occurs needs to be examined carefully, including the cultural context. Another factor important in regards to coping with PV is the process component of coping. As demonstrated by Folkman and Lazarus (1985), in order to understand how people come to manage stressful events, coping has to be characterized as a changing process. They stated that coping with a stressor has to be examined as a process, as opposed to examining it as stable, structural properties of an individual or the environment. They also demonstrated that, in regards to coping with stressors, people cope in complex ways, using a variety of strategies. This view of coping as a complex process that needs to take into account the specific stressors and the context in which they occur is appropriate for the present study.

Coping: Appraisals and strategies

Based on Lazarus and Folkman's stress coping paradigm (discussed in the previous chapter) facing PV is very likely to be perceived as stressful because of its strong potential to surpass women's resources and its capacity to endanger a woman's well-being (Finn, 1985). There are multiple stressors associated with coping with PV, including the stress associated with the abuse itself, the decision regarding staying/leaving, the consequences of strategic actions (including increased violence, economic or social consequences), and concerns for welfare of the children. All these tax a women's physical, emotional, material, and cognitive resources (Heron, Jacobs, Twomey, & Kaslow, 1997). Lazarus and Folkman (1984) show the importance of appraisal in understanding a person's response to stress. Women's appraisal of PV within the socio-cultural context affects not only their appraisal of the PV but also their appraisal of possible coping strategies for dealing with it. Accordingly, PV is likely to be

appraised as stressful because of the often chronic nature of abuse and its potential for harm, loss, threat, and challenge to women's physical and psychological selves as well as to their loved ones. Mitchell and Hodson (1983) show that abused women continuously experience stress: when facing the abuse, as well as in anticipation of it, particularly when facing long-term PV. This demonstrates the complexities involved in coping with PV and the challenges women have to face while trying to overcome PV.

Coping strategies

The literature demonstrates great deal of variability in terms of types of coping. Coping responses have been categorized in many ways. One method of categorization is between approach and avoidant coping (Moos, 1995). In general, approach coping is associated with better psychological outcomes than avoidance coping (Holahan & Moos, 1991). Approach coping includes responses directed towards the stressor or one's reaction to it (active coping behaviours such as problem solving and seeking support) while avoidant coping is characterized by behaviours oriented away from a stressor or one's reaction to it (such as denial and avoidance) (Krause, Kaltman, Goodman, & Dutton, 2008, p.83). Many researchers suggest that the dichotomy of engagement (approach) coping verses disengagement (avoidant) coping does not adequately reflect the structure of coping (Walker, Smith, Garber, & Van Slyke, 1997; Connor-Smith, Compas, Wadsworth, Thomsen, & Saltzman, 2000; and Calvete, Corral, & Estevez, 2008). Rather, they suggest that distinguishing engagement coping according to the goals of coping response is more constructive. Lazarus & Folkman (1984) conceptualized the distinction between coping responses as problem-focused coping (used to manage specific problems) and emotion-focused coping (employed to regulate the distress associated with the problems). Most coping efforts in regards to most stressors include both these types of strategies. Chang (1989) made a similar conceptual distinction for

coping with PV by categorizing coping as strategies used to control violence, and strategies employed to keep the sense of self intact.

Goodman, Dutton, Weinfurt, and Cook (2003) conceptualized coping and help-seeking by battered women as being context-dependent, relative to the place, timing, situation, and perceived options. They emphasized that women's coping strategies include both private and public strategies and categorized private strategies as placating and active resistance strategies. They defined placating strategies as strategies intended to change perpetrator behaviour without challenging his sense of control; and resistance strategies as strategies intended to change perpetrator behaviour, and possibly the balance of power in the relationship (Goodman, Dutton, Vankos, & Weinfurt, 2005, p.315). Goodman et al (2003) elaborated that coping with PV is shaped by the context and that battered women are often forced to cope within contexts of constrained personal and environmental resources and as such their coping is reflective of these limitations. However, they stressed that women employ diverse and imaginative strategies to deal with PV and that the number and diversity of strategies women employ increases with increases in severity of PV.

Additionally, Abraham (2000) categorised coping with PV as 1) personal strategies (placating, avoidance, physical resistance, attempting to commit suicide), 2) seeking help from informal and semi-informal agents, 3) seeking help from formal agents, and 4) leaving the perpetrator. Barnett & LaViolette (1993) maintained that passive personal strategies such as placating and avoidance are an outcome of the severe psychological effects of the PV faced and that women's decisions regarding coping is largely affected by their dependence on the husband (which may be a result of social, emotional and economic isolation of PV) and the lack of accessible to formal services. Early research on PV stressed that battered women

tended to employ more emotion-focused coping (Finn, 1985; Mitchell & Hodson, 1983). However, numerous studies have demonstrated that battered women often use more active problem-focused strategies and that the women who have been successful in ending PV have employed such strategies (Sabina & Tindale, 2008; Horton & Johnson, 1993). So many studies have paid some attention to the types of coping employed in dealing with PV. However, Lewis, Griffing, Chu, Jospitre, Sage, Madry & Primm (2006) warned that oversimplifying coping strategies may risk oversimplifying the complex realities of battered women's coping.

Research on coping with PV suggests that the types of strategies women employ influence their mental health (Kocot & Goodman, 2003). Mitchell and Hodson (1983) demonstrated that women who engaged in direct behavioural methods (problem-focused coping), regardless of whether the actions were effective, demonstrated greater sense of mastery, self esteem, and less depression. Emotion-focused coping on the other hand is usually correlated with depression and psychological distress (Holahan, Moos, & Schaefer, 1996). Lazarus and Folkman (1984) and Moos and Holahan (2003) emphasized that the types of coping strategies are a function of the stressor and the coping resources available.

Coping resources

Most coping resources are categorized as personal, material, or social. Personal resources include; health, positive beliefs, problem-solving, and social skills (Sabina & Tindale, 2008). External resources include; social support and material resources. Coping resources are argued to “precede and influence coping” (Lazarus & Folkman, 1984, p.158) and affect selection and use of coping strategies (Moos & Holahan, 2003). Abused women have limited

coping resources and experience numerous constraints in employing them (Mitchell & Hodson, 1983). Research indicates that battered women often tend to have limited problem-solving skills, social support, and limited material resources (Mitchell & Hodson, 1983; Dutton, 1992). Additionally, Mitchell and Hodson (1983) illustrated that powerful social constraints operating in criminal justice, social service, mental health and other systems prevent women from taking positive actions to deal with PV. Dutton (1992), in conceptualizing a model for battered women's responses to PV, highlighted the importance of coping resources in influencing strategies to escape, avoid, or survive the abuse. She stressed such resources as institutional response, personal strengths, tangible resources and social support are valuable for dealing with PV. She portrays them as powerful mediators of the relationship between women's abuse and responses to PV. Studies have demonstrated that various resources influence the decisions and outcomes of battered women. For example, women with material resources are more likely to leave the PV (Horton & Johnson, 1993; Waldrop & Resick, 2004) and women with family support more likely to engage in problem-focused coping (Scarpa, Haden, & Hurley, 2006). Bybee & Sullivan (2005) found that employment and social support were buffers against continued abuse in a sample of women who sought shelter services earlier in their lives.

The recent focus on women's coping emphasizes the survivor hypothesis that establishes women as active agents who increase their coping and help-seeking with increase in PV. There is an emphasis on factors that deter women's effective responses to PV, including a lack of awareness of problem-solving for PV, a lack of options, finances, or inadequate intervention efforts (Gondolf & Fisher, 1988; Dutton, 1992; Horton & Johnson, 1993).

Gaps in coping research: As pertinent to the present study

Women's continuous attempts to cope with PV reflect their agency. This has been demonstrated in studies predominantly focusing on western developed societies or with immigrant communities in western societies. Yoshihama (2002) stated that an important variable that has been overlooked in studies of coping is the culture that women occupy. Regarding South Asian PV, no studies to my knowledge have examined the role of coping with PV in any of the South Asian socio-cultural contexts, including for Sri Lanka. As such there are vast gaps in knowledge regarding women's disclosure, help-seeking, and the process of responding to PV. There are gaps in knowledge regarding culture-specific coping strategies and whether coping strategies in South Asia differs from coping with PV in other geographical contexts, and, if so, how and why these variations occur. There are gaps in knowledge as to whether particular types of coping increase Sri Lankan women's ability to respond effectively to PV. Additionally, Sri Lanka and rest of South Asia according to my knowledge lack culturally appropriate theories that are helpful in elucidating the nature and process of coping within the specific cultural context in regards to dealing with PV.

Social Support

The literature on stress gives ample evidence that social support reduces or buffers the adverse psychological impacts of exposure to stressful life events and ongoing life strains (Cohen & Wills, 1985). Social support may buffer against stress in several ways such as enhancing self-esteem, influencing perceptions of stressful events, and increasing knowledge of coping (Zimet, Dahlem, Zimet, & Farley, 1988; Carlson, McNutt, Choi, & Rose, 2002). Prior research has demonstrated an association between coping and social support whereby social support has being suggested to function as a coping assistance (Thoits, 1986). In the PV literature, studies have demonstrated that even minimal levels of social support may have

a buffering effect. For example, Tan, Basta, Sullivan, and Davidson (1995) stated that abused women's perception of social support directly affects their mental health by promoting a sense of well-being. Additionally, Cohen and Hoberman (1983) found that merely having a confidante available with whom one can discuss problems is beneficial for one's well-being.

Social support: Characteristics and functions regarding partner violence

Social support is a critical resource for women when trying to end PV in their lives (Kocot & Goodman, 2003). Although there are mixed findings regarding the role of social support for buffering women from harmful effects of abuse (Carlson et al, 2002), many studies have demonstrated the crucial role it plays for dealing with PV. For battered women social support operates directly by protecting against future violence or indirectly by enabling women to use resources and strategies more effectively (Goodman et al, 2005). As such social support acts as a protective factor for dealing with PV. For example, Bybee and Sullivan (2002) found that women with less access to social support were at greater risk of re-abuse than women who had stronger support systems, while women with greater support also displayed greater ability to access resources and had a higher quality of life. Heron et al (1997) found that social support enhances women's coping. Mitchell and Hodson (1983) found that when support exists for battered women it is directly and positively related to their mental health. Additionally, El- Bassel, Gilbert, Rajah, Folleno, and Frye (2001) illustrated that social support can significantly help women cope with the stress resulting from PV. Caralis and Musialowski (1997), Sullivan (1997), and Hadeed and El-Bassel (2006) demonstrated that women seek variety of informal and formal services, both when staying or leaving in the relationship, to resolve PV.

Social isolation and social support

Empirical and clinical evidence has demonstrated that severely battered women are more likely to be socially isolated and as such lack sufficient support (Tan, Basta, Sullivan, & Davidson, 1995; Mitchell & Hodson, 1983). Social isolation is a common phenomenon among battered women. It can emerge as a type of PV where the perpetrator maintains dominance and control of a woman's life by actively and gradually isolating the woman (Walker, 1979; Dobash & Dobash, 1998) from her support systems or as a continuation of a pre-existing situation. For example, it is possible that the battered woman lacked sufficient social support prior to onset of the abuse. Another explanation for poor social support or increased isolation may be women's tendency to minimize and not disclose their abuse to support systems because of shame (Levendosky, Bogat, Theran, Trotter, Von Eye, & Davidson, 2004). Hence, active isolation does not help when women are attempting to resolve PV. Past research indicates that social support helps break the isolation among battered women and contribute to their physical and psychological well-being (Hadeed & El-Bassel, 2006). This suggests there is a crucial role for social support for resolving PV.

Definition and conceptualizations of social support

Social support is defined as a phenomenon whereby individuals receive information and psychological provisions that enables them to believe they are part of a reciprocal network where they feel valued, loved, and cared for (Cobb, 1976), and is illustrated as a multi-dimensional construct (Cohen & Wills, 1985). Much of the empirical and conceptual literature on social support has been concerned with social support's relationship to physical and psychological disorder (Cobb, 1976; Kaplan, Cassel, & Gore, 1977). As demonstrated by Sandler and Barrera (1984) two general models of social support's influence on disorder has been proposed. One model as discussed previously emphasizes the role of social support as a

moderator or buffer of stress (Cobb, 1976), and the second model conceptualizes social support as a basic human need that must be satisfied in order for an individual to enjoy a sense of well-being (Henderson, 1977). Regarding the second model, Weiss (1969) has emphasized the essential role of human attachment in sustaining positive adjustment. As such the second model suggests that social support bears a direct relationship to measures of psychological disorder. The present study is addressing in detail the issue of whether social support has direct positive input into the lives of women, or whether it has positive effect through buffering them from stress. In developing the scales for assessing social support, Henderson's (1977) conceptualization was employed for developing part of the social support questionnaire.

Social support: Components and types

Researchers have identified different components of social support. These include types of support (Barrera, 1981; Cobb, 1976); availability and quantity of support accessible to the individual (Barrera, 1981); enactment or the actual use of various types of support (Tolsdorf, 1976); quality or satisfaction with available or accessed support (Vaux & Ahanassopoulou, 1987); mutual giving and receiving of support (McFarlane, Neale, Norman, Roy, & Streiner, 1981) and positive and negative support (Schilling, 1987). Furthermore, Vaux & Harrison (1985) demonstrated that social support is best seen as a meta-construct involving several theoretically legitimate components including support networks, supportive behaviours, and subjective appraisal of support (which includes both perceptions and satisfactions of support). They stressed that these have emerged as three approaches to social support conceptualization and measurement. Regarding these three facets of social support, Vaux et al elaborated that certain kinds of relationship constitute social resources and that within these relationships certain kinds of interactions are likely to take place. However, the nature, quality, timing, and

degree of these interactions may vary in any given relationship (p.246). They further stated that the existence of these relationships and the occurrence of these interactions are likely to make individuals feel supported. Vaux et al stressed however that the links between the three facets of support-resources, interactions, and feelings are not necessarily clear cut. A similar categorization was employed by Sandler and Barrera (1984) in their study for assessing social support. They categorized different aspects of social support as receipt of supportive transactions, satisfaction with support received, and social support network characteristics. Barrera (1981) also emphasized that empirical assessment of social support has frequently focused on providers of support, the subjective appraisal of the support, or the activities of the supporters.

Regarding types of support, one conceptualization of support includes received or perceived support. Enacted or received support is the support an individual has actually received while perceived support is the support an individual believes is available and forthcoming if needed (Barrera, 1986). In categorizing support according to functions, social support can be categorized as emotional, informational, and tangible support. Regarding tangible support, Goodman et al (2005) stated that social support may function as a protective factor in numerous ways and elaborated that tangible support from friends and family can be critical for women in ending PV such as the support received from family and friends as temporary accommodation, finances, child care and/or other resources. Bowker (1984) found that tangible support was the most helpful support that battered women residing in a shelter received from their family and friends. Regarding emotional support, Kocot and Goodman (2003) elaborated that emotional support is critical for moving through the difficult process of ending the relationship, seeking help from justice system, or helpful in implementing a safety plan. Kocot and Goodman (2003) also emphasized that both emotional and tangible support

may also moderate the relationship between coping and mental health for women facing PV. Additionally, Thompson et al (2000) demonstrated that emotional and tangible support was strongly associated with positive mental health for women facing abuse. Thus, different attributes of social support may be valuable at different times depending on the social placement of the person.

Informal support

Another categorization involves categorizing social support according to the sources or providers of support. Various studies have demonstrated the importance of examining the role of informal and formal systems regarding PV. For example, regarding informal support Tan, Basta, Sullivan, and Davidson (1995) found that support from friends, relatives, clergy, and the community can be instrumental in helping women recover from PV. Mitchell and Hodson (1983), in their pioneering study on role of support and abused women's psychological health, demonstrated that having a larger number of supporters and more empathic friends and family were associated with greater psychological well-being. They also found that women who decided to leave the relationship to end the PV were able to do so when they obtained supportive responses from their formal and informal systems. In contrast, Hadeed and El-Bassel (2006), in their Trinidad and Tobago study of the role of informal support amongst other aspects of support for women facing PV, demonstrated that although most of the informal systems provided a range support such as concrete support, accommodation, child care, and advice, that at least for some women the informal systems did not provide sufficient support. Similarly, Goodman et al (2005), in their longitudinal study of women subjected to PV, demonstrated that for women who faced the most severe abuse, support from informal systems such as family and friends did not serve as a protective factor while for others who faced less severe abuse it served a critical protective role.

Several other studies have also demonstrated the lack of sufficient support from informal systems for dealing with PV. For example, Goodkind, Gillum, Bybee, and Sullivan (2003) stated that for some women who face PV, their family and friends do not believe the abuse, blame the women for the abuse, and/or are afraid to intervene for the abuse. Goodkind et al (2003) elaborated that while some informal systems may provide support at a particular period they may also reduce or stop providing support and/or may provide some forms of support such as tangible support while blaming the women and thereby damaging the women's overall well-being.

Formal support

Regarding the role of formal systems several studies have demonstrated its significance in helping women end PV, such as, Gondolf and Fisher (1988), Horton and Johnson (1993), Bybee and Sullivan (2002), Hadeed and El-Bassel (2006), and Bowker (1983). For example, Gondolf and Fisher (1988) emphasized that if women have sufficient resources and support - including formal support structures - they are likely leave the PV relationship. Similarly, Websdale and Johnson (1997) stated that appropriate service provision and support enhances women's ability to end abusive relationships. Regardless of whether women stay or leave the relationship, effective formal support enables women to make critical decisions that help resolve PV. Formal support structures vary. The geographical, cultural, and socio-political factors defining the woman's context affect the type of formal services women are able to access and of these which, if at all, are effective regarding providing effective support for ending PV. Literature on formal resources focuses on shelters and crisis centres as women's preferred and/or most frequent source of formal support sought. Out of these the shelters and victim programmes are tailored to women's specific needs while providing continuous

support report higher rate of recipient satisfaction (Websdale & Johnson, 1997; Sullivan & Rumpitz, 1994). However, Gordon (1996), in a review of 12 studies, found that abused women most commonly sought legal support, then other services such as: social service organizations, medical services, crisis counselling, psychological services, women's shelter, support groups, and the clergy. In contrast, other studies, including literature on the South Asian context, has demonstrated a lack of sufficient formal support for dealing with PV. For example, Prasad (1999) demonstrated that even for India where PV has been the focus of extensive public awareness campaigns, and where there have been changes to the laws and an increase in wide array of services, the state and other formal support systems (particularly the medico-legal systems) fail to provide women-centred services. Similarly, Hadeed and El-Bassel's (2006) study examining social support in Trinidad & Tobago and found that women were dissatisfied with the legal and social formal services they accessed for PV. This pioneering study examined a wide range of support components such as the types, availability, use of, and satisfaction with, or perceived adequacy of formal and informal social support. The study found that informal systems provided both effective and ineffective support but mostly ineffective support. In regards to formal support, 70% accessed various forms of formal systems. A few of these who accessed psychologists, counselling services, or medical services stated that they received effective crucial support. The majority of women who accessed police reported that the services were ineffective and at times dangerous to their well-being as the police were supportive of the perpetrators' actions. This study demonstrated that a majority did not access particular types of formal services because of shame attached to disclosure and fears regarding confidentiality. Accordingly, Hadeed and El-Bassel emphasized the importance of understanding the complex dynamics of several interrelated factors that surround the access of informal and formal systems in order to intervene for PV.

Pertinent gaps in social support literature informing the present study

Social support literature pertaining to PV (as discussed above) demonstrated that most studies focused on western contexts while a few pioneering studies focused on the role of support for PV in other contexts. Regarding the South Asian context, a few studies have examined the dynamics of social support including the role of formal and informal support. However, they have largely lacked in-depth analysis into the different components of social support such as: the types and sources of support, the effectiveness of each type of support, how social support facilitates or hinders women's responses to PV, and the relationship between support and PV particularly regarding the process of disclosure and help-seeking. To my knowledge Sri Lanka lacks in-depth analysis into any aspect of social support in regards to PV. There are gaps in knowledge in regards to how socio-cultural and other contextual factors affect the different support providers and how these impact the Sri Lankan battered women's access to, satisfaction with, and effectiveness of various forms of social support in ending PV. Additionally, within the patriarchal context of Sri Lanka (as the rest of South Asia) there are gaps in knowledge regarding whether type of, access to, and effectiveness of various support systems differ from other contexts such as the more widely studied western contexts. Furthermore, the Sri Lankan literature lacks in-depth understanding of the nature, dynamics, and the varied and complex role different support systems play in the women's complicated process of disclosure, access of support, and in the overall process of responding, help-seeking, and resolving PV.

Chapter Four: Methodology

“I think I had the strength before but this time I am sure. I also had help from my family, sister, colleagues, other doctors I work with, and the WIN counsellor and the staff. All these helped to make up my mind. There was a combined effort”—Ranmali

Research Question

How do women’s coping strategies and social support systems help to overcome partner violence (PV) in Sri Lanka?

Aims

- 1) To investigate the effects of coping strategies (both emotion-focused and problem-focused) and support systems (both informal and formal) in attempts to end PV using both quantitative and qualitative methodology.
- 2) To develop a theory to explain women’s responses to partner violence using qualitative methodology. In theory building, the aim is to investigate whether cognitive, coping, contextual and process elements play a role in women’s responses to PV and whether (and how) recovery from PV occurs as a process.
- 3) To investigate the processes involved in developing coping strategies and/or accessing support systems in a help-seeking sample of women subjected to PV, and to examine whether recovery from PV occurs as a process with identifiable stages.

4) To include a sample that represents the complex PV experience of women such as: varied socio-demographics, types of PV experienced, stages of the PV experience and women in various stages of help-seeking as indicative of a Sri Lankan help-seeking sample.

5) To develop culturally-appropriate instruments for measuring coping strategies, support systems and partner violence.

6) To fill a gap in Sri Lankan and South Asian research in coping, support systems and partner violence literatures.

Rationale for the second aim of the study (of theory development)

The tentative model (described in Chapter 2) for women's responses to PV is based on my clinical and cultural analysis and I adduce support from relevant available literature. The core constructs of the stress coping paradigm (Lazarus and Folkman, 1984), the ecological model (Bronfenbrenner, 1989; Heise, 1998) and the trans-theoretical model (Prochaska and DiClemente, 1982) were integrated in conceptualizing this tentative model for explaining women's complex responses to PV.

Traditionally, for grounded theory methodology, theory is always constructed from the data itself and a heuristic/tentative model is not generated beforehand. As Charmaz (2007) described "grounded theory focuses on creating conceptual frameworks or theories through building inductive analysis of the data" (p.186). The analytic categories Charmaz emphasized are directly 'grounded' in the data. For my study, a tentative model is presented. The rationale

for this is as follows: Although unusual for grounded theory methodology, presenting a tentative model prior to data collection was deemed suitable for the present study. While engaging in clinical work prior to starting this research, I had conceptualized a tentative framework for the recovery process, based on the consistent patterns of recovery observed in the target population and in other trauma populations. As such, this tentative model is ‘grounded’ in my clinical experience and is supported by existing literature including cross-cultural research.

However, it was decided in the early stages of the study that the grounded theory methodology would be used to develop a theory of women’s responses to PV. This method of generating theory by allowing emerging concepts to elucidate the women’s complex PV experience and aid in theory building was seen as the most suitable method for the present study. This makes the present tentative model only a preliminary attempt at conceptualization, and a starting point for exploration in the process of theory building. The purpose of the study therefore is not to prove the tentative model but to allow the participants’ voices to be heard by generating a theory from the data itself. This method was chosen because it would truly explore in detail the women’s complex PV experiences and allow for comprehensive theory building.

Hypothesis 1

The use of a variety of coping strategies will help overcome PV. That is, initiating or increasing problem and/or emotion-focused coping will help reduce or end PV

This hypothesis is based on my clinical observation and the body of previous literature that indicate that coping is a major factor in the relationship between stressful events and adaptation. Previous research (Folkman & Lazarus, 1980; Lazarus & Folkman, 1984; Aldwin & Revenson, 1987; Folkman & Lazarus, 1985; Folkman et al, 1986) indicates that coping refers to cognitive and behavioural efforts to manage a troubled person-environment relationship. It has two major and widely recognized functions: the regulation of distressing emotions (emotion-focused coping) and modification of the circumstances creating the harm (problem-focused coping). Folkman and Lazarus (1980) found that both these coping strategies were represented in over 98% of the more than 1,300 stressful encounters that were reported by 100 middle aged men and women over the course of one year. Based on this evidence, the present study hypothesizes that the use of various types of coping strategies will help Sri Lankan women overcome PV experiences.

Hypothesis 2

Access to a variety of social support systems will help overcome PV. That is, initiating or increasing informal and/or formal social support will be associated with a reduction in, or an ending of PV.

This hypothesis is based on my clinical observation and previous studies that indicate social support has beneficial effects on abused women's ability to cope with violence (El-Bassel et al, 2001) and reduces the adverse psychological impacts of exposure to stressful life events (Cohen & Wills, 1985). Some of the available literature on social support also focused on the instrumental role of informal and formal support systems in helping women recover from PV (Hadeed & El-Bassel, 2006; Mitchell & Hodson, 1983; Tan et al, 1995; Bybee & Sullivan,

2002). Based on this evidence, the present study hypothesizes that accessing social support systems will help Sri Lankan women to overcome their PV experiences.

A point regarding the study's hypotheses

In this study the abovementioned hypotheses will not be strictly tested with statistical testing but will be supported with a broader array of quantitative and qualitative sources.

Sample

A cross-sectional, convenience, help-seeking sample of women accessing Women in Need (WIN) was selected for the study. WIN is Sri Lanka's main, crisis centre-modelled, therapeutic organization. This multi-site study included WIN's shelter, crisis centres and hospital desks. Women in Need was chosen as the site for data collection because of its mandate as the only organization to specialize in offering multidisciplinary services to women subjected to PV, its extensive experience in dealing with issues related to PV and its active commitment to empowering women via client-centred service. Added to this my own experience and familiarity with the organization and its structure made WIN the most suitable organization for the study.

The study sample consisted of women subjected to any form of partner violence in any type of heterosexual intimate relationship. Women who accessed the services of the five chosen regional centres or hospital desks or the shelter of the organization were selected.

These regions included: Colombo (the capital city, which has the head office and main crisis centre, and several hospital desks), Kandy (in the central hills, which includes an ancient city and rural areas), Matara (south, coastal region), Anuradhapura (an ancient city and rural region; also an agricultural area and military/trade transit point) and Puttalam (a city and rural region which has internally displaced populations). For Colombo and Anuradhapura regions, women who sought help from general hospital crisis desks were also included. Inclusion of hospital desks was restricted to these two regions because at the time of the data collection WIN was only based in these two hospitals.

The chosen geographical regions represented five of the eight provinces of the country. An examination of participants' regional representation showed representation of all provinces, including the northern and eastern provinces, which are directly affected by the war. As such, the study sample was deemed to be geographically representative. The sample was also representative in terms of other socio-demographic factors such as age, ethnicity, religion, level of education, work status, number of children and type of relationship. This was made possible by the use of the convenience sampling method for sample selection.

To include a representative help-seeking sample, the study included both present clients of the organization, who were at various stages of help-seeking experience, as well as past clients. The post-therapy sample consisted mainly of former clients who had consulted me while I was employed as the organization's clinical psychologist. This sample consisted of six participants, and as the study sample included 84 participants, the post-therapy sample was small in comparison. This retrospective sample was included primarily to include women in all stages of help-seeking and PV experiences (in this case including the post-PV stages), and secondarily to overcome the lack of a longitudinal design in examining the processes involved

in recovering from PV. This method was also included to assess the processes involved in coping, accessing support systems and overcoming PV.

As noted, the research sample included help-seeking women in any type of heterosexual intimate relationship. It was representative of most stages of PV experience; varied types of PV, types of services accessed, and varied demographic factors. In order to obtain a sample that would represent the complex nuances of the PV experience of help-seeking women, I used my clinical experience, familiarity with the culture and the organizational structure as well as the available support of the WIN staff, particularly the clinical staff working in various centres and hospitals. From design stage to data collection stage, and particularly for the questionnaire development component, I sought input from the clinical staff who are experts in PV work in Sri Lanka. This helped to validate, culturally and contextually, the instruments developed and aided the effective collection of data. This method of constantly assessing, evaluating and validating the questionnaires, via input from experts in the field during the design and data collection stages helped to minimize investigator bias. Such bias needs to be addressed due to the fact that some of the interviewees were past clients. It also helped increase the clinical staff's interest and commitment to the study, particularly during the data collection stage.

Inclusion criteria

Any female (between the ages of 18-65) who was currently facing or had faced any form of male to female partner violence in any type of intimate heterosexual relationship, who visited any of the five selected branches of WIN's crisis centres, hospital desks or the shelter, was included in the study.

The researcher

At this point, my conceptual framework needs to be made explicit for the reader as it has relevance for understanding the perspective I bring to the study in terms of the overall design, development and analysis. Morrow (2005) stressed the need for researchers using grounded theory to maintain the standard of reflexivity by informing their audiences about their perspective, which includes their background, experience, and assumptions. Reflexivity allows the researcher to be aware of the decisions taken and the interpretations made regarding the research throughout the research process when using grounded theory. This has relevance to the present study because, although overall the study used a mixed method analysis, the main method of analysis for the study was the use of qualitative grounded theory methodology. In light of this, it is necessary to include my conceptual framework before describing the rest of the methodology used for the study.

My background and experience are as follows: I am a Sri Lankan clinical psychologist with over ten years of clinical experience in mental health and trauma work, with specialization in adult trauma and women's issues including violence against women. I am part of a team of psychologists who set up psychology as a profession and mental health services in the country. Until I began my doctoral study, I worked in clinical practice in hospital, community mental health centre, crisis centre and other settings and engaged in teaching, training and policy work related to mental health/trauma. Part of my work included working with Women in Need. This led to the familiarity with the study population and related issues and influenced me in choosing this particular area of study for the present research. The study hypotheses and the conceptualization of the tentative model for South Asian women's responses to PV are derived in part from my clinical observations and reflections while working in Sri Lanka.

Regarding my training, beliefs and assumptions, I am trained as a humanistic and cognitive behavioural therapist and identify as a feminist practitioner committed to providing client-centred service. I believe clinical work needs to serve several functions, such as helping clients develop themselves, facilitating the process of recovery from mental health/trauma or other conditions, as well as serving the main function of treating the symptom(s).

In regards to the issue of violence against women, I am committed to helping the target population by emphasizing the need to provide client-centred therapeutic service, public education/advocacy, as well as to focus on encouraging the client to develop resilience and recovery from the trauma(s) faced. In terms of the research paradigm, I adapt a social constructionist paradigm that views PV and other forms of family violence as resulting from cultural, social and historical processes (Fontes, 1998), and particularly from strict gender stereotypic socialization processes and the influence of patriarchal culture in maintaining violence against women. I believe that in this social and cultural context, women still act as agents to varying degrees in attempting to overcome PV and, as Charmaz (2007) elaborated “create social realities through their individual and collective actions” (p 187). As such, I am interested in how they construct their views and actions in regards to the phenomenon under examination, and how these then affect their processes of recovery from PV.

I believe that recovery from any type of trauma, including PV, occurs as a slow process, as observed through my clinical and cultural experience. Identifying my conceptual framework and highlighting my sensitising concepts (Charmaz, 2007) in this manner, allows me to be aware of my assumptions, beliefs and biases in terms of conducting the present study. I have

actively tried to take into account and work towards minimizing these biases in each stage of the study. This was achieved by including others, both Sri Lankan and non Sri Lankan to give input into the various stages of the study. The Sri Lankan component consisted of having PV and mental health experts assess and evaluate the study in various stages including in validation of the study's measurement tools. These and other methods were used in the data collection and analysis stages to reduce investigator bias and to maintain transparency and accountability of the study. The intention was to allow, as far as possible, the data to speak for itself and for women's voices to be heard.

Data collection site

Women in Need (WIN) was selected as the site for data collection. WIN is a geographically representative, nationally recognized, therapeutic organization that has, for the past 19 years, provided multidisciplinary services for reducing violence against women. It works on a crisis-centre model, and its services include counselling, referral, legal services, short-stay shelter facility, advocacy, training, policy work, 24-hour hotline counselling, postal counselling (counselling via written correspondence), home visits, hospital based one-stop crisis centres, legal aid, lobbying for legal reforms and public education. Some of the limited literature on Sri Lankan domestic violence has been based on WIN samples. WIN has a significant presence in the South Asia, combating violence against women and children and provides expert training and services in the region.

Sample and procedure

The sample consists of 84 women who had faced or were facing PV. The study was administered in two stages. Stage one consisted of administering a set of questionnaires to all

84 participants. Stage Two consisted of choosing 25 participants from the sample for in-depth interviewing. Selection for the interviews was based on obtaining a sample that would represent the PV experience of help-seeking women in Sri Lanka as accurately as possible. This included having a representative socio-demographic sample, including most aspects of PV experience, women in most stages of help-seeking experience, including most forms of coping and support systems, and taking into account cultural and other aspects relevant to achieving sample saturation. For the interview stage, the participants were chosen to represent the complex PV experience.

Whenever possible, Stage 1 was completed prior to the interview, but for a few participants, according to their preference, the interview was conducted prior to the questionnaire administration. This was carried out mainly for the post-therapy sample. For the few who were interviewed prior to questionnaire administration, the study's selection process was still adhered to, that is to make selections based on an attempt to represent the complex PV experience. Allowing participants to determine the order of participation did not compromise the objectives of the selection process. What it did achieve was to make the study flexible and client-centred, which is consistent with the overall objectives of the study.

Ethical issues relating to the study

Prior to starting the project, permission was obtained from the organization, Women in Need, to conduct the study in its various sites. As far as possible all precautions were taken to ensure client confidentiality, maintain client safety and minimize burden to the clients. In order to maintain these ethical standards, either a selected senior counsellor (for the questionnaire administration stage) or I myself (both for questionnaire and interview stages) administered the study during the data collection stage. The study material was also kept in an

appropriately secure location. These were not difficult conditions to adhere to, as the normal clinical practice for the target population maintained similar standards as basic requirements of (crisis) clinical work.

To ensure clients benefited directly from the study, a therapeutic component of providing brief therapy and/or referral was included. This was to ensure that the participants, who were crisis clients and who may be facing varying degrees of distress and/or mental health symptoms, received specialist clinical attention other than the services already received by accessing WIN. This component was included because of the lack of an adequate number of clinical psychologists in Sri Lanka for the clients to access. To further benefit clients, a decision was also made to develop a policy document for effective service provision, based on the present study after the completion of the PhD. These therapeutic components were included to facilitate my belief that research needs to be interventionist and client-centred, particularly when working with disadvantaged complex trauma populations such as women facing PV.

In order to be sensitive to and work with the complex needs of the help-seeking population several steps were taken. These were: flexibility in terms of location, timing, order in which the study was conducted, interview format; when necessary allowing infants to be present both in interview and questionnaire stages; and recording only with explicit permission. To minimize burden, the participants were not questioned regarding their demographical details. Instead, this information was taken from their first interview clinical forms (with their consent) and where necessary verified with the counsellor in charge of the case.

A decision was also made not to pilot test the developed questionnaires by administering it directly to the crisis clients. This was in order to minimize burden and not compromise their valuable time by engaging in questionnaire validation. Instead, a two-staged validation process as well as ongoing assessment by expert PV clinical staff was employed. This took place at various stages of the questionnaire translation and validation process. To ensure that direct target population input was included, the opinion of a small sample of a few post-therapy clients regarding the developed questionnaire was sought in the final stages of the validation process. Views canvassed included the developed questionnaire's relevance, comprehension levels and application issues.

In order to minimize intrusion and distress, the interview format was determined by the client's comfort level and was client focused, with minimal investigator prompting and questioning. The interviews were open-ended, client-centred and took a narrative format, which allowed participants to choose their own pace and style. From my past experience, I had observed that an empowering narrative format with minimal prompting allows clients to reduce distress, develops effective therapeutic alliance and enables sensitive, difficult issues to be discussed. This also helps clients to be comfortable to allow the clinician/researcher to ask relevant complex, trauma-related questions without distressing the client; a necessary step in understanding the constructs under examination.

As emphasized by Macquarie University's ethics review committee, I asked a staff member of WIN to describe the study to potential clients and to obtain written informed consent prior to participating in the study. This was the only condition stressed by the ethics committee prior to giving approval for the project. For the post-therapy sample, this method could not be adhered to, as they were my past clients, a point which needed to be explained to the ethics

committee. For these clients I agreed to state explicitly that they could refuse participation. Except for one past client who visited the centre, all others I contacted by telephone, in the presence of a senior counsellor. This step proved to be unnecessary as the past therapy clients were keen to participate in a project that they perceived as helping other women in similar situations, a point explicitly stated by some of them during the interview process.

For the transcribing process, I transcribed the majority of the questionnaires and the interviews myself to maintain client confidentiality. I also employed a transcriber to transcribe some of the Sinhalese interviews and a coder to code the Sinhalese questionnaires. Both were chosen for their previous experience with trauma research. For all persons who helped in the transcribing and coding process, the demographic information sheet was taken out prior to handing the material over to them to mask identification. For all the English interviews and the more sensitive Sinhalese interviews, I transcribed the whole interviews to ensure client safety and confidentiality. I translated all the Sinhalese interviews to maintain confidentiality and consistency in translation. This process enabled me be immersed in the data to identify concepts from initial data collection, through the transcribing/translation stage to the latter stages, which are necessary steps in grounded theory methodology.

Design and data collection

A mixed methods design was used for both data collection and analysis. Data collection involved administering three questionnaires and conducting an in-depth interview. To employ a procedure and methods that help-seeking women are most comfortable with, and which is meaningful in the context and in the culture (Fontes, 1998), an open-ended narrative format for the interview and a mixed open-ended and closed questions format for the questionnaires

was used. As a method of increasing reliability of scales, multiple indicators were used such as including Likert scales, and multiple forms of questioning, such as open and closed questions. For example, the coping scale represented the use of a Likert scale format while the PV questionnaire took the format of open-ended questioning. So a combination of contextually and culturally meaningful methods and statistically reliable methods were included for the study design. This was to complement both the target population needs and to ensure psychometrically valid questionnaire development.

Senior counsellors experienced in PV work were selected for questionnaire administration to manage the scope of this multi-sited project. Chosen counsellors were given training in administration of the measurement tools prior to data collection. The training helped to increase reliability of the data collection method and to facilitate greater commitment and ownership of the study. The collaborative nature of the data collection helped in achieving sample saturation, and helped in the attempt to sample theoretically by identification of potential participants through frequent clinical discussions with the clinical staff. This was a necessary condition for the data collection process as data collection needed to be carried out within the few months I was based in Sri Lanka, and could not be continuously attempted as is the method normally adhered to for achieving theoretical sampling, which is an important procedure in grounded theory. Funding constraints also made frequent travelling to administer each interview at various stages impractical for the present study.

Theoretical sampling “aims to develop the properties of developing categories or theory” (Charmaz, 2007, p.187). Achieving theoretical sampling by collecting data, analysing the interviews and then collecting more data to define categories and their properties was not a possible process for the present study because of the above mentioned constraints. Instead, to

overcome this limitation, I actively assessed and reflected on each interview already conducted by reading and re-reading the data collected for initial identification of categories, maintaining reflective diaries on the sample and the concepts emerging from the data, conducting discussions with the staff and keeping the thesis supervisor, Dr. McIlwain informed of the sampling procedure. To choose the first participant, I used my sensitising concepts, existing knowledge and experience, but from second participant onwards, I attempted, as much as possible, to theoretically sample as suggested in grounded theory methodology. It is important therefore to state that for the present study, traditional grounded theory theoretical sampling in its true sense could not be achieved.

The following is an example to highlight the sampling method I used for the study: The second participant was selected to examine the properties of a category, namely decisions regarding staying or leaving. This was based on the first participant's interview, which showed she chose to leave and had left the PV situation several years before. The second participant chose to stay in the relationship and still faced a reduced level of PV. Assessment of the second participant's interview content allowed me to identify other categories of the phenomenon, properties I started looking for in subsequent interviews. For instance, the second participant was culturally embedded and did not question patriarchal privilege, did not have informal support systems that actively helped her, did not access formal support systems until recently, tolerated PV and used traditional coping methods and did not actively seek support or engage in problem solving until recently. She was also a young Singhalese Buddhist from a lower middle class background. To examine the properties of these categories, I chose as the third participant someone who was different to this profile, such as an upper middle class, older, rich woman from a different religious and ethnic status. She also had different cultural values and had left the relationship and ended PV two years before the

interview. This choice was made to assess how she would differ from the second participant (and the first) in her coping, support systems and recovery which would help elaborate some of the properties of these categories and help identify other related and new concepts. This method of sampling, i.e. “to select participants to add density to existing concepts and elucidate the relationships among them” as well as to “accommodate new concepts that are emerging from the data” (Arcuri, 2007, p.40), was attempted for the present study as much as possible.

To elaborate further, I chose as the third participant a post-therapy client who had ended PV and had completed the recovery process, was not as culturally embedded, and was also more proactive in her coping and resilience. In this sense the third participant was similar to the first participant but the first participant showed different characteristics particularly in terms of highly developed cognitive coping and ability to reflect on issues from the beginning of the PV experience. This “similar but different” status allowed me to examine the complex relationships among categories and identify emerging new concepts. For example, the third participant had accessed informal support from adult children, had sought numerous formal support systems, engaged in various forms of coping such as problem-solving, seeking support and emotion-focused coping and had a history of non-disclosure in the past. These were properties of existing categories, but this interview also led to identification of new concepts such as effects of PV on children, particularly child sexual abuse by the perpetrator as part of his abuse, manipulation and patriarchal standing. This one concept led to the emergence of other, related but new concepts regarding responsibility for child safety issues and choices available for the participant subjected to PV. The new concepts included blame for not being able to protect her child in the past and long-term consequences for the female child who then, as an adult, had to seek therapy for her own abuse. The child was also the

central support system to the mother (the participant of the study), to enable her to leave the abusive relationship. This method of choosing each participant to fully represent the complex nature of each aspect of PV and thereby attempting to theoretically sample as much as possible was made use of, particularly for conducting the interviews.

Another important aspect of the study design was to ensure that staff participating in the study benefited directly from the study. To achieve this, I incorporated supervision for the clinical staff as part the data collection procedure. This was a natural part of my past association with them and was continued for the present study. Both supervision and training were incorporated to ensure that the counsellors benefited from participating in the data collection process. They were also paid for giving their time for the study. As direct benefit to the participants, I included a therapeutic component to the data collection stage by providing brief therapy and/or referral to the participant, or for her family members.

Questionnaires

The three questionnaires for the measurement of PV, coping strategies and social support systems were developed and translated into the main local language, Sinhalese (the main local language was chosen as most Sri Lankans spoke Sinhalese). Either English or Sinhalese questionnaires were made available depending on the subject's language preference. For Tamils or Muslims (members of minority communities) who did not read or speak Sinhalese or English (an unusual occurrence, particularly for the chosen centres, as the majority of Sri Lankans interviewed, regardless of ethnicity, were fluent in either Sinhalese or English) a decision was made to have the questionnaire translated verbatim by a Tamil-speaking, senior counsellor of the organization. This counsellor was chosen as one of the selected counsellors for survey administration, to take into consideration this linguistic need.

At each crisis centre, a counsellor competent in Tamil was available for assisting the participant if necessary for answering the survey. This ensured that language was subject's preferred language, and not be a barrier to effective data collection.

The questionnaires were developed as self-report measures. For the questionnaire administration phase, most often, participants independently answered each of the questionnaires on their own, after receiving instructions on the method of answering the questionnaires. To ensure client-centred focus, a decision was taken to ensure that either a selected counsellor, the clinical caseworker for the client, or I, was always present for the questionnaire administration process. This was to ensure questionnaires were read out to the participants if needed. For two or three clients, the entire questionnaire was read out and the answers filled by the administrator to take into account differences in the level of education, comfort with written format, language skills and distress levels. For all participants the distress level was assessed at the outset, prior to seeking consent, and was continuously monitored throughout the process. This was stressed as a mandatory requirement for the data collection process. Also, as a necessary ethical condition for the study, it was explicitly stated to all participants that they could refuse participation with no consequences to their service requirements.

Interviews

I interviewed the chosen participants for the interview phase and travelled to several other centres to do so, including to the shelter. For the present study, I conducted all the interviews and as such was the sole investigator for the interview stage. this was included to: to facilitate immersion in the data from the initial stages, identify emerging concepts, provide an open-

ended empowering narrative format and consistency for the interviews, facilitate a therapeutic environment, to provide brief therapy, and to identify ways to increase likelihood of achieving theoretical sampling by determining who needs to be interviewed next to fully represent all aspects of the PV experience and recovery process. To this end, my focus was to attempt to represent the experiences of the help-seeking population under examination as fully as possible through the relatively small sample of women studied. For the interview phase, as for the questionnaire phase, a reflective diary was maintained to facilitate this process.

Measurement tools

A culturally-appropriate set of questionnaires was designed for data collection. It consisted of three instruments to measure PV, coping strategies and support systems. To account for the influence that culture may have on the latent constructs of a given instrument developed outside South Asia, new instruments were developed for the cultural/sample context or existing instruments were adapted and modified to suit the cultural and sample context. To minimize burden on the participant, the demographic information was obtained by collecting a copy of the participant's first interview clinical form, which I designed previously for clinical and administrative use by the organization.

The first questionnaire, the developed PV instrument, measures dynamics and consequences of PV previously or currently faced by the client, such as types, frequency, severity, duration and consequences of PV. The second questionnaire, the coping scale, measures both cognitive and behavioural methods of coping. An existing coping scale was adapted and modified to measure the coping strategies participants engaged in to overcome PV. For the present study, my aim is to assess women's various coping strategies for overcoming PV (using the coping

scale as well as grounded theory methodology) and to examine coping as a process (using grounded theory methodology). As such, this study is interested in the process component of coping and types of coping used for the phenomenon under consideration as opposed to other aspects of coping such as measurement of coping traits. As per existing literature on coping (Folkman et al, 1986; Folkman & Lazarus, 1985) an instrument that measures the process-oriented approach to coping was chosen for the significance it gave to the psychological and environmental contexts, the focus on the use of a variety of coping strategies, and the focus on examining coping as a process of responding to a particular stressor.

The third instrument, the support systems questionnaire, determines availability and adequacy of formal and informal social support systems to overcome PV. The developed support systems questionnaire measures types of support available, satisfaction with support provided, existence of at least one type of support, and present and future support needs in terms of overcoming the problem. As such, the developed questionnaire is an advance on previous assessment tools for support systems by assessing for a variety of factors related specifically to the availability and adequacy of both formal and informal supports systems. In terms of introducing cross-cultural tools for the Sri Lankan and South Asian regions, it breaks new ground as culture-specific assessment tools are unavailable for measuring support systems per se, let alone for received support, types of support, formal and informal support, future needs as well as assessment for availability of at least one type of support system. This is true for the PV and the coping constructs as well, as culturally relevant standardized tools do not exist for measuring PV or coping strategies in Sri Lanka and the South Asian region. As such, one of the aims of this study is to develop appropriate measurement tools for all three constructs under examination.

In designing the research instruments, the main aim was to address significant aspects of each construct and to ensure each construct under examination was contextually and culturally relevant. To do so, a review of literature, mainly western and available limited Asian literature, discussions with Asian academics/clinicians, and my own clinical reflections were drawn on.

1.1 Questionnaire for measuring PV

To measure the PV component, I developed a partner violence questionnaire that is culturally and contextually relevant, as opposed to modifying or adapting from a standard western instrument. A review of existing PV scales revealed that the most common construct found among the scales was the assessment for physical abuse (Strauchler et al, 2004) as opposed to other types of abuse. A literature review also revealed inadequate attention to other constructs of PV, such as mental and physical consequences of PV, social isolation and economic deprivation, as well as inadequate focus on emotional, verbal and sexual PV as separate constructs. The scales showed varied empirical evidence of reliability and validity. In addition, there were no PV questionnaires suitable for use in Sri Lanka and South Asia to measure the dynamics and consequences of PV women had faced or were currently facing.

Most available questionnaires used the closed-questions format. This was inadequate to understand fully and in-depth, the nature of the complex PV experience in the Sri Lankan political, social and historical contexts. As such, a decision was made to develop a short questionnaire with open-ended questions to allow the participants to describe fully their experiences, if they chose to do so, in greater detail. This method was considered most appropriate for the culture and the target population to validate their difficult PV experiences,

as opposed to the closed-question tick box method. One concern regarding the open-ended detailed format was whether the nature of the problem and the level of distress (even if minimal and monitored) would discourage the participant from writing down the answers themselves. To overcome this limitation and to ensure clients were not unduly burdened, the participants were explicitly told that the questionnaire administrator could fill their answers for them if needed.

In order to increase methodological validity and to develop a clinical instrument suitable for use with Sri Lankan culture and the PV context, I developed a short open-ended PV questionnaire grounded strongly in my clinical experience with the target population. The purpose of the developed questionnaire was to assess the dynamics and consequences of the PV experience for participants who are presently facing or had already faced PV. A five-itemed instrument was designed to measure types, frequency, severity, duration and consequences of PV (Appendix B).

1.2 Questionnaire for measuring coping strategies

To measure coping strategies, the community sample version of the revised Ways of Coping Checklist, developed by Folkman et al (1986), was chosen from available extensive coping instruments. The development of the Ways of Coping Checklist is based on the theory of psychological stress and coping, the stress coping paradigm (Lazarus & Folkman, 1984), and describes a broad range of cognitive and behavioural strategies people use to manage internal and external demands in stressful encounters. The stress coping paradigm states that coping has two widely recognized functions: regulating stressful emotions (emotion-focused coping), and altering the troubled person-environment relationship causing the distress (problem-focused coping). Based on this notion, the Ways of Coping Scale measures both emotion-

focused and problem-focused forms of coping. The stress coping paradigm and the Ways of Coping Scale developed to assess coping have extensive evidence across various sample populations. The revised ways of coping checklist is the most widely used instrument for both western and cross-cultural research purposes.

The Ways of Coping Checklist was designed as a process measure. The original and revised ways of coping scale have been factor analysed for a number of samples using orthogonal and oblique rotations. Most factor solutions have identified between six to nine factors. Robustness of the scale is shown by the same themes and similar numbers of factors that re-emerge across samples varying in age and types of problems faced (Aldwin and Revenson, 1987).

For the community sample, items have been factor analysed using alpha and principal factoring with oblique rotation (Folkman et al, 1986). Three separate factor analyses were completed, using different strategies for combining person-occasions, or observations. The three factor analyses yielded similar factor patterns. The final principal factor analysis resulted in eight factors. The coping scale derived from factor analysis has eight sub-scales, which accounted for 46.2% of the variance. Each of the eight sub-scales internal consistency reliability alpha values for the check list was as follows: confrontive coping (.70), distancing (.61), self controlling (.70), seeking social support (.76), accepting responsibility (.66), escape-avoidance (.72), planful problem solving (.68), and positive reappraisal (.79).

The present study focused on assessing the variety of coping strategies women would use in overcoming PV, as well as viewing coping as a process. It hypothesized that women subjected

to PV would make use of variety of emotion-focused and/or problem-focused coping methods to overcome PV. This hypothesis and choice of examining the process of coping was based on observing similar patterns in my clinical practice as well as on a review of literature, particularly the literature focusing on coping as a process by Folkman & Lazarus et al (1985) and Folkman et al (1986).

For the present study, the 66-itemed revised Ways of Coping Checklist was modified and adapted in a manner suitable for the culture and the sample context. The reduction was made based on several factors: the redundancy of items when translated into the target language (Sinhalese), cultural and sample irrelevance, and the need to overcome distress caused by excessive questioning. The developed scale for this study, the Ways of Coping – Sri Lanka [WOCSL], consisted of 31 items, 30 items from the original scale and one new item. The new item (item eight of the developed scale, appendix B) was included to measure specific support seeking from formal systems, which is an important method of coping for help-seeking women in Sri Lanka. This item reflects a method of coping by seeking information and other resources, particularly from formal support systems. Another reason to include this item was to assess whether the participants accessed formal social support as a form of coping with PV.

In developing the coping scale, at least two items each from the original scale's eight subscales were chosen. This was to ensure that the developed scale maintained its structure as close to the original format as possible. In choosing items for the developed scale, the main consideration for inclusion was the item's relevance to the sample and cultural context. All the items from both the 'seeking social support' and 'planful problem-solving subscales' were retained for the developed scale, as these were perceived to be of crucial importance for Sri Lankans' coping experience. The response format for the coping questionnaire took the

original format of the four-point Likert scale, where each participant was asked to choose whether that particular type of coping was used to overcome the problem, and to what extent.

1.3 Questionnaire for measuring social support

To measure support systems, a questionnaire was developed based on the original parent scale – the interview schedule for social interaction (ISSI) designed by Henderson, Byrne, Duncan-Jones and Scott (1980). The ISSI was developed “to examine in detail the range of social relationships, to assess the current state of a person’s social relationships and to measure the availability of different types of social relationships and the perceived adequacy of the relationships” (Duncan-Jones, 1981, p.55). The “aim was to develop a detailed, fully specific descriptive account of the relationships among social bonds, adversity and neurosis, and to develop causal models for inter-relationships among these variables based on prospective longitudinal studies” (Duncan-Jones, 1981, p.55). The conceptual definition of support for the ISSI was based on Robert Weiss’s (1974) theory of the provisions of social relationships. Weiss (1974) proposed that satisfactions or provisions that people obtain from social relationships fit into six categories of: attachment, social integration, nurturance, reassurance of personal worth, sense of reliability, help and guidance. In developing a scale to measure availability and adequacy of social support, Henderson et al (1980, 1981) incorporated all the above ‘provisions’ into the ISSI. The scale was developed over a year in pilot studies of 130 people in health centres, out-patient departments for the elderly, and in a general sample in Canberra, Australia. The ISSI is suitable for both healthy respondents in the general population and for the psychiatric population.

Henderson et al (1980) judged the ISSI to have face validity on the basis of its content and suggested that the items effectively tap the constructs of availability and adequacy of

attachment in adulthood and social integration. They established construct validity of the scale in relation to the Eysenck personality inventory (EPI). In terms of construct validity, inverse relationships with availability and satisfaction measures and neuroticism were reported (-0.18 to -0.31). Predictive validity was reported on the basis of a study of neurosis on 751 residents in Canberra. As both availability and adequacy items correlated significantly and negatively with psychiatric disorder and depression, predictive validity was judged to be satisfactory. The test-retest reliability for the scale over an 18-day period, using 750 adults from the general population, ranged from 0.66 to 0.85. The internal consistency reliability coefficients range from 0.67 to 0.81 for the indices (Henderson et al, 1980).

The thesis supervisor developed a self-report abbreviated version of the ISSI for her PhD dissertation (McIlwain, 1990), with the permission of the authors. She subsequently used the parent scale, ISSI, to develop an instrument for a study on stress and distress in urban Aboriginal and white women in Sydney (McIlwain, D., Sutton, J., Flower, D., & Swan, P., 1994). Based on the version developed by the supervisor, Dr. McIlwain, for the urban Aboriginal and white women's study on stress and distress, I developed a culturally relevant Support Systems questionnaire to assess, among other factors, the availability and adequacy of social support systems for overcoming PV in Sri Lanka. As such the developed questionnaire for the present study is based conceptually on the original parent scale, ISSI, and measures, among other aspects, the availability and adequacy of social support to overcome PV.

The developed questionnaire is an 11-itemed instrument with item one measuring both availability and adequacy of family, friend and other support (see Appendix B). I introduced the 'adequacy of other support' category for the present target population as it was deemed

necessary to measure both informal support (of friends and family) and other support (to mean more formal support) as interpreted by the participants. For the first item of the questionnaire, I added new provisions such as 'provides information' and 'provides material support' and eliminated 'overall help-fullness' from the McIlwain et al's (1994) instrument. This was to include specific types of support that are perceived to be crucial and relevant for the target population in Sri Lanka. The scoring system used for the McIlwain et al's support systems instrument was kept for the present study. Therefore, for the first item of the questionnaire the scoring method included participants ticking the appropriate box for each type of support provided (or not provided) by family, friend, or other from the below mentioned scores:

0 = no good, 1 = ok, 2= good, 3= very good

I developed seven new items to add to the existing McIlwain et al's Support Systems instrument to measure both formal and informal support systems separately, and to measure types of support provided, satisfaction with support provided, existence of at least one type of support, and present and future support needs to address the phenomenon being examined. Except for item one of the questionnaire, the rest of the developed questionnaire takes an open-ended format to allow women to give detailed responses regarding their formal and informal support systems in overcoming PV. The developed questionnaire assesses both present and future needs of the women in terms of accessing various social support systems for overcoming PV. These items were included as seeking help from formal support systems such as WIN, police or other formal systems was not perceived to automatically lead to a final solution in regards to PV. The developed questionnaire works on the notion that ending PV will need working beyond seeking formal support to working through many of the challenges

related to ending PV and enabling recovery. As such, support seeking is measured as an ongoing process and the developed questionnaire attempts to serve that purpose.

The unique aspect of the developed Support Systems questionnaire, other than being culture and context-relevant, is the specific attention given to measuring various nuances of social support systems relevant to the target population, and particularly to measuring both formal and informal support systems. This is of crucial importance when measuring recovery processes in trauma populations in Sri Lanka, given the lack of women-centred formal and informal support systems, stigma attached to help-seeking, and the patriarchal nature of both formal and informal support systems. In regards to formal support, a specific measure of adequacy, availability and various aspects of the formal systems is especially important then, in order to achieve effective service provision for the target population by assessing whether or not formal support was provided and the nature of the support provided. The developed questionnaire aims to achieve this for both informal and formal support systems and, as such, attempts to provide a comprehensive instrument for measuring the multifaceted nature of the social support construct.

Demographic information

As noted, for each participant, the demographic information was obtained by retaining a copy of the first interview clinical form from WIN. Every client's assigned counsellor or main caseworker fills this form as a mandatory requirement of casework. For the study, the demographic information was obtained by this method. The decision to do so was made in the initial design stage to eliminate additional burden on the participant.

Interview format

I developed a basic interview format stating the broad areas to be assessed by the interview, both for the purpose of obtaining ethics approval as well as to help me in the interview process. This format was used only as a basic guide, and each interview was conducted according to the participant's needs. It took the format of the participant narrating her story with minimal prompting or intrusion from the investigator. In the latter stages of the interview, if sufficient information was not provided in the narrative regarding the constructs under examination, questions were asked in order to identify and elucidate the necessary research questions.

I chose this method of interviewing to enable women's voices to be heard and to empower participants in their process of recovery from PV. This method helps to reverse the effects of disempowerment faced by women, which includes control, manipulation and exertion of power over her by the perpetrator and the larger society. This method of allowing women's narratives to be heard validates the women, encourages their resilience and facilitates the recovery process. This method is in line with grounded theory methodology and facilitated a client-centred feminist approach for data collection. It enabled complex themes/concepts related to the PV experience to be identified from the women's narratives. This method of narrating their stories, as a way of assessing the PV was preferred by the participants, as mentioned by a few following the interview process.

When necessary, I assessed for mental health indicators and crisis situations to incorporate a therapeutic component to the interview process. These included questions on suicidal ideation/attempts, present mental health status, homicidal attempts on both participant and

children, children's mental health status, issues with protection, issues with WIN staff or other concerns. Each participant was given a choice of having brief therapy if required and, when necessary, referral was made to other services.

This form of non-intrusive feminist client-centred interviewing was chosen to aid the recovery process and to allow an interventionist form of research to be facilitated. This method allowed me to be reflective, flexible and to be open to the concepts that were emerging from the narratives, as opposed to making assumptions regarding the participant, the interview context and the developing data collection process. This was a necessary step to include for reducing possible investigator bias, which may have resulted from my sensitising concepts based on my clinical assumptions and experience.

Data collection process

Informed written consent was obtained for both new and post-therapy clients prior to conducting the study. Both English (Appendix A) and Sinhalese consent forms were developed for this purpose. Data collection was carried out in two stages. The first stage included administering the questionnaires. All 84 participants were included in the first stage. The second stage involved selecting participants from the survey for the interview process. No one refused participation for the study. One participant was excluded from the study based on incomprehensibility of the interview material. All the participants were paid for participation to financially compensate for taking time from attending to their various crisis and personal needs.

The questionnaire administration took approximately one and half hours while a few participants took two to three hours to complete the survey. The variation in time was based partly on the amount of information given for the open-ended questions and the pace at which each answered the questionnaires. The participants were given a choice of completing the survey either at the WIN centre/hospital desk/shelter or at their homes if it was safe to do so. None of the participants chose to complete their surveys at home. The participants were given a choice of completing the survey by themselves or with help from the questionnaire administrators.

For most participants, other than for post-therapy clients, a counsellor who was the participant's caseworker took on the responsibility of assisting the participant with completing the questionnaire. Each participant's distress level was measured prior to describing the study, seeking informed consent and choosing her as a participant, and then through out the administration process. The participants were explicitly told that they could terminate the testing process at any point and that it would not hinder receiving clinical or other services from the organization. This included explicitly stating that I could also be consulted for brief therapy irrespective of study participation.

For the translation process, I adapted an established translation, back translation and expert panel assessment method prior to developing the final questionnaire for data collection. This is based on a review of literature for translation of domestic violence instruments and a review of established translation methods for cross-cultural purposes. For this purpose I used techniques described by Pearce et al (2003), Werner and Campbell (1970), Brislin (1970), and Sperber et al (1994). Back translation described by Brislin (1970, 1986) is the recommended procedure for producing an instrument that is reliable and valid in the target language, as well

as the source language (Pearce et al, 2003). Werner and Campbell (1970) recommended the use of a panel of experts and multiple interpreters to examine the translation process and word meanings. I included both these procedures of back translation and expert panel assessment methods recommended in the literature to maximize relevance of the questionnaire for the cultural and sample context.

The first stage of translation, back translation and expert assessment process was followed up by an additional, second stage, 10-member expert panel assessment of the questionnaire. I included this additional method to further validate the developed questionnaire and to overcome the lack of pre-testing of the questionnaire with crisis clients.

The first expert panel assessment included various PV experts, crisis workers, mental health service providers or legal professionals working in a PV context. Senior, experienced personnel were included in the expert assessment process. The first panel gave input into the questionnaire during various stages of the study, including the design, translation and validation stages. An expert panel was used at multiple stages to reduce investigator bias and to overcome the limitation of the lack of pre-testing with the target population. Although direct pre-testing was not conducted with the target population, I ensured that a few of the past clients, who had sought help for PV in the past, assessed the questionnaire. The second expert panel for assessment consisted of ten clinicians, academics and policy experts such as clinical psychologists, academic psychologists, psychiatrists, a sociologist and an educationalist, all of whom had extensive knowledge of trauma, mental health and research regarding the constructs under examination.

Pre-test procedure is another method recommended in literature (Werner and Campbell, 1970) for increasing reliability and validity of translated instruments. As mentioned above, a decision was made not to include a pilot testing of the developed questionnaire with the sample population. This decision was made because of the crisis nature of the sample and the complex stressors, mental health issues and safety issues help-seeking clients have to contend with in dealing with PV. Instead, a decision was made to use experts in PV and mental health to assess the questionnaire for cultural and sample relevancy in various stages of its development process and to gain insight from the few former help-seeking clients who gave input to the questionnaire.

Other reasons for eliminating the pilot testing process was because I could not be present for the pilot testing stage and because both the organization and I were uncomfortable adding burden to women in crisis situations by requesting them to assess questionnaires for research purposes. Overall, the assessments by the first expert panel that assessed the development of the questionnaire in all its stages, input by past clients who faced PV, and further assessment by the second specialist/mental health panel that assessed the final questionnaire, helped to overcome the limitation of not including a direct pilot testing procedure. This method of using varied personnel such as social workers, lawyers, counsellors, and trainers of PV issues, specialised clinical professionals, service providers and researchers helped to establish cultural, context and sample relevance. This method also helped to increase validity of the developed questionnaire, specifically establishing content validity of the instruments.

Translation, back translation and validation procedure

Two persons translated the questionnaire from the source language to the target language, and two others back-translated. Although Brislin (1970) recommended that one person is sufficient for this process, I decided to use two persons to take into account possible variations in translations, which may not be possible with only one person engaging in the process. For the translation process, one translator was a bicultural, bilingual psychologist who is familiar with both the content of the questionnaire and the context of Sri Lankan PV issues. The other was also a Sri Lankan bilingual service provider, specialising in PV work. Both the translators were familiar with Sri Lankan PV and trauma work, and the cultural context, with the source language as their first language and the target language as their second. Marin and Marin (1991) recommended that the translators be bilingual and bicultural and be familiar with the content of the instruments in order to understand the nuances of the language. For my study, this requirement was met.

The blind back translation was carried out by two other bilingual persons, an official translator in Sri Lanka who has familiarity with counselling women subjected to PV and by a staff member of WIN with extensive PV work experience. This resulted in one source language version, two sets of target language versions and two sets of source language versions in back translation. I studied the two sets of target versions and two sets of source versions separately and found that there was little difference in each of the translated versions and in each of the back translated versions. I then chose one target version and a one back-translated version to reduce confusion and add clarity to the next stage of the validation procedure. This resulted in three versions, the original source language version, the target language version and the second version in source language.

An expert panel of five bilingual Sri Lankan PV experts, including four senior counsellors and one senior lawyer working for Women In Need, assessed the target language version for cultural and target population relevance, easy comprehension, grammar and ease with which a monolingual person can understand the instrument. Afterwards the source language versions and the target language versions were given to two other bilingual Sri Lankan PV experts to determine their level of agreement. The post-therapy clients who gave verbal input into the questionnaire were mainly bilingual. The resulting versions in source and target language, the back translated version in source language and the comments and suggestions by the panel of experts was then examined by me in developing the final questionnaire. The developed questionnaire was given to two expert panels to assess its relevance for the target population.

Second stage expert panel evaluation

The ten-member panel assessed both the Sinhalese and English questionnaires for cultural and target group relevance, psychological content/context, structure and format, language and comprehension. In discussion with the supervisor, a decision was made not to psychometrically evaluate the data from the second stage expert assessment at present. Instead, measuring content validity based on the ten-member specialist panel data was left for analysis after submitting the thesis. This decision was made largely because of the scale of the present study and time limits. However, the overall psychometric assessment of the developed questionnaires was carried out as part of quantitative analysis.

Post data collection: transcription and translation of the data

Interviews

The interviews were audio taped for 23 participants the remaining two interviews were also audio-taped for majority of the interview and the parts not audio-taped were written down verbatim and included in the transcription. The interviews were transcribed verbatim, and then translated (mostly by me) to optimise accuracy and to ensure confidentiality was maintained. A qualified transcriber with prior experience in transcribing psychological research transcribed some of the local language interviews. I transcribed the Sinhalese interviews that were more complex and sensitive (regarding the nature of abuse or where confidentiality would have been compromised because the interviewee could be identified). I transcribed all the English interviews. I read and re-read the Sinhalese interviews that were transcribed by the transcriber and checked them against the taped versions to ensure accuracy of the translation.

My involvement in the process of transcription and translation allowed me to immerse myself in the data, and to begin the initial grounded theory analysis whilst transcribing the interview data. It also allowed me to identify and accommodate new concepts and themes that emerged from the data. This method of immersion of self in the data helped me to reduce biases stemming from my familiarity with the target population. As I was not certain to what extent my past experiences would bias the present data analysis process, I maintained memos and reflective notes for all stages of the grounded theory process, including the transcribing/translation process. I also maintained continuous discussion with the supervisor during this stage and made available to her the memos and notes in order to allow the data to guide the process of transcription/translation and to limit my sensitising concepts from affecting the analysis.

Questionnaires

I translated the majority of the surveys while two other bilingual, bicultural Sri Lankans familiar with the context helped with the translation process. These persons were selected for their ability to maintain confidentiality and their translation skills. Each survey translated and transcribed by another was re-read and examined for accuracy in content and translation.

Quantitative Coding for analysis

A coding manual was developed in discussion with the supervisor for coding the 84 survey questionnaires prior to quantitative analysis. A Sri Lankan coder from the Medical Faculty at the University of Colombo, who was experienced in psychosocial and psychological research projects, was chosen for the task. As with the transcribing process, demographic sheets and all identifiable information were removed prior to handing over the data to the data entry person in Sri Lanka. Of the 84 questionnaires, I coded 11 questionnaires because of both the sensitive and complex nature of abuse experiences discussed and for confidentiality. After the coder completed his work, I blind coded two questionnaires picked randomly to assess the coder accuracy in data entry and as means of eliminating identified errors. I also checked the remaining 73 questionnaires, particularly the support systems and the PV questionnaires, which had more open-ended answers. These extensive coding checks were undertaken to optimise accuracy of the data in order to ensure an accurate quantitative analysis process.

Reducing investigator bias

To achieve this end, predominantly a qualitative method of analysis using grounded theory (Strauss & Corbin, 1998) methodology was used. Other methods used to overcome the investigator bias were to discuss with and allow others, both experts in the field in Sri Lanka

and outside, to assess the developing work; and to have expert assessments by Sri Lankans in the PV and mental health fields at various stages of the study. During the data collection stage, other PV experts were included to conduct the majority of the questionnaire administration, and for the interview stage an open-ended client-centred narrative format was included, to minimize investigator bias. A reflective diary was maintained for the data collection stage. For the analysis stage, particularly for the qualitative grounded theory coding and theory development stage, the thesis supervisor was involved in assessing the accuracy of the coding procedures, particularly during the open coding component. For the quantitative analysis, the supervisor was actively involved in psychometric assessment of the instruments developed and in the analysis process. To further reduce possible investigator bias, the interviews were coded manually for grounded theory methodology. For open coding, mainly line-by-line coding and at times word-by-word coding was used. Memos were also maintained for all stages of the grounded theory analysis. Charmez (2007, p.72) describes “memo writing as a crucial method in grounded theory” and states that it prompts the investigator “to analyse the data and codes early in the research process” and is seen as the “the pivotal intermediate step between data collection and writing”. These methods increased the time spent on the qualitative analysis process but ensured that possible investigator bias was reduced for the present study.

