

Subtle abuse of women of high educational
and socio-economic status in intimate
heterosexual relationships: An exploration of
the phenomenon to aid therapist recognition

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Abstract

This thesis examines the subtle abuse of heterosexual women of high educational and socio-economic status in intimate partner relationships ('HESES victims'). Therapist observation suggests such abuse can occur on a subtle level throughout a relationship causing short- and long-term mental and physical health impacts. Currently a conceptualisation of subtle abuse is absent, resulting in a lack of recognition by therapists and victims. This thesis aimed to understand the perpetration and impact of subtle abuse of HESES victims and improve therapist recognition.

A definition of subtle abuse was constructed following a scoping review of existing literature. A subsequent ethically approved patient and public involvement study was conducted to thoughtfully inform an empirical study of the experience of subtle abuse among HESES victims. The author's therapeutic approach of cognitive analytic therapy (CAT) informed both study design and interpretation of findings.

Following a novel recruitment strategy using vignettes of subtle abuse, semi-structured interviews were conducted with 11 victims and four therapists. Interviews were analysed using reflexive thematic analysis. Findings include: HESES victims can suffer subtle abuse on an ongoing basis without the presence of more overt abuse; subtle abuse is underpinned by a self-centred perpetrator attitude; this creates an incongruence in victims leading them to disconnect from themselves and others and focus on keeping the perpetrator 'happy'. The mechanism of perpetration and victim impact prevents victim and therapist recognition and can be understood through the CAT concept of reciprocal roles.

The thesis conceptualises the experience of victims of subtle abuse for the first time. Key learnings include that HESES victims are impacted in potentially unique ways and awareness of countertransference is central to subtle abuse recognition in therapy.

Tools to aid therapist recognition are proposed, including a cycle of subtle abuse and a novel diagram of subtle abuse underpinned by CAT.

Publications and presentations generated from this doctoral research

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Chapter 1 Introduction

The aim of this thesis is to understand a phenomenon of abuse that I observed in clients attending my private psychotherapy practice. As a psychotherapist and cognitive analytic therapist, I noticed an issue with potentially far-reaching consequences: women of high educational and socio-economic status (HESES) were being abused by male partners in a subtle way. Some of the women who sought therapy from me had previously seen other therapists who had not recognised that they were experiencing this kind of abuse. For some of these women the lack of therapist recognition of the abuse had increased the women's abuse-related symptoms, such as anxiety, depression, and anger. This chapter sets out the background to the research in this thesis. I begin by outlining my personal and professional background and how I identified the clinical problem that inspired an academic exploration through a Professional Doctorate. Along with a description of my personal and professional background, I introduce my therapeutic modality, cognitive analytic therapy (CAT), as a context for my research and analysis. Using anonymised clinical examples and theory, I detail the identified clinical problem, explaining key theoretical terms. This chapter contextualises the subsequent literature reviews (Chapters 2 and 3) and qualitative studies (Chapters 4 and 7) within my programme of research.

1.1 Personal and therapeutic background

I am a white, British, heterosexual woman. I am in my 50s, married and have two adult sons. I am a counsellor and trainer, a cognitive analytic therapist and supervisor. I completed an initial Diploma in Psychodynamic Counselling in 1996 and an MA in Counselling Studies at the University of East Anglia (UEA) in 2001. Since 1996, I have provided short-term counselling free at the point of access within several settings: general practice (GP) surgeries, the University of Cambridge Staff Counselling Service, and for employee assistance programmes. I have also run a private practice,

Collaborate, with two colleagues. During my career I have run counselling services in both the NHS and a large university staff counselling service. These roles involved recruiting and managing staff, devising policies, liaising with other services or departments, and negotiating funding. I also wrote and delivered training programmes for a range of personnel, including academics and administrative staff. In my clinical work for the NHS and the University, I saw clients from diverse educational, ethnic, cultural and socio-economic backgrounds. However, clients in my private practice were generally of HESES.

Early in my psychodynamic training, I was drawn to CAT (Ryle and Kerr, 2002), which offered a fully integrated model of therapy, combining psychodynamic and cognitive approaches. I completed CAT Practitioner training in 2008. The introduction to CAT below is intended to contextualise my interest in the modality and aid understanding of the ontology and epistemologies of my research. Key concepts from CAT relevant to the research are further expanded upon in Chapter 5. Later in the thesis I use CAT to conceptualise the research findings.

1.2 Cognitive analytic therapy

Cognitive analytic therapy was developed in the 1980s by Anthony Ryle (Ryle and Kerr, 2002). Working as a psychiatrist in Guy's and St Thomas' Hospital, Ryle needed to provide effective, short-term mental health interventions to the patient population of a busy London hospital. Cognitive analytic therapy evolved as an integration of cognitive, psychoanalytic and, more recently, Vygotskian ideas, with an emphasis on therapist-patient collaboration in creating and applying descriptive reformulations of presenting problems (Ryle and Kerr, 2002, p. 1).

From its conception, CAT was a collaborative endeavour. A group of therapists worked with Ryle and, through clinical research and discussion, developed a new, integrated

therapeutic approach (McCormick, 2019) grounded in theory and clinical experience. CAT combines psychoanalytic concepts, such as the significance of early relationships in personality development and subsequent distress, and cognitive therapies' focus on repeated sequences based on the connection between beliefs, emotions, behaviours and outcomes. Fundamental to CAT is the idea that we are created and re-created through relationships with others, which leads to the development of the relationships we have with ourselves (Ryle, 1985). Collaboration between therapist and client is emphasised, reducing the potential power imbalance and enabling clients to take responsibility for their mental health (Ryle and Kerr, 2002). I was drawn to CAT's emphasis on helping clients through conveying complex psychological concepts in easily understood ways. Additionally, through employing different modes of communication between the therapist and client, such as written and diagrammatic, CAT is suitable for different ways of learning (Jenaway, 2024). Another aspect of CAT that appeals to me is the use of the concept of the zone of proximal development (Vygotsky and Cole, 1978) which emphasises working at the client's pace and current capacity for change.

The original CAT model is a time-limited 16 or 24 session therapy (Ryle and Kerr, 2002). The initial sessions involve a thorough assessment, whereafter the therapist writes a summary, or 'reformulation letter', to the client that outlines their difficulties, where these originate, and how they affect current relationships, both outside and inside the therapy room (Ryle and Kerr, 2002, p. 81). At the same time, a diagrammatic representation of the reformulation, termed a sequential diagrammatic reformulation, is drawn by the therapist in collaboration with the client (Ryle and Kerr, 2002, p. 87). Cognitive analytic theory describes a client's symptoms as unhelpful patterns of relating to themselves and others (Ryle, 1982). These are understood to develop in childhood to enable the client to cope with their early relationships (Ryle and Kerr, 2002, p. 33). However, as the client grows up, these patterns can become self-defeating. The written and diagrammatic reformulations, along with other tools, are used to aid the client's

recognition of these unhelpful patterns and their development of new patterns, or 'exits' (Sandhu *et al.*, 2017). Adapted versions of CAT with fewer sessions can also be used (Parkinson, 2011; Owen *et al.*, 2023; Kellett *et al.*, 2024) if the core competencies of CAT are maintained (Parry *et al.*, 2021).

Throughout my career, CAT theory and practice has informed my roles. I have approached my work as a therapist, supervisor, trainer and manager from a CAT perspective, seeing collaborative relationships as key, and conceptualising all my roles reciprocally, as described by Parry (2024). Reciprocal roles are explained in Chapters 5 and 6, along with how CAT has influenced the research methodology and methods in this study.

1.3 A developing awareness of the issue

In nearly 30 years as a clinician, I have worked with clients who came for therapy for many reasons. Most clients presented with symptoms of depression, anxiety or anger, and almost all were self-critical, experiencing both low self-esteem and self-compassion. Underpinned by literature that indicated counselling improves psychological symptoms (Cooper, 2008; McLeod, 2010), I helped clients understand the reasons for their symptoms, and then reduce these symptoms. Such previous findings were confirmed in my team's workplace research, which found a decrease in symptoms and an increase in well-being (Collins *et al.*, 2012).

In 2017, I became increasingly aware of a particular client presentation in my private practice work which did not conform to the normal progress of therapy. My private practice was based in Cambridge, UK whose two universities' staff and students create a younger population than the UK average (Cambridge City Council, 2024). Women self-referring for therapy with me were of HESES and the majority were heterosexual and white. Women who came for private therapy with me, described short and

medium-term symptoms, including depression and anxiety. While their presenting symptoms were not unusual, the way that the first few sessions unfolded was. When a client arrived, we would discuss her symptoms, how they were affecting her day-to-day, and where they may have originated in her past. Unlike with other clients, I felt a sense of fogginess during these initial discussions as to the causes of the client's symptoms. The connections between past experiences and present symptoms, which were normally apparent to me, did not seem to be there. Additionally, in most therapies, when clients have realisations or increased understanding of their difficulties, they retain the new concepts, and these concepts inform the subsequent therapy (Parry *et al.*, 2021). However, with these clients, there were two differences when potential connections were made between their past and their present symptoms. First, these connections seemed an incomplete fit to both myself and the client. Second, consideration of a more recent cause, such as her intimate relationship, led to thoughts that felt a good fit in the session, but would be dismissed by the client between sessions.

Below I present anonymised cases which illustrate such client presentations. The length of the first case is to enable the reader to gain a sense of the subtlety and complexity of the presentation, and how it impacted me as a therapist and the therapy relationship. Subsequent cases illustrate aspects of the phenomenon I observed.

1.3.1 Laura

Laura, a lawyer, came for therapy because she regularly experienced low mood and wanted to feel happy more of the time. When Laura told me about her mood changes and her family history, she also spoke about her partner of two years, Mike. Mike was older than her and had been uncertain about committing to their relationship. However, he had recently said he wanted to commit to Laura, and they were trying for a baby. Laura said they were finding it difficult to conceive and had been referred for

fertility investigations. Laura told me that a month later, Mike had still not booked his tests. When she asked Mike why this was, he became annoyed, saying she was being 'too pushy' and Laura described feeling her stomach drop.

Laura saw Mike's actions as incongruous with his commitment and felt upset by his responses to her. When Laura tried to talk to Mike about how she felt, he drew a diagram showing two circles. He told her these represented the two of them, and the space between these circles was his space where she should not go. Mike told her their problems arose when she moved into this space. Laura told me that, seeing this diagram, she felt trapped. She now did not know how to raise things with Mike. Laura also felt confused. Mike's comments led her to wonder if by voicing her concerns to him, she was being unreasonable and 'too pushy'. When Laura explained this to Mike he said she had misunderstood the diagram and that the space between the two circles was their happy space. Laura felt further confused by this, especially as, at the same time, Mike continued to be unavailable for fertility tests.

Laura became increasingly unsure about how to communicate with Mike. When she raised concerns about their relationship, she was left feeling confused and to blame for any difficulties she experienced. When she did not raise issues, she felt disconnected from him. She tried harder to get things right for him. She told me she repeatedly felt unseen or unheard by Mike. One day when Laura was cooking, she was making more noise than usual because she was feeling stressed. Although Laura told me that Mike knew this was a sign of her high stress levels, she said that he told her the noise was disturbing him and to be quieter. On another occasion, when she had burnt herself while cooking and needed help, he refused to help her. Laura said she felt unimportant and uncared for by Mike.

In our sessions, she connected with her feelings of upset, her disconnection from Mike and her resentment at his lack of concern for her needs. She wondered how to communicate more effectively with him. She recognised her mood swings were caused

by the relationship. Outside of the sessions, however, she returned to believing her moods were because there was something wrong with her and that she was the problem in the relationship. She believed that if she could be happy, he would be happy too.

Owing to Laura's changing perceptions between sessions, I would sometimes feel constrained in what I could say to her, sensing she did not want to be challenged. Laura said Mike thought she was misrepresenting him in therapy. I felt Mike's judgement from outside the therapy room. I felt confused when with her and when thinking about her after our sessions. Later, I felt frustrated with Laura for not accepting that rather than there being something wrong with her, it was Mike who was causing her mood swings and her low self-esteem.

I sat with Laura and other women, knowing something did not feel right, but not knowing what or why. Even when we both started to think there was something being done to her by her partner, I could not identify it. It felt like the harder I tried to grasp or describe the experience, the more insubstantial and elusive it became. After sessions with other women who also presented in this way, I would try to clarify my thoughts and feelings in my session notes. I tried to capture what my clients had said and how they had said it, looking for insight into what led to my feelings of confusion.

1.4 Transference and countertransference

The experiences I was having with clients in situations like Laura's can be understood through the concepts of transference and countertransference (Freud, 1912).

Transference and countertransference also underpin the CAT representation of relationship patterns (Section 5.2.3). A familiarity with these concepts is therefore necessary to understand later parts of this thesis.

The concept of transference was developed in the nineteenth century and described as a psychological phenomenon in Breuer and Freud's *Studies on Hysteria* (1895). It has seen much development since then (Adatto, 1989; Makari, 1997; Ellman and Weinstein, 2023). While the literature is complex, a simplified description of transference is given in *Psychology Today* (2023):

A phenomenon in which one seems to direct feelings or desires related to an important figure in one's life—such as a parent—toward someone who is not that person. (para 1)

In terms of the therapeutic relationship, transference refers to the feelings the client has towards the counsellor, which concern the client's earlier relationships rather than the current relationship with the counsellor. Countertransference refers to the feelings the therapist has in relation to the client. These feelings can have different causes, and literature contains various categorisations of types of countertransference (Flescher, 1953; Bruscia, 1998; Rowan, 2016).

While countertransference includes the therapist's transference to the client, it also involves two other important experiences: identifying countertransference and reciprocating countertransference (Dryden, 1990; Jacobs, 1999). In identifying countertransference, the therapist feels the client's feelings, even if the client is unaware of their own feelings. In reciprocating countertransference, the therapist is pushed into feeling something by the client. An example of the latter might be if a client behaves critically towards the therapist. If the therapist feels something they would not normally feel when faced with criticism, such as uselessness or shame, this may be a feeling the client has pushed them to feel. In this way countertransference provides the therapist with information about the client. I therefore reflected on the feelings I had when with clients and what these feelings told me about a client's symptoms and patterns of relationship.

1.5 Recognising a client's experience as abuse

While each client's experience was different, there were commonalities. Clients spoke of a disconnection from their partners and a sense of sadness. The sadness seemed a result of not being 'seen' by their partners. Clients attributed their partner's response to them to their own failures, and believed they were a bad person or difficult to live with. At that time I read the book *Why Does He Do That?* by Lundy Bancroft (2003) in relation to a client receiving overt abuse. Bancroft has worked in the USA with male perpetrators of domestic violence for many years. Much of the book refers to physically violent men or those perpetrating overt psychological or verbal abuse. However, there was a description of a perpetrator who used such subtle methods that he persuaded those around him that he was innocent of blame and that his ex-partner was a 'difficult woman'. This description made me consider whether the clients who left me with a feeling of confusion, were experiencing such subtle abuse.

1.6 A lack of non-academic literature on abuse enacted on a subtle level

In the past, I have found it helpful to direct a client to popular literature that resonates with their experiences. I therefore looked for popular literature to help my clients reflect on whether their relationship was subtly abusive. However, I found limited information describing abuse conducted in the subtle way they were experiencing. Bancroft's (2003) *Why Does He Do That?* helped some clients to realise their relationships were abusive. However, while Bancroft's (2003) book and others (Horley, 2002; Fontes, 2015) describe how non-physical abuse can be perpetrated on a subtle level, all books included overt examples of abuse, most becoming physical. When I lent *Why Does He Do That?* (Bancroft, 2003) to one client, Katie, rather than noting experiences which resonated with hers and exonerated her, she focused on the men's behaviours in the book which were largely more overt than her husband Paul's. She told me 'No. There's nothing like

this going on in my relationship'. Katie felt confirmed in her belief that she was part of the problem. Unless the experiences they read validated their own (Corbett, 2013; Panagiari, 2020), clients reverted to self-blame, describing themselves as 'over-sensitive', 'demanding', 'difficult' and 'over-controlling'.

1.7 The subtlety of abuse makes it difficult for women to believe they are being abused

I did not fully understand what might enable clients to realise they were being abused or what I could do to facilitate this realisation. However, when women did realise their symptoms were caused by their partners' behaviour and that this behaviour constituted abuse, this understanding was not a fixed state. Jane's story below illustrates how clients would move from recognising abuse to doubting it, sometimes in the space of a few minutes.

1.7.1 Jane

Jane had been married to Richard for 20 years when she came to see me for support following her daughter's diagnosis of anorexia. Jane had previously seen a therapist who had suggested that Richard was difficult and controlling. Jane explained to me that when Richard became stressed, he would blame her for anything wrong in their lives. She was left feeling anxious, angry and resentful and believing she was a horrible person. Jane described particularly difficult times in their marriage when Richard's stress had been ongoing. During these times she had felt obliged to focus on him and to manage his difficult feelings, acting as a soothing carer. This occurred when Jane went back to work after their children started school. She remembered finding this period challenging due to having to keep Richard happy as well as looking after the home and children and her new workload.

During our conversations, Jane began to realise that over time she had increasingly modified her behaviour to keep Richard happy. This modification had extended from what she regarded as small things, such as not wearing her hair up because he did not like it, to bigger things, such as reducing the things she did for herself, like spending time with friends. Jane realised these behavioural modifications were a response to Richard's subtle controlling behaviour. However, Jane's ability to believe that she had been controlled by Richard, and to use the word 'abuse' in relation to this, was inconsistent. Even within a therapy session Jane would believe Richard was abusive at one point but, minutes later express doubt about this. Jane eventually asked Richard for a separation but continued to wonder whether she caused the relationship to fail, and if she could have worked harder to save it. She felt guilty remembering times she felt disconnected from him, believing this meant she could have done more.

1.8 Talking with others: non-therapists and therapists

I talked to non-therapist friends about my thoughts that some of my clients were being abused in a subtle way, and I received various responses. Some friends thought the phenomenon I was describing was not abuse, but a co-created couple dynamic, and used expressions such as 'six of one, half a dozen of the other'. Others recognised what I described as abuse but focused on reasons why women ended up in abusive relationships, such as an abusive childhood or a need to please others, placing the responsibility for the relationship difficulties with the victims.

I also spoke to other therapists about their experiences. These therapists were counsellors, psychotherapists, clinical psychologists and psychiatrists. Some were friends, some professional peers, some supervisees of mine and some my supervisors. I found that while some therapists recognised abuse could be perpetrated in an ongoing subtle manner, others did not. Some therapists would say they recognised the subtle presentation I described, but then discuss examples they thought pertinent involving

clients who had experienced overt psychological abuse or physical abuse. I felt uncertain they understood my description of what I was observing amongst my clients. Some suggested I focus on a client's history, exploring why they had entered such a relationship and why they were responding to their partner in the way they were (becoming confused and anxious and changing their behaviour). This led me to wonder if some of my clients had previously seen therapists who had taken these approaches. One colleague said, 'I don't understand why they don't just leave.'

1.9 The impact of therapists being unable to identify subtle abuse

Therapists described a range of understandings about abuse. While for some therapists my descriptions of subtle abuse of clients resonated, all therapists were unsure how they would recognise someone experiencing this and presenting for therapy. This lack of awareness amongst therapists matched the experiences some of my clients were describing to me. Although Jane, above, had a previous therapist that identified her partner's abusive behaviours, some clients described how therapists encouraged them to change themselves. The emphasis on client change rather than partner perpetration, reinforced the women's fear that their symptoms of anxiety or depression, and any relationship difficulties, were their fault. Jess and Sara, below, had such experiences.

1.9.1 Jess

Jess had been with Mark for two years when she went to see a therapist. She was experiencing intense anxiety and was often overwhelmed with feelings of jealousy. Jess described to the therapist that Mark would regularly look at other women. Jess told the therapist that when she told Mark she found this behaviour upsetting he replied that he was 'just looking', and that Jess's upset was due to her insecurity. The therapist focused on Jess's jealousy issues and tried to help Jess become less distressed by Mark's behaviour. This approach left Jess believing she was insecure and needed to change

herself. In turn, this led to Jess becoming more anxious about her body and her behaviour.

Jess subsequently developed symptoms of disordered eating and approached me for therapy for this. During our work we discussed how, while Jess did have anxieties about her body and weight, these anxieties were not the cause of her jealousy. Instead, Mark was using her pre-existing anxieties and insecurities to abuse Jess by convincing her that her anxieties, rather than his behaviour, were the issue.

1.9.2 Sara

Sara had previously sought therapy for her symptoms of anxiety and belief that she was a highly sensitive person. Tom, her husband of 30 years, had told her that she over-reacted to things and was too sensitive. Sara's previous therapist saw her intense distress due to recent, relatively small incidents and suggested she may have a personality disorder. Sara related two of these incidents. In the first, she had shouted at Tom when, after a long day at work, she returned home to find him unexpectedly drinking with friends and expecting Sara to cook them dinner. On another occasion, Tom purchased her underwear as a birthday present, which she did not want and would not have chosen for herself. Sara said she had become 'hysterical' at this. She explained that she had felt pressured throughout their relationship into a sex life she was not fully comfortable with. Tom's birthday gift of underwear felt to her yet another way in which Tom ignored her preferences and needs and prioritised his own. Sara ended her previous therapy as she was feeling no benefit. When she came to see me, she had already started to read about personality disorders and wondered if she needed to be referred to a psychiatrist for formal diagnosis.

Jess's and Sara's behaviours were understandable when viewed as the response to blaming, withholding or belittling behaviours by their partners. However, neither of

their previous therapists had considered this, leaving them with the belief that they themselves needed to change. My conversations with colleagues and my clients' experiences indicated that some therapists failed to recognise the abuse that sometimes lay beneath women's presenting symptoms. As a result, the self-doubt and self-blame of clients, such as Jess and Sara, caused by the abuse, had been increased through their earlier therapy.

In therapy, clients who recognised that what they were experiencing was a form of abuse in their relationships became clearer in their minds about why they felt anxious, depressed and confused. The new understanding that they were being abused enabled them to make decisions about whether they wanted to remain in the relationship and, if not, how to end the relationship safely.

1.10 The need for a conceptualisation of subtle abuse

The lack of a clear conceptualisation of what I had termed 'subtle abuse' prevented me from creating a description that would help others (clients and therapists) to understand the phenomenon. A definition of subtle abuse would aid therapist recognition of clients experiencing this type of abuse. Improved therapist recognition had the potential to reduce the likelihood of negative effects, such as those my clients had previously experienced, when therapists failed to recognise subtle abuse.

In 2018, to improve my knowledge, and with the aim of helping therapists to understand the phenomenon of subtle abuse, I undertook some exploratory work. I talked to nine women who volunteered to discuss their experiences of subtle abuse in intimate relationships (Chapter 4). The findings from the exploratory work led me to apply to the Professional Doctorate in Health and Social Care at the University of East Anglia to investigate the phenomenon of subtle abuse in intimate heterosexual relationships from the perspective of my primary client group, women from HESES.

1.11 The structure of the thesis

In this chapter, I have described how I identified a phenomenon of subtle abuse among women of HESES through my clinical work, exploration of non-academic, popular literature and discussions with therapists and non-therapists. I discussed how my conversations with others indicated that this phenomenon was not well understood and that the lack of knowledge was leading to therapists failing to recognise victims of subtle abuse. Therapist lack of recognition was potentially leading to increased suffering for these women.

Chapter 2 provides an overview of the literature around domestic violence and abuse and intimate partner abuse, including the relationship between abuse and educational and socio-economic status, and the recognition of abuse by therapists and healthcare professionals.

Chapter 3 presents a scoping review of the existing literature on subtle or covert abuse in intimate relationships. Through a synthesis of the findings, I created a definition and visual representation of subtle or covert abuse, showing the process of perpetration and impact.

Chapter 4 recounts an ethically approved exploratory patient and public involvement (PPI) study conducted to inform the development of the qualitative study.

Chapter 5 describes the ontological and epistemological perspectives of my therapeutic work and the thesis studies. Further information on CAT is presented, including how its social and dialogic perspective informs the main study and the interpretation of the findings. The chapter also outlines the choice of reflexive thematic analysis (RTA) (Braun and Clarke, 2022).

Chapter 6 details the methods used to conduct the qualitative study. The methods include: purposive sampling for victim and therapist participants with experience of the phenomenon; a recruitment strategy that includes the use of vignettes of subtle abuse; the plans for online semi-structured interviews; the arrangements for confidentiality and data storage; and the stages of analysis.

Chapter 7 depicts the findings of the qualitative study using an RTA. My analysis identified one theme of incongruence with seven subthemes. The theme and subthemes convey subtle abuse as a complex, multi-layered experience, which affects victims and those around them, including the therapists they consult. The chapter also contains a discussion connecting the findings with existing literature and reflecting on the strengths and limitations of the study.

Chapter 8 uses my interpretations of the findings to answer the research questions. I present tools to inform therapists, clients and the wider public about subtle abuse of the population group. I discuss my reflexivity and the impact on practice, and make suggestions for future research.

Chapter 9 summarises the thesis, its findings and the tools created to aid professionals, and ends with a hope that the research may improve outcomes for women of HESES who suffer subtle abuse.

1.12 Language

Below I present an explanation of some of the terminology used in the thesis (Table 1-1) and a table of acronyms (Table 1-2).

Table 1-1: Language used in the thesis

Intimate partner abuse
<p>The terms 'intimate partner abuse' (IPA) or 'intimate partner violence' (IPV) refer to abuse within a current or previous partner relationship. These two terms fall within the larger terms of 'domestic violence' (DV) or 'domestic abuse' (DA) and sometimes 'domestic violence or abuse' (DVA) which encompass abuse conducted largely in the home between relatives. The terms IPA or IPV are used to describe:</p> <p style="padding-left: 40px;">behaviour by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviours (WHO, 2021)</p> <p>However, as SafeLives (2019) found, the term 'violence' is less used within the UK. Therefore, I will use the term IPA for abuse from a current or former intimate partner.</p>
Subtle abuse
<p>While working clinically, I chose to use the term 'subtle abuse' as the best fit for what I witnessed in the therapy room. This term is used throughout the thesis except in Chapter 3 where I detail a scoping review on 'subtle' and 'covert' abuse. The search terms for the review include the term 'covert', which was identified as a frequently used term within the literature. Therefore, in Chapter 3 the terms 'subtle' or 'covert' abuse and the acronym SCA are used.</p>
Victim
<p>When I started the doctoral programme, I was drawn to use the term 'survivor' for someone who has experienced IPA. This may have been due to my stance as a therapist who sees the strengths in people and anticipates and witnesses change in the therapy room. The term 'survivor' is a term favoured by feminist researchers (Dienemann, Glass and Hyman, 2005;</p>

Marsden, Humphreys and Hegarty, 2021) and captures the ongoing process of resilience and survival enacted while within an abusive relationship (Gondolf and Fisher, 1988; Schwartz *et al.*, 2021). I then adopted the concept of victim/survivor (Donovan and Hester, 2010) that acknowledges that women move between multiple roles during and after an abusive relationship. However, some feminists believe the word 'survivor' fails to recognise the damage done to victims (Gupta, 2014). My clinical observations of clients struggling to believe that something had been done to them informed my choice of the word 'victim'. As Campoamor (2018) found, clients found the term victim helped them accept that they were not at fault. In addition, as the Counting Dead Women project shows (Ingala Smith, 2024) and as Turgoose and McKie (2021) say, 'two women a week do not survive' (p. 2).

Perpetrator

I will refer to the person conducting the abuse as the perpetrator or abuser as used by previous literature, such as Bishop and Bettinson, (2018) and Myhill and Kelly, (2019).

Therapist

The term 'therapist' is used in two different ways in this thesis: to describe therapists who conduct one-to-one talking therapies (psychotherapists, counsellors and psychologists) and those who focus on non-verbal ways of exploration (art or music therapists); to encompass a wider range of professions who may be helped by the findings of the qualitative study (such as physiotherapists, occupational therapists and social workers).

Client

The term 'patient' has historically been applied to those using medical or healthcare settings (Neuberger and Tallis, 1999). While alternatives are debated (Whyte, Elias and Cooke, 2024), the term 'client' is frequently used among talking therapists to refer to those they work with therapeutically, as described by BACP (Roxburgh, 2017). In this thesis the term 'client' will be used except where referenced literature uses the term 'patient'.

Table 1-2: Table of acronyms

Association for Cognitive Analytic Therapy	ACAT
British Association for Counselling and Psychotherapy	BACP
Cognitive analytic therapy	CAT
Crime Survey for England and Wales	CSEW
Do it yourself	DIY
Domestic abuse	DA
Domestic violence	DV
Domestic violence and abuse	DVA
Economic and Social Research Council	ESRC
Eye movement desensitisation and reprocessing	EMDR
General practitioner (medical)	GP
Healthcare professional	HCP
High educational and/or socio-economic status	HESES
High socio-economic status	HSES
Intimate partner abuse	IPA
Intimate partner violence	IPV
In vitro fertilisation	IVF
National Institute for Health and Care Research	NIHR
Non-physical abuse	NPA
Office for National Statistics	ONS
Public and patient involvement (study)	PPI
Participant information sheet	PIS
Post-traumatic stress disorder	PTSD
Reflexive thematic analysis	RTA
Socio-economic status	SES
Subtle and covert abuse	SCA
Thematic analysis	TA
United Kingdom	UK
United Nations	UN
World Health Organisation	WHO

Chapter 2 Overview of the literature

2.1 Introduction

In this chapter, I present a summary of the literature in the fields of domestic violence and abuse (DVA) and intimate partner abuse (IPA). As a clinician, I had not accessed and read the domestic abuse academic literature systematically prior to this study. This chapter presents the academic literature identified to inform the following:

1. An understanding of the academic literature on DVA and IPA.
2. Whether 'subtle abuse' was identified in academic literature.
3. Whether there are connections between abuse and educational and socio-economic status, focusing on abuse of those of HESES (the clinically identified population group for my study).
4. How therapists and healthcare professionals identify abuse in their patients or clients.

The next section describes the search strategies and four reviews contained in this chapter.

2.1.1 Search strategy

The literature included in this overview was collated through an iterative search process during the Professional Doctorate. Early searches were conducted within the UEA library database and Google Scholar with no start time limiter and ending in June 2020 using the following terms:

domestic abuse, domestic violence, domestic violence and abuse, intimate partner abuse, intimate partner violence

As the results were too vast to be meaningful, more precise searches were conducted over time using these terms together with subject specific terms, such as:

coercive control, feminism, economic abuse, gaslighting, brainwashing,
emotional abuse, psychological abuse and non-physical abuse

The final date for studies included in the searches was June 2023. The abstracts of possibly relevant titles were read, and potentially relevant papers read in full. Pertinent references and forward citations of relevant papers were subsequently searched, as suggested by Czypionka *et al.* (2020, p. 3) when researching a 'diverse literature in which terminology is used inconsistently'. Four different areas of literature were searched as summarised in Table 2-1. The findings of each review are presented in this chapter. These include grey literature, such as reports from the WHO (2021) and statutory guidance (UK Home Office, 2023), due to the importance of governmental and non-governmental sources on DVA and IPA.

Table 2-1: Reviews of literature within the chapter

Review of literature	Search Strategy
Overview of literature on DVA and IPA	Section 2.1.1
Literature exploring links between abuse and educational and/or socio-economic status	Appendix 1 Appendix 2
Literature purposively recruiting participants of high educational and/or high socio-economic status	Appendix 3
Literature on recognition of victims of abuse by healthcare professionals and therapists	Appendix 4

The next section of this chapter presents an overview and analysis of the literature on DVA and IPA.

