



NARRATIVE ACCOUNTS OF TRACKING THE RURAL DOMESTIC VIOLENCE SURVIVORS' JOURNEY: A FEMINIST APPROACH

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This research represents the first stage of a project to determine the level of use and effectiveness of informal support networks utilised by Australian rural women. We used a feminist narrative approach with semistructured interviews and a convenience sample of 26 rural women. Only 9 out of 12 women's stories are presented. We found that poverty and geographical, social, and emotional isolation resulted in the privatisation of abuse. Women were triggered to leave the family home when their children, friends, or family became victims of the abuse. They planned their escape by telephone with support of friends and family. Although they used these informal supports, the participants paradoxically expected a high level of

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This paper is dedicated to the memory of Di Furniss, our friend and colleague who first identified the need for data concerning the domestic violence support needs for women in rural and regional areas in Australia. The research was made possible by an Internal Research Grant from Southern Cross University, Lismore, NSW, Australia.

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expertise in domestic violence knowledge and skills. We recommend an integrated multilevel model of support for rural women in violent intimate relationships and their informal supporters.

There is a lack of knowledge concerning the level of support, variety of responses, and service provision to reduce the level of violence against women in small rural Australian communities. This project is significant in that we have attempted to explore rural women's accounts of surviving domestic violence, including their experiences of accessing formal and informal supports. Throughout the discussion of these issues the term "survivor" (Merritt-Gray & Wuest, 1995) is used when referring to women in the study; however, where specific citations use the term "victim" the citation has been left unchanged.

Although the research was conducted over a 12-month period, from January to December 1999, only the findings from the first 12 women interviewed have been analysed. Of these 12 women, 9 were survivors of heterosexual domestic violence and three were involved with lesbian domestic violence. Only the analysis of the heterosexual group of women is presented.

BACKGROUND

A leading cause of death and injury to women worldwide is violence by intimate partners (Mills, 1996). In Australia, the New South Wales (NSW) Health Department domestic violence policy discussion paper has proposed a new definition of domestic violence. It is defined as "violent, abusive or intimidating behaviour carried out by an adult against a partner or former partner to control and dominate that person. It is most often violent, abusive or intimidating behaviour by a man against a woman. Domestic violence also has a profound effect upon children and young people and constitutes a form of child abuse" (NSW Health Department, 1999, p. 19).

British figures on the level of domestic violence against women are similar to the United States where 2 million women are abused by a male partner each year (Dwyer, 1995; United Nations, 1996). For one quarter of the women worldwide, violent abuse within the home is a common occurrence (Seth-Purdie, 1995). Differences in the form of documenting statistics on woman battering make comparisons difficult. However, although the most extensive data sets are found for Canada and the United States, we give an overview of the global extent of the problem.

Intimate partner abuse of women accounts for more than 81% of assaults in Sao Paulo, Brazil. In surveys of divorce cases, wife abuse

accounts for 25% of cases in China and 28% in Romania. In random sampling surveys, 49% of Guatemalan women; 22.4% of New Zealand women; 60% of women in Tanzania; 42% in the Kissi district of Kenya; between 77% of women working outside the home and 90% working in the home in Pakistan; and 77% of Japanese women experience battering. In India, of the reported assault cases, 90% were for wife beating, and in 9 out of 10 murders, husbands have been charged (Seth-Purdie, 1995; United Nations, 1996). Furthermore, researchers in a study of 90 small-scale peasant societies by Levinson (1988 in Seth-Purdie, 1995) found that in 80% of those studied, the most common form of violence was wife battering. In Australia, authors of the Australian Bureau of Statistics (ABS) Report on Women's Safety 1996 (McLennan, 1996) stated that of the 490,400 women over the age of 18 surveyed, 7.1% had experienced an incident of violence in the prior 12 months. The most effective way to support battered women in small rural communities is still open to question.