Data analysis plan

A mixed method analysis, involving a predominantly qualitative grounded theory method and a quantitative analysis component, was employed for analysis of the data. Triangulation of qualitative analysis with quantitative methods was utilised to enhance the scope of the study findings.

Quantitative analysis

Psychometric assessment of the questionnaires

For the three developed questionnaires, where possible, psychometric assessment was carried out to develop culturally and contextually relevant research and clinical measurement tools. For the 31-itemed coping scale, which was adapted and modified from the revised Ways of Coping Checklist (Folkman et al, 1986), factor analysis was carried out using Principal Factor Analysis with Varimax rotation for identifying the factor structure and the factor loadings of the developed coping scale. A decision was made to factor analyse the scale instead of resorting to using the existing psychometric values because of the unique nature of the present study. That is, the unique nature of the target population in terms of its cross-cultural nature and the Sri Lankan cultural context, the PV help-seeking context, and the use of the coping scale in both English language and in non-English language settings. The coping scale was assessed for reliability. Internal consistency reliability coefficients using Cronbach's Alpha was measured for each of the factors identified.

In the Support Systems questionnaire, for item one of the questionnaire, which measures availability and adequacy of support systems, and which is based on Henderson et al (1980, 1981) interview schedule for social integration (ISSI) instrument, reliability, was assessed. Internal consistency was assessed using Cronbach's Alpha method for all three categories of "adequate friend support, adequate family support and adequate other support". The "other" category was introduced into the present instrument as an important support category to measure other support, other than support from family or friend. The "other" category was mainly interpreted by the participants as support provided by the formal systems. For the open-ended section of the support systems questionnaire and for the PV questionnaire, reliability measures of testing for internal consistency was not statistically possible because of

the nature of the questionnaires. For the present study, test-retest reliability was not attempted because of time and funding constraints. Validity measures, particularly content validity, were established by employing two separate expert panels to assess the instruments in various stages of the questionnaire development.

Quantitative analysis of the data

Descriptive statistics, such as mean values and standard deviations for the coping and support systems questionnaires were established and analyses of frequencies and cross tabulations were employed. Quantitative analysis for the study included measuring frequencies, correlations, cluster analysis and analysis of variance. Measuring frequencies for PV variables was primarily used to demonstrate the complexity of the PV experience, and the varied socio-demographics of the sample. Correlational coefficient analysis was employed to assess the associations among coping, support systems, and PV variables. Cluster analysis was employed to assess the specific PV patterns of a help-seeking Sri Lankan sample for PV, while cluster analysis and analysis of variance (ANOVA) was employed to determine the types of coping and types of support sought by each of the identified PV help-seeking patterns.

Qualitative analysis

Grounded theory method with “its ultimate aim to produce innovative theory that is grounded in data collected from participants on the basis of the complexities of their lived experiences in a social context” (Fassinger, 2005, p. 157), was chosen as the suitable qualitative analysis method for the research. Qualitative analysis was considered of significant importance for the present study because it allowed for: women’s complex narratives to be examined in-depth,

create better understanding of the nuances of the phenomenon under investigation, and generate substantive theory. The grounded theory format allowed me to immerse myself in the data from the initial stages of data collection. This increased my understanding of each participant's PV experiences, reduced investigator bias, and helped in identifying emerging concepts and theory. The non-intrusive open-ended interview format chosen as the qualitative data collection method aided in establishing rapport. Including a therapeutic focus as part of the interviewing process provided a basis for validating the women's difficult PV experiences and for aiding their process of agency. The grounded theory method allowed for rigorous and valid scientific inquiry of the phenomenon under examination and for generation of theory.

Grounded theory method

The 25 in-depth interviews of the study were transcribed, translated and read, re-read to familiarize myself with the data and to identify initially the concepts emerging from the data. The interviews were then developed as transcript files (Brown and Sullivan, 1998), taking the format of a "header containing information about the interview, participant details including, reasons for selecting the participant for the study, and a brief summary" (Arcuri, 2007, p.56) and other important aspects of the interview. I then divided the transcript file into three sections prior to open coding. This took the format of a "middle column containing the verbatim transcript of the interview, the left most column recording methodological notes about the interview, and the rightmost column for coding raw data into conceptual categories" (Arcuri, 2007, p.56).

From the data collection, transcription stages itself, memos were maintained to allow emerging concepts to be identified and for monitoring subjectivity, the effects of my sensitizing concepts, for the analysis process. Other procedures and tools required of the

grounded theory process, such as maintaining methodological files (Brown and Sullivan, 1999), which are detailed methodological notes for each interview, were developed for all interviews prior to coding. After reading and re-reading the interviews to identify emerging themes and the completion of the first set of memos, open coding was carried out for all 25 interviews.

In grounded theory, data is coded according to an increasingly abstracted process, using three types of coding, open, axial and selective, to generate theory (Fassinger, 2005). Open coding is the first level in theorizing and “is an analytic process through which concepts are identified and their properties and dimensions are discovered in data” (Strauss & Corbin, 1988). Open coding of the first few interviews led to simultaneous identification of initial axial coding, coding for process, and identification of the basic aspects of the emerging theory as suggested by Strauss & Corbin (1988). Open coding from the initial interviews itself involved asking questions, making comparisons within and across the interviews (Strauss & Corbin, 1998), identifying emerging categories and their properties, and identifying the emerging theory. Various methods of constant comparisons as stated by Charmez (2000), such as comparing data from different participants, comparing data from each participant to her own data at different points of the narrative, comparing incidents with other incidents, or categories with other categories were used. These methods of constant comparisons were employed, when coding, to construct meaning out of narrative data and to create a theory grounded in the lived experiences of the participants (Fassinger, 2005).

Reading, re-reading and open coding of the first five interviews showed a pattern relating to the interviews, whereby all the interviews could be distinguished as belonging to three separate categories of: women in post-therapy category, in varied stages of recovery but still

help-seeking category, and an in-between less defined category. I decided to open code all interviews in one category before moving on to the other two categories as a method optimising immersion of self in-depth in the data, and as a method of, increasing the possibility of achieving theoretical saturation. This method of clustering somewhat similar interviews, open-coding each, making comparisons within and across each of these interviews, and then moving on to another client category, helped to identify emerging concepts and to achieve theoretical saturation.

Throughout all stages of grounded theory analysis, and particularly during the open coding stage, the primary supervisor assessed the coding procedures in-depth to assess the accuracy of coding and to increase reliability of analysis. In grounded theory, data collection, analysis, and eventual theory stand in close relationship to one another (Strauss & Corbin, 1988, p.12). To optimize the use of this methodology accurately and to reduce adverse effects from my subjectivity/reflexivity, my supervisor assessed my emerging concepts and the coding procedures used through the coding process and provided valuable insight and evaluations regarding the coding process. As mentioned previously, memos were kept for each stage of the analysis. Initial memos, memos for open coding of each interview, theoretical memos for emerging theory, diagrammatical memos, memos for each construct examined, as well as memos for other related constructs were maintained to help: provide clarity, allow for increasingly abstracted coding process, and conceptualize the analysis process and the emerging theory.

Next, I employed axial coding, the second level of coding of grounded theory for generating theory. Axial coding, is defined as “the process of relating categories to their sub categories, termed axial because coding occurs around the axis of a category, linking categories at the

level of properties and dimensions” (Strauss & Corbin, 1988, p.123). In axial coding “relationships among categories are organized and further explicated, grouping them into more encompassing key categories that subsume subcategories (Fassinger, 2005, p.160). To axial code, the paradigm “a model for integrating structure with process” (Corbin, 2007, p.229) was employed. The structure or the context are “the set of conditions that give rise to problems or circumstances to which individuals respond by means of action/interaction/emotions” while the process involves “ongoing responses to problems or circumstances arising out of the context, which can take the form of action, interaction, emotion” (Corbin, 2007, p. 229).

In discussion with my supervisor, I decided to adapt a version of Strauss and Corbin’s (1998) paradigm, which was described by the authors as “a perspective taken toward the data, an analytic stance that helps to systematically gather and order data in such a way that structure and process are integrated”(p. 128). The paradigm consists of conditions, actions/interactions, and consequences. The conditions are “set of events of happenings that create the situations, issues and problems pertaining to a phenomenon”, and action/interactions are “strategic routine tactics or the how by which persons handle situations, problems, and issues they encounter” (Strauss and Corbin, 1998, pgs.130-133), While consequences “occur as a result of the implementation of certain actions/interactions” (Arcuri, 2007, p.58). The paradigm helped me to identify key categories, elucidate relationships between categories, and make provisional hypotheses regarding the phenomenon under examination. I developed numerous diagrams and memos during this stage to help emerging theory to take form. The increasingly abstract diagrams, drawn using various colours to distinguish various aspects of the process and structure were useful, in particular, for identifying the emerging theory. Axial coding showed that theoretical saturation across categories was achieved, although I could not

continuously engage in data collection after analysis of each interview, as recommended by grounded theory methodology. Coding showed that theoretical saturation where “no new information seems to emerge during coding, that is, no new properties, dimensions, conditions, actions/interactions, or consequences are seen in the data” (Strauss and Corbin, 1998, p.136), was achieved.

The final stage of grounded theory, selective coding, involves creation of substantive theory (Fassinger, 2005). Selective coding is “the process of integrating and refining theory” and “it is not until major categories are integrated to form a larger theoretical scheme that the research findings take the form of theory” (Strauss and Corbin, 1998, p. 143). Integration is an ongoing process that occurs over time and as with, all other stages of the coding process, involves an interaction between the analyst and the data (Strauss and Corbin, 1998). Immersion in the data, engaging in increasingly abstracted coding process, and recording of memos and diagrams aided in the integration process. Although the cues to how concepts are linked can be found in the data, it is not until relationships are recognized, and to some degree interpreted and selected as such by the analyst (Strauss and Corbin, 1998), that data become integrated into a theory. The selective coding stage “begins by deciding on a central or core category, that integrates all the other categories into an exploratory whole” (Strauss and Corbin, 1998. p.146). For my research, the central category chosen was “the process of women’s resilience development and recovery in responding to PV”. The reasons for choosing “the process of resilience development and recovery in responding to PV” as the core/central category is as follows: it had “analytic power and the ability to explain or convey theoretically what the overall research was about, greatest explanatory relevance, and highest potential for linking all the other categories together” (Corbin, 2007, p.104). Another reason

was that the central category was consistently present as a crucial theme in all stages of the analysis process.

The next step employed was integration, a step within the selective coding process. Integration is the “process of linking categories around the core/central category and refining and trimming the resulting theory” (Corbin, 2007, p.263). Theory generation “involves a set of interrelated concepts, where concepts are related through statements that denote the nature of the relationship, while these statements are derived through analysis of the data and represent the analysts interpretation of what is going on in the data” (Corbin, 2007, p.104). For the integration process, I integrated structure (conditional context/parameters), already identified through axial coding and subsequent diagramming, with the process (Appendix C), in order to develop a coherent theory. Diagrammatic representations of increasingly abstract process and emergent structures achieved via coding procedures were used for theory development. The developed theory was based on this integrated process. All throughout the theory emergence process, and later on once the theory was finally constructed, I engaged in refining, trimming and validating the developing theory.

The memos developed all throughout the data collection and analysis process were reviewed and sorted to aid in the final step of selective coding, the writing of the theory. After developing the theory, prior to writing the theory, a series of methods of validation was engaged to provide “paradigmatic underpinnings of trustworthiness, rigor or validity” (Morrow, 2005, p.250), for the developed theory. Morrow (2005), states that there are particular standards of quality or validity that need to be present for qualitative analysis to be considered trustworthy or valid, and the basic requirements of these are: immersion in the data, attention to subjectivity or reflexivity, adequacy of data, and adequate interpretation and

presentation. I have throughout the qualitative analysis process, tried to be attentive to these, in order to provide a valid theory for the phenomenon under examination.

In order to achieve credibility or validity, which correspond to internal validity of quantitative analysis (Morrow, 2005) I employed several methods. These included: checking the emerging and the developed theory against the raw data (all 25 interviews), keeping my supervisor informed of all my coding decisions and the process of theory building, maintaining regular contact with the thesis supervisor who closely monitored the latter stages of analysis (particularly the integration process leading to ultimate theory for the research). Other methods included: requesting several Sri Lankan or non-Sri Lankan researchers and/or clinicians familiar with Sri Lankan PV and cultural context to assess independently the developed theory for its suitability for the target population and for the context (including few members of the data collection organization, WIN), and continuously assessing and refining the theory during the writing process. Refining the theory included, checking for internal consistency, logical progressions, filling poorly-developed categories, and trimming excess ones and validating the theoretical scheme (Strauss and Corbin, 1998).

The final stage of selective coding, writing of the theory involved presenting the developed theory using analysing of the emergent process of “developing resilience and recovery to respond to PV” through its various stages; from the initial mostly unsuccessful attempts, to latter developed stages of responses, to changes in self and in coping, resilience, and recovery. Throughout the writing process, analysis was supported by direct references to the participants’ narratives (verbatim quotations from the interviews) to provide evidence to the emerging theory. This allowed the women to narrate the unfolding of the “theoretical” storyline in their own words.

Chapter Five: Quantitative results

“I think Sri Lankans don’t really think about things, they just say it is culture and don’t analyse what that means”- Deepika

This study examined the relationship between the use of various coping strategies and forms of partner violence in a female help-seeking Sri Lankan sample. It also examined the relationship between access to various social support systems and partner violence. Since there were no measures available, as part of its aims, the study developed culturally appropriate questionnaires to assess the constructs under examination.

The study employed both quantitative and qualitative analysis methods to explore the relationships between women’s coping strategies and support systems, the kinds of PV they endured and, in the qualitative interview analyses, the efforts the women made to end PV. The present chapter focuses on the quantitative analysis component of the study which addresses the relationships between types of violence endured, coping and social support.

The present results chapter consists of two sections: psychometric evaluation of the developed questionnaires, and analysis of data using descriptive and exploratory statistics. The first section focuses on psychometric assessment of the questionnaires, using factor analysis for scale development, and reliability analysis. This section will also focus on validity issues and methods used to validate the questionnaires. The second section provides: 1) descriptive statistics, 2) correlation coefficient analysis for examining the associations among coping, support systems and PV variables and 3) cluster analysis and use of ANOVA for identifying the patterns of PV women are subjected to, their particular ways of coping and accessing of support systems, in attempting to end PV.

Psychometric Assessment of the developed questionnaires

1. Developing a culturally appropriate version of the Revised Ways of Coping Checklist (RWOCC)

The coping scale, Ways of Coping – Sri Lanka [WOCSL] developed in this study is based on the established original revised ways of coping scale and its theoretical framework, the stress coping paradigm, developed by Lazarus and colleagues (Lazarus & Folkman, 1984). In the theoretical model, coping is seen to have two widely recognized functions, problem-focused coping and emotion-focused coping.

The well established, Revised Ways of Coping Checklist has been extensively and consistently analysed in the past for its factor structure and factor loadings. Since there were a number of modifications of the scale required to tailor it to the cultural sample studied here, my supervisor and I decided to assess afresh the psychometric properties of the Ways of Coping – Sri Lanka [WOCSL] by conducting a factor analysis. We could not be sure that the existing factor structure of the RWOCC would apply given the changes required by this study.

Our rationale for re-analysis was based on changes made as follows: 1) there were significant modifications made to the original scale, including 2) the addition of new items to assess specific coping strategies, 3) testing with a non-western, specific cultural and trauma population, 4) testing with women from an English speaking and non-English speaking, help-seeking, crisis population, 5) translation of the scale into a culturally specific language (Singhalese). Singhalese is spoken mainly by the majority ethnic group within Sri Lanka, although most other Sri Lankans also speak the language.

Scale Development: Factor analysis

To investigate the factor structure of the WOCSL, a factor analysis using the extraction method of Principal Axis Factoring was conducted. Using the criteria of Eigen values above 1.0 (Comrey & Lee, 1992), an initial 11 factor structure was identified. As shown in Table 1 the 11 factor solution accounted for 62% of the total variance.

Although this initial extraction, using Principal Axis Factoring procedure with varimax rotation, resulting in 11 factors, explained by far the most variance, this factor pattern was not viewed as the most suitable factor structure for this study. This decision was based on both statistical and conceptual considerations. Statistically, an attempt to extract 11 factors meant that many factors had only a few items. Conceptually, having an 11 factor structure made the analysis unwieldy. Therefore, the 11 factor structure was deemed to be psychometrically and conceptually unclear. As a statistical solution, plotting a scree plot for the initial factor analysis suggested that a two or three-factor solution might produce a suitable factor structure. Therefore, the factor analysis results were further assessed to determine a clearer factor structure for the coping scale.

Given that the parent scale had two main factors; problem-focussed coping and emotion-focussed coping we explored whether the modified scale might also have this structure. The two factor structure was assessed for its suitability as the factor solution. This factor structure accounted for 26% of the variance.

**Table 1- Factor analysis for the Ways of Coping – Sri Lanka scale
(total variance explained)**

Factor	Initial Eigenvalues			Extraction Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	5.857	18.894	18.894	5.496	17.729	17.729
2	3.485	11.243	30.137	3.149	10.159	27.888
3	2.492	8.039	38.176	2.129	6.867	34.755
4	2.224	7.175	45.351	1.923	6.203	40.958
5	1.758	5.669	51.020	1.375	4.434	45.392
6	1.610	5.192	56.213	1.270	4.097	49.488
7	1.460	4.708	60.921	1.065	3.436	52.924
8	1.206	3.890	64.811	.873	2.817	55.741
9	1.121	3.617	68.427	.713	2.301	58.042
10	1.052	3.392	71.820	.652	2.104	60.146
11	1.025	3.305	75.125	.566	1.824	61.970
12	.858	2.768	77.893			
13	.796	2.567	80.460			
14	.679	2.190	82.650			
15	.616	1.987	84.637			
16	.596	1.922	86.559			
17	.507	1.635	88.194			
18	.474	1.528	89.722			
19	.444	1.432	91.154			
20	.415	1.340	92.494			
21	.362	1.166	93.660			
22	.346	1.117	94.777			
23	.262	.844	95.621			
24	.257	.829	96.450			
25	.228	.736	97.186			
26	.197	.635	97.820			
27	.183	.591	98.411			
28	.163	.525	98.936			
29	.139	.447	99.384			
30	.099	.318	99.702			
31	.092	.298	100.000			

Note: Extraction Method: Principal Axis Factoring.

As the Ways of Coping – Sri Lanka [WOCSL] is based on an established theoretical framework, and a widely used existing scale, a decision was made to examine closely the theoretical and the conceptual components of the original scale's factor structure and its factor loadings, i.e. the factor structure of the revised ways of coping checklist. This was in order to help identify the number of factors which constitutes a clear factor structure for the WOCSL scale developed in this study.

For the two factor solution, a Varimax with Kaiser Normalization rotation method was used to extract the rotated factor matrix and its factor loadings. For this study, items which loaded above .30 (De Vaus, 2002) on a given factor were retained for all factor solutions. The rotated factor matrix loadings yielded high factor loadings, but on closer examination, the two factor solution was deemed theoretically and conceptually unclear.

For example, while second factor items could all be identified as clear social and emotion-focused forms of coping, the first factor items were not conceptually clear. The first factor had items that predominantly fitted into the category of problem-focused coping, such as “made a plan of action and followed it” or “I concentrated on what I had to next” but also had many items that did not fit into this category. Items such as item 21 “I tried to keep my feelings to myself”. Other items fitted into an avoidance coping category (such as items 22, 25, 29, 30, and 31 of the scale) with aspects of self-blame (items 30 and 31). Therefore, as the two factor solution did not result in conceptually clear factors, analysis continued in order to achieve a clearer factor solution for the developed coping scale.

Next, a three factor solution was analysed which was retained as the most suitable factor structure for the final coping scale. For conceptual completeness, I will first discuss the reasons for elimination of the four factor solution. The four factor structure was assessed for

its suitability as the factor solution for the developed coping scale. This factor structure accounted for 38% of the total variance explained. For the four factor solution, rotated factor matrix was carried out using Varimax with Kaiser Normalization rotation method which converged in 6 iterations.

The four factor solution yielded three, clear, high loading factors which could be identified as problem-focused coping, social and emotion-focused coping, and avoidance coping. On closer examination, the fourth factor loadings were deemed to be conceptually unclear. For example, several items of the fourth factor fitted into the existing first three categories; problem focused coping, social and emotion-focused coping and avoidance coping. To elaborate, item 19 “I let my feelings out somehow” fitted into social emotion-focused coping, while item 20 “took a chance and did something risky to change the situation” fitted into problem-focused coping, and item 30 “I criticised myself” fitted into the avoidance coping (self-blame) category. Therefore, the four factor solution was seen as not adding conceptual clarity to the three factor solution, and as such, was not the best factor structure for the scale.

Therefore, the three factor solution was chosen as the most the coherent factor solution for the WOCSL (as shown in Table 2) yielding the most conceptually and theoretically interpretable factors which are empirically sound.

Table 2-Items and factor loadings of the Rotated Factor Matrix for the WOCSL

Item	Factor		
	1	2	3
16- Stood my ground and fought to protect myself and my loved ones	.752		
2- Made a plan of action and followed it	.662		
14- I changed something about myself	.591		
5- Drew on my past experiences; I was in a similar situation before	.580		
6- Came up with couple of different solutions to the problem	.553		
15- Rediscovered what is important in life	.549		
23- I went over in my mind what I would say or do	.539		
1- I concentrated on what I had to do next	.535		
4- Changed something so things would turn out right	.499		
3- I knew what had to be done	.446		
7- Talked to someone to find out how to change the situation		.771	
11- Talked to someone about how I was feeling		.765	
9- Talked to someone who could do something concrete about the problem		.727	
10- I asked a relative or a friend I respected for advice		.677	
12- Accepted sympathy and understanding from someone		.601	
8- I sought information and resources (police, Legal, crisis centre, hospital)		.525	
19- I let my feeling out somehow		.414	
18- I expressed my anger to the person(s) who caused the problem		.389	
29- Refused to believe that it had happened.			.734
25- Went on as if nothing happened			.470
28- Avoided being with people in general			.467
31- I apologised or did something to make up, I did but not now			.450
30- Criticised myself			.436
22- Kept others from knowing how bad things were			.410
24- I thought about how a person I would admire would handle the situation and used that as a model			.398
26- Went along with fate; I have bad luck			.340
21- I tried to keep my feelings to myself			.333

Note: Extraction method: Principal Axis factoring. Rotation method: Varimax with Kaiser Normalization. Rotation converged in 5 iterations.

The Three Factor Solution

For the three factor solution, the rotated factor matrix was carried out using Varimax with Kaiser Normalization rotation method which converged in 5 iterations. The three factor solution accounted for 32% of the total variance. It yielded the clearest and most interpretable results in terms of producing three empirically, conceptually and theoretically coherent factors. The items which loaded on each of the three factors had very clear conceptual commonality regarding two of the factors and relatively clear conceptual commonality regarding the third factor. On closer examination, each of the 3 factors was seen to measure unique and distinct forms of coping.

The three factors were identified as:

- (1) problem-focused coping (woc1)
- (2) social and emotion-focused coping (woc2)
- (3) avoidant coping (woc3)

The first factor (woc1) problem-focused coping, assesses a wide range of cognitive and behavioural methods of coping and was made up of 10 items. It accounted for 12.66% of the total variance after rotation. This factor included cognitive methods of problem solving, such as “I concentrated on what I had to do next”, “drew on my past experiences, “I was in a similar position before” and behavioural methods, such as “changed something so things would turn out right”, “stood my ground and fought to protect myself and my loved ones”.

This factor had items that fitted into the confrontative coping, planful problem-solving and positive reappraisal scales, of the community sample study (Folkman, Lazarus, Dunkel-Schetter, DeLongis, & Gruen, 1986). For example, items such as, “I changed something about myself” and “rediscovered what is important in life” of the developed coping scale (the

problem-focused coping factor) fitted into the category of positive reappraisal according to Lazarus et al (1986) factor analysis solution.

The second factor (woc2), social and emotion-focused coping had eight items which loaded on it and accounted for 11.98% of the total variance. The second factor measures both social support seeking and accessing emotional support. For example, social support items included: “talked to someone to find out how to change the situation”, “I asked a relative or friend I respect for advice” and “I sought information and resources (such as police, legal, crisis centre, hospital)” Emotion-focused items included: “I let my feelings out somehow” and “I expressed my anger to the person(s) who caused the problem”. It is important to note that seeking social support items also reflect emotion-focused form of coping. So, the second factor consists of items which reflect social and emotion-focused forms of coping.

The third factor (woc3), the avoidant coping factor had nine items which loaded onto it, accounting for a small but relevant amount of variance - 7.6% of the total variance. Item 31 was retained as loading on the avoidant coping factor where it loaded marginally higher than it did on both avoidant and problem-focused coping. The avoidant coping factor was less conceptually clear than the other two factors, which had very conceptually clear factors. The avoidant coping factor had both avoidant forms of coping as well as self-blame as a form of coping. For example, item 30 “Criticised myself” or item 31 “I apologised or did something to make up” fitted into self-blame category, while other items in the third factor fitted clearly into avoidant form of coping, such as “went on as if nothing happened”, “I tried to keep my feeling to myself” or “kept others from knowing how bad things were”. The only item of the avoidant coping factor that did not fit conceptually was item 24. This item, “I thought about how a person I would admire would handle the situation and used that as a model”, was kept as part of the avoidant coping factor after much deliberation with both my doctoral supervisor

and Dr Alan Taylor, a senior statistician and methodologist in the Psychology department. The decision for this was based on statistical grounds of the item loading only on the avoidance factor.

Four items, items 13, 17, 20, and 27 were eliminated from the three factor rotated matrix, as these items did not load on any given factor. Item 13, had additional problems of multiple interpretations in translation into Sinhalese, as “sought professional help” was interpreted by some participants to mean only access of psychiatric services as opposed to other mental health services (such as psychological services) as well. This problematic aspect of the item was discovered only while administering the questionnaire. This explicated the need to make clear the type of professional services as opposed to having general wordings in future administering of the scale or to completely eliminate the item. Complete elimination is seen to be psychometrically and conceptually sound (particularly for Sri Lankan populations) as another item of the developed scale, item 8 “I sought information and resources (such as police, legal, crisis centre, hospital)” reflects this category of coping adequately.

Reliability analysis of Ways of Coping – Sri Lanka WOCSL scale

Cronbach’s alpha values were computed for each of the three subscales of the WOCSL and reliability scores above .65 (Nunnally, 1978) were taken as significant indicators of reliability. Based on this, the three factor solution yielded high internal consistency coefficient reliability scores mainly for problem-focused and social and emotion-focused coping. The reliability scores are shown in Table 3 with its scale statistics described in Table 4.

Table 3- The WOCSL reliability values

Subscale	Cronbach's Alpha
Problem-focused coping (woc1)	.814
Social and emotion-focused coping (woc2)	.823
Avoidance coping (woc3)	.68

The problem-focused and social and emotion-focused coping subscales have very good reliability with high internal consistency coefficient values of .81 and .82 respectively. The internal consistency reliability value for avoidant subscale is not as high, but adequate, when compared to the previous studies alpha values using the revised ways of coping checklist. The community sample study using the revised ways of coping checklist (Folkman et al, 1986) resulted in reliability alpha values which were lower (ranging between .61 and .79) than the present study's internal consistency reliability values. Therefore, the WOCSL showed very good internal reliability. Table 4 shows the reliability scale statistics.

Table 4- Scale statistics for the WOCSL scale's reliability analysis

Subscale	Mean	Variance	Std. deviation	No of items
Woc1	21.07	39.25	6.265	11
Woc2	15.51	28.62	5.350	8
Woc3	13.31	26.54	5.152	9

2. Support Systems Questionnaire

The Support Systems questionnaire is an 11-item instrument consisting of both open-ended and closed questions. Except for item one, which measures availability and adequacy of family, friend and other support and takes a closed question format, the rest of the questionnaire is open-ended and as such could not be psychometrically analysed.

Psychometric assessment was conducted for item one's support systems scale, which was developed based on the interview schedule for social interaction (ISSI).

The present study's support systems scale consists of three subscales

- 1) Adequacy of family as support systems (adequacy of family as S.S.)
- 2) Adequacy of friend as support systems (adequacy of friend as S.S.)
- 3) Adequacy of other as support systems (adequacy of other as S.S.)

For the Support systems scale could not be factor analysed because the scale lacked several items measuring the same aspect of the support system construct as in the coping scale (as presented above). Therefore, for the support systems scale, as part of psychometric assessment, only reliability was assessed by examining the sub-scales' internal consistency reliability coefficient.

Reliability analysis of the Support System scale

Cronbach's alpha values were computed for each of the three subscales of the support scale as indicated in Table 5 with its descriptive statistics described in Table 6.

Table 5- The Adequacy of Support System scale's reliability values

Subscale	Cronbach's Alpha
Adequacy of family	.972
Adequacy of friend	.965
Adequacy of other	.968

All three subscales of the support systems scale yielded very high internal consistency coefficient reliability scores of .97 for adequacy of family, friend and other support systems.

Table 6 shows the scale's descriptive statistics for the support system scale's reliability values.

Table 6- Scale statistics for the support systems scale's reliability analysis

Subscale	Mean	Variance	Std. deviation	No of items
Adequacy of family	14.26	54.98	7.415	7
Adequacy of friend	11.38	54.02	7.350	7
Adequacy of other.	12.18	52.80	7.267	7

3. Partner Violence (PV) Questionnaire

The Partner violence assessment questionnaire is a 5-item open-ended questionnaire which measures the type, frequency, severity, duration and consequences of PV. The open question format of the questionnaire is suitable for the present study for eliciting in-depth information regarding the PV experienced. It is culturally appropriate as a measurement instrument, but was not suitable to be subjected to psychometric evaluation.

Validity measures for the developed instruments

For the questionnaires developed as part of this study, neither criterion validity, nor construct validity could be established. The convergent and divergent (discriminant) validity, which, taken together, can contribute to the establishing of construct validity, could not be attempted for the developed questionnaires. This was because of lack of availability of other instruments that tested similar constructs in the Sri Lankan (or other South Asian) culture(s). As the first psychological study in Sri Lanka to assess the constructs of PV, coping and support systems, the present study could not access established instruments since none exist. This shows the large gap that exists in assessment methods for this culture and the region.

Content validity addresses “the assessment of validity based whether the measure of the concept covers the concept’s full meaning” (De vous, 2002, p.357). It involves a thorough examination of the subject domain. Content validity is established by using a panel of experts in the field to review the scale items and its specifications, and by a review of the literature. For the present study two separate expert panels were employed to assess the validity of the developed questionnaires.

The questionnaires used in the present study are thought to have ecological validity as the study was conducted in a social ‘real life’ field setting. This is based on the notion that ecological validity is a measurement of whether results can be applied to real life situations. Constructs for the study were chosen based on my extensive clinical and cultural experience and knowledge of the suitability of the tools as appropriate methods for examining the constructs of the study.

In summary, the psychometric assessment of the coping and support systems questionnaires, showed the appropriateness of the two questionnaires for measuring the constructs of coping strategies and support systems. The WOCSL yielded a coherent three factor solution with all three subscales showing high internal consistency reliability. The Support System questionnaires had three subscales which also yielded very high internal consistency reliability. Hence, the psychometric assessment demonstrates the preliminary successful development of instruments which appear to reliably measure the constructs of coping and support systems of women subjected to PV in Sri Lanka.

Quantitative analysis of the results

1. Descriptive statistics

1.1 Means and standard deviations of the coping and support scales

Table 1 below shows the descriptive statistics (means and standard deviations) of the measured variables, the coping scale and the support systems scale. Overall coping outlined in Table 1, is a summation of a woman's overall coping which includes the subscales of problem-focussed coping [woc1], social and emotion-focussed coping [woc2] and avoidant coping [woc3] as component measures of coping.

Table 1-Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Social Support					
Adequacy of friend	56	.00	21.00	11.36	7.35
Adequacy of family	62	.00	21.00	14.26	7.41
Adequacy of other	56	.00	21.00	12.18	7.27
Coping					
Problem-focussed	75	3.00	30.00	19.25	5.76
Socio-emotional	77	2.00	24.00	15.51	5.35
Avoidant	75	2.00	27.00	13.31	5.15
Overall Coping	69	19.00	81.00	48.04	11.57

1.2 Descriptive statistics of the demographic variables

The women involved in this study were 84 Sri Lankan women subjected to partner violence (who had either faced PV in the past or were currently facing abuse), who accessed any of the five chosen regional crisis centres and/or hospital desks. Overall assessment of the demographics of the sample showed a relatively heterogeneous representation, which

adequately, reflected the varied status of Sri Lankan women's PV experience and their help-seeking behaviours to resolve PV.

In regards to regional representation, 33% of the participants were from the western province, while 24%, 14%, and 16% from the southern, central and north central provinces of the country, respectively. The smaller numbers for the latter provinces were mainly due to the ongoing war which made access to some provinces difficult for the data collection. The majority of the participants (85%) belonged to the main ethnic group, Sinhalese, while 6%, 4% and 5% represented the Tamil, Muslim (refers to ethnic Moors and Malays), and Burgher population respectively. As for the regional representation, the main reason for this disproportionate representation regarding ethnicity was the inaccessibility of ethnic minority groups, and reduced access by these groups in regards to seeking services for PV, due to the prolonged war situation in the country (the data collection was conducted prior to the May 2009 cessation of the war).

Regarding age representation, 86% of the women were between the ages of 21-45, of which 25% were between the ages of 30-35. Regarding relationship status, 50% of the women were married to the perpetrator, while 41% were either temporarily or permanently separated from the perpetrator. These were mainly women who had temporarily left the relationship because of safety issues (mostly to seek accommodation with informal support systems or to access the WIN shelter). Most of this population was actively trying to resolve issues relating to PV. Of the sample, 48% had two children and only 2.4% had more than three children.

The majority of the sample had completed secondary education, with 45% completing ordinary level education (completion of grade 10), while 23% had completed advanced level education (finished secondary education, completion of grade 12). The sample had 8% and

2% of women who had completed tertiary education and PhD qualifications respectively. Although the sample was educated, a disturbing 48% was unemployed. Of the employed women, 18% were employed in lower level jobs such as casual work, labour work, and factory work, while only 5% were in middle level government work (culturally seen as stable employment and is relatively well paid). The sample included a small representation of professional women, including, academics, business-women, medical, financial and other professionals.

In regards to the duration of PV, 27% had faced PV for 10-15 years while 24% had faced PV for five to nine years and 14% had faced PV for longer than 15 years; altogether, 66% of the sample had faced long-term PV. The abuse of substances by the perpetrator is perceived by Sri Lankans as one of the main causes for PV. The present study showed that 50% of the sample faced PV after the perpetrator abused substances. Although this is a high percentage, this finding does not allow one to attribute the cause of PV to a single influence, such as a perpetrator's substance abuse.

1.3 Descriptive statistics of the PV variables

Table 2 and 3 presents the attributes of partner violence reflecting the varied types and the severity of the PV faced by the sample. As shown in the Table 2, the results indicate the serious and pervasive nature of physical abuse. For example, there is a marked and high level of use of weapons in physical abuse and a high percentage of homicidal attempts. These indicators reflect the magnitude of the PV issue and the severe threat to women's physical safety.

Table 2- Results for physical abuse and its severity

Type of Partner Violence	Percentage (%)
Physical abuse- <i>including</i> :	96.4
Hitting	96.4
Kicking	41
Use of weapons	66
Head bashing	56
Strangling	26
Breaking body parts	52
Homicidal attempts on woman's life	43

As shown in Tables 2 and 3, the findings show that the PV the Sri Lankan help-seeking women are subjected to include severe and insidious forms of abuse. This includes relationship rape (mainly marital rape). This study (unlike most other studies in the Asian or South Asian region) measured isolation, restriction of movement, and financial abuse or deprivation, as valid and important forms of PV that need to be examined. As the results show, the perpetrator actively engaged in controlling and abusing the female partner by isolating her and financially depriving her in numerous ways. An important point to note from the findings is that these various forms of abuse include detailed efforts to control the women and their children. Thus the abuse tallied here includes direct or indirect impingement on the children, as well as the female partner targeted by the perpetrator.

In addition to the forms of abuse for which frequencies are presented in Table 2 and 3, 37% of women were stalked while still in the relationship or when separated from the perpetrator. Regarding the effects of PV to the woman's support systems, 79% of the women's family and friends were verbally and emotionally abused as part of the PV, while 29% were physically abused, and 8% faced homicidal attempts from the perpetrator. Twelve percent of the women had their property destroyed. Five percent endured having the houses in which the women and their children lived burnt as part PV.

Table 3- Results of other forms of PV and its severity

Type of PV	Percentage (%)
Sexual abuse	68
Verbal abuse: including	99
a) Scolding	98
b) Cursing	66
c) Perpetrator's family and friends insulting the woman	96
d) Scolding loudly as for others to hear	55
e) Verbal abuse to her family and friends	77
f) Accused of infidelity	69
Emotional abuse: including	100
a) Finding faults	91
b) Controlling	91
c) Shaming	88
Negligence: including	99
a) Starving the woman and the children	37
b) Neglected when sick (both the woman and the children)	76
c) Abandoned by the perpetrator	37
Isolation: including	91
a) Not allowed to attend social functions	74
b) Isolated from her family and friends	83
c) Not allowed to go out if the house	36
d) Perpetrator decided woman's movements	81
Financial Abuse: including a) Not allowed to handle finances	83
b) Had to account for all finances	70
Not allowed to work	45

Regarding effects on the children, it is important to state that, although the present research did not focus on examining child abuse or the consequences of PV for children, the results indicated the pervasive nature, severity and the impact of PV on the children. For example, the results indicated that 85% of the children of the participants faced all forms of child abuse from the perpetrator, who, in the majority of the cases, was the biological father. The types of child abuse included verbal, physical, emotional and sexual abuse. Regarding negligence, 81% of the children were neglected as part of the woman's PV experience. These findings reflect the complexity of PV and the manner in which children are directly or indirectly used as a weapon to hurt the female partner. These techniques are thereby employed by the perpetrator as an additional powerful form of abuse towards the female partner. These

findings indicate that the pervasive nature of the perpetrator's manipulation, control, and extensive violence is complicated by the direct or indirect harm caused to the children, which may exacerbate the woman's trauma and the issues related to overcoming the PV experience.

1.4 Consequences of PV

Table 4 - Physical consequences of PV

Physical consequences of PV	Percentage (%)
Bruises	93
Injuries	83
Numbness and nerve problems	42
Fatigue	81
Pain	79
Head and face injuries	56
Broken limbs	44
Developed lung problems (e.g. Asthma)	11
Developed heart problems (e.g. pressure problems or/and heart attacks)	8
Faced surgery due to PV injuries	7

As Table 4 shows, there are serious and often long-term consequences of facing PV for the sample studied. The physical consequences and their complications and long-term impact for the participants are reflected by the severity of each indicator as well as the types of long-term illnesses faced, such as, heart and lung problems as well as broken limbs and injuries.

Table 5- Psychological consequences of PV

Psychological consequences of PV	Percentage (%)
Sadness	98
Regret	79
Shame	73
Anger	67
Helplessness	74
Suicidal attempts or/and active suicidal ideations	58
Decreased concentration and motivation	64
Withdrawal	35

Table 5 lists the psychological consequences of PV. In terms of personal belittling, it is important to note that 88% of the sample did not self-blame, while 57% did not have low self-worth because of PV, and 82% did not feel guilty regarding the PV she faced or had faced. The women do not take causal or moral responsibility for PV. These results indicate resilience and an absence of self-blaming for the PV caused by another - the perpetrator. However, behavioural results contradict this notion of self-preservation and resilience as there is a high incidence of suicidal behaviours (which is a direct example of lack of self-preservation). The other consequences assessed indicate that 73% had difficulty engaging in daily chores because of the abuse, while 55% had difficulty eating and 67% had difficulty sleeping because of the PV faced or currently facing. Regarding the present status of abuse, 48% still faced ongoing abuse, while 30% faced reduced PV, and 23% at present did not face PV at the time of the study.

1.5 Descriptive statistics of the support systems variables

The results indicated that 92% of the sample had an informal support system which consisted of one or more person(s) that helped her deal with the PV. Sixty percent of the sample had 'mother' as the informal support person, while 56% had a friend, and 26% had a sister as the informal support system. For an alarming 21% of the sample, children were the only source of informal support, which reflects the substantial burden placed on the children, regarding

support giving. Also 14% of the sample had derived support from their work place, with either peers or seniors providing informal support.

Regarding the formal support systems, 56% did not find police supportive in resolving PV, and 21% and 17% did not find the court system or court-appointed family counsellors to be supportive. Ninety-eight percent of the sample found Women in Need (WIN) to be supportive, while 26% found other organizations (state or Non Government Organisations [NGOs]) to be supportive in attempting to end PV. Of the types of formal support accessed the sample rated as the most constructive: emotional support (94), access to counselling (99%), and legal support (71). Also viewed as helpful were problem-solving skills learned while accessing counselling services (such as from WIN counselling). These were rated successful by 92% of the sample and were perceived as a constructive form of formal support.

Regarding continuity of support seeking, 57% stated that they needed more people from both the formal and informal systems, to support them at present and in the future in order to work towards overcoming PV. Seventy-seven percent of the sample needed more support from the existing support systems, either informal or formal, to overcome PV. These findings reflect the complex nature of PV and that attempting to end it is an ongoing process.

2. Correlation coefficient analysis

Correlation coefficient analysis was conducted for coping strategies, support systems, partner violence, and demographic variables, in order to determine whether relationships existed among these variables. Inter-correlations were also assessed for each of the three subscales of coping and support systems to determine the relationships among these three subscales in coping and support systems.

For this study, significance values (p values) taken were as follows:

- 1) For $p < .10$ = the measured relationship was taken to indicate a significant trend.
- 2) For $p < .05$ = the measured relationship was taken as significant and the association likely to hold in the population
- 3) For $p < .01$ = the measured relationship was taken as highly significant and the association very likely to hold in the population

The rationale for using significance value of $p < .10$ as a significant trend was to reduce the likelihood of Type II error, given the relatively small sample and the exploratory nature of the study. Also, the nature of the subject of the present study was felt to support the use of this significance level. For example, because the study is a social research conducted in applied field setting involving a difficult trauma population of help-seeking women subjected to PV who elicited complex needs and issues relating to overcoming PV, a decision was made regarding including the significance level of $p < .10$, as indicating a significant trend worthy of mention.

2.1 Inter-correlations and correlations for coping and support systems scales and subscales

Table 6 presents the inter-correlations among both coping and support systems sub-scales and the correlations between coping and support systems scales. In regards to inter-correlations of the coping scale, as shown below, the social-emotion focussed coping (woc2) is slightly positively correlated with problem-focussed coping (woc1), and the relationship is likely to hold in the population. Problem-focused coping (woc1) is also slightly positively correlated with avoidant coping (woc3), with the association likely to hold in the population. These findings indicate that women tend to use variety of coping strategies for overcoming PV, and

that, women who use problem solving coping are also likely to access social and emotion coping and avoidant coping as other forms of coping strategies for attempting to end PV.

Regarding inter-correlations of the support systems scale, having a friend as an adequate Social Support [S.S.] correlated moderately positively with adequacy of other as S.S. ($r = .41$), and the association is very likely to hold in the population. The results failed to indicate a significant relationship between adequacy of family and adequacy of friend as S.S., and adequacy of family as S.S with adequacy of other as S.S. These findings indicate that for women who are subjected to PV, having adequate support from a friend is helpful regarding accessing other (formal) support systems, and in perceiving the other support as adequate. As such, adequate support from a friend is indicated to be effective and sufficient for help-seeking Sri Lankan women in regards to perceiving formal (other) support as adequate for overcoming the complex issues related to PV.

Table 6 - Inter-correlations for coping and support systems sub-scales and correlations between coping and support systems scales

Sub scale	1	2	3	4	5	6	7
Coping							
1. Problem-solving Coping	-						
2. Social-emotional Coping	.28**	-					
3. Avoidant Coping	.28**	.14	-				
4. Overall Coping	.77***	.66***	.66***	-			
Social support							
5. Adequacy of friend	.27*	.39***	.20	.41***	-		
6. Adequacy of family	.30**	.26**	.09	.30**	.17	-	
7. Adequacy of other	.17	.35***	.13	.30**	.41***	.20	-

Note: * $p < .10$, ** $p < .05$, *** $p < .01$

Regarding other relationships found between coping and support systems, the results reveal the following associations:

1) The degree to which friend is seen as an adequate social support is slightly positively correlated with problem-focused coping (woc1).

2) The degree to which friend is seen as an adequate social support is moderately positively correlated ($r = .39$) with social and emotional coping (woc2), with the association very likely to hold in the population.

3) The degree to which friend is seen as an adequate social support did not have a significant relationship with avoidant coping, but did have a positive and moderate correlation with overall coping (woctot), with the association very likely to be held in the population. Therefore, for women subjected to PV, having a friend one views as adequately supportive in one's support system is helpful. It is linked with women engaging in active forms of coping such as problem solving and seeking emotional and social support. The results also indicated that this form of support increases the women's overall coping in regards to attempting to end PV.

4) The rated adequacy of family as S.S. correlated moderately positively with problem-focused coping ($r = .30$), and the association is likely to hold in the population.

5) The rated adequacy of family as S.S. correlated slightly positively with social and emotion coping, with the association is likely to hold in the population.

6) The rated adequacy of family as S.S. correlated moderately positively with overall coping (woctot), and the association is likely to hold in the population. These findings suggest that

for help-seeking Sri Lankan women subjected to PV, having adequate support from family is helpful in regards to overall coping in general, and in particular for engaging in coping strategies such as, problem solving and seeking social and emotional support to end PV.

7) Adequacy of other as S.S. correlated positively and moderately with social and emotion coping, with the association very likely to hold in the population. This finding suggests that for help-seeking Sri Lankan women subjected to PV seeking social support and emotional coping, is linked with rating other support systems (formal S.S.) as more adequately supportive in attempting to end PV.

8) The degree to which the other forms of support were rated as adequate as S.S. correlated positively and moderately with overall coping (woctot), and the association is likely to hold in the population. These findings demonstrate having a variety of overall coping strategies, including seeking social support, helps women to find other as adequate S.S. for ending PV.

Overall, these findings illustrate that Sri Lankan women are subjected to PV who seek help tend to use a variety of coping strategies, access a variety of support systems, and use both these personal and social resources to work towards ending PV. The results demonstrate that women tend to use multiple methods of coping such as seeking social support, seeking emotional support, problem-solving and using an avoidant form of coping. In order to end PV, they also access a variety of support systems, both formal (here termed 'other' S.S.) or informal (friend and family). Some of the findings of the study have relatively strong correlations between support types and coping types. For example, there is a tendency for a moderate correlation between the rated adequacy of both friend ($r = .39$) and of other ($r = .35$) as S.S. to be linked with a woman rating herself as accessing social and emotion-focused coping. These results illustrate that there is a link between the use of social and emotion

coping methods, and women's increased likelihood of finding other's support (formal support) and friend's support (one type of informal support) as adequate forms of social support for dealing with PV.

2.2 Correlation coefficient analysis for associations between support systems scale and PV variables

As presented below in Table 7, adequacy of family as S.S. correlated negatively and moderately with severe physical abuse and the association is likely to hold in the population. This finding demonstrated that increase in severity of physical abuse is associated with decrease in adequacy of family as S.S. for overcoming PV. Regarding sexual abuse as a form of PV, results illustrated that adequacy of other as S.S. is positively and moderately correlated with sexual abuse incidence. This result suggests that help-seeking Sri Lankan women who are subjected to PV are likely to access other as support systems for sexual abuse.

Regarding shame, adequacy of family as a S.S. correlated slightly negatively with shame abuse. Shame abuse is widely used as a culturally significant, crippling form of emotional abuse that perpetrators resort to, as a form of PV. This result indicates that being subjected to shame is linked with women perceiving their family as inadequate for providing support to deal with PV.

Adequacy of other as S.S. is negatively moderately correlated with shame abuse and the association is likely to hold in the population. This finding suggests that when faced with shaming, the women are less likely to access other (formal systems) for support, and as such, are less likely to find other SS as adequate for resolving PV.

Adequacy of other as S.S. is slightly positively correlated with the reporting of the use of control as a form of PV endured, while it also correlated slightly positively with isolation as a form of PV. Regarding verbal abuse (scolding taken as the most common form of verbal abuse) however, the results did not indicate a significant relationship for adequacy of friend, family, or other; friends are not seen as being able to help in this instance.

Table 7- Correlations between support systems and PV variables

Variable	1	2	3	4	5	6	7	8	9
1. Adeq. of Friend. SS	-								
2. Adeq. of family. SS	.17	-							
3. Adeq. of other. SS	.41***	.20	-						
4. Physical abuse (severe)	-.02	-.35**	-.01	-					
5. Sexual abuse	.05	.13	.33**	-.06	-				
6. Shame (emotional abuse)	-.15	-.28*	-.41**	.52***	-.53***	-			
7. Control (emotional abuse)	.02	.18	.26*	-.38***	.16	-.61***	-		
8. Isolation	-.05	.06	.26*	-.23	.12	-.50***	.69***	-	
9. Scolding (verbal abuse)	.75	.18	.06	-.26*	.21**	-.59***	.24**	.22**	-

Note: *p < .10, **p < .05, ***p < .01

Correlation coefficient analysis demonstrated other associations between support systems and PV variables (other than the associations presented in Table 7). For example, adequacy of other as S.S. correlated with stalking ($r = .38$, $p < .05$), being accused of infidelity ($r = .41$, $p < .01$), lack of independence over finances ($r = .41$, $p < .01$), and having to account for finances ($r = .25$, $p < .10$), the latter two being forms of financial abuse. These findings demonstrate that women who are accused of infidelity (a form of verbal abuse), who face stalking, and

financial abuse are more likely to access formal support systems and also perceive them to be more adequate in terms of providing support to deal with PV.

Overall, the results suggest that the rated adequacy of formal support systems have a significant positive relationship with sexual abuse, control, isolation, stalking, being accused of infidelity, and several forms financial abuse. However, the rated adequacy of formal support systems correlates negatively with the incidence of shaming as a form of abuse. The rated adequacy of formal support systems is suggested as a crucial help provider in regards to ending some forms of PV. The results however, failed to indicate a relationship between facing severe physical abuse and adequacy of other as S.S. a finding that is contrary to the trends observed in Sri Lankan help-seeking settings. However, as expected, adequacy of family as S.S. correlated negatively and moderately with presence of severe physical abuse.

The rated adequacy of family as a support system correlated positively moderately with not being allowed to work, a form of financial abuse ($r = .35, p < .01$) and correlated strongly positively with verbal and emotional abuse to women's family and/or friends ($r = .52, p < .01$). The first of these findings indicate that women who are not allowed to work, resort to family for support. The second result indicated that the women whose family and friends are verbally and emotionally abused tended to still seek support from these informal support systems, who are subjected to some forms of abuse themselves from the perpetrator.

Regarding psychological consequences of PV, adequacy of family as S.S. correlated slightly negatively with self-blame ($r = -.23, p < .10$) and with low self esteem ($r = -.23, p < .10$). The rated adequacy of formal support systems is correlated slightly positively with low self-worth. The first result suggests that, women blaming themselves for the PV (and who had low self esteem) rate as less adequate their family support in helping them to overcome the PV. The

second result indicated an unusual trend that, women who have low self-worth tend to rate formal support as more adequate for dealing with PV. The family may not be a refuge for such women.

2.3 Correlation coefficient analysis for associations between support systems scale and demographic variables

Assessment of the relationship between support systems and demographic variables demonstrated only a few significant correlations. For example, adequacy of other as S.S. correlated slightly positively with work ($r = .25$, $p < .10$), and adequacy of friend correlated slightly positively with duration of PV ($r = .24$, $p < .10$). The first finding may suggest that women who are employed are more likely to be able to access other (formal) support and may therefore rate such support as more adequate. The second finding suggests that women who face longer duration of PV find support from friends as more adequate for helping to deal with PV than those who experience a shorter duration of PV. The results did not show any significant relationships between support systems and any of the other demographic variables.

2.4 Correlation coefficient analysis for associations between coping scale and PV variables

As presented below in Table 8, social and emotional coping (woc2) correlated slightly positively with scolding, a form of verbal abuse, and the association is likely to hold in the population. Social and emotional coping (woc2) was also correlated slightly negatively with severe physical abuse and correlated moderately positively with physical abuse with weapons and the latter is likely to hold in the population. Therefore, the results demonstrated that women resorted to social and emotional coping (woc2) when verbally abused and when physically abused with weapons. The results also indicated that severe physical abuse is associated with decreased access of social support and emotional coping strategies. Hence,

with more severe the physical abuse there is less likelihood of women accessing social and emotional support.

Since there are a large number of correlations many may be significant due to chance alone. However, Bonferroni correlation is optimal for correlational data. Given the exploratory nature of the data, correction for type I error is not attempted here.

Table 8- Correlations between coping and PV variables

Variables	1	2	3	4	5	6	7
1.Problem-focussed coping	-						
2.Socio-emotional coping	.28**	-					
3. Avoidant coping	.28**	.14	-				
4. Overall Coping	.77***	.66***	.66***	-			
5.Scolding	-.18	.28**	.06	-.01	-		
6.Severe physical abuse	-.13	-.28*	.05	-.17	-.26	-	
7.Weapons involved in abuse	.11	.30**	.05	.20	.27**	-.80***	-

Note: *p <.10, **p <.05, ***p <.01

As presented in Table 9, social and emotional coping (woc2) correlated moderately negatively with shame abuse (shaming) with the association likely to hold in the population. Therefore, increase in shame abuse is linked with a decreased access of social and emotion coping. Both shame abuse and severe physical abuse act as deterrents to help-seeking and are linked with decreased accessing of social support and of emotional coping strategies for attempting to end PV.

Social and emotional coping (woc2) also correlated slightly positively with being accused of infidelity (a type of verbal abuse women face frequently in the Sri Lankan context), and correlated moderately positively with isolation, with the latter association, very likely to hold in the population.

Table 9- Correlations between coping and PV variables

variables	1	2	3	4	5	6	7
1.Problem-focused coping	-						
2. Social & emotional coping	.28**	-					
3.Avoidant coping	.28**	.14	-				
4.Overall coping	.77***	.66***	.66***	-			
5.shame	.14	-.37**	-.18	-.11	-		
6.infidelity	-.01	.21*	.08	.11	-.80***	-	
7.isolation	-.01	.30***	.05	.12	-.50***	.34***	-

Note: *p <.10, **p <.05, ***p <.01

As presented in Table 10, social and emotional coping (woc2) is moderately positively correlated with finding fault (a form of verbal abuse), with the association very likely to hold in the population.

Regarding physical abuse for finances (facing abuse physical abuse when refusing to hand over her finances- a form of financial abuse), social and emotional coping (woc2) correlated moderately positively with this form of financial abuse, while avoidant coping (woc3), also correlated moderately positively with receiving physical abuse for not handing over her own finances to the perpetrator. Overall coping (woctot) also correlated moderately positively with receiving physical abuse for not handing over her finances, with the latter two associations

likely to hold in the population. These findings suggest that, women, when faced with this form of abuse, tend to use several coping strategies to deal with the abuse, such as resorting to social and emotional coping and using avoidant coping strategies.

Table 10- Correlations between coping and PV variables

variables	1	2	3	4	5	6	7	8
1.Problem-focused coping	-							
2. Socio-emotional coping	.28**	-						
3.Avoidant coping	.28**	.14	-					
4.Overall coping	.77***	.66***	.66***	-				
5.finding fault	-.06	.30***	.03	.07	-			
6. Physical abuse for finances	.25	.32*	.40**	.48***	.25	-		
7.Not allowed to visit family/friends	-.16	.04	-.25**	-.23*	.17	.16	-	
8.Family/friends not allowed to come home	-.03	.15	.01	.04	.25*	.22	.61***	-

Note: *p <.10, **p <.05, ***p <.01

Avoidant coping correlated slightly negatively with women not being able to visit family and friends (a form of isolation), with the association likely to hold in the population, while overall coping (woctot) also correlated slightly negatively with women not being able to visit their family and friends. These results indicate that the more women are not allowed to visit their family and friends, the less likely they are to use passive coping, such as avoidant type of coping strategies, to deal with this form of abuse.

Other associations found which are not presented in tables above, are as follows:

1. Use of social and emotional coping correlated slightly positively with women not having their own finances, a form of financial abuse ($r = .21, p < .10$)
2. Social and emotional coping correlated moderately positively with having to account for finances ($r = .39, p < .01$)
3. Social and emotional coping correlated moderately positively with lack of independence over finances ($r = .44, p < .01$)
4. Overall coping (woctot) correlated slightly positively with having to account for finances ($r = .28, p < .05$)
5. Overall coping (woctot) correlated moderately positively with lack of independence over finances ($r = .33, p < .01$)

These findings show that women faced with financial abuse have more active coping strategies, such as, social and emotional coping to deal with this form of abuse. Results also indicate that social and emotional coping correlated slightly positively with child abuse ($r = .25, p < .05$). This result suggests that, women who faced PV, who also had their children abused by the same perpetrator (who in majority of the cases were their biological father), used active forms of coping. These women sought social support and emotional coping methods.

Regarding physical consequences of PV, social and emotional coping correlated slightly positively with a woman's having sustained bruises as a consequence of PV ($r = .28, p < .05$)

and slightly positively with the sustaining of injuries ($r = .29$, $p < .05$). Overall coping (woctot) also correlated slightly positively with injuries ($r = .27$, $p < .05$).

Although not a consequence of PV, but a form of PV, that reflects the severity of physical PV, homicidal attempts to the woman by the perpetrator correlated moderately positively with social and emotional coping ($r = .35$, $p < .01$). It seems that the most severe physical abuse is linked with active coping attempts and it highlights the lack of safety of women and their children. In some cases of the present study, the homicidal attempts were made to both women and the children, without differentiation.

Overall coping (woctot) also correlated moderately positively with homicidal attempts ($r = .31$, $p < .05$). These results indicate that women face severe physical abuse such as homicidal attempts as part of the PV experience and that facing these types of physical abuse leads to active socio-emotional coping process. These findings also indicate that the help-seeking women are active in their attempts to safeguard their own selves and that of their children by various forms of coping, and in particular, in accessing social and emotional forms of coping to resolve the severe physical PV.

Overall, these findings illustrate that Sri Lankan help-seeking women subjected to PV tend to use social and emotional coping frequently as a favoured method of coping in order to overcome the PV. For example, as indicated above when facing verbal, physical, financial, emotional abuse or isolation, help-seeking women tend to access social and emotional coping as a favoured coping strategy to deal with PV.

2.5 Correlation coefficient analysis for associations between coping scale and demographic variables

Assessment of the relationship between coping strategies and demographic variables revealed only a few significant correlations. For example, avoidant coping (woc3) correlated slightly negatively with education ($r = -.25, p < .05$), while both social and emotional coping and problem-focused coping showed no relationship with education as a demographic variable. This result suggests that women who are more educated are less likely to resort to avoidant coping to overcome PV. Education may act as a protective factor shaping the response to attempt to end PV.

Regarding the duration of PV faced, an association was found with both problem-focused coping and avoidance coping. Both forms of coping correlated positively with the duration of PV; Problem-focused coping correlated moderately positively with duration of PV faced ($r = .30, p < .05$), and avoidant coping correlated slightly positively with duration of PV faced ($r = .21, p < .10$). Overall coping (wocotot), also correlated slightly positively with duration of PV faced ($r = .25, p < .05$). These results indicate that, women who face PV for long durations, use variety of strategies and engage in various forms of coping methods, such as problem-solving or more avoidant forms of coping, as well as increase in overall coping, in order to resolve the PV faced for a particular period of time (either long or short durations). These results also indicate that, as women are subjected to longer durations of abuse, are not passive and merely accepting of their complex and difficult situations, but are attempting to cope. This study however, failed to find an association between duration of PV and greater utilisation of social and emotion coping. There is no suggestion that greater use of coping strategies of a socio-emotional or avoidant nature is linked to shorter duration of PV. It seems to be a psycho-social mechanism linked to enduring the violence.

2.6 Correlation coefficient analysis for associations between PV variables

As presented in Table 11, controlling (a form of emotional abuse) correlated very strongly and positively with isolation as a form of PV, with the association very likely to hold in the population. Another important and culturally prevalent type of emotional abuse, shaming, correlated slightly positively with sexual abuse, and moderately positively with both isolation, and controlling, with the latter two correlations very likely to hold in the population. These results reveal a constellation of abuse types - women who are sexually abused, controlled, or isolated are likely to face shaming as a form of PV. The results also demonstrate that women who are controlled are more likely to be isolated from society or from her support systems.

Regarding scolding (a form of verbal abuse), it correlated slightly positively with sexual abuse, isolation, control, with the associations likely to hold in the population. As expected, scolding correlated with shaming which is a form of emotional abuse. These results demonstrate that women who face sexual abuse, isolation and control are also likely to be verbally abused.

Stalking was another form of PV assessed for the present study. This could occur while in the relationship or during permanent or temporary separation. Results suggested that stalking correlated moderately positively with isolation with the association very likely to hold in the population. Stalking also correlated slightly positively with controlling and moderately positively with shaming, and the relationship with shaming is likely to hold in the population. These findings illustrate that women who are emotionally abused, either controlled or shamed, also face stalking, as another type of PV experienced.

As presented in Table 11, severe physical abuse (a constellation of variables taken together to reflect severity of physical abuse) correlated moderately negatively with control. However,

control, a form of emotional abuse, correlated moderately positively with kicking, a type of physical abuse ($r = .32, p < .01$), and moderately positively with physical abuse with weapons ($r = .34, p < .01$). Therefore, the results tend to indicate women facing mixed forms of abuse. The latter two associations indicate that women who are physically abused are also likely to be emotionally abused.

Negative associations were found between severe physical abuse and verbal abuse, and between severe physical abuse and stalking. Severe physical abuse correlated slightly negatively with verbal abuse, and moderately negatively with stalking. According to these findings, increase in severe physical abuse is likely to decrease facing both verbal abuse and stalking. These findings, according to my clinical knowledge, are not reflective of the trends observed in the Sri Lankan help-seeking women's situation.

Table 11-Correlations between types of PV

Type of PV	1	2	3	4	5	6	7
1.sexual abuse	-						
2.isolation	.12	-					
3.control	.16	.69***	-				
4.shaming	.21*	.34***	.34***	-			
5.scolding	.28**	.22**	.24**	.21*	-		
6.stalking	.05	.34***	.23*	.32**	.19	-	
7.severe physical abuse	-.06	-.23	-.38***	-.14	-.26*	-.31*	-

Note: * $p < .10$, ** $p < .05$, *** $p < .01$

Other association not presented in Table 11, are as follows:

1) Shame abuse correlated strongly positively with severe physical abuse ($r = .51$, $p < .01$). Although shaming did not demonstrate a relationship with severe physical abuse, when examined, shame abuse (which included a number of variables that the I felt fitted into the rubric of shaming such as being accused of infidelity, causing shame and character assassination, scolding loudly for others to hear, and accusing her of having affair with her own family member, to name a few). Overall, the shaming and shame abuse results demonstrate that, women who face shaming, as a form of emotional abuse, are likely to be sexually abused, be isolated from woman's support systems and society as a whole, and be controlled. The results also suggest that women who face severe physical abuse are also likely to face types of abuse which can be categorized as shaming, although the results do not provide direct evidence for an association between shaming and severe physical abuse.

2) Lack of independence with finances (a form of financial abuse), correlated slightly positively with use of weapons for physical abuse, a form of physical abuse ($r = .21$, $p < .10$), slightly positively with verbal abuse ($r = .27$, $p < .05$), very strongly positively with controlling ($r = .65$, $p < .01$), slightly positively with shaming ($r = .23$, $p < .05$), moderately positively with being accused of infidelity, a form of verbal abuse ($r = .37$, $p < .01$), slightly positively with stalking ($r = .27$, $p < .05$), and very strongly positively with isolation ($r = .56$, $p < .01$). These findings indicate that, women facing financial abuse are also likely to be facing physical abuse with weapons, verbal abuse, emotional abuse, stalking, and isolation as other forms of PV.

3) Negligence of children (under the category of forms of negligence) correlated moderately positively with shaming ($r = .37$, $p < .01$), moderately positively with being degraded, a form of social and psychological isolation, whereby the woman is degraded in front of others in

order to limit her association with others ($r = .31, p < .01$), and slightly positively with physical abuse to woman's family and/or friends ($r = .29, p < .05$). Being degraded as a form of isolation also correlated slightly positively with shaming ($r = .26, p < .05$), and slightly positively with physical abuse to family and friends ($r = .24, p < .10$). These results demonstrate that shaming tends to be associated with negligence, particularly negligence of children, as well as the likelihood of facing other forms of various PV, as mentioned above. These results also demonstrate that others in the woman's life, such as children, and family and/or friends, are also at risk from various forms of abuse from the perpetrator, as the abuse is extended to others, as a repertoire of the PV experience.

4) Being accused of infidelity (a form of verbal abuse) correlated moderately positively with sexual abuse ($r = .36, p < .01$) and moderately positively with shaming ($r = .31, p < .01$), controlling ($r = .34, p < .01$), and having to account for finances ($r = .38, p < .01$).

5) Accounting for finances, a form of financial abuse, correlated slightly positively with emotional abuse, both shaming ($r = .22, p < .10$), and controlling with which it correlated very strongly positively ($r = .59, p < .01$).

6) Stalking correlated moderately positively with the perpetrator's infidelity ($r = .44, p < .01$), and slightly positively with having to account for finances ($r = .25, p < .10$).

7) Threatening (a form of emotional abuse) correlated moderately positively with the perpetrator's infidelity, a form of verbal abuse ($r = .33, p < .01$), moderately positively with verbal and emotional abuse to family and friends, another form of verbal abuse ($r = .38, p < .01$).

8) Homicidal attempts by perpetrator as a form of PV correlated slightly positively with being accused of infidelity, a form of verbal abuse ($r = .26$, $p < .05$), slightly positively with isolation ($r = .27$, $p < .05$) and shaming ($r = .29$, $p < .05$), and moderately positively with stalking ($r = .32$, $p < .05$). The associations of these other forms of abuse with homicidal attempts demonstrate the severity of PV faced by the help-seeking population, and the likelihood that women who are subjected to verbal and emotional abuse also face other forms of manipulation such as isolation, and stalking as well as serious threats to their own lives.

Regarding consequences of PV, physical abuse correlated moderately negatively with self-blame ($r = -.33$, $p < .01$), slightly negatively with low self-worth ($r = -.22$, $p < .05$). It also correlated moderately positively with injuries ($r = .43$, $p < .01$). The relationship found between physical abuse and injuries, demonstrate that, as predicted, facing physical abuse is likely to lead to injuries as a consequence of PV. These results also indicate that women who are physically abused do not blame self or engage in valuing self as unworthy. This suggests that the perpetrator is not targeting vulnerable women, which illustrates that there is a resilient psychological perspective on the part of the women in the sample. They maintain an intact psychological sense of self as much as possible.

Shaming, as opposed to physical abuse, correlated slightly positively with self-blame ($r = .22$, $p < .05$), but did not have a relationship with low self-worth. Therefore, the results suggest that when facing shaming as a form of emotional abuse, women tend to blame self for the PV, but it is not necessarily linked to negative evaluation of self. This reflects the complex nature of shaming as a profoundly damaging form of PV which to some extent affects women's sense of self. This knowledge may be used by Sri Lankan perpetrators of PV, in order to maximize the violation faced by their female partners, as evidenced by the frequent and calculated use of this form of abuse. Nevertheless, the lack of relationship between shaming and low self-

worth may reflect an attempt by the women at preserving their sense of self even while facing profound and damaging forms of PV or it may show that acute shaming attacks are not sufficient to undermine existing self-worth.

Injuries as a physical consequence of PV correlated moderately positively with controlling ($r = .33$, $p < .01$) and moderately positively with scolding (verbal abuse) ($r = .35$, $p < .01$). These results indicate that women who face verbal abuse and emotional abuse are likely to face physical abuse, severe enough to result in physical injuries.

Overall, the correlations between PV variables demonstrate that the help-seeking Sri Lankan sample that participated in the present study, reflects the severe and varied nature of the PV they are subjected to. These results indicate that women are subjected to both severe and perverse forms of physical violations, as well as complex forms of psychological abuse, that the perpetrators engage in numerous ways, in order to control, manipulate, and abuse their female partners. They do so in a manner that is both destructive to the women's psychological and the physical well-being.

2.7 Correlation coefficient analysis for associations between PV and demographic variables

Assessment of correlations between PV and demographic variables demonstrated that certain PV variables are significantly correlated with social demographics of the sample examined. For example, education was linked with experience of the following: it correlated moderately negatively with scolding, a form of verbal abuse ($r = -.40$, $p < .01$), slightly negatively with perpetrator infidelity ($r = -.22$, $p < .10$), slightly negatively with shaming ($r = -.29$, $p < .01$), and slightly negatively with controlling ($r = -.23$, $p < .05$). These results revealed that women who are educated are able to use education as a personal resource or are perceived differently by

the perpetrator as a result of their education. An increase in education acts as a protector variable in terms of being linked with less verbal abuse and emotional abuse. This includes facing less shaming. In summary, women who are more educated face less verbal and emotional abuse, including shaming.

Education correlated with financial abuse, whereby, not liking the female partner being employed (a type of financial abuse), correlated slightly negatively with her educational level ($r = -.23, p < .05$). Education also correlated negatively with injuries, as a physical consequence of PV; moderately negatively ($r = -.32, p < .01$), and slightly negatively with homicidal attempts which is a type of severe physical abuse ($r = -.24, p < .05$). The findings however, failed to demonstrate associations between education and sexual abuse or between education and isolation. Therefore, education seems to act as a strong deterrent and a protective factor for Sri Lankan women subjected to PV, in regards to facing verbal, emotional, physical, financial abuse, and in regards to facing physical consequences of PV such as being physically injured.

