Identifying the Barriers to Women's Agency in Domestic Violence: The Tensions between Women's Personal Experiences and Systemic Responses

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Abstract: Despite advances in knowledge and understanding about the impacts of domestic violence on women's lives, global research on violence against women shows there is a need for research that not only places women centre stage in research praxis, but also that involves them more collaboratively in genuine dialogue about their experiences, including their agentic stances. This is especially the case for marginalised and socially excluded women victims of domestic violence, such as those who are not known or do not present to services and who survive abusive relationships alone or with little outside support. Evidence from two studies reported here—secondary analysis of women with severe and enduring mental health problems and a collaborative narrative project with unsupported women victims of domestic violence— suggest that women's capacity for agency are compromised by a number of critical factors, and that these are also reflected in the tensions between micro–macro analyses and understanding of the impact of domestic violence on women. This article considers the barriers to women's agency from the women's perspective and in the context of broader, systemic dynamics, including the denial or obscuring of abuse by governments and states and the consequences of stringent fiscal retrenchment that put women at increased risk of domestic violence.

1. Introduction

While research suggests that many women exercise a degree of agency and resistance to domestic violence when it occurs [1], it is also recognised that specific aspects of women's agency in unsupported domestic violence contexts are largely missing. Thus, any attempts to make generalisations for broader populations of abused and victimised women based on this evidence, or to use it in domestic violence preventive work, are somewhat compromised. Extensive research with women victims of domestic

violence over many years has shown that its consequences for women are often both profound and far-reaching, including physical illnesses and conditions, and mental health problems that can occur both as a result of the initial and ongoing trauma of each violent episode and also as a consequence of more long term emotional problems [2,3]. These effects can also result in what Larkin [4] describes as unique or innate vulnerabilities among some women, thus reducing their capacity for developing agency and for resisting the impacts of social exclusion and marginalisation.

The harms caused by domestic violence, the perpetuation of women's vulnerability as victims and the barriers to agency or resilience are also compounded by broader, systemic factors such as ineffective or inappropriate support services and interventions, as well as political and ideological influences (see [3]). Romito [2] argues, for example, that the obfuscation of male violence against women more broadly in society and the silencing effects of violence for women victims occur as a result of governmental or state 'tactics' or 'strategies' for hiding male violence that, she states, are evident in countries across the world. Such devices present as 'ways of seeing, conceptualising and naming reality' and manifest themselves as both common sense perspectives and as ideology, specifically, 'when they centre on the interests of those in power and may be 'institutionalised' in various ways, such as laws, scientific or pseudoscientific theories and the work practices of legal and social services' ([2], p. 43). Currently, there is also growing concern that the prevailing economic crisis will have disproportionate consequences for women, thus enhancing their susceptibility to the impacts of social exclusion, personal harm and further or more serious violence and abuse [5], and thus reducing their capacity for agency.

Global population-based surveys reveal the prevalence of domestic violence worldwide. The *WHO Multi-country study on women's health and domestic violence against women* [6], for example, shows that '15–71% of women experience physical and/or sexual violence by an intimate partner at some point in their lives'. In the UK alone, one incidence of domestic violence is reported to the police by a woman every minute [7] and domestic violence accounts for one quarter of all recorded violent crime [8,9]. While the latest national statistics from the UK on domestic violence seem to suggest a reduction in the number of domestic violence incidents experienced by women between 1993 and 2010 [10], consideration of both the methods of data collection and the ways in which these data are interpreted suggest that the opposite may in fact be the case. Indeed, it is claimed in the Home Office guidance report itself ([11], p. 2):

Domestic violence figures that relate to incidents reported in face-to-face British Crime Survey interviews should be treated with caution.

Prevalence rates for domestic violence derived from the self-completion module are around five times higher for adults than those obtained from face-to-face interviews.