2.2 An overview of the literature on domestic violence and abuse and intimate partner abuse

Owing to my clients' experiences of abuse within their intimate partner relationships, throughout this thesis, I refer to IPA, which is the more commonly used term within the UK (SafeLives, 2019). However, for statistical and legal purposes IPA is frequently treated as part of the broader concept of abuse encompassed in the terms domestic abuse (DA) or domestic violence and abuse (DVA). For example, the UK Home Office uses the term 'domestic violence and abuse', which is defined as:

Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. (UK Gov, 2013)

Domestic violence and abuse, including IPA, is a global health problem, however, statistical comparisons across the globe can be challenging. This is due to the variety of methods used to collect data (Howarth and Feder, 2013; Myhill, 2017), the variety of terms used (Lammers, Ritchie and Robertson, 2005; Lagdon, Armour and Stringer, 2014) and the different data presentation foci that organisations use. This final point is illustrated by the difficulty in comparing statistics presented by the WHO and the United Nations (UN) (both of which focus on any violence or abuse against women and girls, domestic and non-domestic), with UK statistics (which focuses on DVA from any family member). As a result of the variety of ways data are collected and presented, and the terminology used, this overview of the literature includes work focussed on both DVA and IPA using terms as used by the included literature.

My synthesis of the literature uses a narrative format to present an overview of the field, in which I have organised, selected and connected the data (Spivey, 1991),

including key terms and arguments (Sarkar and Bhatia, 2021), working towards an integrating idea (Segev-Miller, 2004). I recognise that the resultant summary is a unique, subjective integration of the literature (Mateos and Solé, 2009).

2.2.1 Intimate partner abuse statistics

In the UK, the Office of National Statistics (ONS) reported that one in four women in England and Wales experience IPA in their lifetime (ONS, 2023b). These statistics include physical and non-physical abuse. Non-physical abuse (NPA) statistics are recorded by the ONS (ONS, 2023b) in the following categories: emotional/financial, force, threats, stalking, indecent exposure or unwanted sexual touching, sexual assault by rape or penetration (including attempts) (ONS, 2023a, 2023b). These figures include police report and court data as well as data from the Crime Survey for England and Wales (CSEW). The CSEW gathers data from organisations working with domestic abuse victims across England and Wales, and via a face-to-face questionnaire with representative people selected by postcode (ONS, 2023b). This methodology aims to capture unreported incidents of DVA. However, such attempts to estimate prevalence are limited by the survey descriptors and the understandings of the interviewers and interviewees. The overview of the literature indicates that more subtly perpetrated abuses are not likely to be recorded within the CSEW and therefore by the ONS.

2.2.2 Early focus on physical abuse and the individualist approach

The initial focus of DVA activism and research was physical abuse (Dobash and Dobash, 1979; Schechter and Jones, 1992). This was despite evidence that non-physical abuse (NPA) was more damaging for abuse survivors, even where physical abuse was also present (Walker, 1979). The focus on physical abuse resulted from pragmatic decisions enabling political and financial support for women experiencing severe physical violence (Morgan, 1983; Ashcraft, 2000; Stark, 2007). However, Ashcraft (2000) argues

this focus had unintended consequences and led to a societal understanding of DVA as physical violence within the domestic setting, usually perpetrated by unstable men. This, in turn, led to a binary understanding of abuse: either one was in an abusive relationship, understood as physical or overt non-physical abuse (verbal abuse, extreme limitation, isolation and control of time or resources), or one was in a 'normal' relationship. Viewing victims as 'different' from 'normal' women meant that:

Society could generously provide assistance to dysfunctional, deviant individuals without acknowledging either the pervasiveness of the problem or the possible existence of any similarities between abusive and seemingly normal relationships. (Ashcraft, 2000, p. 4)

To understand the short- and long-term consequences of this early focus, it is helpful to consider the four main levels on which DVA and IPA are conceptualised in an ecological model drawn from Bronfenbrenner (1979) and Krug *et al.* (2002) presented in Table 2-2. An overall ecological approach includes individual, relationship, community and societal risk factors to capture the complexity of DVA causation (Dahlberg and Krug, 2006).

Table 2-2: An ecological model of abuse

Ecological Level	Approach in DVA or IPA	Focus	References
Individual	Individualist	Biology, history or pathology of the perpetrator or victim	Wilson and Daly (1993) Morgan (1983), Storr (1968), Boonzaier (2014)
Close relationships	Systems	Family or friend relationships	Snell, Rosenwald and Robey (1964), Witt (1987), Dutton and Nicholls (2005)
Community		Neighbourhoods, workplaces, schools	Caman <i>et al.</i> (2017), Chopra <i>et al.</i> (2022)
Society	Structuralist	Wider societal structures, such as the patriarchy, socio-economic circumstances, or political regimes	Jewkes (2002), Fox and Hoelscher (2012), Kovacs (2018)

Despite believing structural patriarchy underlay abuse (Dobash and Dobash, 1979; Pence and Paymar, 1993), activists and researchers focused on individualist theories to gain political and financial support for women’s refuges, and successfully lobby for laws to hold perpetrators to account. This led to two one-dimensional concepts, which were absorbed into popular consciousness. First, an abuser is a man who cannot control his anger, particularly when drinking or on drugs (Lisco *et al.*, 2015), suffering from stress (Singh *et al.*, 2014), or believing his traditional masculine role is being challenged (O’Brien, 1971; Harrington, Overall and Cross, 2021). Second, that a victim is a

psychologically damaged woman who seeks out an abusive relationship, cannot escape from it (Nydes, 2013), and is of low socio-economic status (Szepsenwol, Zamir and Simpson, 2019). These concepts led to men excusing their behaviour (Dobash and Dobash, 2011) and women being blamed for entering and staying in abusive relationships (Taylor, 2022). The structuralist message that IPA was embedded in a power imbalance between the sexes was lost (Ashcraft, 2000) and with it the understanding that this power imbalance could be enacted through subtle, invisible means.

Additionally, the individualist focus led to three assumptions, which persist to this day: that abuse is either physical or is maintained by the threat of physical violence, that DVA is made up of discrete incidents of physical or overt NPA, and that these incidents are underpinned by individual causes rather than societal ones (Worden and Carlson, 2005; Wagers, Wareham and Boots, 2021). The review looks next at research that challenged these assumptions.

2.3 Research developments during the last thirty years

2.3.1 An increase in acknowledgement of non-physical abuse

Non-physical abuse became an increasing topic of interest towards the end of the last century with authors exploring psychological (Marshall, 1994) and emotional abuse (Loring, 1994), as well as the interconnected nature of abuses (Kirkwood, 1993; Pence and Paymar, 1993). Tolman's (1989) Psychological Maltreatment of Women Inventory (PMWI) shows abuse as a continuum where perpetration could be delivered by visible or invisible means. The PMWI includes subtle tactics and is an early example of the recognition of subtle abuse. Kirkwood (1993) describes a 'web' of abuse trapping women, while Pence and Paymar's (1993) Power and Control Wheel or Duluth Wheel, depicts different methods an abuser can use to control. Kirkwood's 'web' (1993) and Pence and Paymar's wheel (1993) are explored further in Section 2.3.7. These

descriptions made it clear that abuse was an ongoing experience rather than incident specific.

2.3.2 Abuse is underpinned by power, dominance and control, embedded in a patriarchal societal structure

In the early 2000s, Stark (2007) and Johnson (2008) conceptualised ongoing, chronic abuse as underpinned by structural patriarchy. Such 'misuse of power' (Lammers, Ritchie and Robertson, 2005, p. 31) is central to abuse. It has been found in prisoners of war (Farber, Harlow and West, 1957), in those who work in institutions, such as prisons and hospitals for those with mental health diagnoses (Goffman, 1961), in cults (Tobias and Lalich, 1994), and in workplaces (Keashly, 1997). Stark (2007) developed the concept of coercive control, a misuse of power which is enacted through a pattern of physical and non-physical abuses conducted on an ongoing basis which 'entrap' women. Johnson (2008, 2011, 2017) developed a typology of violence that divided violence in couples (and later families) into five types. The most common three are: intimate terrorism, violent resistance and situational couple violence. In intimate terrorism, one partner's violence is a way of controlling the other. In violent resistance, a victim of intimate terrorism perpetrates non-controlling violence to survive. In situational couple violence, relationship violence is not controlling, but is a situational reaction initiated by either partner. Johnson (2008) and others (Graham-Kevan and Archer, 2003; Jaffe *et al.*, 2008) argue that without understanding this difference of typology, motivations for incidents of violence are not considered. Instead, incidents which have different motivations or contexts, are erroneously seen as comparable. This error can lead to incorrect assumptions within research (Johnson, 2011) or actively dangerous legal decisions (Graham-Kevan and Archer, 2003).

In contrast, Dutton and Nicholls (2005) and Dutton, Hamel and Aaronson (2010), embrace a family violence or systems perspective. They argue the feminist perspective

is a misinterpretation of the data based on a desire to advocate. They show equivalent prevalence between male violence against women and female violence against men in heterosexual relationships and some evidence that female to male violence is most common. This perspective sees abuse as the result of normal family conflict, often caused by stress (Bonham and Vetere, 2012). However, since the height of the structuralist and systems debate, family violence researchers have integrated and used Johnson's (2008) typologies (Gatfield *et al.*, 2022). While Johnson's (2008) intimate terrorism and Stark's (2007) coercive control are similar, it is the latter that has been used to expand the legal, and therefore indirectly, the societal concept of abuse.

2.3.2.1 *Coercive control*

In 2015, the Serious Crime Act, Section 76 (*Serious Crime Act*, 2015) criminalised 'controlling or coercive behaviour in an intimate or family relationship' in England and Wales. The concept of coercive control therefore now has a legal definition:

A person (A) commits an offence if—

- (a) A repeatedly or continuously engages in behaviour towards another person
 - (B) that is controlling or coercive,
 - (b) at the time of the behaviour, A and B are personally connected (see subsection (6)),
 - (c) the behaviour has a serious effect on B, and
 - (d) A knows or ought to know that the behaviour will have a serious effect on B.
- (*Serious Crime Act*, 2015)

Within this definition (c) is defined as

- Firstly, where the behaviour causes the victim to fear violence on at least two occasions (section 76(4)(a) SCA 2015), or
- Secondly, the serious alarm and distress caused by the suspect's behaviour has had a substantial adverse effect on the victim's usual day-to-day activities (section 76(4)(b) SCA 2015). (*Serious Crime Act, 2015*)

This legal definition of coercive control includes more overt descriptions of abuse than those observed in the clinical setting (see definition of c), and in (d) it includes a statement which may make subtle abuse hard to evidence. Additionally in subsections 8-10, the Act provides a defence to a perpetrator who can show that they believed that they were acting in the best interests of the victim and that in the circumstances the behaviour was reasonable. The perpetrator must only provide sufficient evidence to raise an issue. To successfully challenge the issue raised, a victim must prove beyond reasonable doubt that it was not true. (This defence is not available if the perpetrator's behaviour caused the victim to fear violence.) (*Serious Crime Act, 2015*). These subsections make the enforcement of the act for NPA and more subtle abuses difficult (Bishop and Bettinson, 2018).

Within the academic literature there are arguments regarding the definition of coercive control (Walby and Towers, 2018; Donovan and Barnes, 2021). For example, Myhill (2017) found that physical violence in coercively controlling relationships is more severe than in situational couple violence, and Stark (2018) advocates for the separation of the concept of coercive control from that of psychological abuse to clarify that coercive control could include physical violence. However, SafeLives (2019, p. 30) describes coercive control as 'a repeated or continuous form of psychological violence', and Walby and Towers (2018) found that the public perception of coercive control is that it is non-physical. In addition, Halliwell *et al.*'s (2021) map of NPA shows that non-physical forms of abuse are assumed to be underpinned by coercion and control.

I do not use the term 'coercive control' for the concept of subtle abuse in this thesis due to the more overt definition of coercive control within the legal definition, the potential for more subtle abuses to fall outside this definition, and the arguments and resultant ambiguity of the academic definition. Using this term would connect subtle abuse to the legal definition and the academic ambiguity before a clear understanding of subtle abuse is achieved.

2.3.3 Abusers' behaviour is based on an attitude of entitlement

Entitlement is defined as 'the subjective view of what an individual believes they deserve in different situations' (Williams *et al.*, 2018, p. 321). Bancroft (2003) and Bancroft and Silverman (2002) found entitlement to be fundamental to abusive perpetration, with Chang (1995, 1996) describing entitlement as the cause of changes to a victim. Entitlement has been shown to be a predictor of abusive behaviour (Warrener and Tasso, 2017), although only in men (Warrener, 2019). The underpinning of abuse by a perpetrator's sense of entitlement provides an explanation for all behaviours, including positive or loving ones, to be understood in this light.

2.3.3.1 Intent or effect of abuse

Literature on abuse distinguishes between intent and effect (Marshall, 1994). The Council of Europe (2011) defines psychological violence as aiming to cause harm, and some authors argue that intent should be the indicator of an abusive act (Glaser, 2002; Follingstad, 2007). There is also uncertainty as to whether someone attempting and failing to abuse should be called an 'abuser' (Tolman, 1989, 1999). Another position is that abuse should be measured by the effect and therefore acts can be abusive which harm victims while not intending to (Marshall, 1999). Marshall (1994) argues that neither intent nor effect need to be present for abuse to exist. Others argue that both attempt

and effect are required for a relationship to be abusive (Ehrensaft *et al.*, 1999; Pitman, 2017).

2.3.4 Abuse is an ongoing, not incident-specific experience

The concepts of coercive control (Stark, 2007) and intimate terrorism (Johnson, 2008) describe abuse as a spectrum of tactics that establish and maintain control, and are operationalised through observable and unobservable methods. These behaviours can be intentional or not, and can be conducted in aggressive or loving ways, but are effective due to a victim's fear of threatened consequences. This understanding of abuse allows us to recognise abuse as a pervasive experience which can be perpetrated in relatively innocuous, ongoing ways, such as shown in Ashcraft's (2000) model (Figure 2-1).

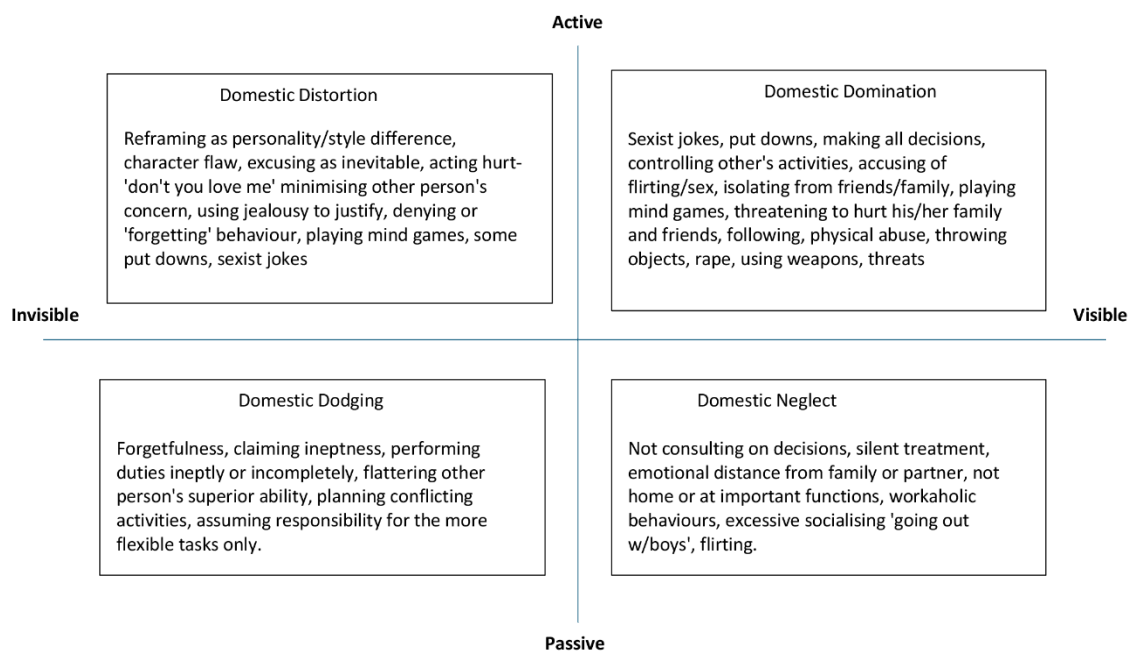


Figure 2-1 Ashcraft's (2000) Matrix of Domestic Control (p.6)

It has long been understood that abuse is ongoing and pervasive (Ashcraft, 2000). Yet literature on NPA, which more frequently assumes abuse is a pervasive experience, can

focus on NPA perpetration tactics rather than the ongoing experience of abuse (Follingstad *et al.*, 1990; Halliwell *et al.*, 2021). The focus on tactics can improve abuse recognition and provide information about which interventions victims and perpetrators find helpful. For example, controlling behaviour has been found to be an important indicator of domestic homicide; a finding that impacts risk assessment (Sharp-Jeffs and Kelly, 2016). However, analysis of perpetrator tactics has led to differences in definition (Murphy and Cascardi, 1999; Tolman, 1999), detailed discussions about such differences (SafeLives, 2019) and a variety and inconsistency of terminology (Lammers, Ritchie and Robertson, 2005; Lagdon, Armour and Stringer, 2014). The proliferation of terms introduces unhelpful complexity to practitioners.

Anderson's (2010) review of violence within families describes the siloing of abuse types in research that occurs when authors focus on tactics such as psychological (SafeLives, 2019) or sexual abuse (Karantzas *et al.*, 2016). Siloing interferes with our ability to understand abuse as a multifaceted experience. Anderson's (2010) review indicates that, far from justifying such typological siloing, research has found that victims experience a range of overlapping abusive strategies. Such overlaps, labelled poly-victimization, confirm that victims experience a combination of abuses, such as physical, sexual, psychological, economic and emotional abuse (Basile and Hall, 2011; Doyle, 2020), and indicate abuse should be explored as an ongoing, pervasive experience.

2.3.5 Abuse creates a personality change process

Literature indicates that abuse is where one person, group or organisation (the perpetrator) behaves in a way that changes the other person (the victim), whether this is done intentionally or not (Loring, 1994; Murphy and Cascardi, 1999; Queen, Brackley and Williams, 2009; Normand, 2012). Stark (2007) says a perpetrator's behaviour entraps a victim by changing 'who and what she is' (p. 262). Chang (1996) found that this change happens in a subtle, interpersonal way that over time becomes an

entrenched relational pattern. For example, when one partner behaves in a dominant way, this pushes the other into a submissive role, even when domination is done ostensibly to be helpful. The continuous nature of abuse, underpinned by a perpetrator's attitude, augments the effects of changes to the victim over time (Stark, 2007). Lammers, Ritchie and Robertson (2005) describe how these behaviours gradually become normalised, such that victims are unable to identify them as abusive.

Landenburger (1989) found four phases of entrapment: binding, enduring, disengaging, and recovering. These describe a victim's process of change during and after an abusive relationship:

As futile attempts are made by a woman to make things right, she probes more deeply into herself and questions what it is about her that provokes the abusive incidences. (p. 216)

Such self-questioning, along with self-doubt and confusion, alters victims' reality and is linked with gaslighting (Dorpat, 1996; Stern, 2007; De Canonville, 2015). Victims' confusion and doubt, along with the image of abuse as physical or overtly non-physical, leaves victims of NPA unable to identify their experience as abusive (Halliwell *et al.*, 2021).

2.3.6 Current definitions of abuse: The need for a name

The literature overview shows that the three assumptions (Section 2.2.2): that abuse is physical or threatens physical violence, that abuse is conducted through a series of unconnected incidents, and that such incidents are caused by individual psychology, are erroneous. Tolman's continuum (1989), Stark's coercive control (2007) and Johnson's intimate terrorism (2008) all demonstrate that abuse can be non-physical and operationalised with different levels of severity, including subtle and loving (Crowther-Dowey, Gillespie and Hopkins, 2016). Stark (2007) and Johnson (2008) also show that

abuse is ongoing and underpinned by a patriarchal structure. However, the difficulties in evidencing prosecutions for the Serious Crime Act 2015 section 76 (*Serious Crime Act*, 2015) indicate that while the spectrum is understood in theory, in practice victims and professionals struggle to recognise coercive and controlling behaviour, particularly when those behaviours are more subtly enacted (Brennan *et al.*, 2019; Halliwell *et al.*, 2021). We therefore need a clearer conceptualisation of more insidious abuse.

Language is fundamental in conceptualising our experiences (Neale, 2017). Terms such as 'date rape' and 'marital rape' enabled women to conceptualise and convey experiences that were not previously acknowledged (Gavey, 2005). Johnson's (2008) terminology has enabled a separation to be made between abuse that is underpinned by power and control, and abuse which is not. While the concept of abuse underpinned by coercion and control implies the use of the term 'coercive control' is appropriate for subtle abuse, the UK legal definition of coercive control aligns it with more overt abuses than those observed clinically (*Serious Crime Act*, 2015). Additionally, ongoing debates regarding coercive control have obfuscated its meaning (Walby and Towers, 2018; Donovan and Barnes, 2021). The variety of terms in DVA and IPA and the debates about their meaning may mean that a useful term to conceptualise victims' less overt experiences of abuse has not been furnished.

'Abuse' is the default term used by most authors when describing a victim's experience or a perpetrator's tactic. For example, emotional abuse (Loring, 1994; Lammers, Ritchie and Robertson, 2005), narcissistic abuse (Staik, 2017; Howard, 2019) and psychological abuse (SafeLives, 2019). However, within UK law the term 'abuse' is not defined, with the word 'abuse' itself forming part of the UK government definition of abuse (UK Gov, 2021). Previous models of abuse are explored below followed by a proposed definition of abuse underpinned by control based on the literature.

2.3.7 Existing models of abuse

Anderson's (2010) review found that abuse perpetrators use a variety of interconnected types and severities of violence, and this is supported by existing models of abuse. Pence and Paymar's (1993) Power and Control Wheel shows a range of abuse tactics underpinned by dominance and control. While being a useful visual representation, the wheel does not convey the process of change undergone by the victim or the subtle end of the abuse spectrum described by other authors (Tolman, 1992; Loring, 1994; Marshall, 1994). Kirkwood's web (1993) conveys the interconnected styles of dominant and controlling abuse indicating how its chronicity leaves women trapped. Kirkwood (1993) also describes significant changes in women caused by abuse. These are loss of self-esteem, identity, physical ability and hope, which leads to depression. A third conceptualisation, Pitman's 'Trap' (2010, 2017), equates the experience of entrapment of women by entitled men to that of colonisation. The model allows for different forms of abuse which permit colonisation to occur and persist.

In contrast to the physical abuses included in the models just described, Halliwell *et al.* (2021) focus on NPA and include a conceptual map of DV (non-physical) showing the types of abuse within NPA. The map indicates NPA is contained within an overarching concept of non-violent coercive control, however, listing types of NPA within the conceptual map perpetuates the myth that types of NPA can be experienced separately. The paper's examples of abuse focus on more overt manifestations of NPA. Therefore, the paper risks excluding victims whose experiences are more interconnected (Anderson, 2010) and less overt.

2.3.8 A new representation of abuse

The four models described above (the Duluth model, (Pence and Paymar, 1993), the web of abuse (Kirkwood, 1993), the 'Trap' (Pitman, 2017), and DV (non-physical) (Halliwell et al., 2021)) do not encapsulate abuse underpinned by control in a way that is applicable to all experiences and settings. An understanding of a wider spectrum of abuse is necessary to identify less overt experiences. This chapter's overview of the literature supports a reduction in the diversity of terms used, and suggests a reduction of research that explores only single types of abuse and therefore potentially fails to explore the complexity of abuse.

Using the commonalities of abuse identified in my review of the literature, I suggest below a new synthesis of the literature and include a visual representation (Figure 2-2). The review of the literature has indicated that abuse based on control has four elements: it is underpinned by power, dominance, and control, and embedded in a patriarchal societal structure; it is based on an attitude of entitlement; it is ongoing, not incident specific; and it creates a personality change process in victims. When these four elements are present the behaviours of the perpetrator can be understood as abusive, as illustrated in the visual representation of Figure 2-2. By identifying these four elements of abuse, less overt abuse experiences, such as overburdening of responsibility (Kirkwood, 1993), excessive socialising (Ashcraft, 2000), or emotional withdrawal (Chang, 1996), justify the term 'abuse', rather than being categorised as normal relationship conflict.



Figure 2-2 A visual representation of the four elements that constitute abuse underpinned by control.

2.3.9 Conclusion to the overview of domestic violence and abuse and intimate partner abuse literature

This overview of the DVA and IPA literature has shown how a pragmatic presentation of abuse in the 1960s and 1970s led to continuing erroneous beliefs and assumptions. These errors are embedded in popular understandings of abuse, and in the systems designed to collect data, help victims, and prosecute perpetrators. Later research has

tried to redress the balance. This review found four elements that are common to all controlling abuse as shown in Figure 2-2.

The visual representation informs an expanded conceptualisation of abuse. Women need to identify their damaging experiences as problematic to be able to address them or seek help (Liang *et al.*, 2005). However, both the binary discourse that a relationship is either normal or abusive, and the co-existing discourse that abuse is physical or, if non-physical, that it is overt and recognisable, may result in women's abusive relationship experiences falling within the normal category. Using the term 'abuse', as I define it within Figure 2-2, creates a language that allows informed discussion and enhanced ability to recognise and intervene.

While many authors acknowledge the subtle end of the abuse spectrum, this overview reveals only a minimal focus on subtle abuse. In Chapter 3, I therefore present a scoping review of academic literature on subtle or covert abuse to expand our understanding of subtle abuse.

The current chapter now looks at literature pertaining to two areas of my clinical experience:

- The links between IPA and educational or socio-economic status, including literature recruiting high educational and/or socio-economic status groups.
- How therapists or healthcare professionals recognise abuse in their clients.

2.4 Review of the literature on the impact of educational and socio-economic status on abuse

2.4.1 Introduction

My clients experiencing subtle abuse were heterosexual white women of HESES. My clinical background working with this population group influenced my area of academic interest. I wanted to explore the existing literature relating to this group to inform the development of an empirical study. As such, I conducted the following review of literature, linking IPA with educational status and socio-economic status (SES). The review also includes a section on the limited literature that recruits participants of HESES.

2.4.2 Literature search strategy

Two UEA library searches were conducted with dates from 1980 to March 2024. The full search strategies are in Appendix 1 and Appendix 2. The first search used search terms related to DVA and IPA, combining them with 'socio-economic status', while the second search combined them with 'education'. Search one identified 38 papers for inclusion. Search two resulted in no relevant papers. However, several papers found in search one included data relating to education – for example, Taillieu and Brownridge (2010) and Kundapur *et al.* (2017). References and forward citations of the papers including education data were searched and an additional six papers relevant to IPA and education were located.

2.4.3 Review of the literature

Overall, the international literature on the connections between DVA and educational or SES indicates that women of lower educational attainment and fewer economic

resources (both individual and household) are more at risk of a range of types of IPA (Acierno, Resnick and Kilpatrick, 1997; Cunradi, Caetano and Schafer, 2002; Jewkes, 2002; Follingstad and Rogers, 2014; Costa et al., 2016; Laksono et al., 2023). However, the literature is more complex than this initial statement suggests. Two conflicting theories inform and explain these findings. Feminist theory suggests that as women's economic and educational status improves, not only does their risk of IPA reduce, but they also benefit from an increased ability to recognise abuse, and the resources necessary to leave an abusive relationship (Jewkes, 2002; Tenkorang *et al.*, 2013). However, resource theory (Blood and Wolfe, 1960; Goode, 1971) states that when women gain resources while their partners' resources stay the same, the relationship power balance changes and men may feel their status is challenged. Resource theory may explain men's increased likelihood of becoming perpetrators in countries where there is a greater expectation that women will fulfil a 'traditional' role (Golden, Perreira and Durrance, 2013), and why some research shows that an increase in women's status leads to an increase in IPA (Medlin, 2012; Ahmadabadi *et al.*, 2020). Relationships between economic resources, education level and IPA are multi-layered, and are influenced by other factors such as ethnicity, disability or immigration status. The ecological model as used by Krug *et al.* (2002) and based on Bronfenbrenner's (1979) work, describes relationships operating on four levels: country or wider society, community, household or couple, and individual or personal. Key findings of the review are highlighted below within the four levels.

2.4.4 Country or wider society

Broadly, literature shows low-income countries and those with greater internal economic disparities have higher levels of IPA than those with high income and fewer internal economic disparities (Ince-Yenilmez, 2022; Dabaghi, Amini-Rarani and Mosratabadi, 2023). However, Kovacs (2018) found a country's increased wealth only protected the wealthiest women. In contrast, central government laws (Eggers del

Campo and Steinert, 2022) and greater sex equality (Heise and Kotsadam, 2015; Kovacs, 2018) were found to reduce IPA for all women. While the majority of statistical evidence indicates a reduction in all types of IPA as gender equality increases, the Nordic Paradox (Gracia and Merlo, 2016) is an anomaly to this. The Nordic Paradox describes the ongoing co-existence of high levels of gender equality with high levels of IPA. Despite theoretical (Gracia and Merlo 2016) and research literature (Wemrell *et al.*, 2022) exploring the reasons for this anomaly, there is currently no agreed explanation for the Nordic Paradox.

2.4.5 Community factors

Literature on community influences on the risk and rates of IPA appears to be inconclusive. For example, there is evidence that in the UK, living in areas of poverty (Chopra *et al.*, 2022) and wealth (Caman *et al.*, 2017) increases the risk of domestic homicide. Class is rarely examined in relation to IPA, but Ptacek's (2021) study showed that, while participants of all social classes experienced physical abuse, those in lower social classes were at greater risk. However, Ptacek (2021) also found that wealthy men who used money as a status indicator and needed admiration used violence to confirm their status.

2.4.6 Household or couple factors

In both the developing world (Wilson, 2019; Bandara *et al.*, 2022) and the EU (Reichel, 2017), low household income is linked to higher rates of IPA. However, Kebede *et al.*'s (2022) study of 20 middle- to low-income countries found variation in connections between IPA and household wealth, including that Mozambique showed a greater risk of IPA for women in wealthier homes than in poorer. Some research indicates an inverted bell curve for IPA and household income, with the lowest risk occurring for women in both the poorest and wealthiest households (Kiss *et al.*, 2012; Heise and

Kotsadam, 2015; Kibris and Nelson, 2022). Similarly, research indicated that those with the least and most education were at the lowest risk of experiencing violence (Jewkes, 2002). The only study looking at household factors in education and IPA found that in urban Mangalore in India the higher the men's level of education the more at risk their wives were of IPA (Shanker, Shiny Christm Queen Nesan and Kundapur, 2019).

2.4.7 Individual factors

On an individual level, the evidence suggests resource theory has more significance than feminist theory. Studies show that on a national level, improving access to education or employment for women decreases a country's incidence of IPA (Wilson, 2019) which aligns with feminist theory. However, on an individual level, women who improve their economic or educational circumstances are more likely to suffer IPA (Heise and Kotsadam, 2015; Dalal *et al.*, 2022; Kibris and Nelson, 2022) which aligns with resource theory. Powers and Kaukinen (2012) analysed 28 years of data in the National Crime Victimization Survey (NCVS) and found that employment increases the likelihood of IPA incidences in the US, particularly for white women.

Abuse can also affect women's education and employment, such as loss of housing (O'Connor and Nepomnyaschy, 2020), while psychological and emotional problems caused by abuse can reduce a victim's capacity to work (Crowne *et al.*, 2011).