Employment, as expected, correlated moderately positively with education, another closely related socio-demographic factor ($r = .37, p < .01$). Employment also correlated slightly negatively with injuries as a consequence of PV ($r = -.24, p < .05$), but failed to show a relationship with physical abuse or any other forms of PV.

Another factor, only indirectly related to women's demographic variables, but nevertheless, significant, is the very low, almost non-existent, association between physical abuse of participants and substance abuse of the perpetrator. Results demonstrated that physical abuse, an indicator of PV, showed a trend towards correlating very slightly positively with substance abuse of perpetrator ($r = .19, p < .10$). This finding helps to challenge the cultural myths of

substance abuse and PV. It calls into question the belief that the main cause for PV is the substance abuse of the perpetrator - particularly of alcohol.

Finally, some of the associations very clearly show the significant, perverse, severe, and extensive nature of PV, for the participant herself and for others, such as her children. For example, correlations demonstrate that child abuse correlated moderately positively with physical abuse of the woman ($r = .38$, $p < .01$), slightly positively with homicidal attempts of the woman and in some cases of the children as well as the woman ($r = .25$, $p < .05$), and slightly positively with injuries ($r = .22$, $p < .05$). These results clearly suggest the complex and dangerous nature of PV for the women subjected to the PV and for their children and the often long-term consequences of PV. The fact that child abuse, homicidal attempts, injuries, and physical abuse are significantly interrelated shows clearly the extensive damage that is caused to the women who are subjected to PV and to their children.

3. Cluster analysis

The interconnections of the correlations led us to search for meaningful clusters among the types of violence experienced. Cluster analysis was conducted, as part of continued exploratory data analysis, in order to identify and classify the particular abuse patterns of the help-seeking women that are emerging from the data. A two-step cluster analysis method was used for the categorical partner violence variables, to assess the number of clusters that could result as the possible PV patterns for the sample examined. The analysis resulted in a three cluster analysis, of three clearly distinct patterns of PV and trends of abuse. Table 12 illustrates the cluster distribution of the cluster analysis, while the line graph (see Figure 1 below) plots the three clusters.

Table 12-Cluster Distribution

	N	% of Combined	% of Total
Cluster 1	40	47.6	47.6
2	25	29.8	29.8
3	19	22.6	22.6
Combined	84	100	100
Total	84		100

As illustrated in the Figure 1 (below), two step cluster analysis resulted in three distinct patterns of abuse that formed conceptually and statistically clear clusters of PV trends. These three clusters identified in cluster analysis, closely resemble, to a great extent, the PV patterns that are indicative of a Sri Lankan help-seeking population, as observed by my clinical and cultural experience. It was this experience that enabled us to select among possible cluster options provided statistically.

Cluster one was termed the ‘All types of PV’ category, named to demonstrate the most obvious category or cluster of PV pattern found in a Sri Lankan help-seeking population. ‘All types’ is the most commonly found category in Sri Lanka, in regards to the help-seeking PV population. It is defined by a very high rate of all types of abuse, including: physical harm (such as sexual and physical abuse), psychological harm (such as verbal and emotional abuse) and the presence of equally high negligence, isolation and financial deprivation, (as indicated by the graph). This pattern of abuse indicates a very severe form of PV which attacks both the physical and the psychological self equally.

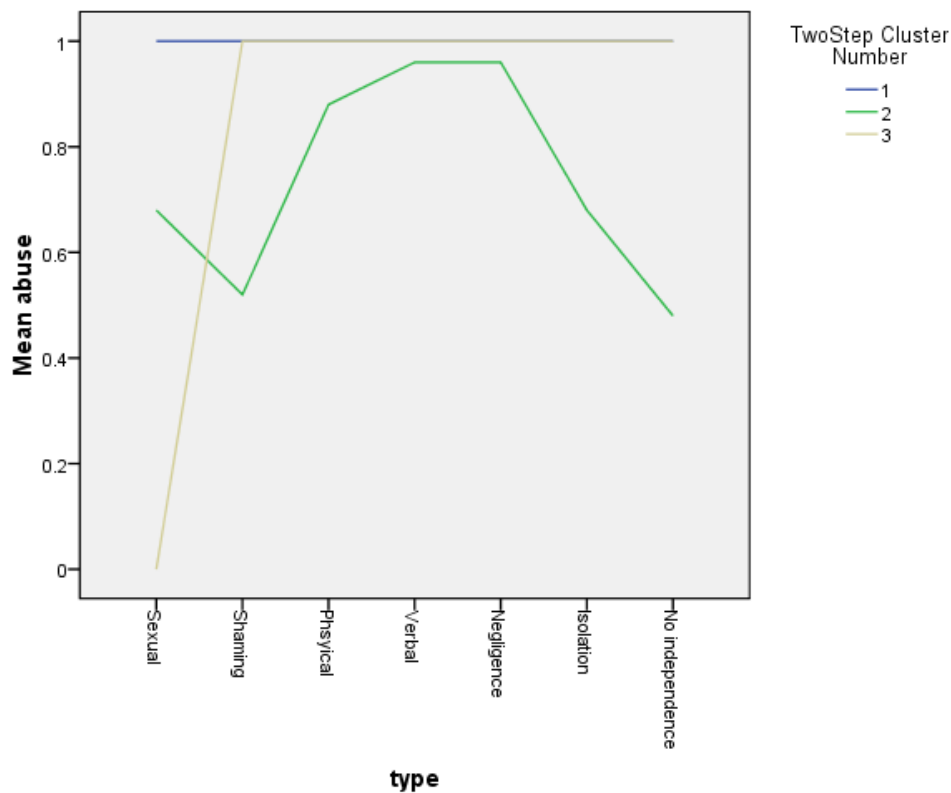


Figure 1-Two step cluster analysis of the three clusters of abuse types

Cluster three is discussed before presenting cluster two because of its similarity to cluster one. Cluster three, termed the ‘lack of sexual abuse’ category, again resembled aspects of the Sri Lankan help-seeking PV population, by presenting another pattern of abuse widely visible in the context. This cluster showed close similarity to the first cluster, excluding sexual abuse all other types of abuse showed very high rates of abuse. This cluster is also a commonly evident category, seen in many Sri Lankan help-seeking women subjected to PV. For example, women who access formal support services demonstrate this pattern almost as commonly as the first pattern of PV. Therefore, the third cluster, which is made distinct by lack of sexual abuse is commonly found when dealing with the Sri Lankan help-seeking PV population. It is also a severe form of PV causing both physical and psychological harm. The identical values in both clusters; for physical, verbal, negligence, emotional, isolation and financial abuse reflect the profound severity of the abuse faced by

women who seek help for PV. The Sri Lankan clinical and applied setting readily demonstrates the presence of both the first and the third clusters. Hence, the two identified clusters are seen as a valid reflection of the help-seeking populations.

The second cluster, termed the 'lower shaming and financial abuse' cluster, again, reflects an attack on both physical and psychological self of the woman by the perpetrator. The second cluster is still high for most types of abuse, with mean abuse values ranging from, 0.85 for physical abuse, 0.96 for verbal abuse and 0.96 for negligence. The mean abuse values are moderate for sexual abuse (0.65) and isolation (0.7). Although this cluster is lower on shaming, a form of emotional abuse (0.5) and lower on 'no independence' or financial abuse (0.45), the values are still substantial. This category is less prevalent in the Sri Lankan help-seeking settings according to my experiences regarding PV issues. This category is seen as a less severe PV category when comparing to the other two categories but is still high in regards to physical and psychological abuse patterns as resembled by the other two, which are commonly encountered in the applied help-seeking settings. The second cluster is of particular importance because of its distinctive lower level of shaming. Shaming is important within the cultural context because it is a frequently employed, culturally powerful, and perverse form of PV that is resorted to by the perpetrators, which maximizes the effect of abuse on the women. I believe that shaming is successful in acting as a deterrent to women's own help-seeking process. As such, this cluster is an important cluster to examine for its relevance to women's coping and access of support services for ending PV.

The cluster analysis demonstrated two typically available patterns of PV clusters/ categories of severe PV, of an 'all types' [AT] of severe PV pattern and a lack of sexual abuse [LSA] but high on all other types of abuse pattern. Both these patterns are commonly seen patterns within the Sri Lankan help-seeking population. The second cluster of low shaming and

financial abuse [LSFA] is less evident in the help-seeking population. This is the most challenging cluster which is most difficult experientially to place within the cultural context. The relatively lower shaming rate, alongside high rates of verbal abuse and negligence illustrated in this pattern, is somewhat difficult to place within my clinical experience in this cultural context. Most clinical help-seeking cases tend to show high shaming in a one-to-one encounter, if other forms of psychological abuse, such as verbal and negligence are present.

4. One-way analysis of variance (ANOVA)

One-way analysis of variance (ANOVA) was conducted to test the between-groups and within-groups variations of the three violence type clusters for assessing their coping and the support systems variables. As shown in Table 13, the between groups variations were significantly higher for both accessing social and emotional coping, and for adequacy of other as support system but was only relatively high for avoidant coping. The other two forms of coping and support systems, as shown in the Table 13, failed to illustrate a significant variation for between groups of each of the variables.

Table 13 also indicates the F value and the significance values for the one way analysis of variance. Table 13 shows that for coping variables, only social and emotional coping indicated a significant p value of .033 out of the three coping variables and for support systems variables, only adequacy of other as S.S. indicated a very significant p value of .009. The rest of the coping and the support systems variables were non-significant.

Table 13-ANOVA for coping strategies and support systems

Variables		Sum of Squares	df	Mean Square	F	Sig.
Problem-focused coping	Between Groups	45.545	2	.681	.681	.509
	Within Groups	2406.642	72			
	Total	2452.187	74			
Social-emotion-focused coping	Between Groups	191.827	2	3.578	3.578	.033
	Within Groups	1983.420	74			
	Total	2175.247	76			
Avoidant coping	Between Groups	98.434	2	1.900	1.900	.157
	Within Groups	1865.513	72			
	Total	1963.947	74			
Adequacy.friend S.S.	Between Groups	50.630	2	.459	.459	.634
	Within Groups	2920.495	53			
	Total	2971.125	55			
Adequacy.family S.S.	Between Groups	27.528	2	.244	.244	.784
	Within Groups	3326.343	59			
	Total	3353.871	61			
Adequacy.others S.S.	Between Groups	475.364	2	5.186	5.186	.009
	Within Groups	2428.851	53			
	Total	2904.214	55			

For woc2, access of social and emotional coping, F ratio was, also significant ($F=3.578$, $df=2$, $p < .05$) and for adequacy of other as support systems F ratio was, ($F=5.186$, $df=2$, $p < .01$).

The mean plots (see figures 2 and 3 below graphs two and three) for social and emotion coping and for adequacy of other as S.S. is illustrated below.

The graphs represented in Figures 2 and 3 represent the mean plots of how women in each of the three identified patterns of PV clusters use coping strategies and support systems in order to overcome PV. These graphs demonstrate how women facing each of the three distinct clusters of PV use particular types of coping, and access particular types of support systems, to deal with, and overcome their individual pattern of abuse experienced.

Figure 2 for Woc2 (below) indicates that, as expected, women who face all types of PV (AT cluster one), i.e. very severe forms of PV, accesses social and emotional coping very frequently (mean value = 16.8), to attempt to overcome and resolve their PV and related issues. The graph also indicates that women who face lack of sexual abuse [LSA] but all other types of PV (cluster three), another equally severe form of abuse pattern, also accesses social and emotional coping as frequently (mean value = 16). These findings are compatible with the Sri Lankan help-seeking context. As both these clusters reflect, severe forms of very high rates of abuse involving both physical and psychological forms of PV, for which the women subjected to these, need to find ways to cope, by accessing various social and/or emotional form of coping. These findings demonstrate that Sri Lankan women subjected to PV act as agents, and are active in trying to find suitable coping strategies, via accessing both emotional and social support available in her informal and formal setting, in order to end their PV.

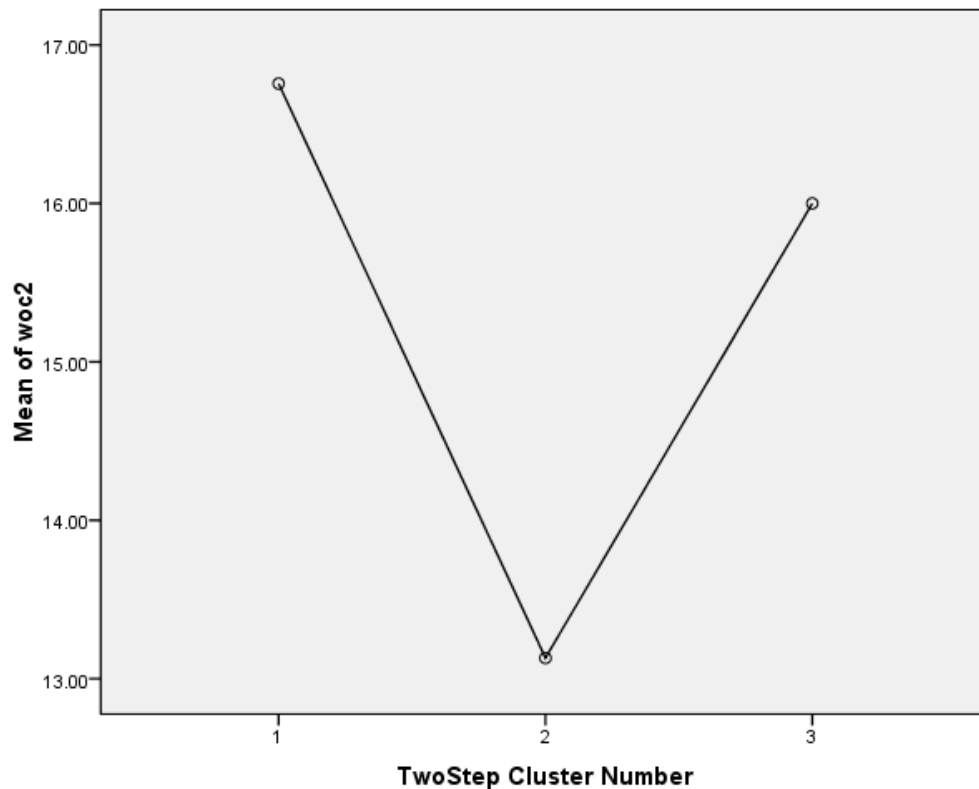


Figure 2: Mean plot for social and emotional coping [WOC2]

The second cluster indicates that women in this low shame and financial abuse cluster tend to use less of this form of coping (of social and emotional coping) for dealing with this pattern of abuse. It can be interpreted that the less frequent use of social and emotional coping maybe because this cluster reflects to some extent lesser severity of PV. It is also important to stress that the degree is only slightly lower for physical, verbal abuse, and for negligence, and that all of these demonstrate high values. Therefore, although this cluster is characterised by reduced severity of PV, it is still characterised by being significantly high on all types of abuse which maybe why this cluster is present in the help-seeking sample.

Women in Sri Lanka are less likely to disclose and seek help for low and moderate levels of PV. This reality does not, however, explain why this second cluster, which is characterised by its very high physical and psychological abuse rates, did not resort to social and emotional

coping. As witnessed in the help-seeking population a significantly high PV levels acts to counter the cultural and personal barriers, to seek social and emotional coping. Hence, contrary to the findings, according to the ground reality Sri Lankan women subjected to the second category of low shaming and financial abuse should still resort to seeking help for dealing with the PV, which means accessing both social support and emotional support provided by others. Thus, this finding is contrary to observed cultural and clinical norms for this population.

As the graph indicates, a mean value of 13.2 is shown for the LSFA cluster in terms of seeking social and emotional coping. Although shaming and financial abuse was less, this cluster still represented as being high in physical and psychological forms of abuse. Thus, it could readily have been expected to be associated with greater coping via access of social and/or emotional coping which would include accessing women's informal (family, friends and other) systems and/or accessing formal services.

According to the graph, the findings of this study indicated that low shaming and financial abuse lead women to seek social and emotional abuse less. This result may not provide a complete picture regarding issues of shaming and help-seeking issues. As demonstrated in the correlation coefficient analysis section of the chapter, shaming is negatively associated with social and emotional coping and therefore increased shaming is less likely to be associated with access of social and emotional coping.

The cultural and clinical analysis of the sample population reflects that shaming tend to act as a deterrent to help-seeking, indicating a more accurate association as demonstrated by correlation coefficient analysis. How shaming and financial abuse affects coping and how this cluster fairs regarding coping via access of social and emotional coping maybe complex, as

indicated by the above findings. Cluster two has high values in other forms of abuse which would then most likely make the women in this cluster access more social and emotional forms of coping in order to overcome PV. Therefore, it is expected that, women in cluster two will still attempt to access social and emotional coping although, may be not as high as for the other two severe PV patterns. Regarding other forms of coping it is interesting that both problem-focused and avoidant coping, did not significantly differ across clusters as a strategy for coping with PV.

Regarding access to support systems, graph three illustrates the ways in which each cluster of women use other (formal support services) as a support system for overcoming PV. The other two forms of support - friends and family as adequate support systems were non-significant.

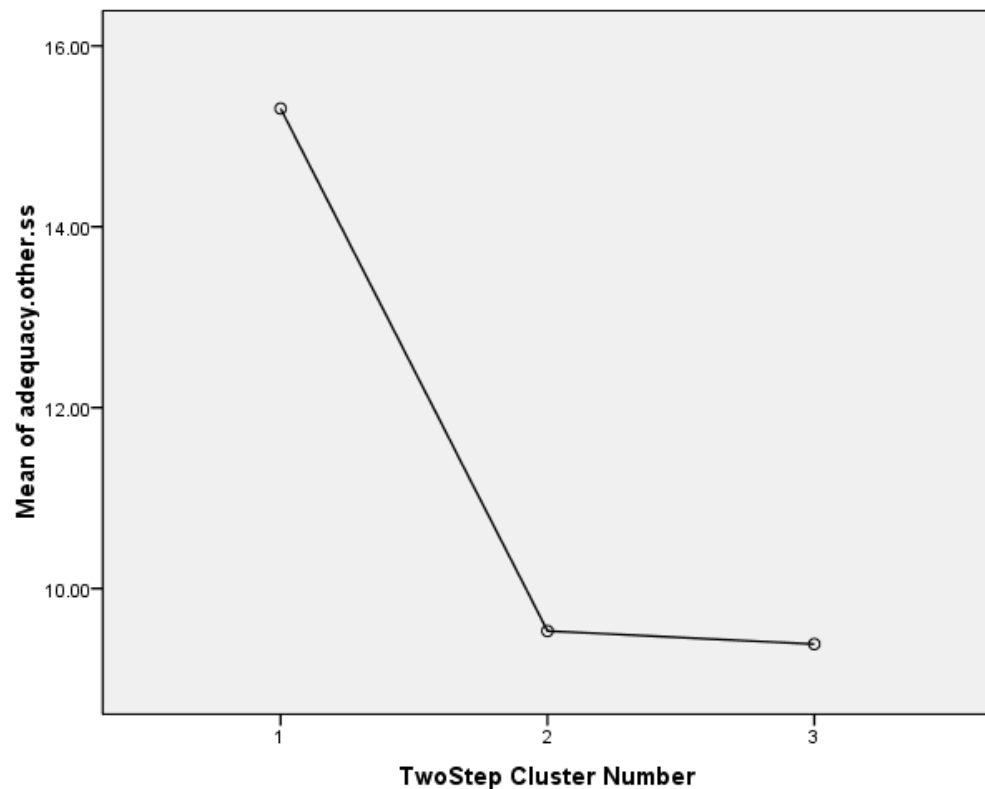


Figure 3- Mean plot for adequacy of other as support system

Regarding adequacy of other as support systems to overcome PV, women in cluster one demonstrated that facing very severe abuse of equally high all forms of PV, makes women access formal support and also find at least some of these other support systems adequate regarding support giving.

As Figure two indicates, this cluster of women also uses social and emotional coping methods very often, and as such, as part of coping, resort to accessing of other support systems, some of which may provide the desired support. This cluster shows a very high mean value of 15.5 for adequacy of other as support system, which reflects the necessity for the women in this cluster to find adequate support for ending the severe all forms of PV. Either by engaging frequently in seeking other support and/or by accessing constructive support, it is likely that these women then discover, at least one type of constructive formal support system that is adequate for ending PV. Women in this cluster of severe abuse often face severe consequences of PV, and so accessing other support can then lead women to experience immediate, and at times profound, positive emotions and outcomes (i.e. being believed, experiencing relief, and coming to believe that a solution exists for resolving PV) just by making contact with constructive support systems. This may help her initially by reducing the overwhelming distress and by breaking the isolation faced as a result of severe abuse long term. Access of the constructive formal support system (s) may also lead to changes regarding safety issues for her and for her children and help to reduce the PV. This could indicate to some extent why this category of women, may find the ‘other support’ adequate (to a significant degree) as a social support system for dealing with their PV experiences.

Contrary to expectations, the third cluster of women who did not face sexual abuse (but faced all other types of abuse), did not find formal support systems as providing adequate support. As per the first cluster, it was expected that women in this category would also find formal

services support adequate in helping to resolve forms of PV endured. Similar values to the first cluster values were expected for the third cluster, because of its very similar nature regarding most forms of abuse faced.

Women in the second cluster, the low shaming and financial abuse category as indicated in Figure 3, did not find formal supports as adequate: cluster three and two are very similar. For example, as demonstrated in the descriptive statistic section of this chapter, 56% of the sample did not find police as supportive for resolving PV, and 21% and 17% did not find court system and court appointed family counsellors to be supportive. These findings indicate that, it may be difficult to perceive formal systems as adequate in a context where the majority of the formal support systems do not provide constructive or adequate support. This however, fails to explain the high rate of adequacy of other support, linked with the all types of PV cluster as women in this cluster would face the same obstacles as the others, particularly the lack of sexual abuse group.

Overall, three clusters or categories of abuse patterns can be identified by the cluster analysis and analysis of variance in help-seeking women in Sri Lanka who are subjected to PV. The most visible severe forms of PV patterns in the help-seeking clinical context of Sri Lanka are those signified the all types of PV [AT] and the lack of sexual abuse [LSA] clusters. When these identified clusters were assessed to determine how women in each of these categories of abuse used particular patterns of coping and support systems, the results revealed the following. Firstly, women in each of the three clusters, used coping and access of support systems in distinctly different ways in order to attempt to cope with their distinct PV experiences. For the cluster one, the AT category, the women in this cluster resorted to increased use of social support seeking and/or emotional coping method of coping. This category of women found that when seeking other (formal) support, the support provided by

these (some or all of these) formal services were sufficient and adequate for helping them work towards overcoming PV. The LSA PV category also showed similar trends regarding coping. This category also accessed social and/or emotional coping strategies readily and showed an increased use of this form of coping. Regarding access of support systems, the lack of sexual abuse category demonstrated an unexpected finding. The LSA category did not find other (formal) support systems as adequate for ending PV. This finding, as explained earlier, maybe due to the destructive or partially constructive nature of most of formal support services in the society, as observed in my cultural and clinical analysis. Regarding the LSFA category of PV, the women in this category accessed social and emotional coping less than the other two categories, which may be due to the slightly less severe nature of the PV faced. This result, although plausible is possibly not completely reflective of the complex experiences of women when regarded in context. The high levels of physical and psychological abuse of this category would still require women to engage in coping via use of emotional and/or social coping methods. However, shaming was comparatively less for this group and shaming in a Sri Lankan cultural context is a powerful and debilitating form of PV. Lesser levels of this may mean women do not have to engage quite so much in certain forms of coping to attempt to end PV. The lack of adequacy of the other as a support system by the LSFA may be due to the destructive or partially constructive nature of most of formal support services in the society.

Women in the three distinct clusters of PV patterns used social and emotional coping to varying degrees. They found formal support more adequate, again to varying degrees in helping them to end PV. The analysis of variance however, failed to find significant differences among the clusters for the use of problem-focused or avoidant coping and for perceiving family support and friend support as adequate support for ending PV.

Chapter Six: Qualitative Results

(The emergent theory, dynamics of PV, socio-cultural factors and help-seeking)

“I didn’t have the strength at the time to do something about it. I am more assertive and aware now. If I feel an emotion, I do not try to hide it anymore. I am aware of it and I do something about it. Unlike before, I am not denying my feelings. Then I was scared and I did not know what to do, so I hid my feelings. Now I respect my inner self and let it be felt. I am good to myself, I know now what I need and care about, now I respect my freedom, my instincts and myself”— Farzana

The main aim of the qualitative analysis for this study was to develop a theory to explain women’s responses to partner violence by using grounded theory. In addition, the qualitative analysis aimed to study in depth the processes of developing coping strategies, support systems, and the stages involved in overcoming PV. This chapter and the subsequent results chapters present the unfolding of the emerging theory and the processes involved in developing resilience and recovery by Sri Lankan help-seeking women responding to PV. To guide the reader through the process of substantive theory development, the emergent theory is presented at the beginning of this chapter, prior to presenting the unfolding storyline of women’s complex PV experiences and their responses to PV.

The process of qualitative analysis in theory development included:

- 1) Immersing myself in the data to allow women’s narratives to guide the theorizing while paying attention to my subjectivity/reflexivity to minimize bias via consultation with my supervisor who also selectively immersed herself in the interviews being analysed;
- 2) Employing increasingly abstract coding procedures of grounded theory to move up from specific coding categories to more axial categories to allow substantive theory to emerge;
- 3) Identifying the parameters or structures, which are a set of conditions connected with responding to PV. Some significant parameters identified for resilience development and recovery process are: self, level of cognitive functioning, coping process, support sought,

effectiveness of support and degree of adherence to cultural mores regarding what is involved in being a 'good woman' (Appendix C);

4) Assessing the stages involved in responding to PV as exemplified by the process. This entails the ongoing responses by the women dealing with PV (Appendix C), and the parameters that characterise those responses.

5) Presenting the emergent model (See Figure 1).

A theory on the process of women's resilience development and recovery in responding to PV

It is important to emphasize that the emergent theory is a general model, derived from grounded theory, explaining women's resilience development and recovery in responding to PV. As such, there can of course be exceptions to the presented pattern. Overall, the qualitative analysis provided consistent evidence, in all stages of analysis, for the developed theory as a suitable model of resilience development and recovery in responding to PV. The theory is presented in the next page. First, the overall model is presented, to depict how the women progress and regress through the five identified stages in developing resilience to end PV, while achieving recovery. Immediately following presentation of the overall model, each stage is presented in detail in a sequential manner to explain significant aspects pertaining to each stage in terms of developing resilience to end PV and promote recovery.

Glossary for the model illustrated in Figure 1.

PV- partner violence

R- relationship

PS - problem-solving

S.S.- support systems

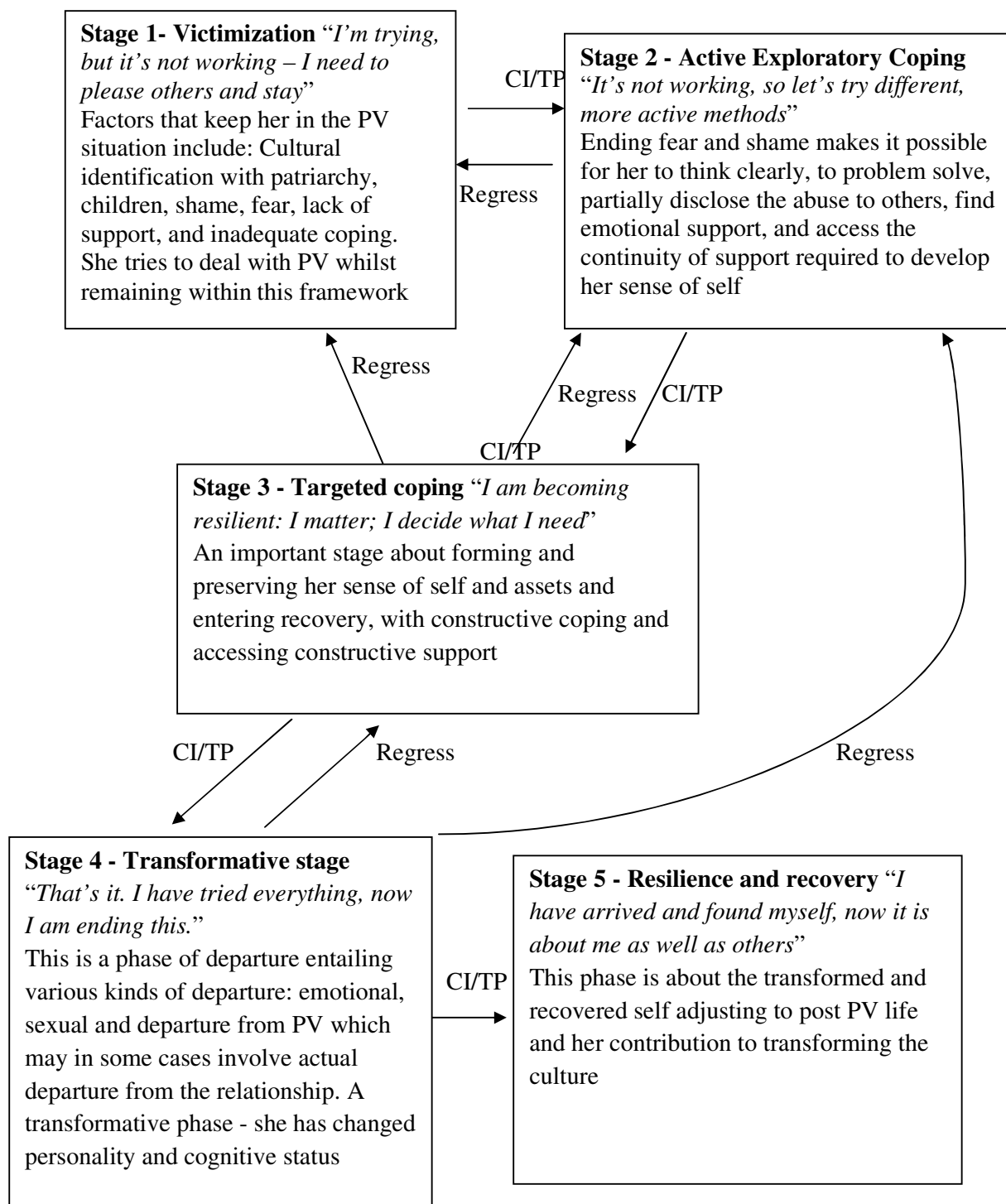
CI - critical incidents (external set of circumstances to which a person accords significance)

TP - turning points (internal cognitive shifts)

MOI - moments of insight (crystallization/subjective interpretations that cause changes in perception that are lasting, stable and permanent – and prepare the way for further MOIs)

Regress - regression to earlier stage(s)

Figure 1- A theory of the process of women's resilience development and recovery in responding to PV



Stage 1 – victimization: “I’m trying, but it’s not working: I need to please others and stay”

Self

- not recognized as a knowing subject in regards to self-preservation, insight, and personal development
- character compromised
- adheres to dominant patriarchal culture
- lack of, or partial, disclosure of PV
- faces fear, shame but lacks self blame for PV
- tolerates PV & stays in R for sake of children

PV

- faces increasing PV whilst her children too face abuse

Coping

- tries to deal with PV and child abuse
- uses various coping strategies
(seeking support, problem-solving, developing cognitive awareness)
- uses mostly destructive and limited semi-constructive strategies
- lack of, or partial, cognitive awareness of what constitutes her difficulties

Support systems

- lacks access to informal S., or only able to access destructive or semi-constructive S.
- informal S.S. provide basic provisions
- lacks access to formal S.S. or only able to access destructive formal S.
- children as crucial S.S. for protection and emotional S.
- formal and informal S.S. do not intervene or recognize PV and provides inadequate S.

Stage 2 - active exploratory coping: “It’s not working, so let’s try different, more active methods”

Self

- tries to be recognized as a knowing subject
- tries to think and act more constructively
- tries to develop resilience, problem solve and develop autonomous self gradually
- partial disclosure of PV
- ends fear, shame and other affects but feels anger for facing PV
- faces shaming when help-seeking
- stays in R for children, but PS to protect self and children

PV

- faces increasing PV whilst her children face increasing abuse

Coping

- continued use of various coping strategies
- uses mainly semi-constructive coping strategies
- gradual development of cognitive insight and awareness of what works and why

Support systems

- seeks & finds semi-constructive informal S.
- informal S.S. provides emotional S.
- accesses continuous, consistent S.S. (mainly informal) that provides emotional and other S.
- seeks formal S., but formal S.S. provide mainly destructive S.
- children continue to provide crucial S.
- few formal S.S. (mostly WIN) provide essential S., validation, and identification of PV
- formal and informal S.S. provide mostly partial intervention and recognition of PV

Stage 3 - targeted coping: “I am becoming resilient: I matter, I decide what I need”

Self

- becoming recognized as a knowing subject
- constructive thinking and acting
- substantial resilience and start of recovery
- partial or complete disclosure
- improving MH; regulation of emotions
- using anger to motivate self to act
- healing psychological self and engaging in spiritual development
- preservation of (physical and psychological) self and own assets
- PS to protect self and children

PV

- at times manages to reduce PV and child abuse but often faces significant violence

Coping

- chooses effective coping strategies
- uses constructive coping strategies
- increased cognitive insight and awareness

Support systems

- continued association with informal S.S. which becomes more constructive
- children continue to provide crucial S.
- maintains (mainly informal) emotional S.
- continued association with consistent, continuous informal or formal S.S.
- critiques existing S.S. and at times able to influence them to provide better S.
- formal S.S. provide semi-constructive or constructive S.
- few formal S.S. provide essential, specialized S., consolidates validation of PV
- most S.S. provide adequate intervention and recognition of PV

Stage 4 – transformative stage: “That’s it – I have tried everything, now I am ending this”

Self

- more fully recognizable as a knowing subject
- begins to act and think as a knowing subject
- tries to be autonomous and achieve social validation
- significant resilience and substantial recovery
- discloses PV completely
- good MH and regulation of emotions
- awareness of psychological self and allows knowing self to be present
- continues spiritual and psychological development
- acknowledges, preserves and heals the physical self
- emotional and sexual departure, and permanent departure from R to end PV

Self-transforming

- achieves MOI resulting in radical changes to personality and cognitive status

PV

- Transformative stage – moves from reduced PV and child abuse to ending violence

Coping (pronounced changes)

- continues to choose effective coping strategies, consolidates constructive coping
- significant cognitive insight and awareness

Support systems

- maintains continued association only with S.S. that are to some degree constructive
- informal and formal S.S. provide mainly constructive S. and actively support her in ending PV
- maintains (mainly informal) emotional S. and access of consistent continuous informal or formal S.S.
- children provide S. for ending PV
- few formal S.S. provide essential S., specialized S., and consolidate validation of PV
- majority of S.S. provide complete intervention and recognition of PV

Stage 5 - resilience and recovery stage: *“I have arrived and found myself, now it is about me as well as others”*

Self

- a knowing subject
- acting and thinking as a knowing subject
- has achieved radical (positive) changes in her personality by integrating results of MOI
- significant resilience & significant or complete recovery
- autonomous, and wants social validation
- able to disclose her past PV experiences
- good MH and regulation of emotions
- aware of own psychological self and allows knowing self to be present at all times
- spiritual development and actively helping others
- continues to acknowledge, preserve and heal the physical self

Self transforming culture

- actively questioning & challenging the socialization process and the culture promoting PV
- creating a cultural space that allows for women's agency and resistance to patriarchy and violence

PV

- most have permanently ended PV and child abuse; a few may still face significantly reduced PV and child abuse
- working on post PV life adjustments

Coping

- consolidation of constructive coping
- achieved significant cognitive insight and status
- developing both cognitive insight and acceptance regarding the losses in her life

Support systems

- children no longer needed as S.S.
- continues association with chosen constructive S.S. and actively seeks S. whenever she requires it

The phenomenon of partner violence in Sri Lanka: Dynamics of PV, socio-cultural factors and help-seeking

“There is a thing called honour, nation and national integrity. They put women inside this thing called the nation and honour, and trap us and then tell us it is up to us to maintain the nation’s integrity and honour, and to do that we have to suffer until we die. The thing is, because of the socialization process, the family honour, and the children, women are stuck in abusive relationships”- Nayana

Analysis of the participants’ narratives consistently demonstrated that numerous characteristics of a socio-cultural nature or of the partner violence itself affected women’s help-seeking for PV and their process of resilience development to end PV. A diagrammatic representation of these factors pertaining to PV and help-seeking is presented in Figure 2 (below). For the purpose of this dissertation resilience is defined as a ‘dynamic process encompassing positive adaptation within the context of significant adversity’ (Luthar, Cicchetti, & Becker, 2000, pg.543).

Each of the dynamics pertaining to Sri Lankan women’s help-seeking, as illustrated in Figure 2 is elaborated in the rest of the chapter to show its relevance as a significant factor in dealing with women’s complex responses to PV, and their process of resilience development to end PV. In this and subsequent chapters each participant is given a pseudonym to ensure confidentiality. To allow a participant’s narrative to retain its pure form and expression quotations used to highlight the unfolding analysis are presented verbatim without grammatical correction. The reader is cautioned that some of the quotations may contain graphic details of physical and sexual violence that participants experienced.

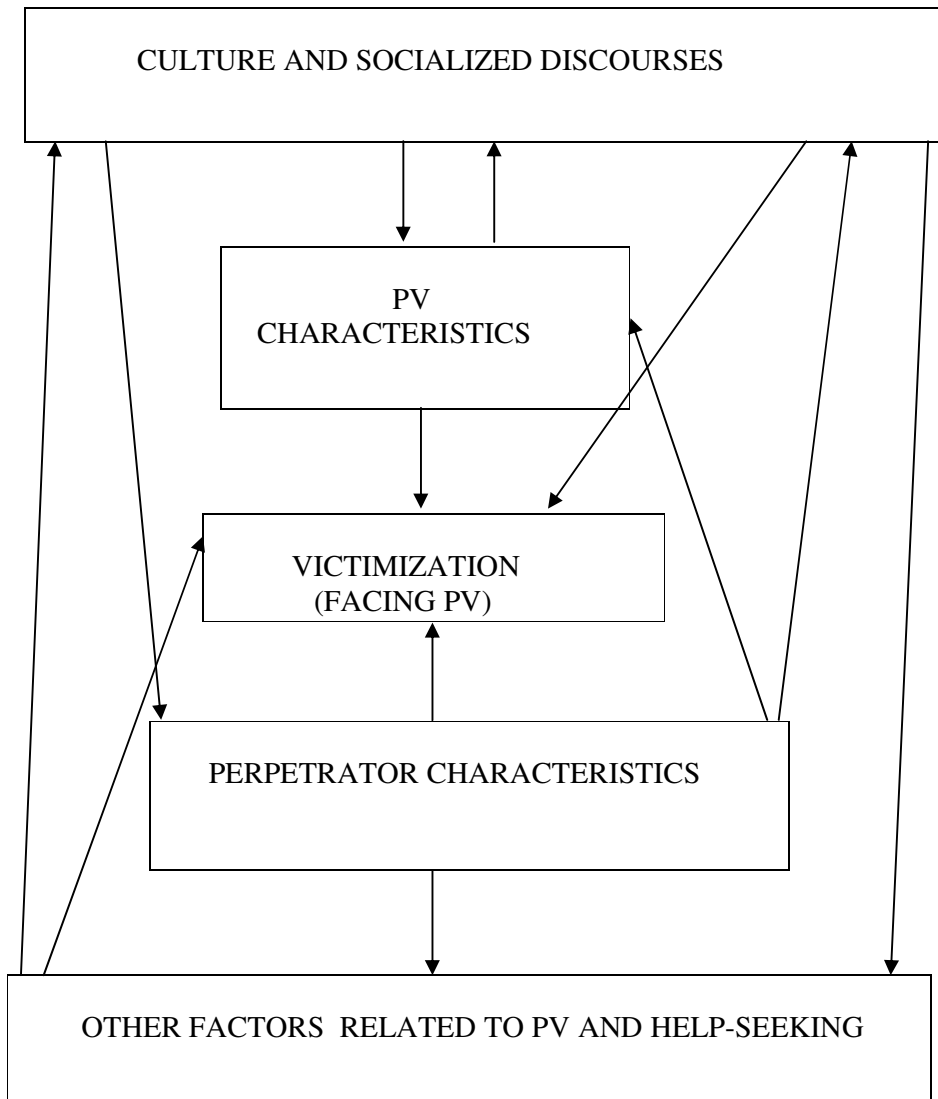


Figure 2-**Psychological outcomes of cultural mores**

1. Characteristics of Partner Violence

Analysis of the interviews demonstrated that the majority of the participants experienced various types of PV, which included: verbal, emotional, physical and sexual abuse, neglect, financial deprivation, social isolation and restriction of movement. Most faced these types of PV within the early stages of marriage. Some faced PV within the first week of marriage which gradually increased in severity, form, and frequency. Except for one participant (Shamila), once PV increased there was no subsequent decrease for any type of abuse, including physical and sexual abuse.

Onset of PV

Fifteen participants stated that they faced various types of PV at the onset of the relationship, prior to marriage. For some of these participants, relationship initiation was not always through mutual consent and did not always entail a period of courtship. Some examples of the types of PV faced prior to marriage:

Nayana: “I realised even when I was courting him that he was aggressive. He verbally, emotionally and physically abused me from the very beginning but I tolerated it all thinking it will change today or tomorrow but that tomorrow never came.”

Mary: “He was violent when we were dating but that is another thing. In Sri Lanka when you are involved with a man you cannot walk out, you have to go ahead and get married. So after the invitations were given he assaulted me just before marriage - that was a week before.”

For some of these participants, relationship initiation was marked by violence, including the perpetrator engaging in sexual abuse to force the relationship. As demonstrated by Sunila:

Then this man came to get friendly with me. I didn't want it, I didn't like him but once he came home and raped me, then I didn't have a choice, I had to marry him. I got pregnant then, so no choice I had to marry him.

As stated by Kamala, force and physical threat led to relationship initiation as opposed to it being by the participant's choice:

When I was working there, he forced me to get involved with him. He beat me up as well. It was because of force and the fear of what he would do that made me get involved, I didn't want to. I used to know him just as another person I say hello to. The thing is there were others who were after me at that time. He was violent to these men who tried to get friendly with me. Once he pulled one person by his shirt roughly and was physically shaking him until his buttons fell from the shirt. Then I got scared that he would kill someone over me and I would get implicated in it as well.

Sexual abuse

Several participants indicated presence of severe and long-term sexual abuse, which greatly distressed the participants, at times more so than other types of abuse. As Minali expressed it:

He asked me to do all sorts of things, I felt very repulsed by all this, then he would ask me to have anal sex, I hate it. I just want to have sex the normal way that is all, not these funny ways. I fall asleep as soon as I hit the bed for the tiredness and the fear of him raping me. Even then, he would wake me up and do what he wants to do. It is like dragging me to be killed as opposed to a pleasurable thing for me.

Sunila, who faced long-term, severe sexual abuse, for all 30 years of her marriage, still expressed distress and other trauma symptoms over past sexual abuse experiences within the relationship, even though she had ended the relationship and PV, six years before. She described her sexual abuse experiences as:

He always wants to force me to have sex. Once when I was expecting the second child he tried to strangle me while having sex, he has funny needs. He is like a demon really. He would have sex for hours and do this every day, I didn't really understand these things, he hurt me like a devil. I still have body pains from his abuse. At the time I was living with him I used to pray to the gods not to let the sun go down and for night time to come. Around three in the afternoon, my whole body shivers from fear, he used to rape me all the time, He always wanted his needs met. Even when I was feeding the child he would throw the child aside and have sex, that's all he wanted really.

Emotional abuse

Except for Shani, all others faced varying levels and severity of physical abuse, most of which were life threatening and severe. Shani, who faced only one incidence of mild physical abuse conveyed her experience that emotional abuse was as distressing as physical abuse, and at times more so because of its pervasiveness and effect on self worth. To elaborate:

Shani: From the beginning I noticed that he wanted to be nasty to me and would say things that would hurt me and he always said I was weak. The main thing is he stops talking and he ignores me, he would go out he doesn't tell me where he is going. Only once he hit me but mentally he will do to the extreme. He did that because he knows

that I am hurt by it. If he can hurt me mentally, why is there a need to do that physically, mentally is the best way.

Tamara, who faced severe physical abuse and numerous homicidal attempts, demonstrated that constant emotional abuse was difficult to face: “Asking me obscene things like, how did you have sex with the man I was supposed to have an affair with and vulgar things like that. This became a mental torture to me, he did this daily.” She adds: “When I came to WIN I asked the counsellor whether there was no way to take legal action for the mental and emotional torture perpetrators cause.”

PV during pregnancy

The majority of participants reported varying degrees of physical abuse and other forms of abuse during pregnancy. In some cases, the focal site of physical abuse during pregnancy was the womb and stomach. Anjana described PV during pregnancy as “he was always hitting and scolding, I lost two to three babies because of his beatings to the stomach. He would say he wants children, but hits the stomach when I am pregnant.” Kamala stated that she faced several forced abortions as part of physical abuse during pregnancies. She describes one such example:

One day he took me to get my urine checked and then said to go and see a doctor the next day. He gave me 3000 rupees to take and then he got me admitted, I didn't know anything about any of this. I remember being unconscious and when I came through someone was slapping my face to get me conscious. Then that person said, ‘Who is your owner, make sure you eat well and rest’. I think my stomach was washed. My husband said for me to not tell my family about the abortion.

Deepika, as well as a few others, reported that the perpetrator made threats of homicide to them and to their unborn children during pregnancy. In all these examples, the perpetrator in question was the biological father of the unborn child.

Physical abuse and homicidal attempts

Frequent, severe and profound physical abuse and numerous homicidal attempts to self, children, and to others (such as her family members), were reported by the majority of the participants. Twenty-two participants reported various forms of severe, life threatening physical abuse, which they faced within the span of the PV relationship, particularly towards the middle or latter parts of the relationship. For example, more than 14 participants reported several incidences of homicidal attempts and severe physical abuse:

Tamara: Then he tried to stab me with a fork. He kept saying that bastard is at tuition, that bitch is sleeping so now who is going to protect you? He always called the son a bastard and the daughter a bitch. He started hitting me continuously until I started falling to the ground. Next, he pushed me into a corner of the bedroom, which had a gap between the cupboard and wall and forced me to kneel on the ground and then he started kicking me with his knee to my stomach and kept asking me you have another man don't you? He kept asking this while hitting my stomach. By this time I was gone I felt getting faintish and I started to spin, my head was spinning. I saw the next blow coming and I was nearly fainting at that time I said yes to his question. As soon as I said yes he stopped hitting me, I said that to save myself but the truth is I wasn't seeing anyone.

Mary: It got to be very violent and life threatening; he hit me after my caesarean operation. That was the last thing, my stitches broke and I was hospitalised. So it became worse. It's like

when he says something it has to be done, I had to do everything he said, if I didn't do it according to his way I get beaten. He doesn't just slap, he bashes you against the wall, and he catches you by the hair and throws you to the ground. It is really scary and bad violence. And my son used to just scream and scream and he used to see all this.

Anjana: He used to say he will stab me but I didn't take it seriously. My son didn't think he would do it. One morning while I was doing something he came and slapped me hard, I said what is this every day you are hitting me and hurting me? He went away then and came back with a knife and stabbed me. I had to have caesarian and have the child. The child was premature, only 6 months. When he stabbed me, I thought this is the end, I remember falling down. The knife broke while he was stabbing and the pieces of it were inside my stomach. He then stabbed me in several other places as well. He hit my head; cut my legs.....I was still conscious.

Power dynamics: Manipulation and control

All 25 participants stated that numerous forms of manipulation and control were exerted as part of the PV repertoire. Somawathi illustrated one such manipulative stance:

I think he is a bit off mentally really. He doesn't like me to dress well. I once got a loan and got a gold bangle, not for me, I have a daughter, for her. He threw it on the ground and broke it and after about a month he gave me the remaining small pieces of it.

Some of the manipulative behaviours ranged from; controlling her behaviour, household/child care management, and her employment; threatening to commit suicide if she initiates help-seeking or leaving or when refusing to start a relationship in the first place; and actively

compromising her support seeking by influencing others in her life to withhold support. Manipulative behaviours were present even after a woman had left the relationship. These included: stalking her and her support systems constantly, and/or threatening to commit homicide, which included threatening to kill her, the children, and her family/friends.

Other manipulative behaviours included; accusing the women of infidelity while the perpetrators had several ongoing or/and long term extramarital relationships; forcing the subject to financially support the perpetrator while he either does not engage in employment or wastes his salary on substance abuse or his other needs. Some perpetrators destroyed property, including the family home as a form of manipulation and control. For example, Kamala illustrated several manipulative behaviours of the perpetrator, such as constant accusations of infidelity and threats to destroy property when she temporarily left in order to safeguard self and the children. As stated by the participant, the perpetrator actively destroyed property by burning their home several times:

He destroyed property, burnt the house. The whole house burnt and everything in it. He had beaten me, so we left. For four days before going to my aunt's, my children and I slept outdoors in the open, on a site where a house was being put up. If I go to a neighbour's house, he would accuse me of sleeping with that person, so I cannot go. That particular day we had stayed at a friend's place and when we went back, he had burnt the whole house down. If I stay I get beaten, if I leave he burns the house.

To illustrate various forms of abuse the participants faced, types of PV are loosely categorized for the present study as; actively entrapping (or manipulative) forms of PV, and explosive (or instantly reactive) forms of PV. The purpose of this categorization was to illustrate the different types of complex PV the participants had to face. These categories often overlap,

and as such, it is important to note that the loose categorizations were identified purely to help present the complex, varied, and pervasive forms of PV that women experienced as opposed to creating distinct categories to identify different forms of PV. Figure 3 presents a diagrammatic representation of the abovementioned forms of PV.

Types of PV	Actively entrapping forms of PV	Explosive forms of PV
<ul style="list-style-type: none"> -Physical abuse -Sexual abuse -Verbal abuse -Emotional/psychological abuse -Negligence -Social isolation and restriction of movements -Financial abuse or financial deprivation 	<ul style="list-style-type: none"> -Shaming (including being accused of infidelity) -Gradual psychological breakdown of participant -Active social isolation and restriction of movements -Active financial deprivation and abuse -Various forms of manipulation -Stalking -Use of force or threats for relationship initiation or to get her back to the relationship when she leaves -Threats of homicide (for women, children, others) or threats of suicide when participant tries to seek help or leave for PV -Influencing others to abuse participant (including his family, children) -Bribing formal support systems to compromise her character or encourage S.S. to not support her 	<ul style="list-style-type: none"> -Displacing anger by physically abusing her instead of getting angry with the person concerned -Increasing physical abuse or attempting to kill her when perpetrator or his violence is questioned -Increasing PV when participant seeks help -Forcing participant to give up children for adoption or actively stopping her from caring for her children

Figure 3 - **Forms of PV**

Shaming

The majority of the participants demonstrated that perpetrators engaged in shaming the participant (which is both a form of emotional abuse and an active entrapping form of PV) both in public and in private, and would do so frequently. In contrast, Shamila and Shyama did not report facing active shaming as a form of PV. For example:

Kamalini: When my child was four years, he brought this man home and forced me to have sex with him; when I refused he tried to kill me with an axe. Then he kept scolding me and took me to the Police several times saying I am having an affair with the very man he tried to force me to have sex with.

Damayanthi: He comes to the workplace and shouts. He ridicules me by saying I am sleeping with someone at work. If I am at home then he will say are you not going to see your boy friend at work today then. He comes to my mother's place and shouts from the garden saying the same things. I had to stay at home for four months when I was given medical leave; it was so difficult at that time for me to stay at home. I couldn't have stayed anywhere else; he would have said I left with another man. I didn't even come here alone I came with my daughter if not he will say I am going with someone.

Gradual psychological breakdown of women's sense of self

Most participants stated that the perpetrator actively engaged in elaborate and varied methods to psychologically break her gradually, whether via undermining her sense of self, self-esteem or mental status. For example:

Nipuni: Once he claimed his identity card was lost and that I lost it; I hadn't taken it. He then took me along in the motor bike claiming to look for the ID. I don't know why he does these things. I used to think about it and wonder whether it was true or not, it used to confuse me a lot. His mother was also like that. If I kept something, she would take it and keep it somewhere else and when I cannot find it they started saying I am forgetful and that I am not paying attention. When the mother comes to visit and if I was thinking of my family, she used to say you seemed to be thinking about something and insinuating other things. They tried to break me down mentally.

Mary: He started getting mad with my family, my sister calling me. He couldn't stand the fact my family was there for me, he didn't want me to have anything to do with them. After marriage he didn't allow me to speak to my sister, he got worked up about it if I did and I couldn't visit my family. He controlled where I went and how I dressed. I couldn't use make up or wear sleeveless things. He used to say I was useless, he kept saying you're this and that, so I also started thinking that way about myself.

Social Isolation

Nipuni, Farana, Ruwani, Tamara, Shani, Mala, Anjana, Farzana, Mary, Minali, and Dayani reported varying degrees of social isolation. Most of these participants were socially isolated in regards to certain social contexts, such as not being allowed to have contact with friends or family, or with work colleagues while still being allowed to work in order to support the family financially including the perpetrator, as illustrated by Minali. Farana, Ruwani, Tamara, Kamala, Anjana, Farzana, Mary and Dayani were not allowed to work or were abused emotionally and physically until the participants gave up employment in order to

preserve the relationship. A few participants were locked in the house as an extreme form of social isolation and were not allowed to venture out except for child care. For example:

Tamara: I was completely isolated and was not allowed to go out anywhere except to pick my daughter from the Montessori even then he times it and calls me to check if I got home. Later on it got worse, I couldn't use the phone, not even answer it. He didn't allow any door or windows to be kept open. No one could come home at all. He took my identity card, all the bank account details and cards, and when he went out he locked us inside the house and took the gate keys, he isolated me this way.

Similarly Mary stated, "He put cameras in the gate and the wall to see who comes into the house. He stopped me from going to my parents and my friends, I couldn't have anything to do with them. I was isolated and was in the house with only my son."

2. Perpetrator characteristics

In this section I present a few perpetrator characteristics highlighted by the participants themselves or extracted as recurring themes via the analysis process. According to ten participants, substance abuse, mainly alcoholism was present in the PV equation. Experiencing perpetrators' substance abuse was indicated as being part of the PV repertoire or as part of the multiple stressors women had to face frequently along with PV.

Substance abuse, other addictive behaviours and PV

Alcoholism or alcohol consumption was cited more frequently as part of the PV repertoire than drug addiction, but as Shirani stated, excess consumption of both alcohol and drugs or/and addictions are present in the PV equation. Some participants stated that alcohol

consumption increased physical abuse, threats and actual homicidal attempts, being thrown out of the house at night, and several other forms of abuse. As demonstrated by Somawathi, “He drinks a lot. He beats me up when he is drunk. He will find some fault somewhere. Sometimes he comes home drunk and for no reason he will hit. In the night he tries to strangle me.” Iyanthi stated:

My husband started drinking and abusing me. He did this for a while. Then he started hitting my son. He used to fight with me and break plates and household things and hit me. He has even taken us and gone drinking several times. At times, it has nearly caused accidents because of his drunken state.

Some participants directly attributed the cause of PV to the perpetrator’s substance abuse. As Shirani explained:

He gets drunk, comes in the night and is very aggressive towards me and the children. He beats us, chases us out of the house and throws us out in the night. It was very traumatic. I think it is mainly the alcoholism. I think this is one of the biggest problems now in Sri Lanka. Substance abuse is so high. When they take these things, they don’t remember what they do. He doesn’t remember how inappropriately he behaves in front of the children or in front of me when he takes this stuff.

In contrast, some participants directly challenged the notion of alcohol being the primary cause of PV:

Farzana: The thing is I don’t think the abuse is anything to do with the drinking; there are some habits you know, for example he used to lie a lot, that had nothing to do with

his drinking. The drinking is just an excuse, only one point of view really, not the whole picture. When he stopped drinking, my life got worse. Drinking is not what causes the abuse. There are other reasons for it.

Ranmali: “He hits and scolds for the slightest thing, it does not matter whether he is drunk or sober he hits when he feels like it, it is nothing to do with the drinking. Every day he threatens to kill me and says for me to leave the house.”

Other addictive behaviour frequently reported by some of the participants as being connected to PV, was gambling behaviours. As stated by Sunila, “All he did was spend on drinking and gambling. He gambles all night sometimes. He didn’t give a cent to look after the children or for me.” Several participants stated that gambling resulted in participants facing particular forms of PV, such as financial deprivation, neglect and loss of hers or the family’s material resources.

Perpetrator’s extramarital relationships and PV

Sixteen participants out of 25 stated that the perpetrator (their marital partner in all cases), had engaged in or was continuing to engage in a long-term, single extramarital relationship or in several relationships. Few perpetrators engaged in both; that is a few had multiple extramarital relationships as well as a long, ongoing extra-marital relationship. All 16 participants expressed profound distress regarding the extramarital relationships, which at times disturbed the participant more than severe life threatening PV. For example:

Ruwani: The main reason why I came to WIN was because of my husband’s extramarital relationship; that was the main problem. I tried to advise him as much as possible to stop this relationship. It is a year since I got to know about the relationship

and I kept asking but he didn't stop it. I remember even the day before our anniversary he beat me badly. He was like that, always abusing me. I didn't think that much about it. I didn't suspect anything else, not this sort of thing. I knew I would have problems because of his family but I didn't think this sort of thing would happen. But once I started getting suspicious it ate into me.

The majority of the participants continuously demonstrated that PV, particularly physical abuse and homicidal attempts increased, when the participant questioned the perpetrator regarding extra marital relationships.

Some perpetrators sexually harassed or attempted to harass women other than engaging in extramarital relationships. This included the participant's own female family members, such as siblings. Most participants challenged the perpetrator regarding these incidents. According to Dayani:

My husband had tried to rape her once. That time I was at my parents, I had gone home for a visit. I had also seen for my own eyes how he tried to sexually assault her once or twice. I saw him grab her once and try to be funny, I questioned it and his response for that was to beat me severely. One of my ears was affected by his beating, I cannot hear properly in one. I was scared of his beatings and was silent after that.

Ten participants reported that they were unaware that the perpetrator was engaged in other relationships prior to their relationship initiation, which the perpetrator then continued to engage in after marrying the participant. Mala's partner was involved in a long-term relationship with her sister, which the subject was unaware of until after the marriage. For Minali and Dayani, the perpetrator's mistress was an older female relative of the perpetrator.

For Kamala, the perpetrator was already married to another prior to marrying her, which caused legal problems for the participant while the perpetrator did not face any criminal or other consequences for his bigamy. Some of these perpetrators had children within the extramarital relationships, particularly the perpetrators who were involved with the mistresses prior to marrying the participants.

For some, the extramarital relationships were actively encouraged and/or tolerated by his side of the family, particularly by the mother-in-law, as in the case of both Dayani and Mala.

Dayani:

He had a relationship with an aunt of his, his mother's brother's wife. It seems he married me to cover up this affair with the aunt. It seems everyone knew about this relationship. He always went to the woman's place when we visited the mother-in-law's house; the aunt lived close by. So when I saw this happening a lot, I cried and screamed and protested, then my mother-in-law scolded me and said, 'he does these things because he is a young guy, this is what young guys do, you cannot stop that, you don't even have a child so why are you protesting?' She said these things and insulted me.

For some participants, an increase in PV corresponded with the participant's discovery of the extramarital relationship, which then increased the nature and severity of the perpetrator's abuse to severe, life-threatening levels. However, for Iyanthi and Nirmala the start of PV was timed with the discovery of his extramarital relationship. A few subjects stated that the perpetrator's refusal to end extramarital relationships was one of the reasons for the participant's choosing to leave the PV relationship, in addition to severe physical abuse and

homicidal threats to self and children and the desire to protect the children from increasing PV and child abuse.

Intergenerational patterns and PV

Thirteen participants indicated that intergenerational patterns were present for PV, both from the perpetrator and the participant's family history. These included witnessing PV from father to mother for both the perpetrator and for the participant. Other intergenerational patterns reported by the participants regarding the perpetrator's family histories included, substance abuse, incest, and other forms of child sexual abuse, and/or engaging in extramarital relationships by the perpetrator's father (in some cases also by the grandfather). Also indicated were witnessing of extreme social isolation of the mother by the father by locking her in the house, not allowing her to make any decisions regarding the marriage, family, or the children. Another form of intergenerational pattern indicated was sexual harassment of women by the father. A few perpetrators' histories were also marked with childhood physical abuse, inflicted mainly by the father.

Tamara illustrated that the PV experiences of the perpetrator's mother was an extension of the perpetrator's family aggression present in all male family members of the family and described the profound control, isolation and abuse faced by the mother as:

His whole family is like that. His father was also aggressive and controlled his mother. She was not allowed to get out of the house. She was only allowed to go near the gate. She couldn't have her family visit her and she was not allowed to go visiting either, he was very cruel to her. She was like a puppet had to do things his way. She had no control in child rearing or anything else. That is the way the mother was kept.

Nipuni, Somawathi, and Mary stated that they witnessed the mother being subjected to PV, which they felt, to some extent, made them accept the PV as normal relationship dynamics, particularly in the early stages of the PV experiences. For example, Mary stated:

This is what happened. Mum went through it so we thought it was the correct thing and that a woman had to put up with it. I put up with it for eight years but my sister put up with it for 16 years. Her husband was not always violent unlike mine.

In contrast, some participants, such as Iyanthi, continuously challenged the perpetrator's rationalizations for intergenerational patterns of PV and other behaviours. These behaviours were regarded by the perpetrator and/or others, implicitly or explicitly, as behaviours the female partner was supposed to tolerate as a 'normal' part of the marital relationship. As stated by Iyanthi:

My husband used to say to me 'why don't you tolerate the abuse? My father used to hit my mother after drinking, so how come you cannot put up and be like my mother?' I didn't tolerate it, I didn't at all, every time he hits I hit back. Why should I have put up? A marriage is not about being abused. He expected me to do that.

Involvement of others in the PV repertoire

Eleven participants demonstrated that the perpetrator actively involved others, mainly his family members, in the PV repertoire. This included either actively encouraging others to be violent towards her, or by not intervening or protecting the participant when others were violent towards her. Others' violence towards her was mainly verbal abuse, emotional abuse, social isolation, and financial deprivation but a few also resorted to physical abuse of the participant. All 11 participants stated the mother-in-law was the main 'other perpetrator' of

violence, while five participants stated the perpetrator's siblings, both male and female, and other family members contributed to both perpetrators' PV and mother-in-law's violence. All participants stated that the involvement of others in the PV repertoire also extended to these others (mainly the mother-in-law) influencing and actively encouraging or promoting the perpetrator's PV. The perpetrator therefore was both influenced by others to be violent to the participant, and was also encouraging or tolerant of others' violence towards her. For example:

Dayani: My mother-in-law always promoted his actions, even him seeing the other woman. She always insulted and ridiculed me in front of the husband. Once when she did this, my husband hit me so hard I fell fainting to the ground. He then told me to get up and when I did, the mother-in-law threw chilli powder in my face.

Nipuni: He was influenced by his people who have said well it's highly unlikely she is 34 years without having had anyone isn't it? I think this germ was in his head as well as planted by his relatives. My mother-in-law influenced him a lot he started getting suspicious about me because of it. Others have tried to tell her to leave us alone to get on with our marriage. They said that the mother was influencing my husband. I think the mother wrote things about me, because he said I had reports of your activities from my family while I was away.

Farzana: She was in charge and she handled everything and that the way it was. I was not allowed to handle money, she always gave me money not my husband, I told him that was wrong. He encouraged her controlling. She had a chair at a strategic point in the house. That way she knew where I was going, what I was doing, who was going in

and out. She had practiced this art to perfection, the moment I open my door to go anywhere I would hear her say my name.

A few described the mother-in-law's encouragement of the perpetrator's violence as an extension of her jealousy towards the participant. As stated by Farzana: "I didn't realise that when my husband was good to me, the very rare times that happened, my mother-in-law was jealous. I didn't realise that was happening."

Some participants reported that the mother-in-law also tolerated child abuse, with a few actively encouraging the perpetrator's abuse of children. For example:

Mala: His mother is very bad, she says such foul things. She said my sister's second child is my husband's child. Then she went up to him and said I told her about the child. He got angry at me and beat me up. He put me on the ground and trampled the stomach. This was while I was pregnant. When child was born, the mother influenced him to get rid of the child and allowed his neglect of the child.

Minali, Dayani and Sunila demonstrated another pattern of abuse encouraged by the perpetrator. They indicated that the perpetrator actively and consistently influenced and encouraged children to reject the participant, who in all three cases was the biological mother. For example:

Minali: He never allowed me to discipline the children. He always jumped and shouted so I ended up looking like the bad person. He didn't allow me to do anything for the children from a young age. When I try to tell my daughter to make her bed he would make out as if I was using children as child labour. He tried to distance the

children from me from the very beginning. He always kept saying to them ‘your mother is bad, she is stern, she doesn’t love you’. My family tried to tell him that that was very wrong, even his sister said to him, ‘look that is very wrong what you’re doing, alienating the children from their mother. You should discuss things with her in private, not shout at her in front of the children’. That is why I have lost my children today. They are completely brainwashed by him. They don’t want to be with me at all.

The emotional abuse and rejection by her own children caused profound distress for the participants, more so than the severe PV they faced, and had a lasting impact on their mental health, even after they had left and ended PV.

Perpetrator traits: inferiority complex, fear of retaliation and of authority

At least six of the participants illustrated examples of the perpetrator’s fear of possible retaliation by male children, both adult and young children. Some participants reported that perpetrators resorted to child abuse or homicidal attempts to reduce possible retaliation by the sons. Ruwani: “He threatened my son saying, you’re trying to hit me because of your mother. He has said that he will kill my son”. As Somawathi demonstrated fear of retaliation by the adult son and a nephew made the perpetrator change his behaviours when the son was present and led to the perpetrator frequently fighting with the nephew in order to get the nephew to leave.

Somawathi: “He did not come to abuse me too much when my son was around. When son was around he was mostly verbally abusive or would destroy things, plates and windows but didn’t hit me as much.” “I had a nephew who tried to rescue me when I was getting beaten. He fought with the nephew and got rid of him.”

As indicated by some participants, the perpetrator was actively jealous of the participant, or had an inferiority complex regarding their sense of self, relationship, place in society, or other issues. For example:

Tamara: He didn't like the fact I had a job, he fought with me and got me to stop my business. I lost so much money by doing that. He was happy then. I then started a bridal course. He saw me doing well again and was jealous. Once I remember when I went to receive an award he couldn't even bring himself to smile, he said don't keep those big awards at home. He didn't like me to be happy or successful. If someone praised me, that night I am finished, I know that night I will be severely beaten up. He will come up with some nonsense and then hit me.

Farana: From the very beginning, I found him to be very harsh and possessive and wanting to own everything, he used to say I am the one who provoked him to abuse me. Whenever there is a problem, I provoked him to abuse, according to him. He had a dual side to him. He always wanted to show off in public, in social situations that he was a good man. He will say I am paying too much attention to something other than him, for example he would say, I am paying too much attention to the children, then I would have to ignore their needs and give him all the attention.

According to some participants, another trait exhibited by the perpetrator was fear of authority, fear of adult males retaliating, or being judged less favourably by others. These took the form of the perpetrator demanding that the participant not disclose severe PV, as stated by Tamara and Kamala. Examples of a fear of authority were stated by Mala, Deepika, and Shani. An example of fear of authority as highlighted by Deepika is; "He is scared of the

protection order. Now he doesn't stalk. When we were at the police he said to the police, please get her away from me, I am scared to even be in the same room."

3. Dynamics of culture and the socialization process

Culture, particularly the dominant patriarchal culture, the strict gender stereotypic socialization process and its various manifestations within the Sri Lankan society, was described in detail by all participants as being profoundly obstructive to help-seeking for PV. They illustrated clearly how the culture and its socialized discourses acted as an enormous barrier, often insurmountable, in each stage of the resilience development and recovery process of ending PV. All participants articulated that the various constructions and representations of the dominant patriarchal culture and its largely unquestioned socialization process had a negative impact for developing resilience to end PV. Figure 4 (below) is a diagrammatic representation of these cultural and socializing discourses, identified by the participants, as having an impact for both the process of help-seeking and resilience development in responding to PV.

Culture: Dominant patriarchal values of the culture

Except for Shamila, all other 24 participants illustrated varying levels of cultural embeddedness and adherence to the socialization values which hindered the timing and nature of their help-seeking. All participants were able to explicitly or implicitly state at some stage of their resilience development and recovery process, how their own cultural values had an impact on help-seeking. For most participants, the ability to reflect on their own cultural values and how that had a negative impact on dealing with PV particularly in the early stages of the process came about mainly in the latter stages, after they had achieved some success in responding to PV by reducing or ending PV. In regards to the dominant patriarchal values

presented in the society, all the participants were, consistently and continuously, able to demonstrate numerous examples of how different societal sectors, made up of men and women, actively limited their help-seeking and created barriers for resilience development and recovery process in responding to PV.

Culture

- Dominant patriarchal values of the culture (presented in the society as institutionalized, female endorsed, religion endorsed, and/or informal support systems endorsed patriarchy)
- Culture as a barrier for help-seeking (with state, formal systems, media and other cultural tools promoting patriarchal values)
- Lack of women-centred services in the society
- Continuum of violence in the society (general and state violence, impact of militarization, tolerance of societal violence)
- Personality traits that exhibit cultural embeddedness (accepting the status quo without challenging, blaming karma for problems, passive acceptance of things, hesitancy to constructively problem solve, lack of awareness, lack of communication and negotiation, inability to constructively handle emotional distress, and the unquestioning promotion of negative cultural values)

[These personality traits and patriarchal values are not specifically limited Sri Lanka -all other patriarchal cultures may exhibit abovementioned traits]

Socialization process

- Society (mostly) indirectly legitimizes partner violence and other forms of violence, including some forms of child abuse
- Men not held accountable for their actions (including PV, child abuse, lack of involvement in parenting or actively neglecting child care, substance abuse or other addictions, engaging in extra marital relationships, violence towards others)
- Women socialized as lacking status as a true subject and being made to feel as a subordinate subject
- Encouraging and socializing women to act as good women by preserving other and not self (lack of self-preservation) and promoting conservative, traditional cultural representations of womanhood
- Women made to feel solely responsible for preserving others such as relationships, family, children, societal, cultural and national integrity
- Belief women need to stay in abusive relationships (harmful to both women and their children because of the presence of PV and child abuse) because children need a father irrespective of his aggression and the nature of his parenting

Figure 4 - Culture and socializing discourses

Institutionalized patriarchy

Except for Shamila, Farzana and Minali, who accessed only limited formal support systems, the other 22 participants demonstrated that various forms of patriarchal values of the formal support systems affected their help giving. All 22 participants stated that formal systems were destructive and ineffective in their help giving, or that they refused to intervene or support women who faced severe life threatening forms of PV. For all these participants, the fact that their children faced often-severe child abuse and threats to their lives, were also not attended to or perceived as necessary grounds for intervention by the formal support systems.