Furthermore, even though there are now wide numbers of population-based prevalence surveys of domestic violence, it is often not clear whether or not these data are collected from women who have received domestic violence support. It is also claimed that what is missing from global and national research studies and evidence on domestic violence and its impact on women are the voices and perspectives of non help-seeking women. As Ellsberg and Heise ([12], p. 33) argue, most research on domestic violence is conducted among women who are already in receipt of domestic violence services and the number of women who do not seek help or disclose domestic abuse 'greatly outnumber those who do seek help'.

2. Identifying and Recruiting Women Victims of Domestic Violence for Research Purposes

In many respects, in both research and practice terms we often only know about women victims of domestic violence because we know of them, that is, from information about where and how they obtain help and support. Such women are often identified and recruited to research studies through support agencies, networks, mediators and women's advocates etc., and it is more difficult to identify and recruit unsupported women victims for research purposes without such benefaction or through collaboration. Simmons and colleagues [13] argue, however, that, 'most women in abusive/controlling relationships simply do not utilize formal helping structures (e.g., shelters, domestic violence support groups, hot lines)' ([13], p. 1299). Similarly, it is also acknowledged that, because of the difficulties of identifying and gaining access to them, we know less about the experiences and needs of multiply vulnerable, marginalised groups more broadly, for example, those in remote communities, those who live beyond the limits of the law and stigmatised groups. The result is we understand little about those missed in comparison with those 'captured' in and by research ([14], p. 11). Thus, identifying and recruiting marginalised, multiply vulnerable people in research, and in practice, remains a dilemma for researchers and professionals working with vulnerable populations generally. It is commonly understood that identification and recruitment strategies must, in these cases, rely on informal word-of-mouth practices —in research terms this often means relying on non-probability sampling, such as convenience or snowball sampling. Indeed, some have argued that peer identification and recruitment is often more successful among marginalised populations than any more formal strategies used by researchers themselves [15,16].

Researchers that look to recruit multiply vulnerable, marginalised individuals also often rely on gaining access to participants at specific locations or in more visible communities, including street-based locations, emergency treatment centres and so on (see [14,16,17]). However, in many cases, the nature, extent and impacts of domestic violence on women mean that the abuse may not have been disclosed outside the immediate domestic sphere or the abusive relationship itself and thus is not manifest in any visible or known 'community'. Furthermore, abused women may also engage in self-denying behaviour, as one of the effects of the violence itself and may also be afraid to disclose abuse for fear of putting themselves and their children at further risk. We also know that even when they are forced to present to services, for emergency medical treatment, for example, women often attempt to conceal the abuse even when it has resulted in physical injuries to themselves *or* they are never asked about it by those health professionals responsible for their treatment [18]. Thus, even tried and tested methods of identifying and recruiting other vulnerable, excluded populations for research purposes are often neither appropriate nor achievable for populations such as victimised and abused women. In essence then, what is needed when attempting to recruit and work with multiply vulnerable, unsupported women victims of domestic violence (in order to address real gaps in knowledge) is for researchers to strike the right balance between devising appropriate and sensitive ways of successfully identifying and working with these women, and also in ways that ensure their safety and rights are at the forefront of research design and praxis. In short, as Penrod and colleagues [19] argue, researchers must endeavour to, 'balance the acquisition of knowledge with the rights of participants' ([19], p. 101). In terms of recruitment procedures, convenience sampling would seem to be the most appropriate and effective means of identifying and gaining access to unsupported women victims of domestic violence, and often word of mouth approaches can work best here. In her study of women who experience domestic violence in Calcutta, for example, Sen [20] used word of mouth techniques—cold-calling in slums, contact with activists and even her friends and family in Calcutta—in order to identify and access her sample of largely hidden victimised women.