2.4.8 Literature recruiting participants of high educational and/or socio-economic status

Studies within the IPA field rarely recruit participants based on educational status or SES. Research that uses this criterion usually selects participants of lower income (Marshall, 1999; Hill *et al.*, 2009; Slabbert, 2017; Sauber and O'Brien, 2020). A literature search (Appendix 3) using the dates 1980 to March 2024 was conducted and found only seven original works specifically recruiting women of HESES: Weitzman (1998),

Lachkar (2001), Loessin (2002), Haselschwerdt (2013), Kumar (2015), Skaling (2017), and Dozois and Germann (2017). Five are theses and all are in North America. The North American location of the research with women of HESES may lead to a difficulty in comparison with women of HESES in the UK. There were also two books: Lachkar (1998) based on work for the 2001 paper; and Weitzman (2000) based on the 1998 thesis, as well as a paper by Haselschwerdt and Hardesty (2017) based on Haselschwerdt's (2013) thesis.

The definitions of participants' social, economic or educational groups are varied within the works. Most of the works recruited women who met both high educational and high SES criteria. However, Weitzman (1998) recruited women of only upper SES and Skaling (2017) recruited women only on the basis of income. Despite this, most of each author's participants were also of high educational status. Additionally, terms used by the included authors vary, for example, Weitzman (1998) uses the term 'upscale violence' while Kumar (2015) refers to participants as 'middle-class' to include both educational and socio-economic high status. Most of the works include some level of participant self-identification of their membership of the study group. Participants in Dozois and Germann's (2017) report emphasised how problematic it was to identify definitive boundaries to the group membership. The concept of HESES lacks clear definition in both North America (Weitzman, 2000) and the UK (Customer and Consumer Insight, no date). Definitional issues are covered further in Section 6.4.1. An additional, relevant factor to this thesis is that all works that specified abuse type included physical abuse. I found no literature covering the experiences of women in the UK who self-identify as HESES and experience solely NPA.

The overall paucity of literature on the experience of women of HESES, the different foci of the seven works, and the difficulty in delineating the group membership made comparisons of the works challenging. Common findings were based on two factors: first, the culture of affluence (Berg, 2014) and the 'class myth' (Ptacek, 1999), and

second, the likelihood of an increase in subtlety of perpetration (Dozois and Germann, 2017). The culture of affluence (Berg, 2014) refers to white, European-American, middle-class people, who by sharing these privileges occupy a distinct cultural group (Section 2.4.10). The class myth (Ptacek, 1999) is the belief that women who are abused are from lower socio-economic groups. The combination of women's culture of affluence, the class myth and men's subtle perpetration of abuse leads to group-specific difficulties for women of HESES in identifying abuse, being believed and gaining help (Dozois and Germann, 2017). Women of HESES suffer shame for experiencing IPA which is perceived as uncommon within their culture (Weitzman, 1998; Loessin, 2002; Haselschwerdt and Hardesty, 2017).

2.4.9 Social constructions

Studies that include data on SES reveal social constructions around abuse, perpetrators, and victims. Minto, Masser and Louis (2022) found 'barriers to recognizing all forms of IPV in higher SES relationships' (p. 2425) due to people's beliefs regarding victims of abuse. Haselschwerdt and Hardesty (2017) found that higher SES men's 'aggressive' (p.567) behaviour was admired, in contrast to aggression from lower SES men, and that police responded quicker to calls from women of lower SES. In addition, Cattaneo (2010) found that when women of higher SES called police for a domestic violence incident, they reported a greater likelihood of poor communication with police and felt less able to control interactions than women of lower SES. Authors noted further experiences regarding social constructions of abuse and SES. For example, compared with women of lower SES, women of higher SES were less likely to recognise they were abused (Ptacek, 1999), or to see shelters as a useful resource for them (Cattaneo and DeLoveh, 2008), and were more likely to keep the abuse a secret upon recognising they were victims (Haselschwerdt and Hardesty, 2017).

2.4.10 Women of high educational and/or socio-economic status: A cultural group

Women of HESES occupy a privileged societal position, which may account for the limited literature detailing IPA within this group (Berg, 2014). Some authors draw attention to the importance of identifying the culture of women of HESES, stating that only identifying other cultures maintains the societal dominance of women of HESES (Sokoloff and Dupont, 2005; Berg, 2014). Berg (2014) explores the culture of white, middle-class, heterosexual women in the US, referred to as 'dominant culture women', in relation to their experience of abuse. Berg (2014) describes particular difficulties for this group of women, such as the need to maintain an image, the isolation created by financial resources, including being refused access to refuges, and victims' perception that experiencing IPA is a personal failure. Berg (2014) argues that the failure to identify the unique culture of this group further 'pathologizes marginalized cultures' (p. 42), which disadvantages all victims of domestic violence.

In DVA and IPA literature, intersectionality theory (Crenshaw, 1991) is used to understand the differing impacts of women's multiple identities, including, class, race, location, culture and sexuality (Sokoloff and Dupont, 2005). However, intersectionality theory usually explores those in traditionally marginalised groups (Cramer and Plummer, 2009; Bhuyan, Shim and Velagapudi, 2010). Berg (2014) argues that without using an intersectional lens to explore the experience of IPA amongst 'dominant culture women', we fail to understand their identity and how the factors that give unique power and benefit to this group can be those that create barriers to recognition, disclosure and seeking help. We also continue to 'other' those traditionally viewed as victims of IPA. All victims, regardless of cultural group, need to be able to discuss their experiences 'within a cultural framework that is meaningful to them.' (Sokoloff and Dupont, 2005, p. 42).

2.4.11 A change in abuse severity

There is evidence that when education and SES increases, this can lead to a change in the type of abuse experienced, rather than a reduction of abuse (Outlaw, 2009; Follingstad and Rogers, 2014). It is possible that women of HESES experience less physical violence (Wilson, 2019; Fereidooni *et al.*, 2021) and instead are more likely to experience NPA, which may be perpetrated in a subtle manner (Outlaw, 2009; Khalifeh *et al.*, 2013; Eggers del Campo and Steinert, 2022).

2.4.12 Conclusion

While the literature broadly indicates that lower educational and SES is linked to higher rates of IPA, this review found anomalies pertinent to my clinical experience, including:

- An indication that higher levels of education or SES lead to lower levels of physical abuse and higher levels of more subtle NPA.
- Social constructions relating to what is classed as abuse and what a perpetrator and victim look like, result in a greater likelihood that victims of physical abuse and victims of lower educational and SES will be recognised as experiencing abuse over other groups. Consequently, those who do not fit these socially constructed concepts are less likely to be recognised as suffering abuse by others or themselves.

There are, therefore, obstacles to recognising the extent of abuse amongst women of HESES.

2.5 Review of the literature on therapist and healthcare professional recognition of abuse

2.5.1 Introduction

Feder *et al.* (2011) and Keynejad *et al.* (2021) describe how accurate identification of abuse enables appropriate support for the victim, including assessing risk, making safety plans, discussing options, and advocacy, all of which contribute to increasing safety and avoiding escalation of abuse. My clinical experience and conversations with colleagues highlighted that therapists were often unable to recognise clients experiencing subtle abuse. This section of the literature review explores how therapists or other clinicians (such as doctors, social workers, occupational therapists and mental health therapists) recognise or identify abuse.

2.5.2 Search strategy

The full search strategy is available in Appendix 4. Literature was searched between 1980 to March 2024 using terms related to DVA and IPA, counselling, presenting problem, recognition and training. Owing to the ambiguity of the use of the word therapy, the searches returned results for other health professionals. These results were included due to the lack of literature focused on therapist recognition of abuse. The findings therefore pertain to a wide group of health professionals. Further texts were identified through searches within the reference manager and references and forward citations of included texts. In total, 55 texts were reviewed.

2.5.3 Findings

I found limited literature focused solely on therapist recognition (Dutton, 1992; Roddy, 2023b) and no literature focused on therapist recognition of what could be described

as subtle abuse. While some literature discussed NPA (Donnelly and Holt, 2021; Minto, Masser and Louis, 2022), none of the literature considered the recognition of abuse solely conducted on a subtle level. The findings are synthesised around recognition, drawing on Spivey's (1991) description of the organisation, selection and connection of data. The selected data were connected under two main categories: victim recognition of abuse, and professional recognition of abuse.

2.5.3.1 Victim recognition of abuse

Women may not recognise themselves as IPA victims, even when abuse is physical or overt NPA (Lykhina, 2013; Reisenhofer and Taft, 2013; Bradbury-Jones *et al.*, 2014; Panagiari, 2020). Reasons for non-recognition may be structural or personal. On a structural level, Minto, Masser and Louis (2022) found that social constructions, such as equating abuse to physical abuse and identifying those of lower education and SES as typical abuse victims, prevented a general population sample from recognising victims who experienced NPA and were of HESES. In addition, Stark (2007) notes that when perpetrators exert control around the traditional 'women's work' of domestic tasks, abuse can be more difficult to detect.

There are also personal reasons as to why victims may not recognise or acknowledge abuse. For example, Marshall (1994) hypothesised that abuse that is more subtle, intermingled with loving behaviours, or conducted by men with good social skills, (Marshall, 1996) may be harder for women to recognise. Landenburger (1998) noted that victims may be less likely to recognise abusive behaviour when they are invested in the success of the relationship. Donovan and Hester (2010) argue that a significant factor in non-recognition of abuse by victims may be differences within the couple regarding the nature and purpose of a relationship. For example, perpetrators believe 'the relationship is for them and has to be on their terms' (p. 283), while victims see 'a joint project with mutual care and support' (p. 283). The authors describe how a

mismatch between relationship assumptions leads to perpetrators behaving in demanding ways and victims putting their own needs to one side – a process that is central to the creation of an abuse dynamic.

Several authors have used the transtheoretical model of change, also known as the stages of change model, to understand the movement of victims from non-recognition of abuse to recognition and subsequent action (Cluss *et al.*, 2006; Reisenhofer and Taft, 2013; Craven, Carlson and Waddington, 2022). The model was originally devised by Prochaska and DiClemente (1982) in reference to addiction and is represented in Figure 2-3, using a diagram from LaMorte (2022).

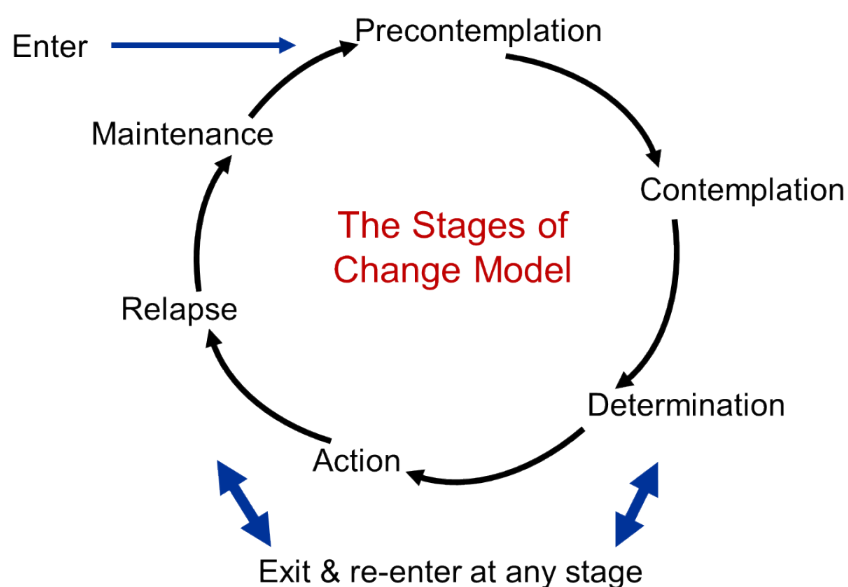


Figure 2-3 Prochaska and DiClemente's (1982) transtheoretical model of change (LaMorte, 2022)

Progress through the stages enables situation recognition and change, although the process is not linear. However, in IPA it has proved difficult to understand how victims move from the pre-contemplation stage, where knowledge of the abuse is out of a victim's awareness, to the contemplation stage where the victim is aware of the abuse and wondering what to do (Panagiari, 2020). Research suggests awareness of abuse

could develop from several small incidents, through a larger single event (Campbell *et al.*, 1998), or through an external intervention (Kearney, 2001).

When women do realise they are being abused they may be unable to share this. Schneider (2018) describes how the abuse creates change that can leave victims without the 'courage' (p. 50) to speak up. Other literature suggests women may feel shame for being abused, may want to protect their partner from criticism, or may stay silent through fear of reprisals from the perpetrator, or from concerns around managing alone or as a single parent (Aldarondo and Straus, 1994; Helfrich *et al.*, 2014; Keynejad *et al.*, 2021).

2.5.3.2 Professional recognition of abuse

The literature describes three ways in which healthcare professionals might identify victims of IPA, shown in Table 2-3.

Table 2-3: Methods used by healthcare professionals to identify victims of abuse

Identification method	Focus of method	Reference
Observable signs of abuse	Healthcare professional visual observation	Lam <i>et al.</i> (2020)
Questionnaires or screening tools	Self-completed on paper or online or completed by a professional as part of an interview	Kataoka <i>et al.</i> (2004)
Direct questioning	Direct questions asked by healthcare professional which may be part of a guided protocol or used alongside a questionnaire	O'Doherty <i>et al.</i> (2015)

The term screening is used to encompass all three methods of identification that are expanded below.

2.5.3.2.1 Observable signs of abuse

Mental and physical healthcare practitioners who receive specific training on recognising IPA are taught to be alert for physical, behavioural and psychological signs of abuse (Feder *et al.*, 2011). Physical signs may include bruises, irritable bowel syndrome, or behaving in a shy or fearful way (McCall-Hosenfeld *et al.*, 2014; Lam *et al.*, 2020; Keynejad *et al.*, 2021). Psychological signs can include anxiety or mood disorders, such as depression (Matevia *et al.*, 2002; McCall-Hosenfeld *et al.*, 2014). However, such symptoms may indicate different causes including historical or other current traumas (Stark and Flitcraft, 1996; Helfrich *et al.*, 2014).

2.5.3.2.2 Questionnaires or screening tools

Many abuse assessment tools are available for researchers and clinicians. A recent analysis found 40 different tools currently used in medical settings in the US, leading to a difficulty in comparing results (Marshall *et al.*, 2023). However, many tools are built on an incident-specific understanding of IPA, such as The Revised Conflict Tactics Scale (Straus, Hamby and Boney-McCoy, 1996). These have been found to have poor efficacy when used in the identification of non-physical and more subtle abuses (Halliwell *et al.*, 2021), as well as failing to identify victims when not administered by knowledgeable practitioners (Matevia *et al.*, 2002; Spangaro *et al.*, 2021).

2.5.3.2.3 Direct questioning

As an alternative, or alongside an assessment tool, authors discuss the importance of asking patients about IPA (Kress, Protivnak and Sadlak, 2008; Bogat, Garcia and Levendosky, 2013) both initially, and later in the therapeutic relationship (Helfrich *et al.*, 2014). Valpied and Hegarty (2015) recommend using a 'funneling' method, moving from general questions to specific ones. Contrastingly, Schneider (2018) suggests

psychiatrists ask more direct, coercive control specific questions, such as, 'Are you in a relationship that is hurting your well-being or in which you feel alone or isolated?' (p. 50). However, direct questioning may fail to identify victims who do not realise they are being abused (Section 2.5.3.1) (Bradbury-Jones *et al.*, 2014), and may compromise a developing therapeutic relationship (Roddy, 2013). When women do realise they are being abused, professionals may not understand the significance of victims' answers to questions about abuse. For example, in a study exploring victims' disclosure of abuse to midwives in antenatal appointments, Spangaro *et al.* (2021) found that abuse disclosure had been recorded for only 53% of those who recalled telling their midwife they were abused. Professionals' difficulty in recognising abuse appears to occur more frequently with NPA or more subtle abuse (James and MacKinnon, 2010). For example, Matevia *et al.* (2002) found telephone triage of people self-referring for behavioural interventions did not identify those with more subtle abuse experiences. Similarly, Donnelly and Holt (2021) describe mental health professionals' difficulty in identifying clients experiencing NPA due to the lack of obvious physical signs of abuse.

2.5.3.2.4 Barriers to enquiry

The literature indicated barriers to clinicians asking about IPA which affect the implementation of identification protocols. A fear of enquiring due to the clinician's lack of training, education, or clinical experience was frequently mentioned (Yeung *et al.*, 2012; Nyame *et al.*, 2013; Kirk and Bezzant, 2020; Donnelly and Holt, 2021). Several papers referred to a lack of time or resources (Yeung *et al.*, 2012; Nyame *et al.*, 2013; Kirk and Bezzant, 2020). Another barrier to asking about IPA was created by cultural or social difficulties. For example, Keynejad *et al.* (2021) found clinicians experienced discomfort and fear of offending when asking about IPA. A further barrier was a concern that there were no effective interventions or referral pathways if IPA was identified (Minsky-Kelly *et al.*, 2005; Yeung *et al.*, 2012; Nyame *et al.*, 2013).

2.5.3.2.5 Improving professional recognition

Training of professionals is recommended as a first step to improving healthcare identification of victims (Bohne *et al.*, 2016; World Health Organisation, 2016). Such a training programme has been developed in the UK: the IRIS model (Identification and Referral to Improve Safety) (Feder *et al.*, 2011). This model, now embedded in the IRISi social enterprise, trains primary care clinicians and administrative staff so everyone within a doctor's surgery can recognise someone experiencing IPA and knows how to help and refer to specialist services. Doctor's surgeries are usually the first official, and sometimes the only place someone experiencing IPA may attend. Yet, with little currently known about subtle abuse, as with NPA, clinicians may misidentify or overlook subtle abuse.

When identified, women experiencing abuse can be supported by clinicians or referred to specialist services (Feder *et al.*, 2011). Research suggests the inclusion of assessment for IPA as part of a general intake assessment or ongoing care in GP settings (Sohal, Eldridge and Feder, 2007), in emergency care (Minsky-Kelly *et al.*, 2005), in psychiatric care (Stewart, MacMillan and Kimber, 2020), and in other situations, such as occupational health assessments (Helfrich *et al.*, 2014). However, since 2013, the WHO has advised against universal screening and advocated for more targeted questioning when there is reason to suspect abuse (WHO, 2013). O'Doherty *et al.'s* (2015) Cochrane review found a lack of evidence to justify screening all women in clinical settings, finding no impact on 'referral, re-exposure to violence (or) health measures' from screening, thus substantiating this advice.

2.5.3.2.6 Helpful or unhelpful professional interventions

Identification and informed help of victims of abuse confers significant benefits, such as behaviours around promoting a woman's safety (Gillum, Sun and Woods, 2009), and

increasing the likelihood of her leaving an abusive relationship (McCloskey *et al.*, 2006). In contrast, failure of healthcare professionals to identify abuse can lead to damage, including re-traumatisation (Marsden, Humphreys and Hegarty, 2021; Othman *et al.*, 2021), and can reduce the likelihood of victims' disclosing to a subsequent professional (Valpied and Hegarty, 2015).

Identification of abuse should be followed by appropriate intervention. Victims appreciate help from someone who understands DVA, is non-judgemental and supportive, offers continuity of care, and adapts their intervention to the victim's situation and readiness for change (Bacchus, Mezey and Bewley, 2003; Feder *et al.*, 2006). Using work by Landenburger (1989), Dienemann *et al.* (2002) adapted the transtheoretical model of change (Prochaska and Di Clemente, 1982), shown in Figure 2-3, to create the Domestic Violence Survivor Assessment (DVSA). This assessment tool is designed to enable clinicians to recognise where a victim is in the stages of change, based on their description of the abuse. For example, a victim who denies or excuses abuse may be in the pre-contemplative stage, while a victim who sees their partner as accountable for the abuse may be in the action stage. Awareness of the victim's position in the stages of change model allows professionals to understand the victim's responses to interventions (Dienemann *et al.*, 2002).

2.5.4 Conclusion - recognition of abuse

Research indicates that identifying victims of abuse, and helping appropriately, has significant benefits (McCloskey *et al.*, 2006) which may be greater with early identification (Minto, Masser and Louis, 2022). However, victims often do not recognise abuse and, even when they do, there are barriers to disclosure, such as shame (Spangaro, Zwi and Poulos, 2011) or fear of the consequences (Aldarondo and Straus, 1994), so screening methods will not determine all victims (Donnelly and Holt, 2021). Direct questions may also interfere with the development of the therapeutic

relationship, which is essential to enabling a supportive and beneficial therapy (Dutton, 1992; Feder *et al.*, 2006; Roddy, 2013). Furthermore, clinicians may not understand a victim's responses, due to poor knowledge of abuse (Matevia *et al.*, 2002; Donnelly and Holt, 2021). Literature also notes that some organisational protocols are not comprehensive, and barriers may prevent their clinical implementation (Minsky-Kelly *et al.*, 2005). With little knowledge of subtle abuse, and no known studies exploring subtle abuse amongst women of HESES, clinicians cannot currently be trained to recognise subtle abuse within this population group.

2.6 Overall conclusion

The three reviews of the literature indicate limited literature on subtle abuse, abuse amongst women of HESES, and recognition of subtle abuse by healthcare professionals or therapists. My clinical experience and reviews of the literature have therefore led to the following research questions.

2.6.1 Research questions

1. How can therapists recognise subtle abuse of women of high educational and/or socio-economic status in intimate heterosexual relationships?
2. How can subtle abuse be conceptualised to enable it to be understood by victims, therapists, and the public?

To answer these questions, the term 'subtle abuse' needs to be understood. The next chapter presents a scoping review of the academic literature around subtle abuse, designed to explore and define the current understanding of the concept of subtle abuse. This definition will inform further empirical research into subtle abuse as a concept.

Chapter 3 Subtle or covert abuse within intimate partner relationships: A scoping review

3.1 Introduction to the chapter

The overview of the DVA and IPA literature in Chapter 2 indicates a paucity of literature on subtle abuse and a lack of a clear conceptualisation of the phenomenon. This chapter presents the full version of a scoping review of the limited literature on subtle or covert abuse. The review aims to define the concept of subtle or covert abuse to inform future research. An adapted version of this review by Parkinson, Jong and Hanson was accepted by the journal *Trauma, Violence and Abuse* on 4th July 2024. The protocol for the review was published in *Joanna Briggs Institute (JBI) Evidence Synthesis* (Parkinson, James and Hanson, 2023). The term intimate partner violence (IPV) is used in this review, as this is the term most frequently used in statistical summaries of intimate partner violence or abuse, such as in the UK ONS figures (ONS, 2022).

3.2 Background to the scoping review

Intimate partner violence (IPV) is an international epidemic negatively impacting physical and mental health (García-Moreno *et al.*, 2005; Bonomi *et al.*, 2006). Heterosexual, abused women are more likely than non-abused women to suffer from physical health complaints, such as headache, backache, sexually transmitted diseases, other gynaecological problems, and digestive problems (Campbell *et al.*, 2002; Coker *et al.*, 2002), as well as mental health issues, such as depression, post-traumatic stress disorder (PTSD), and anxiety (Lagdon, Armour and Stringer, 2014; Dokkedahl *et al.*, 2022). Adverse effects have also been recorded with less researched groups, such as heterosexual male victims (Orzeck, Rokach and Chin, 2010; Randle and Graham, 2011) and victims in same sex couples (Donovan *et al.*, 2006).

In March 2022, the ONS estimated there were nearly one and a half million UK victims of IPV. Of these, 84.3% experienced non-physical IPV (ONS, 2022). Historically, IPV research has focused on physical abuse (Gelles, 1974; Straus, 1977). Research into non-physical abuse (NPA) has expanded over the last 30 years. The growing body of research has focused on specific NPA such as emotional (Ireland and Birch, 2013), psychological (Follingstad, 2011), sexual (Karantzas *et al.*, 2016), financial (Postmus *et al.*, 2020), pet abuse (Fitzgerald *et al.*, 2020), or general NPA (Outlaw, 2009; James and MacKinnon, 2010; Hurst, 2015). However, none of these areas of research explore the full spectrum of abuse or investigate the subtle end of this spectrum. The subtle end of the abuse spectrum has long been recognised. Tolman (1989) included subtle experiences of abuse in the Psychological Maltreatment of Women Inventory (PMWI), such as 'my partner withheld affection from me', 'my partner did not talk to me about his/her feelings' and 'my partner did not do a fair share of household tasks'. However, little research has been conducted since then to expand our understanding.

Following the search process detailed below (Section 3.3.2), the terms subtle and covert were adopted to describe the phenomenon under investigation. This is due to the frequency of use of these terms in literature, including the use of subtle by Marshall (1994) and Carson (2019), and covert by Bicehouse and Hawker (1995) and Burnett (2020). The acronym SCA is adopted for subtle or covert abuse for ease of reading. While some literature aims to aid researchers and clinicians by reviewing how specific IPV terms are used, such as coercion (Dutton and Goodman, 2005), coercive control (Hamberger, Larsen and Lehrner, 2017), abuse, aggression or violence (Follingstad, 2007) and typologies of violence (Johnson, 2008), the concept of SCA has not been defined in published academic literature to date. With no accepted definition of SCA, we know little about how such abuse is perpetrated or experienced, its prevalence and impact, or if there are those who experience solely SCA. Without conceptualisation there is no basis for researchers to explore the effects of SCA on an individual or a

societal level, or for clinicians to identify those who are victims of SCA (Marshall, 1996; Streker, 2012).

Those experiencing distress through unidentified subtle IPA (Panagiari, 2020; Halliwell *et al.*, 2021) may turn to someone they know (70.7%) (ONS, 2022) or to professional therapists (Gregory, Williamson and Feder, 2017; Marsden, Humphreys and Hegarty, 2022). However, due to the paucity of literature in this area, therapists may lack the knowledge to identify experiences of SCA in intimate relationships in their clients. Abusive relationships can therefore be missed and in some cases therapeutic work may even enable it to continue (Marsden, Humphreys and Hegarty, 2021).

This review aims to define the concept of SCA. A definition will provide a basis for future research to fill the gaps in the literature described above, which, in turn, will enable therapists to more easily recognise clients' experience of subtle abuse.

3.3 Methods

3.3.1 Scoping review overview

Scoping reviews enable data from a variety of literature sources to be combined (Tricco *et al.*, 2018; Sucharew and Macaluso, 2019). They seek to map a topic's field through the descriptive summary of evidence rather than by evaluating the quality of the evidence (Peters *et al.*, 2021). While systematic reviews answer questions regarding effectiveness or suitability of interventions to inform practice (Munn *et al.*, 2018), a scoping review is more appropriate when looking at an emerging field to inform future research (Peters *et al.*, 2021). However, Peters *et al.* (2021) stress the importance of using a well-defined method when conducting scoping reviews to ensure transparency and rigour. This scoping review followed the *JI Manual for Evidence Synthesis*, a structured, standardised method (Tricco *et al.*, 2016; Peters *et al.*, 2020). As part of good practice

(Peters *et al.*, 2015), a protocol was published a-priori (Parkinson, James and Hanson, 2023).

3.3.2 Search strategy

The review question 'How does published literature describe SCA within heterosexual or same-sex intimate partner relationships?' was used to direct the study and search strategy. This was based on the findings of the literature overview (Chapter 2), and an initial review of literature referencing subtle abuse. Owing to the aim of improving therapist recognition, a second review question was, 'What advice does published literature offer to therapists on how to recognise or work with subtle abuse?' Initial search terms were based on Gregory, Williamson and Feder's (2017) systematic review into the impact on friends and family of supporting a victim of IPV, a concept analysis (unpublished) conducted by the first author (Parkinson, 2020a), and key words from papers using the words subtle or covert to describe abuse. Consultation with a specialist health sciences librarian at the University of East Anglia led to targeting the review to terms within the research questions. The primary terms were subtle and covert, the secondary term was abuse, and tertiary terms were partner or domestic.

The following databases were searched PsychINFO (EBSCO), MEDLINE Complete (EBSCO), CINAHL (EBSCO), PsychArticles (EBSCO), as well as the index Scopus. These databases were selected because they cover areas relevant to the review such as health, psychological literature and IPV. Similar databases are regularly used in DVA research, for example by MacGregor *et al.* (2021) and Aljomaie *et al.* (2022). ProQuest Dissertations and Theses Global and EThOS were also searched as suggested during peer review.

3.3.3 Inclusion and exclusion criteria

The time frame used was 1950 to March 2023. The early start date aimed to ensure pivotal work was captured due to the limited literature on the concept in question as indicated by the concept analysis (Parkinson, 2020a). Inclusion criteria were broad, in line with the purpose of scoping reviews and as recommended by Peters *et al.* (2021). Participants in included literature were adults over 18 who had experienced SCA in their intimate adult relationships, regardless of gender or sexuality. There was no exclusion on research methods. Inclusion was restricted to literature that specifically used the terms subtle or covert abuse and included descriptions or definitions of SCA. Sources included peer-reviewed papers, books based on primary research, discussion papers, book chapters, and doctoral theses. Only work published in English was included due to my language limitations and those of my supervisors.

Table 3-1: Scoping review: inclusion and exclusion criteria

Inclusion criteria	Exclusion criteria
<p>Works in which the research population:</p> <ul style="list-style-type: none"> • are 18 or over • experienced SCA in intimate adult relationships • include all gender and sexual identities. <p>Works that:</p> <ul style="list-style-type: none"> • use the terms 'subtle' or 'covert' abuse • describe or define 'subtle' or 'covert' abuse • encompass all methodologies and methods • include primary research or discussions of primary research • were doctoral theses. <p>Works in English.</p>	<p>Works in which the research population:</p> <ul style="list-style-type: none"> • are under 18 • did not experience SCA in intimate adult relationships. <p>Works that:</p> <ul style="list-style-type: none"> • do not use the terms 'subtle' or 'covert' abuse • do not include any descriptions or definitions of subtle or covert abuse • are grey literature. <p>Works in languages other than English.</p>

3.3.3.1 Data extraction

Potentially relevant works, based on titles, were downloaded into Mendeley and duplicates removed. After abstract and full text screening, works which did not meet inclusion criteria were removed. The remaining texts were checked for relevance by the primary supervisor. No differences of opinion were recorded. Included works were searched for relevant references and forward citations. Definitions or descriptions of SCA were then extracted into a data extraction tool (Appendix 5), developed a-priori.

The data extraction tool includes information on author and year, type of literature, country of origin, type of study, population and methodology, aim of study, and definitions, descriptions or other relevant sections on subtle or covert abuse.

3.3.3.2 *Synthesis of results*

Descriptive content analysis (Vaismoradi, Turunen and Bondas, 2013; Tricco *et al.*, 2016; Peters *et al.*, 2020; Grbich, 2022) was used to synthesise the descriptions of SCA to identify the significant elements of the concept as outlined in Peters *et al.* (2020). Data extracts from works were grouped according to similarities of topic in an inductive, iterative approach. These were named, indicating the meaning of foci central to understanding the concept. The named foci were then used to create a definition and visual map of subtle abuse (Figure 3-2).

3.4 Results

In total, 39 works appeared to meet the inclusion criteria after title screening. The search strategy and a summary of the results are shown in the flowchart in Figure 3-1. Three of the texts were not available online; these were obtained by library loan or purchase and searched manually for the review terms. Abstract reading of journal articles eliminated 19 works whose abstracts indicated the works did not meet inclusion criteria. Eighteen did not appear to include subtle or covert abuse descriptions or definitions and one paper was in Spanish. The remaining 20 works were read in full, which excluded a further 10 sources. References and forward citations of the remaining 10 were searched in the same way as the original database results. A further nine works were found.