Twenty-one participants reported that, of the formal support systems, the legal enforcement services, particularly the police force, were predominantly ineffective and destructive. They demonstrated adequately how the police continuously and actively subscribed to institutionalized forms of patriarchy, which affected their ability to intervene against PV. The other formal support systems by no means were exempted from this scrutiny. All participants demonstrated that state, nongovernmental, or private, formal support systems actively engaged in institutionalized patriarchy, which worked towards not providing women-centred services, and promoting male privilege by not questioning or intervening for PV. For example:

Shirani: I made an entry the day he came to the Sunday school in the temple. He threatened me and said he will beat me. He said, Buddha is my witness and I will tell you in front of the statue that I am definitely going to kill you and that I am going to kill your mother as well. I made a police entry when he did that. That was one month ago, police is yet to come. When I went to report it, they said go back with him, don't try to leave, it is all wrong to leave.

Deepika: One day when he beat me severely I went to the police. I thought why should I be taking this? I have been taking this for a while now. They didn't help, they were focusing on the fact I am the one working and earning. They said, just because you have money and he doesn't, you shouldn't treat him wrong. They said that I should be giving the money I earn to his hand, he is the man of the house and that he should be the one spending. The way they speak is very wrong. They are so abusive they should be making sure our minds are at ease after going to the police, that's how they should be handling the cases.

Nipuni: "I have medical reports to prove the severe abuse but the courts told me since I have children for me to go back and to tolerate it for a while more. They said he will be distressed if I leave."

Female-endorsed patriarchy

Eleven participants demonstrated that women in formal support services also tended to actively promote patriarchal values (as much as their male counterparts) by forcing participants to stay in the abusive marital relationship because of cultural values, which they termed as 'staying because of children', 'it's our culture' or 'cannot break up families'. Female endorsed patriarchy resulted in participants feeling a greater distress and confusion in regards to problem-solving for PV. It often resulted in women regressing in terms of resolving the PV, which then undermined the difficult progresses they had already made in trying to end PV. As participants illustrated, female endorsed patriarchy acted as a serious deterrent to the help-seeking process. The fact that other women actively discouraged women's developing agency meant that valuable opportunities to reduce or end PV was lost, often with disastrous consequences. For example:

Somawathi: I told someone before that this is not the first I told someone. It was the hospital counsellor. She said you have children so try to work it out with him. I was thinking maybe I should leave but then the counsellor said it is our culture so I thought it was no use talking to anyone. She said that is the way, in our culture, so I decided to tolerate the PV.

Ranmali: The courts are more interested in keeping families together, isn't it? The family counsellor was taking his side all the time. She said for me to allow him to come back and for us live well together. She said, he is not a bad person, he's a doctor, let your husband come home, that he is feeling down about all this and if I don't take him back what if he does something to himself? I said what about the children's and my mental health status? The youngest child was showing symptoms because of all this when husband was abusing all of us. My son was hitting his head against the wall, and hitting others, he was acting out but after the husband left my son is doing so much better, the family counsellor doesn't seem to care about any of this.

Nayana: Yes, he had an extra marital relationship but says it is your fault that he had a relationship. I know this case is very complicated but why don't we try still, it is 25 years of marriage, why don't you forgive him and go back. She said this knowing that he tried to kill me by stabbing.

Shyama: When it went to the courts, magistrate lady was always pushing saying this is a household matter why don't you all get together and sort it out? Then there was this horrible lawyer my husband brought, she was very aggressive and she was trying to say that because I am educated there is too much of female power in the relationship, trying to like say it is a petticoat government kind of thing and that I am doing all

these things to the husband and the children. So all the abuse I faced and what the children were going through because of him was supposed to be my fault.

Lack of women-centred services

The above examples adequately demonstrate the lack of women-centred services in the society in regards to formal support systems. Many participants commented on the lack of women-centred services in Sri Lanka, a deficit hindering problem-solving and help-seeking for PV and other problem issues. For example:

Nayana: The reason is women in Asian countries are always treated so badly. They are always cast aside and trampled on, that is why we try to save the marriage even if it is violent, because the system does not allow women to rise above the problem. In Asia, if a woman falls she has no way to rise above. All the systems are for men and encourage women to be dependent on men.

Shyama: The thing I really resent is the system should have some sense to recognize when a woman says she has had enough, when a woman says it, they need to take attention. It is difficult for women to come out and say this. I can't talk for everyone but women usually can put up with a lot of things. When it is too much, when you know your threshold you say you just can't take the problem anymore, when you come to that point and say you can't then the all these people say you go back then you lose faith in the whole system.

Iyanthi: Even the systems that are supposed to help you don't help. The police responses to abuse are really shameful. The time I left permanently to come to WIN, I

first went to the women and children's desk and they didn't help me saying they only deal with children's issues.

As previously discussed in the study, Sri Lanka lacks women and children centred services, which limit women's help-seeking for PV and other problem issues. The majority of participants illustrated these as lack of adequate support and intervention from formal systems. These included Police officers refusing to document severe PV or refusing to investigate the incidents of violence, emergency police (119) not arriving when contacted over severe PV or child abuse and when they do so, not investigating the incident, and at times justifying the perpetrator's actions. Participants gave other examples of lack of women-centred structures in Sri Lanka. These included the lack of employment opportunities, part time employment options, or training opportunities for women who have left the PV relationship; lack of child care facilities within state services; and lack of compensation or welfare by the state for women and children who have left the abusive relationship. Participants also gave examples that they felt demonstrated a lack of interest by the state and the formal systems to provide women-centred services. Some examples they provided were: the perpetrator's lack of accountability for not supporting his children financially and lack of accountability or punishment of the perpetrator by the state or formal legal services for causing severe life threatening PV. Some participants also indicated that inadequate legal tools and poor implementation of the limited laws regarding violence against women in relationships severely limited solutions to PV. Whilst the introduction of the few women-centred resources, such as the Domestic Violence Act, enacted in 2005, was viewed by many participants as a critical life-saving resource for their safety. Its actual efficacy, given the reluctance of Police to apprehend perpetrators and the evidence of patriarchal values institutionalized in the courts, remains in question.

Cultural attributes which act as a barrier for help-seeking

As demonstrated in earlier examples, certain features of culture act as a barrier for help-seeking because people actively subscribe to patriarchal values and because of the lack of support for women when they face PV. The state and other formal systems, including the media, actively promote patriarchal value systems and subordination of women by its overwhelming portrayal of women as ‘victims’. Often, depictions of violence, regardless of its nature, can act as a promoter of PV, as some perpetrators directly mimicked media or other forms of violence. Ruwani stated, “There is a TV programme called fingerprints, it is all about murder cases. He used to threaten me saying I will do exactly that to you.” This was confirmed independently by Tamara and Dayani, and Tamara stated, “On Tuesdays I get beaten for sure because of a TV programme called fingerprints. The day he watches it he beats me, always.” The scope of the thesis does not permit describing all other cultural barriers mentioned by the participants, but the present chapter demonstrate how several such factors acted as cultural barriers for the participants in resolving PV.

A continuum of violence in the society

Most participants reported that various forms of societal violence such as the effects of the prolonged war, and the consequent militarization of Sri Lankan culture, helped to further privilege male entitlement, and enhance the patriarchal nature of the culture, which then limited women’s help-seeking and a women-centred focus in formal services. Participants demonstrated several instances where increased community violence and tolerance of aggression as a form of problem-solving was discussed pointedly by others, both male and female, in a manner which encouraged the perpetrator’s sustaining of violence.

Mala for example stated, “When I went back, his friends and his people told him that it’s all lies and that organizations are not going to check up what he does, this encouraged him to lose the fear and abuse me again. His friends reduced his fear by saying he should do whatever he wants and that courts cannot make him pay me. They told him forget giving her money, you can get money from her if you go to courts.”

The militarization of the culture and effects of the war were understood more implicitly by the participants to be means by which PV was trivialized as a legitimate form of violence, and which thus worked towards obstructing effective help giving. Nayana stated:

He stabbed me and tried to kill my son. I was hospitalized in.....but I couldn’t disclose to them because he is so powerful in the area so they didn’t operate me, or anything. Then I came to Colombo WIN office and WIN sent me to the general hospital for admission but that day a bomb had gone off which killed the army commander so hospital didn’t admit me, they were too busy with those things, they had lot of injured people to deal with.

Several other participants indicated that formal systems - particularly the police - trivialized severe life threatening PV by stating “don’t bother us with these family problems” and “you’re wasting police time with domestic issues, these things are not our problem”. Although difficult to elaborate in detail in the present study, the impact of generalized violence on PV was declared, by numerous participants, an important cultural factor for deterring help-seeking.

Personality traits that exhibit cultural embeddedness

Several participants, in the latter stages of the recovery process, who had ended PV successfully, (most by leaving the relationship but some while staying), commented on particular Sri Lankan traits as being detrimental to help-seeking or for attempts to resolve PV. As stated in Figure 4 (page 211), these included the reluctance to challenge or question issues, blaming karma (belief that negative actions of past births are responsible for current issues) for problems faced and thereby passively accepting the situation, lack of awareness of issues, hesitancy to constructively problem solve, and the unquestioning promotion of negative cultural attitudes and values. Participants demonstrated these traits by stating:

Deepika: My neighbour was killed by her husband, it's strange that no one said it's a shame she didn't leave. If she had left the marriage, at least the children would have had a mother. Now the children don't have either parent. I think Sri Lankans don't really think about things, they just say it is the culture and don't analyse what that means. The problem in Sri Lanka is that people are very resistant to problem-solving. I managed to problem solve because I had family help and because I tried. Others I don't think even try to solve a problem. That is the problem, we need to change this society gradually we need to change the attitudes of our people.

Nayana: "Everyone kept saying to me if he gives you comforts, clothes, and food, why are you worried about the rest. Let him do what he wants, and then in that case a marriage is a lie, is it? You're supposed to just accept it."

Kamala: "He got me into so much of trouble, so much of trouble because he hadn't divorced the other wife. I then thought 'what to do' and stayed with him."

Somawathi: “When he beat me severely I used to think best way to end this would be to kill myself.”

Socialization process

As indicated by all participants, the dominant patriarchal culture socializes women to be subordinate subjects, who lack status as a full subject, while men are privileged as the full subjects, but subjects who are not held accountable or responsible for their negative and abusive actions. Participants demonstrated consistently how the society then promotes this disparity by legitimizing PV and other forms of violence against women and children. While this thesis cannot focus in-depth on all aspects and nuances of the strict and largely unquestioned socialization process of Sri Lankan culture that promote women’s subordinate status and encourage women to disavow agency over their lives, examples below demonstrate some of these factors.

Men are not held accountable for PV

According to majority of the participants, the perpetrators were not held accountable by anyone including the state, formal systems, society, his family and friends, by the public, and in some instances, not even by her informal support systems, for the PV. Participants demonstrated that men were also not held accountable for child abuse, including sexual abuse, homicidal attempts or severe physical abuse of children or for that matter for lack of parenting. Often, neither formal nor informal systems held the perpetrator accountable even when they themselves were harassed or verbally abused. Participants also demonstrated that the perpetrator’s adultery, and substance abuse or other addictions were also legitimized by the society.

Mala: Even now they say that I am the one at fault. Police jailed him and my parents say I shouldn't have allowed that to happen and that all of this is my fault. How can I be the one at wrong, he is the one who abused me? My mother said he wouldn't kill you just because he says he will. How can she say that, on three occasions he tried to strangle me - there were visible finger marks, and he tried to kill the baby and another time starved him for a whole day by locking me out and not allowing me to breast feed him. I showed my injuries to my parents. Still they take husband's side.

Mary: You know he abused me severely, he destroyed my son's life, he was unfaithful, he destroyed my family, particularly my....., she is still not ok because of what he did, yet no one held him accountable, and he is still doing it to my son. He got away with it all. He was not punished by anyone. He has his job, his high paying job, he has his house, courts still take his side, I am the one who had to leave, so he got away with it all.

Ruwani: "He hit before but that was because of his family, mother. She influenced him." "He was openly having an affair with this girl, now that everyone knew and didn't do anything he felt like a hero saying no one can stop him and that he can do anything and started hitting me saying; 'I can do anything and have not only one but hundred mistresses'."

Society legitimizes PV and indirectly endorses women's lack of status as a true subject

The above examples demonstrate society's unquestioning promotion and legitimizing of PV, child abuse, harassment of other women, adultery and other abusive or negative behaviours on the part of the perpetrator. These actions then maintain women's subordinate position within the relationship, family, and the society. Majority of the participants demonstrated that

society's legitimizing of the perpetrator's actions and the active socialization of women as subordinates were critical barriers to their help-seeking and recovery process. For example:

Dayani: "Once he borrowed money from my parents, left me and went off with another woman. Everyone blamed me for it. His whole family blamed me for all this and for the abuse. Even the police, they just advised him only, he kept up his bad ways". She further stated, "Once when we were at my parents' place my husband had gone and tried to rape my aunt, I got scolded for his behaviour." "I realised if I wanted to stay with him, I needed to be silent and tolerate everything he did."

Farana: He got more money and with it more women, and any questioning he would not take, so the abuse increased and it was a case of putting up with it, because no one objected to it or tried to stop it. He even sexually abused my daughter and the girls. When I said about daughter's abuse to the police officer, he just looked at me but did not say a word or do anything. Even when I went to the police station, I find that I had no place there because he gets around them.

The "Good woman" concept - a lack of self-preservation, while showing concern for the preservation of others

Except for Shamila, all other participants consistently demonstrated numerous ways in which they compromised self-preservation and actively preserved others, such as the relationship, family, children and community, and conformed to societal expectations. Except Shamila all others illustrated examples of sacrificing their self needs in order to maintain this 'good woman' stance as a necessary requirement for fitting into the cultural expectations of 'true' womanhood. Some of these instances of preserving others and preserving the 'good woman'

concept were implicit, while some were explicitly stated and illustrated. Examples of maintaining good woman status and lack of self-preservation are:

Nipuni: When he went abroad, I didn't go anywhere other than to work and even then I went with the sister. I don't know while he was away whether he thought I was up to no good. The sister knew I was a good woman. Other than his mother and sister, no one else came home while he was away. Once his brother came to visit but he came when sister and mother were there. I didn't interact with him much I gave a cup of tea and got on with my things. I was always trying to be respectable about things.

Nipuni further stated: "I had a government job and everyone said to not give it up, I asked him whether to stop work or not, I knew when I married I would follow my husband's wishes and instructions so I did what he said."

Tamara: "But I didn't try to break the marriage because he hit me. I thought I couldn't do that. The first time was when I was pregnant with my son, this was about two months after marriage." "He kept forcing me to stop work. He said that I was neglecting the children and that my business was useless, I thought I will stop working."

Sunila: "His sister was raped by the father, so I put up with his rape then I thought my children would be spared even if I suffered."

She further stated: He didn't give a cent to look after the children. He didn't do anything for them but I thought I needed him to bring them up. I thought children need a father so was going to put up with anything to give them a good life. I wanted to reform him. I thought I could. I have tried to hide the fact that the father is a

monster but that is what went against me in the end, I covered up for him and the children then went on to reject me and believe him, now I am alone.

Although Shamila did not subscribe to cultural notions of the ‘good woman’, nor did she lack self-preservation nor was subordinate to the male partner or other, she nevertheless illustrated one point at which she ‘pleased the other’ but was aware that this decision was not completely contradictory to her needs. For example, she stated, “I guess given the kind of commitment I had made I did not know how to get out of it. Because people knew, my friends, parents, his friends knew, so well it was difficult to get out of getting married”. Shamila, who is an active women’s and social rights advocate, illustrated that she is not culturally embedded and did not promote conservative cultural values. She stated:

I don’t need a marriage, If I knew it was wrong, I would not have stayed in the marriage as I don’t think one needs to just stay in a marriage for the sake of marriage, I don’t value marriage as this ultimate thing, I valued the relationship not the institution.

Women stay in PV relationships because of the belief that children need a father

The belief that women needed to stay in a marriage in spite of the extremely abusive and life-threatening nature of the relationship, both for the women and for their children, was articulated consistently throughout the interviews. This construct was the most persistent and unyielding form of culturally embedded socialization to which the participants subscribed. Even the participants who had numerous resources, such as stable employment, social class privilege, professional careers, good support systems, material and financial resources, demonstrated that they stayed in PV relationships for long durations, because of the belief that children needed a father. Twenty-four participants, including the participants who were solely

responsible for all aspects of parenting, which included providing financially for the children's upbringing, illustrated that they made conscious decisions to stay in PV relationship because of the children. The participants stated that this notion of 'children needing a father' and 'staying because of the children' were socialized messages they continuously received from all quarters of the society, including from support systems. For example:

Shirani: Someone always settles us then I have to go back. My parents, temple priest, my colleagues, my best friend, all of them have got us back together. They say to go back because of the child. Every time I go back, he is more violent to my son and to me. That time he beat both the son and me badly. Son's hand was swollen because of it. Everyone said child needs a father, even the police. The culture says if there is no father there will be an effect, the thing is my brother and father act as more of a father to my son, than his own father.

She stated further: "He says such foul things in front of him, swearing, he always threatened to kill us both. We were always very scared. We didn't sleep when we were with him. Some days I would stay up and other days the child would stay up because of the fear that he would do something to us.

Sunila: I was the one doing everything and looking after the children, building the house and working, he neglected the children and spent his salary on gambling and drinking but I thought children need a father, so I was going to put up with anything to give them a good life.

A few participants, who had numerous resources, including successful professional careers, emphasized that they could have ended PV earlier but chose to stay because of the children. For example:

Ranmali (medical professional): “I realized I don’t need him in my life. I realized it before but I was taught that children needed to stay in this situation, that children needs a father.”

Shyama (researcher): “I have come to the stage where I can forget myself and do something for the children, for both but especially for the son.” “There were two occasions I went with all the certificates to the lawyer to file for divorce but after a month I said I’ll put to it on hold. I felt whether wrong or right, I felt I needed to make it work because of the children.”

In contrast, when women have already ended PV by leaving or are actively working towards leaving the relationship to end PV, the notion of culture and its socialized messages of staying for the sake of the children are questioned. As illustrated by Deepika:

I think this culture thing is a useless thing, what does it mean? I am supposed to suffer and put my two children’s life at risk for it, including the unborn child. Why should I stay in a relationship that is harmful for me and for the children? If you are a woman or a child, we are all trapped by this culture thing.

4. Emotional factors related to PV and help-seeking

Participants reported several emotional factors that had a crucial role in terms of affecting their help-seeking.

Shame and help-seeking

A majority of the participants stated that shame acted as a clear deterrent to help-seeking, particularly in the early stages of the PV experience. For some, shame deterred them from disclosing PV or seeking support long term. Some women tolerated severe PV for up to 20 years without disclosure. For most, shame attached to disclosure of PV, and feeling ashamed because they were subjected to PV, served as obstacles for resolving PV. Most feared others would somehow blame or judge them, not support them, or make them feel ashamed for the PV, if disclosed. Some participants implicitly and explicitly stated the socialization process, and the society's continuous need to reiterate that women should experience shame for PV and other traumas they faced, directly resulted in participants not disclosing or help-seeking. For example:

Somawathi: I didn't tell because of the shame. I do a government job it is not good for me. It is too shameful to say this is happening to me. I tolerated it all. It is only this time, after all these years, that I told everything, for 21 years I tolerated it. When I said it, I thought of my children and felt very sad, I always wanted to have children and be within a family.

She further stated: "Neighbours used to hear so I didn't shout too loud when he beat me. It was so shameful."

Dayani: "I felt I couldn't shame my family, I thought that it would be a dishonour if the marriage breaks. So I tolerated a lot."

Damayanthi: He always used to ridicule me saying I don't own a house and then throws us out so we were mostly in my mother's place. He used to throw us out from the time my daughter was going to Montessori. I suffered a lot, the shame of it all. It was shameful for my children. I didn't tell my family all the things. I thought if I did the family will break up.

Damayanthi also stated, "If not, every time I go to the doctor's I lie and say I fell, because of the shame of it all."

Similarly, some participants reported that their informal support systems, particularly their families either actively chose to not help the women to problem solve regarding PV or blamed the participants for disclosing the PV and thereby subjecting the families to public shame. For example:

Mala: My parents said, 'we will see if he kills you, we will see about it then, if he kills you we will look after the baby'. They are more interested in what the society thinks, not about us, so worried about pleasing the society. It is shameful for my parents; they don't want to keep me at home. This time also they asked me to leave home; my parents said it is shameful to have me there. I didn't have a place to go with a child, now I am living in hiding. My parents say it's shameful after giving a daughter in marriage to have her leave the marriage. I don't know is it life that is important or shame?

Iyanthi: I don't know whether it's about shame. I don't think I need to hide the fact I was abused and am now seeking help and that I have left but I think my family is

feeling ashamed of this. Why should I feel shame? This is not something that happens only to me.

For most participants, shame acted as a deterrent for help-seeking and resolving PV. In contrast, for Neela, the perpetrator's attempt to publicly shame her made her seek immediate formal support for ending 20 years of PV. As she stated:

That morning I was taking my son to the bus stop and on top of the lane this was there, hand written and it was about me, it said '..... is a prostitute'. I could not bring myself to look at that. It was so shameful for me. It had to be him who did it, who else would do such a thing. That is the main reason I came to WIN, I couldn't take it after that.

Fear and help-seeking

The majority of participants indicated that fear of the perpetrator, fear of the consequences from the perpetrator if she sought help or left the relationship, and the intensity of the violence, stopped or deterred women from help-seeking at various stages, of their PV experience. For example:

Dayani: "I am so scared of his beatings, he hits only once or twice but his shots are so hard that is why I was silent about it all, I did not disclose to anyone because of the fear of his level of abuse. I couldn't go to my parents; I lost them because of it."

Sunila: "As soon as I hear him coming I start vomiting for the fear. I was so afraid. I have never known happiness in my marriage. I was married for 30-odd years."

Minali: “I used to fall asleep as soon as I hit the bed because of the fear of him raping me. Even then he would wake me up and do what he wants to do.”

A few participants explicitly stated that overcoming fear was an important step in their process of help-seeking and resilience development to end PV. For example, Mary stated:

The first thing I did was I got over my fears. I had this huge fear about things happening, that he will come to get me. That was the biggest obstacle I had to overcome. I always had the feeling he would come home and that when I open the door he will be there. He used to come down the lane I live and watch me. The fears were the biggest thing I had to face up to. That was a big step to know now that you're not afraid anymore, because when you live in fear you cannot do anything.

Lack of disclosure and help-seeking

Many participants indicated that lack of disclosure of PV, particularly in the early stages of PV experience, occurred because of numerous factors. Other than shame and fear, factors that led to lack of disclosure were strict socialization of cultural values, lack of awareness or access to effective formal support systems, lack of constructive support from both formal and informal support systems, lack of resources, fear of losing employment or other resources and fear of being judged or blamed for PV. Some participants also demonstrated their cultural embeddedness by stating that they were proud of non-disclosure of PV and their long-term tolerance of severe PV. Somawathi:

I thought I must get married, have children and be within a family, so I didn't tell about my problem to anyone. I didn't even tell my parents” “Even this time when the

doctor said, my god child, why didn't you tell anyone? I said I didn't tell anyone sir, no one.

In comparison, Shamila stated, that her lack of disclosure of PV, was tied to her identity and her belief systems as opposed to cultural embeddedness. She stated:

For me one reason why I never spoke about it with anyone until I left was because I could not have rationalised my staying with him if I had vocalised it and if I had recognised it as abuse. I am not a person who would have stayed once it was recognised as violence. For me the question who am I was important, my identity was tied into it, once I told how could I stay? Once I told I knew I could not have stayed and justified staying at all. It was not possible for me to have stayed after that. I do not know whether it is different for other women.

A few participants also demonstrated that, informal support systems which were supportive but did not actively encourage leaving the relationship in order to end PV, at times questioned women, and blamed them regarding their lack of complete disclosure of PV. For example, Neela stated:

You know financially they came and ask me what I need, whether children and I have enough, whether my house loan is paid. Then they ask about the children, their tuition fees, those things. Then only they are interested in me. Now they say, 'why didn't you tell us for so long? What is your idea now? Have you spoken to him? Can we speak to him?' I am always second.

Farana, Somawathi, Farzana and a few other participants reported that they regretted not disclosing PV previously and commented that, had they done so, they would have managed to end PV earlier and thereby reduced their distress and the consequences for self and the children. For example:

Farzana: I didn't tell anybody about the gravity of it. Nobody knew what was going on. They sensed it but I hadn't told anyone. There was my biggest mistake. I should have tapped my support system. I should have said. His family said everything in the family must stay in the family, it must never go out, but I should have told before.

Somawathi: Now of cause I cannot take any more. Now I think I am also a human, a woman. For 21 one years I didn't tell anyone. Now I think, if I had left earlier I would not have had to go through so much suffering. After coming here and talking to the counsellor, I thought, why was I so stupid? I thought as a woman I didn't have to take so much from a man.

Child abuse, consequence of PV for children and help-seeking

As discussed previously, having children acted as the main barrier for help-seeking and for ending PV. The socializing discourse and the women's strict socialization process affected this decision-making. Most participants gave overwhelming evidence that they chose to stay in an increasingly violent relationship because of the children. Nineteen participants, however, also demonstrated that, when women chose to end PV by leaving the relationship, they did so because of the children and their need to protect their children. For some, this decision took several years, even 15 to 20, while for others, such as Deepika and Mala, the decision to leave a PV relationship in order to protect children as well as self, came after 1-3 years of marriage. For most of these participants, who left the relationship, the awareness that

children are facing increasing child abuse and severe consequences themselves because of the PV, were a determining factor. The study indicated that children acted as the single most determining factor for both staying in the PV relationship and for leaving the PV relationship.

Child abuse

Twenty-three participants demonstrated numerous examples of child abuse their children faced. Except for one, for all others, the perpetrator was the biological father of the children. The child abuse ranged from emotional, verbal abuse, and neglect, to severe physical abuse, homicidal attempts, and for one child, prolonged sexual abuse. Participants also illustrated that the child abuse at times increased because of the PV women were subjected to, or because of the fact that children were trying often, to rescue the participants from PV. Most participants demonstrated that child abuse occurred regardless of the age of the child and included violence to the foetus, to new born, toddlers and all age groups. Some examples of child abuse:

Tamara: He ill treats the son, and says son is not his child and calls him a bastard to his face. My son cries about it. He never liked me talking to my son. He would ask what you two are plotting. He wouldn't even let me hug my son. Then he would hit us both. Once when my son was a toddler, husband put him in a room locked the door and went off. The baby was crying I couldn't get to him.

She further stated: Once when we were all in the car, he suddenly stopped the car and threw the son out to the middle of the road on a main road and told him to jog home and kept saying he was too fat so for him to jog home alone. I couldn't watch it was too much my son was in the middle of the road and was crying. I was scared he will get knocked down by a vehicle.

Farana: She was 6 years when he started, I did not know he was abusing her, she never told me but little by little I found changes in her and I was wondering if she was unhappy. She was very close to me but she never told me that she was being sexually abused, she only told us after she spoke with you.

Ruwani: My son has seen the violence and at times has tried to rescue me and got beaten. My younger one also, both jump in the middle when I am beaten. He threatened my son saying, you are trying to hit me because of your mother, and he said that he would kill my son. Son is scared because of this.

She further stated: “My son is the one who gets me even a Panadol when he beats me badly and applies balm to the bruises.”

Consequence of PV for children

All 25 participants illustrated consistently, that the children themselves, faced varying emotional, physical, and other consequences from the PV the women faced. For example:

Tamara: “My children were so scared; they were snuggled up together on a sofa and were crying. They witnessed my beatings” and stated, “Once when he was beating me, my son screamed and ran out of the room, he was very young, he must have got scared”

Tamara: I remember a time when my son came back with a 100/100 mark for his religion test and the night before husband was trying to strangle me and the son was trying to rescue me and was crying. I told my son he was a good boy for getting full

marks. That day when my son was studying husband pulled him off the chair and hit him.

Somawathi: He forced his whole body weight on my throat. I was on the floor and he was trying to strangle me with his foot forced against my throat. This child saw all this. He always abused me in front of the children they are all affected by him.

She stated further, “I usually take about 1½ hours to come after work, if I am five minutes late, he will abuse me. My daughter changed the clock by half hour so there will be no problems for me.”

Ranmali: The children beg him not to bother them and cause problems but he always does it. He kicks the door of the room we sleep in. The children and I sleep in one room, and he tries to break the door, screams and threatens to kill us. Last month when he did that we got so scared we jumped out from a window and I called the police emergency 119. We stayed inside a ditch on the side of the house and were afraid he would come and kill us. The police came and helped me to get the car out of the garage so I could go to my sister’s place. He has threatened to kill my sister and the family as well.

Some participants stated that the consequences for children because of the PV was evident even after they left the relationship, because of the complex post PV issues, including the continuing effects on the children remaining with the perpetrator. For example:

Shyama: I got custody and I had the children but it was like I didn’t have them. They didn’t really like to stay with me after all that brainwashing he and his family did

about me. They were torn mentally, and they would not listen to me. My daughter, it was terrible, she didn't go to school and she started acting like a small child, she was cuddling a toy, she was suicidal at one point, that's when I took her to.....that helped, now she is doing well but looking back, in the end the children suffered a lot, that's what I am most upset about.

Mary: More than his adultery and the battery the hardest thing for me was the separation from my son and knowing he is still in this situation and that I cannot do anything, I have to wait until the courts get around to it.

She further stated, "Recently the school contacted me and said he was violent to other kids and to the teachers" "there was a time I couldn't talk about my son without breaking down all the time, it is still hard."

Children's refusal to return to PV

Some participants stated that the children actively refused to return to the perpetrator because of the PV participants would face, and that the children were able to most often predict patterns of PV accurately, more so than, the participants. Shirani stated:

My son didn't want to go back, he said things will get worse, even last time he said that. Everyone tried to tell him it's going to be ok and to go and see. Then his reply was why don't you people go and see what it is like to live with him without telling me to go back?

Tamara stated: My son packed two of the three bags for me, I had no money on me, my son came up to me and said, tell me amma is this it? is this the last time are you

coming back to him, if we are coming back, let's not go through this, let's just unpack and wait; if we are going for good, let's go ahead.

A few participants' children stated similar sentiments regarding staying with the perpetrator and vocalized that they preferred to not face further child abuse and witness their mothers being subjected to PV. For example, Kamala stated that her elder daughter remarked to the sibling:

Don't think that our father's leaving is a problem- we can manage without him. We will live. I am going to become a lawyer or a police officer; I will make sure people like our father are punished by the law for what they do. I will somehow do this for my mother.

Age of child as criterion for staying in PV

A few participants indicated that the age of the child, particularly having small children, deterred them from leaving PV. Shirani stated, "I thought a child needs a father. I was also scared to leave when my son was small but now he is older, I am not scared". However, Mala and Deepika both left their PV relationships while pregnant or while the child was only few months old, and stated the safety of the young child as one of the reasons for leaving.

Leaving PV because of the children

Fourteen participants stated explicitly that they made the decision to end the PV by leaving the relationship because of their need to protect the children. For example:

Tamara: I thought how this is affecting their mental development. Seeing these things it's the end of the children isn't it. I think this aided in my final decision to leave, that

I should not let my children be ruined by all this. This was an important reason for me to consider leaving for good. I thought, 'no, the property isn't important, it is the children that are important'. I need to live for my children and make sure they have a life. If I die then my children will have no future.

Mala: I got stronger after I got pregnant with this child, now I am not alone. I feel I have something to work towards, I feel resilient since I had this child that helped me to decide to leave him. When you are alone as a woman, people look at you funny. Now that I have a child, there is someone for me to love, look after, and live for.

Shamila: He had left the child alone. When I went in, the child was screaming, that was the moment that I decided I was not going to bring him up in this environment. I was sure about that than anything else. I was in this relationship out of my choice and I had emotional ties to.....but a child is different. It is not that I thought it was ok to be abused but I am an adult. For a child it is different, he could not make choices so for him I needed to make the right choice.

Consequences of PV and help-seeking

Participants illustrated multiple symptoms as consequences of PV which ranged from psychological symptoms, physical symptoms and injuries, long-term physical and psychological symptoms, illnesses and disabilities resulting from prolonged severe PV, and effects on participants' daily functioning in regards to all aspects of functioning. The scope of this thesis does not allow for elaboration on all physical, psychological and long term consequences of PV, but a few consequences which are directly relevant to participants' help-seeking will be illustrated. For example, the majority of participants stated that psychological consequences of PV made it difficult to have awareness of the consequences of PV and made

thinking, planning, or problem-solving, in order to end PV difficult. Most stated that when they developed gradual awareness of the PV and its consequences it then helped the participants to end PV. However, a few stated that the psychological consequences of PV made decision-making regarding help-seeking or ending PV difficult while they were still facing the PV. For example:

Somawathi: “I used to put up with a lot. Also I felt I was not in a position to leave. I was feeling shameful and beatings were very difficult to handle and I couldn’t think while facing it.”

Farana: “I should say I saw my-self as a victim until I was with him but not after that” “I didn’t know when I was living with him that this was what was happening to me, what abuse patterns were, and what to look out for but when I reflect back there are so many things he has done and I have been cheated, really cheated.”

Most participants illustrated that they made rapid decisions to help seek, and at times to end PV permanently, when they themselves or the children were subjected to severe physical abuse and/or homicidal attempts. As illustrated by Nipuni, Ruwani, Tamara, Iyanthi, Nayana, Mala, Anjana, Damayanthi, Shirani, Ranmali, Deepika, Nirmala, Somawathi, Mary, Minali, and Dayani. For example, Anjana stated:

After he stabbed me I had to have my baby, who was born premature, by caesarean. Now I have lot of injuries. I cannot work now because of the pain and the disability. I get stomach and back pains. I get bad back pains in the night, so I have to take painkillers for it. If I wash one item of clothing, I have severe pain, so now I know I

cannot work. I am not going back to him now. I don't want the children to spend time with him. He tried to kill me and the baby that day.

Participants reported several additional factors that affected their help-seeking. Some of these are effects of multiple trauma faced, and lack of resources. For example, four participants stated that inability to make effective decisions regarding the PV they faced resulted from their experiences of facing multiple traumas and issues, in addition to the PV they faced. These participants demonstrated that their cumulative effects from all the traumas they faced affected help-seeking. For some, other traumas or issues stemming from their childhood or early adulthood and the PV they faced in their adult relationships, then compounded the effects of their existing trauma(s) and affected their process of cognitive development and problem-solving regarding PV. According to a few participants, lack of resources, financial, material, psychological or social support affected their timing and nature of help-seeking. Most of these participants stated that the lack of any or all of these resources led to lack of help-seeking, at some stage of their PV experience.

Summary

This chapter demonstrated the nature of the partner violence faced by the Sri Lankan help-seeking participants, and the factors affecting their help-seeking and resilience development for ending PV. The participants indicated that the PV characteristics, perpetrator characteristics, socio-cultural aspects, and other significant factors affected their help-seeking process. The participants clearly and consistently demonstrated that the socio-cultural factors had an overwhelming negative influence, on help-seeking, and served as an obstacle for ending PV. Other factors, such as PV characteristics and perpetrator characteristics were also demonstrated by the participants to be deterrents for help-seeking for PV.

Chapter Seven: Qualitative Results (The emergent theory: Early stages)

“I think a man shouldn’t abuse his partner but you wait hoping things will get better. It takes a long time for you to realize that it is not getting better. It takes a long time for that realization to come about. I realized a year ago that he did not care about me or the children and that he is always chasing us away. That it was always about him, after 11 years I realized it”— Ranmali

The preceding qualitative results chapter set the stage for presenting women’s responses to PV by describing the country’s ecological context and women’s lived realities of dealing with PV in Sri Lanka. The socio-cultural factors, the characteristics of PV and the perpetrator characteristics, and other significant factors related to help-seeking demonstrated in the previous chapter emphasize the difficult socio-cultural and other contextual factors women have to negotiate in order to end PV. Having illustrated the socio-cultural and ecological backdrop to PV as well as relevant PV-characteristics, the two chapters focus on women’s process of developing resilience to end PV. They present an emerging theory of the process involved in developing resilience and recovery by Sri Lankan help-seeking women in responding to PV. This demonstrates women’s complicated, difficult, and often slow process of moving from victimization (experiencing PV) to survival, transformation, and recovery from PV.

The diagrammatic representation of the theory (Figure 1, pages 178-184) in the preceding chapter shows how women progress and regress through five identified stages in developing resilience to end PV while achieving recovery. The model illustrates that within the socio-cultural and the PV context women are not passive recipients of PV but are constantly struggling to deal with it, even at the early stages of their PV experiences. The early stages of the model reflect women’s varied and mostly unsuccessful attempts at coping with PV. The

attempts reveal that women are still active in trying to resolve PV, although they are largely unsupported by others. From the first stage onwards the model demonstrates how women learn, initiate, and increase their use of constructive coping strategies as they actively seek or receive varying degrees of support from social systems in their efforts to end PV. In each stage women progress through positive critical incidents [CI] (external set of circumstances to which a person accords significance) and turning points [TP] (internal cognitive shifts) to the subsequent stages while developing increasing resilience, cognitive insight, coping strategies, and support seeking until they are able to end or significantly reduce PV. The model demonstrates that women in each stage regress to earlier stages except in the last stage, the resilience recovery stage. The regressions are a natural part of the process of resilience development to end PV and occur mainly because of negative critical incidents. The positive CIs and TPs propel women to go through stages of change to gradual or permanent (more lasting) moments of insights which result in insight-mediated personality change. This aids in achieving resilience and recovery from PV. Some women progress to Stage 5 after ending PV to complete their recovery process. Most progress to Stage 4 and significantly reduce or end PV either by staying or by permanently departing from the relationship.

As a help-seeking population, all women who access support systems to deal with PV may reach at least Stage 3 of the model and demonstrate that they are able to access constructive support, engage in constructive coping, and work towards ending PV while achieving substantial resilience and initial recovery. In regards to the present study sample, all participants demonstrated that they had reached the latter parts of Stage 4 and had (or were working on) significantly reducing or ending PV by accessing formal systems at the time of the data collection. Some of these subjects had also progressed to Stage 5 after ending or significantly reducing PV and were working on completing or had already completed

recovery. This chapter will focus on the early stages of the process of resilience development to end PV.

Some points of clarification regarding the nature of the model

Prior to presenting the results relating to each stage of the model, a few points regarding the model are discussed to provide clarity for the reader in grasping the emerging theory.

Distinctness of the stages of the model

One such clarification regards the distinctness of the stages of the model. Although the stages of the model are significantly and qualitatively different some of the stages are easier to identify as distinctly separate stages, while others are less clearly demarcated. For example, the Victimization Stage (Stage 1), the Transformative Stage (Stage 4) and the Resilience Recovery Stage (Stage 5) are clearly distinguishable while Stages 2 and 3 are to some extent qualitatively similar. This reflects the fact that overall the stages of the model do not exist as rigidly separate entities but merge as a process while maintaining a distinctive quality. This enables each stage to be identified as a separate part of the process of resilience development and recovery to end PV.

Repetition of Consistent Patterns

The model is also characterised by consistent patterns that are present in more than one stage of the process. For example, the specific coping strategies used by the participants in each stage of the process demonstrate such a consistent pattern. Although participants are engaged in relatively distinct coping strategies for each stage, some of the coping strategies are used by

participants in more than one stage of the process. For example, a majority of participants engaged in temporary departure from the relationship as a form of coping in Stage 2. However, most women continued to engage in this strategy in subsequent stages, particularly in stages 3 and 4. It is noteworthy that temporary departure as a coping strategy was less common in Stage 1. Some other coping strategies commonly engaged in across several stages included; access of destructive formal support systems, partial disclosure, and access of semi-constructive informal support, amongst others. This re-use of similar coping strategies in more than one stage was observed mainly for the stages that are near each other. The use of the same coping strategies by the participants in several stages of the process was expected in a model that focuses on women's difficult, complex, and slow process of ending PV, particularly in the early stages. However, as the participants of this study have amply demonstrated re-use of coping strategies in several stages did not preclude their constant attempts to try out new strategies for resolving PV. This pattern is also an expected feature of the model where the stages represent parts of a process. Similar patterns of re-accessing strategies were observed for types of support that were accessed in more than one stage. Overlap in employing the same coping strategies or support systems in different stages did not hinder the stages of the process from being identified as distinct phases of the process.

Further, the coping strategies and the support systems women employed in each stage of the model (as presented in appendix C) are not presented in strictly linear fashion to demonstrate the exact sequence of coping or support seeking but are presented in a relatively sequential manner to demonstrate the more commonly used strategies and support seeking procedures for each stage as illustrated by the participants. For example, the coping strategies are presented in a manner to illustrate those most commonly used during each stage. To elaborate, tolerating PV was the most commonly and widely stated coping strategy in Stage 1, and as

such this method was presented prior to other coping strategies. It is also important to note that as the participants' progress within a particular stage, the coping strategies and the support seeking (and receiving) indicated a pattern of being increasingly constructive. The few exceptions to this pattern included the observation that some participants in Stage 2 (and in Stage 3) actively reduced problem-solving to protect children.

Some definitions

For the purpose of this study, the term- 'constructive coping' is strongly linked to, but not synonymous with effective coping. Constructive coping is also related to initiating coping, learning what works and why or why not, as well as taking a trial and error approach by incorporating a variety of coping strategies. Consequently, constructive coping is linked with an increasing use of coping strategies (which may take the form of cognitive coping, problem-solving, or seeking emotional and/or other support) that are significantly effective in resolving the problem. For the present study, this involves using effective coping strategies that can end or significantly reduce PV. The present study defines constructive support-seeking as: support that is available to and effective for support participants (in spite of the socio-cultural and other obstacles). It is accessed from informal or formal systems to effectively end or significantly reduce PV. Constructive support giving is defined as support provided by the informal or formal systems that recognize and validate PV, that provide essential as well and basic forms of support, and provide significant or complete intervention for ending or significantly reducing PV.

A theory on the process of women's resilience development and recovery in responding to PV

"It came in stages. I really had to do something when he took the children, that was the second stage but before that looking back even when my eldest was small, I knew this marriage was not working that was when she was 6 months old. I knew it even then, I had this instinct, sort of awareness but then you get more involved. It was a terrible period but then slowly things changed"- Shyama

Stage 1 – Victimization: "I'm trying, but it's not working: I need to please others and stay"

Participants in Stage 1 demonstrated that they were not passive recipients of PV and that they struggled to find ways to deal with the increasing violence from the very beginning. Although all participants demonstrated use of mainly ineffective (at times destructive) coping strategies in Stage 1, they nevertheless demonstrated that they were active in trying to resolve the PV. The majority of participants in Stage 1 voiced their socialized beliefs endorsing strict patriarchal cultural values and resorted to mostly culturally-sanctioned methods of problem-solving for PV. Figure 1 (page 178) in the first qualitative results chapter presents the diagrammatic representation of Stage 1 of the process, while appendix C presents the detailed description of the stage.

Coping

Analysis of the interviews demonstrated that all participants engaged in various coping methods such as seeking support, problem-solving, and developing cognitive awareness to deal with PV and other related issues, such as child abuse. Most of the strategies in Stage 1 were ineffective (at times destructive) with limited attempts at semi-constructive coping which, when added to the participants' socialized cultural identification and, lack of sufficient support, meant participants were unable to significantly reduce PV, let alone end it. Coping strategies in Stage 1 included; tolerating PV (and other related problems), pleasing and

placating behaviours, avoidance, extreme self destructive coping methods, traditionally sanctioned problem-solving methods, wishful thinking, denial, hitting back when physically abused, questioning and challenging the perpetrator, pleading with the perpetrator to not abuse, increasing contextual resources for the relationship and the family, or trying to assert herself and establish some status in the relationship by asking him to take into account her needs. Detailed descriptions of these strategies are presented in appendix C.

Tolerating PV and other related issues

Twenty-three participants indicated that they tolerated PV and other related problems, such as; adultery by the perpetrator, abuse of their children, abuse of family and/or friends, amongst other issues. The participants illustrated that tolerating problems was perceived as the “norm” and the culturally sanctioned method of dealing with relationship problems, including dealing with the PV. All participants, including the two who did not engage in tolerating as a coping strategy for PV, reported that the socialized messages received from every quarter such as family, community, or other social contexts, were for women to stay in the relationship and tolerate PV. The participants reflected that they were explicitly and/or implicitly informed that they needed to stay in the relationship because of: the children, in order to preserve the family and the relationship, the informal support systems beliefs, the need to protect the cultural integrity of being a good woman who tolerates problems, and because of the stigma/shame attached to help-seeking and/or leaving. The participants also demonstrated that fear of the perpetrator, lack of resources (such as finances, employment, child care and other resources), lack of awareness (of the effects of PV for her and the children, and/or of constructive coping methods), and lack of support from others meant that women had little choice but to tolerate PV.

Some examples from the interviews will help to elaborate why it is that toleration was a frequently used coping method:

Nayana: “I had to tolerate it because of my parents, siblings, and because of society. Other reason was because I had no money of my own at all, I was completely financially dependent on him. The most important reason was my children, how could I leave them and go?”

Tamara: “I have tried to go under the table to avoid the abuse then he pulls me out and hits harder. If I try to escape from his beatings, it gets more severe. So it is best not to fight him that makes him angry and more violent. That is what happened when he beat me with the bed pole until it broke; he did that because I tried to leave. I don’t know how I am still alive!”

According to thirteen participants, they had to tolerate, in addition to PV and the child abuse the children faced, the perpetrator’s (often public) extramarital relationships. As indicated by Dayani:

“Then he got another woman to be his mistress, with this one he openly acted as if they were the couple. She came home and started dictating to me how things should be done, and they went out together as a couple. When I questioned it, I was beaten, so I had to tolerate it all”.

By contrast, two participants, Iyanthi and Shirani indicated that they did not tolerate PV at any point, resisting particularly physical abuse, and that they resorted to hitting back whenever physically abused. Further, they questioned and challenged the perpetrator regarding the abuse at all times.

Questioning and challenging the perpetrator

Many participants reported that they questioned the perpetrator and challenged him regarding the PV, frequently. They stated however, that in the initial stages and for the longest period, this method of coping did not result in successful outcomes and in the majority of circumstances led to increase in abuse. Nevertheless, several participants continued to employ this strategy by actively challenging the perpetrator regarding the abuse. For example, Somawathi stated, “When he tried to strangle me when my first child was about 7 months old, I questioned him and asked him why he did that”. Similarly Iyanthi stated, “He used to say ‘Aren’t you a woman? You’re supposed to take it’. I said ‘if you smash plates and hit me, why should I put up with it? What is this man/woman business? This is abuse’”. As demonstrated, a few participants, such as Iyanthi, Neela, and Shirani, did not accept the society’s construction of women having to tolerate abuse and from the beginning of the PV challenged the perpetrator regarding the abuse. However, this did not reduce the PV they faced.

Pleasing and placating behaviours

Shani, Sunila, Damayanthi, Farzana, and Dayani indicated that they resorted to pleasing the perpetrator, meeting his increasing demands, and placating him to try to reduce the increasing PV. This method was an ineffective coping strategy which did not reduce or end what was

often escalating levels of PV. According to Shani, “I tried to change myself to please him, to change to fit his needs and ways, then he was satisfied that I was tolerating everything. He was happy but I felt inside me that I was going down gradually”. Sunila also illustrated, “The thing is I was the one doing everything, looking after the children, building the house, and working. I did all this thinking he will then change his ways”. Similarly, Farzana stated, “I was the only one working and looking after everyone, yet he kept blaming me for everything and on top of it he made me feel guilty for everything”.

Increasing contextual resources for the relationship and the family

As exemplified above by Sunila and Farzana, several participants resorted to increasing the family’s contextual resources such as building a house or increasing other material resources as an attempt to please the perpetrator in order to reduce the increasing PV. As with all other ineffective coping strategies, increasing contextual resources for the perpetrator and the family (at the expense of the self) did not prevent the increase of PV.

Avoidance

In Stage 1, four overall used avoidant strategies of coping. Two participants explicitly stated that they frequently engaged in either cognitive avoidance (of not examining the PV they faced) or physical avoidance of the perpetrator as a coping strategy. Both participants who engaged in this method of coping were relatively cognitively insightful (even for Stage 1) and were also educated and successful professionals who had material, social support, and other resources. Two other participants also reported that they infrequently engaged in this strategy to deal with PV. Shamila justified using this strategy by stating that she needed to use cognitive avoidance while remaining in the relationship in order to allow herself to stay in the

relationship. She rationalized that if she had developed complete awareness and examined the PV closely instead of avoiding it, she would have had to leave the relationship immediately, as her cognitive awareness of the PV would have made it difficult to justify staying. She stated:

“I knew it was wrong but I didn’t want to recognize it for what it was, I knew it was violence but I didn’t want to see it as that. I also did not know what to do. I was aware of it from the beginning. I could not have rationalized staying if I had recognized it as abuse. I am not the kind of person who would have stayed once it was recognized as violence”.

She continued, “Then I didn’t want him to leave me alone. I was scared to be left alone with my thoughts. Then I would have had to confront my thoughts”. As demonstrated by Shamila, active cognitive avoidance led to lack of (complete) analysis and lack of (complete) disclosure of PV.

Extreme self-destructive coping methods

Several participants indicated the use of numerous extremely self-destructive coping strategies in Stage 1. Some of these methods were also attempted at reduced frequency in subsequent stages, particularly in Stage 2. Extreme self-destructive methods employed in Stage 1 included suicidal attempts and/or active suicidal ideation; giving up her employment, finances or other resources because of the perpetrator; accepting his rationalizations for the PV; blaming others or other issues for his PV (such as blaming alcohol and/or mother-in-law

for his violence); and actively covering up his actions. Some of these self-destructive strategies have already been discussed in the preceding chapter.

Regarding suicidal attempts and suicidal ideation, seven participants demonstrated that they resorted to frequent (active) suicidal ideation because of the distress of the increasing PV and their inability to reduce or end PV. According to four subjects, they also attempted suicide, in an attempt to end the PV. For example:

Damayanthi: “I have felt like jumping in front of the train or taking some poison and ending it all. The tablets I have to take, there are times I have felt like taking it all but then I thought of the children and thought I cannot do it they need me”.

Mala: “I was a prisoner at home and he beat me all the time. I have felt like committing suicide because of all this. I tried to jump in the well once but my neighbours rescued me then”.

In regard to blaming others for PV instead of the perpetrator, several participants explicitly blamed persons other than the perpetrator, particularly the perpetrator’s family and friends, and felt that they influenced the perpetration of violence. Ruwani stated that, “Before he used to beat me because of the mother, she influenced him” and Nipuni stated, “As soon as we were married, he was influenced by his people who said I couldn’t have not been with anyone before, that is what affected his later behaviours”. A few participants also blamed other

factors, such as the perpetrator's substance abuse for PV, as demonstrated in the previous chapter.

Traditional culturally-sanctioned problem-solving methods

Some participants engaged in various culturally-sanctioned coping strategies in early stages of their PV experience. These included trying to reform the perpetrator to stop the abuse; seeking astrological help to end his abuse; and engaging in religious and cultural activities such as conducting *poojas* (prayers and offerings to deities). Some of these cultural methods, such as conducting *poojas*, served a crucial emotionally-supportive function by helping the participants to reduce their distress and provided emotional relief. However, when used as the sole coping strategy, these cultural methods were not successful in ending or significantly reducing PV.

While another culturally sanctioned method of coping, trying to reform the perpetrator, did not serve any useful function, many participants reported engaging in it, as a socialized method of problem-solving, in an attempt to deal with increasing PV. For example, Tamara stated, "I thought I will be able to manage him and make sure he behaved well. Even when he was beating me I thought I could change him, so I tried to work with him". Similarly, Ruwani stated, "I tried to advise him as much as possible to stop this relationship. I kept asking but he didn't stop it. After that he not only kept the relationship going but also increased the beating. He beat me before as well but I thought he would reform and one day he will realize". Sunila also voiced similar hopes of reform, stating: "I wanted to bring up the children; I thought I needed him to bring up the children. I wanted to reform him. I thought I could". For some participants this expectation was imposed by others including at times her own informal and

formal support systems which held the participant responsible for reforming the perpetrator. Hence, reforming is employed as a culturally-sanctioned method for dealing with PV and other relationship/ family problems.

Denial

For the sample studied, the majority of participants did not engage in denial as a coping strategy. Most participants did not deny the PV they faced and only two participants employed either public and/or self-denial of PV. For example, Dayani employed public denial as a coping strategy but indicated that she did not personally deny the PV. She emphasized that she did not deny to herself that she was being subjected to PV and stated that she resorted to public denial of his abuse only in order to survive staying in a relationship with escalating abuse. Dayani noted:

I was abused but was always made to keep everything to myself. As he increased his abuse, I increased my denial of those acts. I kept saying to people that he was not like that and that he did not do the things they claimed he did. I always lied and took his side, but I knew what he was doing.

Cognitive awareness and insight

Twenty participants illustrated that in Stage 1, they lacked full cognitive awareness of PV and its impact on the self and children. This lack of cognitive awareness resulted in participants not questioning the abuse they faced, their lack of constructive problem-solving, and lack of support seeking to resolve the PV. A lack of cognitive awareness was associated with

tolerating PV, lack of disclosure, and a lack of constructive problem-solving and/or help-seeking. Some participants lacked awareness regarding PV for a long time and tolerated PV with minimal questioning, which affected their problem-solving for resolving the PV. For example, Somawathi stated, “I thought it will get better, I always waited for it to get better. So for 21 years I didn’t tell anyone”. Anjana also stated:

When it’s bad I go to my mother’s. Once I was separated for a year then he came and took me back. Then he started again so I went back to my mother’s place. He always lies to me, tricks me and I used to fall for his tricks, he says he will look after me and takes me back.

And similarly, Farzana stated, “I didn’t have awareness then, I had anaesthetised my feelings so much at one point I was shivering with fear of him, So, I couldn’t think or rationalize then. I couldn’t see it then”.

In contrast, five participants demonstrated partial awareness of PV (and other related problem issues). They questioned the perpetrator regarding the PV from the beginning of the PV, and did not accept or tolerate it although they were also unable to resolve it in this stage. For example, Iyanthi indicated that she always questioned the perpetrator regarding his abuse towards her and the son and had some awareness of the PV and did not deny, avoid, or tolerate it.

Support Systems

Lack of access to informal support systems

The majority of participants did not completely disclose PV to their informal support systems in the early stages of the PV and some did not access or disclose PV to any informal support systems (family, friends, work colleagues, or other) for resolving the PV. Shamila, Nipuni, Tamara, Farzana, Minali and Dayani, did not seek support from their informal support systems in the early stages. Most participants stated that they regretted not seeking support earlier. Some participants' who did not seek support from their family, Tamara for example, lived in the same house as her father but chose not to seek help from him for escalating PV. She demonstrated that she lacked cognitive awareness regarding the consequences of not seeking support for PV, particularly in early stages of responding to PV. Similarly, Dayani also did not access her family support for PV and actively distanced herself from her support systems, including from her family because of her desire to remain in the relationship and because of the perpetrator's demands and active attempts to isolate her from her support systems. Participants who did not access family, friends, or others for support did so mostly because of fear of the perpetrator, a desire to maintain the relationship, cultural embeddedness, a desire to protect informal support systems from the perpetrator's abuse, and the belief that support systems could not or would not support her in dealing with the PV.

Access of destructive or semi-constructive informal support

In Stage 1, all the participants who accessed informal support from family, friends or others only received destructive (ineffective) support that did not serve the purpose of helping reduce or end PV, or received only semi-constructive forms of support. Destructive support

giving from informal systems took many forms. These included; remaining silent regarding the PV, not intervening, or giving contradictory advice. For example:

Tamara: It was my father who did everything for me, even when I was expecting and delivering my babies, it was my father who did it all like a mother. My husband did not really feel any family burden. My father protected and loved me. He was very upset when my husband beat me. Once when husband was beating me, my son screamed and ran out of the room to the grandfather and said that I was getting beaten. My father had got upset and had left the house. I thought he had just gone out because he couldn't bear to hear me being beaten but to see he had actually left. He was upset about my abuse but he never scolded my husband, he never asked why do you beat my daughter, he never interfered.

Some unhelpful advice tacitly suggests that the women should maintain the status quo. For example: Damayanthi: "My mother used to say, because of the children to think about things before doing anything".

Kamalini: I had gone home many times. When I go home, he comes and says filthy things to my parents, so they tell me to go back because they cannot handle it. When I go back home they look after me again. They said they cannot solve the problem and for me to decide, they said they don't want to be accused of things later.

Thirteen participants illustrated numerous examples of their informal support systems facing violence as an extension of PV. This led at times to informal support systems providing destructive support or reducing provision of semi-constructive or constructive support-giving because of their fear of continued violence. These cases are illustrative of the life situation of many families. According to Nirmala, “He hit my mother and even my father and that caused injuries. My father’s chest was hurt. He came like this to them. He rammed the lorry against our house, screamed and shouted and hit my parents, so they were angry”. Similarly Tamara stated, “My aunt and other relatives knew about the abuse but they were scared of him so they always told me to go back and stay with him”.

Most participants in Stage 1 who received semi-constructive support demonstrated that they received mainly basic provisions/physical support, such as accommodation (for protection from PV and whenever participant sought temporary shelter), material or/and financial support, help with child care, and other forms of physical support. These semi-constructive forms of basic support were provided mainly by woman’s biological family and particularly by the mother and/or sisters. A majority of them did not receive emotional support from their informal support systems at this stage.

The majority of the participants also stated that their family, friends, and other informal systems did not recognize the serious consequences of PV, or the abuse the children faced as an extension of PV, and that they did not identify PV as a serious problem that required immediate intervention. As such, the participants stated that the informal support systems did not intervene sufficiently to PV on most occasions, although on some occasions family members did rescue participants from severe homicidal attempts and physical abuse. As a result, the informal support systems in early stages, who were mainly the family, provided

only partial support, failed to question the PV and failed to adequately provide crucial support for reducing/ending PV. Examples of semi-constructive informal support provided included:

Kamalini: “My parents gave me a house. They helped a lot, stayed with us and protected us. I have two girls so that’s important. They gave money, food, and children’s things”.

Damayanthi: “He always threw us out, for all the 21 years we always went to my mother’s place” “I didn’t have anything to wear to work it is because of my sister I had a dress to wear to work”.

Deepika: “My mother came and stayed to help me with the child care. Those days he was fighting and accusing me of things, she tried to tell him that they were lies but she could not do anything about it. He used to say to her I will kill your daughter, she couldn’t do anything”.

Access of formal support

Twenty participants did not access any formal support systems in the early stages of responding to PV while five participants accessed mainly police support. Iyanthi, Kamala, Anjana and Kamalini accessed police services. The participants who accessed formal support reported that they received only destructive (ineffective) support. As the main formal support they accessed in Stage 1 was the police, this resulted in a lack of support and in fact active encouragement of PV, which led to dangerous consequences for the participants. This legitimized the perpetrator’s actions and led to further increase in PV. For example:

Kamalini: I went to the police every year I was married because of his abuse. He also took me saying I am having something with this man. He even made entries and bribed the police so they believed him. When he tried to kill me, I went to the police and they told me not take these things too much to heart.

Anjana: “He used to hit me at night so I went to the police and then went home each time, police didn’t do anything”.

Iyanthi: I was scared when he started hitting the son, when that happened and I called 119 police line, they came one hour after. He was very drunk, the way he walked even police could see it. He said to the police that we hit him and not the other way around. They did not do anything. If the police took him into custody and remanded him even for one night for the shame of it he might have been controlled. Before this when I dialled 119, they didn’t come.

As discussed in the previous chapter, women who seek intervention from police for serious PV were told by the police that they were “wasting our valuable time”, “we cannot get involved in family problems” and “women need to stay in the marriage for children”. Kamala who accessed police support in Stage 1 for PV, financial negligence, and for the perpetrator’s bigamy, reported that the police neither investigated the bigamy nor the PV, and that the perpetrator was not held accountable for his illegal actions. As such, most of the formal support systems (mainly police) accessed in Stage 1 neither recognized nor (adequately)

intervened in the PV as they did not consider it as a serious issue that required their intervention.

Children as an informal support system

The majority of participants across all stages, except in the last stage of recovery, indicated that their children were a crucial, invaluable, and at times the only continuously present, informal support system that helped them deal with PV. Both male and female children, of varying ages, including adult and very young children, at times as young as four years old, were crucial support systems for the participants. Most participants indicated that their children were present in the majority of instances when PV occurred and also witnessed the PV. Some of the participants stated that their children provided ongoing, continuous, informal support far more than any other type of informal support system. Children in Stage 1 provided various types of support. These included rescuing the participant from severe life threatening abuse, devising ways in which to protect participant from further abuse, intervening when required, providing emotional support, and basic medical help for her injuries. Some also had to adopt an adult role in the family and support the participant as would an adult family member, and/or had to educate themselves long term to provide an escape route out of the violence for both the participant and the children. Most children also criticized the perpetrator and tried to hold him accountable for PV. Twelve participants explicitly gave numerous examples of their children acting as a crucial support system for dealing with PV in the early stages. For example, Nirmala stated; “My daughter is two years old and my son is six. He has hit me badly in front of them. Once the children brought the broom to hit him when he beating me”.

Shirani: My son gives me strength. I can manage because he is there for me. He is like an adult, I feel secure with him around. Once when husband tried to kill stab us, my son intervened and shouted at him. We were both scared that night and stayed up all night thinking he will harm us.

Neela: My elder son is very protective of me. My husband is always waiting to start something and harass us. My son knows that, so once when it happened he was studying in the room, he came out quickly and stood there” “My elder son got beaten because he tried to rescue me.

Kamalini: It is a strength having these children, they are very resilient. My eldest is very wise and knowledgeable. She helps me a lot. She is more like a friend than a child. I talk to her about most things. One day when she is big I will tell her what happened.

As described above and in the previous chapter, most children exhibited signs of resilience, in terms of accurate awareness, ability to assess the danger level, give advice, and provide methods of problem-solving that were constructive for dealing with PV. At times children were more resilient than the adults and were capable of perceiving the nature and impact of PV far more accurately than the participants themselves, particularly in the early stages of responding to PV. Other than providing crucial support, children’s resilience was reflected by their ability to accurately interpret the escalation of physical abuse and the danger of returning to a PV situation after temporary departure, amongst others.

Self

Analysis of the interviews using qualitative methodology consistently illustrated that the participants of the study, as Sri Lankan help-seeking women subjected to PV, lacked full subject status. This was in direct contrast to Sri Lankan males. The women were considered by the society, family, and at times by themselves too, as partial or subordinate subjects who lacked full subject status. For the purpose of this dissertation a full subject is defined as someone who has rights and privileges and has an uncompromised status within a web of relationships, whether intimate, familial, or in other social contexts. A full subject is someone who is allowed the right to make decisions to protect her-self from harm rather than always preserving others to the exclusion of any form of self-preservation, particularly when facing PV or other forms of abuse. Participants of this study demonstrated that they lacked full subject status and, as such, lacked rights and privileges to protect self from PV and other problem issues. The participants demonstrated that they were held solely responsible for protecting children, preserving the relationship and the family, maintaining socialized values of being a good woman who preserves others at the expense of self, and for preserving cultural norms/values.

The participants continuously demonstrated that society legitimized and promoted their lack of full subject status, which affected their (own) resilience development to reduce or end PV. Yet paradoxically, women were blamed for the PV and held responsible for it as opposed to holding the male perpetrator responsible or accountable for PV. Some participants also demonstrated that they themselves felt responsible for resolving the PV as they were socialized to feel responsible for resolving all relationship and family issues, including PV. They stated that as part of this socialization, they were held responsible for reforming the perpetrator, as described earlier in this chapter. Both, this chapter and the previous chapter

have illustrated numerous examples of women's lack of full subject status and how this socialized lack of full subject status affected their responses in the face of PV.

The participants in Stage 1 of the model were also not recognized (by self or others, mostly to self) as 'knowing subjects' in regards to their self-preservation, cognitive insight, or personal development. Their lack of self or social recognition as knowing subjects involved lack of self-preservation for PV, lack of or insufficient cognitive insight/awareness of PV (including lack of awareness of its impact for self and others and lack of awareness of effective methods to reduce or end PV), and lack of sufficient personal development to successfully protect self and end PV. For the purpose of this dissertation a knowing subject is defined as someone who is able to preserve self as well as others and someone who has sufficient cognitive awareness/insight, substantial resilience, self-awareness, and sufficient personal development to deal with PV. Being a knowing subject also involves protecting self and others, while being aware of the dominant patriarchal values (which privilege the relationship and the perpetrator) and working towards overcoming such obstacles for reducing/ending PV.

Participants in Stage 1 of the model were not recognized as knowing subjects in regards to the above aspects, and as such they were not able to preserve themselves adequately in terms of PV. They often demonstrated that they were invested in preserving the other rather than the self in responding to PV. They stated that this was as a result of the socialized messages they consistently received from others, who actively reiterated that the participants needed to preserve others not self in order to be perceived as a 'good women' in the society. Nayana illustrates this when she says:

They tell us it is our duty to preserve others not our selves. Women have to be responsible for others and serve others. A woman is there to serve others not herself. If you try to get out of this, others will try to stop you and trap you again.

Participants in Stage 1 also lacked or had insufficient cognitive insight regarding PV, which affected their awareness of the full impact of PV and their coping and support seeking. They also lacked sufficient personal development, which included the lack of or insufficient self-awareness of their own psychological resources. They were unable to access and develop psychological resources, and spiritual development to end and recover from PV. All participants in Stage 1 (except Shamila) exhibited complete or partial adherence to dominant patriarchal values. All participants stayed in the relationship during Stage 1 and faced increasing PV with minimal constructive efforts at problem-solving. This was mainly because of; fear of the perpetrator, shame attached to help-seeking, lack of awareness of the PV (and its impact), lack of awareness of effective coping strategies, or lack of support. As such, overall, in regards to responding to PV, participants in Stage 1 faced insurmountable contextual obstacles but also generally lacked sufficient self-preservation, cognitive insight, and self-development for reducing or ending PV.

It is important to note that, for the participants in Stage 1, the lack of self-recognition as a knowing subject is exclusively defined in regards to responding to PV, and not in regards to other aspects of the participants' lives. It is important to stress that other than for the PV and related issues they faced, the participants of the study were mostly (very) successful in functioning in their multiple roles. For example, they were functional and successful in being

a mother, wife, daughter, caring for others, in handling mostly by themselves household and other responsibilities, (some) being financially and materially successful, (some) being successful in their employment and in their careers, and all the participants being responsible in social and in other contexts. A majority of participants were employed. Therefore, most participants demonstrated that they were knowing and successful subjects in regards to most aspects of their lives, except that they were unable successfully to deal with PV, particularly in Stage 1. In this study, the contrast between the participants and their partners, who are the perpetrators of PV, in regards to multiple roles functioning, was markedly clear. Participants' adequately demonstrated that they were knowing and responsible subjects in regards to functioning in their multiple roles, while most perpetrators demonstrated inadequate or lack of role functioning, as described previously.

Characteristics of self in Stage 1

Participants in Stage 1, who lacked recognition as knowing subjects in regards to self-preservation, cognitive insight, and self-development for resolving PV, demonstrated several characteristics that indicated this compromised status. For example, participants in Stage 1 did not disclose or engaged only in partial disclosure of PV even to their informal support systems, while the majority did not disclose at all to the formal systems. Some participants also allowed others to blame them for the perpetrator's actions, including for the PV. Some participants allowed their resources, including financial and material support resources to be compromised and at times be lost, in order to preserve the relationship for PV. As demonstrated previously, some participants gave up their employment and financial security because of the perpetrator's demands, while some lost or gave up their finances, property and/or their houses in order to remain in the abusive relationship. As stated by Neela, "I built the house for 10 years with all my efforts and by borrowing but he didn't pay the small bank

loan I took, even that he didn't pay. Then the bank took the house, so I lost the house I built for the family." Similarly Tamara stated, "He always beat me over money, it was my money not his but I was not allowed to use it, he controlled all the money after my father died. Then he said I must write all my property to him". The participants in Stage 1 demonstrated that having resources, particularly material or financial resources, and/or increasing resources for the family, at the expense of the self or resources for the self, did not protect them from the increasing PV.

The majority of participants stated that they did not seek medical support for injuries from physical abuse in Stage 1 for many reasons. These included; lack of ability to access medical services (because of the perpetrator's control of her life), desire to not disclose PV, and/or to deter problem-solving in regards to PV. A few participants reported that one reason they did not seek medical support in Stage 1 was because they were not ready to start the formal process of help-seeking and/or leaving the relationship. As described in the previous chapter, the participants who sought medical support in Stage 1 did not disclose the cause of their injuries. For example, Deepika stated, "He has beaten me severely enough to warrant hospital treatment but I didn't go. That's because if I went it would have been taken up and would have gone through the system and I wasn't ready for that at that time".

A majority of participants in Stage 1 demonstrated that they did not try to leave the relationship as a solution for reducing/ending PV, even temporarily. A few participants however did do so when faced with severe physical abuse, homicidal attempts, or when thrown out the house, particularly in the night. As stated by Shirani, "I have been married for 12 years. For 12 years I separated 18 times because of the abuse, each time I went home".