Similarly, Rodriquez and colleagues' [21] study of Spanish speaking Latino families in a rural community in the US found personal contacts to be the most useful method of identification and recruitment, even after multiple strategies for recruitment had been used: 'The research team learned that word of mouth and the use of existing community resources were the most powerful recruitment strategies' ([21], p. 87). In identifying unsupported victims of domestic violence, such word of mouth techniques are often critical, although in many respects these do not result in high numbers of women participants. However, this does not mean that the rigour or credibility of the research is inevitably surrendered for the sake of access, but that this must be balanced against the necessity of 'conducting studies in populations where inherent barriers exist relative to key issues such as recruitment, attrition, *sampling size*...' ([22], p. 1; my emphasis).

Gaining access to unsupported women victims of domestic violence was a key objective in the *Write It* Project—a participatory narrative study in the UK that used intensive sampling techniques with non help-seeking women participants. This study came about as a result of secondary analysis of data from a UK-wide mental health study, which looked at the experiences and needs of women with serious mental health problems and who were being cared for by their children (see [23]). Thus, in terms of the evidence generated from both of these studies, the stories or narratives of the women themselves were obtained both purposefully and serendipitously from unsupported women victims of domestic violence.

2.1. Analysis of Mental Health Data

Secondary analysis of the interview data from the mental health study showed that one of the key factors in the onset of mental illness among many of the women participants was domestic violence, which the women revealed during the course of the interviews about the cause or causes, from their perspective, of their health problems. Although the focus of the project itself was on the women's needs as mental health patients and as parents, their mental health problems occurred and persisted, they believed, as a result of their domestic violence experiences, even though these were not considerations in the aetiology and treatment of their mental health problems by the mental health professionals involved in their care.

Twenty-three out of the 35 mothers interviewed for the study disclosed abuse and talked, without being asked, about their experiences of domestic violence. These women also said that they believed their mental health problems had been triggered by past sexual, physical and/or emotional abuse from their former partners. To give just two examples from the mental health study, one of the women, Susan, who was being treated for chronic depression (as well as Crohn's Disease), revealed that the severity of her former partner's abuse had been such that she had had a Court Order put in place to prevent the man from coming to the home or having any contact with their children (two daughters who were providing informal care for Susan). Susan believed that her illnesses were made worse by the ongoing stress of worrying about whether her former partner would break the Court Order—which he had done on

numerous occasions—and come into the house. Another of the women, Pat, described the symptoms of her obsessive compulsive disorder (OCD), which manifested themselves in constantly checking that the windows and doors in her house were locked; she attributed this behaviour to her former partner's violence towards her and their children: 'He had my children at knifepoint…and I think maybe with my doors and things he used to come…even after he left, he used to come and kick all the windows and everything in so maybe that is where I get my OCD from' ([23], p. 40).

The secondary analysis data from this study suggested the need to look more closely at the needs of unsupported women victims of domestic violence using methods that might help to draw out women's individual stories in more detail. Furthermore, in recognising the need for research studies that draw on more in-depth, participatory accounts, the objective was to not to recruit large numbers of women to further studies, but to obtain a richness of data through small numbers of participants, allowing unsupported women victims of domestic violence to tell their stories in their own time using (written) narrative approaches; these were based on 'real dialogue rather than one-way communication', and a more creative or imaginative approach ([1], p. 729).

2.2. The Write It Study

The *Write It* narrative study used informal, word of mouth techniques to identify and recruit women to the project, which was publicised online (through a dedicated website), at conferences, through networks of professionals, academics, activists and student bodies; the intention was to recruit unsupported women through informal processes via these networks and individuals. These types of intensive approaches are, as Crosby and colleagues [22] argue, limited in their statistical influence to test hypotheses and effects, but their value lies more in 'addressing gaps in empirical literature and evidence as these gaps may be valuable for informing public health policy and practice' ([22], p. 3). Furthermore, much narrative research is premised not on quantity but on quality of data from smaller sample sizes that 'results in unique and rich data that cannot be obtained from experiments, questionnaires or observations' ([22], p. 3). The intention of the *Write It* study was therefore to use in-depth narrative data from unsupported women victims of domestic violence to consider issues of personal agency in these unsupported contexts, and thus contribute new evidence and insights to an established body of knowledge about the impacts of domestic violence and women's needs.

