COPING AMONG PREGNANT, RURAL, LOW-INCOME WOMEN FACING

INTIMATE PARTNER VIOLENCE (PREGNANCY TO THREE MONTH POST-

NATAL)

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by

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COPING AMONG PREGNANT, RURAL, LOW-INCOME WOMEN FACING INTIMATE PARTNER VIOLENCE (PREGNANCY TO THREE MONTHS POST-NATAL).

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DEDICATION

I thank God for the love and support of family, friends and colleagues throughout this endeavor. The two people who have influenced my life the most are my parents who believed in me and sent me to the United States - University of Missouri to pursue doctoral education. My sincere thanks to my sister Shveta A thank you to my friends- Jyoti, Nidhi and Amol who were my emotional support in Columbia during the years of my doctoral education.

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ABSTRACT

The study will examine the coping skills of pregnant, rural, low-income women facing intimate partner violence (IPV) from pregnancy to three months post-natal. Twenty in-depth interviews were conducted with women during pregnancy and three months post-natal who had experienced domestic violence. The most important finding that helped all participants cope with their abuse was the urge to protect the unborn/newborn baby. Their advice to health care professionals, as well as mothers of new born babies, is also discussed. Research, policy and practice implications for working with pregnant, rural, low-income women facing IPV are also discussed.

CHAPTER 1: INTRODUCTION

Imagine what it would be like to be pregnant, poor, living in a rural area without community resources, and face violence from your intimate partner. It would mean facing multiple impediments simultaneously with limited accessibility to help. This study is an attempt to gain insight into the lives of low-income, pregnant women facing intimate partner violence in rural Missouri. It will study the coping skills they used and the factors that influence their decisions and relationships. The following participant quote highlights the major findings of this study where women left abusive relationships as they realized the danger to the unborn fetus and hence the urge to protect it:

> I think that if it wasn't it for her (her fetus), then there is no telling what I would have probably let happened, probably would have stayed. You know, because I was really starting to believe what he is saying, nobody wants you, nobody wants to be with you…. Stuff like that….Because that's where I put all my focus and energy into, instead of him I feel like I had something better….just leave. And I know that it is a really, really hard thing to do but, I mean that is the best advice that you can give somebody in that situation when they are pregnant or not, you just got to find a way, if not then there are people willing to help you get away, you just have to be ready to do it. Leave. (Nakisha, age 22)

Intimate Partner Violence (IPV)

The Centers for Disease Control and Prevention define intimate partner violence as the forceful control of one intimate partner by the other that includes threats or acts of physical, emotional, and/or sexual violence. Intimate partners include present or past partners, spouses, boyfriends or girlfriends, both in heterosexual as well as same sex couples (Saltzman, Fanslow et al., 1999). According to the National Violence Against Women Survey (NVAWS), its most recent definition includes not only acts or threats of

violence but also stalking: "Intimate partner violence (IPV) against women includes rape, physical assault, and stalking perpetrated by a current or former date, boyfriend, husband, or cohabiting partner, with cohabiting meaning living together as a couple" (Tjaden & Thoennes, 2000a, p.16). The reason for stating this definition separately is because it addresses stalking as well.

IPV prevalence in the United States

Both men and women are victims of intimate partner violence, but the research clearly shows that the number of women victimized by IPV is much higher than men. Women are more likely to experience higher levels of physical and psychological harm as a result of violence (Coker, Davis, Arias, Desai, Sanderson, & Brandt, 2002; Rennison & Welchans, 2000). Every year about 1.5 million women in the United States experience IPV (Rennison & Welchans 2000; Tjaden & Thoennes 2000a). Lifetime prevalence of violence for women ranges from 33-37% in United States (Gazmararian, Lazorick et al., 1996; Tjaden and Thoennes 2000a; Tjaden and Thoennes 2000b).

IPV during pregnancy

Perinatal violence occurs before, during and after pregnancy (up to one year postpartum) that is perpetrated by an intimate partner (Saltzman, Fanslow et al., 1999). In the United States, prevalence of abuse a year before pregnancy ranges from 10.4% to 24.4% (Amaro, Fried et al.,1990; Parker, McFarlane et al.,1994). The prevalence of abuse during pregnancy ranges from 0.9 % to 20% (Campbell, Poland et al., 1992; Martin, Mackie et al., 2001; Saltzman, Johnson et al., 2003). Homicides account for 13%-20% of the deaths during pregnancy (Parsons & Harper 1999; Horon & Cheng 2001).

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Physical and Mental Health Consequences of IPV on pregnant women

Abuse during pregnancy is a major public health hazard. Table 1, entitled, "Physical Health Consequences of Abuse During Pregnancy" lists some of the physical health consequences. Abuse during pregnancy is related to poor obstetric outcomes and a number of psychological disturbances (Bacchus, Mezey et al. 2004). Table 2, entitled "Mental Health Consequences of Abuse During Pregnancy" addresses the mental health consequences of abuse during pregnancy. Abused women mention that the impact of violence on one's mental health is far greater than the pain of the physical beatings (Baird 2002). Women, who experience IPV in the form of physical, psychological or sexual violence, before or after pregnancy, have a range of negative mental health outcomes such as posttraumatic stress disorder, anxiety, and depression. The cumulative effects of abuse on physical and psychological health persist long after the abuse itself (Randall 1990; Sutherland., Bybee et al., 2002).

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Table 1

Physical Health Consequences of Abuse During Pregnancy

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Physical Health Consequence	References
Delayed pre natal care	(Dietz, Gazmararian et al., 1997)
Preterm labor	(Rachana, Suraiya et al., 2002)
Low birth weight infants	(Bullock & McFarlane 1989)
Anemia, poor weight gain, vaginal bleeding in the first or second trimester	(Parker, McFarlane et al., 1994)
Miscarriage and spontaneous abortion	(Jacoby, Gorenflo et al., 1999)
Separation of placenta from the uterine	(Connolly, Katz et al., 1997)
Higher probability of cesarean delivery	(Cokkinides, Coker et al., 1999)
Unintended or mistimed pregnancy, increased risk for sexually transmitted diseases	(Campbell, 2001)
Sleep problems, headaches, muscle tension or soreness back pain	(Sutherland, Sullivan et al., 2001)
Undiagnosed hearing vision and concentration problems	(Campbell & Lewandowski 1997)
Severe nausea, vomiting, dehydration kidney and or urinary tract infection	(Silverman, et al., 2006)
Antepartum hemorrhage, pelvic inflammatory disease, chronic irritable bowel syndrome vaginal, sexual dysfunction, anal tearing and infection, blood clots, ruptured membranes,	(El Kady, Gilbert et al., 2005)
Rupture of the uterus, liver or spleen,	(Newberger, Barkan et al., 1992)
Fetal injury, bites, lacerations, bruises fractures, dental injury	(Donna & Gail, 1996)
Death	(Webster, Chandler, & Battistutta, 1996)

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Table 2

Mental Health Consequences of Abuse During Pregnancy

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Mental Health Consequence	References
Shock, fear for safety	(Fischbach & Herbert 1997)
Immobilization due to terror, shame,	(American Medical Association Council on Scientific Affairs 1992)
low self-esteem, emotional numbness, withdrawal denial. painful images and dreams flashbacks, somatic symptoms, trouble in making relationships, anger, helplessness, hopelessness, stigma, guilt, anger, constant feeling of vulnerability low self esteem, self-blame, loss of control Higher levels of depressive symptoms,	
Eating disorder	(Martin., Li et al., 2006)
Smoking, alcohol and drug use	(Martin, English et al., 1996; Cokkinides, Coker et al., 1999)
Post traumatic stress disorder, anxiety including phobic anxiety, avoidance, chronic mental illness, suicidal ideations	(Coker., Davis. et al., 2002)

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Are pregnant women at an increased risk for IPV?

The literature is inconclusive about whether pregnancy per se increases the risk of intimate partner violence. Studies examining pregnancy-related violence either have used small samples of pre-natal clinics (Stark & Flitcraft, 1995) or post-partum women (Bullock & McFarlane, 1989) without any comparison to non-pregnant women. Other studies have emphasized health outcomes of violence on the unborn child (Webster, Chandler et al., 1996) or given suggestions to health care providers to screen for domestic

violence (Norton, Peipert et al., 1995). Though some studies have proven that pregnancy may be a time for increased risk for some women (Berenson, Wiemann et al., 1994; Webster, Sweett et al., 1994) subjective reports from pregnant women or hospital samples do not prove that pregnancy increases the risk for IPV. National studies addressing the question of risk of IPV during pregnancy have consistently found no difference in the risk at the time of pregnancy (Jasinski, 2001; Jasinski & Kaufman, 2001) and some have found pregnancy to be a time of respite for women abused previously (Campbell, 1998). Hence, none of the studies can establish that pregnancy is a contributory factor to violence. Being abused before pregnancy, however, does increase the risk of facing abuse during pregnancy (Helton and Snodgrass, 1987; Martin, Mackie et al., 2001). Hedin and Janson (2000) showed that 95% of pregnant women were victims of abuse before pregnancy. Women who leave abusive relationships during pregnancy are at a higher risk of homicide (Decker, Martin et al., 2004). Pregnancy thus makes women vulnerable to violence and does not remove the danger of facing violence during this period (Jasinski, 2004).

In summary, different research designs and assessments give us conflicting evidence about pregnant women being at a greater risk of IPV as compared to non-pregnant women. Certainly the consequences of abuse during pregnancy are grave. Further, women who are found to be abused during pregnancy are likely to have a history of prior victimization and hence should be identified as an "at-risk group" (Horrigan, Schroeder et al., 2000).

Low-Income women and IPV

In this study "low-income" is defined as those individuals that live at or below 185% of the poverty level and are eligible to participate in federal assistance programs such as Food Stamps and the Women, Infants and Children (WIC) Nutritional Program. According to the department of Health and Human Services (Federal Register, 2008), 185% of poverty level would be $21,200 for a family of four living in the continental United States.

The rates of domestic violence are as high as 40 to 80% among low-income women (Raphael 1996) compared with the national average of 25% (Tjaden & Thoennes 2000a). IPV affects the employment stability of low-income women as well as their ability to complete their education and skill development program, further inhibiting entering the work force and retaining employment. Reasons range from abusers causing physical bruises, preventing the women from going to work or job development programs, not providing day care or hiding the car keys (Sable, Libbus et al., 1999; Brush, 2000). Additionally, violence leading to posttraumatic stress disorder makes it difficult for women to continue to work (Brandwein, 1997). Women facing domestic violence are stressed, have reduced efficiency, irregular attendance at work, and increased health and security costs, thereby affecting their performance (Younger, 1994). Abusers stalking and harassing intimate partners at their workplace is a common phenomenon hindering the woman's ability to continue to work and often resulting in quitting (Kenney & Brown, 1996). Welfare reforms of the 1990s increased the number of

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single parents living in extreme poverty. Certain groups, especially battered women, struggled with the transition from welfare to work (Weil & Finegold, 2002).

The Rural Environment and Domestic Violence

The Domestic Violence Enhanced Home Visitation Program (DOVE) research grant has two sites, Missouri being the "rural" site and Baltimore being the "urban" one. DOVE is testing a research-based structured nurse home intervention for IPV to reduce family violence and is a multi-site, mixed-method, five-year intervention study. My dissertation is a part of the DOVE research grant at the Missouri site, thereby, making the participants in my study "rural". (A detailed description of the research grant will be presented in chapter three.) According to the 2000 census, 30.6% of Missouri's population is classified as living in a rural area (Blodgett, 2006). Poverty in rural areas may be equal to or greater than poverty in urban areas (Porter, 1993).

Rural Women Vulnerable to IPV

Women living in rural areas face many challenges due to physical and social isolation, a lack of accessibility to resources, and a socio-cultural milieu supporting male dominance. About 24% of the U.S. population lives in rural areas with women comprising half of the rural population (U.S. Bureau of the Census, 2000). Although there is a myth that rural life is free of the violence, drugs, and other problems that inflict metropolitan areas, studies (Adler, 1996; Few, 2005) clearly show that abuse occurs in rural areas as often or at a higher rate as in urban areas (Websdale, 1995). For example, studies have shown 25% of rural women living with male abusers as compared to 12% in

urban areas (Dietz, Gazmararian et al. 1997; Johnson & Elliott, 1997). Homicide rates are also high in poor, rural women facing intimate partner violence all over the United States (Greenberg, Carey et al., 1987).

Rural women face isolation of various types. Websdale (1998) pointed out that physical and geographic isolation, limited accessibility to help-seeking resources and the socio-cultural milieu in rural areas make it difficult for abused women to survive. There are a number of factors that contribute to physical isolation of rural battered women. Physical isolation exists as the rural population is spread out and the roads connecting them may be not in good condition. Muddy roads and weather extremes aggravate the problem of transportation. Abusers control the family vehicle by controlling the money for gas, by disabling the vehicles or by hiding the car keys (Grama, 2000). Without public transportation the woman and her children are often trapped at home. Abusers may also control the telephone, often the only means of communication in rural areas, by disabling the service or carrying the receiver. This prohibits anybody from visiting the home and the woman leaving the house as well, thus, physically isolating her (Websdale, 1998). Cell phone service is often unavailable in rural areas due to a lack of economic incentive for the service providers to construct towers (Randell & Tower in press). Battering can thus go on without anybody intervening and injuries might heal before anybody notices them. Access to safety through shelters, hospitals or police becomes difficult due to physical and geographic isolation as well as the lack of transportation. These services may be located a few hundred miles away and is another hindrance in terms of their availability to the woman (Adler 1996; Logan, Walker et al., 2003; Few 2005).

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The socio-cultural milieu in rural areas also puts these women at a disadvantage. Since it is easy to trace the ancestors and the origins of families in rural areas (Bushy, 1991), families know each other well, even if they are not related. They meet on a regular basis in churches, grocery stores, schools, beauty parlors, elevators, hospitals and elsewhere such as government offices, social service agencies and health care facilities (Johnson, 1994). Familiarity has its own set of disadvantages. Confidentiality is hard to maintain when sensitive issues like mental health concerns, substance abuse, domestic abuse and accidental pregnancy are discussed with the health care provider (Dwyer, Lee et al., 1990). Studies in rural Kentucky identified the nexus between the local police and some abusers. This is the concept of an 'old boys network' where there is friendship, sharing of common interests between the police and the abusers to harass the women, making it more difficult for women in rural areas to depend on the local police. At times, the police do not intervene or are inactive, for instance, if they have a prior relationship with the abuser. Having an acquaintance with the abuser, either through friends or relatives often leads to police delay on serving an Emergency Protection Order. Women very clearly state that if the police officer knows the abuser, they receive little or no help (Websdale, 1998). Hence, underreporting of abuse is common and higher in rural areas than urban areas, due to a number of barriers to seeking help (Bushy, 1998).

Studies in rural Kentucky (Websdale, 1995; Websdale, 1998) and other areas of Appalachia (Gagne, 1992) show several cultural reasons for women to endure violence. Family is the focal point in rural areas, which causes reticence to talk to outsiders about family matters, including violence. Holding marriage vows sacrosanct in spite of abuse in

the relationship, and a staunch belief that women are inferior to men, further reinforces the need to keep domestic violence a private affair. The feeling of belonging to a particular geographical place among rural people impedes the woman's ability to move. Self-blame for being in an abusive situation, lack of trust of government institutions, personally knowing everybody in the community, and avoiding conflicts are some of the other beliefs that perpetuate violence (Shoaf ,2004). Pressure to be with a male partner is also high in rural areas, as there is often no place for single women in social events.

Women, Infants and Children (WIC) clinics in rural Minnesota identified shame, lack of secrecy, the fear of health care staff violating their confidentiality, self-reliance and dependence on family and friends or on God as barriers to seeking help from health care providers (Kershner, Long et al., 1999). Pregnant women facing intimate partner violence in a rural area are thus at an extreme disadvantage because of the factors mentioned above.

IPV in rural low-income groups

In addition to all the barriers and the socio-cultural milieu in rural areas, poverty may be equal to or greater than poverty in urban areas (Porter, 1993). Past research has shown a strong correlation between intimate partner violence and low-income women facing adverse physical health symptoms. The symptoms are directly related to the severity and frequency of physical abuse (Campbell & Lewandowski, 1997; Campbell & Soeken, 1999). Research has already established links between poverty and physical health problems (Dunn & Hayes, 2000). For example, a community sample of 397 women, 50% who were abused, when interviewed about physical abuse, income levels,

impact of the abuse on physical health symptoms revealed that abuse had a strong correlation with physical symptoms in women of low income. This finding, however, has a number of interpretations. In women from low-income families, abuse may intensify the stress of poverty; this stress, in turn, increases the probability of poor physical health outcomes (Sutherland, Bybee et al., 2002). At times recovery from abuse needs long-term health-care and costly medication or rehabilitation. Low-income women have limited access to health care, hence they may not be able to get treatment. It might not be possible for rural women to get costly drugs and their injuries might not be treated on time, leading to chronic outcomes. Extensive poverty, which is rampant in rural areas, leads to rural women lacking resources. With a dearth of resources at all levels there are also fewer opportunities for employment, limited child care and housing facilities (Dietz, 1991; Struthers & Bokemeier, 2000).

Coping in the context of IPV

With all the barriers to services and the impact of abuse on one's physical and mental health, it is important to understand how women cope with IPV. Several studies have shown that abused women are not "helpless individuals" but actively seek safety for themselves and their families (Gondolf, Fisher et al., 1990; Hutchinson & Hirschel, 1998).

Coping with IPV in Rural Areas

Merritt-Grey and Wuest (1995) interviewed 13 survivors of IPV living in rural Canada. This study enhanced the understanding of the strength and resilience abused women have in dealing with and ultimately leaving domestic violence. Women tried to

mitigate the effects of abuse from the time it was initiated in their lives. They hoped that the abuser would change and fought back by calling the police, pressing charges, or by being abusive themselves. In spite of the efforts made by the women, the abuse did not stop completely, although it might have reduced or changed from physical to emotional violence. Women were resistant against the abuse and worked towards breaking free and preparing not to go back to the abuser. The process of breaking free involved slowly moving out of the home with their belongings to shelters, friends and family or their own living space. They prepared by seeking a safe place to reflect on their situation, distancing emotionally from the abusive situation emotionally, increasing their capability through employment, establishing a caring relationship at times with another male, and finally creating a plan to leave.

Purpose of this Study

Little is known about the coping skills used by pregnant women facing intimate partner violence in rural areas. The contextual factors mentioned above such as geographic location, isolation, cultural values about women, attitudes towards acceptability of violence, existing in the rural areas and their influence on the availability, as well as accessibility of help-seeking and coping strategies are important (Logan, Stevenson et al., 2004). Very few studies have been conducted in the area of help-seeking in rural areas among women facing intimate partner violence (Krishnan, Hilbert et al., 2001). Pregnancy and poverty further complicate the situation.

No study has focused on pregnant, low-income women facing IPV in rural areas. Consequently, the present study will examine the coping skills of rural, low-income

women facing intimate partner violence during their pregnancy and post-natal (3 months) in Missouri. The study will examine if pregnancy and the unborn and later the new born child have a role to play the way in which the battered woman copes with her violence.

CHAPTER 2: LITERATURE REVIEW

Theories of Abuse during Pregnancy

Pregnancy is a time of transition for women due to the physical and mental changes happening to them and the anticipation for a new child to arrive. There are many theories on abuse during pregnancy derived from researchers' interpretation of the conflicting statements by abuse survivors (Bohn & Parker, 1993). At the time of pregnancy, men can be extremely jealous due to a lack of attention and the fetus gaining priority over them; they feel a loss of power and control over the woman as her focus shifts to herself and her baby (Campbell, 1986; Helton & Snodgrass, 1987). A trademark of abusive men is sexual jealousy, which is seen in the form of accusing the woman of infidelity and denying paternity (Parker & McFarlane, 1991). Abusive men also do not like women mingling with friends, family, acquaintances or even health care providers (Helton & Snodgrass, 1987). Stress between the couple during pregnancy may arise from a number of reasons, which, in turn, may cause abuse. Unplanned pregnancy increases the financial load, which in turn might cause stress. Disagreement between the couple about the way they feel about the pregnancy is another reason to feel stressed (Hillard, 1985). On asking 27 women the reasons for being abused during pregnancy, 20% said the reason was the woman not feeling well or stress of another child. Another 20% thought that the abuse was directed at the baby. Kicks and blows to the abdomen by the abuser were interpreted as intentional attempts to abort the fetus (Brendtro & Bowker, 1989). In

most cases abuse during pregnancy was a continuation of the ongoing violence and was not related to the pregnancy (Campbell, 1993). For some women, pregnancy and violence were unrelated, while for others violence was aggravated during pregnancy.

Risk factors for IPV during pregnancy

As already addressed in chapter one, intimate partner violence during and a year before pregnancy puts women at a higher risk for homicide (Decker, Martin et al., 2004). In a study of 39,348 pregnant women in 14 states, those with unintended pregnancies had a 2.5 times higher risk of abuse than women with intended pregnancies. Rates of abuse are higher among young, black, unmarried, less-educated women, these women are apt to live in crowded conditions, be on Medicaid, smoke during the third trimester, and to access prenatal care later in the pregnancy (Goodwin, Gazmararian et al., 2000).

Intimate partner homicide is four to five times higher for females (femicide) than for males (Campbell, Glass et al., 2007). A history of prior domestic violence is, however, a major risk factor whether a male or a female was killed. Other risk factors include the perpetrator owning a gun, being unemployed, being very controlling, threatening to kill, and evading arrest for domestic violence. The presence of a step-child, biologically related to the woman and not to the man, violence during pregnancy and attempts to strangulate are also factors that increase the risk of intimate partner homicide (Campbell, Glass et al., 2007).

Decker and colleagues (2004) assessed 51 women for danger of homicide during pregnancy and a year before pregnancy (Campbell, Soeken et al., 1998) Twenty-three women left an abusive relationships because they were afraid of being killed. The women

who left the abusive relationship had a higher probability of having partners violently

jealous, alcoholic, escalating the frequency of violence and/or threatening to kill them.

For the 28 women who remained in the relationship, abuse decreased during their

pregnancy. Pregnancy remaining as a protection from abuse, however, should be

regarded critically, as 20% of the women who stayed with their abusers, experienced an

increase in the number of homicide risk factors (Decker, Martin et al., 2004).

Identity of women

Gilligan (1982) states that women define themselves within the context of human

relationships and, thereby, they may judge themselves by their ability to take care of

others. Women stay with, construct and grow in a context of attachment and connection

with others. Women's sense of self, then, is arranged around being able to make and

maintain affiliations as well as relationships with others. For many women, the danger of

a broken connection is seen not just as a loss of a relationship but as a loss of self.

Consequently, this mode of identity definition is considered to be a self vulnerable to

issues of separation arising at mid-life. Thus, women viewing themselves in relationship

with others, their faith in interdependence, their subordination of achievement to care,

and their conflicts over competitive success leave them personally at risk in mid-life.

Development into adulthood does not dislodge the value of the ongoing

attachment and care in relationships that women develop. Women's integrity is entangled

with an "ethic of care"; hence, they see themselves in affiliation with others and not as

independent entities. If during her mid-life the relationships and affiliations on which she

relies as well as the activities of care through which judges her worth come to an end, it

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may shatter her identity giving way to the despondency of self-condemnation and despair. Women view the meaning of mid-life events as the interaction between the structures of their thought and the realities of their life. Thus, women not only reach mid-life with a psychological history different from men's and face a different social reality, but they also make a different sense of experience, based on their knowledge of human relationships. They arrive at an understanding of life that reflects limited autonomy and control over their lives. The inconsistency between womanhood and adulthood is seen in the sex-role stereotyping where independent decision making and responsible action are associated with masculinity and not feminity (Gilligan, 1982).