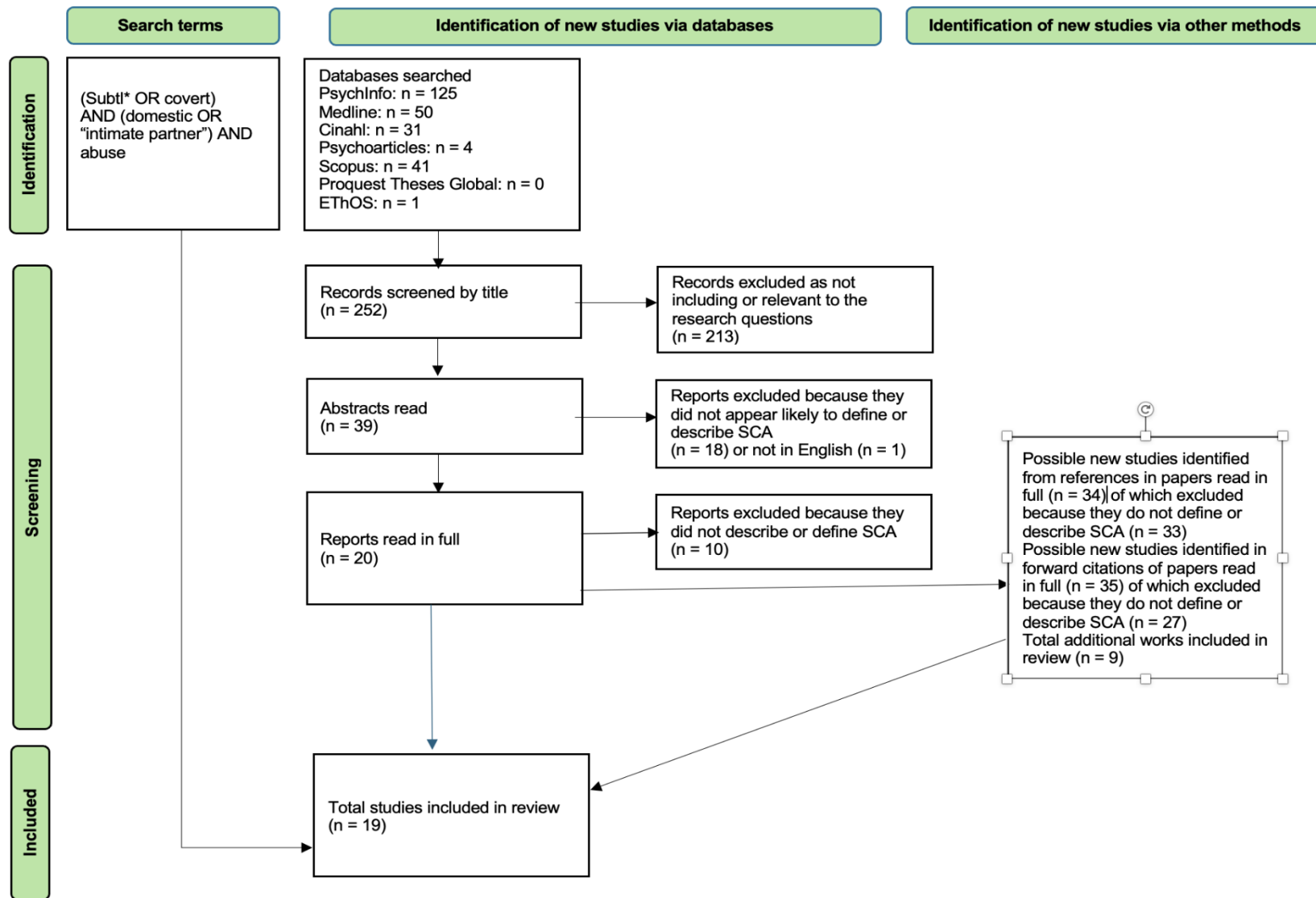


Figure 3-1 Scoping review: Prisma flow diagram for search results

The final 19 items that met the inclusion criteria included: one book (Loring, 1994) and one book chapter (Marshall, 1994), both based on original research; four discussions or summaries of research articles; six journal articles based on original research; and seven PhD theses. Works ranged in date from 1994 to 2022. Of the works based on original research, three used quantitative methods, five used mixed methods and six used qualitative methods, while one thesis was written as a PhD by practice (Neal, 2022). Of the 14 primary research studies, 10 were conducted with only women, one was conducted with only men and the remaining three included men and women participants. Included works were from the United States (n=10), New Zealand/Aotearoa (n=1), Australia (n=1), Tasmania (n=1), Iran (n=1), Africa (n=1), Spain (n=2), Scotland (n=1), and the UK (n=1). Table 3-2 shows the final 19 included works including demographic data.

Table 3-2: Scoping review: Final 19 included works with demographic data

Author	Methodology & number of participants (n)	Population						Inclusion criteria	Location of sample	Key findings from primary research
		Ethnicity	Age	Sex	Sexuality	Education	Socio-economic status			
Bicehouse & Hawker (1995)	Discussion paper								US	
Burnett (2020)	Quantitative: n = 205	85% Cau/white	18-76	F	Heterosexual	41% BA or higher	Not recorded	Not recorded	US Community sample recruited online	Covert psychological abuse maintains all others Professionals can collude with perpetrators due to lack of knowledge
	Qualitative: n = 10 Narrative inquiry	7 Cau/white 1 white/Arab 1 white/Asian 1 Latina		F	Heterosexual (taken from quantitative sample)	5 BA or higher	3 income over \$100k	Selection by researcher for maximum variety		
Carson (2019)	Qualitative: n = 6 Content analysis	2 Mexican American 1 Cau 2 African American 1 Afro-Latino	30-42	M	Heterosexual	2 BA or higher	Not recorded	Heterosexual men over 18 who had been psychologically abused by female partners	US College treatment centre for heterosexual male victims of psychological abuse	Participants experienced subtle and severe psychological abuse with subtle more prevalent throughout relationship eventually leading to severe
Follingstad (2007)	Discussion paper								US	
Green & Charles (2019)	Qualitative thematic analysis: n = 7	Not recorded	Over 18	6 F 1 M	Not recorded	Not recorded	Not recorded	Self-assessed relationship with a narcissist	Scotland Community sample	Narcissists had repressed anger and passive-aggressiveness They tried to control and dominate partners

Hightower (2018)	Quantitative: n = 40	35 Cau 2 Asian 1 Hispanic or Latina 1 international 1 two or more races	25-55	F	23 heterosexual 10 bisexual 3 lesbian 2 questioning 1 asexual 1 pansexual	5 PhD 9 MA 16 BA 7 some college 3 no further education	Not recorded	Had 'worst relationship' for 1 year plus, ended over 1 year before No restraining orders and not hospitalised	US Community sample recruited online	High sensory processing sensitivity, intolerance of uncertainty and neuroticism associated with being gaslighted
Lammers, Ritchie and Robertson (2005)	Qualitative memory work: n = 7	Cau	25-60	F		6 had degrees	Lower middle-class	Emotionally abusive background. No physical abuse	New Zealand/ Aotearoa Community sample	Higher covertness of abuse and high mix of positive and negative perpetrator behaviours leads to increased loss of self-esteem which in turn leads to confusion and a loss of identity Education on covert abuse is important
Lascorz <i>et al.</i> (2018)	Quantitative: n = 1889	Not recorded	85% 18-25	82% F	Not recorded	Not recorded	Not recorded	Not recorded	Spain University students	Developed Covert Violence Scale. Found 66.7% of couples (not selected as abused) reported bidirectionality of abuse
Loring (1994)	Mixed methods: n = 121	Not recorded	19-78	F	Not recorded	Not recorded	Low to high	Not recorded	US Recruited from agencies and others working with abused women	Emotional abuse doesn't necessarily lead to physical, is ongoing and can go on for years. 6 covert methods of abuse
Marshall (1994)	Discussion article and mixed methods (book)	Not recorded	Not recorded	F	Not recorded	Not recorded	Not recorded	In bad or stressful long-term relationships with men	US Community sample	Subtle acts as or more harmful than overt as women feel there is something wrong with

	chapter). n = 93									them. Important to explore more subtle abuses
Marshall (1996)	Mixed methods: n = 578	Not recorded	18-65	F	Heterosexual	10% graduate school 11% BA 3% associates degree	Not recorded	In bad or stressful long-term relationships with men	US Community sample	Need to acknowledge that some of effect of combined abuse is from subtle abuse
Marshall (1999)	Mixed methods: n = 834	36% African American 33% Euro-American 31% Mexican Americans	20-47	F	Heterosexual	Not recorded	Low income	In a long-term heterosexual relationship, between 20 and 47 and low income	US Community sample	Subtle abuse has more frequent effects than overt. Subtlety included reinforcing existing vulnerabilities and psychological distance from others and self
McKibbin (1998)	Quantitative: n = 93	Not recorded	18-59	F	Heterosexual	Not recorded	Not recorded	Suffered serious psychological abuse in recent long-term 'bad or stressful' relationship with a male and no recent therapy	US Community sample	Relationship between subtle abuse and depression, anxiety and somatization Subtle abuse does not affect self-esteem and assertiveness
Neal (2022)	Proof of contribution to the field								UK	Urges professionals to learn how to identify subtle abuse
Pitman (2010)	Qualitative feminist n = 30	Not recorded	28-60	30 F	Heterosexual	Not recorded	Not recorded	Experienced DVA as described by Australian Family Violence Act 2004 and with post-	Australia Purposive and snowball community sampling	Idea of colonisation – captures more subtle pervasive boundary violations

								separation shared childcare arrangements		
Romero <i>et al.</i> (2013)	Discussion paper								Spain	
Streker (2012)	Qualitative: n = 20	Not recorded	M early 20s – late 40s F early 20s – early 50s	10 M 10 F	Not recorded but in heterosexual relationships	Not recorded	Not recorded	5 men who had completed perpetrator counselling programs and 5 who had not 5 women who had completed victim counselling programs and 5 who had not	Australia Counselling programs and community sample	Subtle versions of psychoemotional abuse most likely to succeed as unnoticed Victims saw education about the subtle patterns of abuse as most important for future protection
Taherkhani <i>et al.</i> (2014)	Qualitative: n = 11	Iranian	22-72	F	Not recorded but in heterosexual relationships	Illiterate to BA 3 with high school diploma	One employed, 10 housewives. Defined as ranging from poor to appropriate economic status	Fluent Farsi speaking Iranian women in marriages who experienced intimate partner violence	Iran Community sample recruited through health centres and a park	Covert abuse is physical, sexual or emotional neglect of which emotional is the most damaging
Toubia (1995)	Discussion article								Africa	

(f=female, m=male, BA, MA and PhD=Bachelor, Masters and Doctoral degrees respectively, Cau=caucasian (terminology used as per paper), percentages rounded to nearest whole figure)

3.4.1 Extraction of results

Only three works had a specific focus on SCA: Marshall (1994), Lascorz *et al.* (2018), and Burnett (2020). Despite their focus being SCA, all three studies also included participants who had experienced overt NPA and physical abuse. Other works included participants who had experienced SCA as part of a spectrum of abuse from subtle to extremely overt. Based on my analysis of the selected works and discussion as a team, four main categories were identified within the literature: descriptions and groupings of SCA behaviours; underlying theories of SCA; the impact of SCA on victims; and recognition by professionals.

3.4.2 Descriptions and groupings of subtle or covert abusive behaviours

Although none of the works offered a specific definition of subtle or covert abuse, four gave a description of SCA behaviours: Marshall (1999), McKibbin (1998), Streker (2012) and Neal (2022). These four definitions are presented in Table 3-3.

Table 3-3: Scoping review: Descriptions of subtle or covert abuse (SCA) behaviours

Author and year	Descriptions of subtle or covert abuse (SCA) behaviours
Marshall (1999)	'Acts may be considered subtle psychological abuse when it would be more difficult for an observer to see the potential for harm, the woman likely would have more difficulty describing the act and her resulting feelings, and/or the act could easily be done in loving and caring ways.' (p.155)
McKibbin (1998)	'Subtle Psychological Abuse: Those behaviours which appear so slight as to be difficult to detect or clearly delineate. These acts are neither obviously hurtful, nor necessarily are they clearly believed (by a recipient or observer) to cause anger or pain in the recipient. Although not readily identified, these hurtful messages may be conveyed in subtle ways (e.g., a look or glance, change in voice quality, use of humor, love, disappointment) and may appear as ordinary communication, a joke, protectiveness, or dependence of a man on his partner. These behaviors often contain underlying messages not obvious to an observer or recipient. Harmful message content may be obscured by a joking or loving tone while relatively non-harmful content may be obscured by a quick look, glance, or change in voice quality.' (p.93)
Streker (2012)	'...psychoemotional oppression survives best when it is unnoticed, easily excused, exists below the threshold upon which others take serious action to stop it, and becomes the norm in the relationship's dynamic.' (p.187)
Neal (2022)	'The indirect use of threat, force, intimidation, or aggression through humor, manipulation, criticism, or punishment in attempt to control or dominate another, occurring on its own or in between verbally, physically, or sexually abusive episodes.' (p.49)

Key contributions from these descriptions to our understanding of SCA are the action of the perpetrator being 'indirect' (Neal, 2022, p. 49) or abusive actions of the perpetrator 'done in loving or caring ways' (McKibbin, 1998, p. 93; Marshall, 1999, p. 155). In addition, actions of the perpetrator are described as being 'easily excused' (Streker, 2012, p. 187) and readily become 'the norm' (Streker, 2012, p. 187) in the relationship. The acts are 'unnoticed' (Streker, 2012, p. 187) or 'difficult to detect' (McKibbin, 1998, p. 93), existing 'below the threshold upon which others take serious action' (Streker, 2012, p. 187) and a victim 'would have more difficulty describing' (Marshall, 1999, p. 155) the experience whilst not being obviously harmed by it (McKibbin, 1998). In addition to these descriptions of actions, authors proposed hypotheses about SCA. For example, that SCA's impact may be due to an accumulation of the effects, such as on the sense of self (Marshall, 1994), and that the normalisation of the behaviours may contribute to the confusion experienced by victims (Streker, 2012).

Included works are divided on the nature of SCA and whether it: is prevalent throughout the relationship and a precursor to more severe abuse (Taherkhani *et al.*, 2014; Carson, 2019); exists alongside other abuses (Neal, 2022); does not always lead to physical abuse and can exist for many years (Loring, 1994); necessarily leads to other abuses (Marshall, 1999); or can be experienced in isolation (McKibbin, 1998).

3.4.2.1 *Groupings of behaviours*

Four of the authors included in the review devised groupings of SCA perpetrator behaviours. These are presented in Table 3-4.

Table 3-4: Scoping review: Groupings of perpetrator behaviours

Loring (1994)	Marshall (1994)	Lascorz et al. (2018)	Carson (2019)
<ol style="list-style-type: none"> 1. Discounting 2. Negation 3. Projection/accusation 4. Denial (of abuse by the abuser) 5. Negative labelling 6. Subtle threats of physical and/or emotional abandonment, or actual physical and/or emotional abandonment 	<ol style="list-style-type: none"> 1. Undermine 2. Discount 3. Isolate 	Covert Violence Scale: <ol style="list-style-type: none"> 1. Invading Spaces 2. Creating Insecurity 3. Confinement to a traditional role 4. Exercising control 5. Underestimating 	<ol style="list-style-type: none"> 1. Manipulation 2. Intimidation 3. Controlling behaviours 4. Loss of respect

Using a descriptive method (Peters *et al.*, 2020), extracts of texts (Appendix 5) describing perpetrator behaviours contained within all 19 texts, and those within the groupings in Table 3-4, were recorded on a document (Appendix 6). Similar behaviours were grouped together, and three overarching terms assigned: undermining, limiting, and withholding.

3.4.3 Undermining

Undermining behaviours were described as denying a woman’s perception of things (Lammers, Ritchie and Robertson, 2005), disapproving through sighing or questioning (Loring, 1994), and expressing disappointment (McKibbin, 1998), and were conveyed through ‘insidious messages across the lifespan’ (Burnett, 2020, p. 94), and a ‘condescending style’ (Bicehouse and Hawker, 1995, p. 85). Connected to these undermining behaviours are other behaviours such as lying and gaslighting (Burnett, 2020), ‘mindgames, shifting the yardstick and double standards’ (Streker, 2012), and blaming (Loring, 1994).

3.4.4 Limiting

Limiting behaviours, which either limit the victim or lead the victim to limit themselves in some way by turning their attention from their needs to the perpetrator's, included the following: guilt-tripping (Streker, 2012; Burnett, 2020), making their partners focus on them (Marshall, 1996), violation of boundaries (Pitman, 2010), and preventing partners from developing themselves or their interests (Loring, 1994).

3.4.5 Withholding

Terms used by authors which indicate withdrawal or withholding by the perpetrator include 'moody' (Streker, 2012), 'sulky' and 'passive aggressive' (Green and Charles, 2019), 'avoidant and withholding communication' (Pitman, 2010, p. 146), physical and emotional withdrawal (Loring, 1994), and a lack of concern (Lammers, Ritchie and Robertson, 2005). Some authors also referred to neglect (Lammers, Ritchie and Robertson, 2005; Pitman, 2010; Taherkhani *et al.*, 2014). Lammers, Ritchie and Robertson (2005) described neglect as including a lack of affection or positive behaviours. Similarly, Taherkhani *et al.*'s (2014) study with Iranian women found emotional neglect involved a lack of 'attention, affection and revealing interest, support, understanding, companionship, and appreciation' (p. 234). The perpetrator may also withdraw from activities outside the relationship as an act of withholding (Streker, 2012).

3.4.6 Co-existence of loving and abusive behaviours by the perpetrator

Authors discussed how subtly abusive behaviours are either mixed with positive behaviours (Loring, 1994; Lammers, Ritchie and Robertson, 2005) or performed in a positive way (McKibbin, 1998; Marshall, 1999), both of which make them harder to

detect (McKibbin, 1998; Burnett, 2020) and add to the confusion experienced by victims (Green and Charles, 2019; Neal, 2022). Marshall (1994) also noted that the more an abuser behaved positively, the greater the impact of the abuse on the victim, while women defined as the most subtly abused in Lammers, Ritchie and Robertson's (2005) study described a 'close emotional connection' (p. 40) to their partners.

3.4.7 Underlying theories of subtle or covert abuse

Four works used pre-existing theories to understand subtle abuse, including two theories relating to the psychopathology of the perpetrator: narcissistic abuse (Green and Charles, 2019; Burnett, 2020) and psychopathic abuse (Romero *et al.*, 2013), and one relatively undefined theory of perpetration: gaslighting (Hightower, 2018; Burnett, 2020). Hightower (2018) found that there was a higher correlation between gaslighting and the overt measures on the Subtle and Overt Psychological Abuse Scale (SOPAS) (Marshall, 2001).

In general, SCA was seen as an attempt, whether conscious or unconscious, to control the other (Green and Charles, 2019; Neal, 2022) as it was underpinned by an attitude of control and entitlement on the part of the perpetrator (Bicehouse and Hawker, 1995; Toubia, 1995; Pitman, 2010; Burnett, 2020). For some authors, this underlying attitude was linked to an imbalanced power dynamic embedded in societal structure which privileged men (Bicehouse and Hawker, 1995; Toubia, 1995; Lammers, Ritchie and Robertson, 2005). This was also described as part of a 'power over' culture (Miller, 1976) embedded in systems and institutions and conveyed by insidious messages (Burnett, 2020). Pitman (2010), compared the experience of abuse, including subtle abuse, to 'colonisation', when one country takes over another by imposing new rules, disregarding the conquered land's needs and rights, and not respecting its boundaries. In addition, the wording of items in quantitative questionnaires devised by Marshall (1999) and Lascorz *et al.* (2018) indicates an underlying theory that abuse is something

that is done by someone to someone else. This was implied or explicit in all included works, although Lascorz *et al.* (2018) found evidence of significant bidirectionality of covert abuse.

3.4.8 The impact of subtle or covert abuse on victims

Two authors commented on a difference in impact between SCA and more overt non-physical abuse (Loring, 1994; Marshall, 1994, 1999). Both reported that they found subtle abuse to be more harmful than overt abuse or physical abuse (Marshall, 1994) and the most painful of all abuses (Loring, 1994). The impact of SCA on victims was synthesised into four areas: reality bending and self-doubt, loss of self-worth, impact on mood, and being limited and limiting oneself.

3.4.8.1 Reality bending and self-doubt

Subtle or covert abuse impacted a victim's ability to trust their own judgement in both the short and long-term. It was seen as 'undermining a person's sense of self' (Marshall, 1994, p. 297), 'an attitude change process' (Marshall, 1996, p. 406), and leading to self-blame and isolation from self (Marshall, 1999). Others described the impact on their participants as self-doubt (Burnett, 2020), a loss of a sense of security and trust (Loring, 1994), confusion, developing a belief they had a flawed personality, and losing trust in themselves (Lammers, Ritchie and Robertson, 2005).

3.4.8.2 Loss of self-worth

Lammers, Ritchie and Robertson (2005) found a link between SCA and reduced self-esteem and sense of identity. Other authors describe impacts of SCA, such as self-blame (Loring, 1994), loss of confidence (Streker, 2012), harm to a victim's sense of self (Marshall, 1994, 1999), and the reinforcement of pre-existing vulnerabilities and a sense

of unimportance (Marshall, 1999). Lammers, Ritchie and Robertson (2005) also found that those who were most subtly abused were motivated by the resultant feelings of inadequacy to strive to improve and be the person their partner wanted them to be. McKibbin (1998), exploring the impact of subtle and overt psychological abuse on women's mental health and sense of self, was the only author who found that self-esteem was not affected by subtle abuse. McKibbin (1998) explains that subtle abuse may not affect global self-esteem because abusers may target only some areas of a woman's competence, while she may also be receiving positive feedback from others.

3.4.8.3 Impact on mood

Impact of SCA on mood or mental health described by authors included unhappiness, anger and suicidality (Lammers, Ritchie and Robertson, 2005), depression (McKibbin, 1998), severe sadness and loneliness (Loring, 1994), as well as ongoing experiences such as 'constant tension', 'feeling blocked and stuck', being 'persistently worn down' and feeling 'destabilised' (Streker, 2012, p. 158).

3.4.8.4 Being limited and limiting oneself

As a result of these effects of perpetrator behaviours, victims began to limit themselves. This extended from an impact on their wider social relationships (Streker, 2012), through their day-to-day actions (Lammers, Ritchie and Robertson, 2005; Pitman, 2010), to limiting their personal thoughts and feelings (Marshall, 1999; Burnett, 2020). Streker (2012) described one participant saying, 'If I ever wanted to visit friends or see someone, I was never told that I can't but I always felt guilty' (p. 189). Regarding limiting themselves internally, Marshall (1999) described women developing a distance from themselves through reducing activities they enjoyed and increasingly doubting their perceptions.

3.5 Recognition by professionals

An aim of this review was to aid therapist recognition of SCA and inform future research. Of the included works, three provided advice to health professionals (Bicehouse and Hawker, 1995; McKibbin, 1998; Burnett, 2020). Bicehouse and Hawker (1995) suggest therapists be alert to somatisation of covert abuse as SCA can result in physical symptoms even though no physical abuse has taken place. They also warn that abusive partners can present as helpful and concerned when dealing with healthcare professionals, hiding the abusive behaviours they perpetrate on their partners.

Authors of the three works that offered advice to therapists recommended naming the abuse to clients and educating clients about subtle abuse to facilitate their recognition of SCA. They suggest that education and naming the abuse will enable clients to avoid the impacts, and consequential depression, anxiety and somatic symptoms of SCA (McKibbin, 1998) and expedite their leaving process (Burnett, 2020).

3.6 Discussion

This scoping review identified 19 works which described SCA, associated behaviours and impact. While the concept of SCA has been recognised for over three decades (Tolman, 1989; Kirkwood, 1993) and research references abuse as a continuum (Kelly, 1988; Tolman, 1989), this review demonstrates that few researchers have explored the subtle end of the continuum in detail. Despite research describing subtle abuse as both a distinct experience (McKibbin, 1998) and one that is potentially more damaging than overt physical or nonphysical abuse (Loring, 1994; Marshall, 1994; Buesa and Calvete, 2011), little additional research has occurred since the 1990s. Indeed, some more recent typologies of abuse do not include SCA (James and MacKinnon, 2010; Mennicke, 2019). The review found only three works that explicitly focused on SCA: Burnett (2020),

Lascorz *et al.* (2018) and Marshall (1994). None of these studies solely recruited subtle abuse victims; all works included overt abuse or physical abuse, making it difficult to be confident that findings relate to the unique experience of subtle abuse.

Based on the analysis of the literature presented within this scoping review, a definition of SCA was developed.

Subtle or covert abuse can be defined as undermining, withholding and limiting behaviours enacted in ways that are difficult to detect, leading to an attitude change process in victims which, in turn, leads to emotional and behavioural changes. This behaviour is likely to be underpinned by a societal and/or personal attitude.

Figure 3-2 provides a diagram of this definition. The definition endeavours to overcome concerns about exploring the subtle end of the abuse spectrum (Follingstad, 2007, 2011) by demonstrating commonalities within subtle abuse experiences.

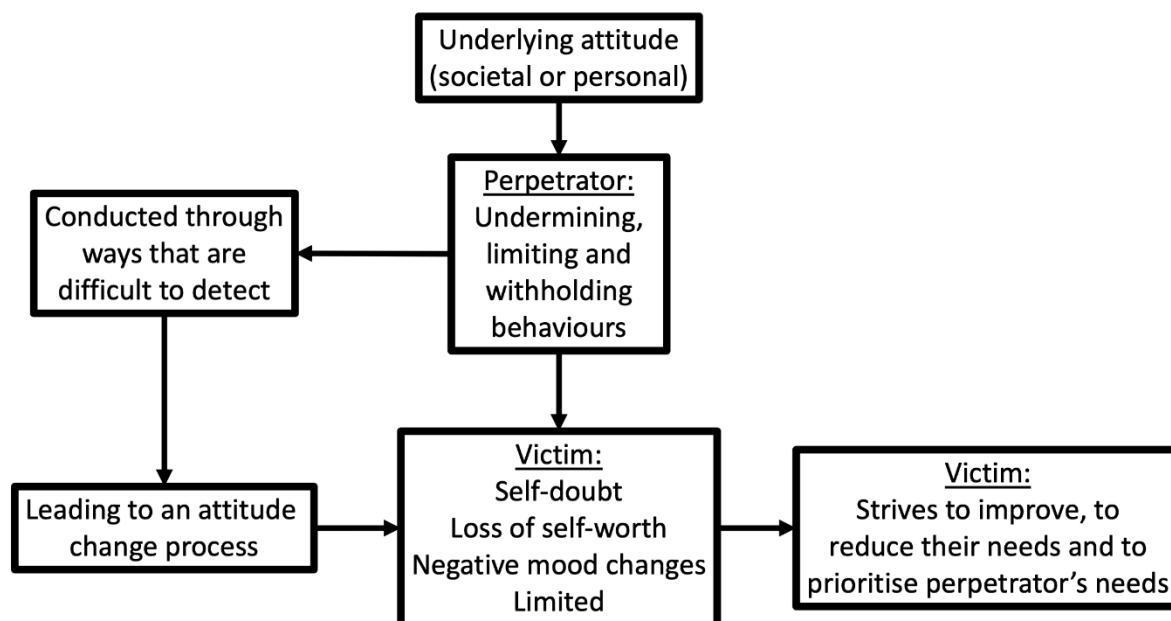


Figure 3-2 Scoping review: Diagram of a definition of subtle or covert abuse drawn from the findings of the scoping review

There may be overlaps between SCA and other IPV concepts. For example, there may be an overlap with coercive control, which posits that IPV is underpinned by coercion no matter whether physical or non-physical (Stark, 2007; Stark and Hester, 2019). There may also be an overlap with NPA, whose victims may have particular difficulties in gaining acknowledgement of their experience and accessing support (Hurst, 2015; Halliwell *et al.*, 2021). The findings of this scoping review indicate SCA may be underpinned by a conscious or unconscious wish to control the other. The lack of knowledge about SCA may lead to poor recognition amongst professionals and the general population, leading to similar problems as those faced by victims of NPA.

3.7 Diversity

A strength of this scoping review is the wide inclusion criteria, looking at quantitative, qualitative, and mixed methods studies as well as books, theses and discussion papers across countries, cultures, religions and age groups over a period of nearly 30 years. This diversity indicated a similarity between the perpetration and experience of SCA

across time, place and population group. However, our review found minimal literature exploring similarities or differences attributed to sex, gender or sexuality. Of the four studies which included female and male participants, only two looked at the differences between the sexes. Lascorz *et al.* (2018) found more women than men perpetrated subtle abuses, although their study did not collect data on initial perpetration and only 18.2% of their sample were men. Streker's (2012) study, which included abuse outside the individual's intimate relationships, found that while some men reported receiving 'psychoemotional' abuse, a much higher proportion of women experienced this, both from their partners and from other members of their community. None of the studies recorded differences in how males or females perpetrated or experienced SCA. Only one study, Hightower (2018), collected data on participants' gender identity and sexuality but these data were not linked to findings. While all the primary research studies specified age ranges of participants, none drew conclusions from their data to age of victims. It is possible that SCA may exist in isolation from other IPV over many years. Therefore, a study looking at age of victims and length of victimhood may be more revealing than those focusing on mainly young, undergraduate populations. The included literature encompassed research from several countries, yet it is striking that connections between ethnicity and culture and subtle or covert perpetration and impact of abuse was not addressed. It is also notable that there was no literature that specified differences in perpetration or impact of abuse amongst groups with different physical abilities, neuro-divergence or cultures (such as educational or socio-economic status). The understanding of SCA would be enhanced through future research exploring its experience by and impact in different groups.

3.8 Limitations and future directions

The review was limited by little specific research on SCA, resulting in few works to analyse, several of which included minimal information relating to SCA. Many of the works focused on the experiences of women as victims. Where demographic

information was provided, such as ethnicity or sexuality, it did not inform the findings and analysis of SCA.

As anticipated in the protocol (Parkinson, James and Hanson, 2023), it was not possible to include surrogate terms of 'subtle' and 'covert' in the search, as the search results would have been vast and unmanageable. The volume of potential results of a sensitive literature search along with the project's time limitation necessitated a pragmatic decision to maximise specificity through the use of the initial search terms, as found by Sharon *et al.* (2004). The potential for key papers to be missed by such a specific search, as noted by Methley *et al.* (2014), was minimised by the use of reference and forward citation searching of works identified through the initial search.

Other terms that were identified prior to and during the literature search included: invisible (Sims, 2008), insidious (Halliwell, 2019), mild severity of deliverance (Follingstad, Coyne and Gambone, 2005), microaggression and invisible violence (Dobarrio-Sanz *et al.*, 2022), indirect aggression (Porrúa-García *et al.*, 2016), and implicit aggression (Ireland and Birch, 2013). A review including these terms may support the findings of the current review on SCA or offer an opportunity to expand the knowledge base and definition of SCA. The published protocol (Parkinson, James and Hanson, 2023) also stated that motivations for subtle abuse would be included. However, this data was not found in any of the included works. Additionally, two of the works were based on research in Spain and published in Spanish and English. Their presence in the search results suggests that there may be more untranslated Spanish literature on SCA, which was inaccessible due to language and resource restrictions in the team. Future research may enable more meaningful comparisons between SCA and other IPV concepts, such as coercive control and NPA. Further research could also help understand the complexity of SCA including within different cultural and ethnic groups, inform the creation of a measure to assess for SCA, and explore therapist experiences of working with SCA victims.