In methods terms, intensive qualitative approaches such as narrative, life story or autobiographical techniques provide ways of illuminating lived experience through highly personalised and subjective

narrative explication; they provide in-depth insights as opposed to the breadth of data offered in extensive or what are also referred to as nomotheic approaches (see [24]). With respect to narrative research methods specifically, Lieblich et al. [25] state most narrative studies that are based on life story methods, for example, 'are conducted with smaller groups of individuals [although] the quantity of data gathered… is large' ([25], p. 9) (and this is reflected in their own narrative study of just two case studies). The participatory written narrative project with unsupported women victims of domestic violence also adopted similar techniques to the intensive case study approach where the researcher focuses 'on only one specific instance of the phenomenon to be studied… each instance is studied in its own specific context, and in greater detail than in extensive research' ([26], p. 2; [27]). Thus, three cases were studied in-depth, while other participants continued to volunteer their written accounts of domestic violence also via the dedicated website.

More recently, there has been a shift in narrative research (and theory) that has moved away from the 'grand narratives' of the past ('of human intention and progress' ([28], p. 10)), to small-scale narratives, which embrace individualised 'meaning making' and subjectivity ([28], p. 4). With respect to research on domestic violence, this shift is congruent with the call for more evidence from unsupported women victims using intensive or participatory approaches [12], which will inevitably draw on much smaller populations of women (not least because they are more difficult to reach, as discussed). In the context of a micro-macro analysis or understanding of domestic violence, intensive, small-scale narratives can at least serve to illuminate the tensions between these dual (and seemingly opposing) dynamics.

The women who volunteered for the *Write It* study were unsupported survivors of domestic violence; that is, they had survived abusive relationships on their own either without seeking support at all or failing to get appropriate or effective help when they had looked for it. Drawing on three retrospective survivor accounts specifically, and in depth, presented useful opportunities to identify and examine issues relating to personal agency, but also meant that safety issues were not as critical as they would have been had the women still been involved in abusive relationships while participating in the study.

3. Barriers to Women's Agency in Domestic Violence Settings

Evidence from both the *Write It* project [29] and secondary analysis of data from the mental health study suggest that women's capacity for agency (and for developing resilience) is compromised by a number of critical factors. These factors relate to the women's own personal perceptions of the barriers to

agency in domestic violence contexts—the lack of attention to the impacts of domestic violence on women's mental health; the lack of focus on perpetrator accountability; and the lack of appropriate recognition and support from family and friends and wider communities—and that also occur as a consequence of macro, systemic dynamics; specifically, the lack of emphasis on broader social, political and economic understandings of domestic violence, and the consequences of stringent fiscal retrenchment that put women at increased risk of domestic abuse.

While Wilcox [1] has argued that women's capacity to resist violence is often under-estimated and, in her own research on domestic violence, found that women 'maintained agentic stances, actively pursuing safety for themselves and for their children' ([1], p. 738), there is often a notable difference between women's ability to resist violence as it occurs through self-protective strategies, and their ability to adopt agentic stances and use these to survive abusive relationships. Evidence from both the *Write It* project and the mental health study showed that the women's resistance to violence and abuse when it occurred often seemed to them to be necessary acts of self-defence and self-preservation and that they were forced simply to react to violent episodes as they arose. Writing about her experiences of abuse retrospectively, Carla said that she maintained 'a naive belief that one day the violence and other abuse would end', and only managed to escape the relationship through the support of a friend 'who had grown up with a very abusive father and he was the only person who recognised the signs in my relationship and told me that it wasn't normal and that I did deserve a better life'.