Theory of Double Binding

Pregnancy and the transition to parenthood is an emotional, developmental, and cognitive process. Pregnant women make a number of decisions about prenatal care, relationships, and the unborn child; yet, little is known regarding the effect of IPV on those decisions (Rubin 1984; Mercer 2004; Lutz 2005a). "Double binding" theory highlights the concurrent and often contradictory process of binding with the unborn child and the abusive partner socially as well as emotionally. Pregnant women experience this dilemma as they are attached to the child as a mother (carrying out the developmental tasks for the child) and at the same time live with the abusive partner. Pregnant women envision a peaceful entry for their new born and expect that they should be able to provide them a loving, two-parent, intact family (Lutz, Curry et al., 2006). These authors suggest that the woman has an urge to bind with the abusive partner, by minimizing the warning signs, and putting more efforts into the relationship with the hope of improving

the present situation to achieve an intact family for their unborn child. Pregnant, abused women, thus, live in two disconnected worlds, the public one demanding the normal intact family life without abuse and the private one with abuse. This, consequently, is the "double bind" (Lutz 2005a; Lutz 2005b).

Lutz (2005 a) conducted interviews with 12 pregnant women facing intimate partner violence during and after pregnancy. Five interwoven processes were highlighted. First, women pursue the dream of maintaining family harmony and a positive image of their partners as well as the family, continuing to believe in a separation between the public and the private world. The private world has abuse and women do not want to admit its existence in the public world; they also think that showing love to the partner will help end the violence and improve their abusive relationship.

The second process is making the family the focal point. Pregnant women suppress their own individual needs and tolerate abuse for the sake of maintaining family harmony. These women undergo tremendous emotional pain, however, and are confused because they know that something is wrong in the relationship with their partner. When women share the abuse with close friends or relatives, their hope of the relationship changing lessens and their focus shifts to continuing the pregnancy and surviving the relationship.

The third process is a balance between increasing disappointment and despair on the one hand and on the other hand desire for a positive outcome coupled with fear of not being able to fend for herself and the newborn baby. Consequently, she concentrates on

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protecting herself, already existing children and the new born child.   The increasing disparity between the real and the "ideal" (i.e., nonviolence) world exacerbates her stress.

The fourth process is reconciling dreams with reality, when women realize that the problem is getting worse. At this stage, women either become resigned to the abuse or start thinking about ending the relationship. They realize it is going to be difficult to endure the abuse until the end of pregnancy. However, they feel the need to postpone the decision until after the baby is born.

The fifth process involves the mother's energies being diverted towards the newborn child. Women realize that they have done everything they can and the role of the man in their life starts dwindling; they are either on the verge of ending the relationship or end it completely. The relationship is labeled as abusive. The woman's focus shifts from hopes and dreams to negative effects of the abusive relationship. In case of some women, the escalation of violence after the birth of the child led them to take the decision to leave the abusive partner (Lutz 2005a).

Stages of Leaving an Abusive Relationship

Leaving an abusive relationship is a dynamic process and women go back and forth in this process. Crucial events like being hit during pregnancy, escalation of abuse, threat of death or labeling self as abused may be triggers for deciding to leave. Women make concrete negotiations with their partners, offering to agree with him in return for his seeking help with substance abuse or mental illness and/or correcting the abusive behavior. Thus women show great strength, resistance and resourcefulness even in the most fearful situations (Campbell, Rose et al., 1998)

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Landenburger (1989) recruited a sample of thirty women with current or former abuse through newspaper advertisements, community support groups and a shelter for abused women. The sample was a mix of women with their abusive partners and/or out of the relationship. Twenty-seven women were out of the abusive relationship, with an average involvement with the abuser ranging from two weeks to twenty-three years. The sample was predominantly white with seventy-three percent having a college degree. The author came up with four stages of abused women from "binding" to "recovering" from an abusive relationship. These phases are not mutually exclusive and each phase weaves into another (Landenburger, 1989). Yet, all four stages often do not apply to pregnant women experiencing intimate partner violence, as they may remain in the first two stages of "binding" and "enduring". They want the relationship to work as they base it on the hope that with the arrival of the baby, things will improve (Campbell & Campbell, 1996).

Landenburger (1989) termed the initial phase "binding," when the abuse starts in the relationship; yet, the woman emphasizes the positive parts in the relationship. She wants to focus on commitment and settle in with her partner in a family life. She often does not pay attention to the warning signs and even the events which are distressing to her with regard to her partner. She works harder on the relationship and lives with a false sense of protection from her partner. She blames herself for the abuse and feels that she is, consequently, bound to her partner.

This leads her to the second stage of "enduring", where she moves from ignoring the problems to consciously neglecting them. She tries to fix the abuse by focusing on

finding a solution but neglecting the problem. She, therefore, believes her partner when he convinces her that he will not repeat the abuse. She starts living in two different realities, blaming herself for abuse but also looking into the reason for being treated badly by the partner. She also feels the need to protect the abuser from stigma, so she does not talk about what is happening to her. Feelings of worthlessness and hopelessness pervade her.

"Disengaging" is the third phase where the woman is divided between leaving the relationship and being with the abusive partner. She begins to identify with other abused women and the realization of abuse begins to sink into her. She actively seeks help, and even if turned down in the past, makes requests to family friends, church, police, etc. Mixed feelings of anger and fear of the partner help her to move on and eventually end the relationship. Yet, it is difficult to deal with the loss of the relationship, and hence, even after leaving, the woman might decide to return to the abuser.

The final phase is of "recovering" where initially the woman deals with the guilt of leaving and the disappointment of the relationship not working out. The thoughts of basic needs and shelter then take priority and she is continuously pulled between the pleas of the abuser not repeating his mistakes and her own needs. She grieves the positive aspects of the relationship, may blame herself for it not working out. If she is able to abandon this guilt and focus on herself, she moves on; otherwise, she is likely to return to the abuser. For women who do not return they start searching for meaning by strengthening themselves and not holding self responsible for the abuse.

Lerner and Kennedy (2000) interviewed two hundred women who had been out of a violent relationship for one or more years and asked them about ways of coping. Their findings indicate that the first six months after leaving a relationship was the most vulnerable time. During this time, women had low self-confidence, they were still tempted to return to the abuser, experienced sleep disturbances, depression, dissociation, and the demand on various coping resources was also quite high (Lerner & Kennedy, 2000). Women also resorted to substance abuse as a method to cope to avoid facing the gruesome reality of abuse in their lives (Kilpatrick, Acierno et al., 1997).

Theory on Coping

Coping is defined as "ongoing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person" (Lazarus, 1993, pg.4). In other words, coping includes cognitive and behavioral efforts to manage psychological stress. Lazarus defines problem-focused and emotion-focused coping strategies to manage psychological stress. Problem-focused coping emphasizes changing the distressed relationship by acting on the stressful environment or acting on the person itself. Emotion-focused strategy seeks to alleviate stress by altering the manner in which the stressful relationship is interpreted or the relational meaning of the stressful event, even though the actual condition of the relationship might remain the same (Folkman and Lazarus 1990; Lazarus 1993). Active (problem) coping strategies are associated with a lower level of emotional distress and passive (emotion) coping strategies are associated with a higher level of emotional distress (Mitchell & Hodson, 1983). Women's coping is often categorized as "emotional-

focused" and thus they are viewed as lacking in problem-solving skills and doing little to change their situation. In application to IPV, problem-focused coping would try to reduce the violence and emotion-focused would provide emotional energy to keep the sense of self together (Lazarus & Folkman 1984; Chang 1989).

Coping and IPV

There are several older studies on coping and help-seeking behaviors of women in situations of intimate partner violence. Walker (1979) interviewed 403 women and put forward that abused women do not do anything to change their abusive situation. Earlier IPV research found that abused women lacked problem-solving strategies and use emotion-focused coping to deal with their situation. They might blame fate or just ignore the problem (Finn, 1985). Their responses to abuse tended to be avoidant and dependent in nature (Claerhout, Elder et al., 1982).

The theory of "learned helplessness" (Walker, 1979; Walker, 1984) was criticized by Gondolf and Fisher (1988) who came up with the "survivor theory" which believes in abused women striving hard to increase their help seeking resources in order to survive the violence. Women seek help from a variety of resources and agencies to cope with abuse and to keep themselves and their children safe. The survivor hypothesis states that abused women increase their efforts to seek help if there is an increase in violence. This hypothesis suggests that abused women are assertive in responding to the violence in their lives. Reasons for staying in an abusive relationship are lack of finances, knowledge about resources, or insufficient intervention. Consequently, availability of resources and access to them are important strategic choices (Folkman, 1984; Patton 1999; Tamres,

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Janicki et al., 2002). Women seek help with regard to what resources they need (Dutton, 1992; Ellsberg, Winkvist, Pena, & Stenlund, 2001; Gondolf & Fisher, 1988).

A longitudinal study of 114 women in intimate partner violent relationships suggested that when women are provided with resources and opportunities to deal with their situations, they are able to take action to either move out of the relationship or negotiate non-violence (Campbell, Miller et al., 1994). Women in abusive relationships cope with violence in an immediate manner, rather than in a peaceful, logical and composed way as the focus is to survive the attack. At times some situations demand effective use of emotion-focused coping strategy rather than an ineffective problem-focused strategy (Walker, 1984). Moreover, women seeking active strategies run the risk of being killed at the hands of the abuser (Wilson & Daly, 1993). Leaving the abuser might be dangerous for the woman; she might choose a passive strategy as it might be the only alternative, whereas an active strategy might, in fact, result in higher distress levels (Browne, 1993).

Liang and colleagues (2005) identify three stages of help-seeking by women facing intimate partner violence: (a) defining the problem; (b) making a conscious decision to seek help; and (c) choosing the source of help-seeking support. Access, violence exposure as well as beliefs about help-seeking sources like mainstream formal supports and availability of economic resources also come into play. For example, if a woman feels that silence or depending on informal supports will be riskier, she will seek help from formal sources (Liang, Goodman et al., 2005).

Lempert (1996) analyzed a number of techniques abused women employed to cope with violence. A three-stage process described the women's coping techniques. First is denial and concealment, including efforts both by the abuser and abused to hide the problem. In the second stage, woman attempt to limit the violence and preserve one's agency. Finally, the woman makes a deliberate effort to get the violence out of her home (Lempert, 1996).

Campbell and colleagues (1998) studied an urban sample of 31 abused women. After 2.5 years, 53% of the abused women were out of the relationship, 28% were actively trying to leave the relationship but had not taken the final step and 19% remained in the relationship. Women employ a number of strategies to end abuse, like seeking advice from female friends, fighting back, and leaving either temporarily or permanently. Women engage in much self-talk where they list the advantages and disadvantages of the relationship. Women subordinate themselves selectively to prevent further harm and physical abuse. For example, she may agree with the abuser to avoid a scene in public but refuse to quit working as that would make her dependent on the abuser. Instead of leaving the relationship, the woman may try to identify key events, negotiating first with herself and then with her male partner, attempting several strategies to reduce the abuse.

Several positive and negative reasons for staying with the abuser were mentioned by urban and rural African-American and White women in twenty-two focus groups (Short, McMahon et al., 2000). The positive reasons were love for the partner, loyalty to the wedding vow, urge to provide a two-parent home to the child, and the hope that their partner would change. The negative reasons ranged from lack of economic resources for

housing and child care, psychological dependence on the abuser, and fear of the consequences of leaving because of threats by the abuser to take away the children or kill them. These women trapped by the abuser, felt shame, hopelessness and futility of nothing working out (Short, McMahon et al., 2000).

The Intimate Partner Violence Strategies Index (Goodman, Dutton et al., 2003) is the first attempt to codify strategies for women to keep themselves safe in violent relationships. The index gives a detailed description of 41 strategies used by women to halt, escape or resist violence in their lives. These strategies were developed through focus groups with both survivors and advocates working in the domestic violence area, as well as already existing literature and the researchers' clinical and forensic experience. The strategies were determined based on the following criteria: 1) the objective whether it was for stopping the violence or escaping the situation; 2) the way of handling it, in terms of confronting the abuser or avoiding him; and , 3) involvement of others which included supportive family, friends or systems like legal, medical, and religious. The IPV Strategies Index is used to contextualize the theory on coping in this dissertation by understanding the help-seeking strategies of the women.

Abused women use a variety of different coping mechanisms both emotion and problem-focused to survive the abuse. Much of what they choose depends on their assessment of the abuser's response to the specific tactic they choose. The IPV Strategies Index includes the following categories: placating, resistance, safety planning, legal, formal supports, and informal supports:

1. Placating includes "strategies intended to change batterer behavior without challenging, and possibly even supporting, his sense of control."

2. Resistance is "intended to change batterer behavior and possibly the balance of power in the relationship by challenging his sense of control."

3. Safety planning includes "strategies intended to increase resources and/or options for escaping or protecting against a future incident of abuse."

4. Legal strategies intend "to change batterer behavior through the use of an outside regulator, the legal system."

5. Formal strategies intend to "change batterer behavior or increase resources and/or options for escape through use of non-legal public agencies, ranging from medical to religious."

6. Informal strategies are "designed to increase the resources and/or options for escaping or protecting against a future incident of abuse."

(Goodman, et. al., 2003, pg. 169).

The IPV strategies index was developed through a review of the literature on intimate partner violence, the clinical and forensic experience of the authors, two focus group discussions with domestic violence advocates in an urban shelter, one focus group with the women in an urban shelter. The initial list of the index was reviewed by the 406 battered women recruited in the study. The participants were asked if they had used any of the strategy and how helpful was that strategy. Other than this question, the participants were also asked if there was anything else that they used to end, prevent or get away from the violence that worked out best for them. As a result of this process, six

items were added to the list of 41 strategies making it 47. Finally eight items were removed from the list as less than five percent of the sample supported it. This made the list of 39 strategies. Two more strategies (trying to avoid him and trying to avoid having an argument with him) were added at Time 3. The next step was assigning categories to the strategies. Initially it was decided to assign the category on the basis of the purpose. However, it did not work out as "fighting back physically" and trying not to cry during violence" are both done to stop the violence but one is confrontational in nature and the other is not. Hence, in the end, it was decided to combine purpose, means, level of involvement with others.

Rural and Urban Coping

A study comparing rural and urban women facing intimate partner violence concluded that rural women who were abused had less social support, lower levels of education and income, more physical abuse in the previous year, more childhood physical and sexual abuse, and their overall health was worse than urban women. Rural women also faced abuse earlier in the relationship (Logan, Walker et al., 2003). There were differences in rural and urban women coping with violence, with rural women being reticent and using the following skills like "driving alone", "holding everything in" and "trying to ignore the abuser"(Logan, Walker et al., 2003). As compared to rural women, urban women used more help-seeking resources. Consequently, urban women were more encouraged regarding leaving the abusive relationship (Campbell & Soeken, 1999).

Shannon and colleagues (2006) also studied the different coping skills of rural and urban women (N = 757) facing intimate partner violence. Again, urban women used more

help-seeking resources than rural women, due to lack of availability and accessibility to resources in rural areas compared with urban. Urban women used more emotional support, positive self-talk and exercise/meditation whereas rural women relied more on denial. Emotion-focused coping strategies, like avoidance and denial are highly associated with harmful effects on physical as well as mental health (Adler, 1996; Logan, Cole, & Walker, 2005; Logan, Shannon, & Walker, 2005; Logan, Stevenson, Evans, & Leukefeld, 2004; Shannon, Logan, Cole, & Medley, 2006).

Differences between rural and urban coping and help-seeking are caused by rural women not having access to community resources due to distance or not having those services at all. Rigid gender norms make help-seeking more difficult. Belief in the subordinate status of women leads to thinking there is nothing wrong in women facing violence, thus reducing its acceptability as a crime, and impeding seeking justice. Maintaining reticence about family matters for the fear and shame of the whole community getting to know it, is a commonplace phenomenon in rural areas (Websdale, 1995; Websdale, 1998). Additionally, there is more stigma attached to mental health treatment in rural areas compared with urban ones (Hoyt, Conger et al., 1997). Other reasons are lack of anonymity and lack of trust in the service provider to keep sensitive information private (Websdale, 1998). Consequently, women in rural areas may use more emotion-focused strategies because of a lack of available resources.

The nuances of intimate partner violence and the dilemmas women face clearly demonstrate that the decision to stay or leave the abusive relationship is not simple. Intimate relationships are interactive entities and responses to abuse are dynamic in

nature. All these processes need to be placed in the broader social and structural context

to give them meaning (Bergen, 1995; Cavanagh, 2003).

CHAPTER 3: METHOD

This dissertation is part of a more comprehensive study, the Domestic Violence Enhanced Home Visitation Program (i.e., DOVE, 1RO1 NR009093-01A2, NINR/NIH, Primary Investigator- Dr. Phyllis Sharps) which is testing a research-based structured nurse home intervention for IPV to reduce family violence. Participants for the DOVE (a multi-site, mixed-method, five-year intervention study) are recruited from pregnant women who are eligible to receive prenatal home visits by nurses in urban Baltimore and rural Missouri until their infant is two years old. For the purpose of this dissertation, I have conducted qualitative interviews with the women recruited for DOVE in Missouri at the time of their pregnancy and at three months post-natal.

This study uses naturalistic inquiry to grounded theory building in order to learn *how* pregnant, low-income, rural women cope with IPV. Qualitative research easily adapts to multiple realities and reflects the interaction of the researcher and participant; it not only addresses the biases of the researcher's perspective but also is sensitive to participants' responses. Qualitative research involves critical assessment regarding the interpretation of the participants' narratives and understanding of the lived experience (Issac & Michael, 1997). The aim of qualitative research is to subjectively capture the deeper meanings of human experience and thus generate theoretically rich observations. Data for qualitative research can be derived from observations and interviews. Different interpretive or analytic procedures can be performed to arrive at findings and theories.

Qualitative research uses techniques to interpret data with a particular perspective and comes up with constructed realities of the respondents (Morse & Richards, 2002). Thus, the reality of the populations studied can be highlighted by developing theoretically informed interpretations (Blumer, 1969).

The purpose of the study is the most important factor in determining its methodology (Morse & Richards, 2002). Morse and Richards (2002) point out that there should be a good fit between the research question and the method chosen. If little is known about a topic and few adequate theories exist to explain or predict a group's behavior, the grounded theory method is especially useful. In order to build a theory, the reality, which is in the form of data, needs to be interpreted to make it meaningful. Theoretical formulation provides the framework for action. Theories represent the most systematic way of building, synthesizing, and integrating scientific knowledge.

Grounded theory is "discovered, developed, and provisionally verified through systematic data collection and analysis of data pertaining to that phenomenon" (Strauss & Corbin, 1998, p.23). Grounded theory, which is the hallmark of naturalistic inquiry, reduces the bias and the judgments which a priori theory imposes on the data. Through an emerging theory, the neutrality of the researcher is preserved.

Grounded theory is suitable to uncover processes about which there is not enough information to propose hypotheses (Gilgun, Daly et al., 1992). Very little is known about the coping skills of pregnant, rural, low-income women facing intimate partner violence, and hence the appropriateness of using the grounded theory. Examining the coping skills of pregnant women facing intimate partner violence in rural Missouri will illuminate the

substantive theory about their coping skills. The substantive theory means that the theory is developed for a substantive or empirical area of sociological inquiry (Glaser & Strauss, 1967).

This chapter will discuss the research questions, various phases of research design, human subject protection and approval, sampling, instrument, data analysis and the criteria for establishing methodological rigor.

Research Questions

1) How do pregnant, low-income, rural women perceive the impact of intimate partner violence on their lives?

2) What are the protective processes that influence these women's ability to cope with domestic violence?

3) How does pregnancy and the unborn child impact the ways in which rural women cope with domestic violence?

4) What can we learn from what pregnant, low-income women say about coping with domestic violence?

Research Design

The research design consists of four phases (see Appendix B for time frame).

Phase One: Immersion

Working with battered women in India for 2 years, gave me an initial grasp of the issue of intimate partner violence. I was not acquainted, however, with the literature on IPV in the United States. Writing a manuscript on the comparative stressors of pregnant,

rural, low-income women facing IPV and those who were not gave me a firmer grip of the literature. Thus, exposure to the literature provided the starting point of inquiry. I was interested in studying the concept of coping and thought of examining it with this population. From meetings with my dissertation committee members and the project investigator of the Baltimore site, I developed an interview guide to capture the concept of coping with the population mentioned above.

The question content areas in the interview guide were drawn from the six domains (i.e., placating, resistance, safety planning, legal, formal supports, and informal supports) of helping-seeking strategies identified in the IPV Strategies Index developed by Goodman, Dutton, Weinfurt, & Cook (2003). The IPV strategy index has face validity with several studies Bowker (1983), Gondolf and Fisher (1988) and Davis et al., (1998). The interrater reliability for this index is 85% (Goodman, et al., 2003).

Every participant was asked about the ways she kept herself and her baby safe. She was given the opportunity to say what she did to keep herself and her children safe before strategies from the IPV Index were probed. In many cases the strategies did not apply. For example, if a woman did not have a car she was not asked if she had hid the car keys. In other words, probes relevant to the situation and the context of women's lives were asked.

Three pilot interviews were conducted before my dissertation proposal defense, as I was already the research assistant on the DOVE project. The initial interview guide had one question each on safety, resistance, placating, formal (including legal) and informal networks, regarding the strategies women used to cope with the abuse. Feedback from

my dissertation committee members on the basis of the responses of these three women indicated that each help seeking strategy under safety, resistance, placating and networks needed to be probed further. Other changes in the interview guide are well documented (see Appendix C). Memos were written which included my methodological decisions.

My dissertation proposal addressed the purpose of the study, data collection procedure and analysis (i.e., the research questions, interview guide, methodology, sampling, data analysis plan and human subject protection) and was approved by the dissertation committee on October 1, 2007.

Phase Two: Data Collection

Being a research assistant in the project DOVE from Summer of 2007, helped me to be a part of the research team on an ongoing basis and participate in team meetings and discussions. This enabled me to get a firmer grasp of the project. The eligibility criteria to be recruited into the DOVE study included: less than 31-weeks pregnant, a history of IPV (within last year) and/or IPV during the current pregnancy, English speaking, and enrolled in the Missouri Community Based Home Visiting Program (MCBHV) of the Missouri Department of Health and Senior Services (MODHSS).

Pregnant women who agreed to participate in the research study were contacted by the study nurse after the referral was faxed by the home visitor. The DOVE research study nurse arranged to make a home visit with interested women. At the time of the home visit, the research nurse read the consent providing information on the research study; if the woman agreed to participate, she signed two consent forms--one for the

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University Institutional Review Board and the other for the Missouri Department of Health.

She was then screened for violence by using the Abuse Assessment Scale (AAS) (Parker & McFarlane,1991) and the Women's Experience in Battering (WEB) (Coker, Smith et al., 2000) (see Appendix F for measures). Abuse Assessment Screen is a six-item scale in which participants are asked questions in an affirmative or negative answer assessing the frequency, timing (during life-time, in the year before pregnancy, since the onset of pregnancy) and the type of violence (physical, sexual and/or emotional). The test-retest reliability illustrated high consistency across time. Out of a sample of 1,203 women , 48 women were screened using the AAS twice in the same trimester and their agreement was 83%. In terms of asking them about abuse in the year before pregnancy, the agreement was 97.5% with 40 women in the sample. In case of abuse since the women were pregnant, the agreement was 100%. The criterion validity was established comparing AAS with other established instruments (Soeken, et al., 2003).

The Women's Experience with Battering (WEB) Scale is a 10 item scale in which participants are asked statements regarding their experiences with battering (Smith, Tessaro, et al., 1995). Battering in this scale has been defined as one partner in the intimate relationship losing the power and control due to physical, emotional or sexual force exerted by the other partner (Smith, Earp et al.,1995). It seeks to assess abusive behaviors like controlling the partner's life, isolating and restricting his/her mobility, scaring him/her in the relationship. The original scale is based on a six-point Likert Scale (1 = Agree Strongly, 2 =Agree Somewhat, 3 = Agree a Little, 4 = Disagree a little, 5 =

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Disagree Somewhat, 6= Disagree Strongly) and each item has been reversely scored as (6 points for Agree Strongly, 5 points for Agree Somewhat, 4 points for Agree a Little, 3 points for Disagree a Little, 2 points for Disagree Somewhat and 1 point for Agree a Little). The total scores range from 10 to 60, with scores ≥ 20 terming a woman as "battered". WEB has a good construct validity and internal consistency (alpha= .95) in the study of 1152 women with 62% of the women being African American and 38% Caucasian (Coker, et al., 2000).