The majority of participants in Stage 1 described that they faced fear, shame and other affects because of PV. Nineteen participants explicitly and implicitly indicated that they were fearful of the perpetrator and the level of abuse, and made decisions to not disclose and/or seek support because of the fear. Both fear and shame acted as serious deterrents for help-seeking, particularly in the early stages of the PV experience. For the participants in this stage shame functioned to reduce their reflective self-awareness, and minimized their ability to mobilize psychological resources to deal with PV.

However, despite the fear and shame experienced, all participants of the study stated that they did not self-blame for PV even in Stage 1 of responding to PV. Nayana stated, “He is the one responsible for the abuse. I did not do anything. He is the one who abused me, went with other women. He made all the mistakes in the marriage, not me”. In support of this, note that Neela also stated, “The abuse is 100 percent because of him not me, I never blamed myself for any of this, I had done everything perfectly, ask my son he will tell you if you interviewed him, it is his fault”. Although Tamara did not blame herself for the PV, she regretted tolerating PV for a long duration, she stated:

I think now, that I should have had more self-respect. I did not blame myself but I should not have stayed so long. I did not do anything wrong. I never had an affair, I said yes to his accusations because of the fear not because it was true. I sacrificed my self-respect for this marriage.

Iyanthi explicitly stated that she did not blame herself for the PV at any point of the PV experience. But not blaming herself was a problem for others, who blamed her for not tolerating the PV. Iyanthi stated:

I never blamed myself for the PV. The fact I did not blame myself and did not tolerate PV has become a problem to others. My mother says I am to blame for the PV, that I didn't make myself submissive enough and that is why all this has happened, the fault is mine according to her, I get very hurt when she says that.

So, the quotations reveal that participants did not blame themselves for the PV and continuously attempted to resolve it. They did so, even in the face of a lack of constructive support or inadequate support and engaged in what turned out to be mainly ineffective coping strategies. They attempted to reduce or end PV, but they largely failed to achieve this in Stage 1, because of the children, socialization and cultural values, shame, fear, lack of resources, and inadequate support, the participants stayed in increasingly violent relationships. The participants in this stage still attempted to problem solve (even if ineffectively), tried to be resilient and develop agency to reduce or end PV but were unsuccessful in reducing or ending the increasing PV.

Stage 2 – Active Exploratory Coping: “It’s not working, so let’s try different, more active methods”

Positive critical incidents (CI) and turning points (TP), helped participants to progress to Stage 2, the active exploratory stage of the model regarding support seeking and coping. For example, Tamara explicitly stated that she made the decision to leave the relationship

temporarily (progression to a more advanced stage in the model) because of the cognitive shifts she made (turning point) following a critical incident. After years of occupying Stage 1, Tamara progressed to Stage 2 when she faced a prolonged episode of severe physical abuse and homicidal attempts all night and into the next day. This critical incident helped her to develop cognitive awareness regarding the PV and made her become aware that she did not need to tolerate the severe life threatening PV. This was her turning point. The critical incident and the subsequent turning point made her progress to Stage 2 and to leave the relationship temporarily for the first time. This is a semi-constructive method of resolving PV which led to initial resilience development, which was helpful subsequently in ending PV. In her own words:

After that incident I was blue all over and was bleeding, even my cousin asked me why I was staying with all this. I thought about it and was wondering why I put up with it. The thing is it was all out of fear and I had no one to rescue me when he beats. So I thought about it and quickly packed a bag and left with the children.

It is important to note that, once participants progressed to Stage 2 it is also possible (and most often probable) that they also regressed back to Stage 1, as part of the normal process of resilience development to end PV. Regressions are common occurrences in most stages of the process (except in Stage 5). They arose according to the participants, mainly because of the lack of support or the destructive support provided by formal and/or informal support systems. For example, Somawathi who disclosed PV to a WIN counsellor was instructed by the counsellor to remain in the violent relationship because of cultural scripts about preserving a marriage and because of the children. This served as a negative critical incident. This negative critical incident led to the participant regressing to the previous stage by

actively terminating problem-solving for PV and choosing to remain within the relationship. The negative critical incident also influenced the participant to stop disclosing the PV for a long time. Although she regressed in terms of problem-solving by temporarily terminating or reducing problem-solving to end PV, she did not regress in regards to the partial cognitive insight she had gained by the turning points (which helped her move into Stage 2). This participant and others illustrated that they did not regress regarding their level of cognitive insight gained, either in this stage or at any stage of the model. Accordingly, the participants of this study consistently demonstrated that development of cognitive insight is linear unlike other aspects of the model, and once developed participants did not regress in regard to the level of cognitive awareness/insight gained.

Participants demonstrated that in Stage 2, they began gradually to think and act more constructively by developing greater awareness, increasing coping skills, and seeking more constructive support, in trying to reduce or end the increasing PV.

Coping

Participants in Stage 2 continued to employ various forms of coping to reduce/end PV, as in Stage 1 of the process. However, the coping strategies engaged in Stage 2 were more constructive. The participants in Stage 2 resorted to mainly semi-constructive coping strategies with less focus on ineffective methods. The participants demonstrated increased awareness in regards to effective coping, increased engagement in support-seeking and more constructive problem-solving. Coping strategies in Stage 2 were variegated across destructive, semi-constructive, and constructive, with constructive coping employed less frequently than in the mid to latter stages. Coping strategies in this stage included; seeking support from

informal systems that provide destructive or semi-constructive support, seeking support from formal systems that unfortunately provided mainly destructive support, engaging in semi-constructive problem-solving methods, and partial disclosure. Other signs of coping included developing gradual cognitive insight; trying to get financial maintenance from the perpetrator as a short-term strategy for financial deprivation resulting from PV; refusing to give up her own resources and assets; and actively working to end fear, shame and other psychological affects. Participants also engaged in continuously challenging the perpetrator regarding the PV, employed constructive problem-solving to end PV, and engaged in temporary departure from the relationship to reduce or end PV. In Stage 2, and at times in stages 3 and 4, participants actively reduced problem-solving for ending PV in order to protect their children.

Seeking support from informal support systems as a coping strategy

As mentioned in Stage 1, participants in Stage 2 continued to seek support from their informal systems, particularly family, friends, workplace, neighbours, or others in their lives, as a method of coping with the increasing PV. The participants in Stage 2 were able to access mainly semi-constructive informal support but a few participants were only able to access destructive informal support. Participants illustrated that they increased their support-seeking from their informal systems, in Stage 2, in attempting to resolve the PV. Some participants indicated that their continuous attempts led to informal systems “learning” to provide better support. For example, some informal systems, mostly family came to provide at least semi-constructive support, as well as partial recognition of PV, and at times partial intervention. Frequency and types of semi-constructive support provided by the informal systems varied according to the participant. The participants indicated that they only disclosed PV partially at this stage. The reasons for lack of complete disclosure to her close informal support systems included her socialised beliefs, her desire to maintain relationship because of children,

because of informal systems' socialized beliefs of maintaining relationships at all costs, belief that informal systems would not be able to help resolve the PV, fear of the perpetrator, and the desire to protect her support systems from harm.

Seventeen participants reported that they received semi-constructive support, mainly from their family, while nine subjects (Nipuni, Shani, Iyanthi, Neela, Damayanthi, Shirani, Ranmali, Somawathi and Minali) indicated that they received semi-constructive support from their workplace, friends, and/or neighbours. All participants at this stage only partially disclosed PV, and they did not disclose the severity and extent of the PV. Some participants described the PV within the context of relationship problems, which allowed them not to disclose the exact nature and seriousness of the PV. For example, Nipuni received advice and informal support from her colleagues by disclosing to them she needed to work part-time to stay home to please her partner. They provided her advice and other support while lacking any awareness of her PV experience. They did not probe further to figure out why she needed to give up a valuable personal resource in order to please the partner.

Most participants indicated that they were unwilling to disclose PV to work because of the fear of losing employment, fear of being judged, and because of the stigma and shame attached to PV. Neela illustrates the situation of most participants, who informed their workplace of certain problems related to the relationship (such as financial problems) but did not disclose PV in the early stages. All seventeen participants, who disclosed partially to family (mainly the mother), stated that they did not disclose all aspects or the severity of PV. For example, Somawathi stated, "Even if I told my family I would have had to still live with him, still go back to him that was why I didn't tell".

Examples of semi-constructive support included: Kamalini: “Even in the beginning my mother helped me to make up my mind a bit, they didn’t tell me to leave but helped by giving accommodation when I needed”.

Neela: My sister and her husband always helped, with our needs, for children’s things, I always called her whenever something happened. She always calls me back so I don’t get charged, they knew most things and supported materially and financially”
“Once I step into office I forget about him and the problems, workplace is good to me, there I laugh and joke, because everybody is good to me, the moment I go home, all that is gone.

Somawathi: I only told my family everything this time, for 21 years I didn’t tell. I didn’t want to bother my parents or siblings. If I told my brothers, they wouldn’t have just waited. So I wanted to make sure my brothers were okay. I have gone home before when he beats me, I call and my brother comes to take me home.

Accessing formal support which provides mainly destructive support

Participants in Stage 2 continued to seek formal support but were mostly unable to find constructive formal support for ending the PV. By Stage 2, some participants had increased their access to formal support and had started accessing formal systems other than the police. All the participants who accessed formal systems in this stage reported they received mainly destructive support. For example:

Deepika: “I had gone to the police, that didn’t work, so I tried the that was no use either, they couldn’t help but they didn’t refer to an organization that could help”.

Shyama: “I thought I cannot take it and decided to file for divorce. Twice I went to the lawyer, and he kept asking me whether I was sure I wanted divorce, so I went back”.

Shani: “He always took me to see a counsellor, who always took his side and made me feel as if I am to be blamed for all this”.

Mary: “The police always talk to the man who is the abuser and look at the woman funny, so we are not supposed to go to the police. I stopped going finally, there was no point. I would rather take the harassment from my husband than go to the police and get more harassment from the cops”.

Semi-constructive problem-solving

Participants in Stage 2 demonstrated that they became more constructive in regards to their problem-solving for PV. This was achieved by learning what did and didn’t work and/or increasing use of effective coping strategies. The semi-constructive strategies included; prayer and other religious activities, reducing distress rather than trying to resolve PV, seeking support for related issues rather than those directly relevant to PV, seeking medical and other services without disclosing PV, walking out to avoid escalation of PV, seeking support from people who cannot help, and asking family to communicate with the perpetrator. These

methods at times, helped to reduce the effects of PV, but overall, they did not lead to the reduction or termination of PV. For example: Mary: “The prayer meetings helped, I felt there was a higher power that can help me, and also there people used to talk to me”.

Dayani: By then I was isolated, I had no one to help me. Then his mistress’s husband who got to know about all this felt sorry for me and wanted to help me. I decided to take his help. So I left, made a police entry and then went to his relations place. The couple I stayed with was very nice. They treated me like a sister and gave me time to think.

Deepika: My family tried to explain to him, in earlier stages of the abuse when he kept on accusing me. They told him that I am not a bad one and don’t have any other men, I am a good woman and not to be suspicious of me. He scolded my sisters for that.

Developing gradual cognitive insight

The participants in Stage 2 indicated a gradual and active awareness/insight regarding PV, its impact for self and children. They developed problem-solving methods as a way to deal with PV. The participants illustrated a significant trend of gradual cognitive development as part of the process of initiating, thinking, and acting, to become more resilient, autonomous, and constructive in resolving the PV. As discussed previously, cognitive development occurred as a linear process and did not show a regression. In Stage 2, the majority of the participants demonstrated that cognitive development occurred as a gradual and slow process. This helped participants to increase their coping, support seeking, and resilience development. Nayana illustrated this by stating:

This awareness has been developing for a while little by little. Even while I was trapped at home, I was struggling inside to have independence. So I was getting strong in my mind. While my body was getting battered my mind was struggling to get strength and retain strength.

Religious and spiritual beliefs were seen as a coping strategy by Shani, Deepika, and Shyama who explicitly stated that they engaged in Buddhist religious activities. Mary (a Christian) and Anjana (a Hindu) illustrated that their religion and their belief in gods, helped as a coping strategy. The Buddhist religious activities employed included reading/discussing dhamma (Buddhist teachings), listening to Buddhist chantings and/or engaging in meditation. All of the above subjects engaged in religious/spiritual activities as a coping strategy while facing PV (in the early stages), and continued to engage in it throughout the process of responding to PV. For Shani, Deepika, and Shyama, meditation and engaging in dhamma discussions or reading served the function of reducing their distress levels and helped to develop cognitive insight regarding PV. For example:

Shani: “I was getting strong by reading, going for dhamma discussions, I used to watch it on television, doing all these Buddhist activities and learning ways to cope helped me to realize things”.

Deepika: I feel protected by my religion. The thing is people do not really understand Buddhism. People don’t listen to the dhamma, the doctrine of the religion. That is

what I did when I was facing all this, it helped” “I read a lot of Buddhist books, I read on the doctrine and the philosophy. That helped a lot to make up my mind.

Shyama: When you’re aware, it helps. When you cannot think straight then you cannot just think that PV is wrong or make a decision to act, to do something about it. I did a lot of meditation at that stage, and it helped. It was such a relief. I could forget everything and concentrate on this. That helped to make my mind up and helped resolve things.

The subjects had to work to find a way to gain reflective awareness as the violence seemed to preclude this kind of reflective insight. All participants explicitly or implicitly demonstrated that they gradually worked on gaining cognitive awareness, which helped them significantly to progress to later stages of the process and to develop resilience to end PV. However, they also stated that, at times, being in the middle of increasing PV did not allow psychological space to work on gaining cognitive awareness. For example, Shyama stated, “When you’re inside, you cannot think straight”, and similarly Somawathi stated, “His beatings were very difficult to handle, I couldn’t think while facing it”. Nevertheless, all these participants, including Somawathi and Shyama, demonstrated gradual development of cognitive insight right from the early stages.

Participants illustrated that in Stage 2 they engaged in other coping strategies, such as trying to get financial support (from the perpetrator) for dealing with financial deprivation of PV, refusing to give up her resources and assets to the perpetrator and continuing to challenge the perpetrator (as attempted in Stage 1). Participants also demonstrated that towards the latter part of Stage 2, their problem-solving had become more constructive.

Actively ending fear, shame and other affects

The majority of the participants explicitly or implicitly demonstrated that they worked on ending mainly shame and fear (and other affects, which were the results of prolonged PV) in Stage 2 as a method of problem-solving. The participants reported that overcoming fear and shame helped them to reduce their distress levels, to increase their cognitive awareness, and focus on more constructive methods of problem-solving to develop resilience to end PV. For example, Shirani stated that, “This shame business is such an obstacle for problem-solving. Our extended family didn’t care to do anything when we were in the middle of it. They look at you funny when you leave the relationship. This shame is useless”.

Most participants in Stage 2 demonstrated that other than ending fear, shame, and other affects, for the first time they felt angry at the abuse they faced. The anger they felt, according to the participants, resulted from their growing knowledge that they should not be subjected to PV. Most participants also reported that they continued to feel and express anger in both Stage 2 and 3 onwards, until they were able to resolve the PV to some extent. For example, Damayanthi stated, “That time I was angry, for the first time I was angry” “When I got the cancer and was still abused, I realized he didn’t care at all and that he never will. I asked him, you really don’t have a need for me isn’t it? I was angry then”. Similarly Tamara stated, “I was getting angry for all the abuse I faced and was thinking about it”. Shamila, Tamara, Iyanthi, Neela, Nayana, Shyama, Nirmala, Farzana, Somawathi and Minali implicitly or explicitly stated that they felt anger occasionally or continuously from Stage 2 onwards, and that the anger helped them to mobilize themselves to find effective solutions and/or continue help-seeking until finding constructive support to end PV.

Temporary departure

Most participants, (except for Shamila, Nipuni, Farana, Neela, Shyama, Farzana and Mary) left temporarily, either once or often, in the early stages, particularly in Stage 2, to cope with the increasing abuse. Some subjects (such as Somawathi, Damayanthi, Kamala, Shirani and Anjana) left numerous times. For example, Shirani stated that she had to leave 18 times during her 12-year marriage in order to escape severe PV and child abuse. For most participants leaving even temporarily acted as a critical incident that resulted in profound cognitive shifts (turning points) that led to increased cognitive awareness. The cognitive insight gained helped to interpret the PV and its effects more accurately and helped the participants to achieve stage movement and progress to higher stages. As such, most participants demonstrated that temporarily leaving (as a critical incident) resulted in gradual cognitive development (via turning points) and most often increased coping and/or support seeking, and led to substantial resilience development. For example, Tamara illustrated that her decision to leave temporarily for the first time led to significant development of cognitive insight which resulted in gradual moments of insights, and helped her to work towards ending PV permanently. For example, Tamara stated:

After I went back he started saying that he will forget everything I have done, that I had left him, that I had an affair, which is a lie, if I write all my property to him. I was thinking if he is like this now, what would happen when I write all my property to him? I thought about it and tried to find a way to block this. Then I got my domestic to take a note to my lawyer saying not to write the property over. I realised then that there was no point in staying in this marriage anymore.

Support systems

Informal support systems

The majority of the participants demonstrated that in Stage 2, they were able to seek and find mainly semi-constructive support and also to find some form of emotional support for dealing with PV. The majority of the participants reported that receiving emotional support even occasionally helped them considerably. According to the participants, emotional support provided reduction in distress, helped them to develop cognitive insight, helped them to learn of other supportive informal or formal systems they could access, and helped them to learn or increase effective problem-solving. Eighteen participants illustrated that their family (mainly sister and/or mother), friends, children, or work colleagues, provided some form of emotional support from the early stages of responding to PV, particularly when the participants disclosed PV even partially. However, a few participants stated that it was important to choose carefully the people one discloses to, as disclosing indiscriminately had resulted in some participants losing support and had caused increased alienation. This careful selection was no easy task. Some participants stressed that it was at times difficult to determine exactly who would be open to hearing regarding the PV and be willing to provide emotional support.

Ruwani, Iyanthi, Shirani, and Anjana stated that they had at least one friend that they accessed either in the early stages or continuously, for emotional support. However, Iyanthi and Anjana indicated that they were only able to seek emotional support at particular periods of their lives and that receiving emotional support was situation specific. As stated by Anjana, “When I was abroad for two years, in the early stages, I had a good friend I could talk to. She has now gone back so I don’t have any one to talk to”. Most participants who had to rely on family for emotional support stated that they did not want to burden family with their problems continuously and as such, they did not access family often for emotional support. Exception

was when the family member accessed for emotional support was the participant's sister. Neela, Ranmali, Deepika and Mary accessed emotional support mainly from their sister(s) from the early stages. A critical factor in preventing access was the increased isolation by the perpetrator (as a form of PV), often reduced their access to their emotional support systems.

A few subjects stated that even in Stage 2 they were only able to receive emotional support from the formal systems after help-seeking. Some participants stated that when they received emotional support from formal systems, they received it particularly from WIN. For example, for Shani, her emotional support from the early stages (other than support gained from her child) was the WIN psychologist, the counsellor and the other staff members of the organization. Some participants demonstrated that the informal support systems that provided other basic forms of support did not understand the need for emotional support. They neither provided emotional support nor wanted the participants to seek it from others, such as friends or the formal support systems. For example, Iyanthi stated:

Only the WIN counsellor understands my need for emotional support. My family doesn't get it. They don't understand how all this affects me. Just because I have a place to stay and basic things provided, they think that's all there is. They don't understand that I am psychologically affected by all this. When things get bad with my family, the WIN counsellor calls and tries to explain how this affects me but they don't get it and don't give me that support.

She also stated, “I have a lot of friends who are supportive but my parents don’t like the fact that I associate with them or the fact they help me emotionally. They think it is a negative influence. They don’t even like the fact I speak to the WIN counsellor”.

The significance of having access to continuous consistent support

The majority of participants demonstrated that they had at least one person, a family member, friend, colleague, or a member of a formal system (mostly a WIN staff member), who provided continuous emotional and/or other support from Stage 2 onwards. Seeking and finding at least one continuous support system, according to most participants resulted in increased confidence for help-seeking and was crucial for progressing to the latter stages of the process. The single most crucial determinant for increasing coping, developing resilience, and for ending PV in the latter stages was access to continuous support, either informal or formal, particularly if the support system provided *emotional support* continuously (in the latter stages as well). This form of support was able to help provide information for effective problem-solving for the participant. For example:

Ruwani: My best friend from school, she was my friend for many years. She continued to associate with me. He didn’t allow me to associate with friends so what I did was I used to call my friend and let it ring as a signal, then she calls back. She used to advise me, got me information about women and children’s desk and about WIN. The reason I didn’t break was because of my friend. I still give her merit for what she did. I am living because of her.

Shani: After I came to WIN, I realized I was actually strong and that what you believed of me was really true. Then I thought I should go and try to build my life. When I made that decision I was more at peace with myself. That really changed things for me.

Neela: I tell everything that happens to my sister. Every time something happens I tell her. Then my husband used to even couple my sister's husband with me. He was doing that to break my sister and me. He is so foolish, he must understand we break today, tomorrow we are together, because she is my sister.

As demonstrated, the last quotation shows how the perpetrator cast doubt on Neela's relationship to her sister's husband to undermine their relationship.

Access of other support systems

To summarize, formal support systems in Stage 2 provided mainly semi-constructive support. However, a few formal systems, mainly WIN, if accessed at this stage, were helpful. They helped by identifying the PV, recognizing and validating the PV experience and the abuse children faced, and most often by providing essential services such as counselling, legal advice, and shelter. As most participants in Stage 2 did not and could not leave permanently to end PV, the services received at this stage from WIN helped them to increase their cognitive insight, develop an association with an organization that provided continuous constructive support, secure information necessary for resolving PV, and helped increase participants' coping and substantial resilience development. Children in Stage 2, as in Stage 1 continued to provide crucial support for the participants. Most participants in Stage 2 increasingly

depended on their children to provide most forms of support, including emotional support. The children were still the main form of an informal support system for intervening when severe PV occurred. The children still helped women escape PV, criticized and challenged the perpetrator, and also provided most forms of crucial informal support.

Self

The participants in Stage 2 had progressed from the earlier stage where they had a lack of recognition of themselves as a knowing subject, to be recognized to self and to others as knowing subjects, in regards to their self-preservation, cognitive insight, and personal development, for developing resilience to end PV. Participants in Stage 2 gradually worked on dealing effectively with PV. They focused on trying to think and act more constructively by developing greater awareness, learning new coping skills, refining their existing coping strategies, and seeking more constructive support in an attempt to reduce/end increasing PV. In Stage 2, participants initiated gradual resilience development and accessed more constructive support, particularly regarding establishing emotional and continuous support, mainly from their informal support systems. Participants in this stage were working on developing the self, and some were becoming more autonomous gradually, even if by focusing in a limited manner on self-protection, increasing cognitive insight, and focusing on personal development, while still facing increasing abuse. In Stage 2, participants occasionally attempted to leave temporarily, but overall, chose to stay in the relationship because of the children, lack of resources, lack of adequate support that can help to end PV. There was also insufficient self development, coping, and resilience in this stage. In Stage 2, participants problem-solved more constructively and tried to engage in cognitive development and (more effective) problem-solving but were largely still, unable to reduce or end increasing PV.

Summary

This chapter presented the early stages of the model for the process of women's resilience development and recovery in responding to PV. Stages 1 and 2 of the model demonstrated that the participants are not passive in the face of increasing PV but engaged in a combination of various coping strategies (seeking support, developing cognitive awareness, and problem-solving), and accessed various (informal/formal) support systems in their efforts to reduce/end PV and other related problem issues. The participants progressed to full subject status; from not being recognized as knowing subjects, and not being able to resolve the increasing PV in Stage 1, to more active exploratory stage of increased coping and support seeking, in Stage 2. At these early stages, regressions are common in the process of responding and developing resilience for ending PV. In Stage 1, the participants stayed in abusive relationships because of the social pressure of children needing to remain in a family, other cultural values, socialized concepts of shame and fear related to help-seeking, lack of resources (women centred resources within the society and/or lack of material, cognitive, or other personal resources), and inadequate support. The participants in this stage, nevertheless, did not self-blame for PV and continuously attempted to problem solve (although these were mostly unsuccessful), in making a difference for reducing, let alone ending, PV. The participants also tried to become resilient to end PV but were mostly unsuccessful in developing substantial resilience and reducing/ending the PV.

In Stage 2, the participants continued to engage in various coping strategies and were able to employ semi-constructive (more partially effective) coping and were gradually developing cognitive insight necessary for ending PV. In this stage the participants were more resilient regarding trying to think and act more constructively. The participants also demonstrated

increased access to support, and were able to access semi-constructive support at least from informal support systems, in regards to receiving emotional and continuous support, while formal support accessed still remained largely destructive (ineffective). Participants' in this stage were constantly active in trying to remove the obstacles for effective problem-solving and focused on ending fear and shame, partially disclosed, and gradually developed cognitive development, as necessary tools for resilience development to end PV. Overall, in Stage 2 the participants remained in the relationship (with some attempting temporary departure for reducing PV) because of children, lack of resources, and lack of adequate support, to sufficiently end PV.

Chapter Eight: Qualitative Results (The emergent theory: Mid to latter stages)

“I came here because I had it in me. Some are unable to get help or may not have the courage to seek help, so there is a need for a lot of awareness and for helping women who are facing this. I changed my life by coming here. The thing is, women, even if they are educated, they are made helpless, and that helplessness gets in the way of getting help. If you give into the helplessness there is no hope at all, I cannot give into it anymore”—Nayana

The preceding chapter explored the early stages of the process of resilience development in responding to PV. The present chapter, as the final qualitative results chapter presents the mid to latter stages of the model that unfolds the emerging theory of the process involved in developing resilience and recovery for responding to PV.

Stage 3 - Targeted Coping: “I am becoming resilient: I matter, I decide what I need”

The participants demonstrated that they progressed to Stage 3 of the model via positive critical incidents [CI] (external set of circumstances to which a person accords significance) and/or turning points [TP] (internal cognitive shift). As discussed in earlier stages, the process of arriving at Stage 3 is not necessarily a linear process. It may involve progressing and regressing from Stage 2 to Stage 1 before moving back up to Stage 3. To arrive at Stage 3 the women have developed sufficient coping, cognitive insight, have sought and found sufficiently helpful support systems and developed substantial resilience. The critical incidents and/or turning points in Stage 2 led to gradual moments of insight (MOI) and helped the participants to progress to Stage 3, the ‘targeted coping’ stage. For example, Shani illustrated that accessing WIN and working with the psychologist (a CI for that subject) helped her to develop cognitive awareness and increase coping skills necessary for dealing with PV. She stated that the WIN staff’s recognition and validation of her PV experience helped her to address her low self-esteem resulting from the PV, to develop cognitive insight, and to gain substantial resilience (TP). Shani stated:

I noticed the way all of you spoke, how different it was from the others I was taken to by him. When I started working with you I realized that you believed me and was trying to make me realize that this was not my fault. So far all others made it out to be. I then started thinking about this a lot. Then I felt confident and realized I could stand on my own. I realized my parents did not want to help, and wanted me to leave because I was a burden to them. So I decided to take my child and go to our half-built house with little money and no furniture, and build a life.

The CI was finding that the psychologist at WIN believed her account. There was much cognitive insight about the fact that the abuse was not her fault, about the unhelpful nature of familial responses, and about the parental view of her as a burden. The resulting TP (moving out on her-own) led to gradual but significant MOI and helped the participant to progress towards more targeted coping.

While regression back to earlier stages of the model is a normal process in developing resilience, the participants' interviews illustrated that regressions from stage 3 to Stage 2, were more likely to occur than regressions to Stage 1 of the process. This pattern indicated that while progressing along the process, women learned to increase the quality of their coping, to seek and receive better support, and to become more resilient so that when the regressions occurred, they occurred most often to the immediately preceding stage of the process.

Coping

The participants in Stage 3 continued to develop their coping by choosing to employ increasingly constructive coping strategies, such as using increasingly constructive: problem-solving, support seeking from formal/informal systems, and they developed the cognitive insight necessary to end PV. As indicated implicitly and explicitly by the participants, a noticeable feature of this stage was the participants' tendency to choose more constructive coping (such as refusing to give up her resources and assets) for dealing with PV. Another feature was the continued association with (seeking, finding, and maintaining) more constructive support systems. It is important to note that, at least for some participants, the support givers themselves focused on providing some constructive support by this stage, as opposed to earlier stages. This could be as a result of participants' themselves continuously seeking support, and implicitly and explicitly requesting their existing (mainly informal) support systems to become more constructive in providing support. It could also be because of the support givers themselves learning by this stage to recognize PV as a serious problem that requires urgent intervention. Participants indicated that they were continuously active in trying to deal with PV by trying to get their existing systems to provide better support or by seeking and finding new constructive support systems. Learning, initiating, and developing their coping and seeking/receiving support from others, occurred as a process.

The participants in Stage 3 engaged in various forms of coping. Some of these included seeking, finding, and maintaining: semi-constructive or constructive informal support, emotional support from one consistent continuous (mainly informal) support system, and semi-constructive formal support. Other methods included questioning and challenging informal/formal systems regarding the lack of adequate support, increasing resources for self (such as financial, material, personal, and social resources), and seeking constructive

psychological support. Coping strategies in this stage also included; engaging in long-term strategies for ending PV (such as educating children and/or trying to go abroad in order to leave the PV), and engaging in spiritual development/religious activities (e.g. poojas, meditation)/self-help material(e.g. books). Other strategies were; refusal to give up her resources legally, accessing at least one constructive formal support system, continued association with constructive formal support systems, and seeking new constructive formal support systems. As with Stage 2, in Stage 3 participants at times actively terminated problem-solving for PV, either to protect children or because of other issues related to PV.

Questioning and challenging informal/formal systems regarding a lack of adequate support

Eleven participants were explicitly critical of both informal and formal systems regarding their lack of constructive support. The participants questioned a lack of constructive support from such varied sources as; their own family and friends, the perpetrator's family, police, lawyers, court-appointed family counselors, judges, counselors, psychologists, doctors, and other service providers, including WIN. It is important to stress that most participants, because of societal power inequalities, were unlikely to directly question some of these service providers themselves, such as the legal and law enforcement services or the medical services. However, they questioned the actions of these service providers when discussing their PV issues with others, for example when seeking WIN support. Some participants at times directly questioned these service providers. For example:

Iyanthi: The policeman made things worse. He said, 'you fool - you should know to keep your drinking secret, know you did some thing wrong, and be nice to the wife

and not hit her'. Then he said to me, 'you should also know to leave him alone when he is drunk that is why this is happening'. I said to him, why should he drink and abuse us? I don't drink. It is not something the body needs.

Neela: 119 [the emergency police number] took more than an hour to come. I stood near the police station in the night with the children, and waited until the chief came and then I came back home in the jeep with them. He shouted at the police saying, 'No - nothing doing you cannot come in, I wouldn't let you, I do not want to give you drinks to pacify'. The police just wrote it down and left. I was wondering what the police are there for, they didn't do anything, I told them, we had to stay up all night, he said he is going to kill us, what if he stabs us?

Shyama: Women mostly tell their family and they need to have some wisdom to understand that this is serious, that is why she is asking for help and that it is a legitimate problem. It is wisdom that is needed not education" "I asked my in-laws to help after a while. I said I cannot take it; he is abusing me and doing it in front of the kids, and that is not good. They said we can't give you any advice; you have to go to Sumithrayo [a social support group].

A number of participants also challenged their support systems advice-giving in regards to tolerating problems, which included questioning the socialized messages, including those received in childhood. For example, Kamala stated:

We were taught by our parents that if a man is fighting not to talk or fight back and not to go on fighting with him. We were taught to tolerate, which allows the wrongdoer to get away with it. I think it is wrong advice. We shouldn't tolerate violence. We should try to find ways to not be made helpless and not to be violated.

Increasing resources/assets for the self

Most participants illustrated that they engaged in increasing their financial, material, personal, and social resources as a long-term coping strategy for dealing with PV, particularly with a view to asserting their independence and planning for their unpredictable future. The participants' shift from increasing resources solely for the perpetrator and the family to increasing resources for the self and the children, developed as a process from early stages to Stage 3. It demonstrated their increased cognitive insight, self-preservation and resilience regarding problem-solving. For most participants, because of the threat of increasing abuse, increasing their own assets involved working in secrecy at times, in order to preserve self from further danger from the perpetrator. They had to preserve developing assets and safeguard the support systems that aided in gaining/increasing the resources. As stated by Shani:

When he left he didn't provide. Then one of my friends gave me 7,000 rupees to start something. I opened a bank account with it and started sewing as a self-employment. I saved money little by little, at times I had to skip meals but I always made sure my child had things. I was developing slowly and when he called, I didn't tell him of my earnings and pretended I did not have any money. He used to send very little money

then. That way I could save a bit. I had to do that as I wasn't sure if he would be around to give the child money in the future.

Similarly Tamara stated: He kept forcing me and abusing me to give up all my property. What I did was I got my domestic to take a note to my lawyer saying not to write the property over to him and that I am having a problem and that he is forcing me to do this. She agreed to help.

Accessing psychological support

A few participants reported that they accessed the services of a psychologist for the first time during Stage 3 (other than a WIN counselor) as a coping strategy to deal with PV. They indicated that accessing constructive psychological support helped to: reduce distress, reduce or permit them to recover from mental health problems (which were consequences of PV and/or pre-existing conditions), provide cognitive insight, permit them to engage in self-development, increase resilience, increase skilled coping, and help each woman to assert and preserve herself. Most participants who sought constructive psychological services stated that the most crucial initial support provided by the psychologist was the recognition of PV as a serious problem that requires immediate attention. They often experienced complete validation of their experiences, and implicit/explicit belief in their experiences without judgment. As described previously, a few participants explicitly stated that the constructive psychological support they sought for self or/and for the children helped to validate their experiences and provided unconditional support. These participants stated that the psychologist, if she/he provided constructive support, was the first support system in their lives to provide this form of crucial support. For example, Shani stated, "After I started

therapy I realized I was actually strong. Then I thought I should go and build my life. When I made that decision, I was more at peace with myself. That really changed things for me”. Farana and Shyama also demonstrated that psychological support was crucial for their children to deal with the consequences of PV and related issues. Shyama stated, “My daughter was affected by all this, she was physically hurting me as well. I went to lots of places to sort this out. I went to see two psychologists to get the best advice as to how to work with her. We came around to a better stage then and my daughter realized that there was nothing wrong in what happened”.

Educating children and/or trying to go overseas as a strategy for dealing with PV

A number of participants mid-stage in the process indicated that they had decided and planned on long-term strategies for ending PV. These included: educating children and getting their help in the future to end PV by either leaving the country with them, or by trying to get their support to leave the PV in future by leaving the house and/or region. As illustrated by some participants, the expectation that children provide a solution for PV resulted in children at times having to (over)compensate for the abuser’s lack of responsibilities and for his actions within the relationship and the family. As the perpetrator continued to be abusive and to disengage from his responsibilities to the family, the participants indicated that their children then had to, or started to, compensate by protecting the participants and themselves, by trying to help the participants in ending PV. Examples of overcompensation by children included children having to study to provide a route out of the country, and/or work towards providing participants with other escape routes. For example, Farana sought her adult daughter’s help to leave the country as a coping strategy. These coping strategies, as discussed previously, burdened the children long-term, as they were expected to provide continued crucial support for the participants for dealing with PV. Nonetheless, a lack of constructive support from

adult systems and the increasing PV meant the participants lacked choices regarding the source of support-seeking. They often had to seek continued support from children as they were the only available systems of support. For example:

Nayana stated: I tried hard to educate my children and give them a chance at life I didn't have. I tolerated abuse and thought I'll educate them and then get them to help me to get out of this situation. I did not have anyone else to help me leave. I paved the path for the children" "I tried to get my daughter to go away, I have a sister abroad. I tried to get the path sorted for her and for me to go later. So for 5 years I was planning ways to get out.

Neela stated: I wanted my son to his AL's [Advanced Level examination] well. I suffered to educate them and to bring them up to this level. It's my only dream left, for them to do well. It's what I worked for the last 19 years. I am suffering for their education and every minute I tell them that. I thought I'll send my elder son abroad then my younger son and I follow, just disappear.

Spiritual development

Some participants continued their spiritual and personal development in Stage 3 as a form of coping for dealing with PV. Shani, Anjana, Deepika, Shyama, Farzana, and Mary stated that they engaged in continued spiritual development by engaging in mediation, spiritual yoga, reading self-help/spiritual material, engaging in religious discussions and activities. They indicated that these activities were crucial in helping them to increase their cognitive insight, reduce distress, and increase coping, and resilience development.

Refusal to give up her assets/resources legally

By Stage 3, several participants implicitly and explicitly demonstrated that they had gained insight into the fact that the perpetrator was continuously violating their material/financial resources. By this stage, the participants had begun to resist the perpetrator's violation of their material/financial resources by actively challenging and/or refusing to legally handover their assets. The participants continued to engage in this practice, even when their refusal to hand over assets resulted in increased physical abuse and homicidal attempts.

Increasing cognitive insight

The participants in Stage 3 continued gradually to develop and increase their cognitive insight. As discussed in Stage 2 development of cognitive insight continued to occur as a linear process. From the participant's lack of (or at times partial) awareness of PV and its impact at stage one to their increased cognitive insight of PV at Stage 3, participants demonstrated gradual and continuous attempts at increasing their cognitive awareness of factors related to PV. Participants' increased cognitive insight reflected their overall tendency of becoming more constructive in their thinking and acting by this stage. The participants' narratives implicitly and explicitly reflected that the increased cognitive insight characteristic of this stage helped them to employ constructive problem-solving, increase their overall coping, seek constructive support, and develop substantial resilience. A majority of the participants by this stage of the process had begun to demonstrate their increasing cognitive insight into PV. For example:

Nayana: “I struggled from the beginning, knowing it was wrong and I shouldn’t put up with it but having to. I got stronger in my mind over the years, not weaker. As he increased his beating my mind became stronger.”

Deepika: “I began to realize that he could actually do some harm to me, that he will not just threaten but actually attempt to kill the baby and me. I realized then that there was a risk for the baby and me”

Ranmali: “I realized a year ago that he didn’t care and it wasn’t getting better. It takes a long time to realize that. Before that I tried to solve it by talking to him, I realized then that didn’t work”

Shamila: “After a while I knew this was abuse and I had to get out but I did not know how to then. So I tried to avoid him, when I realized the pattern. I used to walk away so I would not be beaten”

The participants also demonstrated that their increased cognitive insight helped them to become aware of their support systems’ own complexities and at times contradictions regarding support giving, and what factors aided or obstructed them in providing constructive support. This was particularly evident in regard to the informal system’s support giving. Shani stated that increased awareness helped her to determine how to access particular support systems in a manner that would maximize receiving constructive support. For example in regard to receiving financial support from a friend, she had chosen to receive material support

from her friend but had full awareness of the friend's bias towards the perpetrator's point of view regarding issues.

Support systems

Seeking semi-constructive and/or constructive informal support

In Stage 3, a majority of the participants' continued their association with their informal systems which provided semi-constructive and/or constructive emotional and basic support. Some informal systems by this stage also provided consistent continuous support. Participants' continued association with semi-constructive informal systems and their active search for more effective support led them to succeed in finding at least one constructive informal support system. In Stage 3 participants actively focused on seeking, finding, and maintaining their semi-constructive and/or constructive informal systems which continued to provide emotional support, consistent continuous support, and basic support.

In regard to existing informal systems becoming increasingly constructive, fourteen participants indicated that by mid stage, at least some of their informal systems (mainly family or friends), had become constructive in regards to support giving. Seven of the fourteen participants explicitly reported examples of their informal support systems becoming more constructive. For example, Shyama described, that her parents after a while provided constructive advice and advised her that she should consider separation from the perpetrator since the PV was increasing. Similarly, Deepika stated, "My mother scolded me for going back when I left the first time. She told me he will not stop".

Six participants, implicitly and explicitly demonstrated that their existing informal support systems did not provide constructive support by mid stage, but provided semi-constructive support instead. This could partly be due to the fact most participants did not disclose the exact nature or severity of PV and related issues to their informal systems. The reasons given by the participants for lack of complete disclosure of PV partly included attempting to protect their informal support systems, lack of belief their informal systems could help to intervene adequately, and awareness of past examples of a lack of constructive support from their support systems. For example, two participants reported that they had not disclosed PV to their existing informal systems by mid stage and so were unable to receive support to deal with PV. One of these participants sought support once or twice from distant informal systems other than her family, friends, colleagues, or neighbours. Mala, Sunila, and Dayani, reported that they either did not have sufficient existing informal support systems or had alienated themselves from their families in order to protect their abusive relationships (as in the case of Dayani). Mala had only ever received destructive support from her family.

At least twelve participants reported that they sought new constructive informal systems by mid stage. A majority of the participants in this stage accessed both an increased number and an increased variety of informal systems and began to receive constructive support more frequently. For example, most informal support systems in stage 3 provided emotional support, recognized and validated the participant's PV experience without blaming her, at times helped her to problem solve, tried to talk to the perpetrator regarding the abuse, contacted the perpetrator's family, actively challenged the perpetrator regarding the abuse, and continued to provide basic support such as accommodation, financial, material, or/and child care support. Semi-constructive and constructive support was provided by family (including children), work place colleagues, teachers, friends (including male friends of whom

some were the spouses of their long-term friends or friends of the perpetrator), religious leaders and neighbours. For example:

Minali: “My parents spoke to his family when it was bad, saying we didn’t know all this time the things your son has done. This is our child, if you cannot treat her well, we can look after her, having her is not a burden to us, why is your son doing this?”

Neela: “My sister and husband always helped - they helped first and then asked questions; solved the problem first, that is good” “She was always there for me to talk to. I told her everything every time something happened. She called me everyday”

Deepika: “My younger brother is a Buddhist priest. He didn’t tell me what to do, he said try to understand the situation and make my life better in a way best suited for me”

Farzana: “My male friends provided support. It didn’t happen at the beginning but they did support me after a while. They provide unconditional support now; that’s important to me. A few of my relatives were also supportive.”

Similarly, Tamara stated: I confided in one person before, it was my teacher. She was stunned and asked what was wrong. Initially I was hesitant but she kept asking me, I tried lying to her.... but she said, don’t talk nonsense, tell me what is actually wrong. I started crying and told her everything. She was horrified but was very supportive. She took me to the principal’s office and made a call to Preethika [a

lawyer from national child protection authority] got me information about WIN and what I needed to do to end the PV.

As illustrated above, the constructive support provided in mid-stage as in the case of Tamara, provided crucial information and referral to constructive formal systems. This support helped the participants in latter stages to plan leaving the PV relationship permanently, after they failed to end PV in any other way.

Most informal systems provided adequate intervention for PV in the mid-stage. This included providing accommodation for participants when they left the relationship temporarily. A majority of the participants implicitly and explicitly indicated that their informal systems were unlikely to promote as a solution permanent departure from the relationship. Nonetheless, Kamalini, Deepika, and Shyama stated that their informal systems, (mainly parents) explicitly stated that they should consider leaving the relationship as a solution to ending the PV and child abuse, as most other solutions have been attempted without success. Others reported that their informal systems did not explicitly advise them to consider leaving the relationship to end PV.

Seeking support: semi-constructive and constructive formal support

A majority of the participants indicated by early parts of Stage 3, that they had accessed semi-constructive formal systems which provided some support for dealing with PV. They reported that they continued actively to seek constructive formal systems while maintaining their association with their existing formal support systems. Most participants managed to receive at least some constructive support by mid stage either by actively seeking and finding at least

one constructive formal support and/or at times being successful in influencing their existing semi-constructive formal systems to become more constructive.

A distinct characteristic of this stage was the continued association maintained with existing informal and formal support systems. For some participants, such as Shani, continuous support was provided only by a formal system (in her case by WIN). Most others relied on largely informal systems and/or by both formal and informal systems for emotional and/or continuous support as well as basic support. Most participants indicated that by the latter part of stage 3, informal/formal systems had begun to provide adequate intervention and provided validation and recognition of the participants' traumas.

Participants were continuously active in seeking more constructive support and managed to seek more effective support as they progressed through the stages. Changes in support giving/seeking tended to occur as a non linear process, with regressions to semi-constructive and destructive support giving/seeking as a normal part of the process.

A majority of the participants cited WIN (and naming individual staff members) as their one consistent continuous formal support system accessed by mid-stage. Fifteen participants explicitly stated WIN as their most constructive or the only constructive formal system. All fifteen participants maintained either frequent, continuous association or periodic association with WIN for essential support. Variation in access depended on individual needs and on experiences of social isolation as part of PV. The provisions outlined as important include: emotional support, continuity of support, specialized services, validation of their PV experiences. A few participants stated that lawyers, doctors, psychologists, other psycho-

social NGOs, provided constructive formal support. Examples of how participants portrayed the constructive support received from WIN included:

Nirmala: It is the help I got at WIN that made the difference in such a short time for things to be turned around. At home with my parents, we were only talking about the problem. After I came here I got concrete help. It made a difference.

Nayana: If I found an organization like WIN before, there's a possibility I may have made different decisions" "This place helped me lot. First, they helped me to make up my mind by counselling me to reduce the distress and providing emotional support. That made me stronger. I also realized that even if no one else helped I could get help from this place, that realization made a difference for me" "this place did a lot by filing a legal case because the one thing I couldn't have was protection and that is the greatest thing WIN made possible.

Neela: I thought I had to solve all problems by myself. I didn't know that there was a place like this that helps women and children. I was shocked when I learnt that. Then I immediately went and told a friend of mine who was suffering from the same thing. She came here as well. If you go to the police and courts they get him out of the house or get a divorce but he will never divorce.

Mary: I think of all the people who helped me, Dilrukshi (senior lawyer, WIN) has been my lifeline. Every time I came here, she was there with open arms to help me,

she helped me a lot. Every time there was a court case or a family problem I used to come running. If there is a single person who has brought me out of this situation and held me up, it is her. She understood and supported me through everything.

Examples of other forms of formal constructive support included:

Nayana: The lawyer said: 'your situation is dangerous, your husband is very powerful and wealthy. It will be difficult too for a legal case. He has money, power, thugs, and connections. You will not be able to fight this and you will be burnt, so it is better if an organization like WIN handles the case'.

Farzana: What helped most was talking to people in the mental health fields, like talking with..... and with you. That helped a lot. All of you came into my life for a purpose and helped me to shape my decision to end PV and move on.

Tamara: Preethika from the child protection gave me crucial advice. She told me what to do, gave me all the information, what to say once I got to WIN. She told me I will need to access a different police station than.....in order to record the entry, she called WIN and said I was coming and told me who I should contact at WIN; she helped a lot" "She told me to be careful that I was in danger, she was right. He said if I leave the third time he will trace and kill me - but then if I stayed I would have got killed.

Children as a support system

As discussed earlier in the chapter, for most participants, children continued to be a significant, if not still the most significant support system that was continuously present in dealing with PV. For example, for at least six participants, their children continued to be the continuous ongoing emotional support system even in mid stage. However, for a majority of the participants, being able to access constructive support from informal and/or formal systems by Stage 3 meant that participants were able to reduce the children's burden of support-giving. Nonetheless, for most participants, the crucial decisions and planning involved for reducing/ending PV still involved including their children, as the children themselves were subjected to increasing child abuse and/or were witnesses of the increasing PV.

Self

The participants in Stage 3 had progressed from earlier stages by becoming recognized as knowing subjects regarding self-preservation, cognitive insight, and personal development, particularly in responding to PV. Analysis of the participants' interviews demonstrated that by Stage 3 there is a sense in which a robust sense of self is substantially formed and their personality is coming to include resilience in terms of constructive thinking and action for ending PV. The participants in this stage indicated that they had substantial resilience regarding dealing constructively with PV and that they focused on initial recovery of their sense of self from the effects of PV. As such, most participants had begun to initiate recovery from PV as well. As discussed earlier in the chapter, participants indicated that by Stage 3 they were changing their sense of self: by becoming more constructive in terms of preserving themselves (both physically and psychologically) and their assets, by changing themselves to challenge existing support systems, by becoming more selective in choosing constructive

coping strategies and/or support systems, by choosing to maintain continued association with systems that are more constructive, and by continuing their psychological and spiritual development in order to end and recover from PV.

Examples of substantial resilience and increased coping by this stage was indicated by: Shamila focusing on building her individual life by seeking employment in another country; Shirani seeking support from her colleagues and family to plan departure from the PV relationship; Anjana saving money secretly for future PV emergencies, and Sunila choosing to live in a separate part of the house in order to avoid the PV.

Disclosure

Most participants in Stage 3 had begun to disclose most aspects of PV and related issues. So, by mid-stage participants were disclosing more details of the PV to their support systems in their efforts to end PV. At least eleven participants disclosed most aspects of PV and some for the first time to their informal or formal systems. Although most participants still did not completely disclose all aspects of PV until the latter stages, a few did do so in the mid-stage. All participants who disclosed by Stage 3 or Stage 4 stated that complete disclosure to the right system made a crucial difference to resolving the PV. For example, Farzana stated:

I am glad I spoke out and got help. That was important. That was the first step. It was hard to say I needed help. That was hard to accept, makes you feel inadequate, uncomfortable to ask. That was my mistake, I should have asked for help long time ago but it's important who you ask help from as well.

Similarly, Damayanthi stated: that time for the first time I was angry. When I was admitted to the hospital I told the truth. That made a difference. I said I was abused by the husband. If not, every time I lie and say I fell because of the shame of admitting the truth.

Most participants stated that they wished they had completely disclosed all aspects of PV to their support systems earlier, as they felt that then they may have being able to resolve PV earlier. However, a few participants explicitly stated that it was important to choose carefully the person you disclose to as indiscriminate disclosure only increased their problems and led to marginalization by others in the society. This gives evidence to the fact society as a whole as well as the participants' support systems are sometimes quick to judge and provide destructive support, or not support the participant at all, in dealing with PV. Hence, the onus of choosing constructive support systems that are willing to be supportive to the participants falls on the participant. Most support-givers and the overall society forego their responsibilities of providing constructive support for women.

Participants in Stage 3, as part of the preservation of their sense self, worked on improving their mental health and regulating their emotions related to PV. As in Stage 2, some participants, continued or started to express the anger they felt at being abused, and used the anger to motivate themselves to act in order to problem solve for ending PV. Several participants explicitly stated that awareness of their anger (at being abused) led them to take actions regarding PV. For example:

Ruwani: When he started hitting the son, I realized he is trying something else... he cannot hit the small one. I realized I cannot live like this. Then I told my friend. I said I was patient for so long when so many things happened now I cannot take it anymore.

Other than regulating emotions and improving their mental health and increasing coping, the participants resorted to other forms of physical and psychological self-preservation by seeking medical support for injuries and the consequences of PV, by leaving temporarily to avoid increasing abuse, by walking out when physical abuse is eminent. Some influenced the perpetrator to write property in her or the children's names thus gaining resources for herself (such as employment, financial control, or education).

In Stage 3, most participants at times managed to reduce PV and child abuse but still faced increasing PV. However, a majority of the subjects reported that there were persistent increases in life threatening levels of PV (including homicidal attempts, severe physical abuse, and complete isolation) and child abuse. These continued in spite of the participants' active attempts to reduce them. Fifteen participants noted that the PV kept increasing even at this stage, in spite of all their efforts to resolve it. Most participants noted they were only able to reduce the abuse only occasionally, in spite of their efforts to achieve significant changes. However, what participants' experience at Stage 3 illustrated was that they were forming and preserving their sense of self (psychological and physical) and assets as well as achieving substantial resilience to respond to PV, while entering recovery.

Stage 4 – transformative stage “That’s it – I have tried everything, now I am ending this”

The participants in the transformative Stage 4 engaged in significant self development, changing their personalities, and achieving the significant cognitive changes necessary to transform self and the PV experience completely. All participants demonstrated that they had either ended or significantly reduced the PV by the latter parts of Stage 4. They achieved significant self-transformation, regarding self-preservation, cognitive insight, and personal development via lasting moments of insights (MOI). These enduring MOIs gained in Stage 4 resulted in participants achieving radical positive changes to their personality. This was evident as seemingly permanent self transformation. They developed a more positive, active, agentive self, with significant cognitive changes, constructive coping, and sufficient support, to finally find solutions to end PV completely (or reduce it significantly) by staying or leaving the PV relationship. Transformation of self helped the participants to achieve significant resilience to transform the PV with the help of their crucial support systems.

The participants progressed to Stage 4 via positive critical incidents and/or turning points. The usual progressions and regressions were evident. For example, Kamala, moved from stage 3 to stage 4 by a series of TPs and CIs. Kamala’s realization that she didn’t have the financial means to pursue legal separation to end PV (TP), led her to the decision to end the PV by posting a letter to the perpetrator’s first wife (first CI), as the perpetrator was a bigamist. She subsequently called the first wife (second CI) to request her to take the perpetrator back so that Kamala would no longer be subjected to PV. Damayanthi stated that when the perpetrator continued to subject her to severe violence after she developed a terminal illness (first CI), she finally realized that the perpetrator did not care about her and that she had to find a permanent solution to end PV (TP). This led her to disclose PV completely to the medical services for

the first time (second CI) and to access WIN. In this way Damayanthi moved through several TPs and CIs to progress to Stage 4 of the process of resilience development.

It is important to note that once participants reached Stage 4 of the process, they did not regress to the Stage 1 of the process. Once Stage 4 was attained, it was not possible for them to return to Stage 1. They still did evidence regressions from Stage 4 to Stage 3 and, less commonly, to Stage 2. As described previously when regressions occur, they are likely to occur to the immediately preceding stage than to earlier stages.

Coping

By Stage 4, although varied degrees of change had been achieved, all participants had achieved pronounced significant changes regarding their coping. The participants in Stage 4 focused on constructive problem-solving and seeking constructive support. The participants in Stage 4 engaged in various forms of coping in their attempts to finally end (or significantly reduce) PV. These included: psychological departure from the relationship (active emotional detachment), complete disclosure about the violence to external sources, departure from sexual intimacy (actively ending the sexual relationship). They maintained cognitive insight and constructive problem-solving. Other coping strategies included: seeking support from children for ending PV, choosing to maintain association only with constructive formal and informal systems while rejecting destructive or inadequate support, increasing access to existing formal/ informal support systems, and establishing new constructive social networks. Participants in this stage tried to end PV while staying in relationship but, if need be they ended PV by permanent departure from the relationship. Once PV had been terminated or

significantly reduced, the participants in latter part of Stage 4 focused on self development and increasing coping for dealing with their new post-PV life.

Staying and leaving: Psychological departure (active emotional detachment)

Several participants explicitly stated that they worked on ending their emotional connection to and love for their partner. They did this to work towards ending the PV by severing perpetrator's emotional power and control over their lives. For all the participants of this study, the perpetrator was their intimate, mostly long-term, marital partner. Nayana reported that she was aware from the beginning that the perpetrator did not love her, but that she loved him. She went on to elaborate that in the latter stages, seven months before finally making the decision to depart permanently from the relationship, she actively ended her emotional attachment to the perpetrator to stop the emotional control he had over her life. This participant's relationship formation was as a result of a love affair with a long courtship. Nipuni, whose relationship formation was by an arranged marriage, still described similar sentiments regarding ending her emotional bond to the perpetrator. Examples of deliberately ending the emotional bond as a form of coping are captured in the words of Nayana:

I realized early on in the marriage that I didn't have my husband's love but I loved him completely. I loved him for all the 25 years. It is only seven months ago I stopped loving him and it didn't just stop. I forcefully made myself stop loving him.

Nipuni felt that it was her partner who had caused her love for him to end:

He has killed my love for him. I don't like him anymore. I like to stay away from him with the children. I didn't marry to leave my husband. I never wanted to do that, but he wouldn't stop: he is ok for a while and then he starts.

Complete disclosure of PV

All participants at some part of Stage 4 disclosed completely their PV experiences and its impact for themselves, their children, and for the others in their lives. Complete disclosure led to significant benefits, such as receiving the crucial support (particularly formal support) necessary for ending PV and for discovering effective methods to completely end or significantly reduce PV for the first time. According to all participants, they chose to disclose PV completely when they found constructive support systems that were willing to: believe in the reality of the PV completely; not blame her for the PV; validate her experience; recognize the PV as a serious problem requiring immediate solutions, and support systems willing to provide constructive solutions to end PV. Nonetheless, there is evidence of hesitation by informal and formal systems to provide support until the latter stages of the process. This was particularly so for provision of validation. The present study found that the only formal or informal support system, to consistently provide these forms of support was the organization WIN.

Departure from sexual intimacy-actively ending the sexual relationship

A number of participants ended the sexual intimacy of the relationship in Stage 4 as a coping strategy to preserve self, Shamila, Ruwani, Shani, Nayana, Sunila, Damayanthi, Shirani, Shyama, and Dayani stated that they wished to end the control the perpetrator had over the relationship, and used this as a coping strategy to end PV. Even the few participants' who were able to stay and end PV, ended their sexual relationship with the perpetrator as a way to maintain continued control of self and maintain self-preservation within the relationship. For example, Shani stated:

I said 'when you are happy with me only then you come to me, other times you abuse me'. So I thought better to stop everything. I thought then the only thing to do is to live without sex. I decided it doesn't matter, I realized this was the only way to stay in the marriage.

For Sunila who faced continuous severe sexual abuse all throughout her marriage, ending the sexual relationship actively in the latter stages helped her finally to gain insight into the impact of the PV she faced, and helped her to develop significant resilience and control of her life and of the PV. This aided her to leave the relationship permanently, as her only solution to end PV.

It is important to note that, all participants who faced sexual abuse stated that although they tried in early or mid stages of the process to influence the decision regarding engaging in or terminating the sexual component of the relationship, they were unable to. A few of the participants' decision to end the sexual relationship was also tied to their lack of success in

encouraging their partners to end their extra marital relationship(s). A few of the participants indicated that they tried continuously to encourage the perpetrator to end his extra marital relationship(s) as much as the PV. For example, Ruwani, Shirani, and Dayani, stated that they ended the sexual relationship as a method for ending perpetrator's control over their lives and as a strategy towards ending PV, as well as a form of resistance to the perpetrators' continued adultery.

Maintaining cognitive insight/awareness to end PV

All 25 participants demonstrated significant cognitive insight by Stage 4, the transformative stage. By at least the mid to latter parts of Stage 4, all participants had achieved lasting moments of insights via CIs and TPs. These experiences led to insight-mediated permanent and radical changes in personality and cognitive status. Permanent self transformation was demonstrated consistently by all participants. Participants demonstrated, both implicitly and explicitly, that the significant cognitive insight gained in Stage 4 was a crucial, if not the most crucial factor for resilience development for finally ending the PV. The participants demonstrated that the lasting moments of insight and radical personality changes achieved in this stage were made possible by their significant cognitive changes achieved. Iyanthi illustrates this well: she had developed significant cognitive awareness, questioned the perpetrator and informal/ formal support systems actively, was proactive, constantly sought support from others to end PV, and had sought constructive WIN support by middle part of Stage 4. She sustained continued access to WIN and was constructive in problem-solving in regards to PV. Analysis of her interview implicitly but consistently demonstrates her coping and support seeking was made possible by her achieving and maintaining significant cognitive insight in regards to the perpetrator, PV, herself, and her support systems.

Sixteen participants explicitly stated that their cognitive insight into PV significantly changed after their departure from the relationship. Minali permanently departed from the relationship to end the PV, and noted: “after leaving the abusive situation, there was such a big difference and a change in me. When I was in it I couldn’t think like this”. Somawathi and Kamalini also gave evidence of increased cognitive insight since leaving. For example, Somawathi stated: “now, of course, I cannot take any more, now I think I am also a human”. Similarly Kamalini stated, “He is now crying and saying things but I am not buying it this time, unlike before”. However, all participants reported that by stage 4 even prior to making a decision regarding staying or leaving, they had developed significant cognitive insight regarding PV and related issues. For example:

Iyanthi: all the different types of support helped me to see things clearly. I took a while to make up my mind. Then if I couldn’t do it alone, I came to WIN and would get counselling and that helped me to make up my mind and make me strong. I know there is a change in me now as opposed to before.

Tamara: “In the end when I was locked up in the house and completely isolated, I was agreeing to what he was saying, but inside my head I was thinking, you are trying to kill me slowly, you’re breaking me mentally, isolating me socially, and taking my finances”.

Ranmali: “Then I realized I didn’t need him in my life.” “It takes a long time for the realization to come that things are not getting better.”

Nayana: “By then I was getting very angry with my husband’s abuse. I was developing within me very fast, with lots of thoughts of how to work long-term to end this problem”.

Maintaining constructive problem-solving

By Stage 4, in regards to dealing with PV all participants revealed in their interviews predominantly constructive problem-solving, including safeguarding self and their children. A majority of the participants explicitly demonstrated several examples of active, constructive problem-solving to end PV. Problem-solving at this stage markedly differed from the earlier stages. For example:

Mala: I was severely beaten that day, I could barely stand but I still went to the child his vaccination. When I went out for the child’s things I thought I will get help for me as well. So what I did was I went to the police and told them the story. The police had come home twice to look for him after that.

Sunila: He brought funny guys home. It was a bad influence for the children. I got mad and questioned him then he swore and abused me. I realized then that there was no point in talking to him. So I decided to leave and went to my mother’s place.

Dayani stated: He locked me up in the house after that so I couldn’t go anywhere. I was only allowed to go to the lawyer for me to transfer my part of the deed to him. When I got there, the lawyer insisted I transfer it to him. I refused. When we got out

my husband told me to leave and said he will kill me if I came home. I realized then he would do that so I went to the police and made an entry.

By this stage, participants demonstrated not only constructive but even creative methods of problem-solving regarding handling child care and household issues. At times this was achieved by participants holding the perpetrator responsible for his actions. This indicated a significant qualitative change from earlier stages. As indicated by Kamalini, “He didn’t come home for five months. We had no way to eat. I decided to get food from the store on loan and took the bills to him and said; these are your children you have to pay the bills”.

Seeking support from children for ending PV

Eight participants reported that their children actively aided them in ending PV. The children ranged from very young pre-teens, such as eight or nine years old (Ruwani, Tamara, and Kamalini), to teenagers (Shirani and Neela), to adult children (Farana, Damayanthi, and Somawathi). For most of these participants, their children were their long-term, continuous, emotional and crucial support system for ending PV. When attempting to depart permanently from the PV relationship, the participants actively sought support from their children. The types of support sought from children included: actively participating in the planning stage to leave the PV, providing financial support for leaving (some children secretly collected money for leaving), seeking formal support for the participant and enabling that the participants to continue seeking formal support for leaving (as in the case of Farana’s adult daughter), challenging informal systems that were only being semi-constructive regarding staying, by actively refusing to stay in the PV situation, and encouraging participants to leave the relationship. As is evident from this range of contributions alone these children had to bear a

burden even in the latter stages for helping to end PV. This was the case for some children even after the participants had started seeking formal support and were receiving constructive support for ending PV. These examples also amply demonstrated the significant resilience of the children regarding dealing with the multiple traumas related to PV. For example, most of the interviews indicated that the children faced their own traumas as well as help their mothers deal with her traumas. Examples of children's support giving for ending PV are:

Ruwani: "When we were leaving it was my son who first packed the bag even before me. He had collected money in his till for two months. When I decided to leave we planned, my son and I. He is the one who gave me money for us to leave the house."

Farana: "My daughter helped me to solve this, she was the one helping me out all throughout. Especially after she started working she did a lot for me to get out of this situation. Emotionally and financially she helped me. She and her husband even got us a house to move in to after I left".

Similarly, Tamara stated:

My son packed two of the three bags when leaving. I had no money on me on the day we left. Then my son came up to me and said; 'Tell me Amma, is this it? Is this the last time or are you coming back to him? If we are, let's not go, let's just unpack and wait but if we are going for good let's go ahead'. I said: 'No we are not coming back', then he ran and brought Rs.200 he has hidden in his room. I was stunned. Last time

when we left he told me; 'Let's not go back, Amma, he will continue to hit you badly'. He is so wise my son.

Trying to end PV by staying in the relationship

All participants, initially and for a very long time, tried to end the PV while staying in their relationships as their preferred choice for problem-solving, without success. By the latter part of Stage 4 (if not earlier), all participants had developed significant cognitive insight, improved their problem-solving and other coping skills, sought increasingly constructive support, developed significant resilience, and had achieved substantial recovery, which propelled her to make decisions regarding finding permanent solutions for ending PV. A majority of the participants reported that, based on their experiences the only (relatively) effective method to end or significantly reduce PV was to leave the PV relationship permanently. Others stated that they engaged in various other methods for ending PV. For example, Kamala ended PV by ensuring the perpetrator's departure by enabling his first wife to take him back. Sunila, Kamalini, Nayana, Farzana and Shamila, tried living apart towards the latter stages of the PV experience, before leaving permanently from the relationship. Neela and Shani either lived apart in the same house or lived apart periodically as a first step towards ending PV completely. This method of living apart in same house or living apart periodically was different to the previously mentioned method of temporary departure used by majority of the participants in most stages of the process.

A few participants were successful in being able to stay in the relationship as an option for ending or significantly reducing PV. For example, Shani stayed in the relationship and was successful in negotiating a relatively violence-free marriage. Shyama, also managed to stay in

the relationship, but did so after a period of separation. During the period of separation, the perpetrator was willing to receive medications for his diagnosed psychiatric condition. In this case, unlike the majority of other perpetrators mentioned in the study, the perpetrator suffered from an untreated mental illness which exacerbated his aggressive behaviours. Some of the abuse Shyama faced resulted from the dual effects of PV and untreated mental illness. During the period of the separation, the perpetrator was actively communicating with the participant in an attempt to negotiate a non-abusive relationship based on relatively mutual respect and renewed friendship, made possible by their shared responsibilities as parents of their children. This participant was successful in negotiating a completely violence-free relationship, which she stated was a modified version of her earlier expectations of an intimate relationship. As she notes: “we have some kind of relationship, but not one would call an ideal situation. When you’re young you want love. This is not the ideal thing that a woman wants but then this is something for the sake of the children.” She added: “We decided to be a family, a mother and father for the kids, so we thought might as well be husband and wife. That sort of gives them the strength”. Both Shani and Shyama described that staying and ending PV needed to be continually worked out. Shani explicitly stated that she realized that she needed to end her sexual relationship with her husband, in order to remain in a relatively equal partnership that is violence-free. However, Shani did indicate that the perpetrator, at times, still attempted to engage in milder versions of emotional and verbal abuse. For example, Shani stated: “Before when he said he is going to change I used to believe he is going to be good always but now I have understood that it’s not something that going to happen forever.” She added: “Now, mostly, he gets angry at times and scolds me”.

Negotiating a violence-free relationship or a more complicated relationship where there is significantly reduced violence levels vacillating with violence-free episodes as described by

Shani required her to continue working on her actively preserving herself. She had to maintain her already significant cognitive development, continue her psychological and spiritual development, while continuing to interpret her reasons for remaining in the marriage. For example, Shani stated that her cognitions regarding the perpetrator, herself, and the relationship, had led to self-transformation and to personal development that has helped her to negotiate staying in the relationship with reduced PV. She stated:

Those days I expected his love. Everything depended on it. If I was given love I was happy. Even now I don't say I am 100% happy. My happiness doesn't depend on that. Now I think I should not give the key of my happiness to him and if he is doing bad things, I can think that doesn't matter and continue my duty as a wife then I am happy, I think it doesn't matter whatever he does as long as it doesn't affect my child and me and that I am going to be a good person.

Nevertheless, shani stressed that she was unwilling at any point to compromise her self - preservation, personal development, or face increased PV, and stated that she was only willing to tolerate occasional comments and mild emotional abuse within the relationship. She also stressed that if the circumstances changed to increased PV, she would contemplate leaving the relationship immediately. As demonstrated by this participant, the permanent self-transformation the participants achieved by Stage 4 radically changed their personalities, their cognitive status, and their coping for self and other preservation, and affected their problem-solving in regards to PV. Hence, the participants in latter parts of Stage 4 or in Stage 5, including the two participants who managed to stay and end or significantly reduce PV, showed significant resilience and a desire to preserve self at all costs and an unwillingness to tolerate PV, unlike their experience in the earlier stages of the process.

Only three subjects stayed in the relationship and managed to end the PV. One other participant, Nipuni, by the time of the data collection had chosen to stay in the relationship as she was unable to make up her mind regarding her choices for ending PV. Unlike the two participants discussed in detail above, Nipuni, had been unable to reduce the increasing PV even after seeking formal WIN support because of the perpetrator's unwillingness to either reduce PV or seek help from formal systems. However, continued access to WIN support increased: her cognitive insight, awareness of options, and information regarding ways to end PV, her sense of self-preservation and with it her desire to find more permanent solutions for ending PV. As stated by Nipuni, "This is the final time. If he hits again I will go to the women and children's desk and file a case and go to my parents. I have my job and I can get a loan if needed."

Nipuni added: Next time I may be able to take my children and leave. I have told him to get help for his problem so many times but he wouldn't". She also goes on to state that even in the latter stages of the process, after developing cognitive insight and self-preservation, leaving a relationship permanently as a solution for ending PV is a difficult decision to contemplate. For example, she stated, "I am not strong enough yet. Sometimes I think it would be best to go away and live separately. Coming to WIN for one year has helped me. It strengthened my mind and made me feel there is someone out there looking out for me. I come here but he refuses to come to WIN.