For unsupported women victims of domestic violence, finding the strength to endure and overcome abusive episodes in their relationships, and *choosing* to leave them, too often lies in chance occurrences such as these or specific moments of self-realisation. For Carla, such a moment occurred when she saw her partner's violence towards her mirrored in the way he treated the new puppy they had bought together. Writing about this episode in the form of a letter to her former abusive partner, Carla wrote:

> Towards the last 6 months of our marriage, I found the courage to start standing up to you. One of the main reasons, was we got a puppy, I saw how you treated a defenceless animal and it made me so angry. I'm certain that you were jealous of my attention being directed at her, you'd beat her with a brush handle if she made a mess, and you split her nose open once.

Williamson [30] argues that it is these moments of self-realisation or recognition of abuse that often lead to the triggers for women's resistance to violence, even when this takes 'the form of internalizing blame

for allowing someone to abuse you' ([30], p. 1418). Given the right kinds of support at the right times, such moments of self-realisation also present vital opportunities to aid women in their agentic stances as well as their survival strategies. Indeed, from a therapeutic perspective, getting women to recognize violence for what it is and naming it are seen to be critical first steps in their recovery from the effects of domestic violence (see [3]). Nevertheless, it is also recognized that women rarely 'take action on their own behalf' ([31], p. 220) and require interventions—through formal health and social care support services, as well as, where appropriate, the informal support of family and friends—in order to recognize the abuse for what it is, understand that it is wrong and to decide to put an end to self-blame behaviour and thinking ([31], p. 220).

However, the chances and likelihood of women being able to access these necessary sources of support both currently and in the future are considerably reduced in the context of the global economic crisis and the erosion of welfare state provision in countries worldwide; and this is regardless of whether women recognize abuse and take action when it occurs. In the UK, there are genuine concerns that the introduction of Universal Credit, for example, will have disproportionate impacts on women victims of domestic violence and their children and, coupled with the cuts to domestic violence services, 'may result in some survivors either returning to the violent relationship or prevent them from leaving' at all ([32], p. 2). Furthermore, recent global research based on women's stories, as well as articles and case studies from unions and NGOs, conducted by the Trades Union Congress ([5], introduction), shows 'just how deeply the global economic crisis has affected women all over the world' resulting in unemployment, lack of job security and, 'the increased risk of sexual and domestic abuse'.

4. The Impact of Domestic Violence on Women's Mental Health

While there is evidence that many women recover their mental health once they leave abusive relationships, it is also clear that others suffer more long-term effects (see for example [31,33]). Secondary analysis of data from the mental health project revealed long-term mental health problems among the women participants. What was also notable from these data was that, for the women themselves, the real reason—as they saw it—for the onset of their mental health problems was not being addressed in any therapeutic sense because their experiences of domestic violence had not been considered as an aetiological factor in their diagnoses. And yet the connection between domestic violence and mental illness among women who are its victims is well documented in global research on male

violence (see [34-36]). Indeed, Taft ([31], p. 1) states:

> Research has shown the prevalence and patterns of mental health disorders precipitated and/or aggravated by intimate partner abuse. This pattern has been found not only in cases of domestic violence in Australia but also globally, that the greater the frequency and severity of the abuse, the greater the harm to the female victim's mental health.

Furthermore, reviews of interventions and support services for women victims of domestic violence have revealed an absence of integrated approaches, as well as inconsistencies in psychotherapeutic services for these women even when domestic violence is seen as a precipitating factor in women's mental health problems [3]. Additionally, psychotherapeutic treatments for victims of trauma, for example, those with Post Traumatic Stress Disorder (PTSD), have, until more recently, tended to focus on victims of conflict or rape and not women who have experienced domestic violence [37]. Although Hughes and Jones [38] note that research in the US has shown that women victims of domestic violence often meet PTSD criteria, standardized PTSD assessment by trained professionals is needed as well as 'greater public health involvement for prevention, identification, and medical treatment of domestic violence and PTSD' ([38], p. 5). Lundy and Grossman [39] argue that mental health services practitioners tend not to identify women victims of domestic violence among their patients or recognise their experiences of abuse either as a precipitating or enduring factor in their mental illness, in the main because women often do not disclose abuse or they only want help with managing the symptoms.