A woman qualifies for the study if she is screened positive on either instrument. Participation in the study was voluntary. Permission for participating in the qualitative interviews was sought from women who already had consented to the quantitative study. The DOVE study had a qualitative interview guide which is explained later in the instrument section. The DOVE interview guide already had six sections and my questions were added as a separate section at the end of this guide.

Initial in-depth interviews were conducted a month after the administration of quantitative instruments. Follow-up interviews were conducted post-natal (i.e., three, six, 12 and 24 months). If the woman consented to the qualitative interview, as the research assistant I went with the DOVE research nurse and did the interview. All ages of pregnant women were eligible including adolescents (to date the youngest to consent to the study has been fourteen years old). Separate permission was sought from the Institutional Review Board (IRB) of the University of Missouri and the Missouri Department of Health to gain consent for adolescents.

For this dissertation, I interviewed women during pregnancy (i.e., baseline) and when their baby was three-months-old (follow-up). All interviews were audio-taped. They were transcribed by an external source and I rechecked them by listening to the tapes again and comparing them to the transcripts. A copy of the interview guide is included (see Appendix B). Data collection (for this dissertation) was completed when 20 women were interviewed at baseline and consequently three months post-delivery. I have had experience of interviewing battered women in India. Being South Asian by origin, I was a little hesitant about the women being comfortable with me. Hence, I was always accompanied by the research nurse for the interview for three purposes. One was as a measure of safety. Moreover, the interview had to be audio-taped and we had to do it in a private and quiet area. On several occasions, the woman had older children, so the nurse who accompanied me took care of them, while I did the interview. Lastly, I was introduced to the woman by the research nurse, who mentioned that I had experience working with abused women in India and I was there to learn more about the women in the United States. This helped to build rapport with the women. I was aware, however, of the cultural difference and that women might not accept me immediately. For example, even though I was interviewing them, some women did not maintain eye contact with me but with the research nurse instead. All but four interviews were conducted at the homes of the women. Of these four, one was conducted in a public library, another in a fast food restaurant, and another in the house of a participant's mother. The fourth was done over the phone with the participant being at her home. This was a matter of convenience as this woman lived a far distance away.

Phase three: Data reduction and analysis

Phase three was ongoing once the data collection began. Open coding is the initial, neutral examination of the transcript and includes temporarily developing and labeling concepts interpreted to be of potential relevance to the problem being studied. This gets recoded as further data are collected and analyzed (Glaser, 1978). I went through each qualitative interview (the entire interview and not just my section that was added) line-by-line and developed code categories. The reason for going through the entire interview was because the concept of coping evolved through the information women shared throughout the qualitative interview and not just my added section. The properties were further revised and subcategories were developed. Meeting with my methodologist, who is also my dissertation chair, helped me to converge within as well as between the code categories.

Phase four: Data Reconstruction and Synthesis

Phase four was defining the emerging themes and integrating them into a grounded theory. Meeting with my methodologist helped to process, clarify and confirm the emerging themes. I have included summary statements of these peer debriefing meetings in Appendix D.

Participants and Sampling Criteria

Sampling

Data (for the larger study) was collected from Greene, Phelps, Boone, Randolph, Madison, Jackson, Platte, Audrain, Cole, Clay, New Madrid and Howard counties and from St Louis City in the state of Missouri. The number of women

consenting to the qualitative interviews by the end of September 2007 was 19 increasing to 30 by the end of January 2008. Out of the 30, I included 20 women in my study as their due dates fell between June 2007 and January 2008. This was done out of convenience enabling me to do the 3 months post-natal interviews within a set timeframe. Moreover, with the 20 women selected, I obtained theoretical saturation. Hence the decision of the sample size being 20 was a matter of convenience as well as attainment of theoretical saturation.

There is no fixed formula to decide the sample size in qualitative inquiry; the number of participants recruited is determined by participants' experiences, their ability to reflect on and report their experiences, and the requirement for further theoretical sampling (Morse & Richards 2002). Theoretical sampling is based on the evolving theoretical relevance of the concepts. Charmaz (2006b) states that theoretical decisions on sampling to reach saturation occurs when gathering new data does not spark any new theoretical insights. Hence, the data collection in this dissertation stopped when saturation was obtained. Theoretical sampling does not have the objective of representing a population or increasing the statistical generalizability of the results. Instead, the focus is on giving potential insights to the voices of the population studied.

Theoretical sampling is cumulative in nature and also has the objective of increasing depth of the focus areas. Similarly, in this study data was gathered on a consistent basis and the emphasis was on getting information on as many code categories as possible. The code categories were derived through the literature as well as through the interview data. I asked questions about all the strategies women used to keep themselves

safe, including resisting and pacifying violence along with the formal and informal networks they used. Later, the data gathering was focused on specific areas which would help develop, increase depth and saturate the code categories. For example, women mentioned a number of activities to keep themselves occupied and to not think about the abuse. They brought up activities such as watching movies, fishing, smoking, cleaning the house and cooking to keep themselves occupied and to not think about the abuse. Hence, this was added as a probe and other women were asked if they did any of these activities or something else to keep themselves occupied and not think about abuse.

Another feature of theoretical sampling is flexibility. There were several areas of investigation that were not foreseen or planned, but helped shed light on a new perspective. For example, two women mentioned using the internet to chat with men to keep themselves occupied and to seek advice from them about their abusive situations. This was a new phenomenon which was not foreseen while writing the initial interview questions. Hence I probed it with other participants as well. Thus, theoretical sampling was planned but at the same time retained flexibility. Consequently, sampling and analysis took place hand-in-hand (Strauss & Corbin, 1990).

Socio-demographic information was obtained from quantitative interviews done at baseline by the DOVE team. The information included age, relationship status, education and ethnicity as presented in Table 3, entitled "Socio-Demographic Details of Participants." The mean age of the participants in this study was 23.3 with the youngest being 16 and the oldest 32 years old. Thirteen women were Caucasian, five African

American and two American Indian. Data collection for the study began in September of 2007.

Table 3

Socio-Demographic Details of Participants

Mean Age (16-32 years)	23.3 years
Relationship Status	
Married	1
Separated	5
Single	10
Divorced	4
Education	
High School Diploma or GED	8
No High School Diploma or GED	4
Some college or trade school	8
Ethnicity	
Caucasian	13
African American	5
American Indian	2

Human Subjects Protection and Approval

IRB approval for the DOVE study had already been obtained when I became involved as a research assistant on the DOVE research grant. I added my questions to try and mesh them into the already existing qualitative interview. Being a research assistant on the project, I was eligible to do the interviews. Since permission for the data collection

was already obtained, I did not have to seek separate permission. The proposed study's target population was pregnant women who were referred from their local home visitation program and who screened positive for current or recent (in the past year) intimate partner violence (IPV). For the purpose of this study, the questions about coping were coupled with already existing qualitative interviews. The interviews were conducted at a place convenient to the women. Most of the time, the women preferred being interviewed at home as it was usually either in the last weeks of their pregnancy or their baby was only three months old. I was sensitive to infant and maternal fatigue during these home visits. Pseudonyms were given to each participant.

Potential Risks. There were potential risks for women participating in this project. It was possible that IPV perpetrators would find out that the women were participating in the study. Every attempt was made by the research nurse and myself to keep the woman's participation in the study confidential and anonymous. The study was not identified as a study of abuse during pregnancy. If we thought that the woman might be in danger, the research nurse or I discussed safety precautions with her and mobilized community resources (i.e., police or legal remedies) to protect her and her children. I had also updated myself with specific community resources from the areas from which we recruited women for the study. The research nurse or I also consulted with each woman prior to planned visits to ascertain if it was safe to conduct the visit and if safety measures needed to be implemented. If the woman was not safe in her home, the research nurse or I made appropriate referrals. If our presence in the home increased the risk for the woman, we offered a safe place (i.e., an alternate community site or the health department).

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Women were also informed that all project staff were mandated reporters of child abuse and that they would work with women to maintain safety if such a report must be made. All data collection forms were identified by a unique number that would not link names to telephone numbers or addresses. A log which linked the study participant and her telephone numbers and addresses to the study identifier numbers was always stored in a locked file cabinet. After all data collection for the DOVE project is complete and entered into the computer, forms are destroyed.

Potential Benefits

There were potential benefits to the women and infants/toddlers who participated in this project. One benefit was that project participants could be connected with resources that would increase their access to health care and/or assist them to maintain their health. Another benefit was that women had the opportunity to receive education to promote their safety behaviors and enhance their parenting abilities. The therapeutic relationship that women developed with me and the nurse also served as a formal source of support. It decreased the effects of isolation and increased their ability to mobilize other resources to cope with IPV. For this study, financial incentives totaling 30 dollars were given as cash, fifteen dollars at baseline and at 3-months post-natal.

Instrument

A qualitative semi-structured interview guide was already in place in the study which was administered in face-to-face interviews. It had six major sections where the first section focused on getting the story of the woman by asking her about herself, her

living situation and her feelings about being a parent, while the second section asked her questions about her IPV experiences. The IPV experiences covered dealing with anger by her and her partner, feelings towards abuse and reactions to abuse. It also focused on additional abusers in her life other than the current one. The third section focused on IPV specifically during pregnancy. The fourth section addressed the family context of abuse. The fifth section was responses to abuse and the sixth section was on resources and barriers of living in a small town as compared to a big city. For this study, I added additional questions on coping, as section seven, to the existing qualitative interview guide.

These questions were blended with the already existing qualitative interview guide and were improved through consultation with the dissertation committee, principal investigator and co-investigators of the grant. Initially eleven questions were added, which covered safety, resistance, pacifying, and support networks (formal and informal), reasons for using certain strategies, and obstacles to using them. The role of the unborn baby and pregnancy in regard to safety and advice to other women facing IPV and health care professionals was also examined. An example question included, "What are some of the ways you keep yourself safe? Your children—particularly your unborn or newborn?"

Grounded theory interviews are unstructured with the researcher asking broad questions followed by probes designed to get additional information and clarification (Hardesty & Ganong, 2006). The questions were a guide, but did not restrict the course of the interview. As the interviews progressed the women brought up areas which did not

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fall into the already existing code categories. Hence the interview guide was modified

(see Appendix C).

Data Analysis

Initially, the entire qualitative interview was put into the broad categories of

coping.   Open coding of the interviews was done simultaneously with the process of data

collection. Some of the code categories and properties were derived from the Intimate

Partner Strategies Index (Goodman, et al., 2003) and the remaining were "in vivo" codes

based on participants' words.   For example, the code category of safety already had ten

properties when "moving to a safe place" and "watching the surroundings" were added as

they were derived from the "in vivo" codes.   An example of "moving to a safe place" is

presented in the following quote by Caroline, age 24:

> I'm not gonna live around here. He doesn't know where I'm at. Hopefully, he
> just goes away. He hasn't called or anything since, well, the last time he called
> was right before Valentine's Day this year, and that was the last time he called. I
> didn't accept his call, and so he quit calling.

As per Glaser and Straus (1967) comparative data analysis is used to generate

substantive theory. Since this dissertation was part of a larger study, I divided up my

section and put them in broad categories. Then I read the whole interview and put

together all that was connected to coping to build context to the woman's life. The first

interview was coded by labeling discrete ideas about coping by rural, pregnant, low-

income women facing IPV. The analysis of the first few interviews was completed before

going to the next interviews. Similarly, the interview transcripts were coded by constantly

comparing the new data to emerging concepts and modifying the categories according to

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the new data. If a woman came up with new concepts, they were explored in detail with the other women. I have included this process in the methodological notes (see Appendix D). Similar codes were put into a mutual category. For example, both properties "developing a safety code" and "keeping important phone numbers" fell in the category of safety planning:

> I have a code word now that I can call up any of my co-workers… and they know if I ask them to bring over the vacuum cleaner that they're supposed to call the cops right away. Lisa, age 32

> I always had the police, the prosecutor's office, the sheriff's department, the local shelter number. Those were the numbers that I always have with me.
> Janice, age 22

During the line by line analysis, I also wrote memos. The memos were an integral part of the analysis; they helped me to clarify, confirm, and add new questions and probes to the already existing interview guide. Being self-reflective and reflexive in nature, they prompted and evolved the analysis. After the line-by-line coding, the next phase was focused coding.

During the data reduction and analysis phase, focused coding was done (Glaser, 1978). "Focused coding means to use the most significant and/or frequent earlier codes to sift through large amounts of data. It requires decisions about which initial codes make the most analytic sense to categorize the data incisively and completely" (Charmaz, 2006(a), p.57). An example of focused coding has been presented below regarding the categories of "Companion", "Father Figure", and "Protector' which were included with the category of "Decisions about Intimate Relationships" (see Appendix D for the entire coding process).

Decisions about Intimate Relationships

    Companion:

It's hard being a single parent and doing everything, getting everybody ready for church or like that, I kind of miss having an extra pair of hands to help out, and, I have to go to bed all by myself, it's just kind of overwhelming, no one to talk to or help vent- Lisa, age 32.

    Father Figure:

They [her children] think it's good that he's in their life and that they're getting that father male figure because before my oldest did not have any kind of male figure, and she didn't really go to males. She didn't like them, so they think it's good, whereas their learning both the children that they know what a family's supposed to be like. So, they like it - Tina, age 20.

    Protector:

That's when I had my boyfriend move in, at the time he wasn't my boyfriend. He was just C's (her older son's) dad. He moved in to protect us, you know, cause I was pregnant and I had our son there and he didn't want nothing to happen to us, and I didn't want nothing to happen to us, so I think if B (her more abusive partner) came and see that big Black dude, he wasn't gonna do nothing. Gail- age 32.

I moved from one interview to another and compared the experiences of the women. Comparing each interview, a focused code of "decisions about intimate relationships" was developed which encompassed three categories: Companion, Father Figure and Protector:

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│                                                         │
│          Decisions about intimate relationships         │
│                                                         │
│                                                         │
└─────────────────────────────────────────────────────────┘
        │                    │                    │
        ▼                    ▼                    ▼
┌───────────────┐    ┌───────────────┐    ┌───────────────┐
│               │    │               │    │   Protector   │
│   Companion   │    │    Father     │    │               │
│               │    │    Figure     │    │               │
│               │    │               │    │               │
└───────────────┘    └───────────────┘    └───────────────┘
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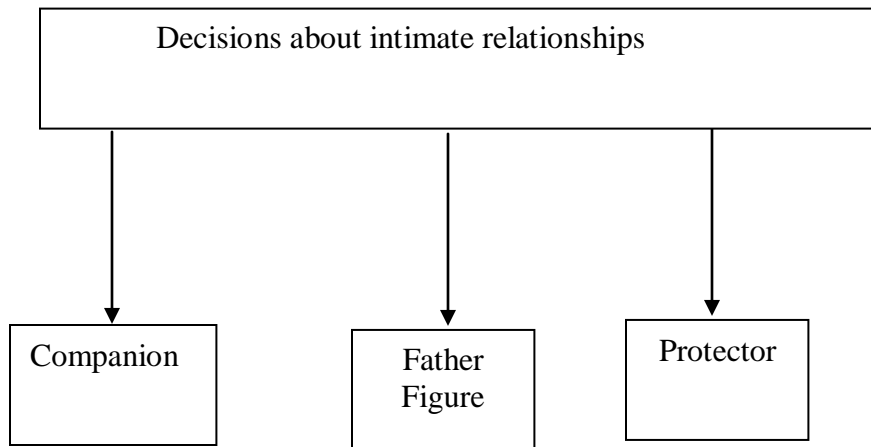
Theoretical memos were also written as a result of peer debriefings.   They were

constantly revised, sorted and compared as the theory streamlined (Morse & Richards,

2002). An example of a memo dated January 8, 2008:

> While checking the transcription and analyzing interview # 603 (Tarah), I realized
> that women use other men to come out of the violent relationship. This was from
> personal experience as I had seen friends doing it in their personal lives.
> However, the literature on IPV does not talk about it. I guess here was the theory
> on the role of partners shaping up in my mind. Tarah, 18, talked about 3 men
> whom she dated off and on. The way she mentioned set me to thinking and
> wanting to probe about the role of these men in her life, in the decisions that she
> took. Therefore, at the 3 months Interview of 603, I asked her what was her
> journey from D to H to T. Hence when I went out to do the 3-months interview
> with #603, I asked her this question.

In the data reconstruction and synthesis (i.e., Phase 4), the emerging themes were

defined and integrated into a theory. Theoretical/selective coding specifies the possible

relationships between the constructs developed in focused coding. "The substantive codes

may relate to each other as hypotheses to be integrated into a theory" (Glaser & Strauss,

1967, p.72). Theoretical codes give consistency to the analytical piece. In this

dissertation, "Protection of the Unborn Baby," "Sole Provider," and "Decisions about

Intimate Relationships" were the theoretical codes which established the relationships

between the different categories in regard to coping with intimate partner violence.

Interrelationships were established between these three major constructs:

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                    ┌─────────────────────────┐
                    │ Intimate Partner Violence │
                    └─────────────────────────┘
                                │
                                ▼
                    ┌─────────────────────────┐
                    │    Protection of the     │
                    │      Unborn Baby         │
                    └─────────────────────────┘
                   ╱                           ╲
                  ▼                             ▼
   ┌──────────────────────────┐      ┌──────────────────────────┐
   │ Decisions about Intimate │─────▶│      Sole Provider        │
   │      Relationships       │      │                           │
   └──────────────────────────┘      └──────────────────────────┘
```
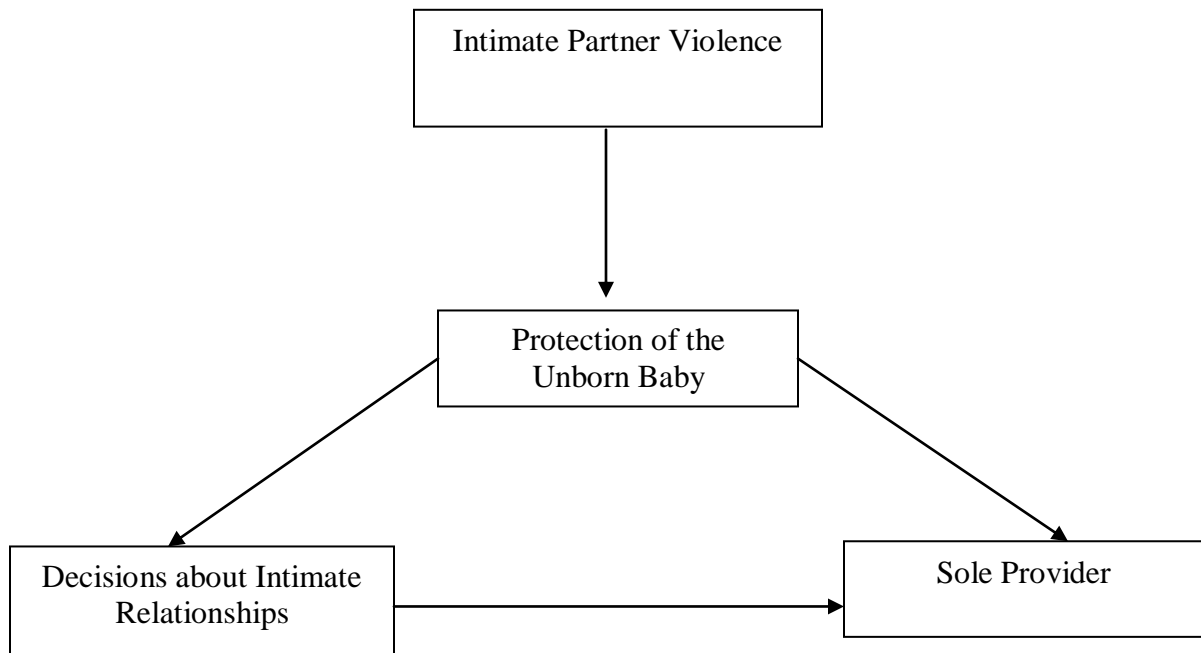
Methodological Rigor

The methodological rigor of the design was established by ensuring credibility,

transferability, dependability and confirmability of research as highlighted in Table 4:

Table 4

Procedures to Establish Methodological Rigor

	Methodological Rigor
Credibility	Transcript and audio-tape check
	Peer Debriefing
	Triangulation
	Follow up questions with participants
	Audit of data and procedures
	Member checking
Transferability	Theoretical Sampling
	Theoretical Sensitivity
	Maximizing Variation
	Audit of data and procedures
Dependability	Journaling, memos, post-interviews,
	Doctoral Committee meetings,
	Audit of data and procedures
Confirmability	Systematic processes and documentation
	Audits of data and procedures

Credibility

Credibility is the realistic portrayal by the researcher of the data during the analysis; it shows that the researcher's interpretations are truthful to the participant's experiences (Marshall & Rossma, 1995). Credibility is ensured through rigorous techniques and methods, credibility of the researcher, and belief in the value of qualitative inquiry (Patton, 1999). In this dissertation, credibility was ensured through triangulation, peer debriefing, member checking and negative case analysis (Lincoln & Gubba, 1985).

Triangulation

Triangulation can be done using multiple methods, sources, investigators and theories. For this study, data was examined from different points of view. It was achieved through asking participants follow-up questions in the three month, post-natal interview, the quantitative data on her history of violence, field notes and socio-demographic details. The tapes were listened to several times to detect any missing words and to ensure credibility of the transcripts. With the application of both qualitative and quantitative modes of data collection, it helped to build a context and complete the woman's story of the way she coped with her violence.

Member Checking

Member (i.e., participant) checking was done throughout the data collection process. The baseline interview was transcribed and re-checked by me before the three-month, post-natal interview. At the time of the three-month interview, questions from the baseline interview were clarified. If the woman had provided unclear or minimal information about an issue, it was probed further. Further summaries of findings were presented to the women and they were asked if that was an accurate reflection of their views. Women were considered experts in their situation and their responses were respected.

Peer Debriefing

A detailed description of the decisions made from peer debriefing is attached (see Appendix E). Peers included the nurses with whom I did data collection with and my dissertation committee members. I met Dr. Kim Anderson, who is the methodologist and

later became the chair of the committee regularly starting in November of 2007. Initially, meetings took place every four weeks, but from February 2008 on they happened every two to three weeks. (See detailed log that has been attached in Appendix C capturing the research process, findings and the methodological decisions made).

Negative Case Analysis

Negative case analysis ensures the elimination of all outliers and finding a perfect fit in the theory (Kidder, 1981). For example, Michelle, age 22, was a considered a negative case because her experiences were so different from the other participants. Even at the three month interview, she was still scared of her abuser who controlled her life from prison. In comparison, all the other women were either out of the abusive relationship or perceived they were in control of their lives. Consequently, Michelle's continued fear for her partner when the baby was three-months-old made her a negative case.

Transferability

Transferability refers to the extent to which the research findings can be applied to other contexts or to other respondents (Lincoln & Gubba, 1985). The thick description of the theory of coping by pregnant, rural, low-income women facing IPV can be applied either to the literature on coping or IPV. Thick descriptions of women's' experiences were maintained so that they could be later applied to other populations with similar experiences. Thus, this will enable other researchers to decide if the theory is relevant enough to apply to other groups of women facing IPV; it will also build grounds for further research.

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The sampling criteria also helps in transferability, due to the wide range of perspectives from women being asked about their coping skills. Purposive sampling helps in providing rich, detailed descriptions and in capturing unique variations. Through maximum variation, multiple realties of women's lives were uncovered. As mentioned in the sampling criteria, purposive and theoretical sampling made it possible to gather a range of perspectives of rural, low-income, pregnant women dealing with IPV in their lives. The sampling criteria also generated maximum variation in regards to demographics and types of abuse.

Dependability

Dependability of the study ensures that similar findings would emerge if the inquiry was replicated with the same or similar subjects. It also accommodates the changing conditions of the qualitative study (Lincoln & Gubba, 1985). The changes in the research design are documented in the methodological log (see Appendix C). Dependability was established through an audit trail, which is established on the principles of a fiscal audit. The audit trail is the detailed organization of every aspect of the study. In the present study, the dissertation chair, who was also the methodologist, served as the auditor. An audit trail helped to establish dependability and confirmability.

Confirmability

Confirmability refers to tracing the researcher's conclusions back to the original data sources (Lincoln & Gubba, 1985). In this dissertation it can be achieved through accessibility to the audio-tapes, field notes and transcripts. Using a field journal, I recorded the changes in methodological decisions, discussions and rationale behind them

(see Appendix C). All reflexive journals recording information on self, methodology and

daily activities was available to the auditor to establish confirmability. Thus, the field

journal helped to establish all four areas needed for methodological rigor.

CHAPTER 4: FINDINGS

This study was guided by an interest in inquiry that focused on *how* rural, low-income, pregnant women (N=20) cope with intimate partner violence during pregnancy until three months post-natal. Initially, to develop the theory on coping, the Intimate Partner Violence Strategies Index (Goodman, et al., 2003) was used as a context to understand the strategies women used to keep themselves safe, resist the violence, pacify the abuser and access formal and informal sources of support. However, as the data was collected and analyzed further, a theory on coping was developed that went beyond an accounting of safety strategies. Additionally, coping encompassed the constructs of "protecting the unborn (fetus) baby", "being a sole provider" and "decisions about intimate relationships."

This chapter begins with presenting a contextual understanding of participants' coping with intimate partner violence during pregnancy and the post-natal period. Women did not use the word "cope" until they were specifically asked about it. Although participants did not use the word "coping" to define their experiences, all participants discussed how, in their intimate words, they dealt with their abusive situations. The most important construct--the urge to "protect the unborn baby"--helped the women in this study to cope with the violence in their lives (during pregnancy to three months post-natal). It drove the decisions about their intimate relationships as well as providing for their children (see Figure 1 "Model on Coping

with IPV"). Women attained the safety of the fetus by using different strategies of resisting violence, pacifying the abuser, safety planning and accessing formal and informal support networks.
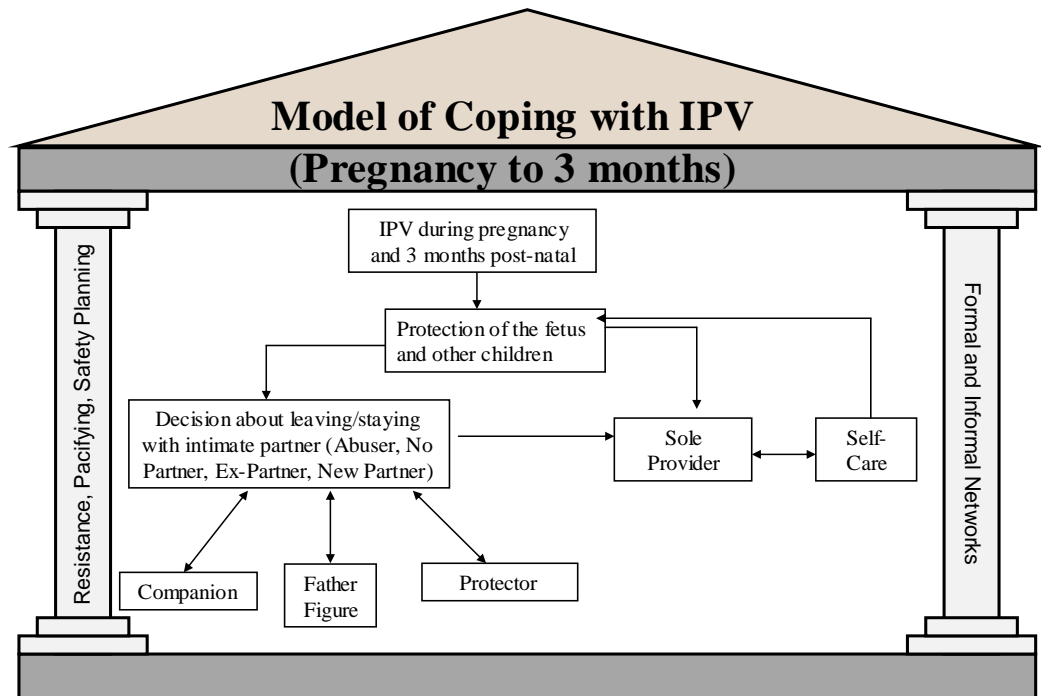
Figure 1. Model on Coping from IPV from Pregnancy to Three Months Post-natal by Rural, Low-income Women.

Examples drawn from participants' interviews are presented for each construct to better understand the coping process for women in an abusive situation. A model has been developed with pillars (see Figure 1) representing "strategies of safety" similar to the coping strategies proposed by Goodman and colleagues (2003). Within this structure are the key constructs of "protection of the unborn fetus", "sole provider", and

"decisions about intimate relationships" that emerged from the data. The experiences of participants are been included through quotes and examples. The code categories, their properties and their interconnections are explained in detail in this chapter. *Brief*

Overview of Theoretical Constructs

The major constructs including "protection of the unborn fetus", "decisions about intimate relationships", "sole provider" and "strategies for safety" (the pillars in Figure 1) are first introduced briefly to provide an overview of the findings beginning with IPV during pregnancy and three months post-natal.

IPV during pregnancy and three months post-natal

Table 5 titled, "Description and Timing of IPV with Regard to Pregnancy" explains in detail the type of violence each woman faced and when it occurred (i.e., before or during their pregnancy).

Table 5

Description and Timing of IPV with Regard to Pregnancy

Pseudonyms	Type of Violence	Timing of Violence
Lorraine	Sexual, Emotional, Physical	Year before pregnancy
Michelle	Sexual, Emotional, Physical	During pregnancy
Janice	Sexual, Emotional, Physical	During pregnancy
Jane	Physical, Emotional	During pregnancy
Angel	Physical, Emotional	Year before pregnancy
Gail	Sexual, Emotional, Physical	During pregnancy
Susan	Sexual, Emotional, Physical	During pregnancy
Azmera	Sexual, Emotional, Physical	During pregnancy
Rachael	Sexual, Emotional, Physical	Year before pregnancy
Tarah	Physical, Emotional	Year before pregnancy
Shanice	Sexual, Emotional, Physical	During pregnancy
Diamond	Physical, Emotional	Year before pregnancy
Nakisha	Sexual, Emotional, Physical	During pregnancy
Tina	Sexual, Emotional	Year before pregnancy
Caroline	Sexual, Emotional, Physical	During pregnancy
Lisa	Sexual, Emotional, Physical	During pregnancy
Sally	Physical, Emotional	During pregnancy
Courtney	Physical, Emotional	Year before pregnancy
Monica	Emotional	Year before pregnancy
Betty	Physical, Emotional	During pregnancy

In summary, eleven women in this study experienced physical, emotional and sexual violence while seven women experienced physical and emotional violence. One woman experienced emotional violence only and one woman experienced emotional and sexual violence. With regard to the timing of violence, twelve women experienced violence during pregnancy and eight women experienced it in the year before their pregnancy. All 20 women went through at least one type of violence or a combination of

each: physical, emotional and sexual violence. The following case history is an exemplar of all the women in this study.

Nakisha, age 22, five months pregnant, lived with her abusive partner who was also the father of her baby. She was abused physically, emotionally and sexually even before her pregnancy. She left her abusive partner in the middle of the night, as she realized that the abuse was affecting the baby in her womb. The urge to protect the unborn fetus led her to leave the abusive relationship. She sought temporary accommodation at the local shelter who later helped her with permanent housing. She then decided to date an ex-partner who was the father figure for her three month old infant. She was in search of a job to be able to provide for her baby when her infant was three months old. This is the story of one of the 20 women in this study. The stories of other women are somewhat similar to the one narrated above.

The following quotes highlight the context, particularly the severity of violence that women faced. As Caroline, age 24, reported about the sexual violence she endured from her abusive partner: "He back-handed me off the bed one night and split both my lips all the way across, and then forced me to have oral sex with him 'cause he was mad about something. I don't even know what, but, oral sex was forced a few times, but that's it."

And, Lisa, age 32, stated about the physical violence:

> After he had broke my nose, you'd think that would have been the worst one, but he was mad at, I can't even remember. He came home mad and he started hitting my nose repeatedly again because he knew that that was the most painful thing 'cause it was broken, and he choked me until I passed out; and he ripped the door off the entertainment center and hit me with it, and just things like that. And I actually ran outside and tried to

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flag down a car for help, or first I grabbed the phone to call the police and he ripped the phone cord out of the wall. And then I ran outside to flag down a car and asked them [for help]. They said they didn't want to be involved. So, it was just scary.

Tina, age 20, stated about the emotional abuse she endured:

> He always would, all of our fights ended up hurting me emotionally and kind of mentally because of the things he would say. He would, you know, he would say things like, you know, I was ugly, I was fat, I was this, I was that. I don't remember all the things he said. He just, just the words were enough that it hurt me that way. Like I said, never physically. Just mentally and emotionally was how he hurt me, because he knew that was all it took, 'cause I get emotional easy. And so he knew that's all he'd have to do was just do that, and I'd be hurt. He didn't have to hit me. He didn't have to do nothing else. He just had to say one thing and I'd be done for. And so, he hurt me with words.

Jane, age 24, miscarried her triplets because of the physical violence:

> …I actually got pregnant from him and everything. We were actually going to have three, and that's so sad, you know, we were going to have triplets and everything, because it runs in my family. Everything was great, he started acting funny, well he was trying to get temper with me and everything, one day he wanted money, and I didn't have any and he choked me, and everything and you know, we split up little bit, he is like, he came back, he was much better, much better, I want our babies, I want our family. I didn't know what was going on. One night at the *** (place of work), he was like waiting for me there. And he threw me against the wall, hit me in my stomach really hard, was choking me, and then get got a knife out, my friend J (co-worker) came ….. And he actually stopped him, he was wanting more money, it turned out that he was on crack….I started bleeding, I had to go to the hospital, and I had a miscarriage, and it is actually in court right now, papers and everything, he has been charged, I think it's called first degree murder, or attempt to murder or whatever, he is in jail for it.

Protection of the unborn fetus

The major construct to develop from the findings was "protection of the unborn baby" (see Figure1 titled, "Model of Coping with IPV"). The urge for protection of the fetus helped women during pregnancy and at three months post-natal to make decisions

regarding leaving or staying in the abusive relationship. Additionally, the need to protect the unborn fetus heightened the importance of relationships with their other children too. It influenced all decisions in women's lives and was the crystallizing event for most that chose to leave the abusive relationship. For instance, Lisa, age 32, stated when asked about the role of her unborn baby in regard to her decisions:

> I mean, being pregnant was what made me be strong enough to send him (abuser) away because…. if he was violent towards me I could lose the baby, and so that's what kept him away, and now that she, you know, I don't want him to hurt her so I'm stronger because of it. She made me stronger.

Decisions about intimate relationships

The unborn baby created a heightened awareness that they needed to keep themselves safe for their unborn baby and for their other children. The decision about an intimate relationship, such as staying or leaving the abuser or having a new intimate relationship, was always made with the safety of the unborn fetus in mind. However, some of them still yearned for the abuser (in most cases he was the father of the baby) to be a father figure in their child's life, even though they did not look at him as their partner. The women who did not end up separating from their abusers stated the need for a father figure as an important reason for not leaving. For women who dated an ex-partner or a new partner, he became the father figure for their children even if he was not the biological father. Those women without a partner expressed loneliness and frustration of dealing with their children single handedly and hence the need for a companion. Some women in this study also ended up with a partner for protection from the more abusive partner. Thus, three issues related to the decision about intimate relationships was a need

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for a companion, for a father figure and/or for a protector which in turn was driven by the urge to protect the unborn fetus.

Sole provider

Due to the realization of the danger to the unborn fetus and hence the need to protect it, women in this study felt they needed to be the sole providers for their unborn baby. The construct of sole provider was a consequence of the women's decision to leave or stay in the relationship (see Figure 1).

Self-care

As most of the women in this study had ended the abusive relationship and were, therefore, not living with the abuser, they realized that the ultimate responsibility of caring for their children was up to them. In order to be the sole providers for their children, they needed to take care of themselves emotionally and physically. Thus, being sole providers and taking care of themselves enabled them to protect the unborn fetus.

IPV strategies

Women used the strategies of safety planning, resisting, pacifying and formal and informal support to protect their unborn fetus and their other children from abuse.

In-depth Overview of Theoretical Constructs

Each of the aforementioned constructs is explained in greater detail as well as highlighting their interrelationships. The women in this study desired a better future for their children and focused on developing themselves (for example, gaining employment) in order to provide for their children. They looked at their unborn baby as a ray of hope

for improving their lives. All this was done by the participants in order to survive the abuse and persevere in their lives on behalf of their children.

Protecting the unborn baby

Initially, the apprehension of the intimate relationship, fear of being pregnant at a young age or out-of-wedlock led some of the women to have negative feelings towards the child in the womb and many had difficulty accepting the pregnancy. However, their feelings changed over time as they became more connected with their pregnancy and the unborn child. The first kick of the baby and/or ultrasounds helped participants to have positive thoughts towards the pregnancy and the unborn fetus. For some, the gender of the baby also made a difference such as participants who already had boys and were happy to know it was a girl. This was especially true if they felt a "bad boy" would remind them of the abuser. The following quote from Gail, age 25, highlights how her feelings changed during pregnancy and, consequently, toward her newborn baby:

> He is a surprise. He's everything positive that was negative in our relationship. He's a gift, basically. B (the abuser and father of the baby) treated me like crap when he was drunk, but he gave me a gift at the end. This little boy is my everything and my other little boy is my everything. Without them, I'm nothing. These kids are my whole life. His dad and the way he is apparently for a reason, but I don't regret J (the baby) at all. At the beginning I did. I didn't know if I wanted him because of his dad. I look at him everyday, knowing he looks like his dad, but it's not his fault. He didn't do nothing. He loves me. He laughs. He's just everything.

Participants gained a strong desire to protect the unborn fetus and that motivation was the starting point of their making life decisions in favor of the unborn baby rather than waiting to make a life change (i.e., leaving the abuser) until the birth of the child. The unborn and later the newborn baby became the sole criteria for making the decision

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of ending the abusive relationship or entering into a new (less or non-abusive) one. (This is explained in detail in the next section on intimate relationships). The majority of the women ended the relationship completely with the abusive partner because they feared harm to the unborn baby. The others also left or were separated from the batterer during pregnancy but ended up returning to those abusive relationships. In the following quote, Nakisha, age 22, said that she decided to leave her abuser when she realized that the abuse would hurt her unborn baby and cause her to possibly miscarry: "We were fighting and he was shoving me, to the point where I couldn't breathe, and I just got so scared. I'm like 'My God, you know, I don't want to lose this baby, but I don't want to die either'; I just couldn't take it anymore."

With the unborn baby, the importance of safety for other children in the family also increased. This was shown in the form of participants making decisions for the safety of all their children, with the most important one being leaving the abusive relationship. Lisa, age 32, reported:

> I'd probably be with him if I didn't have kids, 'cause I mean, in my first abusive situation that was 14 years ago, you know, the only reason I left the relationship, he put me in the hospital twice, and the only reason I left is when he hit my son the first time, and I took off that day, you know. So I mean it was the kids that kept me going. If it weren't for the kids I'd probably still be there, in a situation like that. I wasn't strong enough to leave for myself. And this one, I mean, this guy would choke me until I passed out. I mean, I could have died at any one of those times, so I'm just fortunate that I didn't. So, when I found out I was pregnant I left because I knew that, you know, he'd strangle me he'd cut off her [unborn baby] air. And I would do things for my children that I wouldn't do for myself, I guess, I don't know. It's sad 'cause I should have just as much love for myself as I do for my kids. I know that, but it's just not there yet.

As shown from Lisa's quote, women's lives in this study revolved around the attachment and connection with their children. These women believed they needed to care and nurture the relationships in their lives. The threat of losing the intimate partner relationship was viewed often as a loss of self; consequently, women turned toward establishing a stronger affiliation and connection with the unborn fetus. They looked at the unborn baby as well as their other children as a way to cope with their sense of loss of personal identity. Several women in this study were abused as children or had abusive partners during their adolescence years which led them to confuse identity and intimacy with violence. Consequently, as they entered into adulthood they were vulnerable to abusive relationships. The stage of their life when most adolescents start developing an identity of their own, they became intimate with a (often abusive) partner. In fact, some participants entered into an abusive situation with an intimate partner as early as age sixteen.

The crisis of abuse is paramount and protection of the unborn baby not only helped them to make decisions about getting out of it but also to recover from it. Women reconstructed a sense of self and regained a sense of identity by taking care of the unborn and eventually newborn baby. A significant way of redefining themselves was taking on the role of "provider" for their children (see Figure 1). They started searching for employment or, in the case of those who were already working consciously did it to provide for their children.

The decision to leave or continue in an intimate relationship and being the sole providers for their children was motivated by protecting the unborn fetus. Susan, age 27, states:

> I just think that pregnancy made me make a decision that it's beyond what I want and what I feel is best. I have to make a decision for what's best for the baby, not for me, and not for my family, and not for my marriage. What's best for my baby.

All participants left or were separated from their abusers at some point during their pregnancy. Seventeen of the women in this study left their abusive partners permanently. Of these 17, at the follow-up interview (i.e., when their baby was three months old) eleven were not in an intimate relationship and six of them were dating somebody other than the abuser.

Decision about leaving/staying or starting a new intimate relationship

The women were eligible to participate in this study if they had experienced abuse anytime from the year before they were pregnant and up until 31 weeks of the present pregnancy. Most of the women were enrolled in the research study when they were out of the abusive relationship or had minimal violence in their lives. With most of the women being out of an abusive relationship, women in this study tried to break free from the relationship rather than integrating abuse into their lives.

All the women in this study went through being trapped in the abusive relationship and tolerating it when the abuse first began in their lives. They ignored the signals of abuse as they thought that their relationship would improve. So they worked hard to make the relationship work. Women, thus progressed from ignoring the problems to consciously neglecting them as they did not want to address it. They wanted to believe

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their partners when they told them that they would not repeat the abuse. Some women

also blamed themselves for the abuse feeling that they were bound to the partner due to

marital vows. Dependence on the abuser was so paramount that they thought there was

nobody else to turn to for help. So, the women protected the abuser and tried to cover up

his actions by not telling anyone about it. Simultaneously, came the feelings of

worthlessness and hopelessness and the belief that neither could they live nor could they

leave the relationship. As Azmera, age 23, said after an abusive episode, "I thought we

was gonna die. (crying)… I…I….I thought he was really gonna kill us. I mean not just

only me, my daughter, his unborn child and my sister, but himself. I mean, all of us

would have been dead."

Betty, age 24, reports when she realized that her life would not be "perfect":

> Well, it's [the violence] always been here since the day we were engaged,
> the day I got pregnant 'til the day we got married 'til now. I mean, it's
> always happened, you just put it off. You try to make everybody believe
> like everything's okay. You want to paint this pretty picture of this white
> picket fence that you live in and, you know, you've got 2.5 kids and a nice
> vehicle in the driveway. You live in a nice home, and things just don't
> work out that way. It's not that American life. We all have spits and
> spats; we have problems. So, that's what we deal with.

Both Betty and her partner went for classes with their pastor to work on the relationship:

> We went through some classes, another marriage counseling class. It's
> been a little bit better. It used to be a lot of swearing and, never around
> my six-year old. Nothing would ever happen around my six-year old. It
> used to become violent. I used to hit him (the abuser). He only hit me a
> couple times. And, of course, in self-defense I hit back. So I mean we
> went to some classes with our pastor, and we got ourselves enrolled in
> church. But it still takes time. I mean, we still have our spits and spatters,
> but it's more now that he'll just walk away. He'll just get up and leave,
> and I'd rather for him to get up and leave than to either put his hands on
> me or put holes in our walls; so… I'd rather… if I get that angry then I can

…, or at least go in a separate room 'til I calm down. But we try not to fight around my kids, well, our kids.

The majority of the women in this study did not continue being trapped in an abusive relationship because they eventually left the abuser. The reason for not continuing with the abuser was because they realized that they needed to protect the life inside them.   In this study (n=17) the majority of women left the abuser and moved towards recovery from the abuse. See Figure 2, entitled, "Status of Intimate Relationships at Three Months Post-natal. Eleven did not have an intimate partner at the three-month interview. Six women were in relationships with an ex-partner (n=4) or a new partner (n=2). The remaining (n=3) women although they had decided during pregnancy to leave the abuser and had made attempts to do so, were back in a relationship with them at the three-month interview. Out of these three, Sally's partner was in the prison during most of her pregnancy and at three months post-natal. Her abuser promised to be non-abusive when he would be released from the prison.
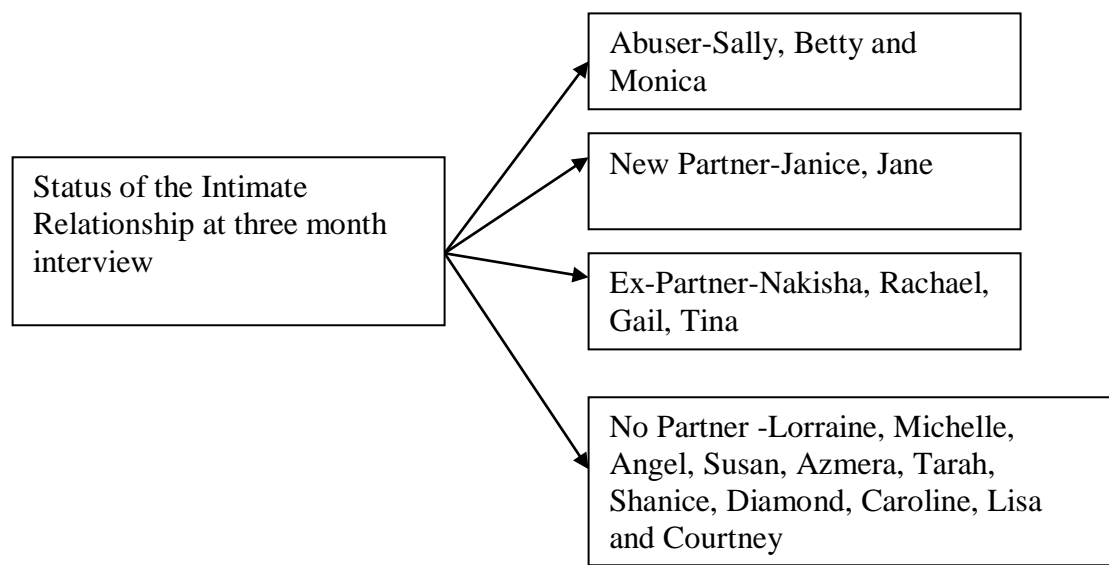
Figure 2: Status of Intimate Relationships at Three Months Post-natal

All the women in this study strategized for safety of themselves and their children by safety planning, resisting the abuse, pacifying the abuser and accessing formal and informal support networks (the pillars in Figure 1). They viewed themselves as the sole provider for their children immaterial of having an intimate partner. Some women even used an intimate partner for theirs and the children's safety.