3.9 Conclusion

This scoping review identified 19 works of varying types, methodologies, locations and time points, which offered descriptions of SCA. This appears to be the first review to explore academic literature on SCA. The review indicates that SCA could be the most pervasive and devastating of all types of abuse, particularly as it is so hard to identify. The development of a written and diagrammatic definition of SCA from the literature has shown commonalities between general theories, specific behaviours and impacts of SCA. The findings highlight the need to investigate SCA as a distinct experience. Both public and professionals need to understand this invisible and damaging form of abuse to recognise it and help SCA victims. The review provides a base for future research, which could improve therapist recognition of SCA allowing victims to be helped sooner.

3.10 Connecting the literature reviews

In Chapter 2, I synthesised the existing literature on DVA and IPA. I found that abuse can be said to occur when the four following elements of the perpetrator's behaviour are present: underpinned by power, dominance and control, and embedded in a patriarchal societal structure; based on an attitude of entitlement; ongoing, not incident specific; and creating a personality change process in victims. I provided a visual representation of the four elements which constitute abuse. This chapter's definition of SCA, developed through an integration of the minimal literature on subtle or covert abuse, supports the visual representation of abuse. The definition of SCA includes that it is underpinned by a patriarchal societal attitude and an individual sense of entitlement, as well as effecting an attitude change in the victim. To answer the first research question: 'How can therapists recognise subtle abuse of women of high educational and/or socio-economic status in intimate heterosexual relationships?', I explored the experiences of women of HESES who identify as having suffered subtle

abuse, and therapists who have worked with such clients. This has enabled a greater understanding of the phenomenon of subtle abuse of women of HESES, including how subtle abuse is enacted by perpetrators and how it impacts victims. This increased understanding was compared to literature and used to develop tools to help therapist recognition.

3.11 Note on terminology

The term 'subtle' was the predominant term used within the reviewed literature. Of the 19 included works within the scoping review, nine used the term 'covert'. However, only three of these used the term covert exclusively, with the other six using the terms covert and subtle interchangeably (Loring, 1994; Lammers, Ritchie and Robertson, 2005). At times, the researchers connected covert abuse with other terms, such as emotional (Loring, 1994) or psychological (Hightower, 2018; Burnett, 2020), or neglect (Taherkhani *et al.*, 2014).

The most recent definition of abuse conducted on a subtle or covert level was made by Neal (2022), whose thesis is titled *Understanding the effects of subtle abuse in intimate relationships: Contributions to counselling psychology*. Throughout the remainder of this thesis, I will continue to use the term 'subtle abuse' rather than the acronym SCA. Alongside the most up-to-date literature in the field, the use of the term subtle is further supported by my clinical experience, where clients who had suffered abuse that was hard to detect, resonated with the term as a description of their experience.

Chapter 4 Patient and public involvement study

4.1 Introduction

The review of current literature in Chapter 2 and the scoping review in Chapter 3 indicate a paucity of literature on the experience of subtle abuse, and evidence of significant physical and mental health consequences for victims. Literature also suggests that women of HESES occupy a specific cultural group, may be more likely to suffer from subtle abuse, and may have unique problems in identifying the abuse and in seeking or receiving help. These factors and a lack of research into subtle abuse of this group informed the Professional Doctorate research questions and signalled the necessity to conduct an empirical study to examine the experience of subtle abuse amongst women of HESES.

The National Institute for Health and Care Research (NIHR) recommend patient and public involvement (PPI) where possible in all healthcare research, and highlight the importance of working with those with lived experience to design, implement or communicate research (NIHR INVOLVE, 2021). This chapter outlines an ethically approved PPI study to inform the design of a participant-centred empirical qualitative study.

4.2 Background to the patient and public involvement study

4.2.1 Exploratory work

In Chapter 1, I described my conversations with colleagues and friends about my clinical observations of subtle abuse in heterosexual women of HESES (women of HESES). Prior to embarking on the Professional Doctorate, I discovered a lack of popular, non-academic literature on the phenomenon and wanted to explore further to enhance my

understanding as a therapist and increase my ability to help my client group. I decided to conduct some exploratory work to clarify the experience of subtle abuse. In 2018, I put posters in local private counselling and physiotherapy service waiting rooms, inviting women to talk to me about their experiences of subtle abuse. Owing to the difficulty in recognising what subtle abuse might be, the posters stated that I wished to talk to women who had experienced abuse in their intimate relationships that had left them thinking 'Am I imagining this?'. To ensure the conversations were conducted ethically and I did no harm, I used the WHO templates for gaining informed consent (no date), and the requirements of my professional bodies, the British Association for Counselling and Psychotherapy (BACP) (2019) and the Association for Cognitive Analytic Therapy (ACAT) (2018). Nine women contacted me after seeing the posters. I sent them information about our planned conversation and spoke to them individually, in a safe environment of their choosing, about their experiences of subtle abuse. The way that each of these women talked about their relationship experiences supported my clinical observations that there was a phenomenon of subtle abuse that warranted further exploration. Additionally, some women had consulted therapists who it appeared were at best unhelpful and at worst harmful, due to the therapist's lack of recognition of the abuse. Having identified the need for greater understanding of the experience of subtle abuse of women of HESES, I applied to the Professional Doctorate in Health and Social Care at the University of East Anglia to explore the phenomenon academically.

4.2.2 Ethical considerations when conducting research with women who have been abused

Early in the Professional Doctorate my supervisory team and I identified the potential vulnerability of the research population. Abuse victims suffer from anxiety, depression and post-traumatic stress disorder (PTSD) (Dokkedahl *et al.*, 2022) and there is evidence that poor interventions can lead to re-traumatisation (Elliott *et al.*, 2005). Drawing on the work of Elliott *et al.* (2005) and Campbell, Goodman-Williams and Javorka (2019),

Edelman (2023) developed the Trauma and Resilience Informed Research Principles and Practice (TRIRPP) framework. One of the four aims of the framework is 'to recognise and address the likelihood of trauma experiences among research participants and researchers and seek to avoid re-traumatisation' (Edelman, 2023, p. 69). As part of addressing this aim, patient and public participation is seen as central to the development of trauma-informed research (Elliott *et al.*, 2005; Campbell, Goodman-Williams and Javorka, 2019).

While patient and public participation should be fundamental to the development of a healthcare project (Cooke, 2018), there are concerns over involving victims of DVA, as they are traditionally seen as a vulnerable group. However, literature indicates that using PPI to improve research with potentially vulnerable groups is likely to minimise any potential distress and maximise benefits to research participants (Campbell *et al.*, 2010; Hoover and Morrow, 2015).

In consultation with my supervisory team, I planned a small PPI study. I reviewed a variety of ways to involve those with lived experience in research: one-off consultations, working together as co-researchers, participating in ongoing collaborative groups, and disseminating research findings (Cooke, 2018). As Pandya-Wood, Barron and Elliott (2017) explain, confidentiality and anonymity are important elements in PPI. I also ensured that I conducted trauma-informed research practices (Campbell, Goodman-Williams and Javorka, 2019). I decided a one-to-one interview format for the PPI study provided confidentiality and anonymity, and allowed me to be sensitive to each participant's potential trauma. Israel *et al.* (1998) and Sullivan *et al.* (2005) discuss how when PPI is conducted with people who have an ongoing relationship with the researcher, this builds trust, thus improving the researcher-collaborator relationship and resulting studies. This informed my decision to interview women I had spoken to in 2018, rather than recruit other women with lived experience of the phenomenon. I had established a relationship with these women, and they had all said they were happy to

be contacted by me again in relation to their abuse experiences. It was therefore likely that trust already existed in these relationships. Additionally, prior to speaking with these women in 2018, I had sent them information about my area of interest using the WHO template for informed consent for qualitative studies (no date). They were therefore uniquely placed to feedback on how this pre-conversation information and the subsequent conversation with me had impacted them. As recommended by Wicks *et al.* (2018), designing the qualitative study around this feedback would improve the study information, the safeguarding information, and inform the interviews. It would also enable me to give evidence-based information to potential participants about the risks and benefits of participation (McVey *et al.*, 2023).

4.3 Aims of the patient and public involvement study

The aims of the PPI study were to inform the ethical design of a qualitative study researching subtle abuse through:

1. Understanding how women who had previously spoken to me about their experience of subtle abuse had felt about our conversation to inform the style of the study.
2. Gaining the women's input on potential improvements to the design of the study in terms of:
 - pre interview information
 - the interview process
 - suggestions for aftercare.
3. Reviewing vignettes of subtle abuse that I had created to ensure they would resonate with potential participants of the qualitative study.
4. Additional learning from the women's experiences of talking with me in 2018 which may not have been anticipated.

While PPI is likely to benefit the development of research designs, participation in PPI itself is not a neutral activity, and researchers have a duty of care to PPI collaborators particularly when a topic is sensitive and participation may lead to re-traumatisation (Alyce, 2022). Therefore, ethical approval was sought for the PPI study (Appendix 7 and Appendix 8). The ethics panel were supportive of the PPI study except for one concern – that women may have returned to their abusive partners since the 2018 interviews. Therefore, three women who were known to have no contact with their ex-partners were purposefully sampled to be approached for participation.

4.4 Methods

Emails were sent to the three potential PPI participants via email addresses used in 2018, with information about the PPI study (Appendix 9 and Appendix 10). Two of the women, Sarah and Teresa (pseudonyms used for anonymity purposes) responded quickly, consenting to take part in the PPI study. The third woman later responded that she was too busy to participate at that time. Interviews took place in April 2021 over Zoom and were audio recorded. Interviews lasted approximately one hour. Interview questions and summary participant responses can be found in Appendix 14.

4.4.1 Developing draft vignettes of subtle abuse

Preliminary discussions with friends and therapists had established that many were unclear regarding the experience I was describing as ‘subtle abuse’ (Section 1.8). This could mean that friends and therapists approached by a victim may not recognise the victim as suffering from abuse. It was intended that the qualitative study would enhance the findings of the scoping review (Chapter 3) and increase knowledge of subtle abuse of women of HESES in intimate relationships. It was therefore important to ensure purposive recruitment to the qualitative study, as outlined by Campbell *et al.* (2020), of participants who had experienced subtle abuse, and therapists who had

worked with women who had experienced subtle abuse. However, given the lack of understanding of the concept of subtle abuse, I decided to draft fictional vignettes (Appendix 12) to enable potential participants to understand the phenomenon being investigated. Vignettes are regularly used in conducting and presenting research (Barter and Renold, 1999; Gray, Royall and Malson, 2017). Despite this, their use in recruitment appears to be novel (Spalding, 2021). The vignettes would be sent to potential participants of the qualitative study to help them decide if their abuse experience (or in the case of therapists, their clients' abuse experience) matched the study recruitment criteria. I planned to consult with PPI participants regarding the draft vignettes, to understand how these would resonate, and how they could be improved to ensure their relevance and authenticity. Draft vignettes, based on my clinical work, were sent to the PPI participants in advance of the interviews.

4.5 Findings

The questions were framed so that the interview would progress the participants through the experience of the 2018 conversation, from initial contact to suggestions of aftercare. Informed by the principles of framework analysis (Gale *et al.*, 2013), I reviewed the responses provided by the participants against the questions in the interview guide and presented them in the sections that follow under these headings:

1. Findings regarding the style and design of the conversation process: pre-2018 conversation, during the 2018 conversation, and after the 2018 conversation.
2. Review of the final vignettes for the qualitative study recruitment.
3. Additional findings.

I then described how the findings informed the qualitative study design (Section 4.6).

4.5.1 Findings regarding the conversation process

4.5.1.1 *Pre-2018 conversation*

Both participants felt a sense of agency having responded to waiting room posters for the study, rather than being approached directly. Sarah and Teresa thought the participant information sheets (PISs) in 2018, and in advance of the 2021 PPI interview, were thorough, conveying all necessary information. Sarah said she liked plenty of information that told her what to expect, such as clarifying the 2018 conversation was not a therapy session. Teresa would have preferred less information in the PIS regarding potential negative effects of discussing the abuse, but recognised its necessity. She was concerned that information about potential distress could deter potential volunteers, saying:

The reality is not as sort of daunting or worrying as it almost sounds. It's a bit like reading the ... little bit of paper that comes with your prescription.

Neither Sarah nor Teresa said they had felt any anxiety prior to talking to me in 2018, although Sarah did wonder if her experience justified being called abuse.

4.5.1.2 *During the 2018 conversation*

Both participants described anticipating and experiencing feeling emotional in 2018. Teresa said that in talking about her abusive relationship she had felt:

A little bit emotionally churned up by some of that recall, but not in any sort of terrible way ... (although it was) ... more emotionally rich than I thought it might have been.

Sarah said:

What we talked about was quite distressing and I expected myself to get emotional.

The participants mentioned feeling anger, sadness, crossness with self, and distress during the 2018 conversation. However, both said that through the structure and conduct of the 2018 conversation I created a safe space. Teresa recalled feeling 'looked after and cared for', while Sarah said I was 'very friendly, open and warm'. Both women said that in 2018 they knew I wanted to 'get people's experiences', and that it was 'not a therapy session' (Sarah). Sarah and Teresa said they appreciated being asked open questions which allowed them freedom to discuss their experiences and knew they could ask me questions themselves. The 2018 conversation ended with a short chat, allowing them time to recover from any emotional upheaval. Sarah said she had appreciated this time:

You didn't leave me high and dry, and you did give me a few minutes at the end just to kind of collect my thoughts and make sure that I was OK.

The feedback indicated the qualitative study interviews could be conducted in a similar style to the 2018 conversations.

4.5.1.3 After the 2018 conversation

Sarah and Teresa said that the emotions experienced in the 2018 conversations had mostly calmed by the end, although they remembered having slightly heightened emotions for the next 24 hours. However, they said this was not overly distressing. Sarah said, 'I think it took me the rest of the day just to kind of fully get myself settled.'

Both thought the verbal aftercare information given in 2018 was good, but said they preferred the written information provided prior to the 2021 PPI interview. The written information allowed Sarah and Teresa to anticipate how they would feel after the 2021

interview and to prepare for this, such as having a friend available to talk to. Written information also provided a reference of aftercare strategies should distress continue.

Although both women understood that their conversation with me in 2018 was not a therapy session, they both said it helped them process their thoughts and feelings about the abusive relationship. Both described this as positive. Teresa said:

I think these things do need a dusting down every now and again, having another bit of a think about them. And every time you do that, I do think they sort of just settle down in a different and better way just for having been re-examined ... (it) felt ... like a reprocessing.'

For Sarah, the 2018 conversation was a step towards getting therapy:

It was definitely something just bubbling away underneath the surface of 'You've done this', as in I took part in that session with you, and 'now you need to consider, kind of going forwards, what you're going to do about it.'

4.5.2 Discussion and development of the final vignettes for the qualitative study recruitment

Sarah and Teresa were sent the draft vignettes of subtle abuse experiences prior to the PPI interviews. During the interview, we discussed the purpose and content of the vignettes. Both participants supported the use of vignettes in the recruitment process to help potential participants understand subtle abuse. They also thought the proposed vignettes covered a range of subtle abuse experiences, so women were likely to recognise something familiar if they had been subtly abused. Teresa suggested a reordering of the vignettes as she felt the original first example was too subtle and potential participants may not read on. The inclusion of specific forms of subtle abuse, such as subtle economic or sexual abuse was considered. However, both participants suggested that keeping the list to a few, short vignettes was more important than

covering all possibilities. At the end of our discussions both participants concluded that the vignettes conveyed valid and authentic experiences of subtle abuse.

4.5.3 Additional findings – motivation for participation

During the 2018 conversations women said they were motivated to participate due to altruistic reasons, wishing to reduce the chance that other women would experience similar abuse. Some women also said that contributing to research in general was important to them. While conducting the PPI interviews, I realised that Sarah and Teresa (and perhaps therefore others I spoke to in 2018) had other, possibly unconscious, motivations. Sarah was uncertain if what she had experienced 'qualified' as abuse. This meant that volunteering to speak to me in 2018 had contained an element of risk for her, that she might be told she had not been in an abusive relationship, and she perhaps hoped for validation of her experience as abuse. Also, owing to the difficulty of conveying subtle abuse to others, the women rarely spoke of their experiences. By 2018, Sarah had told no-one about her experience since the end of the relationship years before, while Teresa had shared her experience with just a couple of friends. Participating in the 2018 conversation gave the women an opportunity to talk about their experiences to someone they expected would understand. Additionally, Sarah and Teresa discussed the benefits of the conversation (Section 4.5.1.3), indicating that, despite the time elapsed since the end of their relationships, there was still some unresolved emotional and psychological impact.

4.6 How the patient and public involvement study changed the design of the qualitative study

The findings indicated that one-to-one interviews about subtle abuse in the same style as the 2018 conversations were a safe way to conduct the qualitative study. The findings demonstrated that interview participation is likely to cause only minimal, time-limited

distress, and overall provide benefit. The learnings from the PPI study informed the qualitative study research proposal through adaptations to the PIS and the research protocol.

4.6.1 Participant information sheet

Following the PPI feedback, the PIS for the qualitative study was adapted. Information regarding risk was retained and supplemented with feedback from the PPI study regarding participants' short-term distress and longer-term benefit of participation. The final version of the fictional vignettes of subtle abuse, co-developed with the PPI participants, was added. The inclusion of the vignettes was confirmed by Sarah and Teresa to be a helpful way of enabling potential participants to decide if they met recruitment criteria. Written aftercare information was included in line with participants' preferences.

4.7 Discussion

This PPI study supports literature indicating long-term benefit rather than harm from participation in interviews about traumatic experiences (Pennebaker, 1993; Campbell *et al.*, 2010; Shorey, Cornelius and Bell, 2011; Valpied *et al.*, 2014; Nielsen *et al.*, 2016). Indeed, a summary of research with trauma survivors found that 'the bulk of evidence indicates that extraordinary precautions are not warranted for trauma-related studies in general' (Newman and Kaloupek, 2009, p. 600). The study also supports Hamberger, Larsen and Ambuel's (2020) findings that the benefits of participation outweigh the costs for victims of IPA. In designing a study and preparing an ethics application, the potential risk to participants may be overemphasised. It is important to recognise the motivations of potential participants (who may see themselves as acting with agency to the benefit of others) as well as the benefits participation offers them (Webster, Lewis and Brown, 2013). Sarah and Teresa found therapeutic benefit from participation in the

2018 conversations which supports the work of Grinyer (2004) and Bourne and Robson (2015). Despite the evidence of overall benefit, learning from the PPI study was included in the qualitative study PIS as a precaution to minimise any potential harm to participants.

The PPI interviews made me aware that women who have been abused may have a drive to help other women avoid abusive relationships. The prioritisation to inform others may be part of a new identity as a strong, empowered woman, created through the experience of abuse (Orzeck, Rokach and Chin, 2010). This individual motivation aligns with feminist research methodology (Campbell and Wasco, 2000) that emphasises the importance of involving women of lived experience as co-researchers or co-producers of projects (Lamb *et al.*, 2023). Feminist research methodology (Beckman, 2014) particularly in the IPA field (Burgess-Proctor, 2015) and its influence on the methodology and methods of the qualitative study is expanded in Chapters 5 and 6.

The PPI study approached women who had previously talked to me about their experience of abuse. Approaching previous participants appears to be unusual, and I found only three studies where participants were re-contacted and asked about their experience of participation: Grinyer (2004), Dyregrov (2004) and Bourne and Robson (2015). All three used written methods of data collection, such as qualitative questionnaires, with two participants requesting telephone calls (Bourne and Robson, 2015) rather than face-to-face conversations. Only Grinyer (2004) discussed potential risks in reapproaching participants, acknowledging that such reconnection may be painful for participants and there may be a sense of obligation to participate having previously agreed to do so.

4.7.1 Strengths and limitations

A strength of the PPI study was the ability to consult with women who had previously engaged in conversation with me about their abuse experiences. Participants therefore had lived experience of both the phenomenon I intended to research, and of discussing this phenomenon with me. I was able to ask participants if they had felt safe in the 2018 conversation and if any aspects of the conversation had caused them distress. I was also able to enquire whether measures I used in 2018 to ensure women's safety were adequate. Another strength was that the women I spoke to had already demonstrated their enthusiasm for the research area through volunteering to talk to me in 2018 and responded quickly and positively to my request for further input in 2021. The women viewed the research as important, and their contributions to the qualitative study development were thoughtful and in-depth, as noted by Grinyer (2004).

The small number of contributors to the PPI study could be seen as a limitation. However, qualitative interviews are intended to gain detailed, in-depth information about experiences from a small number of participants (DiCicco-Bloom and Crabtree, 2006). While NIHR INVOLVE (2021) recommend two as the minimum participant number for PPI studies, criteria for participant inclusion are based on the aims of the study, the prevalence of those with lived experience of the investigated phenomenon, and ethical considerations (Hoddinott *et al.*, 2018). Another potential limitation is that the positive experience the women I recontacted had of talking to me in 2018 may not have been universal. I do not know what other women I spoke to in 2018 would have said. All participation in research is likely to be influenced by the 'Hawthorne effect', which notes participant behavioural changes due to the engagement in research (Sedgwick and Greenwood, 2015). The 'Hawthorne effect' may have contributed to Sarah and Teresa's positive feedback, although both women commented on the safety and comfort they felt during the 2018 conversations without it being a specific question.

4.7.2 Personal learning

As well as learning about the subject under investigation, the PPI study offered me an opportunity to develop as a researcher. I 'learnt by doing' (Duncan and Brown, 2021). I learnt how to write and submit an ethics application, how to devise an interview schedule, how to write a PIS, and how to communicate with potential participants. I learnt how to set up an interview including conveying study and practical information. I learnt how to manage an interview, for example, how to gain informed consent, how to build a relationship with a participant and manage the relationship during the interview, how to use equipment to record an interview while maintaining the relationship, how to be sensitive with participants' stories at the same time as gaining the answers to my interview questions and, finally, how to take field notes during and after the interview. I learnt that detailed questions were not needed as, when given the space to talk, the women told their stories. This approach to interviewing aligns with feminist research principles (Beckman, 2014) enacted by Marsden, Humphreys and Hegarty (2022) in their work with women who had been abused.

4.8 Conclusion

The results of the 2021 PPI study indicated that talking with me about subtle abuse caused only minimal, time-limited distress, and provided overall benefit to participants. One-to-one interviews with women who had experienced subtle abuse were therefore likely to be an appropriate method of data collection for the qualitative study. These findings were used to inform the development of the recruitment process, the participant information sheets, including the vignettes, and the interview schedule for the qualitative study (Chapter 6). In the next chapter, Chapter 5, I describe the methodological background to the qualitative study.

Chapter 5 Methodology

5.1 Introduction

In Chapters 2 and 3, I established a need for an empirical study to explore the experience of subtle abuse of women of HESES. I also highlighted the need to improve therapist recognition of subtly abused women in this population group. This chapter explains the underpinning methodology used to answer the research questions:

- How can therapists recognise subtle abuse of women of high educational and/or socio-economic status in intimate heterosexual relationships?
- How can subtle abuse be conceptualised to enable it to be understood by victims, therapists, and the public?

In this chapter, I describe how IPA research has been influenced by different ontologies and research paradigms. Using examples from literature, I explain how a relativist stance and qualitative approach are appropriate to answer the research questions. I explain the epistemologies embedded in cognitive analytic therapy (CAT) and how these link to the methodological decisions made for the qualitative study. I provide information regarding the application of feminist theory in research, including IPA research. Finally, I describe the choice of reflexive thematic analysis (RTA) (Braun and Clarke, 2022) as the analysis method for the study.

5.2 Ontological and epistemological positioning

5.2.1 Research paradigms

There are two main paradigms in all research: the quantitative and the qualitative paradigms. These stem from different ontologies or conceptualisations of what can be

known about the world (Moses and Knutsen, 2019). The quantitative research paradigm is based on a realist or positivist ontology. A positivist ontology holds that there is a reality or truth to everything, and that this reality can be known (Park, Konge and Artino, 2020). Positivist approaches to research adopt scientific methods to observe and test the phenomenon of interest using large populations or data groups. Scientific methods focus on measurement, causality, generalisation and replication (Bryman, 2016) to establish scientific laws or truths (Broom and Willis, 2007). Quantitative research in the IPA field focuses on understanding prevalence and typology of abuse (Myhill, 2015) and is useful for mapping trends to understand IPA. For example, Powers and Kaukinen (2012) used 28 years of data from the US National Crime Victimization Survey to explore how victimisation was affected by race or employment amongst a largescale population. Similarly, Caman *et al.* (2017), used 23 years of homicide data in Sweden to examine the trends in homicides within and outside intimate relationships.

In contrast, the qualitative research paradigm is based on a relativist or subjective ontology. A relativist ontology states that reality is created by the meanings individuals or groups assign to phenomena and is constantly changing (Broom and Willis, 2007). These meanings are grounded in, and inform, the social and cultural backgrounds of individuals or groups (Blumer, 1969). Therefore, an event, experience or phenomenon can only be fully understood through understanding its context (Rubin and Rubin, 2012; Bryman, 2016). By using in-depth, inductive methods, which gather detailed data, it is possible to analyse complex human experiences in context (Denzin and Lincoln, 2011). The researcher can extrapolate patterns from the data, naming these patterns and drawing conclusions (Barker, Pistrang and Elliott, 2002; Smythe and Giddings, 2007).

As meaning in a relativist ontology lies within individuals or groups, the meanings that a researcher brings to their research will impact that research, including how data is gathered and interpreted. A researcher's awareness and openness about their background and thought process, conducted through reflexivity and transparency, is

necessary for a reader to know how to evaluate the work (Etherington, 2004). Therefore, in the qualitative paradigm, researcher reflexivity is an essential part of understanding data interpretation (Dodgson, 2019). Reflexivity is addressed throughout the thesis. Explicit sections relating to reflexivity are summarised in Table 8-2.

Research can also be conducted using a mixture of quantitative and qualitative methods, combining positivist data, such as that focused on outcomes, with interpretivist data, such as that focused on experience (Plano Clark, 2010). There are, however, debates as to the paradigmatic complexities of combining these approaches (Creswell *et al.*, 2003; Creswell, 2021). Sale, Lohfeld and Brazil (2002) see the two paradigms as essentially incompatible but nevertheless advocate their complementary use in health research to offer different understandings of a concept. Zafar, Bradbury-Jones and Bandyopadhyay's (2022) recent evaluation of the long-term health impacts of the IRIS programme used a complementary mixed methods approach. Mixed methods allowed the authors to integrate statistical data from a cohort of victims of abuse referred to IPA support services through IRIS with interview data from selected participants (Zafar, Bradbury-Jones and Bandyopadhyay, 2022). Such complementary use of quantitative and qualitative data moves away from the debate that research is either quantitative or qualitative (Westmarland, 2001).

5.2.2 Paradigms in domestic violence research

The DVA and IPA research fields include research using quantitative, qualitative and mixed methods approaches. Historically, arguments in DVA and IPA research have partly stemmed from philosophical differences of opinion on how to investigate the phenomenon (Dutton, Hamel and Aaronson, 2010; Johnson, 2011). In Chapter 2, I described the debate between the systems and structuralist views of the causes of domestic violence. The systems view, embracing a family violence perspective, uses a largely quantitative approach. Historically, family violence research has focused on

isolated acts of violence without context, measuring these with quantitative questionnaires. The strongest advocates of the family violence perspective are Dutton and Nicholls (2005) and Dutton, Hamel and Aaronson (2010). Dutton and Nicholls (2005) describe how quantitative measures such as the Conflicts Tactics Scale (Straus, 1979) demonstrate a gender equivalent DVA perpetration. In addition, Dutton and Nicholls (2005) argue that structuralists repeatedly ignore the evidence of this equivalence and, instead use qualitative research as a way of 'avoiding' quantitative findings.

In contrast, the structuralist view embraces a feminist perspective and adopts a critical realist or postmodernist ontology and uses both quantitative and qualitative data. Researchers adopting a structuralist perspective argue that the use of quantitative data alone overlooks the context of an act (Stark, 2007; Johnson, 2008; Myhill, 2015). By using qualitative research methods, researchers can record and understand a violent act in context (Evans *et al.*, 2016). The importance of context is evident in the following example, where Dobash and Dobash (2004) explain how the answer 'yes' to the question 'Have you ever hit or tried to hit your partner with something?' could mean different things:

For example, a woman may 'try to hit' her partner in the context of his holding her at arm's length after he has inflicted a serious punch to her face. Her intentions may be self-defence, retaliation or something else. (p. 329)

In a purely quantitative measure, the context would be missing, and the woman's answer might be interpreted as evidence of her perpetration.

The context of abuse has been shown to be particularly important in investigating non-physical abuse (NPA), such as emotional or psychological abuse (Halliwell *et al.*, 2021). To combat the problem of lack of context in quantitative measures, Marshall (1996)

used broader questions, such as asking participants 'how often their partner made them feel guilty' (p. 385). However, Follingstad and DeHart (2000) found that the more subtle and nuanced the experience, the more difficult it is to represent using quantitative measures. Their study asked psychologists to decide if acts (or ways of being in a relationship), perpetrated by husbands on their wives, were abusive. Results indicated that recognising an action as abusive without context became increasingly difficult the more subtle the action was. For example, while 85% of psychologist participants said that the statement 'Husband treated her like she was stupid, inferior to him' was abusive, only 13% thought the statement 'Husband did not live up to commitments' was abusive (Follingstad and DeHart, 2000).

Qualitative research methods, often involving participants answering questions individually or in groups, offer participants an opportunity to explain the context of their experiences. A two-part mixed methods study by Velonis (2016) denotes how qualitative methods can contextualise and expand our understanding of quantitative IPA research. The initial quantitative phase of the study found that in some couples, both members had committed aggressive acts. Velonis (2016) subsequently used qualitative interviews to explore the context of these aggressive acts. The findings of the qualitative phase of the study revealed that the violent acts declared by the victims in the quantitative phase were not 'overtly offensive' (p. 1050). Through the qualitative interviews, the acts were able to be understood as 'violent resistance' (Johnson, 2008). Without the context provided by the qualitative interviews, a purely quantitative study may have identified the aggression as mutual, or the woman as perpetrator.

The investigation of NPA using quantitative methods has been described as 'clumsy' (Follingstad, 2007, p. 445) and inadequate to 'identify the subtleties and nuances' of an 'overlapping and intersecting' experience (Halliwell *et al.*, 2021, p. 15). Doyle (2020) argues that more qualitative research in IPA is needed to improve our understanding, particularly at the more subtle end of the spectrum. Using inductive rather than

deductive methods, qualitative research enables such under-researched areas to be explored (Moriarty, 2011), and complex human experiences to be understood in depth (Barker, Pistrang and Elliott, 2002).

In approaching the study of subtle abuse, a previously understudied, contextual human experience embedded in social and cultural constructions, literature described in this chapter supports the adoption of a relativist ontology and inductive methods. To understand the qualitative study's epistemological influences, an explanation of CAT is necessary. An explanation of the feminist approach to IPA research follows to demonstrate its influence on the study design.

5.2.3 Cognitive analytic therapy and the study epistemologies

As described in Chapter 1, CAT is my therapeutic approach. Cognitive analytic therapy is influenced by social constructivism, symbolic interactionism and intersubjectivity (Ryle and Kerr, 2002). I summarise these influences on CAT in Table 5-1.