It has been argued that where mental health problems occur as a consequence of domestic violence, and particularly when domestic violence occurs in early age and when the violence is severe and enduring [38], these need to be understood and treatment needs to be given in the context of genuine psychological trauma. However, a strict emphasis on the medical model as a response to domestic violence victimisation, rather than a more social ecological approach, may also serve to pathologise the problem [40] and indeed the woman herself, and thus further victimise her. Importantly, such an approach may also serve to shift the focus away from the culpability of the perpetrator. This effect has been noted elsewhere; in Humphries' and Thiara's [33] research on domestic violence and women's mental health, for example, they found that 'psychiatrists saw no role for themselves (or in fact for other professionals) in relation to trauma, counselling or depression linked to the controlling tactics and violence of the perpetrator' ([33], p. 216).

5. Perpetrator Accountability

For the women involved in both the mental health and narrative studies, this lack of genuine focus on the culpability of the perpetrators of domestic violence served to deny women choice or agency in their relationships as well as contributed further to their feelings of hopelessness, fear of not being believed and the 'unreality' of their situation. Furthermore, these outcomes only served to foster or prolong the women's feelings of anxiety, thus contributing to their existing mental health worries. The lack of attention to the role and responsibility of the perpetrators of domestic abuse not only by the women's family and friends, but also by professionals whose job it was to support and protect them, is reflected in this extract from Susan's account from the *Write It* study:

> I didn't feel safe in the house or out of it, I knew that he had been spending time in my neighbour's homes and gardens and not only was this unnerving, but also, I felt betrayed by those who I had been on good terms with. I received a text at one point from my youngest brother's partner stating that she hoped that I was OK but that she didn't want to become involved—I was devastated! Not involved???? They were my family…Overall I felt badly served by both the housing department, as I perceived that they had forced me back into the family home when I left, and with the police who had not fulfilled their duty to protect me.

Indeed, evidence from both studies showed that the attitude and reactions of others who were in a position to help the women were either unsupportive or in fact served to deter them from further help-seeking action, and thus re-victimised them. This also served to extend the parameters of their 'unreality' [30] of living with an abusive partner from within the confines of the domestic sphere to the external, equally 'unreal' world 'out there' that was both mirroring and confirming the women's sense and experiences of injustice and disbelief. To give a further example from the *Write It* study of how women's personal experiences of the 'unreality' of domestic violence are reinforced externally, in broader (legal) contexts, when Rosie's partner eventually left her after years of abuse, she sought the advice of a solicitor. Describing this episode in her narrative account, Rosie wrote:

> It took me ages to summon the courage even to go to the door of her [her solicitor's] building. When I finally met her she was really awful. I couldn't believe it. In my mind she was behaving just like he had done. I briefly told her what had been happening to me and when I'd finished all she said was she hoped I wasn't expecting any financial compensation for what he'd done to me as, he

would "really have to have almost killed you for that to happen". I never went back. His solicitor also seemed to be working not only in his favour, but also behaving in the same way, sending awful threatening letters and that…it was horrible. I don't think they should be allowed to behave in that way.

Rosie's experiences here reflect broader concerns about the obfuscation of abuse—the shift away from attention on the perpetrator to the troubled (or even troublesome) woman victim. It is certainly the case that in comparison to the extent of research, policy and practice interventions for women victim-survivors of domestic violence, less attention has focused on perpetrator accountability and prevention. And yet, as Katz [41] has argued, the way to protect women and the true 'heart of the problem' lies in understanding the mentality and behaviour of male abusers. While this problem has been highlighted in a number of research studies and in reviews of domestic violence literature and evidence, in practice, programmes that work with the male perpetrators of domestic violence demonstrate limited or inconsistent success in maintaining perpetrator engagement with these programmes or in changing attitudes.