LITERATURE REVIEW

Across Australia it has been established that only 3% to 4% of women utilise a women's refuge as part of the process of dealing with the abuse (Scutt, 1990). The remaining 96% utilise a range of informal and formal support such as family, friends, medical officers, ministers or priests, community services, and counsellors (McLennan, 1996). In the ABS Report on Women's Safety in Australia, McLennan found that "the main action taken after experiencing an assault by a man was talking to other people, particularly friends and family" (1996, p. 7). After physical assault 58% (170,000) spoke to a friend or neighbour and 53% (58,000) discussed the matter with family members (McLennan, 1996). Furthermore, half the women had experienced more than one incident of violence within their current relationship (McLennan, 1996). The consequences of experiencing violence include both short- and long-term fear for personal safety, including safety of children and an inability to undertake work or daily activities because of physical injury. Little is known about the stages and what factors motivate women to seek assistance from informal support networks such as family and friends (Hoff, 1995). We also do not know much about the support needs of these informal networks that may assist women in an abusive relationship to get out and move on (Moss, Pitula, Campbell, & Halstead, 1997).

Few researchers have explored the educational, treatment, structural, and environmental aspects that would strengthen informal support networks for abused women, especially in rural areas. Australian researchers in the late 1980s (Coorey, 1988; Hatty, 1988; Samyia-Coorey, 1988) iden-

tified the needs of abused women in rural Australia and as a result produced a National Domestic Violence Education Kit for Use in Rural and Isolated Communities. The problem, however, remains at much the same level 10 years later.

From a Canadian perspective, Fletcher, Lunn, and Reith (1996) have examined violence against women in rural homes. They identified the projects that various rural women's networks undertook to support women enduring domestic violence. In particular, they identified as helpful the education of abused women concerning their abuse and the mobilisation of local communities in support of these women.

Several schemas have been developed that track the process of help seeking by abused women caught in the cycle of violence (Hoff, 1995; Holder, 1998). Although women seek help from family and friends, this assistance may be either not offered or becomes unsustainable. Scutt (1990) in her study of family violence found that 65% of participants said there was no value in asking family for help. Shame, fear for family safety, a history of abuse within the family of origin, and not wanting to disillusion her own family were offered as explanations (Scutt, 1990). Sisters, friends, and neighbours were identified as providing the most help for women in abusive relationships (Scutt, 1990). Both Scutt (1990) and Hoff (1995) have identified the factors that influence the breakdown of informal supports. They have suggested that friends and family do not understand the cycle of violence that entraps women. The lack of understanding leads to intolerance of women who continue to return to the relationship. Family and friends also fear that the abuser will be violent toward them or stalk them. If children are involved, often they are disturbed by the violence and this may then disrupt the children of the supportive family or friends (Hoff, 1995). Once a woman decides to leave her abusive partner permanently, Hoff (1995) has suggested that a peer support group is the most valuable resource at that time.

RESEARCH PLAN

Feminist Methodology, Methods, and Processes

Used here, "methodology" means the theoretical assumptions underlying the choice of methods. Feminist research methods and processes reflect feminist principles. Feminist research processes are characterised by a centrality given to women's experiences, authenticity, women's real problems, and intersubjectivity (Davis, 1993). It is research with women for women. Because there is an emphasis on women's real and individual experience, the questions asked are contextual, subjective, and ontologi-

cal. The lack of interest in objectivity and an emphasis on intersubjectivity means that the researcher is embedded in a supportive, caring relationship with the participants. This relationship is characterised by strategies that are aimed at equalising the power relationships inherent in differences in class, race, and education. Furthermore, because authenticity is given a central position, women's stories are validated and believed as reflecting their "real" experiences, thus giving women voice, perhaps for the first time (Personal Narratives Group, 1989).