Permanent departure as the only method for ending PV

Nineteen participants of the study, after trying out numerous other methods had no option but to leave the relationship permanently as the only possible permanent solution for ending or significantly reducing PV. There are a remaining two participants unaccounted for in terms of their solutions for ending PV; Neela at the time of the interviewing, was working with a WIN lawyer to obtain a restraining order against the perpetrator and was attempting to get him to leave the house she owned; Nirmala who left the relationship after severe PV and extra-marital relationship issues, reported that she wanted a permanent departure from the relationship but was constrained by financial issues related to care of her very young children and by the needs of her informal support systems, her parents. Nirmala demonstrated the significant cognitive development, self-preservation and resilience she had achieved by the end of the Stage 4 through her awareness of the complexities involved in choosing to depart permanently or choosing to go back to the perpetrator. For example she stated:

If I go back I will lose my parents, I cannot do that they have been there for me, my father said if I go this time they will completely cut me off their lives. I cannot just go back and I cannot decide just like that. I have to think of my children. He tried to kidnap my son, hit my parents, not just me. He didn't want to know before now that the mistress has left, he wants to get back with me. He cannot be trusted. If I lose my parents I will have no one to help me. How do I know he is not going to do these things again?

All participants who left the relationship permanently in order to end or significantly reduce PV, implicitly and explicitly demonstrated that it was the CIs and TPs that occurred during

the latter parts of Stage 4, that helped them to develop (or consolidate) lasting moments of insight and achieve permanent changes to personality, self-preservation, and cognitive status. The self-transformation that occurred as a result of these MOIs and changes to personality was crucial for the participants regarding making the choices to end PV by permanently departing from the relationship. Tamara demonstrated this permanent and radical personality change and self transformation via a TP, which led to permanent MOI and permanent departure. She noted: “Before I left this time, for two weeks I was going through changes in my mind. I was getting angry for the abuse I faced and was questioning why I put up with this. I started thinking this way”.

It is important to state that all participants, including those who stayed and ended PV, achieved lasting moments of insight and resultant permanent self-transformation which included radical changes to personality, self-preservation and cognitive status. Thus, regardless of the choice of solution for ending or significantly reducing PV, by the end of Stage 4 all participants demonstrated this self-transformation, which helped them to make constructive decisions regarding ending PV. Regarding the CIs and subsequent TPs that made participants decide finally to leave the relationship, twelve out of the nineteen participants explicitly stated that homicidal attempts (to self and to the children), increasingly dangerous levels of physical abuse and child protection issues, served as CIs and the resultant insight as the TPs, which propelled their final departure. For example:

Ruwani: One thing that helped me to leave was onhe beat me severely and dragged me on the floor hitting. I realized if he can do this, he will not hesitate to kill me. He is very violent. I thought, if I die my children would not have a mother, so I decided to leave.

Nirmala: Before I left it increased a lot, I realized then that he is not going to change. He even beat me badly in front of my mother. That time I fell unconscious to the floor and he didn't even check to see what was wrong, I was unconscious for 20 minutes. That's when I thought, no more, I will not put up with it.

Tamara: By then I was completely isolated and was not allowed to go anywhere. I couldn't use the phone. He didn't allow any door or windows to be kept open. He took my identity card and all the bank account details, and since he was at home by then the abuse increased to such a bad level, I was exhausted and couldn't move because of it. There was no part of my body that he didn't hit. I was sure I would die because of his beatings. I realized he is trying to kill me.

Other than homicidal attempts, severe physical PV, and threats to the children that led to permanent changes to personality, cognitive status, self-transformation and permanent departure from the relationship, other CIs and TPs include:

Farzana: I wanted to leave him for a long time but the breaking point was when he sold the house without my knowledge. He has done it always, selling my things without my knowledge. He never put anything in our name he never financially looked after me. He took financially from me but didn't give. On top of it he made me feel guilty. It's incredible, that's my draw back, then I always felt guilty for things that were not my fault and he worked on making me feel guilty.

Neela: Next day, after the whole night abuse, when I was walking my son to the bus stop I saw it, near the main road there were two posters, one was on a lamp post and written about me. It saidis a Ganika [a prostitute]. I could not bring myself to look at that and my son was also there. That was the main reason I came to WIN, I couldn't take it after that.

Tamara who was locked in her house and was isolated by Stage 4 demonstrated permanent radical changes to her cognitions. She stated:

I was so scared I thought people can see and go and tell him. I thought I will get a three wheeler, go back for the bags and the documents and if he is there, I will keep going. So what if he is there? He cannot own my property and my home - it is in my name, and the clothes we will borrow from someone. I knew we had to leave, if not I didn't know how long we would have survived.

She showed significant resilience and radical changes to her 'old' self and had transformed to a fully knowing self who wanted to be identified as a full subject. By this stage of the process, she was able to preserve the physical safety of herself and children. She also preserved her psychological self by being agentive regarding her life decisions and by initiating a method that would allow her to live as a violence-free, autonomous subject who then can work on improving, her already substantial levels of recovery.

Support systems

By Stage 4, all participants choose to maintain association only with constructive formal and informal systems as much as possible while rejecting destructive or inadequate support. They increased their access to existing formal/informal support systems and engaged in establishing new constructive social networks for finding permanent solutions to end PV.

Informal support systems

The informal support systems the participants maintained association with in this stage included mainly family, friends, and colleagues. By this stage these systems provided mostly consistent, constructive support and some actively supported the participants in their efforts to end PV. The support provided by the informal systems included; providing continuing emotional support and basic support, providing a consistent continuous support base, fully recognizing the PV as a problem issue that requires immediate solutions, and providing complete intervention for ending PV.

Some participants explicitly stated that a few of their informal support systems, including their biological family members, were willing to support permanent departure from the relationship, by Stage 4 as a method to end PV. As the majority of the participants were in marital relationships, the informal support systems' willingness to support departure from a marital relationship in spite of their own socio-cultural beliefs indicated a radical shift in the informal systems support-giving by this stage, compared to the earlier stages. At earlier stages a majority of the informal (and most formal) systems were unwilling to encourage participants to leave the relationship permanently, predominantly giving the child's need for a father as the reason for suggesting the woman stay. In earlier stages, even the systems that provided semi-

constructive or constructive support were unwilling actively to encourage or aid participants' permanent departure from the relationship. Choosing to safeguard the participant and support her in the face of those in the informal systems own deeply-held beliefs, and their willingness to oppose their strictly socialized cultural values, denoted a radical shift in the informal systems support giving. It is important to note that for these very reasons, the deeply-held cultural beliefs and the desire to avoid the stigma attached to departure from marital relationships that some informal systems maintained even in the latter stages, helped to maintain their refusal to support departure from the relationship, even if the participants' and their children's lives were at stake. As demonstrated previously, Mala stated, "My parents say it is shameful after giving a daughter in marriage to have her leave the marriage. They are more interested in what the society thinks not about our lives".

There are also examples of informal support systems that actively supported the woman to end the PV, including encouraging seeking of constructive formal support and enabling permanent departure from PV relationship:

Kamalini: Before my parents used to give me accommodation and help me when I go back but they didn't say to leave, they said for me to decide on that. This time when I found out about WIN, it was my mother who helped me to finally get this help. She first checked the place and when she was satisfied, I came myself. Now even my parents think leaving is a better choice.

Ruwani noted: My best friend was the only help I had. She continued to associate with me by calling me secretly". She added: "all this time while I was saying it is now

getting dangerous, she kept saying be patient a bit more. This time I told her, I was patient for so long when so many things happened now I cannot take it anymore. She said if I was sure she would help and called women and children's desk and WIN, and WIN gave her information and told her to bring me. That is how I managed to leave.

Farzana: I met my friend....again, I knew her years ago and to think how she came back to my life. I feel God was putting me in the right direction towards incredible people who made a difference. She's done so much for my emotional well-being, she was there for me to sound things off and was a good support. She guided me - never did she tell me what to do, but guided and helped me to make a decision in the end.

In contrast, some informal support systems in Stage 4 although they were not willing to/or were able to encourage or help in permanently departing the relationship, were willing to provide crucial emotional and other support in the latter stages for the participant. Even these forms of support helped the participants to make up their minds to leave finally in order to end PV. For example, Tamara noted:

The next door teachersreally helped. They kept me going emotionally and mentally strengthened me to a higher level. They kept saying: 'don't break, remain strong: don't cry'. They made me resilient and kept me going in the last stages. They said they cannot help me to leave because they were scared of the husband, but they kept me sane. That really helped in the end when I was locked up in the house with no access to outside.

Formal support systems

By Stage 4 all participants sought association only with constructive formal support systems. The constructive formal systems provided crucial interventions: by recognizing and validating her PV experience, by providing crucial psychological help, legal services, shelter, medical services, law enforcement, and child care, including referral to organizations such as WIN providing multiple services to women facing PV. According to the participants, some formal systems continued to provide crucial emotional and consistent continuous support (as in the case of WIN), which according to the participants helped them find permanent solutions to ending PV. Such formal systems consolidated validation of PV while actively providing the individual services necessary for each participant to increase resilience and achieve substantial recovery by stage 4. Overall, for majority of the participants, WIN was either the only or the only *consistent* constructive formal system that actively supported and collaborated with the participants until they were able to end PV. Examples of constructive support giving that made a crucial difference in stage 4 are:

Mala: “Finally it was the female police officer who helped. She got my stuff for me and kept me in a nearby house till morning, till I was able to come to the Colombo WIN office. They also remanded my husband for all this.”

Farzana: “What helped most in the end was talking to people in the mental health and the service fields. That helped to make up my mind to leave”

Similarly, Mary stated:

I had to go and meet the Ragama hospital psychiatrist, Dr. Kuruppuarachchi, after I came to WIN to get the report. When I met him, he looked straight into my eyes and said, either you go back to your husband and get beaten and pushed around, go down mentally, get sick and just let him take control of your life or the other option is you walk out now to become strong. There are only two options, there is nothing else. You decide which one you want. That really made a difference to me that statement. I kept it in mind.

Twenty two participants stated that WIN provided crucial continued and/or immediate support and multiple services for ending or significantly reducing PV. For Sunila, WIN continued to serve as the only available support system in her life that supported her to end PV or to support her afterwards in her post PV life. For eight participants, WIN shelter (Sri Lanka's only specialized shelter for women and their children subjected to violence) provided crucial support in stage 4 when they were fleeing dangerous homicidal PV situations and were trying to end PV permanently. Tamara stated:

If you saw me the first day I came to the WIN shelter I was like a shadow; no smile, no happiness. Now I am at least able to smile. For the 12 days I have been there, there is a big change in me. I feel I can face anything now.

A majority of the twenty-two participants stated that WIN counseling, seeking specialized psychological services, legal support, and shelter facilities, made the crucial difference in regards to ending PV. For example:

Iyanthi: By this time I had had a lot of counselling from WIN. That is the one that helped me the most. Then I was able to fight the depression myself. The doctor doesn't really talk, they weren't interested in how I was feeling so that didn't help but I think the medicines helped the symptoms. It didn't do anything for my emotional, mental capacity and my thoughts. That was achieved by seeking counselling and working on my own thinking. I am now able to make up my own mind and work on problem-solving myself and see the counselor less frequently.

She added: "I don't know if you remember, the first time I spoke to you in, that session helped me to make up my mind to end PV and I knew I could only do that by leaving. I have been at my parents place since then. I never went back". Similarly Nayana added: "He had told someone that if not for that protection order I would have killed her by now. This place did a lot for me by filing the case because that is one thing I could never have, I couldn't have protection. That is the greatest thing WIN made possible".

Children as an informal support system

As described previously, for some participants, children continued to provide crucial support for ending PV. However, a majority of the participants implicitly demonstrated that their need to depend on children for support rapidly decreased after they started accessing or increasing constructive formal support (mainly WIN) and leaving permanently. The interviews also

indicated that accessing WIN support made participants consolidate their resilience development and led to substantial recovery. This helped the participants who still required various forms of support for ending PV to turn to other constructive adult support systems either formal or informal, rather than to their children. Hence, by latter stages of Stage 4, and particularly in Stage 5, all participants had begun a process of ending (or significantly reducing) their support-seeking from children for dealing with PV or any other life stressors.

Self

By Stage 4, the participants had become more fully recognizable as knowing subjects and had achieved full subjecthood. As full knowing subjects, the participants demonstrated several features. They sought to preserve self, valourising their own life (as well as that of others), they respected their own needs, and sought to be autonomous in regards to problem-solving. They were able to retain self-identity, a view of the legitimacy of their own goals (such as striving to live without violence), and to achieve social validation as a person who has the right to preserve self from gender-based violence or other forms of violence. The participants had progressed from earlier stages to become full knowing subjects in regards to self-preservation, cognitive insight, personal development, and had achieved significant resilience for dealing with PV and other life stressors.

A distinct feature of this stage is that participants had achieved self-transformation and developed substantial psychological recovery, in regards to overcoming effects of PV. The self-transformation achieved in this stage strengthened the participants' recovery process and led to increased psychological awareness of self and to personal development. This allowed the participants to be aware of their transformed knowing self at all times.

Examples of their becoming autonomous in regards to self identity, self-preservation, and self development includes Tamara, who stated: “The temple priest sent two messages saying: ‘come and meet him’ but how could I go? I was locked up in the house. The day I left, I called the priest and said I was leaving. He said he could talk to my husband but said he doesn’t have any right to break families”. Regarding this ineffective, destructive form of support offered by the religious leader the participant noted that: “I don’t need people to do things like that and also there is no point in just talking to him. That has been tried and it didn’t work. I had a life before he destroyed me. I had talents, skills, and a job. I was not allowed to develop in anyway. He didn’t want me to develop”.

As demonstrated by this example, by the latter part of Stage 4, Tamara had radically changed her cognitions and sense of self. She had moved from previous notions of needing to tolerate PV for sake of children and preserve the relationship, to now identifying the need for self-preservation, developing her stunted personal growth, as well as achieving autonomy and social validation as a full subject.

The participants by Stage 4 were actively attempting to maintain their mental health, continue their spiritual and psychological development, while acknowledging, preserving and healing their psychological and physical selves from the impact of facing severe and/or prolonged PV and other related stressors. As described previously, the participants actively continued seeking only constructive informal and formal support (while rejecting or reducing access to other forms of support). They focused on receiving necessary support from these systems for both ending PV and for healing their physical and psychological selves. For example, by stage

4, Farzana demonstrated radical self-transformation, significant resilience, achieved substantial recovery via seeking psychological support from formal and informal support systems, and had departed from the relationship permanently. Farzana stated that her psychological development and self-preservation was of paramount importance to her. She indicated that (as a newly developed full subject) she was planning on preserving herself and allowing her knowing self be present at all times. For example, she stated, “I do have rights and needs. All of which I neglected for maintaining others all these years. And now at my age, I have done enough for others, now I want to look after myself too. I have a right to do that”.

Similarly Farana stated: I should say I saw myself as a victim, until I left him, but not since then. Before I left, I was very negative, I was always thinking I was not good enough. I was hard on myself while I was with him. I was confident when I was working before. I was forced to give it up by him. He broke it all down. Now I am building myself up again.

Some participants in the latter parts of Stage 4 stated that, apart from their self-transformation, (the desire to preserve self, and renewed focus of maintaining their changed personality, increased coping, and new life style after ending PV) they were motivated also by their need to protect their children and their children’s development. For example, Mary stated, “my child was also affected by this, I knew I had to be well in order to look after her. She was another reason for me to want to change. I had something to work with. She was part of my development”.

By end of the transformative fourth stage of the process, in terms of self development and dealing with PV, all participants had finally ended or significantly reduced PV. They had achieved substantial recovery from the PV. Overall, Stage 4 stood distinctly as the most significant stage of the process for participants in regards to achieving permanent self-transformation and transforming their PV experiences, by ending or significantly reducing it.

Exceptions to the model

Prior to discussing the final stage of the process, it is important to note that in latter stages of the process one person proved to be an exception to model. As discussed previously, the theory of the process of women's resilience development and recovery for responding to PV is a general model which can have exceptions. Sunila illustrates this. By the data collection stage, this person had already successfully ended PV five years before and was working out her post-PV life. She had achieved significant resilience by seeking formal support (mainly continued WIN support) and had used her increased support and developed resilience to aid her in departing permanently from the relationship as her only effective option for ending PV. In her post-PV life, she demonstrated success in building a violence-free life for herself via her physical resources (material and financial) by engaging in a home industry. She continued to maintain her association with constructive formal support systems in her post-PV life by actively seeking continuous emotional, counseling, and other forms of support from WIN.

However, Sunila at the time of the interview demonstrated that instead of achieving substantial recovery demonstrated by others in Stage 4, or the significant recovery or completing recovery demonstrated by others in Stage 5, she had not even begun her recovery process. Although her cognitive insight had increased in Stage 4, particularly after seeking

formal help and working on ending PV, it was not as significantly developed as it was for others. These two features distinguished her from others in the latter stages of the process. Even after ending PV successfully and developing significant resilience during several years of post PV life, her interview responses implicitly indicated that she was still in latter parts of Stage 4 instead of progressing to last stage of the model.

An important feature was her shame saturation. Her interview implicitly and explicitly demonstrated that she had an excessive focus on shame even after leaving the abusive relationship, ending PV and rebuilding her life. She explicitly stated that she was still ashamed by her dysfunctional childhood and parental negligence. She stated that she tried to overcompensate for her traumatic childhood and its shame by staying and tolerating severe sexual abuse amongst other forms of PV and that she was still burdened by the shame of her life circumstances. Other distinguishable features of her life included, a lack of a single informal support system in her life (even after ending PV) and the fact she felt she was not loved by anyone, either in childhood or as an adult. She had endured; complete rejection by the adult children, the grief of losing her adult son to suicide, and her continued distress over her past experiences. Also unlike the other participants, Sunila was still powerfully culturally embedded, even though she had developed significant resilience and increased insight sufficient to end PV, question perpetrator's actions, and rebuild her life. This participant had sought psychiatric services for a diagnosed mental illness while working with WIN towards ending PV but at the time of the interview had terminated psychiatric support. Brief assessment of her mental health status during the interview demonstrated that she still exhibited posttraumatic stress disorder symptoms, such as recurrent intrusive distressing recollections of PV (particularly of the severe sexual abuse) and symptoms of increased arousal (such as anger), other than for her continued, but now reduced distress resulting from

her previous PV experience. As she lacked any informal support in her post-PV life and was responsible for managing all aspects of her new life, Sunila stated that she was unable to afford the luxury of time, energy, or finances for dealing with her existing mental health condition(s). While working on ending PV, both the participant and the WIN counselor who worked with her, had focused on her immediate critical needs, such as ending PV and rebuilding her post PV life as opposed to dealing with her existing mental health symptoms. However, she continues to seek WIN support for emotional support, companionship, as well as for occasional counseling sessions, as WIN was the only support system in her life. As such, it is possible that her existing, partially untreated mental health symptoms may also contribute to her lack of recovery from the PV.

Stage 5 – Resilience and Recovery Stage: “I have arrived and found myself, now it is about me as well as others”

A majority of the participants indicated implicitly and explicitly that they had progressed to the final stage of the process, termed here ‘the resilience recovery stage’. Bar three women (Sunila, discussed previously, Nipuni and Nirmala, who were still in the latter parts of Stage 4 at the time of the interviewing), all other twenty-two participants had progressed to Stage 5 of the process. This final stage of the process consolidated the radical changes achieved to the women’s sense of self and led to permanent self-transformation. The permanent changes to participants’ personality, cognitive status, self-preservation, personal development and the resilience recovery process achieved by lasting moments of insights, signifies this final stage of the process. In Stage 5, the participants progressed from radical self transformation and transformation of PV (by finally ending or significantly reducing the PV) to attempting to transform the Sri Lankan culture, by creating a cultural space within the dominant patriarchal

culture that allows for women's agency and resistance to patriarchy and gender-based (or other forms of) violence.

As opposed to earlier stages when the participants were not recognized by others as knowing subjects, or who were still working on trying to be recognized as knowing subjects, the participants in the final stage demonstrated that they have radically and permanently shifted into being full knowing subjects regarding self-preservation, cognitive insight, and personal development. The radical transformation of self in latter Stages 4 and 5 involved achieving positive changes to their personality by integrating results of lasting moments of insights. These changes in latter stages of the process consolidated significant resilience development regarding the self and the manner in which they dealt with PV and other stressors. This in turn led to significant recovery or completion of the recovery process. For example, at least twelve participants in Stage 5 substantially and consistently demonstrated that they had already completed their recovery process. The time taken by these participants' to complete their recovery processes varied from approximately two to ten years.

The following examples provide a glimpse into participants' characteristic transformations achieved by Stage 5 regarding self, PV, the participants' significant cognitive status and their resilience recovery status:

Farana: Now I know the pattern of abuse. I did not know this when I was living with him and facing the PV, I didn't know what to look out for but when I reflect back, there are so many things I see clearly now. So many things he has done. I have being cheated, really cheated of life.

Mary stated, “I took a long time to come out of it, about 5 years. The bad period continued even after leaving him. I should have come out of it before but I realize now that in reality it takes a long time to make these changes”. Similarly, Shamila stated; “then I didn’t tap into the emotions I felt, I didn’t explore it, completely unlike what I do now. Now I allow myself to be expressed”

In regards to the process of achieving change and the motivation to recover from the impact of PV (as well as ending the PV itself), Farana stated that her determination extended beyond just ending PV. She aspired to achieve resilience, end PV, rebuild her life, gain independence and regain her psychological and other assets for herself. However, she also wanted to continue her development until she completed her recovery process. She stated:

Coming to WIN - that was the start - but it was also in me. I think a lot of it is within you. My intention to get over the abuse helped. I wanted to be free of these things and develop. Then there was the issue of showing him; I can do it. There was a point when he made the maid say to me, nothing in this house belonged to you. I thought, ok, you wait; one day I will show you. That was also a push to show I could do it.

The twenty-two participants, who progressed from the latter parts of Stage 4 to Stage 5, did so via positive critical incidents and/or turning points. As self-transformation and ending PV was already achieved by the latter part of Stage 4, the progression to Stage 5 for majority of the study participants was a relatively predictable and a linear progression. An important distinguishable feature of Stage 5 involved lack of regression to the earlier stages. It is

possible that lack of regression to some extent may result from the participants' permanent self-transformation achieved via permanent and radical changes to personality and cognitive status. Another reason for lack of regressions from Stage 5 to earlier stages, maybe because of participants' success in finally ending or significantly reducing the PV, their now solidified significant resilience development, and the significant levels of recovery already achieved.

Farzana demonstrated several CIs and a resultant TP to reach the final stage of the process. Having sought several constructive formal and informal support systems to help her make up her mind to end PV (CIs) and engaging in a learning initiative (CI) and learning that her rights were violated (TP), helped her to experience an enduring MOI. This was coupled with the crucial critical incident of the perpetrator selling her home without her consent, which made her finally end PV, achieve significant resilience and recovery and thereby progress to the final stage of the process. She noted: "I made use of the course..... to learn what I wanted in life. It was good for my self-development, my self-worth. By the end of that I knew I was leaving him for certain. I learnt about human rights in the course and to think every right of mine was violated".

Coping

Twenty-two participants had reached the final stage of the process by the time of interviewing for data collection. Twenty-one of these participants had ended or significantly reduced PV and were working on rebuilding their post-PV life. The remaining participant, Shamila had already rebuilt her post PV life successfully more than 15-20 years prior to the time of the interview. The participants in Stage 5 demonstrated consolidation of constructive: coping, problem-solving, and support-seeking for their post-PV needs. The participants in this stage

demonstrated their continued focus on psychological and spiritual development, active self-preservation and maintaining of a more autonomous self. They evidenced a desire and insistence on having social validation as a full subject (as a woman), and increasing resources for self as well as for others.

Some of the participants in Stage 5 widened their self-transformation to include transformation of others' lives by actively helping others, particularly vulnerable populations in the society to overcome PV and other traumas. A majority of the participants demonstrated that they made use of their changed cognitive status and radical changes to personality to develop insight and accept their now (mostly) permanent losses: of loved ones, role identities, physical and/or psychological resources. As part of significant or completed recovery participants' in Stage 5 demonstrated a shift in focus towards working on their present post-PV lives or their future aspirations and reduced their focus on their past traumas. Most participants in this final stage of the process also focused on actively questioning and challenging the socialization and the culture promoting PV.

Adjusting to post-PV life

A majority of the participants in Stage 5 demonstrated to varying degrees that they were working on resolving post-PV issues and adjusting to their new lives. The participants implicitly and explicitly illustrated that the number of issues and the complexities involved in resolving post-PV issues depended at least partially on the time lapsed from final ending or significant reduction of PV. Shamila, Farana, Shani, Shyama, Farzana, and Mary demonstrated that they had successfully resolved most if not all of the multitude of post-PV issues. A remaining sixteen subjects in Stage 5, demonstrated that they had numerous, often

complicated, prolonged, and difficult post-PV issues to deal with in adjusting to their new lives. The post-PV issues the participants needed to attend to included: law enforcement and legal issues as well as child care issues. The legal issues included: prolonged divorce, maintenance, child custody issues, and in the case of a few participants pursuing criminal legal cases for PV. The child care issues included: trying to obtain financial support for children, trying to find child care facilities in order for participants to pursue employment to support self and children, working out visitation issues and paternal responsibilities with the perpetrator who is often resistant to providing child care support, having to be a sole parent for the children, and ensuring child rights. These child rights address issues such as the child having the right to include the father in birth certificates after separation, amongst others.

Other post-PV issues included trying to find accommodation and/or employment, adjusting to living in parental or familial accommodation (mostly under their terms), adjusting to loss of multiple roles and resources, and loss of emotional and other support structures because of change in life style. For some there were also the requirements of adjusting to health consequences such as illnesses or disability resulting from PV. Some participants were homeless due to lack of support from state and informal systems, and lack of overall state support for women who are subjected to PV. For example, Mala had to live in hiding because of the lack of support from her family and the continued homicidal threats towards her and the threats of kidnapping of her infant by the perpetrator and his family. A majority of the participants also consistently stated that although they had ended the PV and left the relationship, the perpetrators continued to stalk them or their family members as an extension of PV behaviours.

Here are some examples of post-PV issues:

Deepika: He is calling all the time telling me to come back. When I go back from work he is there waiting for me on the road. He follows me around. It's a big problem". She added: "He's going around saying the child is not his and that he would not support the child. I don't need his money. I will look after the child but sometimes I feel like taking legal action against him for the defamation.

Damayanthi: "Even now he comes and shouts at my mother's place. I wish I could get a place without bothering my sisters and parents, and move out with the children"

Iyanthi: I need to find a job. There are lots of obstacles, one thing is my son. He's withdrawn and always wants me to be around. I will need a part-time job because of my son. Even if it's not up to my qualifications just to keep myself involved. The thing is part-time work like cashier work I cannot do because my family status; I have to think of how this affects others.

Iyanthi further stated, "There are no real part time work options. This really has to change in this country." "I have to be both a mother and a father. This is now my life." She notes the implications of the difficulty in getting part-time work: "if I had a job now I would not have to depend on my family. If I go for a court case to divorce or I will lose the little bit of money I have and I will still need more." She notes the short-fall in state support for people in her situation noting:

I wish there were training programs for people like me who once worked, and who wants to go back to work. Some form of rehabilitation for us battered women to find jobs again. If the wrongdoers who go to jail are rehabilitated, why not us? We have done nothing wrong; we also deserve a chance.

Similarly, Mary stated:

My child is still with him and is having lot of problems, he is suffering. I find it hard every time I see him and come back. But now I have accepted the fact until something happens legally no one is going to help him or allow me to help him.

Mary further stated that there have been legal difficulties, adding that she thinks “the judge made a wrong decision, the case was only between him and me; it didn’t need to involve the whole family. So then the case was filed again in district court that wasted 5 years”. She also notes difficulties with finding work, in that “most of the women who have problems cannot work because of the problem of child care”.

Developing insight and accepting losses

The participants in Stage 5 demonstrated varying degrees of cognitive insight and acceptance regarding (mostly) permanent losses of their lives, which had resulted mainly from their permanent departure from the relationship. Most participants indicated that when they departed permanently from their relationships as the only successful means to end PV, they

faced permanent and significant losses. These included losing loved ones (such as losing children as the perpetrator did not allow her to leave with them or because the children were not at home the only time the participant was able to leave the relationship), losing role identities (as wife, mother, home-maker, home-owner, daughter in law, and other significant role identities), losing her physical assets (including finances, employment, own house, other material assets), amongst others. Iyanthi's situation is representative of many. She explicitly demonstrated that although she was happy to have successfully ended the PV by leaving the relationship, she was still distressed and was working on her psychological acceptance of losing her resources and role identities of being a wife and a homemaker. As stated by her:

This is complex. At one level, things are better; I am not facing the PV. But at another level, things are worse. I have no abuse and have a place to stay but on the other hand before had I had a life; I had my own home and a life.

Those close do not necessarily understand the complexity of this situation, she adds:

My parents say, 'why are you upset you have a place to stay and to eat, what's your problem?'" The thing is they don't understand that I used to have a home of my own and that I ran the house according to my wishes, I had control. I put the type of curtains I wanted. I grew the plants I wanted. I had a beautiful place." The women are isolated from others who have been through PV, as she says; "I do not know whether this happens to other women who leave abusive marriages. My parents don't bother to understand how I feel, that I am now alone.

Damayanthi stated that because of the perpetrator's continuous stalking even after permanent departure, her family may lose their parental home as they have to consider relocation for safety issues. She says; "My sisters and I were discussing that we may have to look for a place somewhere else to live. We may have to sell our parents' house and go somewhere else to live. All this is because of this man. We cannot stay here because of this man".

A few of the other participants demonstrated greater acceptance regarding their significant and permanent losses but explicitly stated that acceptance of certain losses, such as loss of a child was hard to deal with. Mary, Minali, and Dayani, had lost access to some or all of their children and had varying degrees of acceptance regarding loss of their children. Dayani, who left the relationship immediately prior to the interview, demonstrated some acceptance regarding the loss of children by stating, "My son, I think understands a bit. Before coming I told him; 'I cannot stay anymore' and that his father is hitting me. My son said, 'You go Amma. I will come to you when I am bigger'. My daughter, of course, is completely brainwashed by him [her father]".

In contrast, Minali exhibited significant distress over the loss of her children. This may particularly be due to the fact that the children had rejected her as a parent and continued to do so even after her departure because of the perpetrator's influence. However, Mary who had successfully ended PV several years before and had recovered completely from the PV, demonstrated significant cognitive insight and acceptance regarding the loss of her son, although she declared it continued to affect her long-term psychologically. She stated:

Losing my son was the worst thing that happened in all this. I had to cope with that and build myself up. I had to focus on what I could change of the situation. I can now handle things better. I can rationalize and look at the issue accurately to see what I can do about it. I look at the positive side of things. Like what we discussed in sessions, there are things I can work on changing and there are external things that take time and some things I cannot change. I have had to deal with the fact I cannot just go and get my son. There is a way I have to proceed in order to do that and I have had to accept that.

In regards to developing cognitive insight regarding acceptance of losses, Shamila, Farana, Shani, Deepika, Shyama, Farzana, and Mary demonstrated that they actively made use of psychological services, continued access to support systems and used spiritual and personal development activities (such as meditation, dhamma discussions, religious activities, prayer, and others) for increasing their acceptance of their losses. In contrast, as mentioned above, a few participants in the last stage of the process still struggled to deal with their losses. Analysis of interviews indicated that overall, the participants who have had greater success at accepting their numerous losses had both ended PV and significantly recovered or completed their recovery a long time before the participants who were still struggling with their losses. It should be stated that accepting significant losses is just one example of significant or completed recovery. Other examples are; women actively challenging the patriarchal culture and helping others, allowing her knowing self to be present at all times, being able to discuss her past PV experiences more comfortably and significantly resolving traumas (PV and others), amongst others.

Evidence of recovery: Significant cognitive insight and permanent changes to cognitive status

All participants, in the last stage of the process demonstrated an increase in their already significant cognitive insight, even more so than in the latter parts of the Stage 4. These participants demonstrated that in the resilience recovery stage, they maintained and increased their significant, radical, and permanent cognitive status achieved in latter parts of Stage 4. The participants radical and significant cognitive status marked and highlighted their permanent self-transformations achieved. These were reflected in their behaviours. For example they explicitly questioned; the role of patriarchal privilege, the role that shame plays in silencing women, the role culture plays in socializing women into a certain stereotype while minimizing the repercussions of violent behaviours for men, the privileging of marital relationships over women's lives and physical survival. The following examples demonstrate participants' significant cognitive insight:

Farzana: The time we met I remember you asking me to evaluate myself, asked me questions what I thought of myself and my identity. Then, I didn't have a clue who I was, now I can do it. I am more assertive and aware now. I am aware of my emotions now. If I feel an emotion I don't try to hide it anymore, I do something about it. Now I respect my inner self and let it be. I am good to myself, I know now what I need and what I care about. Now I respect my freedom, my instincts, and myself.

Similarly, Shirani stated: "Now our extended family looks at my son and me in a funny way. They didn't help when we were facing this and I was getting almost killed but now they look at us funny. People only want you to stay married, even if there is hell - they don't care".

Questioning and challenging the socialization and the culture promoting PV

A unique feature of Stage 5 was the participants' active attempts to transform the culture that legitimized and promoted PV and other gender based abuses. As an extension of their self-transformation, participants in the last stage of the process actively worked towards challenging and questioning the perpetrator and tried to transform the social systems that promote PV and other patriarchal inequalities. Out of the twenty two participants in Stage 5 of the process at the time of the interviewing, fourteen were actively working on promoting agency for vulnerable populations, including women's agency, and were attempting to transform the culture. Analysis of the interviews demonstrated that eleven participants explicitly challenged the culture and the socialization process that legitimized PV and other forms of violence. The examples of participants' challenging the culture have already being discussed previously in the qualitative chapters. Presented below are some of the examples of participants' attempts to transform the patriarchal culture that promotes PV.

Nayana: There has to be more awareness. If there is abuse we should be able to say we don't want it and that we want to live without it. Why is marriage privileged all the time and all the problems in it, like violence, and the rest of the problems within it trivialized? This socialization process we have is detrimental to women. This is our curse, today, tomorrow and for the future. This socialization process is the curse that destroys us.

Nayana further added: This country doesn't provide the basic structure to learn self-employment or skills like that for adult women. One thing is age, other is social

structures that devalue women and limit her opportunities. I think in Asia women are born to serve others, that is what we are told and taught.

Mary: It is very unlikely I will get custody of my child. The state sees the man as the provider and because of that he gets the children. The law doesn't take into account that women work and provide for the children. Even if men are abusive to the children it doesn't matter; even if the children are affected, mentally and in other ways, by staying with the father, it doesn't matter. It is the man who has the rights. This is a male-dominated country so it is what the male wants that matters. The police, the courts, even women working in these places all pull for the man. For example my judge is a woman but still it is what the man wants that is catered for.

Actively helping others

Several participants demonstrated that they were already helping others, particularly vulnerable populations (such as women and children subjected to violence but not exclusively only this population), as part of their self-transformation and as an attempt to transform the culture promoting PV and other gender and social inequalities. Shamila demonstrated by her prolonged engagement in social activism, raising social awareness and engaging in social research, that the desire to transform and help others was not limited to dealing with women subjected to PV. She stated: "It was a failing in me that I did not talk to anybody then. I admire people who seek help when they are in trouble. They are more open than I was; now I try and help them by trying to get the help they need".

Shamila added: The thing is, I have seen enough violence; not just the partner violence. During the war I have seen violence and death. So I draw on this, the partner, community and the ethnic violence. Partner violence is important but it is not purely from my own life that I draw on, I draw on other women's experiences in my work.

Other examples of participants in Stage 5 who actively expressed desire to help others or were already helping others include Shirani who says: "I think it is wrong that we as women suffer like this. We have to get together and do something about this. If there is a group that would focus on helping women like us, I would like to help, we have to change this".

Similarly, Farana noted:

There are many women I meet now who face this violence. I don't know why I am coming across so many. Many speak to me and it's like I am attracting them, and when I say these things happen, they cannot believe it as it is exactly what they are going through. I find that I can help others now. I am empathic and can understand what they are going through and can tell them what the warning signs are, what to look out for.

Coping resources: significance of material resources in later stages of the process

Analysis of the interviews illustrated that physical resources such as employment, education, financial or other material resources, did not significantly help to reduce or end PV in the earlier stages of the process. In comparison, what mattered was how well the women were

able to utilize their own coping strategies (such as cognitive coping, problem-solving, and seeking support) and to access constructive formal and informal support systems. However, participants implicitly demonstrated that in the latter stages (Stages 4 and 5), having physical resources, such as employment and finances made a difference and aided in ending or significantly reducing PV.

Sixteen participants demonstrated that having employment, finances, or other material resources, aided them (mainly in the latter part of Stage 4 and in Stage 5) to successfully end or reduce PV by leaving or staying in the relationship, and to deal with post-PV issues more effectively and rapidly, particularly with the physical aspects of post-PV issues. To elaborate, Kamalini, Nirmala, Iyanthi, Mala, Kamala, Anjana, Dayani, and Ruwani explicitly stated that their lack of material resources (such as employment, finances, accommodation and others) hindered them, particularly in the latter parts of Stage 4 when they were trying to finally end PV. Some of these participants also demonstrated that even after achieving significant resilience and recovery in last stage of the process, their lack of material resources limited their ability to successfully deal with some of the post-PV issues.

Constructive and consistent problem-solving

All participants in Stage 5 of the process continued their constructive problem-solving which helped them to consolidate their already constructive coping strategies for dealing with post-PV life issues. Constructive problem-solving included being proactive in regards to problem-solving for all life stressors and issues, increasing resources for self, reducing the build-up of emotional distress and actively working to maintain emotional stability, maintaining good mental health, seeking constructive support, gaining information to deal with issues, actively

working on recovering from their past traumas (if it has not been resolved already), and reducing their focus on their past traumas and increasing their focus on their present and future needs.

A few participants also managed to develop a modified, healthier relationship with the perpetrator which preserves self to some extent. They found this to be a constructive problem-solving strategy for engaging with the perpetrator, particularly if they had parental responsibilities. Only Shamila, Shyama, and Shani managed to achieve this transformation of successfully modifying their relationship with the perpetrator, after several years of trying to negotiate violence-free, relatively equal, respectful interaction. All other participants in Stage 5 implicitly and explicitly demonstrated the perpetrator was unwilling to be non-violent, and/or be responsible for child-care or other related issues.

Regarding maintaining emotional regulation and stable mental health, Shani stated that it was an ongoing process but that, unlike previously, she was able to successfully maintain her emotional stability and mental health. She stated:

Sometimes I cry and I go down but then I bring myself up quickly. Even now if he hurts me by saying cruel things than I think how long do I tolerate? Then I think no, I wouldn't let him hurt me and I try to find ways to deal with it that helps.

Similarly Mary stated that she engages in cognitive techniques such as rationalizing regarding her distressing thoughts and engages in distraction tasks for regulating her emotions. All

participants in Stage 5 demonstrated that they actively try to problem-solve regarding their life issues, not just their post-PV issues. It is important to note that, most of the participants in Stage 5, implicitly and explicitly indicated that they would actively problem-solve to preserve self, and end future PV or other forms of abuse, if it arises. As such, participants in Stage 5 demonstrated that their self-transformation had consolidated their continued constructive coping and helped to maintain a progressive but realistic stance regarding dealing with post-PV life and other life issues.

Support systems

All participants in the last stage of the process maintained continued association with chosen constructive informal and formal systems and were actively engaged in increasing their social network systems in order to increase their available constructive support structures. A distinguishable feature of Stage 5 was the participants' readiness to seek support from chosen constructive support systems for any of their life issues, other than for post-PV issues in order to rapidly problem-solve for impending issues.

A distinct feature of this stage was the way that most participants readily sought largely informal support for enhancing their already significant spiritual and personal development. While proactive, they were also able to discriminate between what they themselves can achieve using their own coping strategies and what they would require support, information and advice for. The participants' increase in seeking constructive support demonstrated their self-transformation.

Regarding maintaining association with formal support systems, the participants in Stage 5 demonstrated that they readily sought existing or new constructive support systems to deal with any of their post-PV or other life issues. Of the twenty-two participants in Stage 5, eighteen participants implicitly and explicitly demonstrated that WIN remained an important support system for their post-PV life adjustments. Some participants demonstrated that they continued their occasional associations, while others maintained more frequent associations with WIN as one of their valued support systems. Most of these participants obtained information, legal advice, counseling (for self, children or other family or friends), emotional support, companionship and at times material support, for dealing with their life issues as well as for the post-PV issues.

A significant feature of the resilience recovery stage is that all participants in Stage 5 had reduced or ended their dependency on their children to provide crucial support for dealing with PV or post PV issues. They were able instead to develop a healthier association with their children. In the latter stages of Stage 4, and in Stage 5, participants demonstrated the shift in their dependency on the children and expressed a tendency to work towards protecting not just their children's physical safety but also their psychological well-being. For example, participants actively shifted their focus from themselves to also include working with their children in order to help them resolve their traumas. Some had started this shift in focus even earlier in the process, by earlier stages of Stage 4. Analysis of the interviews demonstrated that some, still to some extent at times turned to their children for occasional emotional support. For example, Shirani, Somawathi, Kamala, Kamalini, Damayanthi, Ruwani, and Tamara implicitly demonstrated occasional dependency on their children for emotional support. However, it is important to state that their dependency, including access of children for emotional support was rapidly decreasing and that all of the abovementioned subjects

were developing adult emotional support systems which were replacing or reducing their dependency on children even for emotional support, to deal with post-PV issues.

Self

All participants in the resilience recovery stage had become knowing subjects, who acted and thought as knowing subjects while maintaining their full subjecthood. The self-transformation achieved in the latter parts of Stage 4, helped these participants in achieving their full subject status. By this I mean: ensuring their own self-preservation, having their own self-identity, working towards being more autonomous and requesting social validation as a legitimate person with her own rights and needs from others and the society.

As knowing and full subjects, the participants in the final recovery stage demonstrated several features. These included; significant, radical and permanent personality changes, permanent and significant changes to their cognitive status (achieved via lasting MOIs), active and continuous insistence on self-preservation (as well as preservation of others), healing psychological selves by overcoming trauma(s) and engaging in personal and spiritual development.

Other features included; continued regulation of emotions and maintaining stable emotional and mental health, acknowledging and healing the physical self, having greater awareness of own psychological self and allowing knowing self to be present at all times in spite of socio-cultural and other obstacles which hinder participants from being full subjects in all situations. For example, participants stated that society's patriarchal privilege tried to undermine and demand that they as women (who are meant to have subordinate subjecthood) should curb

their expectations of being treated as full subjects in public and private domains. All participants in Stage 5 to varying degrees demonstrated that they were now unwilling to compromise as they had achieved this status by their own hard work. As stated by Farzana: “I have done too much for them.....that is another realization I had, that it was too long and too much really but I did my duty, now I have to look after myself as well, I have a right to do so”.

The participants indicated that maintaining own identity, goals, positive self worth, other psychological attributes, and the right to develop self by continuing (and for some initiating) personal and spiritual development, was an important aspect of their psychological healing and expression of their full subjecthood. Some participants who had sought psychological intervention in earlier stages for ending PV and developing resilience and recovery stated that they continued their psychological development even after terminating psychological services. For example, Mary demonstrated that she continued to engage in cognitive and behavioural techniques such as; self-talk, visualization techniques, and cognitive restructuring to challenge non-constructive thoughts hindering self development, even after completing her recovery. A few participants, such as Farzana, demonstrated that their permanent self-transformation, cognitive insight, and heightened self awareness, has made them engage in psychological techniques such as visualization and imagery to increase their psychological development and healing. For example, Farzana stated:

There is something that is happening in my life now. I notice that when I need something or need some help and is thinking of how to get something done.....this is visualization stuff.....what happens is I keep thinking of something that needs to be done and it plays in my head and then it happens that I meet someone who can help

me achieve it. It's like if I need something, if I focus and keep thinking about how to do it then I am also able to meet someone who can direct me to solve the problem, I seemed to be using this method a lot now to build my new life.

In regards to healing the psychological self, some participants in Stage 5 explicitly stated that they worked on overcoming their existing traumas and letting go of the hurt as a method to increase their already significant recovery process. Some participants, particularly the ones who had already completed recovery, stated that they had resolved most of their traumas and was able to reduce or let go of their anger and other negative affects resulting from facing PV. Shamila, Farana, Shani, Shyama, Farzana and Mary, who had all completed their recovery process, stated explicitly that they noticed this as a significant feature of their 'new' selves. Most of the participants in stage 5 also demonstrated that they were also able to disclose their PV completely, albeit with varying degrees of comfort. This depended on the time lapsed from their successful ending or significant reduction of PV.

All participants in Stage 5 had achieved and maintained significant resilience and significant recovery from the impact of PV and other related issues. A few participants had managed to complete their recovery process. As illustrated by the participants in Stage 5, completing recovery appears to include: significantly resolving the trauma of experiencing PV, solid self transformation and ability to successfully work towards rebuild post-PV life, the ability to consistently use own significant coping and access constructive support when necessary for resolving post-PV issues. What constituted complete recovery differed for each woman. The six subjects who had recovered completely implicitly and explicitly demonstrated completion of their recovery process and gave examples of their recovered selves.

The examples below give glimpses into participants' recovered selves. For Farzana, finally having her own home completed her recovery process. She stated:

Within the last one year there was lot of awareness and changes. Since I have being here, I have been very happy, I always wanted a home for myself as my sanctuary; this is the same, exact home I was dreaming of having while I was trying to work all this out.

For Mary, as described previously, the realization she may not get her son back and coming to terms with the possibility of it finally aided her to complete her recovery process. For Shamila, her career, social activism, and the start of a new intimate relationship helped to complete her recovery process. Shamila stated:

I was always going to survive, therefore for me to end the abuse and get out of the marriage was easier. I don't deny I wasn't affected and I am not saying I knew at that time what to do or how to do it. I didn't have all the answers then, but I never saw myself as a victim and I knew I was going to survive and I did.

For Farana, the possibility of finally leaving the country and starting a new life propelled her towards completion of recovery.

Farana stated her desire to recover completely as:

I think a lot of it is dependent on yourself. There has to be a desire to change, you need to have the need to show that you can make it somehow.... I had the complete desire to change and until then, even though I had left the abuse and had started rebuilding my life, it was still a partial thing in me.

Finally, Farana gives a glimpse of her completed recovery by stating:

I am now motivated to use material and information that helps to get me into a proper framework for daily living. I am now able to focus and use positive affirmation to keep rebuilding my life. I believe, whatever religion you are from, there is a connection (from the Buddhist philosophy, Hinduism, Christianity or whatever religion) to the universe. Even for you to come back and see my progress I have made since we last met is connected. I wanted you to know what has changed for me and it was like tying up a loose piece. It was important that you knew that I have now come full circle with my life.

Summary

The three qualitative analysis chapters presented the unfolding of the emergent theory on the process of Sri Lankan help-seeking women's resilience development in responding to PV. The developed model illustrated that resilience development and recovery to respond to PV occurred as a slow and difficult process. The participants progressed and regressed from early,

mid, to the latter stages of the model, while developing and transforming themselves as well as their PV experience.

The model demonstrated that the Sri Lankan help-seeking women subjected to PV were not passive recipients' of PV but were active from the very beginning in attempting to resolve their PV, although early attempts were largely unsuccessful because of their insurmountable socio-cultural and other obstacles. In the first stage of the process, participants' rigidly socialized cultural identification with patriarchy and the need to avoid shame, their overwhelming desire to protect their children, fear of the perpetrator, lack of substantial (or in some cases any) support, and inadequate coping trapped them in their violent relationships but led to their constant attempts to deal with PV. From the first stage onwards, the model demonstrated how women learn, initiate, and increase their coping strategies and actively seek and receive varying degrees of support from social systems in their efforts to end PV.

In each stage, women progress through positive critical incidents and/or turning points to subsequent stages while developing increased resilience, cognitive insight, coping strategies, and support-seeking until they are able to end or significantly reduce PV. In Stage 2, women attempted to develop resilience by increasing their coping and support-seeking. Participants in this stage actively worked on ending fear and shame attached to PV and to help-seeking. They increased their problem-solving; by partially disclosing PV, seeking and finding emotional support. Most important was their active accessing of continuous, mainly informal support, and working on developing their sense of 'self'. While progressing through each stage the participants engaged in a combination of coping strategies (seeking support, developing cognitive awareness, and problem-solving) in their efforts to reduce/end PV and other related problem issues.

In the mid-stage of the process, an important stage for forming and preserving the participants' sense of 'self', their assets, and entering recovery, participants were able to engage in constructive coping (which included increased cognitive insight) while accessing more effective support. In the transformative Stage 4 of the process, the participants were able to transform themselves by achieving lasting moments of insights resulting in radical and permanent changes to their personality and cognitive status. The self-transformation achieved by the Stage 4 of the process allowed and aided the participants in transforming the PV by finally ending (or significantly reducing) their PV. As demonstrated by this study, for most participants permanent departure from the relationship became the only method to achieve the outcome of living without violence or at least significantly reduced PV.

The final resilience recovery stage demonstrates the emergence of the 'new' and permanently transformed 'self' of the participants. In the final stage of the process, the participants demonstrated that they continued to adjust to their new post-PV life while working on completing their recovery from the PV. The self-transformation achieved by the participants led them to transform not just their PV experiences but also the patriarchal culture, the very culture that at the beginning of their PV experience, acted as an insurmountable obstacle. The participants in Stage 5 of the process then attempted to create a cultural space that allows for women's agency and resistance to gender-based and forms of violence. Hence, the participants demonstrated that while achieving resilience and recovery to end PV, they transformed themselves, the PV, and the culture they inhabited. This development, as demonstrated, occurred as a non linear slow process with numerous progressions and regressions.

As discussed in Chapter six, the model developed here is a general model for explaining women's resilience development in responding to PV. Exceptions to the presented pattern can exist. Analysis of the interviews demonstrated an exception to the developed model. Sunila's lack of recovery even after achieving significant resilience, ending PV, and building her post PV life, demonstrated this exception.

The emergent model demonstrated that both increasing constructive coping and seeking (and receiving) informal or formal support also occurred as processes, similar to the described process of resilience development and recovery to end PV. As illustrated in qualitative chapters, participants engaged in a non-linear process of engaging in ineffective (at times destructive), semi-constructive, and constructive coping, from the early stages. They demonstrated that in the early stages they engaged mainly in ineffective or semi-constructive coping strategies (these are coping strategies that are ineffective or only partially effective in resolving the problem), and learnt, initiated and increased their coping to semi-constructive and then constructive coping as they progressed along the stages from early, mid, to latter stages. By the latter stages, particularly by Stage 4, all participants demonstrated engaging in mostly constructive coping which aided ending or significantly reducing the PV. This was also achieved via slow and difficult progressions and common and predictable regressions.

The exception to this pattern of non-linear process was demonstrated for the process of cognitive development. Unlike other processes described, the cognitive development process demonstrated a clearly linear process. The analysis of interviews demonstrated that cognitive development of the participants progressed from lack of cognitive insight to partial awareness/insight, increased insight, to significant cognitive insight/awareness. This pattern remained consistent and unwavering even when the participants own journeys of progressing

along the process of resilience development took the path of expected regressions as normal part of the process of developing resilience and recovery in responding to PV.

Chapter Nine: Discussion

“Ultimately it is up to you, I had all these people to help me when I left the marriage but in the end you have to make up your mind and work with the help, that’s crucial. It is a hard thing to do progressing though the changes. It takes time and you fall back all the time. You keep falling and you keep wondering am I doing the right thing? But then you have to work through it” – Mary

This quotation sums up some of the major findings of this thesis: the emphasis on coping and responding (to PV) as a process that is non-linear and one where ‘fall backs’ occur all the time, where an individual has to come to rely upon herself and her support systems – to work through it.

This work contributes theoretically and empirically to several research domains. These include: partner violence, coping, support systems, resilience literature, and to some extent the process of recovery from trauma. The findings of this thesis adequately support the study’s hypotheses by demonstrating that initiating, developing and increasing coping strategies and support systems help to overcome PV. It also goes beyond this to demonstrate the complex processes involved in overcoming PV for Sri Lankan help-seeking women. The major contribution is to develop a theory to explain women’s complex responses to PV and the processes involved in their attempts to end PV. In doing so, this study becomes the first South Asian study to generate a theory for women’s responses to PV. Whilst achieving this, the study’s findings amply support the crucial roles of various coping strategies and support systems in aiding help-seeking women respond to PV. As the first Sri Lankan psychological study to examine PV, women’s help-seeking, coping, and support systems in depth using qualitative and quantitative methods, the overall findings fill longstanding and crucial gaps in Sri Lankan and South Asian literature in several areas of research.

This study demonstrated that survey questionnaires and in-depth interviews provide a rich and wide ranging data set permitting in-depth qualitative and quantitative analyses of the phenomena. Both qualitative and quantitative methods contributed to making the study representative by focusing on varied types of PV, intimate relationships, PV experiences, help-seeking stages and social demographics. Quantitative analysis largely focused on examining the roles of coping strategies, support systems and the nature and dynamics of PV. Qualitative analysis (using grounded theory) focused largely on examining the initiation and development of coping strategies and support-seeking, and on examining whether women's responses to and recovery from PV occur as a process. It also focused on examining the nature and dynamics of PV and the context in which the phenomena of experiencing and resolving PV occur. However, the main focus of qualitative analysis was to generate a theory of women's responses to PV. This theory encapsulated the process of women's resilience development and recovery in responding to PV. An outcome of qualitative analysis was the finding that aspects of Sri Lankan culture and the socialization process act as enormous, nearly insurmountable deterrents to women's successful handling of PV.

Women's agency in dealing with partner violence

The findings of this study support existing literature (e.g., Bowker, 1984; Lempert, 1996; Gondolf, 1988; Hoff, 1990) by demonstrating that women who face PV are not passive victims but are active from their very initial (even if unsuccessful) attempts to deal with PV (and other related traumas). The findings demonstrate that when responding to PV, Sri Lankan women make many attempts at coping and engage in varied and multiple forms of coping, including both emotion-focused coping and problem-focused coping. Evidence is presented regarding the use of various forms of support seeking, including accessing informal and formal support and the use of various types of support such as emotional, informational,

and tangible support for ending PV. As demonstrated in the literature review chapter, both these findings support existing literature. These findings also support the study's hypotheses regarding coping and support seeking for PV.

Women's responses to partner violence – processes and transformations

Overall, as the main finding of the thesis, the emergent theory demonstrates that women's responses to PV involve a slow, difficult and non-linear process with progressions and regressions *in most stages* of the process, and that the process of responding has five identifiable stages (Figure 1 on page 178 gives a diagrammatic representation of the emergent theory). The theory underscores the crucial role of critical incidents and turning points in facilitating gradual or more stable and permanent moments of insights which prompt the women's progress through the identified stages. These critical incidents and turning points serve several functions in allowing women to progress through the stages in developing resilience to end PV. These included increasing constructive coping and access to constructive support, developing resilience, and achieving insight-mediated personality changes with radical changes evident in women's cognitive status and their personalities. Furthermore, the emergent theory provides strong evidence that women do not just attempt to overcome their traumas to end PV. They also focus on developing resilience while recovering from PV. All of the women (to varying degrees) employed their increased resilience while ending PV to transform their lives and themselves as well as significantly reduce or end PV.

Some women went further. They then used the resilience they had developed and the personal transformation that had occurred to contribute to the transformation of the culture they occupy that permits PV. This took the form of questioning or challenging the culture and the

socialization processes that promote PV. Hence, the emergent theory gives evidence that women progress through a process of transforming self and the PV, and attempting to address directly the Sri Lankan dominant patriarchal culture that promotes the PV.

The emergent theory gives consistent evidence that responding to PV occurs as a process. It also gives evidence for and describes in depth the specific *stages* of the process. It points to possible *mechanisms* that drive the process. Although in some of the previous literature (e.g., Merritt-Gray & Wuest, 1995; Lempert, 1996; Campbell, Rose, Kub & Nedd, 1998) there has been acknowledgement that women's responses to battery involved many stages, strategies and complex processes, except for a few studies this recognition has not been followed up with in-depth analysis. An exception is Brown's (1997) study of the process of women's responses to PV based on the trans-theoretical model of change where she posits a five-stage process (as noted on page 15 in Chapter 2). So the in-depth findings presented by this study are unique findings exploring in detail the process involved in facilitating help-seeking and resolving PV. This in-depth analysis of process has also for the most part been neglected in existing South Asian PV literature. For example, Panchanadeswaran's and Koverola's (2005) study gets close to recognising the importance of process in so far as they describe it as occurring as 'a pattern'. Accordingly, the present study fills this gap by examining it as a process and in depth. This has direct implications for policy and service provision: identifying women's responses to PV as a process encourages service providers to highlight the slow and non-linear nature of responding/help-seeking. Most importantly, it would permit them to focus on providing a therapeutic environment that would facilitate women's progress through the process, while removing judgment (of self or the client) and negative perceptions tied to viewing regressions as failures.

The emergent theory demonstrated that the complex process of responding to PV and achieving progressions into the higher stages is a difficult, slow and non-linear process with regressions occurring often as a natural part of the progress along the process. However, unlike other studies (e.g., Brown, 1997) this model gives evidence that regressions do not occur *at all* from the last stage of the process to any of the earlier stages. Additionally, this theory did not find any regressions from Stage 4 (the transformative stage where the women have significantly reduced or ended PV) to Stage 1, although regression from Stage 4 to other, earlier stages did occur.

The findings suggest that the sometimes gradual, sometimes more stable (when experienced later in the model), often permanent, moments of insight achieved via critical incidents [CIs] and/or tuning points [TPs] act as crucial *mechanisms* which drive the process by which women progress through the stages to overcome PV. In each stage, CIs and TPs propel women to progress (and, if negative critical incidents occur, to regress) through the stages. This study provided evidence that progressions focused on developing and increasing constructive coping, cognitive insight, accessing constructive support and resilience development to obtain the insight-mediated personality changes helpful in ending PV. This study found that they are necessary for such changes to occur.

Coping, support seeking/giving, cognitive development as processes

Other significant and unique findings of this study are that there are *many processes* and identifiable stages which occur in coping, in support giving/seeking and in resilience development. It emerges that coping, support-seeking, support-giving (by the woman's informal/formal support systems) and cognitive development (as part of coping) occur as

processes with distinctly *identifiable stages* similar to the process of resilience development and recovery in responding to PV. The study also provides evidence that these processes (except cognitive development) occurred as non-linear processes. Regarding support literature these findings are unique to this study as, to my knowledge, previous literature has neither identified nor described a non-linear process of support giving/seeking which has identifiable stages. Although previous studies (e.g., Folkman & Lazarus, 1985) have demonstrated coping as a complex process, the unique aspect of this study is the in-depth analysis into the process of coping which led to the identification of its distinct stages of coping and to the non-linear nature of the process. Unique to this study is the finding that cognitive development evidently occurs as a linear process with identifiable stages.

Also unique to this study is the finding that responding to, or seeking help for, PV occurs within the framework of resilience development as a crucial precursor to ending PV. Existing PV literature to date to my knowledge has not focused on this aspect of the phenomenon of resilience development and recovery as a process necessary for ending PV. This finding is unique to resilience literature, not just to PV literature. It also supports and expands existing assertions within the resilience literature which stress that resilience development needs to be viewed as a process and not as a constellation of personality traits, particularly when it involves resilience that ‘presupposes exposure to substantial adversity’ (Luthar, Cicchetti & Becker, 2000, pg.546). This criterion is adequately met in dealing with a trauma as substantial as PV.

The process of resilience development and recovery in responding to PV

The qualitative analysis resulted in five identifiable stages of the process (see diagrammatic representation of the theory on page 178). These include victimization, active exploratory coping, targeted coping, transformative, and the resilience recovery stage. Each of the stages of the emergent theory demonstrates distinctive features in regards to self, coping styles, level of cognitive insight, support seeking, and the successes or failures in developing resilience to end PV. As each aspect of the stages has been discussed in detail previously (in the qualitative results chapters) here only the most distinctive and unique features of the stages within the process will be addressed.

The emergent theory demonstrates that in the early stages, particularly in Stage 1, there is a sense in which the women's sense of 'self' is not sufficiently formed. It is important to stress that this is in regards to not knowing how to successfully resolve the PV. By this I mean they lack self-preservation, sufficient cognitive insight and tools/resources necessary for ending PV. The findings suggest that although women in Stage 1 were active in trying to resolve the abuse, all participants were invested in staying in the relationship for various reasons. The main reason cited was the actively reinforced socialization message of 'staying because of the children'. Subramaniam and Sivayogan (2001) support this finding. A further reason was seeing it as their duty as female partner, as 'good woman', to preserve the family/relationship/cultural norms. This study consistently demonstrated that this resulted from society's persistent pressure, including from the woman's informal and formal support networks. The women were frequently told from a number of sources that women should preserve the well-being of an 'other' rather than that of 'self'. They were told to privilege the welfare of others, to maintain family cohesion regardless of problems faced, which in this instance included severe, life-threatening abuse. It also demonstrated that male partners were

not held accountable for their violent, destructive actions across familial/relationship/social contexts. The evidence demonstrates that the perpetrators were frequently accorded patriarchal privilege while the women received destructive forms of support which 'misguided them' into tolerating PV by staying in increasingly dangerous PV relationships, particularly under the guise of safeguarding children's well-being.

The findings demonstrated that the society, including informal and formal systems, did not in fact accurately identify the consequences of staying in these relationships for the children themselves and, in some cases, actively ignored evidence that children were subjected to severe child abuse including threats to their lives.

In terms of the women's self-conception, the findings demonstrate that women in Stage 1 are 'other-preserving' in their focus; that is, they are unable to challenge the cultural construction and requirement, often tacitly enforced, that the appropriate way for a woman to maintain her sense of self in a collectivist culture is by actively preserving others even if this is at the cost of self preservation (which it frequently is). Accordingly, in this stage women are unable to challenge the myth that a 'good woman' is someone who is expected to tolerate PV. The women, because of the physical, psychological and other consequences of facing PV including multiple trauma symptoms, are deterred from thinking, acting and dealing with the trauma(s) faced. They are placed in a situation of escalating abuse they are unable to reduce, with a lack of resources coupled with a lack of sufficient cognitive insight, coping skill repertoire and ongoing constructive support.

What is termed ‘cultural embeddedness’ (rigidly socialized into cultural norms and living strictly according to these socio-cultural norms and values) is not the only factor that makes women stay in violent relationships in the early stages. The findings suggest that other factors also promoted women staying in the PV relationship early on. For example, although Shamila (unlike others) did not demonstrate adherence to cultural norms, she did not leave the relationship as a possible solution to PV in the early stages. This was because of the intimate nature of and commitment to the relationship. Shamila demonstrated that she had partial awareness of the danger and unacceptability of the abuse from the very beginning. She employed cognitive avoidance (of actively not evaluating the PV) as a strategy to maintain her relationship. Several other participants also demonstrated *investment in the intimate relationship* as a contributing factor for tolerating PV. Existing literature (e.g., Campbell, Rose, Kub & Nedd, 1998) supports the finding that these factors contribute to women’s remaining in destructive relationships. Other significant deterrents of departure evidenced by the study are fear of escalating violence, shame attached to disclosure, lack of constructive support from others (including informal support systems), lack of adequate resources, insufficient cognitive insight and coping. At this stage the PV characteristics, the socio-cultural factors and other contexts played a role deterring ending PV. PV characteristics, such as severe restriction of movement, active social isolation and continuous physical and sexual abuse deprived women of resources, kept them isolated and prevented them from disclosing the violence and seeking support.

The role of fear, guilt and shame in responding to partner violence

The study gave consistent evidence that fear of both perpetrator and escalating abuse, as well as shame, but not guilt, were significant and crippling emotional consequences of PV, particularly in the early stages. This supports cursory references made by other Sri Lankan

literature (e.g., Subramaniam & Sivayogan, 2001) to the fact that fear and shame act as obstacles in resolving PV. Qualitative analysis gave strong evidence that the male perpetrators consistently and calculatingly employed varied coercive control and manipulation tactics (for examples refer back to qualitative chapters) to isolate and trap women and to actively terminate their help-seeking and disclosure even before they began to think of these methods as a way to resolve PV let alone act on them. This is in keeping with existing literature (e.g., Hamberger & Guse, 2002; Kimmel, 2002) which has demonstrated that men use violence to induce fear in a partner with the instrumental goal of increasing control over her. My findings suggest that it is likely that shame and fear may have reduced the women's cognitive insight and minimized their ability to mobilize psychological resources to deal effectively with PV. This may be tied to the trauma symptoms and consequences of facing PV.

While the study found that there was a lack of explicit mention of guilt, except by Farzana (who was interviewed in English) there are a number of intriguing possible reasons for this. The major possibility is that it may partly be because of language factors. For example, the interviews conducted in Sinhalese may have lacked mention or emphasis on guilt because of the lack of explicit terminology for the concept in Sinhalese. The closest equivalent is: "I have done something wrong" and this does not entirely capture the notion of guilt. This aspect warrants future research attention. In contrast, *shame* consistently, explicitly and implicitly presented as a severe cultural obstacle for resolving PV and other traumas. The findings of this study demonstrated complex aspects of shame and shaming. It has been shown to act as a significant deterrent for disclosure even in the face of life-threatening abuse, for help-seeking, help-giving, constructive problem-solving, and overall for developing resilience to end PV.

The role of shame

This thesis does not permit an extended analysis into the complexities of shame within the cultural context for resolving PV. However, it is important to stress that the study has consistently shown that shame is actively employed by society at large and by familial groups to entrap women in PV relationships; by the perpetrator (or his family and friends) to deter women from disclosing and help-seeking; and that it functions in the women themselves as they fail to resolve PV constructively, particularly in the early stages.

Within the Sri Lankan context, shame is a culturally prevalent obstacle into which Sri Lankans and more particularly women are socialized. For example, women are socialized to avoid at all costs bringing shame to themselves or their relationship/family/workplace or other cultural entities. Shame experience is culturally facilitated in women by being tied to their 'good woman' status. In order to maintain a 'good woman' status, actions that bring about shame need to be avoided. Shame needs to be avoided within the cultural context in order to maintain 'respect', honour and social standing. Loss of respect or 'loss of face' within the culture comes about because of the (real or perceived) fear that one would not be accorded respect by others in the society and thereby lose one's social standing, which for women includes losing their 'good woman' status. Shame is not completely gender specific but, because of the patriarchal privilege in Sri Lankan society evidenced in this study, men did not face shame for their actions. For example, the study demonstrated that women experienced shame for being subjected to PV but that none of the perpetrators experienced or were made to feel shame by others for abusing their partners (or for engaging in child abuse, extra-marital relationships, or any other violent and/or disruptive behaviours). As a future research direction in-depth analysis into the role of shame in the Sri Lankan cultural context would be of benefit. Of particular significance would be to examine whether shame continues to act as a

gendered deterrent for Sri Lankan women in disclosing or help-seeking for concerns such as forms of violence other than PV, other traumas or mental health problems. Also significant would be to examine successful interventions and countering methods for overcoming the debilitating effects of shame, particularly for women.

The study showed that *lack of disclosure* is a complex issue tied to many other factors in addition to fear of shame and the stigma attached to revealing intimate partner abuse. These included fear of losing resources for children and self, fear of losing employment, fear of her informal support system being subjected to violence, beliefs that others may not be able to intervene and awareness that most formal systems will not intervene for PV.

Another significant finding is the critical negative role played by a *lack of support or destructive support* from all quarters. These factors deter women from ending PV in the early stages. This study consistently demonstrated that lack of support was a crucial deterrent to women's ability to learn constructive coping, increase their cognitive insight or gain resources necessary for ending PV. In the early stages women are already deterred by numerous factors, including society and, at times, women's own desire to maintain 'good woman' status by resorting to less constructive coping strategies (such as avoidance) and by staying to preserve 'others'. When one adds to this a lack of support even from their informal support systems, it can be seen that even women's active attempts to resolve PV can remain ineffective.

The role of resources in dealing with partner violence

The present study provides evidence that women's personal resources are crucial for resolving PV. However, a significant finding of this study is the demonstration that effective use of

resources as tools for dealing with PV is stage and time specific. In the early stages, personal resources, including financial and material resources, education and employment, did not significantly reduce or end PV. The qualitative analysis demonstrated that half of the interview sample was not allowed by the perpetrator and his family/friends to access their resources and that the other half did not use their resources sufficiently to end PV. As discussed above the reasons for this are multifaceted. For example, Tamara who had her own independent finances did not, and subsequently was not allowed, to employ her resources to deal with PV. In contrast the findings demonstrate that a majority resorted to, and needed their personal resources as necessary and crucial tools in the middle to latter stages, for initiating or increasing constructive support and for coping, resilience development and resolving PV. For example, Shamila, Shyama, Farzana, and Shani in the middle to latter stages and many others in the latter stages successfully employed their resources to end PV and to build their post-PV life. Hence, these findings demonstrate that *availability of resources* is not sufficient in itself and that the *stage* and the *time* in which they are employed are significant. The findings also demonstrated that the effective use of available resources, not just having them, is significant for resolving PV. Some of the past literature (e.g., Mitchell & Hodson, 1983; Horton & Johnson, 1993; Waldrop & Resick, 2004; Heron, Jacobs, Twomey & Kaslow, 1997) demonstrated that resources influence the decisions and outcomes of battered women, with an increase in resources increasing their likelihood of leaving the PV. However, Heron et al (1997) established that, although women's coping may depend partly on the resources, possessing these may not automatically facilitate women's ability to employ them to end PV partly because of their own personal and/or environmental constraints. The findings of this study support and extend this previous research.

The emergent theory demonstrates that in Stage 1 women engaged in mostly unsuccessful and at times destructive coping (refer to Chapter 7). However, even at this early stage they still engaged in *a variety* of strategies. They demonstrated their agency by actively trying to deal with the PV. A common finding during Stage 1 was that most engaged in ineffective (mostly culturally-sanctioned) coping strategies. Although a majority engaged in these culturally-sanctioned methods such as tolerating PV, some methods were obviously more destructive than others. For example, women engaged in such destructive methods as: attempting suicide, giving up crucial resources, blaming substances or others for PV, and believing she is responsible for ‘reforming’ the perpetrator. These destructive, ineffective strategies suggest a strong tie to dominant patriarchal cultural norms which prescribe that women ‘sacrifice’ and ‘preserve the other’ rather than ‘problem solve’ and ‘preserve self’, particularly in order to maintain their ‘good women’ status within the society. It is on this basis that the present study suggests these women at this stage did not see themselves as having the status of full knowing subjects. This study consistently demonstrated that women are actively taught, encouraged and pressured to engage in culturally-sanctioned coping for dealing with PV. As evidence of this, when women chose to engage in other less destructive/more constructive methods they were punished by the perpetrator (by increasing already severe abuse and/or child abuse) and/or by others, including his family. At times even her informal support systems blamed her for not tolerating the abuse. For example a few women, such as Iyanthi, engaged in less destructive or ineffective coping such as questioning the perpetrator, hitting back and not tolerating PV. These methods were not successful in reducing or ending PV. Moreover, she was blamed by her mother for challenging the abuse.