In the main, perpetrator programmes aimed at addressing and preventing domestic violence demonstrate inconsistent outcomes for a number of reasons: referral processes to available programmes are inadequate; perpetrator programmes fail to secure continuity of engagement with male abusers; men take an instrumental approach to perpetrator programmes (for example, they only engage because they want to be able to have contact with their children and avoid care proceedings); successful engagement with perpetrator programmes and group therapy relies on male readiness to change [42-44]. Arguably, such outcomes are only compounded by the unwillingness of others—the kinship and friendships networks and groups of both perpetrators and women victims; legal, health, education professionals—to take active stances against domestic violence when it occurs and against male abusers themselves.

Drawing on evidence from his own research and years of counselling practice in the US with male abusers, Bancroft [45] has argued that attention needs to focus on how men think about women and relationships, in order to get them to change in their behaviours; too often, he states, the focus is on protecting women without properly addressing men's behaviour, except through the criminal courts. The ways in which male violence is hidden or denied—culturally, politically, socially—also helps to sustain male violence against women and means that men can continue to abuse unchecked. Bancroft, for example, notes the ways in which abusive men readily garner support for their behaviour both informally and formally through family, friends, professional and legal sources because of the lack of understanding about

male violence against women or their willingness to condemn the behaviour of perpetrators. In parallel with Rosie's experiences cited above, Bancroft found that members of the legal profession often 'go out of their way to discredit and demean women who report abuse' and that such tactics 'can closely parallel those of abusers, and the result is re-victimisation of the woman' ([45], p. 378). He calls for legal standards for lawyers or solicitors who represent accused abusers in order to properly protect women victims.

6. Support from Kinship/Friendship Networks and Wider Communities

It is also clear that women's ability to adopt agentic stances and survive domestic violence, while dependent on their capacity for resistance and self-protection as and when violence occurs, also require intensive levels of support at these critical junctures. Humphries and Thiara [33] state that effective interventions at such times rely on '[a] non-stigmatising service that responds with sensitivity to women's abuse experience' ([33], p. 222). Evidence from the two studies discussed here suggests that effective interventions should also involve family and friendship communities and networks not only in supporting the victim herself during these times, but also in recognising the culpability of the perpetrator and taking an active stand against him. As Rosie wrote in her narrative for the *Write It* project:

In an ideal world, what I wanted was for someone to go and talk to my family and his family and tell them with some kind of authority that it was wrong, that he was wrong for abusing me, but that would never have happened. As long as this was just happening to me and the focus wasn't on him and what he did, then nothing was ever going to change.

In order to ensure the safety of women and their children, this type of net widening approach would require sensitive negotiations between health and social care professionals and women victims of abuse themselves, as well as with their kinship and friendship networks and communities. Evidence from counselling practice with male abusers suggests that these types of approaches are often the most helpful for women victims of domestic abuse, particularly in addressing the violent and abusive behaviour of perpetrators themselves. Bancroft [45] argues, for example, that 'nothing would work faster to end the abuse of women than having the friends and family of abusive men stop enabling them' ([45], p. 378); and he makes a number of recommendations for the ways in which kinship and friendship networks can help to support women victims of domestic violence in proactive ways ([45], pp. 376–378). Similarly, research by Anderson and colleagues [46] found that both social and spiritual support are critical factors in

helping women victims of domestic violence develop resilience and resistance. However, it is also the case that women often have little control over how supportive other people and organisations will be when they disclose abuse and, too often, this relies on an arbitrary set of fortunate (or unfortunate) circumstances and conditions. In Anderson and colleagues' study, for example, some women participants found spiritual and religious leaders and communities to be supportive while others did not.