Accessing Participants

Full ethical clearance was obtained from the Southern Cross University Human Research Ethic Committee. Research concerning women's experiences of domestic violence is considered "sensitive topic research" because it has the potential to bring up memories that are emotionally disturbing and painful for those involved. Some aspects of these painful experiences may never have been recounted before. On the other hand, old experiences may be recounted in a different way (Cottrill & Letherby, 1993; Cowles, 1988). Women uncovering disturbing experiences often are vulnerable and exposed (Glass, 1994). Every effort was made to ensure that each woman was safe and supported during the interview process. Convenience sampling was used to target intentionally those women who

- define themselves as survivors of violence, having been subjected to control of some kind, whether it is sexual, psychological, emotional, physical; from intimidation, threats, or stalking; or is a social abuse or hate crime;
- are over the age of 18 years;
- speak English, or who can provide an English interpreter;
- live within a 100-kilometre radius of the local area;
- are willing to speak of their experiences of domestic violence and the effectiveness of formal and informal supports.

Data Collection

At the beginning of the interview, biographical data were collected relating to the woman's age, the date abuse started, and living arrangements. Each woman was interviewed initially for approximately one hour, to allow sufficient time for the recollection of memories of domestic violence. The interview was audiotaped in all cases except one, where the woman felt more comfortable writing her story.

Data Analysis

The audiotaped conversations were transcribed verbatim. At this point 12 interviews have been transcribed and together with the one written story have been analysed. The research included three stories of lesbian domestic violence, which have been treated as a separate category and have not been included in this paper. To protect the participants, each has been given a pseudonym. However, many of the participants worried about being recognized, and when we read the transcripts it became obvious that to structure the analysis in the form of individual stories would provide such an in-depth picture of the women, and actions over time, that recognition of the participants would be inevitable. Therefore, the decision was made to incorporate each woman's account into a collective story. That joint story is composed of aspects of the journey of survivorship and is marked by the following questions: What is the situation? What do women actually do? When do women seek help? At what point in the relationship do women leave? What were the expectations of the help seeking? What would you require of informal and formal supporters when seeking help? (Holder, 1998). Although this approach was different from the original intention, telling the story in this manner was ethically more acceptable and fulfilled our duty of care—to do no harm.

What Was the Situation?

Because the women were from a rural area, a major feature of their stories was isolation. There were several types of isolation identified: Physical, as in geographical; social, as in lack of friends and social networks; cultural, as in living in an alternate community; and emotional, because of shame and loss of initiative. The types of isolation experienced were not mutually exclusive and tended to overlap, leading to an increasing sense of hopelessness and helplessness. Furthermore, these feelings were reinforced by community attitudes that “normalise” victim blaming (Berns, 1999, p. 85). As one of the participants, Deanne, stated,

Unfortunately for isolated rural women leaving a situation of violence, society and circumstances may mirror the oppression and abuse of the relationship on a larger scale, reinforcing the victim role that the survivor is working to escape from.

Moreover, for Deanne, the geographical isolation was compounded by poverty, which prevented access to health services, and physical and mental illness. Deanne's health was compromised by “irritable bowel syndrome, major depression, and panic attacks,” Judy by a heart attack, and Jessie by a nervous breakdown and brain tumour.

Deanne's story is supported by the domestic violence research that has found a high incidence of physical and psychological sequelae in women in domestic abuse situations (Keane, 1995; United Nations, 1996).

Isolation as an aspect of domestic violence is complex and multilayered and may characterise both rural and metropolitan women. There is evidence in the literature that isolation may be imposed by the abuser in an effort to control a woman (Eisikovitis, 1996). On the other hand, it may be imposed by the abused woman as part of the helpless, hopeless, and shameful feelings that characterise her alienation (Younger, 1995), and loss of the sense of self (Eisikovitis, 1996). However, for any country where the huge geographical distances and lack of access to public transport is combined with poverty and ill health, women will face difficulties similar to that in Australia.

It was also clearly identified that women live in complex cycles and have multiple responsibilities. However, there was an articulated need to individualise each woman's experience and take into account the multiple roles, responsibilities, and debilitating effects of the sustained violence and acute and chronic ill health. Therefore, as Ameer stated, the DV process is complex and fluid rather than static, long, difficult, subtle, and individual.

It's such a complicated area. The whole spectrum of DV [domestic violence] is complex. And a lot of people really think it's just "man punches woman in face" ... but there is this other whole quite subtle end of the spectrum of just really emotional abuse.