These findings show there are complex factors behind women’s engagement in what I have termed ‘ineffective’, or at times ‘destructive’, coping and that women cannot be held ‘solely’

responsible for employing these strategies. It needs to be stressed that a myriad of socio-cultural, other contextual and PV characteristics affect their use of destructive strategies. These factors include lack of resources and the woman's cognitive status (lack of or partial cognitive insight into the exact nature of the abuse and its impact as well as other aspects related to the PV experience). For example, Nayana gave several reasons for tolerating PV including maintaining her family's status, maintaining her siblings' reputation (leaving a marriage is perceived as a stigma for the whole family whereby the siblings' own chances of marrying are compromised), lack of finances and other material resources, her certainty she would lose the children and her fear of the perpetrator's powerful status within the region. She nonetheless demonstrated that she had partial cognitive insight into how the abuse was affecting her, although *actively* choosing to tolerate the PV because of all the abovementioned factors. Hence, the emergent theory demonstrates that the more frequent use of mainly ineffective (at times destructive) coping within the early stages cannot be simply stated as 'women lacking adequate coping for PV'. It needs to be contextualized and examined within her socio-cultural and familial contexts.

The emergent theory demonstrates that in Stage 2 women focused on ending fear and shame and began to think clearly and problem solve in regards to resolving PV. Some resorted to partial disclosure while most tried to find the emotional continuity of support required to develop her sense of self necessary for ending PV.

Role of temporary departures for responding to partner violence

This study shows that most women left the relationship temporarily (some many times, as demonstrated in Chapter 7) from Stage 2 onwards. This study supports and extends existing

research on the role of temporary departures (e.g., Strube & Barbour, 1983; Okun, 1986; Horton & Johnson, 1993) by demonstrating the significant role they play within the process for reducing and ending PV. For example, the findings demonstrate that temporary departure, when attempted, enabled women to increase problem-solving and other coping. It was associated with increased cognitive insight, increased access to constructive support, stage progressions and increased resilience necessary for ending PV. The study also demonstrated that temporary departures most often acted as crucial critical incidents and turning points which were associated with positive cognitive changes.

The emergent theory shows that in Stage 2, women mainly engaged in semi-constructive coping partly because of their increasing cognitive awareness and partly because of the semi-constructive nature of the support received. This study demonstrated that most formal systems (particularly the police) in all stages, but especially in early stages, either did not intervene or when they did so provided destructive support and often endangered women's lives by legitimizing the perpetrators' actions. In spite of this, this study demonstrated that women undoubtedly were active and increasingly sought more constructive support from Stage 2 onwards. This occurred in part by their learning not to re-access support that had proven less than optimal in the past.

Role of emotional support and the presence of one consistent support system

A significant finding of the second and third stages of the emergent theory is that emotional support from even one support system, if it is consistently provided, serves as a crucial factor that enables women to preserve to some extent their psychological well-being and aids in problem solving for resolving PV. That said, they may only be able to end PV after prolonged

exposure to it. Existing literature has amply demonstrated the role of emotional support in protecting abused women's psychological well-being (e.g., Mitchell & Hodson, 1983; Tan, Basta, Sullivan & Davidson, 1995). An interesting aspect regarding emotional support is that a majority of the participants stated that even their constructive support systems were more likely and more willing to provide basic support than emotional support, validation or recognition of their experiences. This is reflected by the finding that 15 participants demonstrated they were unable to receive, or were not allowed to access, emotional support from their informal or formal systems, although a few stated that they periodically received some emotional support from a friend, female sibling or female colleague. They further demonstrated that until they sought WIN support in mid to latter stages they did not receive (continuous) emotional support from anyone else. Hence, providing emotional support, particularly if it is provided consistently, is vital. The findings of this study also illustrated that *consistent and constructive emotional support* from informal or formal systems were linked to increases in: cognitive insight (regarding the impact of PV and the need to resolve it), accessing of resources and other support systems, coping, and accessing information and referral. It also reduced women's distress and more significantly allowed women to feel validated and supported through their difficult process of responding to PV. Another significant finding in the second and third stages is that *consistent continuous support* (emotional, tangible, and/or informational), *even from one support system*, plays a crucial role in enabling women to resolve PV. Results demonstrated that all three types of support provided continuously are significant for helping women to respond to PV but that emotional support was considered the most crucial. The significance of having at least one support system in enabling women to resolve PV supports existing literature (e.g., Walker, 1984). Hence, a pertinent future research direction is to examine the role(s) of one support system and consistent, continuous support for Sri Lankan/South Asian women to resolve other forms of violence, traumas or mental/physical illnesses.

The emergent theory demonstrates that a significant aspect of the second and third stages that enables women to increase their resilience to end PV is the gradual development of cognitive insight. For some this was at least partially facilitated by their religious and spiritual development. The study also demonstrated that by the mid-stages, particularly by Stage 3, increased cognitive insight led to their regulating emotions, healing the psychological and physical self, and initiating spiritual and personal development, all of which aided women's resilience and ability to resolve PV. These aspects of self may have arisen from or resulted in increased cognitive development. Clearly, development of cognitive insight is affected by several other factors. Some factors affect this process negatively by acting as a deterrent for gaining cognitive insight. For example, the study demonstrated that trauma symptoms resulting from facing increasing PV prolonged the time taken for developing cognitive insight, as demonstrated by many participants. However, women in the second and third stages still overcame these obstacles to sufficiently change and develop their cognitive status as a necessary process for resolving PV.

The emergent theory demonstrates that by the third stage, women made increasing efforts to think and act more constructively and to develop substantial resilience for resolving PV. The findings demonstrated that by this stage, a more fully formed sense of 'self' has substantially formed and that this shapes their attempts at acting and thinking constructively to ending PV. Women's increasingly constructive nature of coping (including complete disclosure of PV by some) and active seeking of support give evidence for this.

This study asserts that particularly from the second and third stages onwards women, while actively seeking support to resolve PV, also managed at times to influence their support systems (particularly informal). The women were in effect training them up to provide constructive support. The study's findings suggest that this may be because of women's continuously and actively seeking support, and implicitly or at times explicitly requesting their support systems to become more constructive. It is also asserted that from the mid-stages onwards, support-givers (both informal and formal) may also be learning to provide constructive support and intervention sufficiently for PV. It is important to stress that the study also demonstrated that women *actively choose* their support systems, including seeking out constructive as opposed to existing less constructive systems, by the second and third stages onwards and that this act of choosing constructive support may partly have contributed to the overall nature of support received by the mid-to-latter stages. A point to stress here in regards to women having to choose support systems that are constructive and/or having to influence them to provide better support is that this places the onus of enabling constructive support solely on the battered women who are already over-burdened. The support-givers, including the formal systems that should be responsible for providing women-centred support, absolve themselves of their responsibilities. The exception to this was the constructive formal support provided by WIN.

The emergent theory demonstrates that by the latter stages women transform themselves and the PV by finally managing to significantly reduce or end PV. The findings demonstrated that by the latter part of Stage 4, women *transformed themselves* by achieving radical changes to cognitive status and personality which were associated with greater use of constructive coping, support seeking and developing sufficient, significant resilience necessary for resolving PV. For example, the findings demonstrated that by Stage 4 women, as much as

possible, maintained *continued association* only with support systems that are to some degree constructive while actively rejecting destructive support. This prompted the process of self-transformation where women were able to make appropriate decisions and problem-solve constructively to finally end or significantly reduce PV. The significant transformation of self may contribute to women's lack of *regression* from Stage 4 to the earliest stage (Stage 1) of the process.

The findings suggest that in Stage 4 women engage in series of *departures* from all aspects of the relationship to end the PV. These included emotional and sexual distancing of self from the perpetrator, finally ending the PV, or in some cases permanently leaving the relationship to end the PV. The qualitative results demonstrated that all these forms of departures were necessary coping strategies to resolve PV, as the perpetrator was unwilling to reduce or end PV however much women tried to get them to do so. Some of the past literature (e.g., Campbell, Rose, Kub & Nedd, 1998) found that relationship status should not be assumed to correlate with violence status. They suggest that the sheer fact of being either in or out of a relationship does not adequately capture whether the women are free from or must face abuse. However, the present study demonstrated that for the majority of the participants permanent departure was the only viable option for ending or significantly reducing the PV and child abuse, as all other options failed to achieve this outcome. The help-seeking nature of the population which often reflects the severity of abuse particularly in the Sri Lankan socio-cultural context may partly explain why, for this sample, changing relationship status was necessary for successfully resolving PV.

Ending a relationship to end PV is not perceived as a viable option for Sri Lankan women. This needs to be underscored. Practically, one needs to take into account the fact that there is

a lack of women-centred resources available. Culturally, one needs to consider the contextual factors for the women and for their children, such as the stigma that is still attached to separation and divorce and the difficulties of being a single parent, to mention a few examples. In regards to overall service provision these concerns result in the present study stressing the need for the perpetrators to be held accountable for their actions, and for the state/other formal systems to be held responsible for creating changes necessary to enable women to preserve their relationships as well as their own and their children's safety and well-being within a non-violent relationship context.

The emergent theory demonstrates that in Stage 5 of the process women had already transformed themselves and had ended or significantly reduced the PV, and were also rebuilding their post-PV lives. Most women also had begun to transform the patriarchal culture to varying degrees. A unique finding of this stage is that there were *no regressions* to any of the earlier stages from this stage. By this stage women had developed significant resilience and had also recovered significantly or completely from the impact of PV. The consolidated self-transformation and significant (or completed) recovery may explain the lack of regressions from this stage.

Another unique finding of Stage 5 is that women made active attempts to transform the culture that legitimized and promoted PV. As an extension of their self-transformation – significant and radical cognitive and personality changes – the participants actively challenged and questioned the perpetrator, helped others who faced PV and other traumas, actively challenged all societal players who promote PV and worked towards transforming the social systems that promote PV and other patriarchal inequalities.

Overall, the findings demonstrated that in the final stage women *consolidated* their constructive coping, including actively working to maintain their significant cognitive development, and further develop and heal their spiritual, psychological and physical selves. The findings demonstrated that the extent of their resilience, coping and self transformation was exemplary. This is demonstrated by some participants' ability to work towards accepting their profound losses including loss of access to their children. As demonstrated in Chapter 8, the latter acceptance was harder to achieve than the loss of the relationship.

Another significant finding of this stage is that women no longer needed children's support for dealing with post-PV lives. Instead, women maintained *continuous association* with chosen constructive adult support systems and actively sought their support whenever needed. A reassuring finding was that women were quick to seek support for any of their life issues, not just for post-PV issues. It is possible that this aspect regarding support-seeking may help these participants to resolve potential re-abuse. Accordingly, the link between women's continuous active seeking of support and their ability to resolve potential re-abuse is a research endeavour worthy of future attention.

Coping as a process

Regarding coping, the most significant finding of this study is that women's coping for responding to PV occurs as a *non-linear process with distinctly identifiable stages*. Qualitative results consistently identified a broad range of coping strategies in each stage of the resilience development process. These were identified as ineffective (at times destructive), semi-constructive or constructive coping strategies depending on their effectiveness in

helping women respond to PV in a manner that helped to reduce if not end the problems they faced such as PV, abuse of their children and other traumas. Regressions occurred from both semi-constructive and constructive coping to earlier stages. As per the process of resilience development, the process of coping seemed to follow a similar pattern of regressing more commonly to the stage immediately preceding. The exception to this was regressions from constructive to ineffective coping – a regression that occurred often after women had been employing an increasing variety of constructive coping strategies (particularly in Stages 3 and 4). This took the form of women actively choosing to terminate problem-solving in order to protect children or others, such as by returning to the relationship after departing temporarily or choosing to tolerate some forms of PV (see Chapter 8 for examples), instead of continuing with their constructive coping.

Past research has adequately distinguished between trait-orientated and process-orientated aspects of coping (e.g., Folkman, Lazarus, Dunkel-Schetter, DeLongis & Gruen, 1986), including conceptualizing coping as a complex process (e.g., Folkman & Lazarus, 1985). However, to my knowledge, past literature has not identified a distinct process of coping for explaining women's responses to PV, which in this study is identified and explained within women's overall process of responding to PV. Past research has demonstrated that women use mixed tactics of engaged and disengaged coping, these cross-cutting as needed with an increase in disengaged coping when violence escalates (e.g., Lewis, Griffing, Chu, Jospitre, Sage, Madry & Primm, 2006, pg. 343). However, past research has not identified or adequately analysed in-depth the non-linear nature of coping or the specific coping stages involved in responding to PV.

It is important to stress that in identifying the stages of coping I termed each coping stage as ineffective (at times destructive), semi-constructive or constructive based on each strategy's effectiveness or lack of it in regards to resolving PV. However, as is continuously emphasized in the thesis, it is crucial when addressing battered women's coping to take into account the *context* in which it occurs. Hence, when regarding the process of coping I stress the need to take into account the numerous contextual (ecological) factors that affect each of these stages and types of coping in resolving PV. This suggestion is based on previous research (e.g., Goodman, Dutton, Weinfurt & Cook, 2003) which conceptualises coping and help-seeking as context-dependent. Past literature (e.g., Lewis, Griffing, Chu, Jospitre, Sage, Madry & Primm, 2006) has also warned of the danger of oversimplifying coping by simply labelling it as adaptive or maladaptive or by using similar terms. For this study it would mean interpreting women's diverse and increasing coping as simply being ineffective (at times destructive), semi-constructive or constructive, without taking into account the context-dependent factors shaping their coping. These include the complex realities women face in dealing with the socio-cultural and PV characteristics.

Although stages of coping have been identified as ineffective, semi-constructive or constructive, I have attempted to understand and interpret women's processes of coping within the context of women's lived realities and the numerous contextual obstacles they have to overcome in the process of responding to PV. This has implications for service provision. Service providers have to be vigilant about women's tendency to employ ineffective (at times destructive) coping at particular points in their PV experience and help-seeking. They have to be able to determine the contextual factors that necessitate the use of ineffective coping. Past research (Kocot & Goodman, 2003) has also demonstrated the need for this in terms of effective service provision to enable battered women to employ better coping.

Past research has adequately demonstrated that gender role stereotyping influences coping under crisis (Gerber, 1991), and that diverging from gender and cultural beliefs may be dangerous for women facing abuse as the perpetrator is always hyper-vigilant of them and their situation (e.g., Lewis, et al, 2006). Thus, many women cannot initiate coping that challenges culturally-sanctioned methods of coping. The present research findings support this suggestion, particularly for explaining women's ineffective (at times destructive) coping within early stages of the process. For example, findings demonstrated that the dominant patriarchal culture, the gender role stereotyping and the battering dynamics influenced women's coping in the early stages such that they used mainly ineffective strategies. However, when the use of these strategies is contextualized within women's lived realities the present study demonstrates that women were *active* from the very beginning in their coping in spite of the context. This demonstrates the study sample's tremendous coping skills and their capacity for resilience, even before sufficient resilience was developed to resolve PV.

This study supports existing findings that battered women employ many different types of coping strategies in dealing with PV (Goodman, Dutton, Vankos & Weinfurt, 2005). Findings demonstrated that from the beginning, women employed various coping strategies numerous times, some strategies more often than others, in responding to PV. The findings of this study show that women employed both problem-focused and emotion-focused coping strategies to deal with PV. Taking into account the three-stage process of coping (i.e. the ineffective, semi-constructive and constructive) identified by this research, the findings also demonstrated that a diverse and increasing number of both problem-focused and emotion-focused coping were employed in all three stages of the coping process. These findings support the study's hypothesis regarding coping strategies.

The findings also illustrated that women engaged in learning, initiating and increasing coping while trying to resolve PV and that women refined and learned newer constructive strategies when existing strategies failed to achieve the desired outcome. This study supports and extends previous research (Gondolf, 1988; Goodman, Dutton, Weinfurt & Cook, 2003) which demonstrates that women increase the number and diversity of strategies used with an increase in the severity of abuse. The evidence shows they also try more constructive strategies, particularly in the mid-to-latter stages of the process of resolving PV. While this study supports previous research which demonstrates that women increase their coping in proportion to the extent and kind of support received (Gondolf & Fisher, 1988), these findings also expand this notion. They show that, at times, irrespective of the support received women increased their overall coping as well as engaged in constructive strategies and they evidenced continuous cognitive development. This by no means ignores the significant role support systems play in increasing coping. Social support is shown to be crucial for better coping to resolve PV. Finally, another unique finding regarding coping is that the participants of this study did not use coping to deal merely with PV. The emergent theory demonstrated that women engaged in the use of increasingly constructive coping strategies to also develop resilience, transform self, recover, and attempt to transform the culture as well as resolve PV.

The process of cognitive development

As a unique finding, this study demonstrated that development of cognitive insight occurred as a *linear process with identifiable stages*. The qualitative results consistently demonstrated that women's development of cognitive insight to respond to PV progressed from a lack of cognitive awareness/insight (including lack of insight into the severity of PV, making the connection between various psychological and other consequences to PV, and the types of

support systems or types of coping needed to deal with PV), through partial insight, to development of significant cognitive insight. The findings demonstrated that in the early stages of the process of responding to PV, most participants lacked cognitive insight into the exact consequences of PV, they lacked constructive coping, and they did not know how to access constructive support or discern what was constructive advice or help. Many of the women lacked awareness of the importance of disclosure and help-seeking, or of the impact of ecological factors (such as how social norms affect their ability to receive help from others).

However, a few participants (as demonstrated in Chapter 7) such as Shamila, Iyanthi and Nayana demonstrated partial cognitive insight regarding the PV and regarding the perpetrator's control and manipulation techniques even when they lacked insight regarding the need to engage in constructive coping and/or seek constructive support to deal with PV. Hence, the findings demonstrate that cognitive insight is complex and that it is possible to have partial awareness regarding particular aspects of PV, contextual factors, or even regarding coping and support seeking, although women in the early stages were unable or unwilling to use this insight to problem-solve constructively for PV.

The findings also demonstrated that, unlike other processes of the study, cognitive development and the acquisition of insight occurred as a linear process with *no regressions* to an earlier stage of cognitive insight. All participants demonstrated that once they achieved some degree of cognitive insight, they did not regress to a lesser level of insight. It is also suggested that it would not be possible to regress in terms of insight gained. Once a person develops a level of insight it is asserted that the insight would remain at that level. This was adequately demonstrated by several participants, including Somawathi. For example,

Somawathi disclosed PV to a WIN staff member after 19 years of facing severe abuse, and when the WIN staff member advised her to continue remaining in the abusive relationship (a negative critical incident), she regressed in terms of stopping problem-solving to resolve PV by going back to Stage 1 (the Victimization Stage of the emergent theory). However, she did not regress at all in terms of the partial cognitive insight she had developed regarding PV, its impact and coping issues.

This lack of regression may be tied to the phenomenon of insight-mediated personality and cognitive change achieved by gradual or more stable and permanent moments of insight. Hence, when facing each positive critical incident or turning point and at each level of cognitive insight gained, the findings demonstrated that the MOIs achieved became more consolidated. They orientated women towards achieving insight-mediated personality change and changes in cognitive status.

So, the findings demonstrated a link between *development of cognitive insight and its association with achieving MOI*. It seems that this increased cognitive insight leads to turning points, which lead to gradual or more stable and permanent MOIs. The findings also demonstrated that just as much cognitive insight contributed or led to TPs (or CIs). TPs and CIs (particularly TPs) also led to increased cognitive insight. Past research into these aspects exists, such as in-depth examination into the process of major life change (Baumeister, 1994) and the study of moments of insights (Orum, 2004). However, an in-depth examination of the link posited between the process of cognitive development and phenomenon of achieving MOI may be useful as a future research direction. Whether the process of cognitive development is similar in regards to resolving other traumas, including for mental health issues or other forms of violence, would be of relevance to explore further.

Support-seeking and support-giving as a process

This study supports existing research that social support is a critical contextual factor for resolving PV (Kocot & Goodman, 2003). Social support emerged as a multi-dimensional construct, in keeping with Cohan & Wills (1985). The quantitative results asked about the availability and adequacy of several different components of social support, such as types of support (both formal and informal) and the social provisions on offer (emotional, tangible and instrumental support). These factors emerged spontaneously in the in-depth qualitative interview data as well. Over and above getting women to rate their social support, it was vital to assess the quantity of support that women can access, as well as how effectively they were able to use of each type of support provided at the different stages of resilience development. The women readily commented on their satisfaction with support provided, and one particular form of support, *continuous support*, emerged as crucial in resolving PV. It would be interesting to assess this in a more quantitative manner to see how broadly it emerges as a significant factor in other populations. This study demonstrated how socio-cultural and other contextual factors limit particular crucial types of support-giving necessary for women's help-seeking.

In line with some of the existing literature (Sullivan, 1997; Hadeed & El-Bassel, 2006), the findings demonstrated that in spite of a perpetrator's active control, manipulation and isolation tactics, most women sought help multiple times from several informal and formal sources. This help-seeking occurred at particular phases of their process of responding, however sufficient or insufficient these were for resolving PV. Regarding informal support, the quantitative results demonstrated that 92% of women had at least one support system that provided some form of support. Of these, 60% had support from her mother, 56% from a

friend/colleague, and 26% from a female sibling. For an alarming 21%, their children were the only source of support particularly in the early stages, which highlights the lack of crucial adult support-giving for resolving PV. Regarding formal support, 56% found police to be destructive and unsupportive, while 21% and 17% respectively found the legal courts system and court-appointed counsellors to be unsupportive. These findings reflect the deeply-entrenched nature of patriarchal values in the formal systems that act as serious deterrents for women's help-seeking and safety. According to the findings, WIN was rated as the most supportive formal system; 98% found it to be constructive in support-giving.

The finding that emotional support was crucial for resolving PV has already been discussed in this chapter. The quantitative results strengthened this finding, demonstrating that, of the formal support provided by WIN, counselling (99%) and emotional support (94%) were rated as the most crucial forms of support for helping resolve PV. Learning better problem-solving skills (92%) and accessing legal support (71%) were also cited as crucial formal support for ending PV. Qualitative results provided consistent evidence that most formal systems were consistently destructive and did not provide recognition, intervention or sufficient support at most stages. This was particularly pertinent in the early-to-mid stages of the process of resilience development. A very important finding is that the police continued to fail to provide support even in the latter stages unless other formal systems such as WIN intervened or consistently pursued them until the relevant support was provided to women. A few formal systems, when accessed, were constructive in providing crucial support. It must be noted however that even they (WIN included) at times provided semi-constructive or destructive support. That said, the findings demonstrated that accessing constructive WIN support was the most critical factor for the majority of women to finally end or significantly reduce PV.

The findings of this study demonstrated women's support-seeking reflected their active attempts to resolve PV (which adequately supports the study's hypothesis regarding social support) and their persistently resilient nature. For example, in support-seeking to resolve PV, women demonstrated that they engaged in seeking all types of support (emotional, tangible and instrumental) from their informal and formal systems, in all stages of the resilience development process. The study also gave evidence that women increased the access of types of support, number of support systems, as well as increasing the number of times they accessed each of the support systems. This supports existing literature (Panchanadeswaran & Koverola, 2005). In the mid-to-latter stages the findings demonstrated that women actively chose to access constructive support while rejecting destructive support.

A unique finding of this study in regards to social support literature that is of significant relevance for resolving PV is the consistent finding that support-seeking and support-giving occur as a *non-linear process with distinctly identifiable stages*. The stages were identified as destructive, semi-constructive or constructive support-seeking or support-giving, based on their effectiveness for resolving PV. The findings demonstrated that regressions occurred from both constructive and semi-constructive stages. The process of support-seeking/giving, as per the other processes (resilience development and coping) demonstrated that when regressions occurred they were mainly to the immediately preceding stage. The findings also adequately demonstrated that regressions occurred mostly when support-providers reduced their support-giving or started providing destructive support. As demonstrated earlier in both this chapter and in the qualitative chapters, women tried to seek more constructive support and once they found it worked hard at continuing to associate with these forms of support in order to work towards resolving PV.

The findings demonstrated that support-givers' regression took the form of reducing support, providing destructive advice, or not providing a crucial form of social provision. They failed to provide tangible aid or active interventions to rescue or provide safety for the women or the children, and sometimes they withdrew or reduced validation or emotional support. This supports existing research that demonstrated the conflicting and complex role of support-givers (Goodkind, Gillum, Bybee & Sullivan, 2003; Hadeed & El-Bassel, 2006). This reduction or termination of support made women helpless and affected their process of resolving PV, forcing them to reduce or stop seeking support or to work out other means of gaining this support. Others' actions affected tremendously the tendency for regressions to occur in women's coping, as demonstrated in the qualitative chapters. Two points of interest: the majority of the support-givers (informal or formal), even when providing constructive help, did not encourage women to leave the relationship to end PV. Further, they did not identify the consequences for children of remaining in PV relationships, including not identifying or taking into account homicidal attempts made towards children.

Moments of Insights (MOIs) as a possible mechanism for the resilience development process

A unique finding to emerge purely from qualitative (grounded theory) analysis is the crucial role of moments of insights as *mechanisms* that seem to drive the process by which women progress through the stages to overcome PV. A MOI is a form of personal growth experience. They seemed to function by integrating whatever trauma causes to disintegrate when individuals face stressors/traumas. It seems from the results of this study that women's psychological selves may be integrated into a more stable and overarching sense of self. This is reflected in the latter stages of the process where, as I term it, the women becoming 'knowing subjects' who are autonomous, actively insightful, and dedicated to self-

preservation. For these women, this development has arisen as a result of quite radical changes to their cognitive status and their personalities. The results demonstrated that before achieving moments of insight, women focused on being the ‘good woman’ as demanded by the culture. But after various MOIs are achieved, particularly in the latter fourth or by the fifth stage of the process, the women move beyond cultural prescriptions of being ‘good women’ to become knowing subjects who then ‘take on’ – challenge and question – PV and the culture.

The findings demonstrated that the women experience critical incidents which challenge long-held beliefs such as “He is hitting the child, yet I am staying for the child”. Coupled with this insight they can form a turning point where new forms of coping are sought and options that previously were not contemplated as necessary (such as temporary departure from the relationship) now seem more viable. The turning point is often accompanied by a moment of insight – such as “He means to kill me”. Thus the combination of an event and the new form of insight it prompts seems to be the driving force or the mechanisms of change. The emergent theory underscores the crucial role of critical incidents and turning points in facilitating gradual or more stable and permanent moments of insight, which allow for progressing through the identified stages. The dynamics of and possible functions of these CIs and TPs have been adequately addressed in previous sections of the thesis. The findings also consistently demonstrated that the MOIs occurred all throughout the stages of the process of resilience development, and that these MOIs were at times extremely significantly felt, identified, and made use of (particularly in the latter stages) by the women for progressing along the process.

According to the women's own descriptions of the MOIs occurring in the latter stages, they are experienced at times as instantaneously life-changing forces or phenomena. While the earlier MOIs in early-to-mid stages are noted as significant for increasing coping, support seeking and developing resilience, most of these are perceived as being less dramatic in a felt sense. Hence, at least some of the participants actually recognize the changes in subject-hood that occurred, particularly when they were in the latter stages of the process.

These findings support and extend past literature on moments of insights and significant life change phenomena. Baumeister's (1994) crystallization of discontent delineates a form of major life change, a form of insight that leads to personality changes after a focal incident occurred which supplied the impetus for change. My findings demonstrated that MOIs are subjective interpretations that cause changes in women's subjective perceptions, but these subjective changes are *always followed* by changes in the objective circumstances (i.e. ending PV, or challenging patriarchal culture). This finding is somewhat contrary to Baumeister's findings in regards to his views of the role of crystallization of discontent in relation to major life change (1994, p. 286), in which he stated, "There does not have to be any change at all in objective circumstances; what matters is the sweeping change in the way the person perceives and interprets". My findings closely support Orum's (2004) conclusions. Her research found that MOIs are life-changing, transforming, and that when MOIs occur there seem to be paradigm shifts from which individuals change the way they look at themselves and the world (p. 362). She further stated that when MOIs occur, the new paradigm or the new way in which an individual sees the world becomes more convincing than the old perceptions. Achieving MOIs is like shining a different light across the knowledge "terrain" which highlights a different and more workable set of assumptions that facilitate a better self-world understanding (p. 374). In-depth analysis into moments of insight in relationships to resolve

PV has not been attempted, although studies have described the role of either CIs or TPs in influencing women in responding to PV (Brown, 1997; Eisikovits, Buchbinder & Mor, 1998, Campbell, Rose, Kub & Nedd, 1998).

Moments of insights have crucial relevance in regards to service provision. As demonstrated by the qualitative results, formal systems need to provide crucial and constructive support in an emotionally supportive and validating manner which recognizes the serious nature of PV and provides women with relevant and adequate services. In this way service provision may act as a benign critical incident, perhaps setting in motion more transformative processes for women in resolving PV.

Women's development of agency as a process

While women progress through the stages of the resilience development process, they also transform themselves and engage in a process of developing agency. The findings demonstrated that part of the women's process of achieving full subject-hood entailed achieving agency. This occurred as a linear process.

The qualitative results gave a glimpse that this process of achieving an agentive self did not stop after ending PV, gaining significant resilience and recovery or even after completed recovery. Women demonstrated that they were planning to continue progressing along this path of increasing their agentive selves as a lifetime process.

In achieving this process of significant agentive selves, women demonstrated a radical shift from their initial stage of insisting on or being compelled to maintain ‘good woman’ status to a radically modified position where they are unwilling to face PV and where they are actively engaging in preserving self as well as others. Helgeson (1994) defined “agency” as focus on self and ability to form separations from others, while “communion” was defined as focus on others and ability to make connections with others. She further stated that when one exists in the absence of the other (which is termed unmitigated agency or unmitigated communion) the optimal well-being of the person is compromised. In the early stage of this process as Sri Lankan women who were socialized to be good women expected to preserve others at the exclusion of self, it may be suggested that they represented unmitigated communion. As this study demonstrated, this affected not only their well-being but also their safety. By the end of the process of resilience development (by Stage 4 and 5) as the findings demonstrated they were balancing their agency with communion and thereby attempting to maintain well-being. It would be a useful extension of the qualitative findings of this study to explore more explicitly the role of agency and communion (and the unmitigated variants of them) in relation to women who are facing PV.

Partner Violence and perpetrator characteristics

Types of intimate relationships and partner violence

The examination of PV in all intimate relationships – dating, co-habiting, married, separated, or divorced – is a contribution this study makes to existing literature on PV, including South Asian literature (Jejeebhoy & Cook, 1997; Panchanadeswaran & Koverola, 2005; Naved, Azim, Bhuiya & Persson, 2006). This study is also representative regarding the types of PV faced. In agreement with those who argue for utilizing a broad definition of abuse (e.g., Walker, 1979), this study included all forms of PV such as physical, sexual, verbal, emotional

abuse, social isolation, economic abuse, and negligence. The qualitative and quantitative results consistently demonstrated that for Sri Lankan help-seeking women, the PV almost always increased gradually or rapidly (without any decrease) in type, frequency and severity. The findings of this study demonstrated that this was true across all socio-demographics, including social class status.

Unique aspects of partner violence

The findings of this study gave consistent evidence that, for this sample, the stage of loving contrition and absence of tension (often referred to as the “honeymoon phase”) of Walker’s cycle of violence (1979, 1984, 1994) did not exist. This finding is supported by other Asian literature on PV (Manderson & Bennet, 2003). There is a *lack of contrition*, and the finding that *once PV is initiated it increases with no decrease* amply demonstrates the profoundly problematic nature of PV in Sri Lanka. It highlights the overwhelming control, manipulation and patriarchal power that the male partner has and the privileging of his violence that exists within the relationship. These findings fit with Sri Lankan service providers’ observations, (including my own) regarding the patterns of PV in help-seeking populations.

Severity of partner violence

The quantitative and qualitative results demonstrated the severity and pervasive nature of PV. The findings showed that 96% of the women faced physical abuse. This high rate of physical abuse is further compounded by the findings that clearly demonstrated the extremely severe nature of the physical abuse. For example, the findings showed that 43% faced one or more homicidal attempt and 66% faced severe PV inflicted with the use of weapons. These findings are contrary to the limited existing literature in Sri Lanka that placed physical abuse to be

between 30% (Samarasinghe, 1991) and 60% (Deraniyagala, 1992). The vast difference between my findings and the existing research may be attributed to the in-depth analysis of various forms of physical abuse in my study using both quantitative and qualitative methods. These helped to decipher how, when, where, how much, and what types of physical abuse the women faced. This study also gave evidence to the severity of other forms of PV experienced. The findings demonstrated that a disturbing 68% faced sexual abuse, 99% faced verbal abuse, 100% faced emotional abuse, 91% were isolated, and that 83% faced economic deprivation. These findings demonstrate the coercive control and manipulation the perpetrators exerted. Allowing this level of PV to be present in Sri Lankan society is ample evidence of the extreme patriarchal privileging of the male perpetrator.

Manipulation and control tactics

The perpetrator's active attempts to manipulate and control are further highlighted by the high rates of shaming (88%) and accusations of infidelity (69%) women faced. The latter is ironic considering that the women claimed they suffered from the fact that the majority of perpetrators engaged in extra-marital relationships while accusing the women of the same. The women reported that they themselves did not engage in extra-marital relationships. Several other findings illustrated perpetrators' active control and manipulation, such as perpetrators' attempts to ensure women's increased isolation by abusing their support systems. For example, 79% of the family/friends were verbally and emotionally abused, while 29% were physically abused. This formed part of the perpetrator's PV repertoire to ensure that support systems are discouraged from providing help. Qualitative results demonstrated that even when those in the support systems were willing to question the perpetrator regarding the PV, they were unable to do so because of the societal privileging of the perpetrator's actions. In regards to perpetrators' manipulation tactics, qualitative results demonstrated that

perpetrators actively attempted to get women to re-enter relationships when they had left temporarily, including resorting to violence towards their support systems, and when women returned, increased the PV. These findings suggest that perpetrators made active attempts to *break women psychologically* as part of the PV repertoire. In the light of these findings, the validity of women's overwhelming fear of the perpetrator and fear of the level of abuse is justified. The abovementioned findings in regards to the severity of PV, the actively manipulative nature of the perpetrators, and the society's toleration of PV make women's active attempts from the beginning to resolve PV incredible. These findings demonstrate their significant agency and resilience, even at the early stages.

Partner violence patterns

This study identified three PV patterns of violence that Sri Lankan help-seeking women faced. A two-step cluster analysis demonstrated that women faced different constellations of the type of PV. Results demonstrated three categories: (a) all types of high PV, (b) low shaming and financial abuse, and (c) lack of sexual abuse. The 'all types of PV' category endured high rates of all types of abuse: physical, sexual, verbal, emotional, social isolation, negligence and economic deprivation. This category represents the severe nature of PV that help-seeking women endure and, according to service providers, this pattern is the most common pattern exhibited by Sri Lankan help-seeking women. The third pattern of 'lack of sexual abuse', which is high in all other types of PV, is also commonly identifiable in help-seeking population for Sri Lanka. The 'low shaming and financial abuse' category demonstrated that women who fitted into this pattern still faced high physical and verbal abuse, negligence and moderate sexual abuse and isolation. This category can be identified as the 'less severe' PV category to some extent. Because of the low shaming rates in a culture where shaming is a culturally prevalent method of abuse, this finding is to some extent

contrary to expected PV patterns for Sri Lankan help-seeking women. The identification of distinct PV patterns is not unique to this study. Dutton, Kaltman, Goodman, Weinfurt and Vankos (2005) using cluster analysis also identified relatively similar patterns: a category where there were moderate levels of physical and psychological abuse and stalking, a category where there were high levels of physical and psychological abuse and stalking, and a high levels of all types category.

My study, using cluster analysis and analysis of variance, found that women in each of these PV patterns employed distinctly different coping and support-seeking methods to deal with PV. The women in Category One, 'all types of high PV' category, demonstrated that they increased their social support-seeking and accessing emotional support. Women in this category sought formal support frequently and found the support provided by (some or all) of these formal services adequate for helping resolve PV. Women in Category Three, the 'lack of sexual abuse' category, demonstrated similar coping patterns (i.e. increased social support and emotional support seeking) but also demonstrated an unexpected pattern for support-seeking. They did not find formal systems adequate for resolving PV. One explanation for this may be that women facing this pattern may not have come across adequate constructive support or the formal systems accessed may not have validated their severe PV as needing recognition and intervention. Category Two, the 'low shaming and financial' category, accessed social and emotional coping less. This may be because of the less severe level of PV for certain types of abuse. However, there is a puzzle here as this category still faced high physical and other abuse. This category, similar to the 'lack of sexual abuse' category, did not find formal support adequate. This could be because of the relative lack of severity in particular types of abuse which may have resulted in support systems not identifying this pattern of PV as needing intervention. A significant area for future research will be to

ascertain whether similar PV patterns exist for other help-seeking South Asian women and what variations they demonstrate in coping and support-seeking for resolving PV.

Significant findings in regards to psychological consequences of partner violence

Contrary to cultural expectations, this study demonstrated several significant results in terms of psychological consequences of PV. The quantitative results demonstrated that 88% did not self-blame. All of the 25 interviews clearly demonstrated that the women *did not self-blame* for PV, except for Shani who only blamed herself briefly in the very early stages. A related finding is that 57% did not experience low self-esteem because of the abuse they faced. The qualitative results also demonstrated that the majority *did not deny* the existence of PV; only two participants used denial as a coping strategy. One of them only used public denial (of the perpetrator's actions) but stressed that she did not engage in self-denial in regards to the PV. However, 58% of the sample either had suicidal ideation and some also attempted suicide as a culturally sanctioned coping strategy to overcome PV. A possible reason for these findings is that although women engaged behaviourally in ineffective/at times destructive coping, and culturally sanctioned and socially reinforced strategies such as tolerating PV and attempting suicide, the strength of the cultural influence may have spared them from blaming themselves for the PV. Considering that many in her social circles including her support systems actively blame a woman for the PV and expect women to self-blame, I hypothesize that women may be engaging in some form of self-preservation by not denying, not self-blaming, and by not having low self esteem regarding PV. This forms a core of resilience that is apparent right from the early stages. In light of women's lack of external self-preservation and lack of cognitive insight into the severity and the wrong-doing of the PV, this strategy seems significantly agentic particularly for the early stages of the process. A future research direction would be to examine whether women habitually engage in these or similar forms of

psychological self-preservation strategies in responding to PV, other forms of violence or trauma.

Perpetrator characteristics

In regards to perpetrator characteristics, other than for active control and manipulation discussed earlier, I will touch on a few of the findings that are significant for the Sri Lankan PV context. The present study has adequately demonstrated that the perpetrators engaged in other forms of violence, such as child abuse, abuse of women's support systems (both informal and formal), as well as substance abuse, extra marital relationships, extreme neglect of women and the children (including starving, not allowing access to basic facilities, and endangering) and aggression towards others. These behaviours were socially allowed. The men were not held accountable, not punished, but rather were promoted and often justified by others, including the overall society as well as by his family/friends. The qualitative results demonstrated that perpetrators continued abuse even after women left the relationship by means such as stalking and verbal and emotional abuse towards the women and their children. The continuation of abuse even after separation may be partly due to society's resistance to holding the perpetrators accountable or punishing them for PV. In regards to his family, the qualitative results demonstrated that, amongst others, mother-in-laws were most likely to actively promote and at times themselves engage in abuse of the perpetrator's female partner and in child abuse.

Substance abuse and partner violence

Regarding the limited past literature (Subramaniam & Sivayogan, 2001) and Sri Lankan cultural beliefs about the role of alcohol addiction as the direct and main cause for PV in Sri

Lanka, this study found mixed evidence. The qualitative results demonstrated that the severity and types of PV faced did not depend at all on the over-consumption of alcohol or substance addiction. The quantitative results demonstrated that 50% faced PV after the perpetrator abused substances (mostly alcohol). This is a high percentage. However, looking at the results overall, both qualitative and quantitative results do not support a uni-causal account of PV to alcohol addiction or over-consumption. It is one factor among many.

The culture and the socialization process

Socio-cultural aspects emerged as a critical deterrent for effective help-seeking from qualitative analysis. Men in Sri Lanka are socialized to feel and act as privileged patriarchs *without any responsibility and accountability* for their actions. The findings of this study consistently demonstrated that the perpetrators did not hold themselves accountable for PV or any other abuse or dysfunctional behaviours, nor were they held accountable by the state, other formal systems, informal systems, their family/friends, or by any other quarter of the society for their violence. This included abuse and neglect of their children as demonstrated by the qualitative chapters. In such a context, men's enforcement of their perceived right to control and exert power over their female partners and to engage in any type or severity of PV is expected. This finding is further supported by others, such as the finding that demonstrated that women felt and *were actively made to feel shame* for disclosure and help-seeking for PV including by formal systems, while the perpetrator did not experience and was not made to feel shame for abusing the partner, children and others.

The findings also demonstrated that the society, including the legal and law enforcement agencies, fail to hold perpetrators accountable for their actions, and that the Sri Lankan

dominant patriarchal society *actively promotes and justifies* their actions. This lack of accountability and the rigid gender-role stereotypic and patriarchal socialization process can be seen as the main reasons for the existence of unrestrained PV in Sri Lanka. The qualitative results demonstrated that the maintenance of patriarchy arises from many quarters: it is endorsed by the majority of formal systems, by many women, by informal systems and by religion. Of the interview sample, 22 participants gave clear evidence of formal systems' providing destructive support and a lack of intervention.

Although ironic, given the already subordinate status of women in the society the evidence of extreme female endorsement of patriarchy may be explained by perceiving these women's promotion of patriarchy (which in this case promotes and legitimizes PV) as their attempt to be perceived by the society as accepting the status quo, and as their active attempt to raise themselves from their 'lack of full subject' status to a more elevated 'legitimate' position by siding with the privileged patriarchs.

The findings of this study consistently demonstrated that women on the other hand were rigidly socialized to be preservers of others, including the relationship and the family. Nayana clearly demonstrated that women were socialized to act also as preservers of the nation. To illustrate, she stated that, "*They put women in this thing called the nation and honour and traps us and then tells us it is up to us to maintain the nation's integrity*". This supports existing Sri Lankan literature (Tambiah, 2004; De Mel, 2001) that suggests women have to be preservers and transmitters of culture. As the emergent theory suggests, Sri Lankan women lack full subject-hood and in order to be considered a legitimate subject women have to fit into the social construction of the 'good woman'. This accords them a recognised position, albeit a position subordinate to men. A 'good woman' as already defined is a female who has

to preserve others (partner, children, parents, family, sub-cultures and the society) through complete or partial exclusion of preserving self. She is rigidly socialized and reinforced by the society to be culturally-embedded (including resorting to sometimes destructive culturally-sanctioned methods for coping). She is someone who is invested in fulfilling socio-cultural values and expectations, such as family and relationship cohesion, at all costs. Women particularly in the early stage of the emergent model demonstrated their rigid beliefs and aspirations of preserving their 'good woman' status. The cost of maintaining this 'good woman' status is enormous, as demonstrated by the findings of this study. These findings support existing literature (Hussein, 2000) that demonstrated the restrictive nature of patriarchal society and how socialized beliefs affected women's responses to PV. The findings demonstrated that they initially engaged in destructive culturally-sanctioned coping methods, were unable to seek sufficient support, had to tolerate destructive institutionalized and female-endorsed patriarchal systems, and be blamed and held responsible for PV as well as for 'reforming' the perpetrators. The findings demonstrated that they were also held responsible for protecting themselves as well as the children while a majority of the societal agents did very little to intervene for PV. This societal stance ties in with the finding that Sri Lankan society provides minimal women-centred services and does not provide adequate services for women and their children who are affected by the PV. Women who are socialized to tolerate PV are unlikely to be also given sufficient constructive support and intervention, as PV is considered by the dominant patriarchal society as justifiable within relationship contexts.

Findings from qualitative analysis demonstrated that the generalized violence of the society, the prolonged war, and the resultant militarization of the society has an impact on the normalization of violence within interpersonal interactions, including intimate relationships.

The violence from the general society seeps into relationship contexts. This is illustrated by the acceptance of aggression as a norm of interpersonal communication, as the way to resolve problems and as a justifiable way to conduct relationships, all of which further privilege male entitlement to be violent. Further research is required conclusively to demonstrate whether the continuum of violence from the general society, media and the state affects PV and leads to increasing physical abuse, homicidal attempts, and child abuse. This study tentatively suggests that this may be the case.

Issues relating to Children

Although this study did not directly examine issues related to children, the study findings demonstrated alarming aspects regarding children. Both qualitative and quantitative results demonstrated that children faced consistent, varied and severe abuse both as a consequence of the extension of their mother's PV experience and as part of ongoing child abuse. Quantitative results demonstrated that 85% of the children faced all forms of child abuse, including verbal, emotional, physical, and sexual abuse, while 81% were severely neglected. This is in addition to the frequent witnessing of the severe and life-threatening abuse directed at the mother. This was demonstrated by both qualitative and quantitative results. Qualitative results revealed many examples of children themselves facing homicidal attempts. Findings demonstrated that the perpetrators exerted manipulation and control of the children both as a direct form of child abuse and as an extension of PV. The findings demonstrated that this was attempted because harming or hurting the children is seen as a powerful form of emotional abuse towards women. The findings also demonstrated that, in addition, perpetrators abused children in order to instil fear into them and to deter their support-giving as crucial informal systems that rescue, provide emotional and other support to safeguard the women. For example, findings demonstrated that the perpetrator increased child physical abuse and

homicidal attempts when the children intervened directly to protect the women, or the perpetrator actively alienated the children from the mother in order to reduce or stop supporting. These findings demonstrated that children are employed as powerful tools or weapons to hurt the female partner. This demonstrates the perverse and calculated nature of the perpetrators in using their biological children as a means to abuse women. As already demonstrated, because of the formal system's, the state's, and the society's investment in maintaining patriarchal privilege unquestioningly, this phenomenon of child abuse and the serious consequences of PV for children go unaddressed.

As demonstrated earlier, the findings of this study showed that children are crucial informal support systems, providing various support for women in all stages of the process of resilience development to end PV, except in the last stage. The qualitative findings show that children had to overcompensate for the lack of responsibility taken by the perpetrator. They did so by being responsible, almost an 'adult', in regards to many aspects of family functioning in addition to *providing crucial support* for resolving PV (such as planning for permanent departure). The findings demonstrate that children had to resort to the adult role of providing support for women because the adult informal and formal systems did not take on their responsibility of providing constructive support. This has implications for service provision.

It is imperative that Sri Lankan formal service providers give sufficient support, recognize, validate and intervene for PV in order to reduce the burden on children. It is also important that sufficient societal, media and community awareness is raised regarding the inclusion of child abuse as part of the perpetrator's PV repertoire and the devastating consequences of PV and child abuse for the children. Unless society, including informal systems, start identifying

these effects on children, neither service provision for PV nor for child abuse can be truly effective.

Finally, two findings of particular significance are highlighted before concluding the main findings of the emergent theory and the quantitative results. Firstly, as demonstrated in Chapter 6, children were invoked as the most significant if not the single most determining factor for women remaining in the relationships (in early to mid stages of the process), and also for ending PV, which for this sample meant departing permanently from the relationship. This obvious contradiction needs further examination. Secondly, the findings illustrated that most children were *resilient*, more so than the adults. In most cases they had cognitive insight long before the women to accurately perceive the danger of remaining in a situation of increasing PV. Overall, they had significant cognitive insight regarding the true status of the perpetrator's actions, the impact of the PV and the child abuse. They were also able to provide crucial and necessary support, maintain needs of the family (at times supporting more than just the women), were able to cope better, and were able to advise their mothers in regards to best methods for ending PV. This resilience of children in the face of severe violence to their loved ones and themselves warrants further examination.

Comparison of the emergent theory with the tentative model

A tentative model was conceptualized at the beginning of this thesis (see Chapter Two). However, as emphasized previously the purpose of this thesis was not to prove the tentative model but to allow a theory to be generated by using grounded theory. As such, the tentative model was conceptualized as a possible model for Sri Lankan (and South Asian) women's responses to PV. The emergent theory supports and extends on the three theories – the stress

coping paradigm, trans-theoretical model, and the ecological model – analysed in conceptualizing the tentative model.

The emergent theory provides support for particular aspects of the trans-theoretical (TT) model (Brown, 1997). For example, like the TT model, the emergent model demonstrated that ending PV is a process and that the process for resolving PV has five identifiable stages. The emergent theory demonstrated that women progressed and regressed throughout the process in a non-linear manner as suggested by the TT model. The emergent theory extends on the TT model in several ways. For example, the emergent theory analyses in detail how women's coping strategies and support systems work at each stage of the process, demonstrates how the socio-cultural contexts affect women in progressing and regressing along the process, and demonstrates that in responding to PV women are not merely limited to ending PV but also engage in a process of resilience development and recovery in resolving PV.

The other ways in which the emergent model extends on the TT model is by its demonstration that there are other, parallel processes which enable women's resolution of PV. These include: coping, support-seeking and support-giving, cognitive development and women's development of agency. They all occur as processes.

The emergent model differs from the TT model in that it demonstrated that women did not regress from Stage 5 of the process to any of the earlier stages and that they did not regress from Stage 4 to Stage 1 of the process. Another aspect not demonstrated in the TT model but evident within the emergent theory is that there may be discernible sub-stages within the stages. For example, as indicated, Stage 4 clearly demonstrated early and later sub-stages,

whereby the later stage was marked by women significantly transforming themselves and finally reducing or ending PV, mostly by leaving. Qualitative results hint at the possibility of other sub-stages within the process. As a future research possibility, examining whether sub-stages exist within the process would be beneficial.

The emergent theory extends on the TT model via the position of mechanisms by which the process of resilience development to end PV occurs. For example, the emergent theory suggests in detail how critical incidents, turning points, and the phenomenon of moments of insight might enable women to achieve radical changes to their cognitive status and personalities to resolve PV.

The emergent model supports and extends on the stress-coping paradigm in many ways. For example, it supports the stress-coping paradigm by the findings that demonstrate the crucial role of various coping strategies (emotion-focused and problem-focused) for resolving PV. The emergent model extends on the stress-coping paradigm by identifying the complex process of coping that exists in responding to PV. Evidence suggests that the process of coping occurs as a non-linear process with identifiable stages and that regressions occur to earlier coping stages along the process of coping, as much as progressions. To my knowledge, the finding that cognitive development occurs as a linear process with identifiable stages extends on other coping literature as well as on the stress-coping paradigm.

The emergent theory supports and extends on the ecological model (Heise, 1998). Other than for the in-depth analysis and identification of the informal and formal support, a crucial ecological factor, the emergent theory demonstrated that support-giving occurs as a non-linear

process with identifiable stages. It also demonstrated that socio-cultural and other contexts affected the support giving. The ecological model is a four-stage model (see Chapter Two), which includes the personal history (aspects of self such as coping), micro-systems (relationship context), exo-system (social structures, work, neighbourhood, community and the culture), and the macro-system (the socio-cultural aspects including the socialization process and attitudes of society). The present study directly examined the personal history component (i.e. coping), the micro system (the PV relationship), and the exo-system (support systems). Further, the findings amply support the nature, extent, and the manner in which the macro-system affects women's responses to PV by demonstrating the role socio-cultural factors play in resolving PV. The emergent theory extends on the ecological model by demonstrating all the contextual and ecological factors in responding to PV but also by highlighting how the personal history, micro, exo and macro systems are implicated in each stage of the process of transforming selves, developing resilience and resolving PV.

Development of culturally relevant questionnaires

I developed, modified, and translated three culturally-appropriate questionnaires for assessing the constructs of partner violence, coping, and social support. For assessing PV, I developed an open-ended questionnaire; for coping I modified and translated (with appropriate formal permissions) the revised ways of coping checklist (Folkman et al, 1986) which is now publically accessible from the publishers. For social support I extended and developed on the abbreviated version developed by McIlwain (1990) based (with appropriate permissions) on the interview schedule for social interaction (Henderson, Byrne, Duncan-Jones & Scott, 1980). To make the instruments culturally appropriate, contextually relevant (to the constructs examined) and effective, I employed several methods. These included consulting various Sri Lankan PV service providers, using bilingual persons who are familiar with the culture and

the PV context in translating the questionnaires, and using separate bilingual persons to back-translate (refer to Chapter 4). I employed the expert knowledge and experience of WIN service-providers, requesting them to assess the translated and back-translated versions prior to developing the final questionnaires. Additionally, I got a separate expert panel to assess the developed questionnaires for their relevance to the cultural and the PV contexts. I consulted the experts in PV work in Sri Lanka, particularly WIN staff, all throughout the design, validation, data collection and analysis stages. In designing the questionnaires, I used my clinical experience to develop the PV and support questionnaires and for the coping scale. To assess coping, I used my knowledge of the Sinhalese language, culture, and the PV context to reduce the 66-itemed Ways of Coping Scale. This was revised to a 30-itemed scale with an extra item added for assessing a particularly relevant aspect of coping for PV. I included items from all 8 sub-scales to remain true to the original version of the revised ways of coping checklist. Accordingly, in developing the Ways of Coping-Sri Lanka (WOCSL), conceptually and methodologically I balanced remaining true to the original version with designing a culturally and contextually appropriate scale. For the newly translated scales I was not able to establish their validity, as there were no existing norms I could use against which to validate. Hence, to increase validity and reliability I employed the abovementioned methods to apprise me in advance of methodological weaknesses as much possible. As a continuation of this process, I aim to (1) establish content validity by psychometrically assessing the expert panel assessment of the developed scales and (2) explore the test-retest reliability of the ways of coping-Sri Lanka (WOCSL) scale.

This study has several strengths. Firstly, the findings from this study can be broadly generalized to all Sri Lankan women who help-seek for resolving PV. The reason for this is because of the multifaceted nature of the sample. For example, this study examined all forms

of PV in all types of intimate heterosexual relationships among women who faced all stages of the PV experiences, and included all help-seeking stages of women subjected to PV. It also included a socio-demographically representative help-seeking sample. Secondly, the findings of this study may be generalized to other South Asian women's help-seeking for PV as there are similar socio-cultural, PV, and patriarchal dynamics between Sri Lankan and other South Asian women's realities in resolving PV. Thirdly, the findings of this study may be generalized to other predominantly patriarchal cultures where rigid gender role stereotypic socialization, promotion of patriarchal privileging, and rigid socialization and enforcement of women's subordinate status are actively maintained. One limitation of this study is the convenience sampling method employed. However, as a predominantly qualitative study, a study sample of 84 subjects who are representative in terms of all aspects of the phenomenon examined (i.e., types of PV, types of intimate relationships, stages of PV experience, stages of help-seeking and representative socio-demographically) cannot be considered a limitation for a help-seeking sample. This assertion is supported by others (Rozin, 2009) who stated that what is important is how much contribution a study adds to understanding in psychology and not whether the contribution takes a particular form of doing empirical research (p. 435). The other limitation of this study is the lack of interviews with participants from the early stages (Stages 1 and 2) of the emergent theory, who accessed formal support in the earlier stages. However, considering the help-seeking nature of the sample, it is hard to see how one can overcome this limitation. For example, Sri Lankan women tolerate PV for long durations before seeking help and, as such, formal help-seeking from crisis centres, counselling and legal services in the early stages does not occur. Some insight into the early stages was gained with this sample: some of the study participants, such as Shani and Somawathi, had sought help from formal WIN services in stage 2 of the process and described their experiences in detail. Further, as the interviewing was open-ended and took a narrative format, all the

participants described their earlier stages in detail which allowed in-depth analysis into these stages.

This work points to numerous future research possibilities. Although by no means exhaustive, some of these have already been indicated above regarding many of the study's findings. A summary of these follow:

- The lack of guilt as a consequence of PV requires further attention. Another is to examine whether the lack of explicit terminology in Sinhalese for the concept at least in part contributes to the lack of expression of guilt.
- Regarding shame, it is pertinent to examine whether shame continues to act as a gendered deterrent for Sri Lankan women in disclosing or help-seeking for other issues, such as other forms of violence, traumas or mental health problems. Another is to examine what interventions are successful for resisting or reducing shame, where shame acts as a deterrent for help-seeking.
- In regards to the unique findings of the lack of self blame, denial and low self esteem as consequences of PV for this help-seeking sample of women, further research is greatly warranted in order to learn how and why women are able to use these forms of self-preservation to conserve their psychological selves. Also worthwhile would be to assess if Sri Lankan women use similar forms of self-preservation for dealing with other violence or traumas.
- Regarding social support, many possibilities exist. Firstly, it is significant to examine whether support seeking/giving for other forms of violence, traumas and other issues also occurs as a process. Secondly, examining the roles of one support system and consistent continuous support for Sri Lankan/South Asian women in dealing with

other traumas or mental/physical illnesses is of therapeutic benefit. Thirdly, as continuous support emerged as a crucial factor for resolving PV, it would be interesting to assess this in a more quantitative manner to see how broadly this emerges as a significant factor in other populations. Another possibility is to examine the link between women's continuous active seeking of support and their ability to resolve potential re-abuse.

- This study also demonstrates several research directions for coping and cognitive development. It is worthwhile to assess whether coping occurs as a process when dealing with other problems, such as other violence, traumas, or mental health issues. Regarding cognitive development, an in-depth examination of the link posited between the process of cognitive development and phenomenon of achieving MOI may be useful as a future research direction. Also worthwhile will be to assess whether the process of cognitive development is similar for resolving other traumas, including mental health issues or other forms of violence.
- In regard to the continuum of violence, further research is required conclusively to demonstrate whether the continuum of violence affects PV and leads to increasing physical abuse, homicidal attempts and child abuse. This study tentatively suggests that this may be the case.
- In regards to children, this study demonstrated that children acted as the most significant if not the single most determining factor for women remaining in the relationships and also for ending PV. This obvious contradiction needs further examination. Children's resilience in the face of severe violence to their loved ones and themselves also warrants further attention. It is also pertinent to examine whether children are resilient when dealing with other family issues, such as illnesses, family breakup and other traumas. Another important research direction is to assess the

psychological and other costs/consequences for children in maintaining their resilience in family crises and traumas.

- In regards to the process of resilience development and recovery, further research possibilities exist. One possibility is to examine whether responding to other violence and traumas occurs as a process, while another is to ascertain whether sub-stages exist (as hinted by the qualitative analysis) within the process of resilience development and recovery for ending PV.

Conclusion

This study developed a theory to explain women's complex responses and the processes involved in their attempts to end PV. The emergent theory demonstrated that women's responses to PV occurred as a process of resilience development and recovery in responding to PV that took the format of a non-linear process with identifiable stages. The emergent theory also demonstrated that women's coping, support-seeking, support-giving and cognitive development also occurred as similar processes with identifiable stages. Additionally, the emergent theory demonstrated that women transform themselves, the PV experience, and the culture they live in, and in doing so they develop agency as a process similar to other processes mentioned. The findings supported the study's hypotheses by demonstrating that various coping strategies (emotion-focused and problem-focused) and social support (informal and formal support) were crucial in resolving PV. The findings also demonstrated the debilitating role of socio-cultural and other contexts in deterring women's help-seeking. It demonstrated the lack of accountability for perpetrator's violence both by the perpetrator as well as the larger dominant patriarchal society. Hence, this study conclusively demonstrated the urgent need of the society to socialize men to be held accountable and for men and women to be held accountable for promoting men's patriarchal privilege. This study demonstrated the

need for women to be socialized as active agents in their own lives who are allowed the basic rights of preserving safety, well-being, and being free of gender-based violence. This involves enabling women to resolve PV when such instances occur as their basic right for self-preservation as legitimate subjects of the society.

To ensure this, the formal systems and the state must take on the responsibility of actively addressing the blind promotion of patriarchal privilege, the lack of accountability of the perpetrators, and the disabling socio-cultural norms which shape people via the socialization process. Additionally, they need to protect their female subjects who are the preservers of all others – the relationship, family, sub-communities, society and the nation. According to Farzana, this needs to start with women empowering themselves: *“If this interview can benefit other women who are in similar situations to question things and help them to say, ‘If she could do it why can’t I, I can too’. Then this was worth it”*. I add that we, as service providers, need to create the supportive conditions that allow women to access the necessary services, to develop resilience to end PV, and to create the cultural spaces that allow for women’s agency and right for self-preservation.

Appendix A

Information and Consent form

Overcoming partner violence in Sri Lanka: The role of social support and coping

My name is Parvani Pinnewala. I am a clinical psychologist who has worked with Women in Need for several years. I am at present working on a postgraduate research project at Macquarie University, Sydney. I am researching how women subjected to partner violence use their strategies to reduce or end violence. I am interested in examining what coping and support systems women have.

This research is conducted to fill a gap in Partner Violence work in Sri Lanka, and will also be the first in-depth study in to partner violence in the country. This will help other women in similar situations learn effective strategies. I am planning to use the knowledge from this research to advise Women In Need and other service organizations to improve services and to influence policy in regards to partner violence issues in Sri Lanka. If you would like to know the results of this study, please contact Women in Need, as they will tell you.

If you decide to participate in this research, you will be asked questions regarding your abuse experience, you're coping strategies, your support systems and the ways in which you have tried to minimise the harm to yourself and your loved ones from your partner. This research examines how women empower themselves.

As per the policy of the organization, this research will be confidential. The information given will be used only for research and writing purposes, with pseudonyms given and cases

histories changed to ensure confidentiality. This research will be conducted only by me or by trained counsellors of WIN. The research material will be kept in a locked cabinet, like the rest of client material at WIN. The research process will include answering a questionnaire that will be read out to you (if you prefer you can fill it yourself) and may include an interview. The research is integrated into the session and as such, the counsellor or I will be available to provide counselling soon after the research.

The time required for the research process will depend on your time available and on the content but will take approximately 30 minutes for the questionnaire and 1 hour for the interview. The in-depth interview part of the research will be audio taped with your permission. Participation may cause distress for some. If so you can terminate the interview or refuse answering the questionnaire at any stage. You can also not answer any questions you are not comfortable with. There will be no consequences for it. Participation in the research will not determine the services you receive from the organization or from me. You will receive Rs 400 for your participation.

Thank you for your assistance. If you wish to contact me regarding the research participation, please contact: Women In Need, 122 Cotta Road, Colombo 8, Telephone numbers: 2671411, 4615549 during the next two months. After that, I could be contacted via Email: parvanipinnewala@students.mq.edu.au or mail: Parvani Pinnewala, Department of Psychology, Macquarie University, NSW 2109, Australia. This research is being conducted to meet the requirements for the degree of PhD in Psychology under the supervision of Dr. Doris Mcilwain, Tel: 001 6612 9850 9430 at the Department of Psychology, Macquarie University, NSW 2109.

I,.....have read (or have read to me) and understand the information above and any questions I have asked have been answered to my satisfaction. I agree to participate in this research, knowing that I can withdraw from further participation in this research at any time without any consequence. I have been given a copy of this form to keep.

Participant's Name:

Participant's Signature:

Date:

Investigator's Name:

Investigator's Signature:

Date:

The ethical aspects of this study have been approved by the Macquarie University Ethics Review Committee (Human Research). If you have any complaints or reservations about any ethical aspect of your participation in this research, you may contact the Ethics Review Committee through its secretary (Tel: 001 6612 9850 7854; email: ethics@mq.edu.au). Or by contacting Mrs. Savithri Wijesekara (Executive Director) Women in Need, 122 Cotta road, Colombo 8, Sri Lanka; Tel: 2671411, 4615549, any complaint you make will be treated in confidence and investigated, and you will be informed of the outcome.

Investigator's copy

Appendix B

Name of subject:

Date:

Investigator/Counsellor:

Questionnaire – 1

Please provide information regarding the following aspects of your partner violence experiences

1. What are the problems you have had with your partner? What types of abuses have you had to face?

Physical:

Sexual:

Verbal:

Emotional:

Negligence:

Isolation from others (family, friends, work, community and others):

Economic isolation or restrictions:

Restriction to movements:

Problems caused to others (children, your extended family and/or others):

Other types:

2. How long has the abuse been happening? Is it still ongoing?

3. How severe has it been?

4. How frequently has it happened?

5. How has it affected you?

Physical symptoms (*physical symptoms, fatigue, injuries and other symptoms*):

Mental health symptoms (*such as sadness, shame, anger, suicidal thoughts and acts, low self worth, guilt, helplessness, other symptoms*):

Does it or did it affect your sleep, appetite, concentration, motivation, ability to engage in daily activities (occupational, household chores, child care, care of others, or social activities)?

Other:

Questionnaire - 2

Please read each item below and indicate, by circling the appropriate category, to what extent you used it in your experience with the problem.

	Not used	Used some what	Used quite a bit	Used a great deal
1. I concentrated on what I had to do next	0	1	2	3
2. Made a plan of action and followed it	0	1	2	3
3. I knew what had to be done	0	1	2	3
4. Changed something so things would turn out right	0	1	2	3
5. Drew on my past experiences; I was in a similar position before	0	1	2	3
6. Came up with couple of different solutions to the problem	0	1	2	3
7. Talked to someone to find out how to change the situation	0	1	2	3

8. I sought information and resources (e.g., from police, legal, crisis centre, hospital, or others)	0	1	2	3
9. Talked to someone who could do something concrete about the problem	0	1	2	3
10. I asked a relative or friend I respected for advice	0	1	2	3
11. Talked to someone about how I was feeling	0	1	2	3
12. Accepted sympathy and understanding from someone	0	1	2	3
13. I got professional help	0	1	2	3
14. I changed something about myself	0	1	2	3
15. Rediscovered what is important in life	0	1	2	3
16. Stood my ground and fought to protect myself and my loved ones	0	1	2	3

17. Tried to get the person concerned to change	0	1	2	3
18. I expressed my anger to the person who caused the problem	0	1	2	3
19. I let my feelings out somehow	0	1	2	3
20. Took a chance and did something risky to change the situation	0	1	2	3
21. I tried to keep my feelings to myself	0	1	2	3
22. Kept others from knowing how bad things were	0	1	2	3
23. I went over in my mind what I would say or do	0	1	2	3
24. I thought about how a person I admire would handle the situation and used that as a model	0	1	2	3
25. Went on as if nothing happened	0	1	2	3
26. Went along with fate; I have bad luck	0	1	2	3

27. Wished that the situation will somehow be over	0	1	2	3
28. Avoided being with people in general	0	1	2	3
29. Refused to believe that it had happened	0	1	2	3
30. Criticized myself	0	1	2	3
31. I apologised or did something to make up	0	1	2	3

Questionnaire – 3

Please tick the relevant box for what each type of the relationship provides for dealing with the partner violence experience

	Emotional Support	Encourage -ment	Provides information	Advice	Companion -ship	Assistance	Material Support
Friend:							
V. good							
Good							
Ok							
No good							
Family:							
V. good							
Good							
Ok							
No good							
Other:							
V. good							
Good							
Ok							
No good							

2. Do these people help you deal with the partner violence? If so, how do they help?

3. Do you have at least one person who believes you and supports you in dealing with this problem? What does she/he provide?

4. Would you like to have more people around to support you?

5. Would you like more support from those around you?

6. What types of services have you got help from to deal with the abuse?

(e.g., Police, crisis centres – WIN and others, legal, child protection, medical, community workers, other)

7. Were they supportive or not? If supportive how did they help?

8. Would you like more of any particular kind of support from anyone you mentioned above?

9. What type of support was most helpful in dealing with the abuse?

10. What other types of support do you need?

11. What support would be crucial in you sorting out the situation? Do you have any other comments to make about the social support in your life?