Table 5-1: Three ontological influences on cognitive analytic therapy

Social constructivism	CAT draws on the social constructivism of Vygotsky (Vygotsky and Cole, 1978) whose ideas are focused on the ‘normal development of children, especially their intellectual development, through the process of internalization. There is a central emphasis on language.’ (Ryle, 1991, p. 313). In CAT theory these ideas are applied to how healthy personality development occurs and how it can go wrong. A key concept taken by CAT from Vygotsky is the internalisation of a relationship with another to create a relationship with the self. This internalisation can be conducted using signs that are co-created between the caregiver and the child.
Symbolic interactionism	Symbolic interactionism has its roots in Mead’s theories of the reciprocal interconnection between the self and society (Mead, 1934). The CAT model of self-development is a ‘radically social view of the self’ (McCutcheon, Kerr and Chanen, 2019), which describes social norms internalised by the individual, that are then, in turn, enacted by the individual to maintain the social messages. In this way social norms, group identities, and cultural conventions are maintained (Carter and Fuller, 2015).
Intersubjectivity	CAT was influenced by Bakhtin’s ideas of human interactions as a dialogue (Bakhtin, 1986). Such dialogue forms the foundation of human existence, where ‘every utterance is to an addressee’ continuing throughout life (Ryle and Kerr, 2002, p. 44). Stern’s (2000) and Trevarthen and Aitken’s (2001) infant observations influenced CAT through their confirmation of this dialogic perspective, finding that from birth infant-caregiver interactions create new meaning (Brummer, Cavieres and Tan, 2024).

As a therapist, my ontological and epistemological perspectives both drew me to CAT and have been developed by CAT. The CAT approach has informed how I have designed and conducted the studies in this thesis and how I have interpreted findings. The following overview of CAT includes CAT's underlying philosophy and theory of personality development.

5.2.3.1 The philosophical background to cognitive analytic therapy

Anthony Ryle (1982) developed CAT after being frustrated with the limitations he perceived in psychoanalysis and cognitive psychologies. Cognitive analytic therapy was born out of Ryle's desire to synthesise elements from different psychological approaches that had been shown to improve patients' mental health and wellbeing. His therapy embraced the epistemological concepts of social constructivism, symbolic interactionism and intersubjectivity (Table 5-1). The following psychological and philosophical theories are cited as influences on CAT theory in Ryle and Kerr (2002):

- Mead's idea that the self is a social structure that develops from social experiences (1934).
- Ogden's development of object relations theory which states that both parts of early self-other relationships are learned (Ogden, 1983).
- Kelly's personal construct theory (Kelly, 1955, 1970).
- Vygotsky's constructivist learning theory (Vygotsky and Cole, 1978).
- Bakhtin's focus on the individual as only existing in dialogue (Bakhtin, 1986).

The theories listed above emphasise the reciprocal nature of meaning-making. Meaning-making occurs between groups (such as social, political or cultural) and individuals (Carter and Fuller, 2015). The feminist, structuralist understanding of IPA as being caused by a patriarchal society (Stark, 2007; Johnson, 2008), explains how the

socially embedded belief that one group should have greater power than another, leads to the individual actions of a man committing IPA (Stark, 2007). The individual's behaviours then, in turn, perpetuate the societally held belief. Meaning-making also occurs between one individual and another. Such meaning-making is most evident in early development. A baby is born primed for intersubjectivity (Trevarthen and Aitken, 2001) and learns the social and cultural norms through its caregivers. Vygotsky (1978) explains how the meanings communicated by the caregiver to the baby (interpersonally) are internalised by the baby and become an intrapsychic relationship the baby has with itself. This process was captured by the CAT concept of reciprocal roles (Ryle, 1985).

5.2.3.2 Reciprocal roles

The concept of reciprocal roles (Ryle and Kerr, 2002) describes how the meaning-making between a caregiver and a baby leads to the development of an individual's personality. As a baby, we have an interpersonal relationship with our caregivers (Trevarthen, 1980) who will behave in a limited range of ways towards us. We respond to those behaviours initially based on our physiological self, and gradually based on our growing psychological self, which is being created by our responses to others' behaviours (Ryle and Kerr, 2002, p. 34). If a caregiver ('other') is critical or angry with us, perhaps because we are crying, we may feel attacked or criticised ('self'). In that interaction between the caregiver and us, a new 'other' to 'self' meaning is created (Bakhtin, 1986). We experience: 'I cry, you are angry and critical, I feel criticised'. This interaction can be represented by the two positions illustrated in Figure 5-1: the adult, caregiver ('other') position at the top of the line (or pole) and the baby position ('self') at the bottom of the line (or pole) (Ryle, 1985).

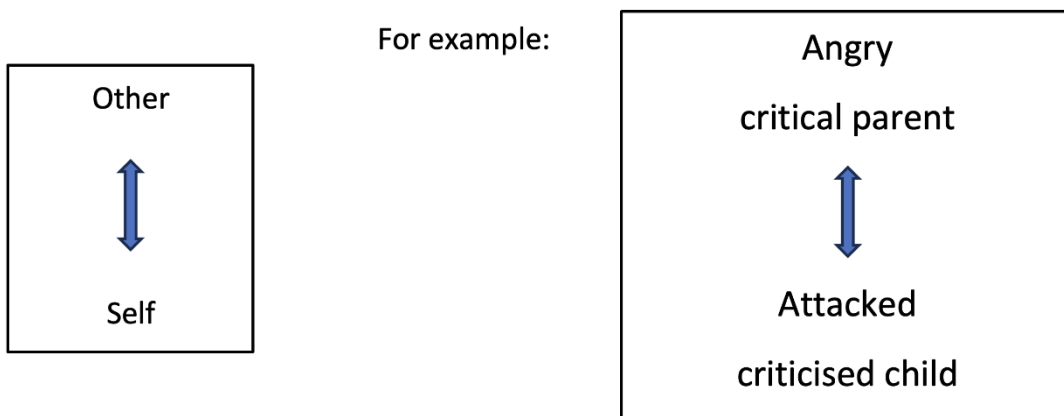


Figure 5-1 Cognitive analytic therapy: The development of a reciprocal role

As a baby, we internalise both ends of this pole which creates our intrapsychic dialogue: 'When I am crying, I become angry and critical of myself and feel criticised by myself'. This dialogue is repeated continually and externally between the caregiver and us, and now also internally between us and ourselves. Thus, from the 'other' to 'self' relationship we develop a 'self' to 'self' relationship, as in Figure 5-2.

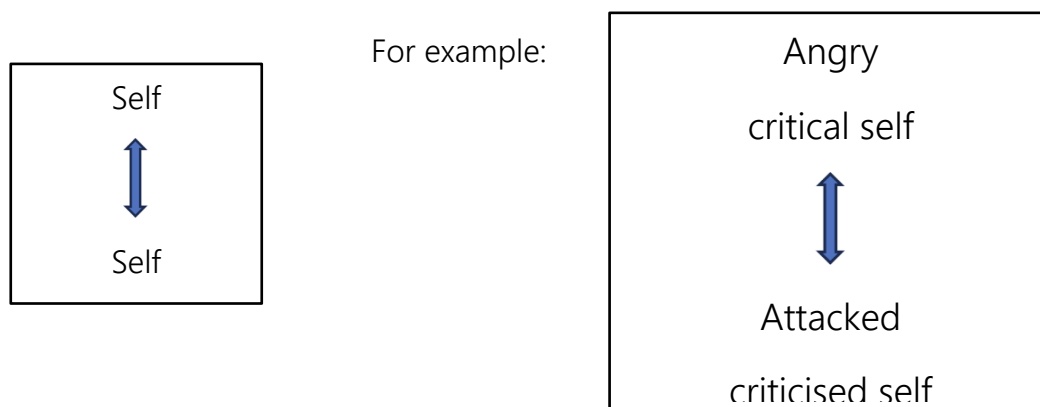


Figure 5-2: The intrapsychic enactment of a reciprocal role: self to self

We can then enact the original 'other' role towards other people as in Figure 5-3.

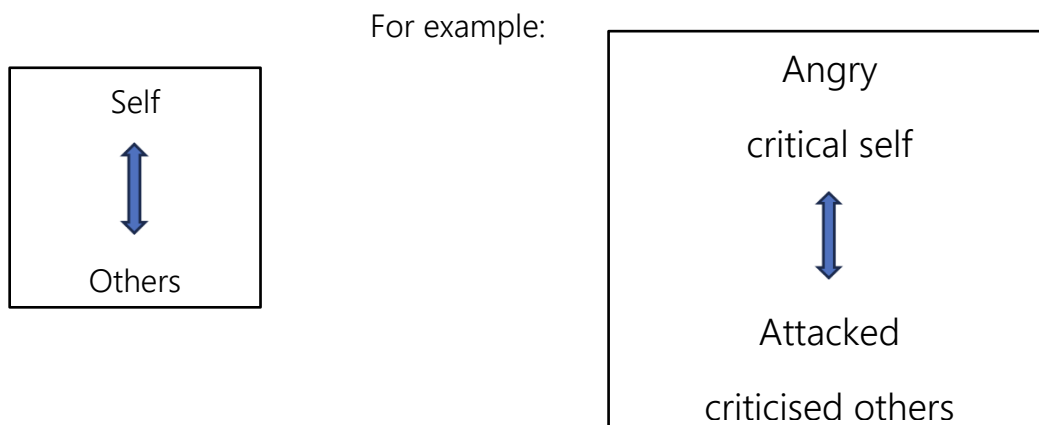


Figure 5-3: The enactment of the top end of an internalised reciprocal role towards others

Our personality develops around such repeated roles and dialogue. Growing up, we internalise a limited number of roles. These can be learned from interactions with individuals and with the wider society or culture (Ryle and Kerr, 2002, pp. 37–38). We can occupy both ends of the pole of each reciprocal role towards ourselves and towards others.

We expect other people to behave in ways predicted by our reciprocal roles (Kerr and Beard, 2024). Therefore, using the example in Figure 5-1, when we meet a new person, we are likely to expect them to be angry and critical of us. We behave as if they are going to be critical, and feel attacked and criticised. Such an enactment is called transference (Section 1.4) (Ryle and Kerr, 2002, p. 103). However, while these early reciprocal roles form the basis of the personality, subsequent relationships can lead to the later development of new reciprocal roles. This concept will be discussed later to understand the process of subtle abuse (Section 8.2.2).

5.2.3.3 How cognitive analytic therapy concepts impact the study design

The epistemological concepts of social constructivism, symbolic interactionism and intersubjectivity, fundamental to CAT, inform several assumptions in the thesis. These are captured in Table 5-2.

Table 5-2: The impact on the study design of the epistemological concepts

	Study assumptions derived from the epistemologies	Literature informing this aspect
1.	An individual's personality develops from interactions with caregivers and subsequent significant others.	Bakhtin (1986)
2.	Individuals' beliefs are influenced by the society and culture to which they belong.	Mead (1934)
3.	Through the interactions and influences of other individuals and groups, a person develops their way of talking to themselves, known as their intrapsychic dialogue.	Vygotsky and Cole (1978)
4.	Each encounter with another person will result in new co-created meaning. This occurred during my dialogues with stakeholders, supervisors and women with lived experience (interviewed during the PPI study). I therefore expected new meaning to be co-created during the interviews for the qualitative study.	Liu and Matthews (2005)
5.	The concept of 'personal reflexivity' anticipates how the selection of data and the interpretation and presentation of findings will be influenced by my beliefs as the researcher.	Wilkinson (1988)
6.	The understanding of the findings will be influenced by the individual reader's beliefs.	Sandelowski and Barroso (2002)

5.2.4 The influence of feminist research methods on the project

A feminist understanding of IPA, in which control emanates from a structural imbalance of power in society, is central to the concepts of coercive control (Stark, 2007) and intimate terrorism (Johnson, 2008) (Section 2.3.2). Therefore, a feminist research epistemology, focusing in its broadest sense on social justice and the reduction of unequal societal hierarchies (Skeggs, 1997), is ideally suited to IPA research. Campbell and Wasco (2000) discuss the practicalities of applying a feminist epistemology to IPA research. They describe the importance of: connecting women involved in research, including emotion in research, reducing the inherent hierarchy of the researcher/participant relationship, and including qualitative research methods. In their work developing training for researchers interviewing rape survivors Campbell *et al.* (2009) found 'interviewers need to show warmth and compassion... and enable participants to exercise choice and control' (p.595). Qualitative research also highlights the significance of attending to the power imbalance between researchers and participants/coresearchers (Ebbs, 1996; Karnieli-Miller, Strier and Pessach, 2009), with Doucet and Mauthner (2008) noting that attention should be paid to power, not only in the interview, but also in the analysis and interpretation of research data. More detailed explanation of how the power dynamic was addressed in recruitment and data collection in the current study is included on pp. 131-133.

Historically, quantitative methods have been seen as aligned with maleness and knowledge (Westmarland, 2001). In contrast, Campbell and Wasco (2000) describe how qualitative methods are seen to give voice to women who have traditionally been silenced in society and in research. Appropriately, therefore, the use of qualitative research methods in IPA informed by feminist theory has increased (Geftter *et al.*, 2017; Buchanan and Wendt, 2018; Neale, 2018). Neale's (2018) work aims to foreground structural rather than individual causes of IPA and give voice to the victims of IPA.

These perspectives confirm my choice of a qualitative approach to the study (Section 5.2.2).

Qualitative research (Gilbert, 2001) and feminist IPA research (Buchanan and Wendt, 2018) have described the importance of attending to the emotions of participant and researcher when engaged in research. Buchanan and Wendt (2018) describe how their skills as social workers enabled them to listen openly to participants' stories, and to be 'comfortable with emotional responses, and well-practiced at dealing with trauma' (p. 774) during the process of conducting research with victims of IPA. My background as a therapist similarly gives me transferable skills to discuss emotional experiences with participants, and to notice and name my own emotions as part of my reflexivity (Dowling, 2006; Hesse-Biber and Piatelli, 2012; LaChenaye and McCarthy, 2022).

Wider research from a feminist perspective focuses on adapting existing research methods to reduce power imbalances in the research process (Letherby, 2003). Ways of reducing power imbalances used in IPA research include the co-creation of research design with victims of IPA (Hoover and Morrow, 2015), and giving voice to participants (Merrick, 1999) through using interviews and including extracts from these in research write-ups (Flick, 2023). While the qualitative study of this thesis has not been co-created with victims, a robust, ethically approved PPI study has informed the study design and tools (Chapter 4). Section 4.2.2 contains a discussion of the options for data collection. As in the PPI study, the qualitative study used semi-structured interviews, which were adapted to minimise the power imbalance between myself as researcher and the participants (Section 6.5.1).

Westmarland (2001) describes interviews as facilitating the in-depth study of an experience by giving participants a voice. By engaging in a conversation, the researcher and participant 'come to know each other' (Oakley, 1981, p. 58). The presentation in this chapter of my ontological and epistemological approaches details how my connection

of qualitative, feminist and CAT concepts leads me to expect, acknowledge and welcome the co-creation of meaning within the interview process. In acknowledging this I recognise the unique analysis and interpretation my research will result in, with respect to the phenomenon of subtle abuse of women of HESES.

5.3 Reflexive thematic analysis

Authors of qualitative studies in the IPA field frequently adopt a particular methodology that links with their beliefs, for example, grounded theory (Crossman and Hardesty, 2018; Kossurok, 2018), phenomenology (Queen, Brackley and Williams, 2009; Flasch, Murray and Crowe, 2017), autoethnography (Skaling, 2017), or a feminist perspective (Buchanan and Wendt, 2018). Some researchers use a lens to interpret data, such as relational cultural theory (Burnett, 2020), or a narrative approach (Hancock, 2017). A range of methodologies or lenses had the potential to fit with my research questions. The qualitative approach of reflexive thematic analysis (RTA) offered an analytical method which, whilst not a methodology, allowed me to conduct a rigorous analysis that was appropriate for counselling research and aligned with my philosophical perspective (Clarke and Braun, 2018; Braun and Clarke, 2020a).

Reflexive thematic analysis (Braun and Clarke, 2022) and cognitive analytic therapy (Ryle and Kerr, 2002) share ontological and epistemological philosophies, such that RTA was an appropriate method for myself and for the study. The structure and tools of CAT are similar to the practicalities of the stages of RTA (Braun and Clarke, 2006, 2022). In the initial sessions of CAT, the therapist and client focus on the 'joint creation of written and diagrammatic descriptive reformulations' of the difficulties a client has brought to therapy (Ryle and Kerr, 2002, p. 80). As therapists we look for patterns of meaning across a client's stories, which we then represent in a written 'reformulation' letter to the client and as a diagram (Section 1.2). As therapy progresses, my experience is that the therapist and client continue to develop these patterned meanings, finding deeper

understandings and nuances. This joint enterprise recognises that the meanings created between the client and therapist are unique to that dyad and that time. Similarly, RTA is a structured process that enables the researcher to create patterned meanings from the collected data (Braun and Clarke, 2022).

Reflexive thematic analysis is an evolving iteration of thematic analysis (TA). Braun and Clarke's (2006) paper offers their first guidelines for the approach. Since then, Braun and Clarke have written extensively on TA (Braun and Clarke, 2006, 2023; Clarke and Braun, 2013, 2018; Braun *et al.*, 2018; Braun, Clarke and Hayfield, 2022), formulating reflexive TA in 2019 (Braun and Clarke, 2019). While Braun and Clarke are clear that RTA is a method and can be used with any methodology, the approach aligns closely with qualitative or Big Q research (Kidder and Fine, 1987). Big Q emphasises the subjective nature of a researcher's analysis, linking philosophy and process (Kidder and Fine, 1987). By including the word 'reflexive', Braun and Clarke highlight the importance of the researcher as creator of the analysis. Ongoing reflexivity is therefore necessary to understand the context of a researcher's data analysis (Braun, Clarke and Hayfield, 2022).

The aim of a thematic analysis is the generation of themes through an 'open, exploratory, flexible and iterative' process (Braun and Clarke, 2019, p. 593). In RTA, themes are described as 'patterns of shared meaning' which have a 'central organising concept' (Braun and Clarke, 2019, p. 589). This distinguishes them from domain or topic summaries which contain lists of examples that fall under a topic name such as 'causes of IPA' or 'impacts of IPA'.

A description of the process of RTA is provided in Chapter 6.

5.4 Chapter summary

This chapter outlined positivist and relativist ontologies and the related quantitative and qualitative research paradigms. I described how these have been used in IPA research and justified the relativist, qualitative approach used in this study. I also explained how the epistemologies of CAT have informed my assumptions in the qualitative study. The naming of these assumptions is, in turn, part of the reflexivity of the study. The impact of feminist research philosophy on the study research methods was outlined, and the choice of RTA described, expounding its links to the study ontology and epistemologies. The methods of the qualitative study described in the next chapter (Chapter 6) are built on the ontological and epistemological standpoints outlined in this chapter.

Chapter 6 Methods

6.1 Introduction

Subtle abuse is a poorly defined concept (Chapters 2 and 3). Based on findings from the reviews of the literature, no previous study has purposively recruited heterosexual women who have solely experienced subtle abuse without other types of abuse in their intimate partner relationship. Additionally, no study has purposively recruited women of HESES who have solely experienced subtle abuse. Therefore, the qualitative study of this thesis (referred to as 'the study') aimed to explore the experience of subtle abuse of heterosexual women of HESES.

Previous chapters explain some of the study design choices. Chapter 4 describes how the results of the PPI study confirmed the intention to gather data through one-to-one interviews with participants. Chapter 5 explains the choice of a qualitative research approach. This chapter describes the methods used to conduct the study, covering study design, ethical considerations, recruitment, data collection, data storage, and analysis. The methods stemmed from, and were underpinned by, the ontological and epistemological position set out in Chapter 5, and were focused on answering the thesis research questions:

- How can therapists recognise subtle abuse of women of high educational and/or socio-economic status in intimate heterosexual relationships?
- How can subtle abuse be conceptualised to enable it to be understood by victims, therapists, and the public?

Victims of IPA are traditionally seen as a vulnerable population, and ethics committees can be concerned that their participation in research has the potential to retraumatise (Downes, Kelly and Westmarland, 2014). In addition, there is evidence that counsellors

and researchers working with this group can experience vicarious trauma. Iliffe and Steed (2000) found counsellors perceived more risks in their day-to-day lives after working with victims of domestic violence. Williamson *et al.* (2020) reported researchers experienced secondary trauma from only brief contact with victims' stories, including in secondary data, such as case files. This chapter details my plans to design a safe study for participants and for myself, as the researcher.

6.2 The aims of the study design

The study design was to collect information on the experience of subtle abuse of women of HESES through semi-structured online interviews with two groups: women of HESES who had experienced subtle abuse in a previous heterosexual relationship ('victims'), and therapists who had worked with women who had experienced, or were experiencing, subtle abuse ('therapists'). The study would analyse the data using Braun and Clarke's RTA (2006, 2022), and the resultant thematic analysis presented in a thesis. My objective was to use the findings from the study to develop information and practical tools to improve recognition of subtle abuse by therapists, victims and the public.

I anticipated the victim group would describe the experience of subtle abuse, including how the perpetrator behaved, and how the victims thought, felt and behaved before, during and after the relationship. Although the women who participated in the study would know they had been abused, often women do not realise they are being abused (Loring, 1994; Lammers, Ritchie and Robertson, 2005; SafeLives, 2019), and women can move between knowing and not knowing (Liang *et al.*, 2005; Craven, Carlson and Waddington, 2022). Therefore, I also planned to interview therapists. Interviewing therapists would enable the identification of additional information about subtle abuse that victims may not have been aware of, or been able to articulate as abuse. This information would come from therapists' observations of their clients and themselves

during therapy sessions and their subsequent reflections. Information from therapists might include how victims keep the abuse out of their own awareness. Additionally, talking to therapists would help me understand how therapists recognise subtle abuse in their clients, even when the clients are unaware of the abuse. Learning more about what enables a therapist to identify subtle abuse in this population group would provide further understanding of the phenomenon, and aid the development of tools to improve therapist recognition of subtle abuse.

6.3 Ethical considerations

Downes, Kelly and Westmarland (2014) argue that research ethics committees have become overly cautious when approving applications to work with victims of IPA, and that the consequence of this is a lack of research. The consequence of this lack of research is a gap in knowledge that leaves victims in a vulnerable position, and specialist services without the evidence they need to ensure funding (Downes, Kelly and Westmarland, 2014). Not only do victims suffer negative effects from abuse, but research shows family and friends can also be negatively impacted, such as physical and mental health consequences and, in some cases, direct threats from perpetrators (Gregory, 2014). Improved understanding of the full spectrum of abuse, and its impact, may aid both victims and this wider group. My aim with this research was to build knowledge that will benefit victims and others affected by this type of abuse. It was therefore important to conduct the research, but to do so in an ethically appropriate way. A thorough consideration of the ethical implications for the participants and researcher was necessary to ensure an ethical study design. The six key principles of the Economic and Social Research Council's (ESRC) framework for ethical research were used to facilitate the study design (ESRC, 2021) (Table 6-1).

Table 6-1: Qualitative study: Ethical principles of the Economic and Social Research Council (2021)

Ethical principles of the Economic and Social Research Council	
1.	Research should aim to maximise benefit for individuals and society and minimise risk and harm.
2.	The rights and dignity of individuals and groups should be respected.
3.	Participation should be voluntary and appropriately informed.
4.	Research should be conducted with integrity and transparency.
5.	Lines of responsibility and accountability should be clearly defined.
6.	Independence of research should be maintained, and where conflicts of interest cannot be avoided they should be made explicit.

These principles were used to address the potential ethical issues during the study, and the wider responsibilities of the study to the academic institution, the consumers of the study's research output, the wider population of victims of subtle abuse, and the public. Detail of the principles is written in a 'meta-reflexive voice threaded throughout' as modelled by Finlay (2002, p. 209). The study built on findings from the ethically approved PPI study conducted in April 2021 (Chapter 4) and was designed in line with the University of East Anglia's *Guidelines on good practice in research* (2022a). Institutional ethical approval was granted by the UEA Faculty of Medicine and Health Ethics Committee (FMH REC 13.9.21, REF 2020/21-073) (Appendix 16).

6.4 Sampling and recruitment

6.4.1 Sampling

Purposive sampling was employed to recruit victims who had solely experienced subtle abuse from an intimate partner, without more overt types of abuse, and therapists who had worked with women who had solely experienced subtle abuse. Purposive sampling in qualitative research aims to select those who have an in-depth experience of the phenomenon under investigation to provide 'information-rich' data on the experience (Patton, 2002). In conducting a study exploring the experience of a bounded group, trustworthiness and rigour is demonstrated through evidencing how participants have been identified as belonging to the group (Campbell *et al.*, 2020). To achieve this, inclusion and exclusion criteria for the victim group and the therapist group were drawn up in line with my clinical experience, which was confirmed by the literature reviews (Section 2.4.8 and Chapter 3), and constructed to align with the ethical principles. Table 6-2 details the inclusion and exclusion criteria. The criterion, that to participate women must no longer be in a relationship they perceive to be abusive, aimed to minimise risk to women. Studies conducted with women who are still in abusive relationships require thoughtful and sometimes complex safety procedures to reduce risk to participants and to researchers (Hardesty, Haselschwerdt and Crossman, 2019).

Table 6-2: Qualitative study: Inclusion and exclusion criteria

Group	Inclusion criteria	Exclusion criteria
Victims	<ul style="list-style-type: none"> • Women 21 and over • Who have experienced subtle abuse as represented by the recruitment vignettes • The abuse was experienced in a now ended, heterosexual relationship • Participants have at least one degree and/or are of high socio-economic status • They may be from any country, or of any racial or ethnic group • They are able to describe their experiences in English • Currently live in the UK 	<ul style="list-style-type: none"> • Women under 21 • Non-heterosexual women • Still living with, or have close contact with, the abuser • Have worked with the researcher or a participating therapist* • Women whose experience of abuse does not align closely with the vignette descriptions • Inability to describe their experiences in English • An intellectual disability
Therapists	<ul style="list-style-type: none"> • Who have recognised subtle abuse in their clients as described by the recruitment vignettes • Who have worked with adult women experiencing subtle abuse in heterosexual relationships • Whose clients were of high educational and/or HSES • Who work in any therapeutic model • From any country, or of any racial or ethnic group • Who can describe their experiences in English 	<ul style="list-style-type: none"> • Who have worked with more overt types of abuse, but not subtle abuse • Who do not recognise the existence of subtle abuse • Whose clients were not of high educational or HSES • Whose clients were in non-heterosexual relationships • Who have only worked with clients volunteering for the study and no other subtle abuse survivor* • Who cannot describe their experiences in English <p data-bbox="906 1928 1369 2018">*It was not possible to ensure this, since confidentiality prevented revealing the identity of other participants to therapists or victims.</p>

While age, education level and sexuality could be easily identified by participants, socio-economic status (SES) is hard to define. There are a number of measures to assess SES but all have limitations. Oates (2016, n.p.) states that

SES is a complicated construct that summarizes a person or group's access to culturally relevant resources useful for succeeding in if not moving up the social hierarchy.

In the UK, the NS-SEC (National Statistics Socio-economic Classification) (ONS, no date) has been the key measure recommended for use in all official statistics and surveys since 2001. It focuses on employment status but allows complex aspects of employment, such as whether employed or self-employed, type of profession, and whether the individual is selling their service (higher socio-economic status) or their labour (lower socio-economic status). The target group for this study is likely to fall within the NS-SEC's: L1, Employers in large organisations; L2, Higher managerial and administrative occupations; and L3, Higher professional occupations categories. This was cross-referenced with the *Customer and consumer insight Acorn guide* (Customer and Consumer Insight, no date), a comprehensive analysis of different groups within UK society encompassing areas such as professional and educational status, wealth and income, and location and kind of accommodation. These scales were indicated on the participant information sheets so potential participants could decide if they (or their clients, in the case of the therapists) met criteria. When victims volunteered, they were asked if they met the educational or socio-economic criteria. It was only necessary for them to meet one of these to participate, as women could be educated to degree level without being of high SES, or be of high SES without being educated to degree level. When therapists volunteered, they were asked if the clients they had worked with met the educational or socio-economic criteria. Therefore, as in Weitzman (1998) and Haselschwerdt and Hardesty (2017), participants self-identified as being of HESES.

6.4.2 Recruitment

6.4.2.1 Vignettes to support recruitment

To answer the research questions, I needed to recruit women and therapists who had relevant experience of subtle abuse. However, the current lack of clarity about subtle abuse and how it might manifest was a potential barrier to recruitment, due to victims' and therapists' inability to identify whether they had experienced or worked with subtle abuse. To enable potential participants to decide whether they met recruitment criteria, I used vignettes of subtle abuse (Appendix 22) as part of the recruitment information. Sampson and Johannessen (2020) describe a vignette as 'a written description of a (frequently fictitious) event which relates to the central topic of study' (p. 57). The social sciences have increasingly used vignettes over the last 50 years (Hughes and Huby, 2002; Sampson and Johannessen, 2020). They are usually used to prompt discussion within a focus group (Sinclair *et al.*, 2011), or as a starting point for an interview (Jenkins *et al.*, 2010). However, vignettes have not been commonly used to enhance recruitment (Spalding, 2021). Vignettes are used in IPA research, often providing illustrations of potentially abusive behaviours for participants to evaluate (DeHart, Follingstad and Fields, 2010; Hammock *et al.*, 2015; Longo, 2022). Several short vignettes illustrating subtly abusive situations and experiences were drafted using amalgamated, anonymised clinical examples. The vignettes were discussed with the PPI participants for further development (Section 4.5.2), and five, short vignettes were attached to the participant information sheets (Appendix 20 and Appendix 21). These enabled potential participants to understand the kind of experience the research sought to explore. This meant that those whose experience of abuse was more overt would be unlikely to volunteer.

6.4.3 Recruitment procedure

There were two groups to recruit to the study: victims and therapists. Literature (Cattaneo and DeLoveh, 2008) and my clinical experience indicated that women victims in this population group do not access support services, meaning gatekeeper organisations, such as domestic violence services like Refuge or Women's Aid, would not enable the recruitment of victims. I therefore anticipated there could be difficulties locating women who were victims of subtle abuse. The minimal existing literature with women of HESES who had experienced IPA was conducted in the US. In the first known study conducted with this population group, Weitzman (1998) successfully recruited 14 participants through divorce lawyers. Loessin (2002), seeking to replicate Weitzman (1998), contacted divorce lawyers but, despite their cooperation, recruited no participants via this means. Other authors successfully used newspapers and community networking (Haselschwerdt and Hardesty, 2017), personal contacts (Loessin, 2002), and social and professional networks (Kumar, 2015; Skaling, 2017). The current study drew on the strategy of these existing studies to access places where women of HESES were likely to frequent, such as private health providers. It was anticipated that therapist recruitment would be easier, since gatekeeper organisations such as counselling services and professional bodies could be used to reach this group.

The third principle of the ESRC framework for ethical research states that 'participation should be voluntary and appropriately informed' (ESRC, 2021). The study was designed to ensure that, as far as possible, all participation in both groups was voluntary. To this end, recruitment was structured to facilitate potential participants in making an informed decision to take part (Campbell *et al.*, 2010). There is some evidence that caution with potential participants who have been in coercive relationships is warranted (Castor-Lewis, 1988). However, there is also evidence that those who have experienced trauma can give informed consent (Hlavka, Kruttschnitt and Carbone-López, 2007). It is important to avoid a patriarchal care-giving approach to such groups, which can deny

their autonomy, rights, and dignity (Burgess-Proctor, 2015). I understood my role as researcher to include offering information in as accessible a way as possible, to enable autonomy of choice for a potential participant (Fontes, 2004). The PPI study (Section 4.5.3) highlighted that participants may have private motivations for volunteering which should be respected, confirming findings by Hoover and Morrow (2015).