Although community-based responses to domestic violence are not always positive, some studies of domestic violence survivors have shown that they can be helpful when individuals and groups (such as neighbours, women friends, teachers) demonstrate greater understanding about domestic violence and its impacts on women (see [1], p. 731). In such cases Wilcox argues that community-based responses should be seen as an additional strategy in approaches to domestic violence work. Evidence from both the mental health and narrative studies would support this proposal, alongside strategies that help to generate greater understanding about domestic violence, its long-term consequences for women's mental health and about perpetrator accountability. Informal alliances made up of the family and friends of abused women need to be identified and involved in joint approaches to domestic violence that help women victims resist and escape abuse, and take active stances against it. It would perhaps be most helpful if the family, friends and supporters of these women were recognised in health and social care contexts, for example, as important contributors to their care, support and survival in the same way informal carers (of ill, disabled or older relatives) are recognised in health and social care policy and practice.

Currently, it is recognised that there is a 'paucity of evidence-based prevention approaches' to domestic violence globally due to the separate development of both research and advocacy as well as because of the 'complex array of factors that increase the likelihood of such violence occurring in the first place' ([6], p. 3). These factors, once again, relate to broader social, political and economic concerns such as gender and economic inequality and, for example, ideas about 'normative' masculinity. In the UK, a recent domestic violence prevention campaign drew attention to domestic violence in intimate teen relationships. However, without a congruent focus on issues such as gender and economic inequality, the impact and influence of patriarchy, masculine identities (i.e. some of the reasons underpinning women's ongoing domestic violence victimisation) then such programmes will, arguably, have little long-term effect. Plans by the UK government to address domestic and other forms of violence against women and girls do not currently include strategies to address broader understanding and perspectives on domestic

violence as a form of gender and economic inequality, for example [47].

7. Conclusion

There is considerable scope for unsupported women survivors of domestic violence to contribute new evidence about their strategies for agency and survival, especially in studies that use more participatory or collaborative approaches [1]. We need to know more about these aspects of domestic violence and women's 'agentic' stances [1] from women themselves in order to improve the help-seeking opportunities of other unsupported women victims of domestic violence. This is particularly important at such times of global economic crisis when, 'there is real anxiety about the impact of the economic crisis on women's safety and support…' ([5], p. 5).

Furthermore, as Haaken [48] proposes, one of the effects of these and other types of global emergencies is, 'that the focus narrows to immediate survival, with diminished capacity for perspective-taking' ([48], p. 168). It is crucial to ensure that one of the additional consequences for women of the economic crisis is not their further marginalisation or reluctance to seek help through the lack of a broader perspective on domestic violence. This is also particularly pertinent because the mechanisms for identifying unsupported women victims of domestic violence, recruiting them to research studies and encouraging them to disclose abuse in order for them to make crucial transitions from victim to survivor, are fraught with almost self-perpetuating dilemmas and challenges that are caught up in the intersection between micro and macro worlds, between women's own experiences as the victims of domestic violence and the influence of much broader social, political and fiscal dynamics. Thus, women's experiences of abuse and the stories they have to tell are always and inevitably influenced by these wider concerns and tensions: the forever to-ing and fro-ing between action and counteraction, between myth and counter-myth, between evidence and ideology, that serve so well the crises circumstances that are seen by some as essential conditions for the preservation of capitalism and patriarchy (see [48]).

A key message to emerge from both the narrative and mental health studies described here was that these and other kinds of barriers many women face in developing agency and resilience are manifold and are often too overwhelming for them to attempt to seek help or to choose to leave abusive relationships on their own. However, many women who experience and survive abusive relationships unsupported may demonstrate considerable resilience, as well as survival expertise, even though these skills may not be obvious to the women themselves. It is the role of researchers, as well as health and social care and

other professionals, to identify and assay this expertise—through close collaborations with unsupported women victims of domestic violence—based not just on a handful of cases, but on larger samples of women in order to understand the mechanisms for women's survival and recovery in the longer term. This should ensure that the experiences of women victims of domestic violence, and the individual and collective stories that they tell, continue to inform and underpin formal responses to domestic violence work, and also help to confirm that domestic violence, 'does not have to be the centrepiece of [their] identity' ([46], p. 1279).

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