Furthermore, Deanne identified the debilitating effects of compounding the various facets of a woman's life and the tension associated with appearing as if either nothing is wrong or that you are coping just fine. She stated,

As we know, many years of emotional abuse, routine isolation from adult human company, financial dependence on a control-orientated other, combined with physical abuse, massive workload, and the ever-impossible expectation of maintaining secrecy and acting HAPPY tend to wreak havoc on the self-esteem and physical health of the recipient, working to compound all of the above.

All the women had been in long-term abusive relationships that involved emotional, verbal, and physical abuse. Women also found the emotional/psychological abuse the hardest to talk about with friends and family. As suggested in the United Nations Report on Violence Against Women (1996), without the bruises and scars women have little evidence of their abusive reality. All had left the abusive relationship; however, the length of time since leaving varied. One lived in an alternative commu-

nity that was initially ignorant of the abuse, then denied it, and later protected the perpetrator. All had children. Four had taken out Apprehended Violence Orders (AVOs); some had multiple AVOs and had successfully brought convictions against their partners. In the stories presented all perpetrators were male partners. One perpetrator was a police officer. One woman lived in fear for her own life and the lives of her children and friends/family, and another woman was being stalked. In all the stories analysed, either the women interviewed or her male partner had grown up in a family context of domestic violence. Therefore, intergenerational violence was a characteristic family pattern and supports the research by Strauss and Gelles (1990) and the Presidential Task Force on Violence and the Family (1996 in U.S. Department of Justice, 2000c). For several women their children were their main supporters. The women ranged in age from 32 to 51 years.

What Do Women Actually Do?

The following stories provide a brief overview of each woman's experiences and actions. When addressing the help-seeking behaviour of women in domestic violence it is obvious that varying levels of informal and formal support are utilised. The type of support can be classified as informal, such as priests or medical officers, or formal, such as police or DV counsellors. On the other hand Holder and Sissons (1992) have separated out family, friends, and neighbours from the informal level and refer to this group as "other." This is aimed at being able to differentiate the point at which a woman's own coping skills are exhausted and she then needs to talk to someone. However, we found that help-seeking behaviour tends to utilise all three levels contemporaneously. The other major feature was the degree to which children, especially teenagers, became their mother's main supporter. Furthermore, because the women live rurally, to establish support, break down isolation, and plan escape from the violent relationship, they had to do so via the telephone.

Judy sought family support early, then confided in friends, and then left to go to a safe house. Later she took out an AVO and sought counselling. On the other hand, Margaret talked to her mother initially, who was unsupportive. However, two close women friends supported her along with a family support worker. Subsequently, she moved to a women's refuge in another town.

Colleen's main supports were her teenage children and brother. She also contacted the police, took out an AVO, and was successful in gaining a conviction for assault against her husband who was a policeman. After naming the violence Anee reached out for support from friends, then tapped into everything that was available, such as an AVO and legal

support, counselling, medical assistance, the women's refuge for accommodation, and refuge workers for support.

When Do Women Seek Help?

There are two main triggers for women seeking help to leave the abusive relationship: safety and a breakdown in the private/public domains. When women in this study were unable to protect themselves, their children, friend, or family, or when the abusive behaviour became public, they sought help. Ameer reached out to friends outside the community when she realised that the one woman in her community she could talk to was supporting her partner. For Colleen, when others witnessed the abuse she then felt that she could seek help. Judy sought family support early in the abuse cycle; however, her children were her main support.

At What Point of the Relationship Do Women Leave?

For most women there were three main triggers to leave the relationship. They described a gradual deterioration in the relationship with an escalation of the violence to include the children, and/or social isolation, and/or using the children as hostages.

Colleen experienced a gradual deterioration in her relationship mirrored by a general escalation of violence combined with a pattern of social isolation. She left when her partner blamed the children for his abusive behaviour. In addition, when others actually saw the abuse and had their own lives threatened women were triggered to leave and break the "hopeless/helpless cycle" and "feelings of shame." Judy left the abusive relationship when her child was physically abused. This also was the case for Margaret, who left in fear for her own and her children's lives. It was the escalating violence with "rages" and "uncontrollable fits and moods," physical abuse of children, and never being able to leave the house with both children. Her husband always kept one child at home knowing, she would never leave without the other child.