The participants had mixed feelings between seeking help to leave the abuser or to improving the relationship. As they began to identify with other abused women, the realization of their abuse became more significant. They began to realize that even with the unborn baby in their life there often was no change from their abusive partner. Gail, age 25, said, "Oh. Yeah, you gotta live for your kids. You can't sit here and live, you know, if I was living by myself I probably, I'd still be with B (the abuser and father of the

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baby). But if I want to live with my kids then my kids need the best, they deserve the best, so I gotta give them what I can."

Women had mixed feelings of anger and fear towards the abusive partner. Some women used this anger and the fear of losing the unborn child towards moving out of the relationship. They actively sought help from family, friends, church, shelter, and police even if they had been turned down from these sources in the past. With the baby in the womb, the women thought it was imperative to leave the abusive relationship for safety. Nakisha, age 22, talked about her positive experience of contacting a domestic violence shelter:

> At the best I could describe it, it was so unreal, you know, the way they [the shelter] just offered to help like that and you know, it was just unreal. It's like it was hard for me to believe that people can just be that nice to you for no reason, (laughs), it was crazy (laughs). I just didn't believe it for a long time. You know, it was so hard for me to sleep the first 2 nights. I got there, it was like, ok, they are going to kick me out I don't want to get out of the bed because they are going to put me out. I was like, 'Oh my God, what if they ask me to leave today or I will have nowhere to go, I'm pregnant', I was worried a lot….(laughs). Obviously, I don't know how I did it, but they are really good at what they do. (laughs). Because I was terrified, I did not want to go outside but little by little they talk to you, and help you to understand more and they are like ok, well, I am going here do you want to go here with me. You know, we are going in the car, it is going to be okay, I am going to be with you, we have got a cell phone, you know, so if anything happens, we can call 911, so at first it was always somebody with me and I like would never catch the bus, or never walk. As far as I would walk was to the car and to the front door, they just helped me cope little *by* little…. The women that work there in the shelter and the counselor.

Participants realized that there was an increase in the intensification of the problem and it was futile to try to reconcile dreams with reality; hence, they thought about ending the relationship. When asked from the researcher about what went through

her mind about the relationship with her abusive partner, Diamond, age 22, stated "It was regret. I wish I would never have dated him."

Finally after leaving the abusive partner, women worked towards looking for other options. The focus changed from surviving abuse to taking care of their unborn and eventually newborn child. As Lisa, age 32, said in the three month interview, "I have kids to take care of, I just have to. I have kids to take care of, so you just have to get up and cope with it and move on." The thoughts of basic needs and shelter then took priority as they now had a child on the way.

The women who did not go back to the abuser (n=17) searched for meaning in their life to strengthen themselves. They eventually did not hold themselves responsible for the abuse. With the baby either on the way or in their arms, they were worried about the safety and well-being of their baby. However, three women (Sally, Monica and Betty) who had separated from their abusive partners were back with them at the three-month-interview. They decided to stay in the abusive relationship for reasons well documented in the literature: hoping that the abusive situation would change, wanting to make the relationship/marriage work and providing a two-parent home for their children. They focused on the positive aspects of the relationship. They also expressed the fear and frustration of doing things single handedly as one of the reasons for reconciling with the abuser. They were continuously pulled between the pleas of the abuser and their own needs concerning their children. Betty, age 24, said how her husband pleaded with her and she took him back in her life:

> We separated for about a week, a little bit before Christmas, you know. It was just a lot better, you know, very, very hard for me. Very, very hard. I had to find

babysitters and pay them and whatever. It was very, very hard. So that's one reason he's back is the fact that … 'cause he's not doing the same thing as what he used to do. So, until, if he goes back, fine. Yeah, he sat on my doorstep for like hours, and hours, and hours, and hours. I wouldn't answer the door. He kept calling me on the phone, cell phone. 'Would you please come open the door?' No, go away. Don't need you here. …. He straightened himself up.

Father Figure

One of the strongest reasons for Monica, Betty, and Sally to remain with the

abusers was that they were the fathers of their children. Betty goes on to say:

> When you have a child come up to you and ask you why your daddy don't love you …it tears you apart. What are you gonna say? And I have to tell my daughter in there all the time, 'Your daddy does love you. He just made some wrong decisions. [Daughter asks] 'Why don't he want to see me? Why don't he want anything to do with me?' [Betty's response] He's busy. He's in Iraq. He's fighting for our freedom. (Father of her oldest daughter does not have contact with her.) I have to give her some lame excuse because he doesn't want to be around. There's no reason he can't come see his child. Not one reason. You know, it's not like he pays much in child support. You know, he's supposed to be paying me seven hundred and something dollars a month in child support and her medical insurance. He only pays two hundred dollars a month. And that's just so he does have money to come see his kid. I'd even pay for his plane ticket to come out here, and he still won't come. And being a mom, it just destroys you. You don't want your kids to ask you where their daddy is. When they have school days and it's "Donuts with Dad", I have to be her dad. I have to be her mom and her dad. She didn't ask to be brought in this world. We put her here as a lack of responsibility. Not her choice and it shouldn't be her punishment either. And I didn't want this experience with another child. And in some ways, it's better just to have one person that loves you, that can show you just a lot of love. I just didn't want to be alone again. I didn't want to be in the labor room by myself. I didn't want to, I just, I don't know. Kids are a very beautiful experience, and to know that you created something so loveable and cute, sometimes annoying. They yours, and nobody's gonna take them away 'cause they'll always be yours. And it doesn't matter how much your children get mad at you, they will never stop loving you.

Thus, in the above quote Betty states that she had gone through bringing up her

oldest daughter without a father figure, so she did not want to repeat the same with her

unborn child. Monica's reason for not leaving the abusive partner was her fear of him

neglecting her daughters because her partner preferred a male child (the gender of the

unborn child). She said at the three month interview:

> If me and A (her abusive partner) were to break up, how he would treat the girls
> after we were split up? If he would still be a good dad or not. That's my main
> fear, because most dads just be like, not deal with their kids if they're not with
> their mother, so. That's one of my fears. That's pretty much one of the main
> reasons why I stay with him so that he won't, because when I first broke up with
> him the first time, he didn't want to see her for like two weeks; and, I don't know,
> it just pissed me off. So, I don't know. I don't know if that's the reason why I
> got back with him or not, but that's one of the reasons why I won't break up with
> him now, cause I don't want him to be a deadbeat dad. I want him to be a good
> dad, and he is as long as he stays with me.

The urge to protect the unborn fetus influenced the women's decision about

intimate relationships along with their desire for a father figure in their children's lives.

Figure 3 titled, "Division of Women on the Basis of Having A Father Figure for

Their Children," describes the status of the intimate relationships of the women in this

study:

| 3 | Ex-Partner as father figure (n = 4) | → | Nakisha, Gail, Rachael and Tina |

| 4 | No Contact with the Father of the Baby (FOB) (n = 12) | → | Caroline, Lorraine – FOB not abuser and not interested.

Lisa, Shanice, Susan, Gail, Michelle, Janice, Tarah, Jane, Azmera, Angel-FOB abuser and women not interested |
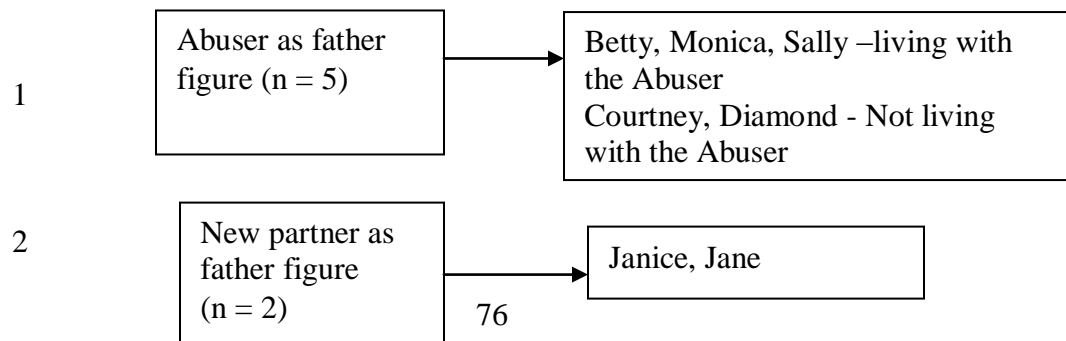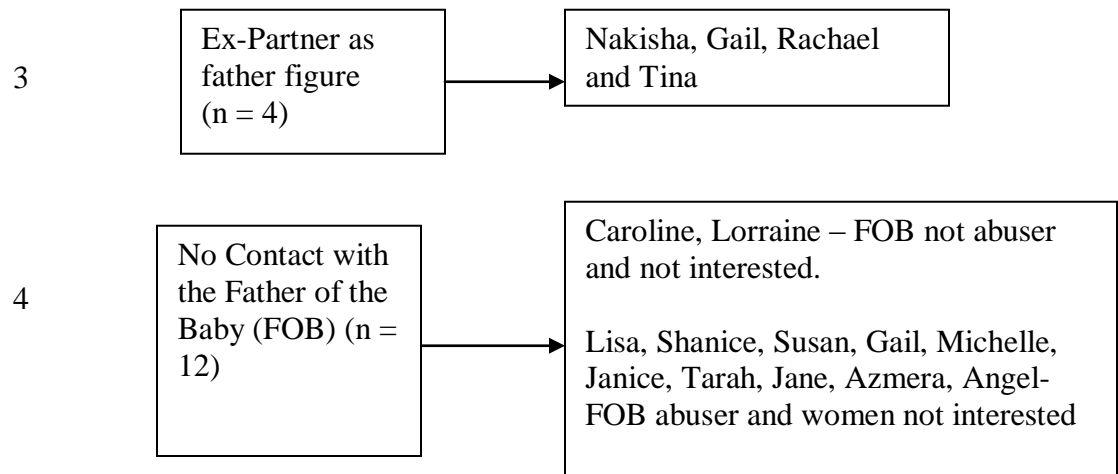
Figure 3. Division of Women on the Basis of Having A Father Figure for Their Children

In comparison to Figure 2, there are some changes in Figure 3 when women look at having a father figure for their children. Even though Courtney and Diamond (see box 1, Figure 3) did not consider their abusers as intimate partners, they still maintained the desire for them to be a father figure for their children. As Courtney, age 16, said in the following quote:

> Well, for me, 'cause like D (her abusive partner) he grew up without a dad, and like granted that D has done a lot to me…D hasn't seen him [their baby] for nothing. He didn't want nothing to do with him; therefore, I'm not gonna let him have nothing to do with him; but I personally think that J (her baby) needs his dad, but it's his decision to want his dad, to where if D does something to him later on when he remembers and J (her baby) doesn't want nothing to do with him, that's his decision. I'm not gonna sit there and tell him 'Oh, your dad's such, your dad is worthless, he's a deadbeat.' I'm not gonna sit there and just tell him all the negative things about his dad and make him hate his dad for what has happened to me.

Diamond, age 22, looked at her partner as a friend, "Probably friends, but no relationship. No dating....Just see the kids, basically. We have to get along for him to

come see the kids, and that's all I can do just get along with him until he see the kids and he go his way and I go my way."

Six women considered the new or the ex-partner as a father figure (who were not the FOB) (see Figure 3). As highlighted in Nakisha's, age 22, quote about her infant daughter:

> She loves him (her ex-partner who is her present partner) to death. He's crazy about her, and because they're so close, you know, we do agree that if it doesn't work out, you know, don't leave out of her life because she's crazy about him. Even though she's young, you know, he's such a good person to be around that he would be a good influence on her life even if we're not together.

Tina, age 20, reconciled with her ex-partner and was happy as there was now a father figure for both her daughters:

> They think it's good that he's in their life and that they're getting that father male figure because before my oldest did not have any kind of a male figure, and she was, she didn't really go to males. She didn't like them, so they think it's good, whereas the learning both the children and that they know what a family's supposed to be like. So, they like it.

Gail, age, 25, reported that she got together with her ex-partner as he was the father of her oldest child:

> When he moved in with me after B (abuser) moved out, he told me he'd change, whatever, and I wanted to make it to work for our son 'cause C (their son) I had to chase R (her ex-partner) down to have him see his son. So I thought, you know, he should be a part of C's life. So that's why we got back together…. It wasn't sex, cause you know, that was horrible to begin with. It wasn't that. I still loved him. I had feelings for him. He makes me laugh. He makes me happy, most of the time.

For the majority of the women (N = 17) the father of their baby was also their abuser. In two cases (see box 4, Figure 3) the father of the baby was not an intimate

partner, but a friend of theirs. In spite of not having an intimate relationship, Lorraine, age 22, was devastated at the three-month-interview when the father of the baby left her:

> I tried to talk to him about being upset because I'm up here alone, um, trying to do this by myself, and it's like, he doesn't understand. He has no idea at all what it's like, and, you know, I wanted us, I wanted him to have a relationship with his dad, but he just doesn't want to come around. He doesn't want to come up here. He wants me to drive three and a half hours so he can see him.

In Caroline's case the baby's father was also a friend and he ended up not wanting any contact with her or the baby. Ten (50%) of the women did not want to have any contact with the father of their baby (who was also the index abuser) as they feared harm from him (Lisa, Shanice, Susan, Gail, Michelle, Janice, Tarah, Jane, Azmera and Angel). Lisa, age 32, was ambivalent about the abuser being a father figure for her children:

> It hurts, but I'm used to it now. So, I mean, I don't want him back. I would like him to be a father for her because I believe she needs a father, but I mean, the way he is I know he is not an appropriate father figure. She's better off without him at this stage, 'cause I don't want him to harm her at all.

In the quote below, Shanice age 24, says:

> I really don't even want him (abuser and father of the baby) to have visitation with my son, but I know that wouldn't be right for my son, though. But if he did, I'd want it to be supervised visits, not by himself. I'm not scared of him. I'm scared of what he might try to do…I just, I don't want him with my son by himself 'cause I'm scared he might try to take off with him. So that's why I want the supervised visits if it has to come down to it.

Susan, age 27, on being asked about her ex-husband, who was the abuser and the father of her two children, on having any future contact with him:

> Well, no, we're definitely not going to get back together. I have made that decision... Divorce is something I've tried to do, but I've also tried to get him to agree so that it doesn't cost so much money, 'cause at

this point he contests it. He won't just agree on separation of property and children, and so it makes it a little more difficult so that's why it's taking so long; but at some point, we are going to get a divorce. Hopefully, he'll just agree so that we can do that.

Tarah, age 18, was recruited in the study because of abuse from her former partner and she thought that her current partner (who was not abusive) was the father of the baby. However, she later discovered (revealed at the six month interview) that her current partner was not the father of the baby; instead, it was her former abusive partner. She had since broken up with the most recent partner as he had been abusive towards her after the break-up when the baby was three months old. She finally did not have contact with any of her partners and was fine with bringing up the baby on her own.

Azmera, age 23, on being asked by her sisters if she would let her daughter meet the father of the baby, said that she would never allow him it: "I'm like 'Never'. I'm like, you know, he's gonna have to go through the courts for that. And I just might not let him see her then, you know?"

Companion

In addition to assuming the role of the provider, women also shared feeling lonely and frustrated in being a single mother. The fears of being alone in the labor room, being a single mom and raising an "illegitimate" child, and answering the questions about the father when the child grows up, were concerns expressed by the participants. Even the women who were no longer with their abusive partners remembered the good moments spent with them like cooking together, dancing, and having somebody to talk to as highlighted in Caroline's, age 24, quote, " We had our good moments. We did have our

good moments…Dancing in the driveway, laying up at night talking, cooking dinner together, just little things, you know. But we definitely had our bad moments."

Feeling lonely and a need for a companion was another reason for women like Betty and Monica to not leave their abusers.   On asking Monica, age 24, the reason for not leaving the abuser, "Because I always want to be with somebody I guess I am afraid to be alone. I don't know. I don't like being alone with myself at all."

Even the women who left their abusers mentioned feeling lonely without a partner. Lisa, age 32, missed both having an extra pair of hands to help her with her children and not having an intimate relationship:

> It's hard being a single parent and doing everything, getting everybody
> ready for church or like that, I kind of miss having an extra pair of hands
> to help out, and then just, I have to go to bed all by myself, it's just kind of
> overwhelming, no one to talk to or help vent.

The father of Lorraine's baby's moved to a different state (and no longer kept in contact) stated:

> I'm a single mom, (laughs, pause) uh, it's more stressful now but other
> than that, I mean, (pause) yeah, it's a big difference from being just
> pregnant to taking care of him, but I mean, I've transitioned into it very
> well, so, I mean, it's definitely a change, but, I mean, I've still got to work
> and everything….Um, I'm doing this on my own (crying). But, it's just
> really hard (continues to cry) to do this by myself because I didn't think
> before I had him that I was going to be by myself. I didn't think he, I
> didn't know he was going to move or anything like that, and, really, it's
> really lonely. I'm really, really, lonely.

Protector

Some women in this study used the new or ex-partner against the more abusive partner for protection. The protection was for themselves as well their children, especially the unborn fetus. In the following two quotes, Gail and Monica talk about their partner

moving in with them for protection. Gail, age 25, said that her ex-boyfriend (father of her

six-year-old son) moved in with her for protection from the present abusive partner:

> That's when I had my boyfriend move in; at the time he wasn't my
> boyfriend. He was just C's (her older son's) dad. He moved in to protect
> us, you know, cause I was pregnant and I had our son there and he didn't
> want nothing to happen to us, and I didn't want nothing to happen to us, so
> I think if B (her more abusive partner) came and see that big Black dude,
> he wasn't gonna do nothing. He'd you know, start cussing and walk
> away.

Monica, age 24, said in the baseline interview that she went back to her

emotionally abusive ex-partner (i.e., A) as the other partner that she was dating (i.e., B)

had become physically abusive towards her. For safety from the new partner (B) who had

turned abusive, she asked her old partner (A) to live with her. Her ex-partner who came

to live with her was the father of her three kids.

> A (emotionally abusive ex-partner) helped me with B because before the
> judge had ordered the restraining order, B was still allowed to come down
> and pretty much stalked me sitting on my porch, do whatever you want, I
> couldn't stop him from doing any of it. All I could do is call the police.
> And that wasn't helping. They didn't do shit. He'd go sit up there on my
> mom's back porch and tried to watch me and my mom would let him do it
> because my mom liked him. But A he stayed here with me until the first
> restraining order went through. He stayed here to pretty much protect me,
> we weren't together, he was just being nice, 'cause he knew I was scared
> I couldn't do nothing to help myself if something actually happened. So he
> slept on my couch, and helped me take care of the kids and he took me up
> to the court house to get the restraining order and took me to the court
> dates and everything and he pretty much helped me do it all.

The women in this study made decisions about intimate relationships in order to

protect their unborn fetus and other children from abuse (see Figure 1). Making decisions

about having a father figure, companion, and/ or protector in their lives helped strategize

to take of the needs of their children and themselves.

Sole Provider

As most of the women in this study (N=17) ended their abusive intimate

relationships, they were, therefore, not living with the abuser and realized that the

ultimate responsibility of caring for their children was up to them. They were the sole

providers for their children. In order to be a provider their children, they worked full

time jobs or started searching for employment. Additionally, they moved into a

residential place of their own (moved from the abuser's and/or supportive family

member's house to their own house) for their children's safety. Immaterial of their

intimate partner status (e.g., being with the abuser or a new or ex-partner), all the

women in this study felt that they were the sole providers of their children. The three

women (Betty, Sally and Monica) who did not leave their abusers also perceived they

were sole providers for their children as they had been back and forth in the process of

leaving and being with the abuser. They realized the danger of abuse occurring again

and their children, especially the new born baby being the most vulnerable. They did

not want their children to be burdened with the uncertainty if the abuser decided not to

provide for them. As Monica, age 24, said in the following quote:

> I don't see myself with him [the abuser] later on in life. I just know how
> he is and I know he'll do something later on to mess things up, and I don't
> know. I just don't want to deal with it, I guess. But I'm afraid to, I'm not
> really afraid, I just don't want to leave my kids without a dad, I guess is
> the way to put it.

On further asking Monica the reason for her feeling that her partner would mess

up in the future, she said it was because of his "selfish" attitude:

> Just the way he acts towards me sometimes. He, it doesn't seem like he
> really cares about me, like he's not doing anything bad or anything. He's

just, he's selfish. Let's put it that way, 'cause that's what it is. Like he always thinks about himself first, and he doesn't think about me or the kids first. He always thinks of himself and makes sure he has what he wants and, excuse me, and it's just, it's rather annoying to me, I think. 'Cause when I go out, like we got our tax money back. I bought my car and I still had some money left. With my money I went and bought stuff for the kids and stuff for him, and I think I bought myself one outfit and a digital camera. I spent the rest of the $1400 on them. And he didn't. All his money he spent on himself and that was it. He bought the kids, I think, one toy. Or no, I paid for half of it, he paid for half of it. And that was the only thing he bought for anybody else besides for the kids and then stuff for himself.   It just annoys the crap out of me that he's so selfish.

Monica (mother of four children) further added that she always saw a pattern with her partner, with the birth of a child, her partner started acting nasty after the fourth month:

 Like right around when they were born, he was really, really sweet and nice to me. Then about three, four months later he'll start being his selfish self again, which he's already started. So, yeah. There's a pattern, 'cause he's done it with all of them. And we usually break up about two months later, then we'll get back together two or three months later. Just a cycle that we go through, I guess.

The women considered themselves the main caregiver for their children. Though the other children were also very important, the presence of the unborn and later the new-born baby heightened this importance. Women wanted to be strong for their children. For instance, Betty, age 24 stated:

 When my daughter was born, I looked at her and realized if I'm not strong for her and I'm not strong for C [other daughter], then who will be? But if I can't be strong for my family, for my girls, then I can't be strong for anybody.   I need to make sure that they're taken care of as well as myself. My kids will always come first…I guess I was always one that you need to take responsibility for what you're doing, and I try to do that.

As we see when Betty's first daughter was born, she realized that she had to be strong for her. On some occasions caring for their children was seen as a hindrance to

working full-time jobs outside of the home. This was worked out by exploring different day care options. Angel, age, 32, caring for her baby single handedly, dealt with a number of issues in regard to getting a baby sitter for her baby:

> Oh, I feel fine now. I'm able to get stuff done. I'm back to work, and, got a baby sitter set up for my daughter so I don't have to worry about her, because I took her to a baby sitter, my brother and his wife were watching her, and they were smoking around her and I had to take her to the emergency room 'cause I didn't know what was wrong with her and I just happened to come pick her up and she's all laid out and coughing and choking. And I kind of flipped out on them cause I didn't, you know, I'm like 'Don't smoke around my baby.' You know, don't get me wrong, I smoke cigarettes, but I go outside and smoke.

As in the quote above, Angel mentioned that she had left her daughter with her brother and his wife while she was at work. They smoked around her which led her to take her daughter to the emergency room and find another babysitter. Hence, women in this study worked very hard to choose safe options for their children. Tina, age 20, married to the abuser, said that she could not file for divorce as she was pregnant. Tina looked at pregnancy as a hindrance to her moving on in her life and said, "Because until the baby's born I can't get the divorce so I had to do the different things until the baby's born, until I can deal with it (divorce)." She viewed her life at a standstill as she could not get a job, file for divorce and/or receive child support in the name of the abuser (father of the baby) while she was pregnant. Tina in the following quote hoped her situation would improve for the better after the baby was born (ultimately, she did end up leaving her abusive partner):

> After the baby's born, there'll be other ways. Like I can go get a job and get the money I need so I don't need the state. Then I can go for him for child support and then the state would be paid back theirs that they got, and I could be doing it on my own and then with, like the divorce, like I said, you can't get a divorce in Missouri if you're pregnant…to an extent,

but I'll still have to be getting help by getting a job. I have to get a job to support my kids, so that's what I meant by that…Yeah, because until the baby's born I can't get the divorce so I have to do the different things until the baby's born, until I can deal with it other ways.

The women in this study did not want to ruin the only positive thing in their life which was the new born baby. They made all attempts, therefore, to protect and provide for the baby by giving him/her a good future. Diamond, age 22, who left the abuser and was living with her mom, said, *"It's alright now. The only thing I really worry about is making sure I have everything I need for my little baby and I really want to get my own place but other than that it's cool."*

Another participant, Susan, age 27, walked out of the house after the first episode of violence, when she was almost five months pregnant. She lived in a shelter, worked to rent a house on her own and acquired one before the baby was born. The following quote explains how she worked hard to get the house, "I worked three jobs for about two months to save money to move….I applied for it [public housing] in August, and it came through in September…. I like it. I'm glad to be by myself, just me and my son. It's a hell of a lot of work to do to my house… but I like being here."

Self-Care

Women in this study also realized that in being the sole provider they needed to take care of themselves to be able to better care for their children (see Figure 1). Accordingly, they cared for their physical and mental health from the time they got pregnant. They not only took care of their diet and exercised during pregnancy, which they had neglected before, but they also consciously controlled their temper while interacting with others. All this was done to enable them to provide for and protect the

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unborn fetus (see Figure 1). Nakisha, age 22, stated, "After the abuse, like now, you know, it's more or less watching what I eat make sure I get plenty of rest and exercise."

They also realized that they could not be in trouble with the law (as in the case of assaulting someone out of anger) or arrested as they had a baby to care for. Shanice, age 24, said that she was very careful while arguing with others and controlled her temper, as she realized that she was solely responsible for her son. She said, "There's been a couple of times I would have gotten into an argument with people, and I don't like to argue. I'd rather just fight, and now I have to think about him. If I go to jail, who's gonna take care of him, you know?"

Women also took care of their physical and mental health keeping in mind that they were the sole providers for their unborn baby as well as the other children. For example, Angel, age 32, was aware of her medical condition of aneurysm [which is a blood-filled dilation (balloon-like bulge) of a blood vessel caused by disease or weakening of the vessel wall] (http://www.nlm.nih.gov/medlineplus/ency/article/001122.htm) and so she kept her temper under control:

> I'm only 32 years old. I don't want to leave early and leave my baby with nobody, you know (laughs). So I just gotta do right. I mean, it's not easy, but I'm trying….And I, the doctor said I'm possible to have one [aneurysm] if I don't do the right things for my body to keep myself stress free and eat right and take my medicine, and those kind of things. So that's what I'm trying to do...I think my temper was more under control…Well, for one, I don't want to have an aneurysm, you know what I'm saying?

Women wanted to be protective of their children and be there for them emotionally as well as physically. Consequently, the pregnancy also prevented them from

being self-destructive. Janice, age 22, who lost the custody of her older son, said that she would have tried to harm herself if it was not for her pregnancy. She states, "If I wasn't pregnant, I probably would have ended up killing myself because I was so overwhelmed with grief over losing my son and having people telling me I'm crazy, and there were times where C (her abuser) would mentally toy with me, and I'd fall for it because I wanted my marriage to work."

IPV Strategies Regarding Protection of the Unborn Fetus