Investigator's comments:

Appendix C

Emerging theory

a) Parameters: self, modal level of cognitive functioning, support sought, social support/provisions offered and by whom (formal/informal), effectiveness of support (and by whom), coping processes

Self	Acted upon (acting or thinking as per the dominant patriarchal culture)	Starting to think and act	Acting & thinking	Increased thinking & acting	choosing	Acting and thinking as knowing subject
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Resilience And recovery process	Varying degrees of victimhood	Mixed victimhood resilience	Continued mixed victimhood resilience	Significant resilience development and start of recovery	Recovery completed or has achieved significant recovery
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Degree of adherence to dominant patriarchal culture [DPC]	Complete	Questioning behaviourally & partial DPC adherence	Questioning cognitively & behaviourally	Gradual development of autonomous self	Autonomous and socially validated conception of womanhood
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Disclosure of PV	Lack of disclosure	Partial disclosure	No barriers felt to complete disclosure
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How personal actions affect PV	Unable to reduce increasing PV	Continuous attempts to reduce PV but unable to reduce PV significantly	Manage to reduce PV but not end it completely	Temp. departure temporarily reduces PV	Going back significantly increases PV to severe and dangerous levels	Permanent departure ends PV or staying & effectively ending PV
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Nature of mental health & handling and using of emotions	MH affected, fear, shame & other psychological effects but lack of self blame for PV	Reducing or ending fear, shame & other effects & anger at being abused	Use of anger to motivate self to act & focusing on PS to improve MH	Continued Focus on Improving MH & developing effective PS and regulation of emotions	Good MH & use of emotions
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Nature of the psychological self: self-reflective access to personal developmental needs	Lack of or reduced psychological resources & lack of personal development	developing psychological resources and self	Partially modified Self & focusing on PS and healing self	Actively healing psychological self & engaging in spiritual development to improve self development	Awareness of own psychological self (to varying degrees) & allows knowing Self to be present
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Nature of physical self: handling and caring for her physical self	PH affected, Pain & injuries & needing medical S. but lack of access of medical S.	Injuries, medical conditions and disability & limited access of medical S.	Seeking medical S. for PV & disclosing PV to medical and other S.S. to get S.	Acknowledgment of physical self & actively preserving self from harm & healing the physical self
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Departure from aspects of relationship [with specific aim to end violence]	Physical departure from home (short term)	Psychological departure (emotional detachment)	Continuous physical departure from home (short term, numerous)	Departure from Sexual intimacy	Departure from PV by permanent departure or by staying and ending PV
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Predominant forms of violence From the perpetrator	To her	Gradual increase in all forms of PV (verbal, emotional, Physical, Financial abuse & social isolation) including active shaming & allows others to be V.	All forms of PV (including severe physical & sexual abuse & active social isolation, financial abuse) & active shaming & immediate increase in PV when she tries to challenge PV or PS for PV And Increasing child abuse & abuse to others	Homicidal attempts & increased all forms of PV (for some complete social isolation)	Bribing formal S. (mainly police) & shaming her when she tries to seek help & leave	Presence of stalking latter stages & after departure
	To others	And Child abuse		And Homicidal attempts to children & others & child abuse	And Using children to get her to stay	And Threats of homicide to her, children and others

V. From Others As exten- sion of the PV	Lack of V. by other	Active encourage ment of perpetrator's PV & V. from others (mainly mother in law) -emotional -verbal and interference in R & child care	Lying to perpetrator and actively encouraging PV and continued V. To her & in some cases to children	Continuous encourage ment for PV & continued V. including physical abuse or in some cases threat to her life or/and children	Active discourag- ment of her help seeking & continued V.	Blame her for departure Or Continues reduced V. & encourage Perpetrator actions
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	Cognitive	Development			MOI
Modal level of cognitive functioning	Lack of cognitive awareness and insight	Gradual development of cognitive awareness	Increased cognitive insight and awareness	Significant cognitive insight and awareness	Moment of insight – radical change in personality & cognitive status

Support sought	Seeking Informal SS who provide destructive or semi-constructive support	Seeking formal S.S. who provide only destructive S.	Seeking emotional S. and other S. from both informal and formal S.S. who provide semi constructive S. [works out what is not helpful and avoids it]	Seeking one consistent informal or formal S. who provides consistent continuous semi constructive and constructive S.	Seeking and continuing association with informal or formal S.S. which provide constructive S. and accessing formal S. tools for ending PV
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Coping Strategies	Destructive PS	Semi constructive PS	Constructive PS
Problem solving			

How formal support systems function	Destructive formal S.	Semi constructive formal S.	Constructive formal S.
	One continuous	consistent formal	Support system

How informal support systems function	Destructive informal S.	Semi constructive informal S.	Constructive informal S.
	One continuous	consistent informal	Support system

Informal SS provisions	<u>Basic Provisions</u> Informal S.S. providing shelter, safety, Material, financial S. & Lack social Support & not Recognizing PV as a problem Lack or insufficient intervention For PV	<u>Emotional Provisions</u> Informal S.S. Providing Initial Emotional S., (Advice and Informational S). & Lack of recognition of PV and Insufficient Intervention for PV	<u>Consistent, ongoing, emotional support</u> Informal S.S. Providing semi-constructive emotional S. partial recognition of problem. of PV as a problem & partial intervention	<u>Consolidation of Constructive support sources</u> Informal S.S. Becoming more Constructive and providing emotional and other relevant S. needed to end PV & recognition and intervention for PV	<u>Support in face of opposing cultural discourses: Open to possibility of permanent departure from relationship</u> Informal S.S. actively S. to end PV and end R. if needed to resolve PV and providing constructive S., recognition and Active intervention to end PV
	One	Continuous	consistent	Informal	Support S.

Formal SS Provisions	<u>Basic Provisions</u> Inadequate information, referral Or Lack of S.	Some S. Provided Information, Referral, Material, partial safety & for some identification of PV	<u>Essential Provisions</u> Safety, Shelter, emotional S., counselling, legal S., referrals and identification & validation of her PV experiences	<u>Continued Essential S.</u> and <u>Specialized services</u> & consolidating The validation of her experiences	Continued association And S. while/after ending PV and in post PV stages & Provisions According to her needs
	One	Continuous	consistent	formal	Support S.

Support offered by children					
Lack of S.	Children	Not	Supportive	Or resilient	
Forms of lack of support [active-passive]	Children actively rejecting her	Adult children who can support who don't	Too young to support		
Supportive	Children	Resilient	And	supportive	
Forms of support offered	Protection Helps to escape	Challenges and critiques perpetrator	Seeks skills and qualifications to protect future and change system	Active support to end PV (mostly during departure)	Support during Post PV stage
supportive	Children	As one	Consistent	Continuous	Informal S.

Protection of children	Maximally costly to her	Moderately costly to her	Advantageous to her and children	Advantageous to her & C	Maximally advantageous to her & C
Forms of protections	Self sacrifice For children- Staying in PV For children	Voluntarily reducing PS to Protect children	Engaging in PS to protect children and self	Temp. leaving to protect self and children	<u>Eliminated violence for both</u> Protecting both self and children by PS to end PV

b) Process

VICTIMHOOD	-stage 1				
Modal Coping S. Tolerating	Pleasing & Placating	Avoidance	Self destructive PS methods	Using traditional -ly sanctioned PS methods	Wishful thinking
<u>Self:</u> -she is not yet recognized as a subject & not experiencing herself as a knowing subject -she is being blamed for his actions -her character is being compromised including being shamed by him -losing her resources -she's in victimhood stage -most likely to have complete adherence to dominant patriarchal	<u>Self:</u> -modifying self to please his needs				

<p>culture (DPC)</p> <p>-lack of or partial disclosure</p> <p>of PV</p> <p>-her MH affected,</p> <p>fear, shame &</p> <p>other</p> <p>psychological</p> <p>effects but</p> <p>lack of</p> <p>self blame for PV</p> <p>-lack of</p> <p>or reduced</p> <p>psychological</p> <p>resources &</p> <p>lack of self development</p> <p>-physical H.</p> <p>affected, pain &</p> <p>injuries, some have medical conditions &/or disability & lack or limited access of medical S.</p> <p>-some engage in temporary</p> <p>departure from</p> <p>R. when</p>					
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<p>facing severe PV & child abuse</p> <p>-tolerating PV & staying in R. for sake of children</p> <p><u>PV and other V.</u></p> <p>-she faces increasing levels in most forms of PV which for some may include severe physical, sexual abuse and homicidal attempts</p> <p>- others in her life including children & her family face V.</p> <p>from perpetrator</p> <p>- some women face V. from others, when this occurs it is mainly from the mother in law</p>					
		<p><u>PV and other V.</u></p> <p>-physical avoidance of him when facing physical PV can at times reduce severity of PV</p>			

<u>Coping</u>	<u>Coping</u>	<u>Coping</u>	<u>Coping</u>	<u>Coping</u>	<u>Coping</u>
Tolerating PV & tolerating adultery	Pleasing and placating behaviours	Avoidance -cognitive -physical avoidance of the perpetrator	Extreme self destructive PS methods to reduce or end PV -trying to commit suicide -giving up her employment finances and others resources -accepting his rationaliza- tions for PV -blaming others or other issues for PV (e.g. alcohol) -actively covering up his actions	Using traditional culturally sanctioned PS methods as ways to reduce or end PV -trying to reform the perpetrator -seeking Astro- logical S. -poojas and other cultural practices	Wishful thinking

<p><u>Cognitive functioning</u></p> <p>Lack or only partial cognitive awareness & insight</p>					
<p><u>Problem solving</u></p> <p>Lack of constructive PS</p>					
<p><u>Support seeking</u></p> <p>-she lacks access of informal S.S. or finds informal S.S. that provide destructive or semi constructive S.</p> <p>-she is seeking mainly basic provisions from informal S.S.</p> <p>-she lacks access of formal S.S. or accesses destructive formal S.S. (mainly police)</p>			<p><u>Support seeking</u></p> <p>-actively isolating self from own informal S.S.</p> <p>-seeking S. from his family which provides mainly destructive S.</p> <p>-avoiding seeking medical S.</p>		

			for injuries or not obtaining medical evidence of PV		
<u>Support S.</u>		<u>Support S.</u>		<u>Support S.</u>	
-some women face abuse towards their S.S. from the perpetrator		-some women avoid accessing		-allowing others (such as) family to make decisions for self	
-some lose own family and S.S. because of PV		own informal S.S.			
-for most, family or/and other informal S.S. provide basic provisions (shelter, safety material S. & child care) but doesn't intervene or recognize impact of PV					
-for most, formal S.S. don't intervene or recognize impact of PV & doesn't provide adequate S.					

<p><u>Children as support</u></p> <ul style="list-style-type: none"> -most children face child abuse -most women being protected by children when facing severe PV - at times being S. by children by their critique of his PV - some women being rejected by children because of his influence <p><u>Outcomes of her actions for PV</u></p> <p>She tries but is unable to reduce increasing PV</p> <hr/>					
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VICTIMHOOD	Stage 1				
Coping S.					
Denial	Hitting back when facing physical abuse	Questioning & challenging the perpetrator regarding PV	Pleading	Increasing resources for R./family	Trying to assert her needs within the R.
	<u>Self:</u> -trying to be recognized as a subject -starting to act -she's in mixed victimhood resilience stage -questioning behaviourally & may have partial adherence to dominant patriarchal culture	<u>Self:</u> -trying to be recognized as a subject -starting to act & think agentically -she has mixed victimhood resilience -she's questioning behaviour- ally & may have partial adherence to dominant patriarchal culture -developing psycholog-		<u>Self:</u> -she's in mixed victimhood resilience stage	<u>Self:</u> -trying to be recognized as a subject -starting to act & think agentically -she's in mixed victimhood resilience -questioning behaviourally & may have partial adherence to dominant patriarchal culture -developing psycholog- ical resources & working

		cal resources and self			on self development
<u>Coping</u>	<u>Coping</u>	<u>Coping</u>	<u>Coping</u>	<u>Coping</u>	<u>Coping</u>
Few used public denial and self denial	Hitting back when physically abused	Questioning and challenging the perpetrator	Pleading with perpetrator to not abuse her	Increasing contextual resources for the R. & family (e.g. building a home)	trying to assert her self & establish some status in R. by asking him to take into account her needs
		<u>Cognitive functioning</u>			<u>Cognitive functioning</u>
		gradual development of cognitive awareness & insight			gradual development of cognitive awareness & insight
		<u>Problem solving</u>			<u>Problem solving</u>
		semi constructive			semi constructive
		PS			PS

<p><u>Support seeking</u></p> <p>-most women don't access formal S.S.</p> <p><u>Support S.</u></p> <p>-lack of formal S. as most women are unlikely to access formal S.S.</p>					
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PROCESS	-Early stages	Stage 2			
Coping S.					
Seeking informal S. (which provides destructive or semi constructive S.)	Seeking formal S. (which provides mainly destructive S.)	Engaging in semi constructive PS to overcome PV	Partial disclosure	Developing gradual cognitive insight	Short term financial maintenance as PS strategy
<u>Self:</u> -trying to be recognized as a knowing subject -she is thinking & acting -she is being blamed for his actions -her character is being compromised including being shamed by him -losing her resources -developing resilience -she's questioning cognitively &		<u>Self:</u> -trying to become a knowing subject -increased thinking & acting -some may seek medical S. & disclose PV to medical and other S.S.	<u>Self:</u> -starting to act and think -mixed victimhood resilience -she's questioning behaviour-ally & partial adherence to patriarchal culture -has reduced psychological resources & lack of focus on self	<u>Self:</u> -trying to become a knowing subject -increased thinking -she's questioning cognitively & engaging in gradual development of autonomous self -she is working on reducing/ending	<u>Self:</u> -starting to act -mixed victimhood resilience -questioning behaviourally & partial adherence to patriarchal culture -reduced psychological resources & lack of focus on self development -tolerating PV & staying in R. for sake of children but also limited PS

behaviour- ally & engaging in gradual development of autonomous self -partial disclosure of PV -her MH affected, fear, shame and other psychological effects but lacks self blame for PV, and in this stage she is focusing on reducing or ending fear, shame & other effects of PV, & may be angry for being abused - developing psychological resources and working on self development while			develop- ment -tolerating PV & staying in R. for sake of children but also limited PS to protect self and children	fear, shame & other effects & may be angry at being abused & is focusing on PS to improve MH - developing psycholog- ical resources and working on self develop- ment& focusing on PS -some may seek medical S. and disclose PV to medical and other S.S. -tolerating PV & staying in R. for sake of children but also PS to protect self and children	to protect self and children
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<p>focusing on PS</p> <p>-physical H. affected, pain & injuries, some have medical conditions &/or disability & lack or limited access of medical S.</p> <p>-some engage in temporary departure from R. when facing severe PV & child abuse</p> <p>-tolerating PV & staying in R. for sake of children</p> <p>but also PS to protect self and children</p>					
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<p><u>PV and other V.</u></p> <p>-she faces increasing levels in most forms of PV which for some may include severe physical, sexual abuse and homicidal attempts</p> <p>-she faces shaming when she tries to seek help</p> <p>-others in her life including children & her family face V. from perpetrator</p> <p>- some women face V. from others, when this occurs it is mainly from the mother in law</p>	<p><u>PV and other V.</u></p> <p>-perpetrator bribing formal S.S. (mostly police) when she tries to seek formal S.</p>	<p><u>PV and other V.</u></p> <p>-perpetrator bribing formal S.S. (mostly police) when she tries to seek formal S.</p>	<p><u>PV and other V.</u></p> <p>-perpetrator bribing formal S.S. (mostly police) when she tries to seek formal S.</p>		
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<u>Coping</u>	<u>Coping</u>	<u>Coping</u>	<u>Coping</u>	<u>Coping</u>	<u>Coping</u>
Seeking S. from few informal S.S. that provide destructive or semi constructive S.	Seeking S. from formal S.S. that provide only destructive S.	Engaging in various semi constructive PS methods	Partial disclosure	developing cognitive insight gradually	Trying to get financial maintenance from perpetrator as short term PS strategy for financial deprivation
<u>Cognitive functioning</u>			<u>Cognitive functioning</u>	<u>Cognitive functioning</u>	<u>Cognitive functioning</u>
gradual development of cognitive awareness & insight			has partial cognitive awareness	increased cognitive insight & awareness	has partial cognitive awareness
<u>Problem solving</u>				<u>Problem solving</u>	
semi constructive PS				constructive PS	

<u>Support seeking</u> -she is seeking & finding informal S.S. that are able to provide destructive or semi constructive S. -she is seeking & finding emotional S. (mainly from informal S.S.) other than basic provisions -she lacks access of formal S.S. or accesses destructive formal S.S. (mainly police)	<u>Support seeking</u> -she is seeking formal S. but formal S.S. are providing only destructive S. (mainly police)	<u>Support seeking</u> -she is focusing on seeking emotional S. as well as other basic provisions and services from which ever S.S. that would provide it		<u>Support seeking</u> -she is seeking destructive or semi constructive formal S.S. -she is seeking (at least) one consistent continuous informal or formal S.S. which is semi constructive or constructive	
<u>Support S.</u> -family or/and other informal S.S. provide emotional S. as well as other S. (shelter, material, financial,	<u>Support S.</u> -most often formal S.S. don't intervene, doesn't recognize impact of PV & doesn't provide	<u>Support S.</u> -some informal S.S. provide emotional S. as well as other basic provisions but provides insufficient	<u>Support S.</u> -for most, the formal S.S. don't intervene, doesn't recognize impact of PV & doesn't provide	<u>Support S.</u> -some informal S.S. provide emotional S. as well as other S. but only provide insufficient	<u>Support S.</u> -one continuous consistent S.S. (mainly informal) provides ongoing emotional S. and other S. -formal S.S. may provide some S. and

<p>safety & child care)</p> <p>but provides</p> <p>insufficient intervention and lack of recognition of impact of PV for her</p> <p>-if she is accessing formal S.S., for most, they don't intervene or recognize impact of PV & doesn't provide adequate S.</p> <p><u>Children as support</u></p> <p>-most children face child abuse</p> <p>-most women being protected by children</p> <p>when facing severe PV</p> <p>- at times being S. by children by their critique</p>	adequate S.	<p>intervention and partial recognition of impact of PV for her</p> <p>-one continuous consistent S.S. (mainly informal) provides ongoing emotional S. and other S.</p> <p>-formal S.S. may provide some S. and partially recognize PV but may not intervene adequately</p>	adequate S.	<p>intervention and partial recognition of impact of PV for her</p> <p>-one continuous consistent S.S. (mainly informal) provides ongoing emotional S. and other S.</p> <p>-formal S.S. may provide some S. and partially recognize PV but may not intervene adequately</p>	<p>partially recognize PV but may not intervene adequately</p>
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of his PV					
- some women being rejected by children because of his influence					
<u>Outcomes of her actions for PV</u>					
Continuous attempts to reduce PV but unable to reduce PV					
Significantly					

PROCESS	-Early stages	Stage 2			
Coping S.					
Refusal to give up her resources	Actively ending psychological effects of PV	Continuous challenging of perpetrator regarding PV	Reducing active PS to protect children	Engaging in constructive PS to end PV	Temporary departure from R.
<u>Self:</u>	<u>Self:</u>	<u>Self:</u>	<u>Self:</u>	<u>Self:</u>	<u>Self:</u>
-working on becoming a knowing subject	-increased thinking & acting	-increased thinking & acting	-temporarily halting the process of trying to be a recognized subject to protect children	-choosing effective coping S.	-choosing effective coping S.
-increased acting & thinking	-she's questioning cognitively & engaging in gradual development of autonomous self	-she's questioning behaviorally & engaging in gradual development of autonomous self	-acting & thinking	-significant development of resilience	-gradual development of autonomous self
	-partial or complete disclosure of PV		-mixed victimhood resilience	-gradual development of autonomous self	-reducing or ending fear, shame and other effects & use of anger to motivate self to act & focusing on PS to improve MH
	- she is working on reducing or ending fear, shame		-questioning behaviour-ally & partial adherence to patriarchal culture	self	
			-reduced psychological resources & reduced self development	-complete disclosure of PV	-may seek medical S. and may disclose PV to medical and other S.S. to get S.
				-focusing on effective PS to improve MH and regulate emotions	
				-developing psychological	

	<p>& other effects and uses anger to motivate self to act & is focusing on PS to improve MH</p> <p>- developing psychological resources, working on self development, focusing on PS and healing self</p> <p>-may seek medical S. and may disclose PV to medical and other S.S.</p>		<p>-actively staying in R. without attempting temporary departure even when facing severe PV to benefit children</p> <p>-voluntarily reducing PS to protect children</p>	<p>resources, working on self development, focusing on PS and healing self</p> <p>-seeking medical S. and disclosing PV to medical and other S.S. to get S.</p> <p>-she is engaging in PS</p> <p>to protect self and children</p>	<p>-temporary departure to protect self and children</p>
					<p><u>PV and other V.</u></p> <p>-faces reduced PV & with stalking and threats of homicidal attempts</p> <p>-children may face reduced V. but likely to increase V. to her informal S.S. for providing her S.</p>

					-she faces reduced or lack of V. from others (mainly mother in law) but is blamed for leaving while perpetrator's actions are justified and actively encouraged
<u>Coping</u>	<u>Coping</u>	<u>Coping</u>	<u>Coping</u>	<u>Coping</u>	<u>Coping</u>
Refusing to give up her resources and assets (e.g. jewellery, finances)	Actively working on ending fear, shame & other psychological effects of PV	Continuous challenging of perpetrator regarding the PV	Actively reducing PS to end PV in order to protect children	Engaging in constructive PS techniques to end PV	Temporary departure from R. to end PV
	<u>Cognitive functioning</u>		<u>Cognitive functioning</u>	<u>Cognitive functioning</u>	
	increased cognitive insight & awareness		Partial cognitive awareness	Significant cognitive insight & awareness	

<u>Problem solving</u>	<u>Problem solving</u>		<u>Problem solving</u>	<u>Problem solving</u>	
constructive PS	constructive PS		destructive PS	constructive PS	
<u>Support seeking</u>	<u>Support seeking</u>	<u>Support seeking</u>	<u>Support seeking</u>	<u>Support seeking</u>	<u>Support seeking</u>
-she is seeking (at least) one consistent continuous informal or formal S.S. which is semi constructive or constructive	-she is seeking and finding consistent continuous informal or formal S.S. which is semi constructive or constructive -formal S.S. may provide some S. and partially recognize PV but may not intervene adequately	-she is seeking & finding consistent continuous informal or formal S.S. which is semi constructive or constructive	-she is seeking (at least) one consistent continuous informal or formal S.S. which is semi constructive or constructive	-she is seeking and finding semi constructive S. or constructive informal S.S. -she is seeking & finding adequate emotional S. from (mainly) informal S.S. -she is seeking & finding consistent continuous informal or formal S.S. which is semi constructive or constructive -access of formal S.S. which	-she is seeking and finding semi constructive S. or constructive informal S.S. -she is seeking & finding adequate emotional S. mainly from informal S.S. -she is seeking & finding consistent continuous informal or formal S.S. which is semi constructive or constructive -access of formal S.S. which

				provide semi constructive or constructive S.	provide semi constructive or constructive S.
<u>Support S.</u>	<u>Support S.</u>	<u>Support S.</u>	<u>Support S.</u>	<u>Support S.</u>	<u>Support S.</u>
-family or/and other informal S.S. provide emotional S and other S. and partial intervention and recognition of impact of PV for her -formal S.S. may provide some S. and partially recognize PV but may not intervene adequately	-family or/and other informal S.S. provide emotional and other S., and partial or complete intervention and recognition of PV -few formal S.S. (mostly WIN) provide essential S. including emotional S. and identification & validation of her PV experiences	-family or/and other informal S.S. provide emotional and other S., and partial intervention and recognition of PV -few formal S.S. (mostly WIN) provide essential S. including emotional S. and identification & validation of her PV	-family or/and other informal S.S. provide emotional and other S., and provides partial Intervention and recognition of PV -formal S.S. may provide some S. and partial intervention and recognition of PV	-family or/and other informal S.S. provide consistent ongoing emotional S. & other S. and provides partial or complete intervention and recognition of PV -few formal S.S. (mostly WIN) provide essential S. including emotional S. and identification & validation of her PV experiences	-family or/and other informal S.S. provide emotional and other S., and partial or complete intervention and recognition of PV -few formal S.S. (mostly WIN) provide essential & specialized S. and identification & validation of her PV experiences

				<p><u>Children as support</u></p> <p>children providing active S. when is she is working on ending PV</p>	<p><u>Children as support</u></p> <p>-children may face reduced child abuse - children providing active S. for temp. departure</p>
	<p><u>Outcomes of her actions for PV</u></p> <p>Doesn't reduce PV significantly but likely to increase PS methods to end PV</p>		<p><u>Outcomes of her actions for PV</u></p> <p>Reducing PS and tolerating PV increases PV</p>	<p><u>Outcomes of her actions for PV</u></p> <p>Manages to reduce PV but not completely end PV</p>	<p><u>Outcomes of her actions for PV</u></p> <p>Temporary departure temporarily reduces PV</p>

PROCESS	-middle	Stage 3			
Coping S. Continued association with informal S.S. (which provide semi constructive or constructive informal S.	Seeking & finding one consistent continuous informal S. (which provides ongoing emotional S.)	Seeking and finding semi constructive formal S.	Challenging informal & formal S.S. regarding lack of S.	Actively increasing resources for self	Seeking formal psychological S. to end PV
<u>Self:</u> -becoming a knowing subject -choosing effective coping S. -she is being blamed for his actions -her character is being compromised including being shamed by him -losing her resources -significant resilience development & start of recovery			<u>Self:</u> -complete disclosure of PV		<u>Self:</u> -complete disclosure of PV -actively healing psychological self & engaging in spiritual development to improve self -actively preserving physical self from harm and healing the body

<p>-engaging in gradual development of autonomous self</p> <p>-partial or complete disclosure of PV</p> <p>- improving MH & developing effective PS and regulation of emotions</p> <p>- developing psychology-cal resources, working on self development, focusing on PS & healing self</p> <p>-seeking medical S. and disclosing PV to medical and other S.S.</p> <p>-some engage in temporary departure</p>					
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<p>from</p> <p>R. when</p> <p>facing severe PV & child abuse</p> <p>-engaging in</p> <p>PS</p> <p>to protect self and children</p>					
<p><u>PV and other V.</u></p> <p>-she faces increasing levels in most forms of PV which for some may include severe physical, sexual abuse and</p> <p>homicidal attempts</p> <p>-she faces shaming when she seeks help from her S.S.</p> <p>- others in her life including children &</p>		<p><u>PV and other V.</u></p> <p>-perpetrator bribing formal S.S. (mostly police) when she seeks formal S.</p>	<p><u>PV and other V.</u></p> <p>-perpetrator bribing formal S.S. (mostly police) when she seeks formal S.</p>		<p><u>PV and other V.</u></p> <p>-she faces reduced PV</p> <p>or temporary or permanent ending of PV</p> <p>-her children and family may stop facing V. or face</p> <p>reduced V.</p> <p>-she manages to reduce or end abus</p> <p>from others</p> <p>(mainly mother in law)</p>

<p>her family face V.</p> <p>from perpetrator</p> <p>- some women face V. from others, when this occurs it is mainly from the mother in law</p>					
<p><u>Coping</u></p> <p>Seeking, finding & maintaining semi</p>	<p><u>Coping</u></p> <p>Seeking & finding emotional and other S.</p>	<p><u>Coping</u></p> <p>Seeking & finding semi constructive formal S.</p>	<p><u>Coping</u></p> <p>Questioning & challenging informal &</p>	<p><u>Coping</u></p> <p>Increasing resources for self (e.g. financial,</p>	<p><u>Coping</u></p> <p>Seeking constructive psychological S. by</p>
<p>constructive or constructive informal S.S.</p>	<p>from one consistent continuous informal S.S.</p>		<p>formal S.S. regarding lack of adequate S.</p>	<p>material, personal, social)</p>	<p>accessing formal S.S.</p>
<p><u>Cognitive functioning</u></p> <p>increased cognitive insight & awareness</p>					<p><u>Cognitive functioning</u></p> <p>Significant cognitive insight & awareness</p>

<p><u>Problem solving</u></p> <p>constructive PS</p>	<p><u>Support seeking</u></p> <p>-she is seeking & finding one consistent continuous</p> <p>Informal S.S.</p> <p>-for some formal S.S. may provide the consistent continues S.</p>	<p><u>Support seeking</u></p> <p>-she is accessing emotional S. from informal or formal S.S.</p> <p>-access of formal S.S. which provide semi constructive S.</p>			<p><u>Support seeking</u></p> <p>-she is seeking formal S.S. which provide mainly constructive S.</p>
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<p>consistent continuous informal or formal S.S. which is semi constructive or constructive</p> <p>-she is accessing formal S.S. which provide semi constructive S.</p>					
<p><u>Support S.</u></p> <p>-Family or/and other informal S.S. becomes more constructive & provides emotional and other S., and provides partial or or complete intervention and recognition of PV</p> <p>-few formal S.S. (mostly WIN) provides</p>	<p><u>Support S.</u></p> <p>one consistent S.S. provides ongoing emotional S. (&other S.) crucial for PS & self development</p>	<p><u>Support S.</u></p> <p>-few formal S.S. provide semi constructive S. & partially or completely recognizes impact of PV but only provide partial intervention</p>	<p><u>Support S.</u></p> <p>Informal and formal S.S. still provide inadequate S., intervention and recognition of impact of PV for her</p>		<p><u>Support S.</u></p> <p>-consolidation of constructive S. sources</p> <p>-formal psychological S.S. provides crucial specialized S.</p>

<p>essential and specialized S.</p> <p>and consolidates validation of her PV experiences</p> <p><u>Children as support</u></p> <p>-most children face child abuse</p> <p>-most women being protected by children</p> <p>when facing severe PV</p> <p>- at times being S. by children by their critique of his PV</p> <p>- some women being rejected by children because of his influence</p>					<p><u>Children as support</u></p> <p>-children stop facing child abuse or face reduced abuse</p> <p>-women protected more by adult S.S. which reduce or end burden on children to protect her from PV</p>
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<u>Outcomes of her actions for PV</u>			<u>Outcomes of her actions for PV</u>	<u>Outcomes of her actions for PV</u>	<u>Outcomes of her actions for PV</u>
Manages to reduce PV but not completely end PV			Continuous attempts to reduce PV but unable to reduce PV Significant-ly	Continuous attempts to reduce PV but unable to reduce PV Significantly	Manages to reduce PV & may end PV completely

PROCESS	-middle	stages	Stage 3		
Coping S.					
Trying to end PV by planning to leave R. using long term exit strategies	Spiritual development as coping S.	Refusing to give up her assets legally	Increasing cognitive insight	Seeking & finding constructive formal S.S.	Continued association with constructive formal S.S.
	<u>Self:</u> -actively healing psychological self & engaging in spiritual development to improve self -actively preserving physical self from harm and healing the body	<u>Self:</u> -actively healing psychological self & engaging in spiritual development to improve self -actively preserving physical self from harm and healing the body	<u>Self:</u> -significant resilience development & substantial recovery -complete disclosure of PV -actively healing psychological self & engaging in spiritual development to improve self -actively preserving physical self from harm and healing the body	<u>Self:</u> -significant resilience development & substantial recovery -complete disclosure of PV -actively healing psychological self & engaging in spiritual development to improve self -actively preserving physical self from harm and healing the body	<u>Self:</u> -significant resilience development & substantial recovery -complete disclosure of PV -actively healing psychological self & engaging in spiritual development to improve self -actively preserving physical self from harm and healing the body

			<u>PV and other V.</u>	<u>PV and other V.</u>	<u>PV and other V.</u>
			-she may face reduced PV	-she faces reduced PV	-she faces reduced PV
			-her children and family may face reduced V.	or temporary or permanent ending of PV -children and her family may stop facing V. or face reduced V.	or temporary or permanent ending of PV
			-she may face reduced V. from others (mainly mother in law)	-she succeeds in reducing or ending abuse from others (mainly mother in law)	-children and her family may stop facing V. or face reduced V.
					-she succeeds in reducing or ending abuse from others (mainly mother in law)

<p><u>Coping</u></p> <p>The voyage Out (long term strategies for ending PV) -educating children and depending on them to help her to leave R. -trying to go abroad in order to leave R.</p> <p><u>Problem solving</u></p> <p>Semi constructive PS</p>	<p><u>Coping</u></p> <p>Engaging in spiritual development or/and religious activities (e.g. poojas, meditation) or/and using self help material (e.g. self help books)</p>	<p><u>Coping</u></p> <p>Refusal to give up her assets or resources legally</p> <p><u>Cognitive functioning</u></p> <p>Significant cognitive insight & awareness</p>	<p><u>Coping</u></p> <p>Increasing cognitive awareness and insight</p> <p><u>Cognitive functioning</u></p> <p>Significant cognitive insight & awareness</p>	<p><u>Coping</u></p> <p>Seeking and finding (at least one) constructive formal S.S.</p> <p><u>Cognitive functioning</u></p> <p>Significant cognitive insight & awareness</p>	<p><u>Coping</u></p> <p>Continued association with constructive formal S.S. and seeking new constructive formal S.S.</p> <p><u>Cognitive functioning</u></p> <p>Significant cognitive insight & awareness</p>
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	<p><u>Support seeking</u></p> <p>-she is seeking formal S.S. which provide mainly constructive S.</p>	<p><u>Support seeking</u></p> <p>-she is seeking formal S.S. which provide mainly constructive S.</p>	<p><u>Support seeking</u></p> <p>-she is seeking formal S.S. which provide mainly constructive S.</p>	<p><u>Support seeking</u></p> <p>-she is seeking & finding constructive formal S.S.</p>	<p><u>Support seeking</u></p> <p>-she is seeking, finding & maintaining constructive formal S.S.</p>
			<p><u>Support S.</u></p> <p>-formal S.S. provides constructive S., intervention, & recognition for PV</p>	<p><u>Support S.</u></p> <p>-formal S.S. provides constructive S., intervention, & recognition for PV</p>	<p><u>Support S.</u></p> <p>-formal S.S. provides constructive S., intervention, & recognition for PV</p>
<p><u>Children as support S.</u></p> <p>-some children having to educate themselves & develop skills in order to help her end PV</p>			<p><u>Children as support S.</u></p> <p>-children may face reduced child abuse</p> <p>-children may be burdened less by the</p>	<p><u>Children as support S.</u></p> <p>-children face reduced child abuse or may stop facing child abuse</p> <p>-children may be burdened less by the</p>	<p><u>Children as support S.</u></p> <p>-children face reduced child abuse or may stop facing child abuse</p> <p>-children may be burdened</p>

<p><u>Outcomes of her actions for PV</u></p> <p>Continuous attempts to reduce PV but unable to reduce PV</p> <p>Significantly</p>			<p>need to protect her from PV as she may be able to be protected by adult S.S.</p>	<p>need to protect her from PV as she is now able to be protected by constructive adult formal or informal S.S.</p> <p><u>Outcomes of her actions for PV</u></p> <p>Manages to reduce PV & may end PV completely</p>	<p>less by the need to protect her from PV as she is now able to be protected by constructive adult formal or informal S.S.</p> <p><u>Outcomes of her actions for PV</u></p> <p>Manages to reduce PV & may end PV completely</p>
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PROCESS	-latter stages	Stage 4		
Coping S.				
Psychological departure from the R.	Complete disclosure	Departure from sexual R.	Maintaining an effective cognitive status to end PV	Maintaining constructive PS for ending PV
<u>Self:</u> -she is getting recognized as a subject & is becoming a knowing subject -choosing effective coping S. -she is being blamed for his actions -her character is being compromised including being shamed by him -losing her resources -significant resilience development & substantial recovery -engaging in gradual development of	<u>Self:</u> -she is trying to be autonomous & trying to achieve social validation as a woman -complete disclosure of PV -acknowledging physical self & preserving self from harm & healing the body	<u>Self:</u> -she is trying to be autonomous & trying to achieve social validation as a woman -acknowledging physical self & preserving self from harm & healing the body	<u>Self:</u> -acting and thinking as a knowing subject -she is autonomous & wants social validation as a woman -complete disclosure of PV -good MH & regulation of emotions -awareness of own psychological self & allows knowing self to be present -acknowledging physical self & preserving self from harm & healing the body	<u>Self:</u> -acting & thinking as a knowing subject -she is autonomous & wants social validation as a woman -complete disclosure of PV -good MH & regulation of emotions -awareness of own psychological self & allows knowing self to be present -acknowledging physical self & preserving self from harm & healing the body

<p>autonomous</p> <p>self</p> <p>-partial or complete</p> <p>disclosure of PV</p> <p>- improving MH & developing effective</p> <p>PS and regulation of emotions</p> <p>-actively healing psychological self & engaging in spiritual development to improve self</p> <p>-actively preserving physical self from harm and healing the body</p> <p>-some engage in temporary departure from R. when facing severe PV & child abuse</p> <p>-engaging in PS to protect self and children</p>				
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<p><u>PV and other V.</u></p> <p>-she faces increasing levels in most forms of PV which for some may include severe physical, sexual abuse and homicidal attempts</p> <p>-others in her life including children & her family face V. from perpetrator</p> <p>- some women face V. from others, when this occurs it is mainly from the mother in law</p>			<p><u>PV and other V.</u></p> <p>-she may face reduced PV</p> <p>-her children and family may face reduced V.</p> <p>-she may face reduced V. from others (mainly mother in law)</p>	<p><u>PV and other V.</u></p> <p>-she may face reduced PV</p> <p>-her children and family may face reduced V.</p> <p>-she may face reduced V. from others (mainly mother in law)</p>
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<u>Coping</u>	<u>Coping</u>	<u>Coping</u>	<u>Coping</u>	<u>Coping</u>
Psychological departure (active emotional detachment)	Complete disclosure	Departure from sexual intimacy (actively ending the sexual R.)	Maintaining significant cognitive insight & awareness to end PV	Maintaining constructive PS for ending PV
<u>Cognitive functioning</u> Significant cognitive insight & awareness				
<u>Problem solving</u> Constructive PS				
<u>Support seeking</u> -She maintains continued association only with social support systems that are positive and constructive to some degree -seeks mainly constructive informal S. -she is				

<p>maintaining emotional S. from (mainly) informal S.S.</p> <p>-she is maintaining access of consistent continuous informal or formal S.S. which is semi constructive or constructive</p> <p>-she is accessing formal S.S. which are mainly constructive</p> <p><u>Support S.</u></p> <p>-Family or/and other informal S.S. becomes more constructive & provides emotional and other S., and provides intervention and recognition of impact of PV</p> <p>-few formal S.S. (mostly WIN) provides essential and</p>				
			<p><u>Support S.</u></p> <p>-Consolidation of constructive support sources</p>	<p><u>Support S.</u></p> <p>-Consolidation of constructive support sources</p>

<p>specialized S.</p> <p>and consolidates validation of her PV experiences</p> <p><u>Children as support S.</u></p> <p>-most children face child abuse</p> <p>-most women being protected by children</p> <p>when facing severe PV</p> <p>- at times being S. by children by their critique of his PV</p> <p>- some women being rejected by children</p> <p>because of his influence</p> <p><u>Outcomes of her actions for PV</u></p> <p>Continuous attempts to reduce PV but unable to reduce PV</p> <p>Significantly</p>				
			<p><u>Children as support S.</u></p> <p>-children may face reduced child abuse</p> <p>-children may be burdened less by the need to protect her from PV as she may be able to be protected by adult S.S.</p>	<p><u>Children as support S.</u></p> <p>-children may face reduced child abuse</p> <p>-children may be less burdened with the responsibility of protecting her from PV as now she may be able to be protected by adult S.S.</p> <p><u>Outcomes of her actions for PV</u></p> <p>Manages to reduce PV & may end PV completely</p>

PROCESS	-latter stages	Stage 4			
Coping S.					
Seeking S. from children to permanently end PV	Choosing to maintain association only with constructive formal S.S.	Accessing existing constructive S. & seeking new constructive social networks	Staying & trying to end PV	Ending PV by (permanent departure or by staying)	Focusing on self development (post PV phase)
<u>Self:</u>	<u>Self:</u>	<u>Self:</u>	<u>Self:</u>	<u>Self:</u>	<u>Self:</u>
-she is autonomous & wants social validation as a woman	-acting & thinking as a knowing subject	-significant resilience development & substantial recovery	- acting & thinking as a knowing subject	-acting & thinking as a knowing subject	-acting & thinking as a knowing subject
-complete disclosure of PV	-significant resilience development	-significant resilience development	-significant resilience & significant	-significant resilience & significant	-significant resilience & significant
-acknowledging physical self & preserving self from harm & healing the body	& substantial recovery	& substantial recovery	recovery	Recovery	Recovery
	-she is autonomous & wants social validation as a woman	-she is autonomous & wants social validation as a woman	-she is autonomous & wants social validation as a woman	-she is autonomous & wants social validation as a woman	-she is autonomous & wants social validation as a woman
	-complete disclosure of PV	-complete disclosure of PV	-complete disclosure of PV	-complete disclosure of PV	-complete disclosure of PV
	-good MH & regulation of emotions	-good MH & regulation of emotions	-good MH & regulation of emotions	-good MH & regulation of emotions	-good MH & regulation of emotions
	-awareness of own psychological self & allows	-awareness of own psychological self & allows	-awareness of own psychological self & allows knowing self	-awareness of own psychological self & allows knowing self	-awareness of own psychological self & allows knowing self

	<p>knowing self to be present</p> <p>-acknowledging physical self & preserving self from harm & healing the body</p>	<p>knowing self to be present</p> <p>-acknowledging physical self & preserving self from harm & healing the body</p>	<p>to be present</p> <p>-acknowledging physical self & preserving self from harm & healing the body</p> <p>-trying to protect self and children by eliminating V.</p>	<p>al self & allows knowing self to be present</p> <p>-acknowledging physical self & preserving self from harm & healing the body</p> <p>-eliminated V. for self and children</p> <p>-eliminated V. for self and children by departure from R.</p>	<p>to be present</p> <p>-acknowledging physical self & preserving self from harm & healing the body</p> <p>-eliminated V. for self and children</p>
	<p><u>PV and other V.</u></p> <p>-she may face reduced PV</p> <p>-her children and family may face reduced V.</p> <p>-she may face reduced V. from others (mainly mother in law</p>	<p><u>PV and other V.</u></p> <p>-she may face reduced PV</p> <p>-her children and family may face reduced V.</p> <p>-she may face reduced V. from others (mainly mother in law</p>	<p><u>PV and other V.</u></p> <p>-reducing or ending all or most forms of PV</p> <p>-reducing or ending child abuse & V. to others including her family</p> <p>-reducing or ending V. from others to her</p>	<p><u>PV and other V.</u></p> <p>-ending or significantly reducing all forms of PV</p> <p>-ending V. or significantly reducing V. to others including children & her family</p> <p>-ending V. from others to her</p>	<p><u>PV and other V.</u></p> <p>-ended or significantly reduced</p> <p>PV, V. from others to her, child abuse and V. to others in her family</p>

<u>Coping</u> Seeking S. From children for ending PV	<u>Coping</u> Choosing to maintain association only with constructive formal (& informal) S.S. while rejecting destructive or inadequate S.	<u>Coping</u> Increasing access of existing formal & informal S.S. & establishing new constructive social networks	<u>Coping</u> Staying in R. & trying to end PV before attempting to leave R. in order to end PV	<u>Coping</u> Ending PV by permanent departure from R.	<u>Coping</u> Focusing on self development & increasing coping for post PV phase
			<u>Cognitive functioning</u> Permanent moments of insight which resulted in radical change in personality & cognitive status	<u>Cognitive functioning</u> Permanent moments of insight which resulted in radical change in personality & cognitive status	<u>Cognitive functioning</u> Permanent moments of insight which resulted in radical change in personality & cognitive status

					<u>Support seeking</u> -in the post PV phase she maintains continued associations with constructive informal & and formal S.S. -maintains continuous association with her constructive consistent continuous S.S. to help her with post PV phase
<u>Support S.</u> Informal and formal S.S. becoming more constructive but doesn't provide sufficient S. for ending PV which results in she having to seek support from her children for ending PV	<u>Support S.</u> -Consolidation of constructive support sources	<u>Support S.</u> -Consolidation of constructive support sources	<u>Support S.</u> -Consolidation of constructive support sources -informal and formal S.S. actively supporting her in ending PV by providing constructive S.,	<u>Support S.</u> -some informal S.S. actively support her to end R. in order to PV by providing active intervention and opposing their own cultural & social beliefs in order to	<u>Support S.</u> - informal S.S. provide active intervention & continuous constructive S. even after she ended PV -formal S.S. continued association and provide constructive S. in post PV phase

			recognition & active intervention for PV	help her -formal S.S. provide constructive S., continued association and provide support needed for ending PV by departure From R.	when ever she needs S.
<u>Children as support S.</u> -being actively supported by children when trying to end PV (e.g.-when leaving the R.)	<u>Children as support S.</u> -children may face reduced child abuse -children may be less burdened with the responsibility of protecting her from PV as now she may be able to be protected by adult S.S.	<u>Children as support S.</u> -children may face reduced child abuse -children may be less burdened with the responsibility of protecting her from PV as now she may be able to be protected by adult S.S.	<u>Children as support S.</u> -children face reduced child abuse or no longer faces child abuse -most women are now able to access adult S.S. to protect and support or/and uses own constructive coping S. for PS	<u>Children as support S.</u> -children no longer face child abuse or faces significantly reduced child abuse -women are now able to access adult S.S. to protect & support her or/and use her own constructive coping S. for PS	<u>Children as support S.</u> -children no longer face child abuse or faces significantly reduced child abuse -she is now able to access adult S.S. to protect & support her or/and use own constructive coping S. for PS

	<p><u>Outcomes of her actions for PV</u></p> <p>Manages to reduce PV & may end PV completely</p>	<p><u>Outcomes of her actions for PV</u></p> <p>Manages to reduce PV & may end PV completely</p>	<p><u>Outcomes of her actions for PV</u></p> <p>ends or significantly reduces PV</p>	<p><u>Outcomes of her actions for PV</u></p> <p>ends PV & in some cases significantly reduce PV</p>	<p><u>Outcomes of her actions for PV</u></p> <p>ends PV & in some cases significantly reduce PV</p>
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Resilience and	recovery	-stage 5			
<u>Self:</u> -she is now a knowing subject -acting & thinking as a knowing subject -she has changed her personality positively -significant resilience & significant or completed recovery -she is autonomous & wants social validation as a woman - she is comfortable in disclosing her previous PV experiences -good MH & regulation of emotions -awareness of own				<u>Self:</u> -she may face issues such as: loss of access to children or/and loss of identity or/and loss of home or/and other resources for leaving R. to end PV	<u>Self:</u> -transforming self & culture and creating a cultural space that allows for women's agency and resistance to patriarchy and violence

<p>psychological self & allows knowing self to be present</p> <p>-acknowledging physical self & preserving self from harm & healing the body</p> <p><u>PV and other V.</u></p> <p>-majority ended PV</p> <p>but few may still face</p> <p>significantly reduced PV</p> <p>(mainly verbal & emotional abuse)</p> <p>- ended or face</p>					
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<p>significantly reduced V. from others to her (mainly mother in law)</p> <p>- ended or significantly reduced child abuse and V. to others</p> <p>(e.g. her family)</p>					
<p><u>Coping or what she has achieved by coping</u></p> <p>Ended PV</p> <p>(or few significantly reduced PV) and engaging in post PV issues to rebuild her life</p>	<p><u>Coping or what she has achieved by coping</u></p> <p>Recovered completely or achieved significant recovery & changed personality</p>	<p><u>Coping or what she has achieved by coping</u></p> <p>Significant cognitive changes and insight & constructive PS</p>	<p><u>Coping or what she has achieved by coping</u></p> <p>Spiritual development & actively helping others (social responsibility)</p>	<p><u>Coping or what she has achieved by coping</u></p> <p>developing both insight and acceptance regarding the losses</p>	<p><u>Coping or what she has achieved by coping</u></p> <p>Actively questioning & challenging the socialization process and the culture promoting PV</p>
<p><u>Cognitive functioning</u></p> <p>made radical changes in her personality by achieving permanent moments of insight (MOI)</p>					

<p>& achieved significant cognitive insight & status</p> <p><u>Problem solving</u></p> <p>Constructive</p> <p>PS</p> <p><u>Support seeking</u></p> <p>-she is continuing association with chosen constructive formal & informal S.S. and actively seeks S. from these S.S. when she requires S.</p> <p>-she continues to access her constructive consistent continuous S.S.</p> <p>for both PS and self growth</p> <p>-she continues to extend her social network & is seeking more constructive S.S. for future needs</p>					
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<p><u>Support S.</u></p> <p>-active continuous constructive S. from her informal S.S. even after ending PV</p> <p>- active continuous constructive S. from formal S.S. in post PV phase when even she needs S.</p> <p><u>Children as support S.</u></p> <p>-children no longer face child abuse or faces significantly reduced child abuse</p> <p>-she is now able to access adult S.S. to protect & support her or/and uses own constructive coping S. for PS</p>					
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Resilience	And	Recovery	-Stage 5	
			<u>Self:</u> -she has acceptance of things that she cannot change due to social and other constraints	
<u>Coping or what she has achieved by coping</u> Active self preservation & independence	<u>Coping or what she has achieved by coping</u> Focusing on self development & increasing resources for self as well as others	<u>Coping or what she has achieved by coping</u> Focusing mainly on the future instead of the past PV and other traumas and issues	<u>Coping or what she has achieved by coping</u> Using her changed cognitive status to accept things that cannot be changed	<u>Coping or what she has achieved by coping</u> Working on developing a modified, more healthy R. or association with the perpetrator which preserves self as well as others

Appendix D

Axial coding - Neela

Given below are a few excerpts of axial coding from interviews with subjects 8 and 15.

CONDITION	ACTION/INTERACTION	CONSEQUENCE
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Manipulation by mother-in-law		
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Client (C.) faced serious financial difficulties prior to		
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getting present job because of abuser's blocking		
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	Complied with mother-in-law's demands in order to secure finances	
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		Victimhood
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Victimhood		
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Accused of infidelity		
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Patriarchal power		
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Manipulation/Control		
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	Tolerated accusation of infidelity and other PV	
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		Increased PV, victimhood
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Victimhood		
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Lack of status as subject		
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Lack of self preservation		
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Good woman concept		
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Conservative/Traditional

Consequence of PV

(distress, C.'s character compromised)

(shame)

Type of PV

(accused of infidelity in front of teenage sons,

shaming, verbal, emotional abuse)

Patriarchal power

Manipulation/control

Shaming C. in front of sons

Men not held accountable for shaming

wives in front of children

Child abuse by perpetrator

(Abuser informed sons of C.'s supposed infidelity,

lied to sons about C., emotional abuse)

Patriarchal power

Manipulation/control

C. confronted abuser over his lies about her character and accusations of infidelity

Abuser resorted to physical abuse with weapons

Victimhood

Constructive informal S.

(elder son provided protection

to C. and emotional support)

Cog. Awareness

(aware her son is an asset to her and is

protective of her)

Consequence of PV

(Shame for being accused of

infidelity in front of adult sons, fear)

Child abuse by perpetrator

(Abuser didn't care about emotional abuse he

caused by lying about C. to sons)

Type of PV

(physical abuse with weapons)

(biting)

Patriarchal power

Manipulation/control

C. didn't seek police S. for PV from nearby police

Increased PV

Reasons for not seeking Police S.

(aware police will shame her and

will not help her or her children)

Institutionalized patriarchy

C. insightful

Destructive formal S.

(police didn't provide and does not provide

intervention for PV or child abuse, instead shames

women and children for seeking S.)

Axial coding – Shirani

CONDITION	ACTION/INTERACTION	CONSEQUENCE
2 nd CI (son not allowed to study)	Left permanently this time	Stopped physical PV and child abuse Resilience
Resilience		
Reasons for leaving this time (son not allowed to study for O/Ls)		
C. protecting child		
Son's education privileged over safety of self		
	Accessed parent's for accommodation	Reduced PV but still faces verbal PV
Mixed resilience and victimhood		
Socialization process		
Lack of status as S. (PV, thrown out,		

child abuse to hurt her, health issues because of

PV, homicidal attempts, left relationship mainly to protect son)

Victimhood

Constructive informal S.

(parents provided accommodation)

Left permanently and sought accommodation with parents

Increased resilience

Resilience

Accused of infidelity

Accused of incest (of sleeping with own parents)

Patriarchal power

Manipulation/Control

Men not held responsible for lies

and accusations of incest, adultery

Lack of status as a S.

Good woman concept

(challenged by accusations of incest)

Victimhood

Perception of abuser

(repulsive)

Trying to use legal S. to end M. and leave permanently

Increased resilience and coping

Resilience

Post separation issues

(working out separation)

Type of PV after separation

(verbal, physical stalking and

phone stalking)

Appendix E

An excerpt from the methodological file for Farana

Brown and Sullivan (1999) developed the format of the methodological file and the questions contained within:

1. Access to the participant

Who introduced you?

This subject is an ex-client of mine who worked with me in the past relatively long term (one year consistently and then follow-up sessions). She consulted me to work on her PV and mental health symptoms resulting from the trauma.

How do you know the participant?

As mentioned above, she is an ex-client.

To what extent might this have had a bearing on what information was obtained?

It helped in many ways. I was already familiar with her case and her PV history. Having worked with her I knew how she fitted into the research in regards to theoretical sampling issues. I already had a good therapeutic relationship and knew she would be comfortable talking about her PV experience. My concern was whether I would influence her decision to participate. I did mention it explicitly when calling her regarding participation but was informed that she had been trying to find a way to contact me to inform me of her progress. She therefore was pleased to meet me and to participate in the interview. She states it

explicitly during the latter stages of the interview. She was keen to meet me and to show me the significant changes she had made. She explicitly requested that I include her in the interview process. So the past association, rather than negatively affecting the interview process, aided it. Also, she was very willing to narrate her PV issue.

2. Making arrangements for the interview

How did you introduce yourself?

As mentioned above I was already known to the subject.

Were the arrangements for the time, place and recording of the interview appropriate?

On her request, I interviewed her in her new home, which she had set up after leaving the perpetrator. She insisted on this as she wanted me to witness how much success she had had, and the significant changes made in her life. I agreed to do so because she was no longer my client, was very insistent on it, stated that she would be more relaxed and comfortable in her own house, and it was a private and confidential space. It is important to state that, other than for one more past client who also insisted I conduct the interview in her new home, all others were interviewed at WIN sites (crisis centres, hospitals or the shelter)

What was the participant told about the purpose of the interview and what was she/he expecting to happen?

She was told everything. Nothing was withheld. The consent form contained details of the research, and I also gave explanations and answered questions that came up at any point of the interview. I informed the subject that this was a research project examining women's PV

experience, and that I was interested in hearing women's complex narratives in order to study Sri Lankan women's PV experiences and what women did to reduce or end PV.

To what extent might this have had a bearing on what information was obtained?

It affected the interview process greatly as she was completely comfortable and wanted very much to participate in the study as she felt her role was now to be a role model for younger women facing PV, in order to help them overcome it. She stated this in the interview several times. She stated that she was helping a few women deal with PV by providing them emotional and informational support. So she was very glad to continue doing the same by participating in the research.

3. Rapport

How well did you get along with your participant?

Extremely well, having had a long-term therapeutic relationship we were comfortable with each other. This helped enormously for the subject to speak freely, although she did not seem to need prompting to do so as she was now comfortable talking about her PV experience.

Did you like her/him?

Yes, I admired her ability to significantly change her PV situation and to overcome her trauma and mental health issues. As an older woman from an upper middle-class background, she had managed to overcome the complex and public PV issues to become resilient and end PV.

Did you understand each other?

Yes, very well.

Did you feel comfortable with each other and the topic being discussed?

Yes, it was a comfortable, informative, and interesting interview for both of us.

Did you gain a good understanding of the participant's feelings and experience?

Yes, as her therapist I already knew her perspectives, feelings and the manner in which the PV affected her in the past. I was able to learn the developments since then and to figure out the changes she has made psychologically as well as in other aspects of her life by ending the PV. I verified her perspectives and cognitions as needed during the interview and afterwards.

To what extent might these factors have influenced the information obtained?

Greatly. The fact that the subject and I had a good past therapeutic relationship meant that the client was very comfortable and was willing to engage fully in the interview. This led to an in-depth and interesting interview.

4. Sampling

How and why did you choose this participant?

I chose this subject because as a former long term client who had sought many formal support services including psychological services to deal with PV, she represented an important category of help-seeking clients. She is also representative of the complex and unique PV experiences faced by the professional and/or rich upper middle-class women and the consequences attached to being under public scrutiny for overcoming PV. She also is an older woman who converted to Islam, and was a good client to interview to demonstrate the majority position of Islam in Sri Lanka regarding PV (this is important in the sub-cultural context for understanding the PV in regards to legal and sub-cultural perspectives within Muslim society). She is also demonstrative of how crucial constructive and consistent informal systems are for dealing with PV. This interview shows how informal and formal support are crucial for recovery and how they can increase coping, including cognitive development. This interview was also chosen to meet other theoretical sampling needs, such as how others in the woman's life are affected long term by the PV and how children are abused by the perpetrator. This interview was also chosen to demonstrate how ending PV is complicated by child abuse and other traumas. A good case to show the patriarchal power of the rich, socially powerful male in Sri Lankan society, and how that deters women from seeking help, and how formal systems support the perpetrator as opposed to the client in the process.

Who else do you need to interview to help clarify the analysis and obtain more information on the propositions developed?

Younger women seeking multiple services, including shelter and other formal services, other informal support systems such as friends, parents, siblings, extended family, work colleagues or others. Women who are still seeking help and have not ended PV or who are working on ending it. To assess how other perpetrators who are in positions of power, other than monetary power (such as ex-military) affect disclosure and help-seeking. Also important to include a client who has children who are facing consequences of PV and related child abuse, children who are still young (as opposed to this subject who has adult children) and are still facing the immediate and direct effects as well as consequences of PV. For example, getting a Buddhist or a Hindu woman who is affected by patriarchy, as this case shows how Muslim women are affected by patriarchy and how that plays a role in PV. I need to interview women who are unemployed and assess how financial abuse occurs in other lower social classes. I also need to interview women who are severely isolated (including, if possible, those perhaps locked up in the house) as a form of PV.

5. Description of the participant

What sort of person is the participant?

As mentioned above she is an older, upper middle-class woman, a Christian who converted to Islam when she married the perpetrator (both religious minorities). The perpetrator was her second husband. Her first husband was an alcoholic and resorted to PV (so she faced PV in both relationships). She worked initially but was forced to give up work. The perpetrator is a rich, powerful professional in the society who engaged in extra-marital relationships. She faced long term severe abuse including financial deprivation. She sought help after facing PV long term, and only after one adult daughter became capable of supporting her emotionally, financially and in other ways. She has now divorced and has ended the PV. She had left the relationship two years before and was successfully rebuilding her life.

What are the participant's circumstances?

As mentioned above.

To what extent might these factors have influenced the information obtained and impression you formed?

As mentioned, because she was a former client it did not significantly alter my impression of her.

6. Participant's perceptions

How do you think you were perceived by the participant?

We have had a good therapeutic relationship, so she got on well with me. Therefore I was perceived well. Because of this she was also able to be comfortable during the interview.

To what extent might these factors have influenced the information obtained and impression you formed?

As mentioned before, as I was aware of her case it did not affect negatively in conducting the interview.

[This is an excerpt and not the entire file. As some of these aspects have already been addressed to a greater extent, parts 7-13 of the methodological file of Farana are not included.]

Appendix F

Excerpts of Memos

Throughout the qualitative analysis grounded theory methodological process, numerous memos were created at particular levels, such as during the data collection, analysis (including early, mid, and latter stages of coding), as well as in the latter stages of theory building. Memos were created for all 25 participants during and prior to open coding, and successively in mid-to-latter stages of coding. Memos were also created for themes and categories emerging from the analysis all throughout the analytic process. Some of the memos took the format of written documents, some elaborate diagrammatic forms, while others are raw versions of both written and diagrammatic representations of the increasingly abstracting process of coding in order to build a theory as part of the grounded theory analysis. It is important to note that some of the memos are in raw form and will be presented in this format as it reflects the level of coding and provides a glimpse into the coding process.

Example one: an early memo prior to open coding after reading and re-reading the interview. This memo is presented as summarized themes.

She is an insightful and reflective client/ good quote on shame and review of shame/ comes from a middle-class and educated background/ issues of shame and what others think has a greater bearing for Sri Lankans at times as reflected by the mother's comments and its impact for the client/sought psychological services-this is a reflection of middle and upper middle class, being more open to seeking psychiatric and psychological help/ impact on children's mental health – also reflects difficulties of male teenage children in regards to their identity

issues and how changes in the father-son and mother-son relationship affect male child's identity and interactions with family/ good case to show the limitations of legal systems – particularly of the courts systems-good quotations/ good interview for emphasizing policy issue – particularly of the types of services that need to be made women-focused/ good for discussing post-leaving difficulties/ good for showing the stages of the process and the role of own coping skills/ analytical and resilient client/ shows how this type of client can benefit more from the counselling and emotional support the formal (constructive) organizations can give / negative responses of law enforcement and legal services -police, 119, courts/ good problem solving skills/ shows physical consequences of abuse -the physical illnesses that result/ complications of choosing divorce as an option/ help-seeking tied to child's needs- client only decided to seek help when the son was abused/unusual abuse pattern-abuse started late,10 years after/ intergenerational abuse and alcoholic behaviour in abuser's family- husband wanted her to tolerate it the way his mother did/ client left the first time-temporarily when she discovered abuser was unfaithful/ informal familial support- insufficient- family only provides material support and accommodation and some financial support but doesn't provide the crucial types of support this client needs and is requesting consistently- which is to understand her and provide her emotional support- also the family does not allow her to access her other emotional support systems (friends) but she does secretly-creative problem solving/ family provides inadequate support because of social, class, and cultural embeddedness-good interview to show effects of middle class as a barrier for help-seeking/ WIN helped her to develop her coping skills and to become stronger by providing emotional support through counselling/ mother felt client was to be blamed for abuser's behaviour-destructive informal support- which distresses her/ limitation in informal support giving can hinder self development and development of coping skills/ parents focus is on the child- this may be because in SL society after a woman's marriage breaks down the focus is not on her but on how to bring up the children- the woman does not seem to have a right, her happiness

is not an important issue-this client challenges this concept actively/ good case to show how women get trapped by class status which restricts her access to particular types of job opportunities and also limits particular types of help-seeking/ this case shows how verbal-psychological abuse can be more difficult to handle than other types/ brother is similar to parents, does not help adequately- doesn't want to be involved in solving her problems-inadequate support/ this interview gives evidence to woman being blamed for man's alcoholism-myths and privileging of male misbehaviours/ shows ineffectiveness of police and 119- emergency police/ shows how society re-victimizes the client by judging her as the problem for PV not the abuser (example of not giving jobs to a woman because she left the marriage)-society doesn't hold the abuser accountable but seems to blame and hold the woman accountable for the PV/society pressurises women to go back to the abuse even indirectly by not giving her the constructive support she desires/ lack of services that work with abusive men/ gives evidence to lack of attention into how children are affected by the violence/this interview good for highlighting post-PV issues

Example Two: excerpt from a memo which gives reasons as to why I chose to open code interviews in a particular manner in order to optimize use of grounded theory format (of selecting interviews based on analysing particular aspects of categories)

I chose Anjana as the 7th interview to open code because she showed extreme and severe consequences of facing PV and the lifelong disability arising from the PV-which was an aspect not coded so far although physical consequences as result of PV is a category that has been arising consistently in the process of open coding. She also fits into a minority ethnic group and how this affects her seeking support; as a Tamil she demonstrated how help-seeking from particular formal systems happened- so this is important for filling particular categories. She is a working class woman from an urban background-gives insight into that

particular socio-demographic aspect. As the 8th interview I chose to code Mala who is also working class but from a rural background. Again to analyse severe consequences – other than severe physical and psychological consequences these also included the repercussions of having to live in hiding in order to avoid further violence to self and to the child-this demonstrates continuous consequences of PV even after leaving the relationship. Mala unlike Anjana did not have any informal support from family or others. This demonstrates how lack of support affects her in dealing with post-PV issues as well as it did while she was still in the PV situation. For Anjana, family provided material support and accommodation, for Mala, family actively blamed her and encouraged her to go back to PV situation. For Mala, unlike for Anjana, police becomes a crucial effective support twice; for Anjana, even after homicidal attempts resulting in severe injury and hospitalization, police do not provide criminal investigation or support-these differences help develop many of these categories. For open coding, I chose Dayani after that. This subject also did not have family support and did not have any informal support systems at all. Similar to Mala, she also lacked cognitive awareness but she also engaged in active isolation or self and public denial as negative coping skills in early to mid stages of her process for dealing with PV. So different to Mala and to interviews coded so far for these categories. This subject, similar to Mala was greatly impacted from abuser's extra marital relationship, which increased the PV as well. The difference was for Mala the mistress was her own family member while for Dayani it was an outsider, but both actively displaced the subjects 11 and 25 from their roles, for example, of spouse. Dayani was displaced from her role as mother to her children by the mistress. For Mala, abuse of her child was present actively from the beginning even while pregnant while for Dayani although this was also the case, it reduced after the children were born. However, the potential for sexual abuse of her daughter continued as a concern as the perpetrator was known for abusing female children as well as adult women. The impact of how these affected

Dayani's decisions regarding help-seeking is demonstrated. These then fill many aspects of these particular categories.

Example Three: memo on immerging ecological and cultural aspects-broad categories

Lack of resources and women-centred resources in formal systems (Policy, services, resources, employment opportunities, child care)

War and effects of war-militarized culture/ continuum of violence-which increases PV/ legitimizing violence/ increased institutionalized patriarchy, women endorsing patriarchy, religion endorsed patriarchy

Patriarchy/ socialization/ collective more important than individual/ conservative traditional values, tolerating negatives, good woman concept and lack of self preservation issues for women stemming from patriarchal socialization

Possible personality traits- may not be only SL characteristics (may be present in other culture but evident in SL culture)- lack of constructive problem solving/helplessness but may not be learned helplessness/difficulty handling emotions/not proactive/not psychologically minded/focus on somatic rather than psychological consequences as legitimate concerns in MH or in trauma issues/role of shame/blaming women

Social issues-high male substance abuse/ men neglect women and children, and all child care and housework and relationship responsibilities/child abuse in most cases/ financial isolation or men not working or not providing for family. In spite of all these women are resilient and continuously problem-solve and towards the latter stages (in some cases from the beginning) challenges patriarchy and male privilege and all other cultural factors to help-seek and PV.

Example Four: memo written while open coding the interviews in regards to the emergence of stages as an important category in dealing with PV

After coding 13 interviews there is a trend that shows that movement into higher stages of the process (here I am thinking in terms of the existing process model that is the Trans-theoretical model, because of lack of any other suitable process related model), seems to be a crucial and a defining factor for finally propelling the woman to take decisive actions (that finally work) to end or significantly reduce the PV. Most interviews show that women in retrospect wonder why they were unable to not really question the PV or use different problem-solving methods but of course they also show how impossible that would have been in earlier stages because of all the barriers. There is a sense that cognitive changes have occurred during these stages and that women seemed in their own account of it seeking better support and coping better- better coping and support seeking and even receiving support is tied to being in higher stages of the process-why? There is lot of evidence that both increased coping and support seeking seem to lead to higher stages as well. So is it better coping and support seeking and receiving support that lead to progression into higher stages, or is it that being in higher stages means women have developed these strategies? This seems too simplistic because there seem to be other elements and factors that appear to affect movement into higher stages. Also another question is how these tie into the interesting category that is persistently present, the category of

resilience development. There is a connection here, which shows that resilience development is consistently increasing with women's progression in stages.

Example Five: memo developed towards the latter stages of open coding on socialization process and the woman's socialized subordinate statuses

Culture/culturally embedded patriarchy and

socialization of patriarchy for both mother's personality

men and women from childhood

Women socialize sons to be patriarchal son's personality

because sons are the true subjects

This allows women to remain true subjects mother-son bond

by promoting and facilitating the continuum

of patriarchal values

So women gain validity for self via sons

by socializing sons to be patriarchal

Women socialized into not having a separate sense of self

Son's abuse/violence legitimised/he is spoilt/

into self-gratification/ not take on any responsibility/

unquestioning/privileged

Society and socialization promotes this+ son's personality allows

for its continuation

Leads to psychic violence/using psychic torture/annihilation of others

and promotion of self

Present socio-cultural issues affect this as well as the overall patriarchal stance of the community

Example Six: excerpt of a Memo on coping strategies after open coding 17 interviews

□ Initial evidence for coping –problem-focused and emotion focused coping. Coding also show cognitive development (awareness and development of insight) seems to be crucial for dealing with PV. Women demonstrate that they initially lacked or had little insight (e.g.- Somawathi) and only develop it late, at least in some. This acts as a barrier for effective coping and support seeking to end PV.

□ Unique aspects in regards to coping –

1) Lacked self blame and most did not use avoidant and denial strategies (contrary to existing Lit.). In regards to self-blame, all except Shani (in initial stages only) did not self blame- even for Shani it was temporary thing and she did not completely blame self instead she wondered for a short while if she had a role to play in PV. I wonder whether she was aware of her earlier temporary stage of questioning self as to whether she was responsible or not was because at present she had completed her recovery process, had highly developed coping strategies and very developed cognitive insight. Her self blame was transient- very important fact. So in fact almost all so far did not self blame and knew the PV was abuser's fault but chose to stay because of several factors, such as:

1. cultural myth and socialization process of "children needs a father" – an unquestioned following of this cultural myth by all including highly educated professional women
2. lack of resources to end PV
3. cultural construction of good women who need to stay and sacrifice for family's welfare

Although women did not self-blame they did tolerate PV because of above reasons.

Denial and avoidant strategies- lack of these in majority of the participants. The subjects almost all tolerated PV at least initially but there is lack of denial of PV in a SL culture that is conservative and very traditional and has extreme patriarchal values and cultural embeddedness. This is a surprising development.

2) Majority problem solved (even if non-constructively) from beginning, using variety of strategies. This is an interesting finding. Even the women who tolerated PV tried to problem solve continuously from the very beginning even when they did not have complete awareness.

3) Some initially lacked cognitive awareness but those with cognitive insight or who used coping strategies such as effective problem-solving coping early on, recovered quicker. Cognitive awareness seems to be the most crucial component for recovery. When there is cognitive awareness there seems to be more constructive use of problem solving and access of S.S. and this seems to lead to turning point – all signs of the resilience development and recovery process.

Evidence for this is some interviews shows cognitive development (in initial stages are) severely affected by trauma. Therefore difficult to develop cognitive aspects when facing trauma and its symptoms (fear, helplessness, dissociation) which hinders recovery, as shown by Kamala

4) Emerging pattern show coping as a process consistent with existing Lit. (Folkman & Lazarus, 1985). Present study shows that coping process seems to have consistent and identifiable coping stages (regression-not in terms of cognitive awareness, more in problem solving). Once the process of cognitive development is initiated there seems to be a lack of regressions in cognitive awareness. What seems to happen is that because of lack of: resources, support systems, problem solving ability, women regress in terms of coping but what is interesting is that these regressions seems to occur more because of external barriers and cultural norms. An important factor is that once cognitive insight has occurred there is no possibility of regressing in cognitive insight or awareness.

Example-

Initially lack awareness-cognitive development/emotion and problem solving coping-----

-----Some may have mixed coping (including cultural methods)-----

-----Coping occurs from the beginning (even if it is not successful-unique)-----

---Increase in coping or more constructive coping (both problem and emotion focused)-----

---Parallel process of cognitive development as a linear process occurs-----

---Turning points/critical incidents seem to lead to increase cognitive insight-----

-----Leads to process of cognitive development-----

More constructive coping-----

Significant cognitive insight and constructive coping occur most probably as two processes. This general pattern with some variation is present in all of the initially coded interviews. Increased coping seemed to lead to stage progressions and more constructive S.S. access or support systems providing better support.

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