The NSW Health Department Health-Domestic Violence Policy Discussion Paper (1999) makes the following statement in relation to this aspect of domestic violence. "Children are profoundly affected when living in an environment of violence, fear or intimidation. They are affected whether or not they actually witness physical violence. Domestic violence, which is a spectrum of abusive, intimidating and controlling behaviours, constitutes a form of child abuse" (p. 26). Therefore, domestic violence that occurs with children in the family home constitutes a "child at risk" and is notifiable to the Department of Community Services (DoCS).

What Were the Expectations and Results of the Help Seeking?

Overall the expectation in help seeking was someone to talk to; however, the women in the research did not expect answers. Both participants, Judy and Colleen, recognised the need to find a safe house while balancing this with a need to protect friends from the perpetrator, as Judy was being stalked by her partner at that time. In other words, the help-seeking behaviour resulted in only partial protection. Although her partner was a policeman, Colleen finally sought help from the police, expecting them to take action. Amee looked for someone to “sound off to” about personal issues and gain “support” and “understanding.” She also realised the need to choose the “right person” to link expectations with knowledge and abilities and that she had to be “really clear on what she needed” from that person. However, she was unable to name domestic violence because of the cultural values of her alternative community. There was much confusion in the community because individuals could not separate out the domestic violence from their cultural ideology. I have called this the tyranny of niceness. For Amee, “there is no new agey.” There is a need to see through the myth of alternate cultures to realise that their lifestyles do not necessarily provide safe places. Although Amee also found that medical “doctors and lawyers do not understand the cycle of violence,” she felt that “deep understanding by friends” could provide a “reality check” that enables the realisation that the abusive behaviour is unacceptable.

Margaret expected to be safe by moving to a new area and changing her and her children’s names on all official documents, which means that her new life on the run meant “staying one step ahead” and “being smarter.” She now has no expectations and lives from “hour to hour” rather than day to day. If he finds her and the children, he will kill them.

What Would You Require of Informal and Formal Supporters When Seeking Help?

In terms of formal support, women required effective AVOs, and informed people to explain them, or feminist counselling or both. Margaret looked to informal supporters who were “non-judgemental, able to listen,” have regular contact especially by phone, could provide “court support,” were “educated on cycle of violence,” able to “individualise” each situation, and did “not stereotype women’s experience of DV,” because she saw this as “disempowering.” All women identified the need for both themselves and the community to be knowledgeable about the cycle of violence. Researchers worldwide acknowledge the deficits in knowledge and the need to educate children, adults, and professional groups (Frost, 1999; Hilton, Harris, Rice, Krans, & Lavigne, 1998; Jezierski, 1998; Keeling, Price, Jones, & Harding, 1996).

For Ameer it was important that they were trustworthy, “centred, patient, realistic” or able to act as a “check.” Support that led the woman through a process of empowerment was fundamental to leaving the relationship and moving on. Although this is so, it was clear that the women in this research believed that ultimately they were the only ones who could finally make the decision to seek help or leave the relationship.

An Integrated Multilevel Feminist Model

We are in general agreement with Websdale (1998) that rural areas require a multilevel feminist approach to assist informal supporters and deal constructively with the various forms of isolation experienced by the abused woman. The privatisation of abuse in the home (Duncan, 1996), combined with geographic and social isolation, requires specific strategies aimed at overcoming the structural difficulties that women in rural areas face. Therefore, the integrated multilevelled approach to be outlined below may or may not be appropriate for women living in metropolitan areas.