Coping with IPV during pregnancy is supported by the strategies (see pillars in Figure 1) that participants used to gain safety from their abusers. The strategies were used on an ongoing basis from the time they started facing abuse in their lives. Women in this study used a variety of strategies to deal with the violence in their lives. They increased their efforts to seek help if there was an increase in violence or if it occurred when they were pregnant. They were assertive in responding to violence in their lives. Women sought help with regard to necessary resources. When women were provided with resources and opportunities to deal with their situations, they were able to take action to either move out of the relationship or negotiate for non-violence. Leaving an abusive relationship is a dynamic process and women go back and forth in this process. Crucial events like being hit during pregnancy and escalation of abuse to the threat of death to self or the unborn fetus were some of the triggers for women in this study to take action to leave their abusive relationship.

Susan, age 27, walked out of her house and moved to a shelter when she was five months pregnant after being thrown down the stairs by her partner:

I was leaving that day, and where was I going? I wasn't leaving to leave him; I was leaving to go somewhere. I can't remember where I was going now, but he didn't want me to go wherever it was that I was going. I think I was going to visit a family member, and as I was, well, because he started fighting with me, and I was like 'Well, you know what, I'm going to spend the whole weekend at my family's house now (laughs) since you want to fight. I need a break.' So I grabbed some clothes and I'm heading out the door and as I go to go down the stairs, he just pushed me down the stairs…. after I fell down the stairs, I grabbed all my clothes up that I had, and I left. I still left, and that was the day I called my friend and I told her 'I've got to get out of here. I have to leave.' And that's when we made the plan, that the next time he went to basketball practice, I called several different moving companies and got the best estimate, and got three people so my house could be packed up really, really quickly, and made a plan to leave…I remembered that she [her friend] had spoken highly of the xxx House [shelter], so I called them and they said that they had openings there, and then when my husband was at basketball practice, I had my best friend come and a moving company and put all my stuff in storage, and she brought me there. And my son.

Some women in this study made concrete negotiations with their partners, offering to agree with their abusers in return for his seeking help with substance abuse, a mental illness or in correcting his abusive behavior. Thus, women showed great strength, resistance and resourcefulness even in the most fearful situations. All participants in this study utilized the following strategies of safety planning, resisting the abuse, pacifying the abuser and accessing formal and informal support networks to keep themselves and their children safe.

Safety Planning

Safety planning for these women facing intimate partner violence included hiding car or house keys, money, valuables, important documents, and weapons. In the following quote, Shanice, age 24, kept knives hidden in places where she thought she could reach them for her protection if the violence escalated to the point of fearing for her

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life: "I have two knives hid under my bed. I had them under my pillow but someone told me to move them so I put them under the bed."

At the time of actual violence, women locked themselves up in bedrooms or bathrooms to protect themselves from being beaten up. They waited to come out until the abuser calmed down. Women developed an emergency code with family and friends and worked out an escape plan if they had to leave in an emergency. Most women feared the unborn baby being physically hurt and took preventative measures. There was a difference in the strategies women used as compared to before they were pregnant. Nakisha, age 22, stopped yelling and arguing back once she found out she was pregnant, as she did not want to risk her baby being hurt. She would ball up when getting hit, so that she would not get hit in her stomach and hence would not harm the baby in her womb. She said at the baseline interview, "And when I found out I was pregnant, there was no need to fighting back, you know, you might run into something or hit something, might hurt your baby, so I just ball up as tight as I can like hold my stomach, turn my back towards him. Just turn my back towards him."

Additionally, the women in this study routinely watched their surroundings as they feared either the abuser or an acquaintance of the abuser would follow them. They mentioned carrying a cell phone with them with important phone numbers of family members, friends, and domestic violence shelters so that if there was an emergency they could get help.

Janice, age 22, lived in a woman's shelter after running away from her abusive husband. She said that she kept her cell phone with her and called the shelter to let them

know where she was. She said, "I won't go anywhere without a cell phone on me, you know, stuff like that. When I was leaving work and I didn't have the cell phone, I'd call the domestic violence shelter and let them know that I was on my way home…this is the time I'm leaving, and stuff like that, so that I would be safe."

Other than physically protecting the unborn child, women realized that they had to be emotionally protective of the baby as well. Women gathered courage and were emotionally strong for their children. Women started considering the baby a part of themselves, not only physically but also emotionally, as highlighted by Courtney, age 16, "I think that it was easier for me to get out of the relationship because I had to think of me as well as the baby, and so nothing like happens to the baby."

Resistance

Resisting abuse by women facing IPV is defined by Goodman et. al, (2003) as fighting back physically and/or verbally, refusing to do what the abuser asked them to, sleeping separately, leaving home to get away from him, ending or trying to end the relationship, using or threatening to use a weapon against the abuser. Women in this study mentioned that they first started fighting back verbally (when abuse began in their life) and later it became physical in nature for some of them. However, when the women got pregnant, they stopped fighting back physically as they feared harm to the unborn fetus. In extreme cases of danger to one's life, women used physical violence. For example, Shanice, age 24, said at the baseline interview that she stabbed the abuser in his leg in defending herself and the unborn child. She contends if she would not have defended herself by stabbing her partner, neither she nor her baby would be alive.

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Participants resisted the abuse by trying to end the relationship either by leaving him completely or momentarily or asking their partner to leave. Women had different reasons for leaving; however, the main reason was fear of the violence escalating. Susan, age 27, left after her husband pushed her from a flight of stairs when she was five months pregnant. She states that she left her husband after the first episode of violence during her pregnancy as she did not want to hurt her baby. Women also said that they slept separately from the abuser and refused to do what he asked them to such as not letting him in the house and not giving him a ride or money.

On asking Gail, age 25, if she ever slept separately from her partner as a way of resisting the violence, she reported:

> He just had an attitude about something; I forgot what it was, but I didn't want to have sex, I guess 'cause he's kind of gifted down there and I just, I was pregnant and, to me, it changes when you are pregnant. It feels different and it hurts. And he got upset, so we got in a big old argument about it. He didn't do nothing. We got in a big old argument about it, so I said 'You sleep on the couch. I don't want nothing to do with it right now. It hurts me, and I'm not gonna do it. And he said 'fine' and slept on the couch. So, that ended that.

Betty, age 24, refused to do household chores as a way of resisting the violence:

> He'll tell me to vacuum the floor or something. I mean, if it's something serious, not, well, yeah, I mean, I have my own opinion. I have my own work, life. I don't need him, you know. I don't need to be told what to do. He's not my mom. He's not my dad.

Not all women were successful in resisting the violence. Jane, age 24, said that she tried to refuse doing what her abuser asked her to, but since it led into a bigger fight, she stopped refusing. Caroline, age 24, said that her abusive partner did not allow her to write poetry, and if she refused to listen to him, he would abuse her even more. Women

in this study utilized several creative strategies to resist violence; however, direct

opposition also often led to more violence; thus, they adjusted to choosing strategies of

pacifying the abuser to deescalate abusive situations.

Placating /Pacifying

Placating abuse included trying to keep things quiet for the abuser, doing

whatever the abuser wanted her to do to stop the violence, trying not to cry during the

violence, avoid having an argument with him or avoid him completely (as defined by

Goodman, et. al, 2003). The women in this study did all of the above to prevent the

violence from escalating. The following examples detail the various pacifying strategies

the women utilized.

Lisa, age 32, stated in the baseline interview: "I just kept it in…Because if I

would voice my opinion, I would get hurt. I wasn't allowed to have an opinion of my

own…when I found out that violence resulted it was just easier just to keep my opinions

to myself and just let him know what he wanted to hear."

In the following quote, Nakisha, age 22, reports:

> I would cook, I would clean, I would pretty much walk on egg shells, I
> really would not say nothing. Now it got so bad to the point where I was
> like how is your day and he would just blow up, if he had a bad day or
> something. I just started speaking to him very little….Try not to say
> much…. you know, I just try not, I just try to stay away from him
> basically, I try to stay out of his life.

Azmera, age 24, said that she did all that she could so that her abusive partner

would not flare up including keeping the house clean, providing meals, and avoiding him:

> I would make sure my home was clean. I would make sure there was
> food in his belly. I would make sure that everything was in order. And
> he still wouldn't be happy. …I tried, oh, I tried everything possible to

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avoid him. I tried staying with my family to avoid him. I tried not answering my phone. He would leave a message on the phone, 'Why aren't you talking to me and stuff?' and I'm 'Cause I don't want to argue with you.'

Out of fear of another fight or escalating an argument, participants often would simply agree with whatever the abuser said or did. Tarah, age 18, explains:

I didn't really want to go, I had other plans, but he (abuser) was pushing the subject, so I just went anyways so that we didn't argue, because when he argued with me it was over stupid stuff and I would get a headache and I didn't want to deal with it, so I just went and didn't argue and went with him.

Lisa, age 32, learned what her abuser's "triggers" were and tried to avoid them:

I just avoided him when he was high or drunk and tried to keep my distance, and when I did see him I made sure not to press any of the things I thought would be triggers and just kind of agreed even though I wasn't agreeing. I never voiced my opinion.

Yet, not all women used the strategy of pacifying the abuse. As Betty, age 24, states, "Nope. I speak my mind. He likes it or he don't." And, Shanice, age 24, reports: "No, no. I would never do what he wanted because I'm not the type of person to tell me what I have to do. I barely listened to my mom and dad when I was a teenager. So I wouldn't let him change that. That's how the fights would start."

Accessing Formal Networks

Accessing support from formal networks is categorized as help from clergy and/or church, employer or co-worker, doctor or nurse, mental health counselor, women's shelter, domestic violence program, legal help from police, legal aid, filing a protection order or criminal charges, and getting help for self or partner for substance abuse or other mental health concerns (as defined by Goodman, et. al., 2003).

Participants accessed a number of formal networks; the most frequent ones included talking to health care professionals, seeking help at a domestic violence shelter, calling the police, filing a restraining order and talking to an employer and/or co-workers. Women (n=12) mentioned that health care providers especially in the obstetric and gynecology department screened them for violence. Four women did not disclose to the doctor upon being asked. The reasons for doing so included: did not want to get the partner in trouble, did not think their situation was that severe, hoped that their situation would improve, regarded it as a personal issue, feared reporting of child abuse, and were scared of the abuser. Lisa, age 32, states, "….Cause I didn't think it was that abusive. I didn't consider the verbal abuse at the time. It was just normal, you know? I mean, I wasn't being physically hurt, so with my husband the verbal abuse was nothing." And Sally, ages 21, reports, "I always told my mom to leave and get out of the situation, to leave her ex-boyfriend, but then I couldn't do the same thing that I told her to do."

Women who did disclose to a health care professional received a mixture of positive and negative reactions. Rachael, age 22, said that she told the doctor about her abusive ex-husband when asked; yet, the doctor said nothing in response. Angel age 32, stated that she had a positive experience with her doctor:

> I had a really good doctor, Dr. W, when I was in A (a town), and she'd come in every morning and talk to me, and I think having a really good relationship with your doctor, like I did with her. We were able to relate just like that. I mean, it was really cool. And, uh, somebody that you feel like you can trust and a doctor that's going to be up front and tell you everything instead of just bits and pieces, because a lot of those doctors don't tell you what you need to know. They just kind of tell you what's on the baseline, we know, on the corners, on the outside, …..I mean, instead of all the details and things that you need to know. So, I mean, she was very up front and straightforward with me, and I liked that, so I would

say a doctor that you can get support from and good advice…. As far as, what you should do? I mean, I used to ask her what she thought about this, and my relationship with him, with her father, you know, because he never come to see me, and I was getting depressed,…. and she was like 'Well, don't worry about him. Let's worry about getting this little girl here', and I mean, she was just really positive.

Five women in the study mentioned going to church, and/or Bible lessons once a week helped them. Even though they did not specifically talk about their problem with the pastor, it distracted them from their problem of abuse and gave them peace of mind. Women discussed how their partners needed mental health counseling, especially for substance abuse. Some provided their partners resources to get help; however, their abusers did not following through in accessing these services.

Counseling was usually received by participants from the local women's domestic violence shelter. Eleven women stayed in a battered women's shelter; and five others sought domestic violence services but not shelter. Types of domestic violence services sought for these sixteen women included: obtaining housing, furnishing housing, filing a straining order, support and counseling. Nakisha, age 22, reports receiving information and support:

> When I first got to the shelter I am like I don't want nothing to do with men, I don't want to talk to them, I don't want to look at them…they helped me to understand abuse and why we go through abuse and that it's not my fault and that all men are not the same (laughs). They helped me to deal with my issues, I should say, (laughs)with men instead of saying yeah that we can help you stay away from them. They help me realize that, you know, you can go back around men, you can do this, it is okay to talk to them.

Yet, not all participants had a positive experience in the shelter.

Janice, age 22, reports the "chaos" she endured at the shelter:

There is no rules. There's nothing. And the reason they don't have rules is because they feel like they were taking power away. But there are laws you have to abide by when you're in public. Even at home there are laws you have to abide by. You have rules for your children; why not have rules for yourself? It was just chaos because there were no rules. When you go to a job, you have rules. When you get in a car, you have rules. When you go home, you have rules. It's a part of life, so that there is no chaos, everybody got away with everything, and there were no consequences for it. And the people who were doing good, like I had a job and I was doing my chores, and I was pregnant, you know? I was tired, I was sometimes very grumpy, but I did what I had to do. They were supposed to provide transportation for me to get to work, and they never did that, you know. I had to pay for a cab, and at the end of a month, I spent over $150 on average to get in a cab and go back and forth to work. And that was ridiculous because I was doing my chores and I was doing what they, what their requirements were—to do your chores and keep your room clean, which was what I did.

Eleven women in this study called the police when they feared that the abuse was life threatening to themselves and their unborn fetus. But only two women pressed criminal charges (i.e., Shanice and Jane). Most of the participants sought help to file a restraining order.

Seven women talked to their employer or co-workers about the abusive situation. Susan, age 27, who was a pre-school teacher, talked to her colleagues and told them to be on red alert and to not let the abuser enter the school: "When I was teaching they were just kind of on the red alert. If he was to come to the school…don't let him in."

Accessing Informal Networks

Accessing informal networks for women facing IPV included talking to, staying with, or sending their children to friends and family (as defined by Goodman, et.al, 2003). These support networks were also accessed by participants during and after they left the abusive relationship. Mothers, grandmothers, sisters, friends, and non-abusive

partners were the main support for most of the women. Most relied on their mothers for

emotional support. Sally, age 21, states, "My mom….has been there through all the

pregnancies with me and everything else, so, no matter how mad I get or what I face she

is always there." The most important form of support was help in child care from their

family-of-origin. Jane, age 24, worked extremely long hours and thus needed childcare.

Her parents took care of her two-year old daughter while she would be at work. She

reports, "I have a lot of support….from my family, my friends….if I was living

somewhere else and my family and friends weren't involved it would be very hard

because I wouldn't know anyone."

     In spite of having supportive family and friends, the women in this study wanted

to independently take care of their children. Women also mentioned being embarrassed to

ask their family for help. They were also concerned that their relatives may not

understand domestic violence and would insist that they remain with their abusive

partners.   Susan, age 27, shares her conflicting and thus confusing responses from family

and friends whom she turned to for help:

> I had a couple of family members, gave me advice. I don't think they
> knew how bad the relationship had gotten…but we would just be talking
> and some of my older family members would say 'Well, you know, unless
> he beats you severely, you are married, so (laughs) you should stay in the
> relationship.' That would be the advice that they would give. And I
> didn't really know how to define severely, I mean, and a couple of my
> friends, they were like, one of them, she was like 'You just need to leave
> now. I don't care what he's doing. If he's being the least bit abusive to
> you, you need to leave'…And the other one was like, she said I just
> needed to fight him back (laughs). I think that's what she said. I needed to
> get a baseball bat and fight him back…I just had confirmation that I
> should try and stay in my relationship and work it out, and it had a role as
> far as the one who said fight back, I knew I couldn't do that, so I was like

'Well, that's just out of the question.' So that made me decide even more, yes, I just need to try and avoid this conflict.

Caroline, age 24, as a child experienced her mother being abused in an intimate relationship and she believed that this shaped her views on what "normal" was in a relationship:

> I couldn't tell you what happened, but I remember he'd come home and he'd give me a bunch of stuffed animals and, you know, then shut my bedroom door, and then I'd hear my mom scream and cry. I know how that's affected me and maybe I've thought over the years that it's okay, maybe, for a guy to hit a woman or something. Like if I really do feel that. It's sad to say, but I really do.

In contrast, Monica, age 24, also as a child saw her mother being abused; therefore, she drew the line on any physical violence from any of her partners. Thus, she was enrolled in the study due to emotional abuse from her present partner:

> I was with this other guy named W and we were talking and he said something to me and I said, 'Whatever." And that's when I turned around to walk away and he snatched me by my arm and put a bruise on me, and that was the last time I talked to him. I won't stand for no man putting his hands on me like that I won't let no man hit me. I seen that too much with my mom growing up and I refuse to have a man that abuses me like physically.

Participants also mentioned activities to keep them occupied and prevent them from thinking about the abuse. These included: fishing, cleaning their house, cooking, reading, watching movies, running and smoking. Smoking was seen by most of the women as a stress reliever. Angel, age 32, reported "I read, uh, romance (laughs) novels, and mysteries, and comedy, just whatever I can find. And I watch a lot of movies. I have movies galore. So, just anything. I love fishing. Fishing takes my mind off of a lot of stuff."

Three women identified accessing internet and phone chat-lines for support. Azmera, age 23, said that she wanted to end the relationship with her abusive partner, so she thought of looking for a friend on-line whom she could talk to and confide to about her situation:

> I was in the process of leaving him. I was beginning to leave him, so I thought that finding somebody; I mean I would like to find someone to talk to. That was the problem, 'cause I couldn't talk to him at all, and it was just, I mean I couldn't tell him anything. I couldn't say nothing to him, you know, 'cause every time I did he got offensive.

Monica, age 24, said that she asked men on the internet for advice, as she believed their perspective would help her to better understand her relationship:

> You can talk to the people that you're playing the games with [on the internet]. You don't really talk a whole lot, but you just, some of them you become friends with and stuff. Not a whole lot of people. And if guys talk to me [in person] A [her abusive partner] gets jealous, so I can't talk to them 'cause then he'll think that I'm cheating on him….And I talk to them about him sometimes to get their opinion, 'cause they're guys. They might have the same point of view as him, or something different, or tell me why he thinks that. And, I mean, sometimes it's helpful. Sometimes it's not, but it's still fun to talk to them and talk to somebody else outside my house. 'Cause I don't get out very much.

Summary

Pregnant, rural, low-income women facing IPV utilized a number of strategies to keep themselves and their unborn/newborn baby safe from abuse. Seventeen participants left their abusive partners permanently. The protection of the unborn fetus governed their decisions regarding intimate relationships. For some women, decisions about an intimate partner involved choosing someone to protect her during and after pregnancy. The women in this study saw themselves as the sole provider for their children (regardless of

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their relationships status) and, thus, realized they would need to take care of themselves physically and mentally, in order to be a healthy parent. Additionally, women used safety planning, resisting, pacifying, and accessing formal and informal support networks as strategies to protect the unborn fetus, themselves, and their other children from abuse.

CHAPTER 5: DISCUSSION

This chapter provides a summary of the study's findings regarding its theoretical constructs including: "urge to protect the unborn fetus", "decisions about intimate relationships", "sole provider (and self-care)", and using the IPV protective strategies of "safety planning, resistance, pacifying and accessing formal and informal support networks". The chapter then proceeds to compare the study's findings with the domestic violence literature while addresses its theoretical and practice contributions. Additionally, practice, research and policy implications in working with pregnant, rural, low-income women facing intimate partner violence are discussed.

Summary of Findings

The motivator for participants in coping with intimate partner violence was the urge to protect the unborn fetus. Consequently, all women left or were separated from them their abusers during pregnancy and most of them (n= 17) left permanently. Protecting the unborn fetus also governed their decisions regarding the status of having an intimate relationship in their lives. Some women felt lonely and sought a non-abusive companion while others yearned for a father-figure for their children. And some women entered into new intimate relationships as a form of protection from their abusers. Regardless of one's intimate partner status, participants viewed themselves as the sole providers for their children and, thus, realized that they would have to take care of themselves physically and mentally to be a healthy role model. Additionally, women utilized the strategies of safety planning, resisting, pacifying, and accessing formal and informal support networks at the time of the abuse in order to protect themselves, their children, and their unborn babies.

Why is this study unique?

The unique feature of this study is that it is the only one to encompass all of the following dynamics: rural, low-income, pregnant women, and IPV. Research thus far has looked at rural and urban populations as well as pregnant women facing IPV but has not combined these factors (Campbell, 1993; Campbell, 1998; Campbell, Oliver et al., 1998; Krishnan, Hilbert et al., 2001; Logan, Walker et al., 2003). Another unique feature of the study is that it is a community sample including a mixture of women seeking help at domestic violence shelters and those who did not. This study, therefore, provides a

comprehensive picture of *how* low-income women living in rural areas cope with violence in their lives during their pregnancy and at three months post-natal.

Theoretical Implications

This section compares the similarities and differences of the present study with Lutz's double binding theory and Landenburger's (1989) stages of binding and separating from the abuser. The main difference between this study and Lutz's study was the double binding construct which addresses the birth of the baby as the crystallizing event for women to leave an abusive relationship. Women in this study felt the need to protect the unborn fetus and that was the starting point for making decisions in favor of the unborn baby (i.e., leaving the abuser) rather than waiting until the birth of the child (see Figure 1, chapter 4).

The double binding construct (Lutz, 2005a) focuses on women living in two separate private and public lives with the pregnancy and abuse occurring simultaneously. The construct of double binding reflects the private life of abuse during pregnancy and the public life of pregnancy where abuse is not acknowledged. The inconsistency between abuse and pregnancy leads the woman to believe that she lives in two separate worlds. Living in two separate worlds is also discussed in the enduring abuse stage of Landenburger's theory (1989). Thus, these women did go through binding with the abuser and enduring similar to Lutz (2005a) and Landenburger's (1989) findings; however, at some point during their pregnancy they disengaged (i.e., left or were separated) from their abuser. The majority (n=17) at the time of the interviews were in what Landenburger (1989) identifies as the final "recovery" stage.

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This study's findings highlight how women even during their pregnancy tried to integrate their public (abuse is not acknowledged) and private (abuse occurring in pregnancy) worlds. They struck a balance between their private and public life by revealing and integrating the two. The unborn fetus and later the new-born baby motivated them to change their lives. For nine women in this study, upon leaving the abuser they made decisions about other intimate relationships in regard to companionship, protection, and needing a father figure in their children's lives. Yet, eleven women in this study did not date anybody as they were not comfortable bringing a new man in their child's life.

Research on "hope" and women who have endured IPV may contribute to understanding why women remain in an abusive relationship, reengage in a new intimate relationship, or remain alone. Marden and Rice (1995) conducted focus groups with 24 abused women, and found four types of "hope" including: 1) hoping their partner would change his behavior, 2) hoping for survival, 3) clinging to hope during times of need, and, 4) hoping to control the situation. Women, thus, used hope as a means to solve their conflict regarding what they believed should happen and what actually was happening in their lives. In the present study, for women who left the abusive relationship permanently (n = 17), hope allowed them to engage in new intimate relationships as a means of survival and control of their situations. For those (n = 3) who did not leave the abuser, they hoped their partner would change for the better (and in one situation, this was the case).