Participants were 'appropriately informed' (ESRC, 2021) through a participant information sheet. There were two participant information sheets, one for the victim group (Appendix 20) and one for the therapist group (Appendix 21). The participant information sheets described the research and inclusion criteria, and contained the vignettes of subtle abuse. The participant information sheets also included information from the PPI study on the experiences of other women who had talked to me about their subtle abuse in 2018. The PPI findings gave potential participants evidence-based information about the likely short- and longer-term impact of the interview. There were also written suggestions for self-care before, during, and after an interview, as advised by the PPI participants. The participant information sheets explained that participants did not have to answer anything they did not want to, and that they could take the interview at their own pace, pausing, or ending the interview at any point.

The participant information sheets also included information regarding confidentiality within the study and its limits. All UK research is governed by UK law (*Higher Education and Research Act, 2017*), and this places some limits on confidentiality and anonymity. Conflicts between the individual's rights to confidentiality and the law occur where a participant divulges information that is required to be reported to the police, such as in the case of terrorism (*Terrorism Act, 2006*). In addition, research must follow best practice and local protocols in relation to reporting harm to third parties, particularly minors, mentioned by participants. In the Professional Doctorate, responsibility and accountability are contained within the university structure via the course director, the supervisors, the research proposal approval process, and the application to the

University Ethics Board (University of East Anglia, 2024b). A general statement was included in the participant information sheets, and at the start of each interview, to encompass these limitations (Social Research Association, 2021).

Three stages of recruitment were planned – the later stages to be implemented if earlier ones were not successful. Therefore, stage two would only be conducted if stage one was not successful, and stage three would only be conducted if stage two was not successful. It was anticipated that COVID-19 restrictions, or changes in behaviours post-COVID-19, might impact recruitment plans. The second stage of recruitment focused on using social media. In health research, O'Connor *et al.* (2014) describe X (formerly known as Twitter) as a 'cost-effective means of recruitment' (p. 599) and Wasilewski *et al.* (2019) found X expanded their study recruitment. Sandhu, Brady and Barrett (2023), exploring the use of social media in domestic violence research recruitment, showed groups who suffer from shame may be more easily recruited through online platforms. Many researchers and practitioners in the field of domestic violence use X and LinkedIn. It was hoped that by distributing study information via these networks, those interested in participating in the study could be reached. Each of the three stages of recruitment are detailed in Table 6-3.

Table 6-3: Qualitative study: Three planned stages of recruitment

Stage 1		
Posters to be displayed in waiting rooms of private services, such as counselling services and physiotherapy services	Professional therapy bodies (BACP and ACAT) to be contacted and asked to include information on their webpages	Information to be circulated to friends, family and colleagues for dissemination via their networks
Stage 2		
If stage 1 is not successful, Social media may be used in the following ways:		
Private X account to carry information about the study	X users working in the DVA academic and DVA support fields, identified through iterative X searching, to be direct messaged with information about the research and asked to re-tweet. Twelve were initially identified	LinkedIn profile to include information about the research and connections expanded to increase visibility
Stage 3		
If stages 1 and 2 are not successful:		
Organisations including the sample demographic such as universities or FTSE 100 (Financial Times Stock Exchange) companies asked to disseminate information		

The Ethics Committee commented that stage three lacked detail and requested that I return to them with a detailed plan should this be needed. Stage three was therefore removed from the planned recruitment.

An unexpected finding from the recruitment process is reported here due to its impact on later stages of the study. During recruitment, six therapists volunteered to be interviewed as victims of subtle abuse. When it became apparent that some therapists were unsure whether to volunteer as therapists or victims, both participant information sheets were sent to each interested person. Recruitment therefore led to a third population group: victims who were therapists. This finding is further reported in Chapter 7.

On learning of the study, potential participants contacted me. I offered to answer any questions and sent them the participant information sheets. Potential participants were emailed a week after receiving the participant information sheets to see if they were interested in participating or had any questions. If they were interested in participating, a consent form was emailed to them (Appendix 23 and Appendix 24), and a time was arranged for the online interview. All 15 people who expressed interest subsequently participated in the study. There were five women who volunteered as victims who were not therapists, six women who volunteered as victims who were therapists, and four women who volunteered as therapists.

6.5 Data collection

Following other qualitative IPA studies (Green and Charles, 2019; Doyle, 2020; Marsden, Humphreys and Hegarty, 2022), semi-structured interviews were used. Semi-structured interviews allow for an inductive process in which participants could tell their stories (Campbell *et al.*, 2010; Hurst, 2015). Such an approach facilitates the emergence of unanticipated material (Iliffe and Steed, 2000; Velonis, 2016) and aligned with the study epistemology, which anticipated co-creation of new meaning in the interview encounter (Leiman, 1992; Liu and Matthews, 2005). While the qualitative questions were open, a full topic guide with prompts to ensure consistency between the interviews was

included in the participant information sheets and used to guide the interviews (Appendix 26 and Appendix 27).

6.5.1 Online interviews

Considerations were given to different modes of interview: face-to-face, online or telephone interview. I planned to offer participants a choice of interview mode as I recognised that people might be at different stages in terms of their comfort with meeting in-person post-COVID-19. However, during protocol planning in early 2021, shortly after a long lock-down period in the UK, I made the pragmatic decision to conduct online interviews due to my personal circumstances. I thus incorporated the needs of the researcher into the study design, as discussed by Wincup (2001). Table 6-4 summarises the positive and negative aspects of working online. These include literature on research interviewing, and my experience of practising as a therapist online during lockdown.

Table 6-4: Positive and negative aspects of working online

Positive aspects of working online	References
Convenience and reduced time commitment to participation	Gray <i>et al.</i> (2020) Parkinson (2020)
Technology easy to use	Gray <i>et al.</i> (2020)
Therapist experienced no difference in connection with client Location flexibility Clients report less anxiety due to familiar surroundings	Parkinson (2020)
My countertransference with clients remained the same when moving from face-to-face to online sessions during first lockdown in 2020	Personal experience of lockdown working
Reduction in need for consideration of safety measures regarding interview location	Langford (2000) Mechanic and Pole (2013)
No-one else present other than interviewer and participant	Gray <i>et al.</i> (2020)
Participants felt more comfortable sharing personal information online than in face-to-face interviews (significant when designing a study where participants may feel a sense of shame)	Mullally (2000) Sylaska and Edwards (2014)
Online interviews offer the potential to widen participation and inclusivity	Iflaifel <i>et al.</i> (2023)
Potential negative aspects of working online	
The possibility of technical difficulties caused by hardware or software failure, through a participant's lack of relevant hardware, or a participant's lack of skill with technology	Lobe, Morgan and Hoffman (2022) Thunberg and Arnell (2022)
Risk of a lack of confidentiality if a participant is interrupted	Lobe, Morgan and Hoffman (2022)
Possible reduction in visual cues which may impact the understanding of a participant's words	Thunberg and Arnell (2022)

I expand on the process and ethical considerations for the online interviews with victims and therapists below. The topic guide for victims and therapists can be found in Appendix 26 and Appendix 27.

6.5.1.1 Interviewing victims

Women who had experienced subtle abuse and who identified as HESES engaged in an online, semi-structured interview. Making a connection and building a relationship quickly was important, as this would help women to feel comfortable enough to share intimate information (Crossman and Hardesty, 2018). In my clinical work I aim to reduce any power imbalance in all stages of the therapeutic process. This includes ensuring clear information about the therapy process is presented to potential clients on the website in plain English, and being mindful of the set-up of the therapy room, for example, providing equivalent seating. In this study, which employed online interviews, several methods were included to reduce a potential power imbalance between researcher and participant, as discussed in feminist research methods (Campbell and Wasco, 2000). These included: a thorough and PPI-informed participant information sheet, ongoing opportunities for participants to ask questions, and setting up a mutually convenient time for the interview. I was also conscious about interviewing style, and sought to be warm and compassionate while also maintaining boundaries as an interviewer, as well as ensuring participants knew they could pause or stop the interview at any time.

Prior to commencing the interview, I thanked participants for volunteering for the research and provided a summary of the project and why it was needed. I checked they met the criteria for the study and asked them if they would mind sharing demographic information. I reiterated the self-care information for the interview, including that it was not necessary to answer any question they felt uncomfortable about, and that they

could stop at any time. Finally, before commencing, I asked participants whether they had any questions and whether they were still happy to go ahead with the interview.

In line with feminist methodology (Beckman, 2014), the interview and questions were structured to communicate that the victim participants were the expert on their experiences (Anderson *et al.*, 1990; Elliott *et al.*, 2005), and to allow women to tell their stories (Hardesty, Haselschwerdt and Crossman, 2019). I aimed to reduce the power imbalance between us, and to demonstrate respect for their knowledge through the style of questioning I used (Campbell and Wasco, 2000; Nazneen, Darkwah and Sultan, 2014). I was also mindful of the different stages of awareness, processing, and change that women go through during and after abusive relationships (Reisenhofer *et al.*, 2019; Craven, Carlson and Waddington, 2022). I therefore wanted to gain a sense of where each participant might be in those stages, to ensure I could be respectful of their position during the interview, and not cause undue distress. These measures were in line with the six ethical principles (ESRC, 2021).

The first suggested question on the topic guide was, 'Can you talk me through why you decided to participate in this research?'. This was designed to offer participants the chance of a gradual entry to the interview, build our relationship, and enable me to understand their motivation for participation. I aimed to reduce harm by asking participants about their motivation for participation. A further aim in understanding their motivation was to address the potential power imbalance between us, by reminding us both that they were women of agency rather than focusing immediately on their victimhood (Downes, Kelly and Westmarland, 2014; Buchanan and Wendt, 2018). Building the relationship was particularly important as I was aware that my obvious identity as a white woman of HESES could invite a transference from the participants, which could replicate their feelings with peers about being a HESES victim of abuse. Previous research has noted the relationship building benefits of similarities between researchers and participants (Greene, 2014). However, literature exploring IPA

among women of HESES, for example Weitzman (2000) and Haselschwerdt and Hardesty (2017), found that victims silenced themselves in their peer groups, rather than risk the shame of disclosing abuse. As the interview progressed, I asked open questions that invited participants to share whatever seemed significant about their experiences, and then asked them to expand on areas that were unclear to me. The semi-structured interview topic guide for victims is in Appendix 26.

6.5.1.2 *Interviewing therapists*

Previous research with therapists or health professionals about their experiences of working with victims of abuse does not appear to have discussed the potential risks to the therapists of participation (Ilfie and Steed, 2000; Donnelly and Holt, 2021). This seems surprising given there is literature indicating therapists who work with IPA victims can experience negative impacts, such as burnout (Winder, 2018) and secondary trauma (Williamson *et al.*, 2020). I took the same measures of care with the therapist participants as with the victim participants (Section 6.5.1.1 and later in this section). In addition to care during the interview, and discussion of aftercare, consideration was made of the relationship between therapist and researcher. There were benefits to my position as an 'insider' researching with therapists, but there were also risks associated with this position (Berger, 2013). For example, while I was likely to understand the terminology and the process of therapy that a therapist was describing to me (which a non-therapist might have struggled to understand), my familiarity might lead me to make assumptions and fail to gain clarification (Berger, 2013). In addition, I was aware that my identity as a therapist had the potential to make therapist participants compare themselves to me, and perhaps feel judged (Berger, 2013). Partly to minimise this possibility, and partly to avoid influencing therapists' answers (Valentine, 2007), I did not share my experiences or thoughts on conducting therapy with victims of subtle abuse.

Therapists were asked to talk about the things they noticed in their clients and in themselves that had helped them to realise their clients were in subtly abusive relationships. The suggested semi-structured questions are included in the topic guide (Appendix 27). The first suggested question, 'Can you tell me why you decided to participate in this research?' fulfilled several purposes. First, it was an opportunity for the participant to become comfortable in the interview by talking about what was of interest to them. Comfort has been shown to be important in interviewing victims of sexual violence (Campbell *et al.*, 2009), and due to the paucity of literature on interviewing therapists of victims of abuse, I followed best practice in other IPA research, as described by Campbell *et al.* (2009). Second, it gave me an opportunity to build a relationship with them (Hardesty, Haselschwerdt and Crossman, 2019), through them sharing their thoughts and my listening attentively (Culley, 1991). Third, it allowed me to gain knowledge of their understanding of subtle abuse. Fourth, answers would likely include information about how each therapist approached their client work. The questions expanded my understanding of how each therapist constructed meaning (Mann and MacLeod, 2015), how they had experienced a victim's progress during therapy, and what the therapist's own self-reflections were.

6.5.1.3 *Closing the interviews*

At the end of each interview I gave participants time to 'collect their thoughts', as Sarah had discussed in the PPI study, and I conducted a short debrief. This was informed by the literature (Hoover and Morrow, 2015), the PPI study (Chapter 4), and my work with trauma survivors, specifically working with the Eye Movement Desensitisation and Reprocessing (EMDR) approach (Shapiro, 1989). Despite my attention to minimising risk to participants during the interviews, there was the possibility participants would be distressed and my questions would reactivate traumatic memories (Valpied and Hegarty, 2015). When trauma survivors enter back into their trauma, as may happen during the interview, it is important to ensure they are brought fully back into the

present (Fisher, 1999). The time to calm and debrief at the end of the interview allowed me to check benefit or harm from the interview, and ensure that participants were aware of, and directed to, aftercare options. The suggested debrief questions are included in the topic guides: Appendix 26 and Appendix 27.

Self-care information, included in the participant information sheets, was given again at the end of the interview, to ensure participants had contact details for support should they need it. Participants were also asked if they would like to receive information about the findings of the study (Hardesty, Haselschwerdt and Crossman, 2019), and each participant said they would. The information disseminated to participants would be a summary of the findings, or a copy of any published papers.

6.5.1.4 Ethical considerations for the researcher

This section explains how ethical considerations for the researcher were met. Feminist research has been seen as instrumental in recognising the need to consider researcher care as well as participant care (Wincup, 2001). Smith *et al.* (2021) recommend safety measures be adopted at an organisational, team, and individual level, and embedded into the research culture. Owing to potential negative impacts on researchers from the experience of researching IPA, literature recommends working in a team (Paavilainen, Lepistö and Flinck, 2014; Hardesty, Haselschwerdt and Crossman, 2019; Williamson *et al.*, 2020). For this study, I was a lone worker conducting a doctorate. Owing to the research being an individual Professional Doctoral project, a team approach was not possible. Therefore the support structures of the University were used as a surrogate for this, such as the UEA lone working policy (UEA, 2024a), and discussions with my academic supervisors.

Williamson *et al.* (2020) emphasise the consideration of individual potential trigger points for both participant and researcher when writing an ethics proposal. Literature

suggests a researcher's vicarious trauma can be as damaging as primary trauma (Iliffe and Steed, 2000; Hardesty, Haselschwerdt and Crossman, 2019) and offers suggestions for researcher care. These include planned breaks in data collection, operating a peer support system (Silverio *et al.*, 2022), training on vicarious trauma, and mandatory debriefing (Smith *et al.*, 2021). Rager (2005) describes several ways that individual researchers can plan for self-care: journal writing, peer debriefing, personal counselling, member checking (returning to participants for their comments on analysis), and maintaining balance in one's life. While consideration of these methods of care is helpful in planning an ethical study, Williamson *et al.* (2020) found that researchers often engage in coping strategies that are traditionally seen as less healthy, such as 'wine, chocolate and binge TV watching' (p. 65). They found that knowing that other researchers adopted such methods was comforting for those needing more short-term, immediate self-care, and who were feeling inadequate for using these strategies. In the current study, there was an overlap between the provisions for self-care and for reflexivity. The following were adopted as part of the planned self-care: reflexive journal writing; academic and clinical supervision; and support from peers, friends and family.

6.5.2 Field notes

Notes were made during the interview to facilitate follow-up questions or the pursuance of a particular avenue of interest (Hardesty, Haselschwerdt and Crossman, 2019). Field notes were made immediately after the end of the interview to capture impressions, feelings, and thoughts about the interview and participant (Phillippi and Lauderdale, 2018). Field notes were part of the transparency of the study (Trainor and Bundon, 2021). By recording the notes immediately after the interviews, I was able to reflect on the choices I had made within the interviews, as well as note any subtle, non-verbal communication. Keeping field notes enabled me to notice that by using broad early questions with the victims, such as 'Can you tell me the history of your

relationship?', the participants answered all my subsequent questions through a narrative of their relationship.

6.5.3 Data storage

Storage of all data was in line with the UK General Data Protection Regulation (GDPR) (*Data Protection Act* 2018 c. 12) and the University of East Anglia (UEA) Research Data Management Policy (University of East Anglia, 2022b). Interviews were conducted on UEA's Microsoft Teams platform. Both audio and simultaneous transcription were immediately uploaded to UEA's secure OneDrive. In consideration of confidentiality and anonymisation (Social Research Association, 2021), all participants were given pseudonyms, and transcriptions were adapted so that no one but the researcher knew their real names, jobs, or any identifying details about their lives, or those of any third parties they mentioned. Participant comments in the transcripts that revealed identifiable information were amended to anonymise these details.

6.6 Analysis

The choice of RTA to analyse the data of the study is explained in Chapter 5 (5.3). Analysis is conducted through the six phases listed in Table 6-5 and which are expanded upon below (Braun and Clarke, 2022).

Table 6-5: Six stages of RTA (Braun and Clarke, 2022)

Phase	Task
Phase 1	Familiarising yourself with the data
Phase 2	Coding
Phase 3	Generating initial themes
Phase 4	Developing and reviewing themes
Phase 5	Refining, defining and naming themes
Phase 6	Writing up

6.6.1 Analysis process

6.6.1.1 Phase 1: Familiarising yourself with the data

I listened to the audio recordings and re-read the transcriptions of the interviews repeatedly, making notes. During this phase of familiarisation, I was aware of ideas forming about the data. These were initially connected to my experiences as a clinician, but gradually became more focused on the similarities or differences between the participant accounts. I was also aware of a variety of different ways I could understand the data, and how important it was to hold the research questions in mind at all times. These experiences mirrored those of Trainor and Bundon (2021), where Trainor describes her doctoral interview analysis process.

6.6.1.2 Phase 2: Coding

Each transcript was initially coded with code labels (Figure 6-1 and Figure 6-2). The research questions were held in mind when generating code labels. Code labels were short and precise, designed to convey meaning in a brief format. Some were semantic and some were latent, as is possible when using RTA (Braun and Clarke, 2022). My subjective input was already evident in the sections I chose to code

and the labels I assigned. Code labels were written on sticky notes, then placed in homogenous groups on large sheets of paper as I began to move into phase 3 (Figure 6-1 and Figure 6-2). There are notes of two colours as I ran out of the green sticky notes. As explained in Section 6.4.3, while the initial plan was to recruit two groups, during recruitment this became three groups: victims who were therapists; victims who were not therapists; and therapists who were not victims. At phase 2: coding, the three groups were coded separately to see if there were any similarities or differences between the two victim groups.

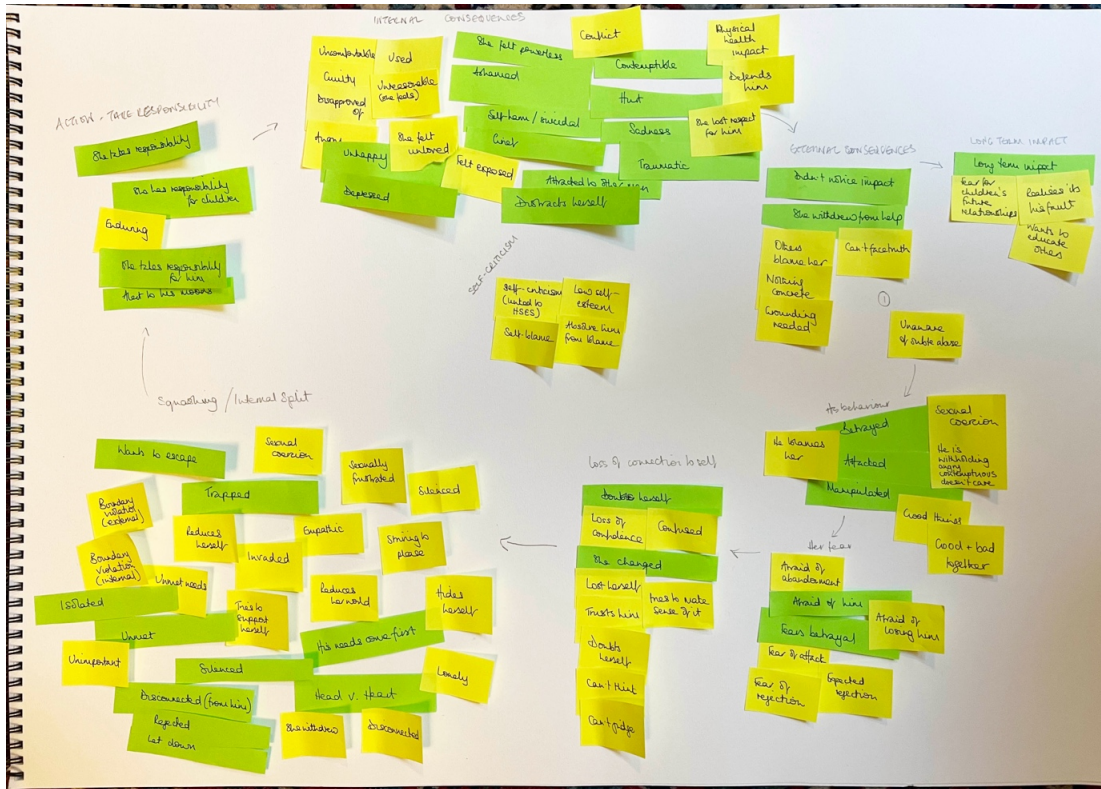


Figure 6-1 Qualitative study: Codes for experiences of victims who are not therapists

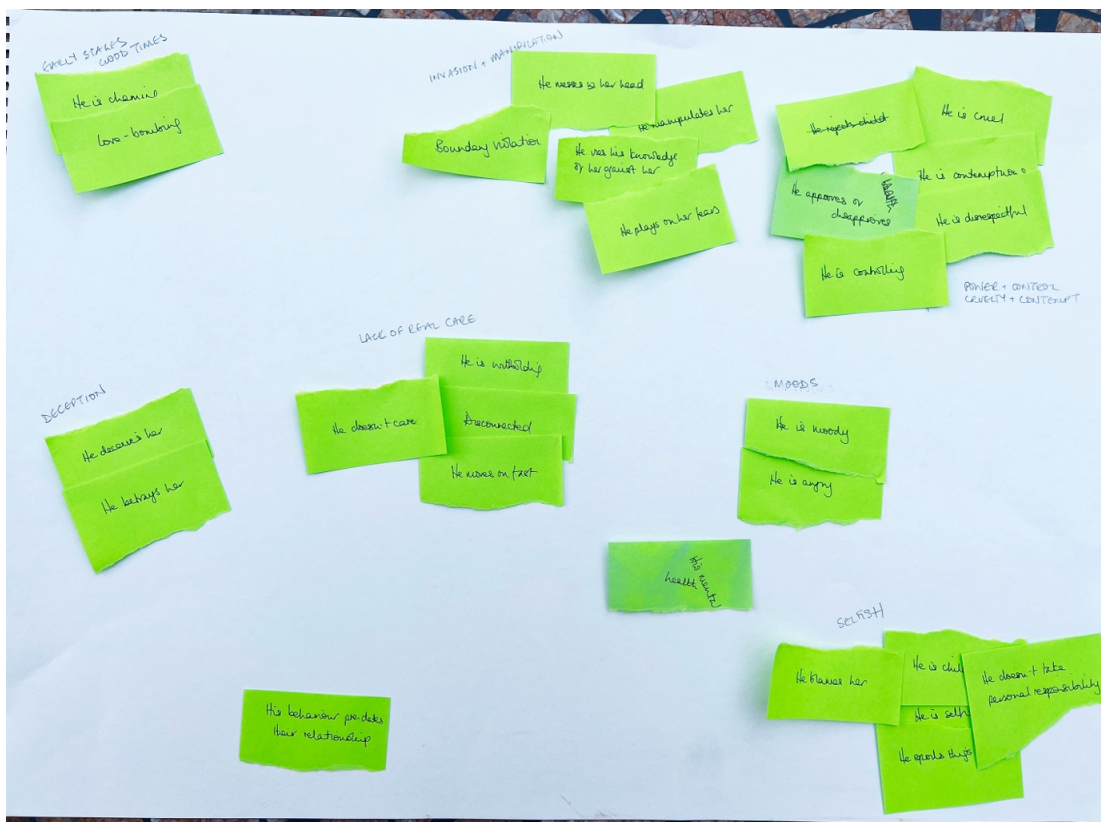


Figure 6-2 Qualitative study: Codes for perpetrator behaviours as described by victims who are not therapists

6.6.1.3 Phase 3: Generating initial themes

I provided each of the code groups overarching code names (added above them on the sheets of paper) as I developed initial themes (Figure 6-1 and Figure 6-2). The code names related to victims were: his behaviour, her fear, loss of connection to self, squashing/internal split, action – take responsibility, internal consequences, external consequences, self-criticism, and long-term impact. The code names related to perpetrators were: early stages/good times, invasion and manipulation, power and control/cruelty and contempt, behaviours, selfish, lack of real care, and deception. These code names were based on commonalities in the data represented in the code groups, created whilst holding the research questions in mind. The code names became the initial themes. These themes were influenced by my clinical experience and the meaning I had made from listening to the participants during the interviews. Whilst the coding was inductive, my positioning and the meanings I generated from the interviews influenced the process. I was aware during this phase that the themes more closely matched the concept of topics or domains as outlined by Braun and Clarke (2020b). Taking the initial theme names, related data segments were written up in word documents.

6.6.1.4 Phase 4: Developing and reviewing themes

I reviewed the initial themes, searching for a commonality of meaning rather than topic. Whilst this process is described in practical terms by Braun and Clarke (2022), the reality feels complex and nebulous. I found the most helpful way to approach the refinement of themes was to use a technique learnt in therapy. In the first few sessions with a client, a therapist sits with the 'not knowing' (Anderson and Goolishian, 1992). Reflexive thematic analysis also emphasises the importance of being able to stay with the uncertainty (Braun and Clarke, 2022). During early therapy sessions there is a process of

attending to the detail during therapy sessions at the same time as mentally standing back to see a bigger picture. In creating the reformulation diagram, Potter (2016) describes a:

live process of mapping as an aid to a therapeutic conversation which is simultaneously cognitive, emotional, social and relational... Such a process shimmers between conscious and unconscious cognitive processes and procedures. Sometimes we don't find the words directly. They find us. (no pagination)

This is how developing the themes felt for me. In addition, as this was my first time conducting RTA, I did not have confidence that my 'shimmering' was the right thing to do, or that the themes were the most nuanced and complex representations of the patterned meaning.

6.6.1.5 Phase 5: Refining, defining and naming themes

During Phase 5, I placed themes from all three interview groups on a piece of paper, in what I intended to be a random pattern. Themes that had initially been developed separately, for the two victim groups and the therapist group, were found to work across all groups. I then brought similar themes together. This is illustrated in Figure 6-3, where the developing themes are shown in bold and the relevant codes in Roman font. I enjoyed the exploration of how the themes worked across the data sets. Using a visual method worked for me, whereas writing themes in separate lists had not. The experience of deepening understanding mirrored the way a client reformulation deepens during the therapy. A deeper understanding of a client's reciprocal role procedures occurs when a description of a pattern created for one part of a client's life, such as work, is understood to occur in other parts of the client's life, including in the therapy relationship.

	Believe he's a good man	Values she brings to relationship
Self-centred nature/ lack of respect	Not blame him	Try harder
Too stressed, criticism	Resist questioning him	Striver
punishing, sighing, withholding, moody		Good girl
Suppressed anger/rage		Service his needs
Control	Unconscious communication	Make him happy
Intrusive/ boundary violations	Grooming/ compliance	
Blame/ reframe	This person plugs into something	
	Reluctance/double bind/ unable to challenge	
	Everything contracts down	
My fault	Withdrew	
she blames herself	Can't be myself	
Therapists see pre-existing causes	Learnt not to be needy	
	Pretend	
Realisation	Smaller version of themselves	
	Not speaking up – therapists too	
		Intellectualisation
Lonely/neglected/withdrawn/lost/upset		
unseen and unheard in relationship, with friends, intrapsychically, with therapists		
	Confusion	
	Knowing/not knowing – therapists too	
	Split/internal incongruence – therapists 'issues don't seem like the full story'	

Figure 6-3 Qualitative study: Bringing the themes from the victim and therapist groups together

I worked and re-worked the themes over the next few weeks and created Figure 6-4.

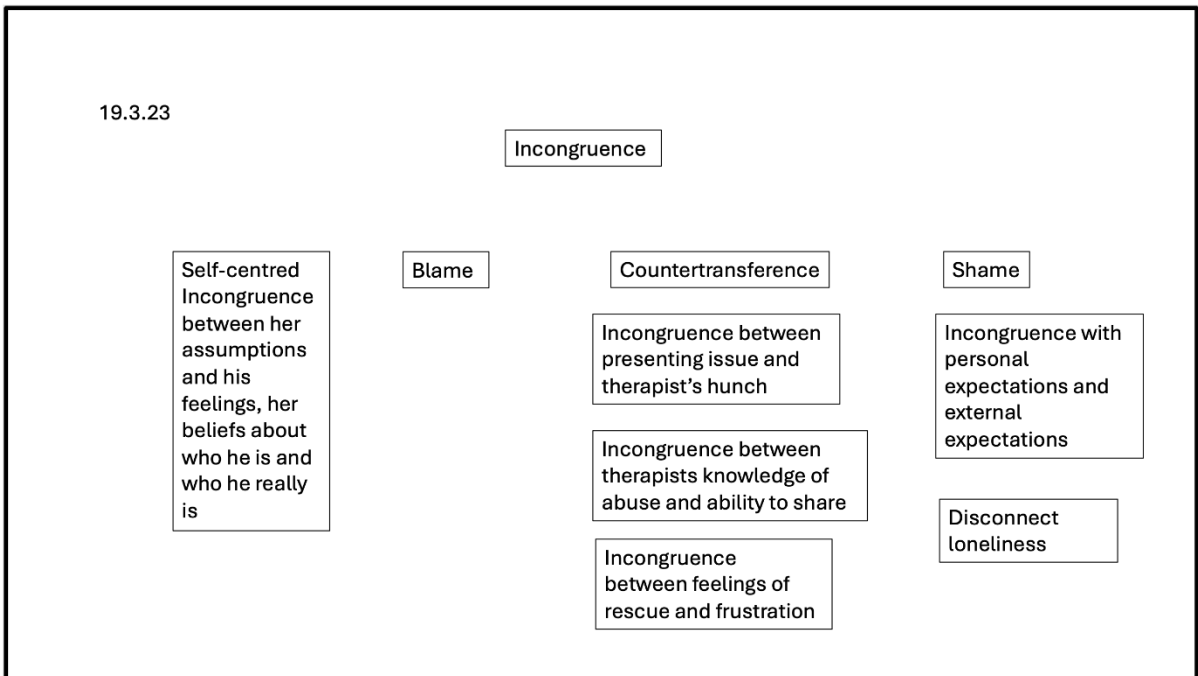


Figure 6-4 Qualitative study: Themes for all participants March 2023

6.6.1.6 Phase 6: Writing up

The process of writing up the themes led to further development and refinement (Braun and Clarke, 2022). Writing up allowed an exploration of the complexity of the concepts, and the similarities and contradictions within the themes. The writing was an active part of the analysis. Weaving the data extracts into the explanation of the themes, I was able to show how the themes I had generated through the RTA captured the wholeness of the participants' stories.