Women in this research, in describing the expectations of informal supporters, identified the characteristics of someone skilled in domestic violence support or counselling, especially feminist counselling. They also used the telephone as a major source of their communications, especially when planning an escape from the family home. It seems, therefore, that for a rural area the first level of support would be the establishment of a feminist telephone support service dedicated to victims of domestic violence or their supporters or both. In the United States the National Domestic Violence Hotline provides information on women’s shelters, crisis intervention, and legal/advocacy information for more than 10,000 callers per month (U.S. Department of Justice, 2000b). The callers can be women experiencing the violence or her friends or family. As noted earlier, women in the study required their supporter to have knowledge and skills in feminist counselling. Being a survivor or a trained professional or both was also identified by some women. Furthermore, the proposed model is supported by the work of Davies, Lyon, and Monti-Catania (1998), who called for an advocacy program that was defined by the abused women. Therefore, the second level would be the establishment of an initial and ongoing peer and advocacy support attached to the telephone service. A structural arrangement of this type would allow the woman accessing the service to collaboratively define the level of support, assess the risk, and develop an the action plan to leave the relationship. It would also allow them to determine the level of advocacy required, and, after leaving the relationship, begin an empowering process of self-growth through peer support. Furthermore, although education of friends and family concerning the cycle of violence is important, estab-

lishing trusting relationships that provided a reality check is also critical. Moreover, many of the stories reflected abuse at such a level that it was reminiscent of wartime or slavery. Therefore, the third level would be the establishment of a series of safe houses that would provide temporary accommodation and support while planning for more long-term arrangements. Although secrecy is important, it is difficult to achieve in small rural towns. This could perhaps be overcome by regularly changing the location of the safe house and operationalising several houses concurrently. It is important to stress that the safe house is not aimed at replacing the established women's shelter. Rather, it is aimed at providing an alternative to the shelter. Duncan (1996) has suggested that "there are many reasons why shelters do not provide an effective solution to isolation and violence. The idea of communal living and sharing of tasks which is encouraged in such shelters is unfamiliar" (pp. 139–140).

A fourth level of service would be the consideration of a mobile support service in appropriate situations where the tyranny of poverty, privacy, and geographical distance hinders the help-seeking behaviour. A service of this type would create the possibility for direct advocacy. Although this is so, it is also recognised that such a service would be required to develop minimum safety standards for any home visiting service. Finally, by linking all these levels within the one service, a coherent and coordinated plan of support could be established for both the abused women and her informal supporter. There are some similarities here to the National Domestic Violence Hotline in the United States and the recommendations of the advisory panel on "train-the-trainer" programs on victim empowerment (U.S. Department of Justice, 2000a). A notable difference in the Australian model is the local rather than national focus, the direct mobile advocacy aspect, and the utilisation of local women who know and understand the problems of the community in which they live.

CONCLUSION

The Australian context of domestic violence is similar to other developed countries. The annual incidence of intimate partner violence in Australia is reported as 109 per 100,000. Furthermore, 23%–30% of women experience intimate partner violence in their lifetime (Seth-Purdie, 1995). Comparing rates in some developed countries, the annual incidence ranges from 3% (Canada) to 12.4% (United States) to 15% (New Zealand) (Seth-Purdie, 1995). Whether these differences reflect reporting or data collection or both problems is difficult to determine (Bachman & Saltzman, 1995; Gartner & MacMillan, 1995; Justice Research and Statistical Association 1996; United Nations, 1996). In 1984, in response to these

alarming figures, the Australian Federal/State governments established the Supported Accommodation Assistance Program, which provides safe and secure shelter, counseling, crisis management, information, referral, and advocacy. On National Census night in 1994, 12,000 women and children were accommodated, one-quarter because of domestic violence. Moreover, the NSW Health Department (1999) notes the establishment of 4 rural regional violence prevention specialists (RVPSs), who provide a macrolevel of infrastructural support. However, it is evident from this research that there is a need for the establishment of microinfrastructural support utilizing an integrated multilevel feminist model. The important feature is the level of integration of services that encourages a coordinated and comprehensive approach where the level of use is self-determined. Although the difficulties of implementing this model are recognized, we cannot ignore our public responsibility and should be challenged to find creative ways of meeting the needs of battered rural women.

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