In Landenburger's study (1989), the sample (N = 30) included women who were well-educated, affluent, recruited through shelter and newspaper advertisements, had endured a life time abuse, and were out of an abusive relationship at the time of the study. Lutz's (2005a) sample (N = 12) included women recruited through an urban prenatal health clinic serving low-income women. Lutz's study included five women who were in an abusive situation and seven who had experienced abuse in an earlier pregnancy. The time period for enduring violence was 2-16 years. The women in Lutz's study did not consider leaving their abusive partners during pregnancy. In comparison to the present study all participants left or were separated at some point from their abuser during their pregnancy. Although the sample is similar in characteristic to Lutz's, participants fit more with Landenberger's findings in regard to being in the final stages of disengagement and recovery.

A possible reason for the difference may relate to how most of the participants in the study reported that they had seen their mothers being abused by intimate partners and thus may not have wanted to perpetuate the cycle for their own children. Anderson and Danis (2006) found in their study of adult daughters of battered women (N = 12) that participants vowed that their children would not be exposed to domestic violence. Yet, seven women in their study admitted being abused by their intimate partners. However, these women highlighted how they ended their relationship when they saw that it was affecting their children. In comparison to the present study, one participant, Monica, age 24, highlighted how she did not take physical violence from any of her partners as she had experienced her mother being abused when she was a child. Additionally, what

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helped participants leave their abusive partners was fear of harming the unborn/newborn baby and the need to protect him/her.

Participants strived to be the best possible mothers for their children. They looked at their babies as a ray of hope and their lives revolved around their children. The most important evidence of this was women leaving the abuser during pregnancy and providing for their children completely on their own. This study is in contrast to Lutz's (2005a) findings regarding how violence during pregnancy negatively affects the maternal identity.

Lutz (2005a) highlights how the inconsistency between the experience of abuse in women's private lives and the accepted socio-cultural norms of a two-parent household may further alienate them from themselves and thus their mothering role. In contrast, women in this study gathered courage to leave during pregnancy as they were protecting the unborn fetus and thus proving to be a "good mother". Being a mother in a safe situation was very important to participants to be able to prove that they were capable of taking care of their children. As Janice, age 22, had lost custody of her older son, providing for her current baby meant everything to her:

> I love being a mother, and it's important to me, it's just, you know, the love that I have for her I just can't explain, and it's a joy that after all the bad things that happened to me….it kind of surpasses everything. This experience does. Her, and being a mom again, it's just, having her when C (her abusive ex-husband) was around and being able to be stable and off the medication, and after people telling me that I'm crazy, and not having all those things going on, it has helped a lot, and it's made me feel different about being a parent. I don't feel as inadequate. I feel much more apt to be a good mom than I did with being there, being around his mother, and all that chaos. So I mean it's definitely different. I think I would have acted differently, too, like I said, if I wasn't pregnant with her.

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Seventeen women in this study were no longer in an abusive relationship. Of the three women who were still in an abusive relationship, they perceived a lessening of the violence or an ability to control it. An additional reason included wanting a father figure for their children. These reasons for staying are similar to ones well documented in the literature (Bennett, Silver et al., 1991; Herbert, Silver et al., 1991).

This study also highlights the various IPV strategies (pillars in Figure 1) women used to protect the unborn fetus. This contradicts that women are passive victims (Walker, 1984) of abuse which other researchers have also found to be the case (Gondolf, Fisher et al., 1990; Campbell, Miller et al., 1994). Participants not only used a mixture of strategies for protection of selves and their unborn child, but they also chose to leave during pregnancy. Additionally, they used their strength and courage to be the sole provider for their children.

IPV during pregnancy

Research varies regarding how for some women pregnancy is a safe time (Martin et al., 2001; Saltzman et al., 2003) while for others violence is aggravated during pregnancy (Campbell, Oliver & Bullock, 1998; Helton & Snodgrass, 1987; Hillard, 1985). For participants in this study, these mixed reactions were the situation with them also. For example, Sally, age, 21, mentioned that pregnancy was a safe time for her, as her partner did not abuse her; yet, others reported that is was no different or the violence worsened. Decker and colleagues (2004) also found pregnancy as a protection from abuse; however, these findings should be regarded critically, as 20% of the women who

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stayed with their abusers, experienced an increase in the number of homicide risk factors (Decker et al; 2004).

Receiving welfare from the state and public housing helped several women in this study to be independent providers for their children. Thus, financial dependence (as highlighted in prior domestic violence research) was not viewed as a reason by participants to stay with their abuser as many of their partners did not have stable employment.

In comparing a group of 11 abused and 27 non-abused women during pregnancy, Zeitlin and colleagues (1999) found that abused women do not bond with their fetus and later their infant as well as their non-abused counterparts (Zeitlin, Dhanjal et al., 1999). Yet, their findings highlight how women facing abuse do feel an urge to protect the unborn fetus as they view the fetus as part of their body. The authors also explain how the fetus provides comfort to the woman as she feels lonely and thus has somebody in her life. In the present study, several participants expressed initial resentment towards their pregnancy. Yet, as the pregnancy progressed these feelings changed toward acceptance and eventually hope. Whether the pregnancy was planned or unplanned, all participants were strongly motivated to protect the unborn fetus and their other children. They did not want their children to go through what they had gone through with the abuser. In fact, with the father of the baby being abusive, they were aware that they had to be the healthy parent for their child.

Coping with IPV

The theory of "learned helplessness" in regard to battered women is often criticized and challenged due to its neglect of survivors' strengths and active coping (Gondolf & Fisher 1988; Magen & Conroy, 1997), In contrast, a "survivor theory" acknowledges how abused women strive hard to increase their help seeking resources in order to survive the violence. Women in this study not only left their abusive relationships, but they took on being the sole provider for their children. Additionally this study refutes the "learned helplessness" theory as women used a variety of strategies to protect themselves and the unborn child.   They actively sought help when facing violence during their pregnancy. They also mentioned using fishing, cleaning their house, cooking, reading, watching movies, running, chatting on the internet, and smoking as a means of keeping themselves occupied and divert their thinking about the violence. Merritt-Gray and Wuest (1995) also report how women emotionally distance themselves from an abusive situation through resorting to drugs or alcohol, leisure and employment activities, creating a leaving plan, and establishing a caring relationship with another male.

The most important decisions of women in this study, whether be it about an intimate relationship or taking care of self was dependent on the unborn/new –born baby and other children if any. This affirms Gilligan (1982) stating that women define themselves within the context of human relationships and, thereby, they may judge themselves by their ability to take care of others. Even in the crisis of abuse, women in this study, established the attachment with the unborn baby. Women's sense of self, in this study was arranged around being able to make and maintain affiliations as well as

relationships with others. When the women in this study saw a broken connection with the abuser, they, perhaps, looked at it as a loss of self. Thus, the urge to protect the baby from abuse, helped them to regain the sense of self, as women usually view themselves in relationship with others. Women in this study (n=9) (see figure 2) also established relationship with an intimate partner - being with the abuser (n=3), an ex-partner (n=4) or new partner (n=2), which also affirms Gilligan (1982), where women regain their lost identity by establishing affiliation with others.

Rural Women facing IPV

Rural women mentioned the positives as well as negatives of living in a small town with regard to abuse in their lives. Participants described the positives of living in a small town as compared to a big city. The main reason included having family nearby as highlighted by Susan, age 27, who said:

> Here [small town], I have more family…. so I would say it's probably easier here because the family I have here I'm very close with, and I don't think, well, I know, here I'm close to family. I wouldn't have to put up with any of that [violence]. I have plenty of places that I could go.

Women in this study did mention about lack of anonymity in the community to keep sensitive information private, creating barriers in seeking help (Websdale 1998). Lorriane, age 22, stated additional barriers such as a lack of privacy and social class stigma:

> Everybody knows your business. Everybody knows what's going on with you, and everybody's got something to say, but they'll never say it to you. So….It's a small town. …. Everybody knows everybody. So everybody knows somebody who knows you..It's hard, because in this area…. there's a lot of, you know, you're either poor or you're rich … is basically how they look at it. So, I mean, maybe if my family came from a lot of

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money...It's just, that's how they treat it in this area. It's kind of, you
know, who's who type thing, so, but, I mean, they kind
of, you know, they do frown upon, you know, being a single mother or
something like that. So it's, you know, people do look down on that
around here.

Shannon and colleagues (2006) studied the different coping skills of rural and

urban women (N = 757) facing intimate partner violence. The present study does not

compare urban and rural women but looks specifically at rural women. Research in the

past has showed that rigid gender norms make help-seeking more difficult in rural areas.

Belief in the subordinate status of women leads to thinking there is nothing wrong in

women facing violence, thus reducing its acceptability as a crime, and impeding seeking

justice. Consequently, women in rural areas may use more emotion-focused strategies

because of a lack of available resources (Websdale, 1995; Websdale, 1998). However,

women in this study did leave abusive relationships as well as sought help from formal

systems like police and shelters seeking protection orders. The probable reason for the

experiences of rural women in this study being different from previous studies could be

that this study dealt with pregnant women and hence the focus was on the unborn fetus

leading them to leave the abuser. More studies need to be focusing on rural, pregnant

women.

Implications for Researchers, Practitioners and Policy Makers
Practice

This study clearly shows that pregnant women leave abusive relationships.

Several women reported they were screened for domestic violence by health care

professionals. Some reported not disclosing when asked as their abusive partners were

present. Thus, it is essential for health care providers to screen women for abuse in a private and confidential manner. As women in this study were in contact with the health department, they had accessibility to resources. Support by health professionals in a non-judgmental way during a woman's pregnancy and post-partum is paramount. Abused women need holistic help which becomes difficult due to service providers, on many occasions, social workers, lacking the understanding of the issue of abuse. Service providers working with abused women, often work in isolation. It would be helpful if health care professionals, community based services, state agencies, in many cases social workers, work in close coordination with each other. Some of the suggestions could be welfare officers screening women for abuse. Shelters workers screening women for pregnancy might warn them about the extra vulnerability of the woman seeking help. Implications for these findings include the importance of training social workers in health care as well as community based organizations to screen all women in a safe, caring and non-judgmental manner about abuse and refer appropriately. Social workers in field settings need to be educated and equipped to deal with issues of abuse, especially during pregnancy.

Research

Research shows that pregnant women facing IPV experience more life stressors than non-abused women (Bhandari, Levitch et al., 2008). In this study, women did leave their abusive partners and thus a study of comparative stress scores of pregnant women who are no longer facing IPV with non-abused women would be important for future inquiry. Additional intervention research with women at the time of pregnancy in regard

to what helps them cope is needed such as including measuring access to resources in different communities. A focus on understanding the different contexts and influences within the community, would help in understanding resources enabling or disabling help to these women. Studies, so far (Shannon, Logan et al., 2006) focus on coping among rural women facing abuse, but pregnancy adds a complicated twist and changes the dynamics of the life. More work is needed to add to coping literature on pregnant, rural women facing abuse. Further exploration into the phenomenon of women going back to ex-partners for protection and the use of the internet as a means of coping (mentioned by 4 women in this study) also would be fruitful areas to study. Considering that women (n=17) left their abusive partners when the baby was three months old, it would be interesting to study the types of intimate relationships they fall into after they leave the abusive partners.

Policy

Women in this study mentioned about not being able to get a divorce, and/or pick up a job during pregnancy which hindered their moving on in life. A fresh look at this policy might help ease some of their stressors. This study shows that women are leaving abusive relationships during pregnancy. This is a very vulnerable period of their life and also a window period of opportunity to seek help. One needs to look at the resources that can be made available to the woman in crisis and her children. It would be worthwhile to look at TANF (Temporary Aid to Needy Families) and if it provides sufficiently to the woman and her family. The decrease in the benefits provided under TANF leaves the pregnant women in abusive situations with very little options (Campbell, Glass et al.,

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2007). Family Violence Option gives the women flexibility without having to follow the stringent requirements of TANF. With pregnancy, restricting the women from seeking employment, it is essential that the frontline workers in welfare introduce abused, pregnant women to the Family Violence Option in a sensitive and non-judgmental manner (Postmus, 2000).

Limitations of this Study

This study was a small qualitative study of a larger randomized control trial and hence was restricted in terms of eligibility criteria such as only pregnant women 31 weeks or less were eligible for the study with the home visitation program. This study used women's self-reports and hence has the disadvantage of recall bias. Twelve women were interviewed during pregnancy and three months post-natal, 8 were interviewed only when the baby was three months old and were asked questions about the time of pregnancy, and hence some recall bias might have existed.

All the sites in Missouri were designated as rural in the grant which restricted the researcher's ability in choosing the sites. The researcher being of South Asian origin may have also impacted establishing rapport with participants. This was addressed by having another research team member accompany and introduce the researcher to each woman with a brief background.

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APPENDIX A: INTERVIEW GUIDE

There are some ways women use to protect themselves, their children and the unborn child when there is violence. You were asked on the questionnaires about ways that you tried to protect yourself. Was there anything about those strategies that you think we should know.

A. What are some of the ways you keep yourself safe? Your children—particularly your unborn or newborn?
 (If needed probes: *Hiding house or car keys, changing locks, developing a code, hiding weapons*).

B. What are the ways you resist the violence?
Probes:
1. Fought back physically/verbally?
2. Slept separately
3. Refused to do what he said
4. Used/threatened to use weapon against him
5. Left home to get away from him
6. Ended (or tried to end) relationship.

C. What are the ways you try to pacify your intimate partner to prevent the violence?
(Probes: Do you keep things quiet for him or try to avoid him?)

D. What are the reasons for using these ways of protection, safety, resistance, pacifying and support?

E. How did you cope with the abuse?

 1. Here you can give examples (like women have said, watching movies, cleaning, fishing, smoking)
2. What do you feel and how do you manage those feelings when the abuse is happening and when it is not happening? (ask them how they handle their emotions such as fear, being overwhelmed, etc).
3. What goes on in your head all the time, when you were pregnant, and were facing abuse?

F. Are there other things that you wanted to use, but you weren't able to use?
1. *What are the reasons for not being able to use them?*

G. How does pregnancy influence the coping skills you discussed?

H. How does the unborn child influence the coping skills you discussed?

I. What advice would you give to other pregnant women who face intimate partner violence?

J. What advice would you give to the health care professionals working with pregnant women facing intimate partner violence?
3 Months

VII. COPING WITH ABUSE

The purpose of this section is to know how you have coped with your situation since the last interview and the role of your new born baby in your coping. (Depending on every woman, if she had used some strategies that she mentioned in the last interview, then follow them up in this interview. Ask her if she did anything new).

There are some ways women use to protect themselves, their children and the unborn child when there is violence. You were asked on the questionnaires about ways that you tried to protect yourself. Was there anything about those strategies that you think we should know.

A. What are some of the ways you keep yourself safe? Your children—particularly your unborn or newborn?
(Probes: *Hiding house or car keys, documents, weapons, changing locks, developing   a code*).

B. What are the ways you resist the violence?
Probes:
        1. Fought back physically/verbally?
        2. Slept separately

3. Refused to do what he said
4. Used/threatened to use weapon against him
5. Left home to get away from him
6. Ended (or tried to end) relationship.

C. What are the ways you try to pacify your intimate partner to prevent the violence? *(Probes: Do you keep things quiet for him or try to avoid him?)*

D. What are the reasons for using these ways of protection, safety, resistance, pacifying and support?

E. How did you cope with the abuse?
Probes:
   1. Here you can give examples (like women have said, watching movies,   cleaning, fishing, smoking)
   2. What do you feel and how do you manage those feelings when the abuse is happening and when it is not happening? (ask them how they handle their emotions such as fear, being overwhelmed, etc).
   3. What goes on in your head all the time, when you were pregnant, and were facing abuse?

F. Are there other things that you wanted to use, but you weren't able to use?
   1. *What are the reasons for not being able to use them?*

G. How does the new born baby influence the coping skills you discussed?

H. How does the new born child influence the coping skills you discussed?

I. What advice would you give to other women with young children who face intimate partner

violence?

J. What advice would you give to the health care professionals working with women with young children facing intimate partner violence?

APPENDIX B: TIMEFRAME FOR DATA COLLECTION

Month of Start of Data Collection	Number of Baseline Interviews	Number of Combination Interviews	Number of 3 Months Interviews
September 2007	3		
October 2007	4	3	
November 2007	3	1	
December 2007	1	1	
January 2008	1	1	2
February 2008		1	3
March 2008			4
April 2008		1	3
May 2008			
Total	**12**	**8**	**12**

APPENDIX C: METHODOLOGICAL MEMOS

Changes in the Interview Guide have been made after reading research done in this area, talking to women, talking to peers and personal experience of working on the issues of IPV by the researcher. Following is the log of the process that the researcher went through before making the changes:

October 1, 2007-
I met the Committee for the Proposal defence. I shared that the first woman I had spoken to was living in the shelter. However when I asked her if she has sought any help, she did not spell out that she was living in the shelter. That set me to thinking that there has to be another way of asking the women the help they sought. I asked this in the proposal defence. It was suggested to me to ask each strategy under safety, resistance, formal and informal networks and placating, because women do not understand jargon language.

October 3, 2008

From the fifth interview on I asked the women what kept you going on, how did you survive, or more direct how did you cope with the situation. It was 606 that I started asking it.

October 10, 2007
This was the first combination Interview where I was trying to capture her experiences at the time of pregnancy and 3 months post natal. It was #805. I felt very good after the Interview. As I thought that I was getting comfortable as well as getting the hang of it. We had to do a combination interview, as the baby was really early and she was in the hospital for a very long time.

The second Interview on the same day was #810. I had already had the seeds of relationship status and that having a role to play in the minds of women in the way they dealt with the situation. This woman had an off and on relationship with a man since 8 years. She had 2 kids with him and was pregnant with the 4ᵗʰ. She herself explained a pattern in her life, where she said that , P: "**Like I said me and Adam had been off and on for 8 years and I guess I am afraid to be alone because most of the time right after me and Adam break up, I find somebody else to be with and this guy , he was, I thought I know better than what I did but I didn't".(Page 18)**

R: But do you think that getting into relationships has a, what is the reason for getting into relationships? (Page 35)

P: because I always want to be with somebody I guess I am afraid to be alone. I don't know. I don't like being myself at all.

 She had brought it up in the beginning of the Interview, so I went ahead and asked her.

November 7, 2007
#806 mentioned that she used the Internet to meet men, chat with them and talk to them. This was an interesting insight as she was the second woman who had mentioned it to me. However included this question on the use of internet on February 28, 2008.

January 7, 2008

Read the book on partner Stalking by TK Logan and realized that the responses of women did not include any emotional responses, and it was very activity oriented. So introduced the following probes for the question on coping. Confirmed with Dr. Linda Bullock and Dr. Kim Anderson.

2) How did you cope with the abuse?

a) Here you can give examples (like women have said, watching movies, cleaning, fishing, smoking)

b) What do you feel and how do you manage those feelings when the abuse is happening and when it is not happening? (ask them how they handle their emotions such as fear, being overwhelmed, etc)
c) What goes on in your head all the time, when you were pregnant, and were facing abuse?

January 8, 2008
While checking the transcription and analyzing Interview # 603, I realized that women use other men to come out of the violent relationship. This was from personal experience as I had seen people doing it in personal lives. However the literature on IPV does not talk about it. I guess here was the theory on the role of partners coming up in my mind. # 603 Tarah, 18, talked about 3 men whom she dated off and on. The way she mentioned set me to thinking and wanting to probe about the role of these men in her life, in the decisions that she took. Therefore the 3 months Interview of 603, I asked her what was her journey from D to H to T. Also I thought that there was a gap in the story that she had narrated to me. Hence when I went out to do the 3 Months Interview with #603, I asked her this question

February 8, 2008
810 – 3 Months Interview, she said that she had the insecurity of not looking good. Therefore she thought that her 8 year old boy friend and she would not get together as a couple in future. Set me to thinking about the impact of emotional abuse on women's lives.

February 28, 2008
Introduced the questions on the internet and after that asked every woman if they used the internet to chat with men.

March 10, 2008
Interview with #610 – 3 Months I had already divided the women on the basis of with the abuser, no partner, new partner or ex-partner. Asked her about her current partner who was not the abuser and she said that he was her ex-partner. This further strengthened my theory of women getting together with ex-partner with 3 out of 20 women doing it.

March 26 , 2008

Discussion with Kathleen (a colleague at work and a PhD student in Nursing) and while I was entering the demographic data, I entered the type of violence. Seeing the number of women wit sexual violence realized that the way of coping with sexual violence would have bee different. So thought that in 3 months interview, I could ask the remaining women if they did anything differently for protection from sexual violence.

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APPENDIX D: SUMMARY STATEMENTS OF THE CODING PROCESS

Open Coding

Since this dissertation was part of a larger study, I divided up my section and put them in broad categories. Then I read the whole interview and put together all that was connected to coping to build context to the woman's life. The first interview was coded by labeling the discrete ideas about the coping by rural, pregnant, low-income women facing IPV. The similar codes were put into a category. For example both the properties "developing a code" and "keeping important phone numbers" fell in the category of safety planning. The analysis of the first few interviews was completed before going to the next interviews. Similarly, the interview transcripts were coded by constantly comparing the new data to emerging concepts and modifying the categories according to the new data. If the women came up with new concepts, they were explored in detail with the other women. However, if anything new came up which did not fall into the already existing properties, they were added to the already existing open codes. For example,

safety already had ten properties, and the following two, "moving to a safe place" and "watching the surroundings" were added as they were derived from the in vivo codes.
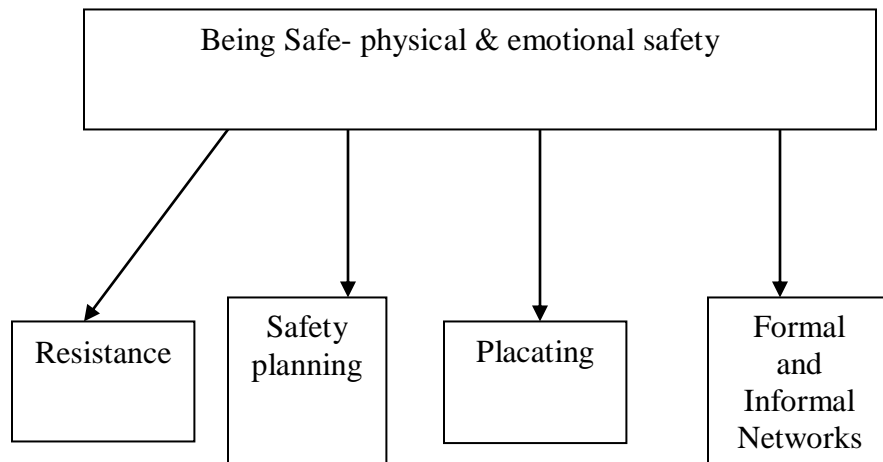
An example of open coding:

Safety Planning:

Moving to a safe place, watching surroundings, hiding car or house keys, Keeping money and valuables hidden, hiding documents, developing a code, working out an escape plan, removing or hiding weapons, keeping important phone numbers, keeping extra supplies of basic necessities, hiding important papers, putting knives or weapons where she could get it, changing the locks to improve security, locking self up, locking the house, changing the number, Physical Safety- Turning back, balling up, preventing from being hit in stomach, keeping self isolated, didn't do anything, keeping the child with self.

Focused Coding

The various strategies of safety planning, placating, resisting and using formal and informal networks were labeled "Being Safe".

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          ┌─────────────────────────────────────────────┐
          │      Being Safe- physical & emotional safety │
          └─────────────────────────────────────────────┘
           │          │                │              │
           ▼          ▼                ▼              ▼
      ┌─────────┐ ┌─────────┐    ┌──────────┐   ┌──────────┐
      │Resistance│ │ Safety  │    │Placating │   │  Formal  │
      │         │ │planning │    │          │   │   and    │
      │         │ │         │    │          │   │ Informal │
      │         │ │         │    │          │   │ Networks │
      └─────────┘ └─────────┘    └──────────┘   └──────────┘
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Women did a number of things like resisting, pacifying the violence, using formal and informal networks to keep themselves and the unborn baby safe. The following categories fall under the construct of "Being Safe".

Similarly Intimate Relationships had father figure for the kids, loneliness and frustration which was named as "Companion", after numerous consultations and debates, "using one partner for safety from another" was named as "Protector" were the core categories under the construct "Decision about Intimate Relationships"

Protection of the unborn/ newborn baby construct had "Solely responsible, self care and Provider" a the core categories under it.

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                    ┌─────────────────────────────┐
                    │   Intimate Relationships    │
                    └─────────────────────────────┘
                      │            │            │
          ┌───────────┘            │            └───────────┐
          ▼                        ▼                        ▼
   ┌──────────────┐        ┌──────────────┐        ┌──────────────┐
   │   Father     │        │  Companion   │        │  Protector   │
   │   figure     │        │              │        │              │
   └──────────────┘        └──────────────┘        └──────────────┘
```
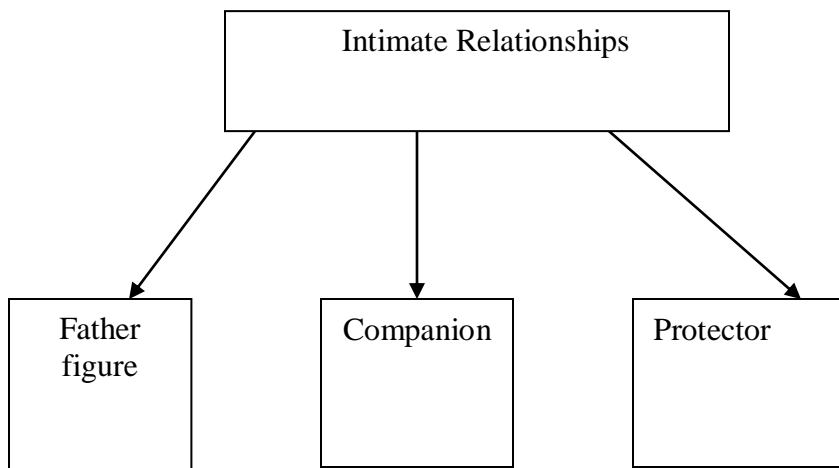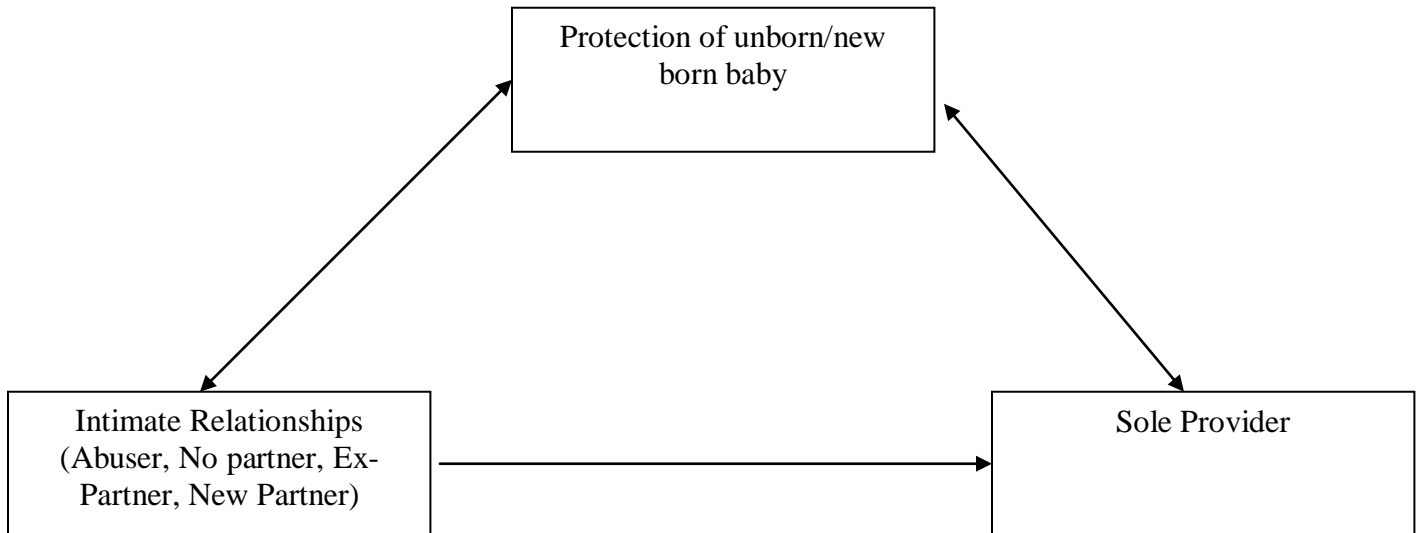
Theoretical Coding

In the data reconstruction and synthesis, the emerging themes were defined and integrated into a theory. Theoretical coding specifies the possible relationships between the categories developed in focused coding. "The substantive codes may relate to each other as hypotheses to be integrated into a theory" (Glaser, 1978). Theoretical codes give consistency to the analytical piece. In this dissertation, "bonding with the unborn/new born baby", "being safe", "intimate relationships" were the theoretical codes which established the relationships between the different categories. Women realized that the unborn/new-born baby governed all their decisions in life. "Unborn/New Born Baby" was one construct. The women wanted to be safe for their babies. "Being Safe" was another construct which had two connotations, physical safety and a concept of safety

which was more emotional in nature. "Intimate Relationships" was the third construct. The fourth construct was "Identity of women with regard to other". Women's relationship with their partners to choose to be with the abuser, not date anybody, have a new partner or get together with an ex-partner was decided by the new born baby. Interrelationships between and within these three constructs are explained in the following

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                    ┌──────────────────────┐
                    │ Protection of unborn/new │
                    │      born baby        │
                    └──────────────────────┘
```

| Protection of unborn/new born baby |

| Intimate Relationships (Abuser, No partner, Ex-Partner, New Partner) | | Sole Provider |

APPENDIX E: COMMITTEE MEETINGS FOR DATA ANALYSIS

Ongoing and continuous interactions about the findings with Dr. Linda Bullock under whom I worked as a research assistant (Co-PI of the project) and who was also on my dissertation committee.

October 1, 2007- Proposal Defense. All the members of the committee were present. I also shared my experience with the first 3 participants that I had interviewed. Feedback was given as to include all the strategies of safety, resistance, pacifying, formal and informal networks.

November 6, 2007- Showed Dr. Kim Anderson the themes of 814 and 816 and she told me that safety, resistance were categories and to go line by line and write the properties. Tips on open ended questions to ask the participants.

For example: When did the change come about?
What was different?
What changed from before?
What does this mean to you?
How are you dealing with it now?
What keeps you going on?

December 4, 2007- meeting Kim Anderson, showed her the interviews done and asked how to probe further. A lot of data in the other parts of the Interview, where to include all of that. Showed her the interviews and asked how to probe one of them –(#605)
More tips on asking open ended questions.

January 2008
 Sent an email to Kim Anderson about including questions on handling emotions. After reviewing the book on Partner Stalking, by T.K.Logan, realized that need to include questions on management of the emotions. Included detailed notes in Methodological memos.

February 13, 2008-Discussing with Linda Bullock, initially divided the women on the basis of physically and emotionally distant.

February 20, 2007- Had a rough code book which basically covered the help seeking strategies of IPV index and showed Kim Anderson. What questions still needed to be asked to the participants?
Talked about the process of open coding. The data was too over whelming at that point in time with 13interviews

March 5, 2008
Showed the rough model to Kim Anderson and we looked at the research questions to help see that I was not deviating from the research questions. It all fell in place. I was asked to start writing the findings chapter. I chose to write from the help seeking strategies section. Also asked Kim if it was alright to give comments like " That is good to hear"
Talked about having women from St Louis and Kansas City and what needs to be done with them. Decided that the DOVE grant was written with Missouri being the rural site and Baltimore being the urban site. Did an exercise of answering the research questions on the basis of the model developed.

March 19, 2008
Showed Kim Anderson the section I had written. She then told me to write in one paragraph what the entire section talked about. She also told me to make a table of the women with pseudonyms and socio demographic details.

April 3, 2008

Showed the Memos that I had written. Clarifications about the tense to do use in the chapter. Negative Case analysis- Michelle being a being a negative case. Showed the table of participants made. Chapter 2-showed Kim the outline. Showed her the memos.

April 16, 2008

Showed Kim Anderson the division on the basis of partners- No partner, ex-partner, abuser and ex-partner. Cleaning up of methodology

April 30, 2008

Added the sole responsibility piece to the model. Discussed the definition of rural and put that the DOVE grant had defined Missouri as rural as compared to Baltimore being urban. Got feedback on Chapter 3.

June 6, 2008

Meeting Fran and Kim and discussed feedback on Chapter 1-3 and about the findings.

July 15, 2008

Discussed about the findings and some doubts

August 11, 2008

Discussion about things to be included in Chapter 5 as part of discussion. September and Re-discussed the model and made some changes.

Meeting in September 2009

Re discussed the model and finally arrived at the final model. Detailed discussion about Chapter 5 and time line set to submit the chapters to Dr. Anderson and the Committee.

Follow ups over the email from all the Committee Members till February 2009.

Exchanges over the email and got feedback on my writing in the month of October, November, December 2008 and then in January and February 2009.

APPENDIX F: MODEL DEVELOPMENT – THEORETICAL MEMOS

Feb 28, 2008

Formed the model, where I was able to divide all the women under 4 categories**:
(Choice entrapment article),** so the model started taking shape where I divided all the
women. See in hand written notes. Feb 28, 2008
Separated baseline and three months interviews. However slowly started realizing that
dividing the women as per emotionally and physically distant did not make sense, and
hence came up with the idea of being with the abuser, no partner, dating an ex-partner, or
have a new partner in their life. As emotionally and physically distant was not making
sense for the women in my sample. The partner being in the prison was further
complicating the process.

March, 2008,

Always knew that resistance, safety, pacifying and the networks were the help seeking strategies women were using. Also came up with a model where help seeking strategies and

April 17, 2008
See notes, came up with the model, where solely responsible was added and it had 3 categories- emotionally strong, provider and self-care.
Help seeking strategies was still separate.
Discussed the sampling in the Methodology, the reason for recruiting 21 women and the table showing the women consented and women recruited in the study.

April 30, 2008

Look at this model, help seeking strategies was deleted. Women were doing all this to keep themselves and their baby safe. And so resistance, pacifying, safety , networks were all moved under " Being Safe" The unborn/ new born baby gained supreme importance

May 8, 2008- Came up with the model look at the model in notes, shortly thereafter had a discussion with Linda Bullock if it was the unborn baby or all the kids. Women talked about all their kids. However with the discussion with Kim Anderson on 14th May, decided it was the unborn or the new-born baby that heightened the decision of the woman and she paid attention to her other kids as well.

May 18, 2008- while analyzing the data, in the sole responsibility section, came across the quote from 602 where she said that's he took all the decisions for the baby. Earlier she wanted her marriage to work, but when the baby was born, it was for the baby that she took the decisions. Added to the code "Emotionally strong- Being there for the baby"

May 23, 2008
Talked to Sandelowski on the phone. She said to take the findings to the abstract level. See a link if women are involving themselves in risk behaviors like dating an ex-partner, dating on the internet. Reasons for women dating their ex-partners was because of rurality, less number of men, ???
Projection literature, map out every woman separately.

May 27 (North Carolina)
Deleted Emotionally Strong-Being there fro the baby from the construct solely responsible as it was too repetitive from Being Safe . Collapsed Being there –

Emotionally and Physically to Safety Construct as Safety was capturing emotional and physical safety.
Met Noreen

May 29, 2008
Discussion with Kim Anderson about Sandeloswski and Noreen's feedback. Instead of projection, discussion on women hope that their relationship will change. They do everything in the hope of things improving. Look at it as a emotion focused coping. Also developed the constructs " Being Safe", Bonding with the unborn/nee born baby" Discussion about how to take the findings to an abstract level. Refer to the theory and what women in the study, do they agree or disagree.

June 6, 2008
Meeting Fran and Kim and discussed feedback on Chapter 1-3 and about the findings. Discussed that my findings are in tune with Landenburger findings and not with the double binding.

August 28, 2008

 Met Tina Bloom – Assistant professor in the School of Nursing (has extensive experience of working in the field of IPV) on August 28 th and got rid of the word "bonding" in the model as it is heavily value loaded. Dr, Bullock, Dr. Bloom and I discussed the model in detail and worked on it together.

APPENDIX G: DATA COLLECTION MEMOS

814 (Baseline)-Nakisha-This was my first Interview and I was to meet the client in Columbia Public library. I reached the library and remembered that I did not the race of the woman. However when she walked in I recognized her, as I did not remember that she was also pregnant.

605 (Baseline)Diamond- I drove to St Louis for this Interview. I was not at all acquainted with the African American lingo. She did not have nay eye contact with me. Moreover she mumbled a lot and I was not able to understand what she said. She refered to her partner as "baby daddy". I wasn't sure of what baby daddy meant. I could not understand the word "Lord" that she used. It was one of the worst interviews that I did. After the Interview I felt so nauseous, tired and sick that I did not understand what she was trying

to tell me. I was using 2 tape recorders for the Interview, and one of them did not ask to be flipped over. I was so nervous in the interview, that I did not bother to check. After the Interview I realized that only one set of tapes could be sued as the other set had gone bad. Immediately after this Interview I bought a digital tape and started using one small tape recorder and one digital tape as back up.

816 (Sally) Baseline - She cried in the Interview and I was not able to handle that. From the role of the counselor to researcher, I immediately consoled her but also took the decision on her part. I did not give her the choice to decide if she would want to continue or not. I told her that she could stop sharing if that made her uncomfortable.

After 3 Interviews had the Committee meeting where I defended the proposal. I had already done 3 interviews and shared some experience. It was decided to ask each woman each of the strategies of safety, resistance, pacifying and formal and informal networks.

603 (Tarah)She was not with the abuser when we interviewed her. She was with the other guy and he was the FOB. I had the preconceived notion of women using other men to get rid of abusive men. Hence would want to explore that with her at the 3 months Interview. At 3 months asked her about her journey from Harlan-Dallas to Thomas.

606 (Shanice) Talking to this woman who had a near death experience, I felt that her situation just makes her so unique. Her replies were so real. It really touched my heart when I heard about her advice to other women and what she did for her baby. She not having enough money to make glasses really touched my heart.

805 (Angel) She has eye contact with Erin and not with me, the entire time. Even though she had met Erin for the first time.

810 (Monica) Women use men to come out of abusive relationship. I believed in this as I had seen friends doing this. Hence in this Interview, I asked her and she confirmed it.

800 (3 months)-Lorraine- Linda and I drove for 4 hours to get to her place. She was alone at home and mentioned that her cousin lived with her. Her cousin was also pregnant, but she rarely met her, though she stayed in the same house. She cried a lot and was feeling very overwhelmed of taking care of the baby all on her own. It was my first 3 months interview where the woman denied any abuse. Therefore, I did not know how to ask her the questions. Every time I asked her a question, she would say that she is not abused, and was getting irritated. Though she said that the FOB was not abusive, he promising

her to get together and then 3 weeks after the baby was born leaving her, was a form of abuse. She however did not admit it as abuse.

After this Interview, I went to Canada for the Nursing Network meeting. Met Jeanne Sharp, midwife from Canada. She said that since I don't have time to reflect on the Interviews and analyze it, the methodology would not be Grounded Theory. It would be Thematic Analysis using the Constant Comparative Method which is consistent with the Grounded Theory.

600 (Janice) 3 Months
This woman has always intrigued me. I shared a special relationship with her. I was her crisis counselor and she paged me several times. Way back in June 2007, seeds of finding a partner and taking care of a number of stressors. Intriguing was to find a man and feeling secured and at peace.

602 (Susan)- She seemed like a middle class woman. She just wouldn't talk about the abuser. On asking her about the child that she was pregnant with during the car accident, she said that she did not want to talk about it. Not sure if the baby had a still birth

After the 2 Rolla Interviews on October 26, 2007, the next interview was on November 2 at Columbia Public Library. I searched for the digital tape on November 1, and could not find it. Finally used my brain and checked the care. It had fallen out of my bag, rolled over and reached below the driver's car seat. I was very relived when I found it, as it had confidential data in it.

802 (3 months) Jane- Did the Interview at Columbia Public Library. She had lost triplets due to the violence. I had thought that she would be very sad. However with Thanks Giving round the corner and Christmas a month later, she was in a very happy, festive mood.

806 Azmera (Baseline) In the quarter end of the Interview, Jan had put her 2 year old to sleep and cam and sat with us. The client immediately shifted her focus from to her.

819 Courtney (Baseline) I felt very bad for the client as the family is living off of her and her sister's child support. Her mom and her boy friend don't work. They are always glued to the television and the living room is full of smoke.

609 Nancy- Baseline- Many interesting things about her. Her partner, who is the abuser has started behaving well, after he knew that she was pregnant with a son.

807 (Racheal) In the interview she mentioned about her son being abused by her husband, as he has visitation rights. We told her that she needs to hotline, and she said that she had told the DFS worker and they wouldn't listen. It has been recorded on the tape as well. After the Interview, we talked to Linda, and accordingly and after checking with the client and securing her permission, informed her home visitor Mindy Kissner from CAPA, and she said that she would be meeting the client, and would be more than happy to help. After a week Mindy called up and told Jan that she would help Jennifer to make the call.

803 Gail (Baseline + 3months) She spoke from the point of view of her partners and her kids, when asked any question. When asked her what had changed for her, she said nothing. She did not believe in counseling at all. As a girl she was molested and had gone to counseling but did not benefit from it. She did not have faith in counseling. On our way back had a conversation with Karen and I said that lot of poor people did not believe in counseling as they thought it was a waste of time and money.

610 (Tina)

825 (Lisa)- On our way back, had a discussion with Karen about the client how she had jumped from one abusive partner to another. We were wondering if she felt empowered enough to tell us to not do the interview when her dad was around.

800 (3 Months) Lorraine- When Linda and I went to her house did the Interview, she

801 (3 Months) Michelle-Phone Interview. I thought that she was a negative case. She was very different from all the other women I had spoken to. She was still scared of the abuser and he controlled her life even from the prison. After the interview I asked her if she would have time to go for counseling and she immediately said that she did not have any time. I insisted and she agreed. I then discussed it with Linda and gave her the resources in her area that she could get in touch with in her area even on the phone. I would consider her as a negative case.

605 Diamond (3 Months). I had always heard about bad and good neighborhoods, but never seen for myself, what they a bad one looked like. I had read about broken windows and run down houses and neighborhoods which are unsafe.The woman lived in one of those. Working in the slums of Mumbai, I have worked in the highest crime rate area in India with a lot of ease and not worried about my safety. However I also understood that the crime scene in the 2 countries was different. She was very relaxed. Though this time

also she did not have eye contact with me, she smiled with occasional smiles and asked for clarification. I was very happy to see her. After we were done with the Interview, she came out and waited out of the door, till we sat in the car and left. Her daughter was the most adorable baby, I had ever met. She feel asleep in my arms.

610 Tina (3 Months). I had already developed the theory that the decisions women take are on the basis of the partners they have in their life. I had already interviewed 2 women who had gotten together with their ex-partner, after the birth of the baby. That set me to probing about her new partner, and it turned out that he was one of her ex-partner.

806 Azmera (3 Months)
While talking to her daughter she referred to me as Miss Shreya. I was surprised that she remembered my name. Her house smelt of urine and I just couldn't bear the smell. But son talking to her realized that she is very happy in her life. If one would see her house, one would feel that it was in a mess. Her daughter was very clingy to the mom, her DOVE baby was obese, but after I spoke to her, she sounded so happy and content in her life. She said that she was ready to be dating again and this time she would be very careful.

819 (3 Months) Courtney-I felt very bad for the client as the family is living off of her and her sister's child support. Her mom and her boy friend don't work. They are always glued to the television and the living room is full of smoke. The experience was the same at Baseline.

June 4, 2008
610 's interview, she said that her baby in the womb bonded with her ex-partner who is her current partner. He is not the father of her children and she started dating him, after her husband left her . Her husband was the abuser.

June 23 2008
Checking the transcription of 814 in 6 months interview, the client said that her mom told her that she was abused. That made it all the more important for her to take her present relationship slowly and be focused on her child.

June 25, 2008
While putting the 3 months interviews in the themes, realized the overlap between the safety planning and informal network with 606 (3 Months) interview. The client mentioned that she would call her sister and tell her where she is for safety. Hence the overlap between informal network and safety planning.

Theoretical memos

June 6, 2008
Meeting with Kim Anderson and Fran Danis to discuss the feedback on 3 chapters. Dr. Danis suggested that how many women were adult survivors of abuse and said most of them. She led me into the literature of how adult survivors would leave early as they would not let that happen to themselves when they would get pregnant. Added that as a category in the coding for the context on June 26, 2008 and included it in discussion chapter.

APPENDIX H: CONFIRMING WITH THE PARTICIPANTS

Member Checking:

June 4, 2008
After the model was ready, I did a 6 month interview with Tina. She actually confirmed what my model said. She went to the extent of telling that her unborn baby in the womb bonded with her ex-partner, with whom she got together.

July 18, 2008

Checked the dissertation findings with Lisa at the 6 month interview. She said that she agreed with the findings. She also said that in her work in the shelter, she sees a lot of women getting negative and they start stalking the men or other women dated by their abusers. She said that those are the women who do not seek help and are in need of it. She was happy to hear that the women I had talked to had a positive experience

July 22, 2008
Checked the findings with Rachael and she said that she agreed with the findings. She said that she would be the one who would never go back to the abuser.

August 6, 2008
Checked the findings with Angle when her baby was 12 months old and she agreed.

August 13, 2008
Checked the findings with Lorraine and she agreed. She mentioned that women should not search for a father figure as she said that she was the father as well as the mother for her child.

October 9, 2008
Checked the findings with Monica and she said that the women who are abused should leave the abuser. On asking her the reason for her not leaving she said that she should also probably leave him but has not yet gathered the courage to leave him.

October 10, 2008
Checked findings with Tarah and she agreed, but she said that she did not think about dating as her baby was her priority.

October 20, 2008
Checked the findings with Nakisha and she completely agreed with everything.

October 22, 2008
Checked the findings with Betty and Susan and they both agreed.

January 7, 2009
Checked the findings with Azmera and she agreed with them.

Transcripts of these are also available

Vita

Shreya Bhandari was born on September 21, 1980. She completed her undergraduate

education in Commerce in the city of Mumbai in 2001. Thereafter she sought a Masters

in Social Work from Tata Institute of Social Sciences, Mumbai, India in 2003. She

worked at a hospital based crisis center in a public hospital for 2 years which helped her

develop perspective on the issue of domestic violence. She then came to the United States in fall 2005 to seek a doctorate in Social Work. In her journey of doctoral education she presented at several national and international conferences and published papers on the issue of intimate partner violence. She is currently working with the Sinclair School of Nursing at University of Missouri as a research fellow on the issue of intimate partner violence.