6.7 Evaluating the quality of the study

Readers of research outputs need to have confidence in the findings of the research (Stenfors, Kajamaa and Bennett, 2020). Therefore, in conducting research it is necessary to demonstrate rigour (Thomas and Magilvy, 2011). While quantitative research evaluations are congruent with the positivist paradigm of quantitative research, the development of agreed ways to establish rigour in qualitative research is a continued debate (Mays and Pope, 2000; Tobin and Begley, 2004; Tuval-Mashiach, 2017). While the need to demonstrate rigour in qualitative research is now largely accepted, different methodological approaches describe different ways of evaluation (Tuval-Mashiach, 2017). As a result, there are several terms or questions that can be used when evaluating qualitative research. For example, Guba and Lincoln's (1994) list contains five criteria for evaluating the trustworthiness of qualitative research: credibility, transferability, dependability, confirmability and authenticity. Tobin and Begley's (2004) discussion of the literature (including Guba and Lincoln (1994)) introduces the ideas of a 'triangulation state of mind' and 'goodness' (2004, p. 394), and Tracy (2010) lists eight 'big-tent' criteria including 'sincerity' and 'significant contribution' (p. 837).

Yadav's (2022) comprehensive review of qualitative research evaluation criteria concludes that using one set of evaluation criteria for qualitative research is 'neither

feasible nor anticipated' (p. 679), and suggests novice researchers use several methods. I have therefore included three different evaluations of the quality of this research. In Table 6-6 I use Lincoln and Guba's (1985) original four criteria, which are frequently used in theses and papers to evaluate qualitative research, including in the IPA field (Pitman, 2010; Neale, 2017). I have also completed the COnsolidated criteria for REporting Qualitative research (COREQ) (Tong, Sainsbury and Craig, 2007). Checklists have been criticised for being too reductionist for use in qualitative research evaluation (Hammersley, 2008), and a 2020 replication of the COREQ methods by Buus and Perron found the processes used to develop the checklist were not trustworthy. However, journals now frequently recommend the use of the COREQ to demonstrate research quality (Buus and Perron, 2020), and so I have completed it, in line with common practice, to show how this research meets currently accepted quality criteria (Appendix 28). Finally, I have used Braun and Clarke's 15-point checklist for 'good' RTA (2022, p. 269) (Appendix 29). This checklist is most appropriate for the study, being embedded in the analysis method and in line with the Big Q (Kidder and Fine, 1987) paradigm of the research.

Table 6-6: How the study meets four key criteria for evaluating qualitative research taken from (Lincoln and Guba, 1985)

Criterion	Explanation of criterion	How the criterion is met in this study	Where the criterion is met
Credibility	Methodology, methods and analysis are all clear and in alignment	Account of the methodology underpinning the research and the reasons for the ontological and epistemological positions	Chapter 5
		Clear account of how ethical considerations have been met	Chapter 6
		Ethics approval from university faculty ethics board	Chapter 6 Appendix 16
		Methods are appropriate to the methodology e.g. criteria for inclusion of participants	Chapter 6
		Use of supporting information e.g. verbatim quotes, appendices	Chapter 7 Appendices 15-27
		Findings placed in context of existing research	Chapters 7 & 8
Transferability	The context of the participants, the researcher and the process of research is given to clarify how transferable findings are	Context of research and participants	Chapters 1, 2, 3, 5 & 7
Dependability	Accounts of the research process enable clarity	Background to the research	Chapters 1 & 4
		Research protocol and any variations	Chapters 6 & 7 & Appendices
		Description of the process of data collection	Chapter 6 & 7
		Choice of high-quality method of analysis	Chapters 5 & 6
		Description of data analysis process	Chapter 6
Confirmability	The process of the research is made clear, including the link between data and findings	Clear rationale for choice of analysis method	Chapter 5
		Process of analysis explained in detail	Chapter 6
		Verbatim quotes	Chapter 7

In addition to providing a clear account of how the research process meets quality criteria through the use of these three methods, the section below expands on reflexivity, an essential part of qualitative research transparency as described by Lazard and McAvoy (2020).

6.8 Reflexivity

While there are ongoing discussions as to the optimum ways to demonstrate rigour in a qualitative study (Tobin and Begley, 2004; Tuval-Mashiach, 2017), there seems to be agreement that transparency and reflexivity are central (Tuval-Mashiach, 2017). Reflexivity is fundamental to meeting the ESRC ethical principles (ESRC, 2021), and is recommended by the COREQ (Tong, Sainsbury and Craig, 2007), as well as helping to ensure a trustworthy, credible and transparent qualitative study (Dodgson, 2019; Lazard and McAvoy, 2020). Reflexivity in this study was facilitated by several methods: a reflexive journal (Darawsheh, 2014), academic supervision (Elliott, Ryan and Hollway, 2012), and clinical supervision (Williamson *et al.*, 2020). Table 8-2 shows where reflexivity has been addressed throughout the thesis.

One way to achieve ongoing reflexivity is to keep a reflexive journal (Finlay, 2002). A reflexive journal enables a researcher to identify underlying assumptions in designing a study and interpreting the results (Darawsheh, 2014). The Professional Doctorate began with the writing of a positioning statement, as suggested by Hardesty *et al.* (2019) in their paper for early career researchers in IPV. I then kept a reflexive research journal throughout the doctoral programme, writing practical details and my accompanying thoughts and feelings as recommended in Karnieli-Miller, Strier and Pessach's (2009) framework.

Hardesty, Haselschwerdt and Crossman (2019) and Williamson *et al.* (2020) suggest opportunities are created to discuss DVA research work as part of protecting the researcher. I had monthly academic supervision with my university supervisors. As a

therapist, I also had regular clinical supervision, using sessions to reflect on the doctoral study from a clinical and personal perspective. Clinical supervision offered a space for me to discuss any distress that the research might engender, either through the experience of academic training or due to the content of the interviews. Such discussions also allowed me to explore my assumptions and positioning. In addition, an external academic therapist helped me look at the research design, implementation and analysis through a therapist lens.

As therapists, we are trained to reflect on our feelings, assumptions and motivations (Dryden and Feltham, 1994). The concept of the internal supervisor explains the process of expanding self-awareness as a therapist (Casement, 2013), and I have found it to be comparable to the development of the skill of reflexivity in research. The development of an internal supervisor allows a therapist to be with a client and, at the same time, observe how they are being with a client. The observation of self enables moment-by-moment reflection within the therapy session. Such reflection allows therapists to make decisions about how to be with a specific client at a specific time. The concept of internal supervision is resonant of Etherington's (2004) description that reflexivity in research:

creates a dynamic process of interaction within and between ourselves and our participants and the data that informs decisions, actions and interpretations. (p. 47)

Many psychological researchers come to qualitative research from a quantitative background and can find reflexivity difficult to develop (Lazard and McAvoy, 2020). A background in counselling training and practice offers skills transferable to interviewing and reflexivity in research, and LaChenaye and McCarthy (2022) recommend that researchers working with sensitive topics be taught counselling skills.

My supervisors and the ethics committee noted the importance of delimiting the roles of researcher and therapist. Paavilainen, Lepistö and Flinck (2014) stress that all researchers need to remain in the researcher role and not move into a therapeutic or advocacy role. As a professional therapist it was particularly important for me to be aware of keeping a boundary between my roles of therapist and researcher. I was clear in the PIS and in the interviews that we were not engaged in a therapy session, and that I was not listening as a therapist.

However, my clinical skills were transferable to working as a researcher. When Berman *et al.* (2017) explored the experiences of researcher clinicians, their findings were that the skills of the two roles were, as one participant described, 'overlapping but separate' (p. 14). Buchanan and Wendt (2018) describe a similar experience moving from their roles as social workers to researchers. For many years, I worked as a therapist in services that are free at the point of access, and which clients attend in crisis. It is usual for therapists in such settings to adapt themselves with each client to make a relationship quickly and help the client (Parkinson, 2001; Roddy, 2023). This skill is transferable to creating relationships quickly with interview participants, and is particularly helpful when working with those in vulnerable populations (Roddy, 2023).

Other transferable skills from counselling that I found useful as a researcher included reflection skills, remembering the thread of someone's thoughts, linking between something said now and something said earlier, gently challenging an assumption or non-specific statement, sensitivity to emotional distress, being alert to the participant's style of conversation, and being sensitive to their mood changes during the interview. These skills enabled me to listen to participants' perspectives at the same time as structuring the interviews to gain the information I needed for the study (Buchanan and Wendt, 2018). In addition, a familiarity with boundaries, and the potential for them to be transgressed, was helpful for me in keeping the necessary boundaries between the roles of therapist and researcher (Jacobs, 1999). For example, if a participant was upset

by something, as a researcher I would explore this and ask what had been upsetting in a sensitive way. While I would express sympathy where appropriate, I was not seeking to formulate their upset within a psychopathology. By being clear of the distinction between the roles of therapist and researcher, I allowed my skills as a therapist to aid my role as a researcher without stepping into the role of therapist.

6.9 Chapter summary

This chapter has explained the methods and ethical considerations of the qualitative study, and detailed descriptions of the research process were given, including sampling and recruitment, data collection and data analysis. Using the ECSR principles (ESRC, 2021), the chapter wove ethical considerations into the descriptions of the research process to explain how integral the ethical considerations are to the study design. The chapter concluded with an examination of the ways the study meets quality criteria for qualitative studies and a discussion regarding reflexivity, where I considered the benefits and challenges of moving from a clinical role to a researcher role.

The next chapter presents the findings of the study.

Chapter 7 Findings

7.1 Introduction

In this chapter, I present the findings of a reflexive thematic analysis (RTA) of the participant interviews of the study. The chapter begins with information about the study participants and the data collection. Two tables summarise the characteristics of the participants. I then present narratives of four of the women participants of HESES who experienced subtle abuse. An RTA of the interviews follows, including the voices of the women victims and the therapist participants.

7.2 Participants

Fifteen women volunteered to participate in the study, and all met the study criteria. Eleven volunteered to be interviewed as victims of subtle abuse and four as therapists. As described in Section 6.4.3, three groups emerged from the recruitment process: victims who were therapists, victims who were not therapists, and therapists who were not victims. Over half of the victim group were therapists. In addition, one of the four women in the therapist group wondered during the interview whether, on reflection, her current intimate relationship was subtly abusive. Detail of the three groups is provided in Sections 7.2.1 to 7.2.3, including the reasons for participation. Demographic information is provided in Table 7-1 and Table 7-2, and includes how participants met the inclusion criteria (Table 6-2). All 11 women victims were educated to degree level and were of high socio-economic status. All therapists reported that the clients they had worked with, who informed their contribution to the study, were educated to degree level and were of high socio-economic status. The professions of the victims who were also therapists were clinical and counselling psychologist, psychiatrist, and psychotherapist or counsellor of different modalities. The therapist participants' professions included psychotherapists and counsellors. Due to the small size of some of

the therapist communities that recruitment was drawn from, in order to maintain anonymity, specific numbers are not provided.

7.2.1 Victims who were therapists

Six victims who were therapists were recruited through my professional bodies and through snowball recruitment via other participants. Four of the six victims who were therapists had been therapists prior to entering the abusive relationship. The other two women had trained as therapists after the end of the abusive relationship. One woman met her husband (who was her abuser) at university. The other five women had met the men who abused them later in life, with two discussing a relationship they had after their first marriages ended. The women in this group gave a range of reasons for wanting to volunteer for the study as a victim of subtle abuse, and some women had more than one reason for volunteering to participate. These included:

- Desire to support research and to expand knowledge in this area
- Wanting to warn other women and inform support services about this kind of abuse
- Participation would be helpful to them personally (through talking to someone who understood the abuse experience)
- Wanting to increase the knowledge base of subtle abuse as they had found it so difficult to identify
- Awareness of women friends of HESES who had experienced something similar.

7.2.2 Victims who were not therapists

Five women victims who were not therapists were recruited through word of mouth or through finding information about the study online via my LinkedIn profile. Three of this group had met the men who abused them just before, or while, at university and

subsequently married them. Of the other two women, one had met their abusive partner while doing a professional qualification in their 20s and subsequently married them, while the other met him later in life and they had lived together for some years.

The following are the reasons women in this group gave for participation:

- In one case, a recent realisation (15 years after the relationship ended) that continuing emotional and physical health problems were related to the trauma of the subtly abusive relationship
- Wanting to ensure that some good came out of their experience
- Knowing friends who were experiencing similar situations
- Wanting to enhance knowledge and thereby enable other women to recognise subtle abuse earlier.

7.2.3 Therapists who were not victims

Four therapists volunteered to be interviewed about their experiences of working with victims of subtle abuse in this population group. These therapists were recruited through word of mouth and through study dissemination to counselling organisations.

The reasons they gave for participation were:

- Being interested in domestic violence and how power and control can be exerted in a subtle way in any relationship
- Working therapeutically with women such as those described in the vignettes
- A desire to contribute to the knowledge about subtle abuse having seen it in their work recently, particularly in young women clients
- Being aware of how societal messages around abuse, healthy relationships and trauma can make it difficult for people to know whether they are being abused.

7.2.4 Data collection

I interviewed all 15 participants online via Microsoft Teams. Interviews lasted between one and one and a half hours. Interviews were conducted over a five-month period between November 2021 and March 2022. Procedures for the interviews were conducted as planned (Section 6.5.1). During the interviews, two participants became distressed when talking about the impact of the relationship on their self-esteem. At this point, I expressed empathy for their experience and gently reminded them that they could pause the interview or move onto another topic. As a result, one participant said she would prefer to not talk about the impact on her self-esteem.

The debrief at the end of the interview allowed participants to share with me the impact of the interview on them. Participants had mixed responses. A number reported feeling emotional or distressed. All were given the opportunity to think about the next 24 hours and how they might care for themselves during this time if necessary. All participants said they were confident they would be able to manage any distress. Some reported feeling pleased to have had the opportunity to talk about the abuse, particularly with someone who understood the experience of subtle abuse. Participants were asked if they would like to receive information about findings of the study as suggested by Hardesty *et al.* (2019), with all requesting to be kept informed. Two participants (one therapist and one victim) asked me to come and discuss my findings at their workplace.

Table 7-1: Qualitative study: Participants who volunteered as victims of subtle abuse (all names are pseudonyms)

P'pant (victim)	Therapist	Age	Ethnicity	Highest edu qual	Emp status	Children number	Age when r'ship started	Length of r'ship	R'ship	Time since r'ship ended
Anna	No	51	White British/Irish	MA & P.Qual	Emp	2	20	15 years	Marriage	15 years
Bethany	Yes	60	White British	PhD & P.Qual	S.Emp	3 from prev r'ship	49	3 years	Non co-habiting partners	8 years
Carol	Yes	57	White British	PhD & P.Qual	Retired & S.Emp	2	20	36 years	Marriage	1 year
Deb	No	60	White British	MA	S.Emp	2	23	20 years	Marriage	17 years
Ellie	Yes	43	White British	PhD & P.Qual	Emp	1	28	10 years	Marriage	5 years
Frances	Yes	57	White British	Advanced Diploma	S.Emp & student	1	36	16 years	Co-habiting partners	5 years
Grace	Yes	53	White British	MA & P.Qual	S.Emp	1 from prev r'ship	48	4 years	Non co-habiting partners	6 months
Harriet	No	53	White other	PhD	S.Emp	No	40	12 years	Co-habiting partners	1 year
Ivy	No	38	White other	BA and BSc	Emp	1	27	10 years	Marriage	1 year
Jodie	No	32	White British	BSc	Emp	1	18	13 years	Marriage	18 months
Kirsty	Yes	29	Mixed: White other and South Asian	MA & P.Qual	Emp	No	23	1 year	Dating	6 years

Abbreviations - P'pant = *participant or s*, Qual = *qualifications*, Emp = *employment or employed*, S.Emp = *Self-employed*, Edu Qual = *Educational qualifications*, P.Qual = *professional qualification*, R'ship = *relationship*

Table 7-2: Qualitative study: Participants who volunteered as therapists of victims of subtle abuse (all names are pseudonyms)

P'pant (therapist)	Age	Modality of therapy	Ethnicity	Emp status	Usually work short- or long-term with clients	Believe subtle abuse exists	Worked with clients who have been subtly abused as in vignettes	Of these clients, were they educated to at least degree level and/or of HSES?
Lynn	45	Integrative	White European	Emp & S.Emp	Short-term	Yes	Yes	Yes
Maria	52	Gestalt	White Scottish	S.Emp	Long-term	Yes	Yes	Yes
Nina	55	Integrative	White British	Emp and S.Emp	Short-term	Yes	Yes	Yes
Olivia	45	Integrative	White other	S.Emp	Long-term	Yes	Yes	Yes

Note - The modality of therapy indicates the preferred method of therapy used by the participant.

Abbreviations as in Table 7-1

7.3 Participant narratives

Below I include narratives of four of the women participants who experienced subtle abuse. Similar to the use of the five vignettes in recruitment, I felt that these four narratives were necessary to represent the different ways subtle abuse is perpetrated and experienced. All identifiable details including names have been changed. I acknowledge that it is not usual to include participant narratives in advance of an RTA. However, as the concept of subtle abuse is undeveloped, the inclusion of narratives introduces the experience of subtle abuse. This inclusion is informed by narrative analysis (Willig, 2001), which can help to create a 'coherent and meaningful' story of events or experiences (Palomäki, Laakasuo and Salmela, 2013, p. 258), and by case study research. Case study research can be effectively combined with RTA to allow the presentation of participant 'cases' (Polit and Beck, 2008), as used by Cedervall and Åberg (2010) and Hanson and Porter (2023). By using long pieces of text, the narrative examples demonstrate how subtle abuse is perpetrated over the course of a relationship, manifesting in a range of subtle ways that are difficult to represent by specific incidents.

7.3.1.1 *Deb (victim)*

Deb met Simon at university, where they became part of a friendship group. After keeping loosely in touch after graduation they met up a few years later and became romantic partners. Deb told me she initially felt it was an equal relationship, with them being able to talk about anything together. She was pleased they had known each other a long time, and believed that she knew Simon well. Deb described to me how she felt they had a good sexual relationship until the wedding. At the point of the wedding night Simon stopped wanting to have sex with her. Deb was confused and upset by this and discussed it with Simon. Simon dismissed it as temporary or due to his focus on work (he was becoming successful in his career and busy at work). After a couple of years with no improvement, Deb said she needed to do something about their lack of sex life and put them on a waiting list for sex therapy. It took another year to be offered an appointment. At this point, Simon said they did not need to go. As Deb described, 'he put on a flurry of interest' and she was reassured, thinking that

their sex life was not as bad as she had thought, and that someone else needed the appointment more. She cancelled the appointment and Simon then went back to not wanting sex as before.

Deb described becoming increasingly lonely in the marriage. Simon would talk to her about his work problems, but she did not feel he was interested in her or what she wanted. When he was offered a major promotion in a new city, despite not wanting to move, Deb knew they had to go. After the move, her life changed for the worse. She did not feel understood by people she met in the new city. She also felt Simon was embarrassed by her. When Deb attended his work events, she remembers seeing Simon looking contemptuously at her when it seemed she had said the wrong thing or had spoken in the wrong way to someone.

Deb did not remember whether, before they married, they discussed having children, but she very much wanted them. After they married, however, Simon made it clear that any children they had would be entirely her responsibility. He was prepared to have sex to conceive but no more. Deb accepted this responsibility at the time but wondered if perhaps she hoped he would change his mind when children came along. They had two children, and Simon played a perfunctory role in their care. However, he was mostly absent due to his successful career. Deb described how lonely she felt at home with the children every evening, while he was wining and dining clients and colleagues. When she asked Simon where he was going, when he might be back, and if he wanted dinner, he cut her down, saying her questions were intrusive and controlling. She was confused. She thought he knew who she was when he married her, and asked herself as to why he would marry her if he thought she was so awful. She was confused as to how she was supposed to know whether to cook for him if he did not tell her when he wanted dinner. At home, he was moody, conveying disapproval through the raise of an eyebrow. They did not row, but she knew if he was not happy.

Deb tried everything she could to improve their sex life. She also spoke to friends about it, trying to work out what was 'normal'. But nothing she did made a difference, and her self-esteem was damaged by her rejected efforts. Her work was a refuge for her. She had

retrained as a drama teacher early in their marriage and set up her own drama school upon their move. However, her loneliness led to depression and suicidal thoughts. She sought help from a counsellor in a doctor's surgery. Deb recalled telling the counsellor, 'He's a good man'. She was grateful for the therapist saying, 'You're allowed to leave a good man'.

They separated and divorced, and the way Simon behaved afterwards toward their children led Deb to realise that he was not such a good man. Deb was 17 years out of the relationship when I interviewed her. In responding to the recruitment information, Deb was not sure she qualified as having experienced subtle abuse. She told me, 'I thought that was me, but I wasn't sure.' To seek confirmation that she had experienced abuse, she asked a friend who said her relationship with Simon had 'definitely' been emotionally abusive. No-one, however, had told her this before. In the interview, Deb said she still hesitated to call the relationship 'abusive', and wondered if she could have done more to make it work. Deb also questioned whether she had let her children down by leaving the relationship.

7.3.1.2 Ellie (victim who is also a therapist)

Ellie graduated with a first-class degree and met Anthony, a trainee lawyer, when she was undertaking her clinical psychology training. She described him as handsome, intelligent, caring, fun. Ellie describes how they were happy when it was just the two of them; she was self-sufficient and, while she did think he was selfish, they 'bumped along quite nicely'. However, if Ellie was upset about something, such as Anthony spending all his time on his phone or just ignoring her, Anthony would tell her that she was 'over-sensitive', and that other people would not get upset by these things. Ellie began to believe what he said and to think that her over-sensitivity was why things upset her. At the same time, Anthony would become upset and moody when things were not how he wanted them. Examples included what they did at the weekend and the car he could buy.

Ellie thought she was a nice person but Anthony's feedback that she was over-sensitive and difficult made her confused. She began to blame herself for his upset, convinced that any

difficulties in the relationship must be due to her. Ellie tried to think things through and to see them from his perspective. She took responsibility for managing Anthony's feelings and tried to make sure he was happy. Anthony did not notice Ellie's needs, and, over the years, there were repeated occasions when he put no effort into thinking about her as a person. For example, he bought her meaningless Christmas presents, such as a bottle of shampoo which was not her preferred brand, and spent large sums of money without consulting her. One year, on receiving a thoughtless Christmas present from him and feeling disappointed, she criticised herself, believing that she was wrong to feel the disappointment. She gradually stopped sharing her needs with him, believing there was something wrong with her needs.

After their daughter Edie was born, Ellie saw that Anthony ignored or blamed Edie in the same way he did Ellie. Edie would repeatedly call out 'Daddy, Daddy, Daddy' and Anthony would ignore her. When Edie became upset by this, thinking he did not love her, Ellie tried to explain to Anthony how this behaviour would be experienced by Edie. Anthony did not think he was doing anything wrong and blamed everyone but himself for Edie's upset.

On one occasion, Anthony was looking after Edie while Ellie was at work. However, instead of looking after her, he took her to his mother. He then bought a new car for himself, without telling Ellie, and spent money they had agreed would be used for a special family holiday. When later that day he told Ellie about his purchase, he said she was an amazing wife for agreeing to him buying the car, which she had not. The car purchase and Anthony's behaviour with Edie started to clear Ellie's mind, and she began to think about separation. However, Ellie found it difficult to be certain this was the right thing to do. Ellie started to talk to friends about the relationship, expecting them to confirm her belief that she was over-sensitive, however, instead they said they thought Anthony was the problem. At other times, she spoke to other mums in the playground, and to her own mum, who all said, 'That's just what men are like.' These conflicting responses further confused Ellie. She was feeling alone in the relationship, managing Anthony's feelings, out of touch with her own, crying frequently, and going to bed early. She described feeling in a daze, anxious, and depressed.

Ellie knew she would not leave the relationship unless Edie would be practically and emotionally better off. At around this time of uncertainty, Ellie saw a therapist who identified her relationship with Anthony as abusive. After each session with the therapist, Ellie felt certain that the relationship was unhealthy. However, after going home to Anthony, and within a day of the session, she would revert to thinking that any problems were her fault.

Since separation, Ellie has had ongoing battles with Anthony. This is despite her continuing to try to ensure he gets the things he wants, so she avoids Anthony becoming difficult. For example, Anthony has repeatedly not paid maintenance money for his daughter (a legal requirement in the UK), telling Ellie that she is 'money grabbing'. He posts stories on Facebook telling friends how unfair Ellie is to him. Ellie has been tempted, more than once, to call the Child Support Agency (who decide the amount of maintenance to be paid) and cancel her application for maintenance. She is motivated to do this partly because the money she receives does not seem worth the hassle she goes through with Anthony to get it, and partly because his conviction that she is after his money causes her to wonder if he is right (even though she continues to pay for her own mortgage and half of his). Anthony also continues to overstep limits she tries to place on him, such as coming into her house when he drops Edie off although she has asked him not to, and then not immediately leaving. In counselling, Ellie has realised that she fears the repercussions if she puts boundaries in place.

Despite being five years out of the relationship at the time of the interview for this study, Ellie did not *know* it was a controlling relationship. In the interview she was still unsure about using the term 'controlling' or the word 'abuse', even though five years ago her therapist had used it in sessions in relation to her and Anthony's relationship. She preferred to use the words 'misattuned' or that she and Anthony were not 'well suited'. However, Ellie reported that if the same behaviours were happening in one of her friends' or clients' relationships, she would be certain it was abuse. Ellie said that her upbringing led to her being a closed person and that she chose Anthony due to his similarities to her parents, who are withholding and selfish. She wondered if she had contributed to him becoming cross by trying to manage his feelings. She says she listens to her own clients justify their partners' selfish behaviour and she

is angry with those partners. At the same time, she can observe herself doing the same thing and justifying Anthony's behaviour.

7.3.1.3 Ivy (*victim*)

Ivy and Ronan were both lawyers and met at work. Their relationship was a 'whirlwind'. He said he liked everything about her, and she admired him, believing she had got 'a winner'. She noticed early on that Ronan was selfish and, if things were not going his way, he would tell her he was considering ending the relationship. If Ivy mentioned his selfishness, he would compensate by shifting the focus onto her, and planning things to do that she liked.

Around the time they got married, Ronan had an accident while playing rugby, which left him with chronic pain. Believing in marriage as a commitment that takes hard work, Ivy took on the responsibility of the home, including finances and do-it-yourself (DIY) projects in the home. Over time, Ronan went back to activities that were important to him, but he never took on household tasks again.

Ivy and Ronan both wanted children but, when this did not happen naturally, and two rounds of invitro fertilisation (IVF) failed, Ivy wanted to stop. She was exhausted by what she was doing to her body. Ronan again threatened to leave, saying that without children the relationship was pointless. Ivy felt trapped in a double bind: wanting to keep Ronan, but not wanting to go through another round of IVF. In the end, she agreed to have one final round of IVF and they had a daughter, Issy. After Issy's birth, Ronan said he could not help with her care due to his chronic pain. If Ivy was struggling to look after Issy at night, Ronan would complain that lack of sleep increased his pain, and that Ivy was being selfish in keeping him awake.

Ronan's selfishness extended to everyday life. If they went for a family outing, Ronan's needs would have to be prioritised: they would have to be back in time to watch the rugby; if he was wearing new, white trainers they could not go in the muddy playground; he would buy a

cup of hot chocolate for himself and Ivy, but expect her to share hers with Issy. He encouraged Ivy to go out with friends and family, but would disrupt her plans when she made them. Examples included: Ronan making plans for himself for a time she wanted to go out; telling Ivy she had not let him know of her plans (when she had); and ringing her to ask her to come back early as he was struggling to look after Issy. At times she felt like a servant.

Ivy described that when she acquiesced to all his needs they had good times, while if she stood up to him, he would tell her she was mistaken, being difficult, or ignore her completely. If she still tried to push her point, he would say she was over-emotional. Increasingly, she stopped herself from feeling any difficult feelings. She found herself doing what he wanted to avoid any negative consequences. She remembers standing at the bottom of the stairs, not wanting to go up because she knew Ronan would want sex. If she said no, he would become moody, claim she did not understand him, and then ignore her or make snide comments for the next day or so.

Ivy did not want Issy to grow up in a broken home, and Ronan knew this. She felt Ronan used the things she was afraid of against her. Nothing seemed so big it was worth splitting up over, but she knew she was not happy. She would go round in her head wondering if he really loved her or not, wondering if she was being unreasonable in being upset by his words and behaviours. This confusion extended to their sexual relationship. Ronan knew she did not like to be choked during sex and yet, at some point while they were having sex, his hand would always hover near her throat. She wondered if he did so for some invidious reason or whether it was innocent.

When Ivy talked to others to see if they thought there was a problem with Ronan, everyone said he was wonderful. However, after they separated, some friends said they did not know why she was with him as he was so selfish. Ivy is still angry that they did not say this earlier. In the year since she ended the relationship she has come to realise, through discussions with friends, family and a counsellor, that Ronan's behaviour was abusive from the start. She became tearful during the interview when she touched on aspects of the relationship, such as

subtle sexual coercion, which still upset her. Counselling after the relationship has helped her to realise that she is allowed to have her feelings and needs.

7.3.1.4 Jodie (victim)

Jodie started going out with Ross in their final year at school. She then set off on her planned gap year travels expecting to see him on her return. Five weeks later, Ross unexpectedly joined her and continued to travel with her. At 18, Jodie saw this as romantic, although she did overhear girls she was living with commenting that she was quieter since his arrival.

After attending different universities, they married shortly after graduation. Jodie had trained as a nurse and was successful in her career. When she got married, she believed that relationships were hard work, and she was prepared to take the rough with the smooth. She described their relationship as always 'tricky', but she thought she just loved a man who was not 'straightforward'. She felt it was her responsibility to make it work. She would regularly feel her heart sink at things that happened. For example, on finding their house a mess after they returned home on their wedding day, he was angry that she had not tidied up before she and her bridesmaids left for the church. He would often cancel plans with friends at the last minute, leaving her apologising and feeling guilty. He would tell her he did not want to go on a holiday a week before they were due to leave, and then, when they did go after all, Jodie felt the need to demonstrate she was having a good time to ensure he stayed happy.

Jodie said everything was 'tainted', including having a baby. During her planned pregnancy, Ross felt so stressed that he asked her to have an abortion. Later, after Jodie was admitted to hospital with suspected pre-eclampsia, Ross went for a week abroad when she was discharged. Things were worse between them after their son Jamie was born. Although Ross took paternity leave and helped Jodie dress and made sure she had food to eat, he did not share the experience of looking after Jamie, and Jodie felt alone. Jodie believes Ross struggled with her focus being shifted onto their son. Ross suffered from depression and anxiety, and this led to her putting aside her needs to look after him, and taking responsibility

for the house and family. However, when Ross attended cognitive behavioural therapy (CBT) to help his mental health, he did not do the homework the therapist set, leaving sheets of exercises uncompleted on the table at home.

Ross would use information about her vulnerabilities against Jodie. When she tried to discuss their lack of sex life, he would suggest that she was the problem: not exercising enough or being miserable. Jodie felt unattractive and that she needed to improve herself both physically and emotionally. The reasons Ross gave for not having sex with Jodie were all based in facts that Jodie could see too, such as her being unfit, and therefore seemed true and reasonable to her. In addition, Ross would call Jodie 'unempathic'. As a nurse, being empathic and caring was something that was important to Jodie. However, she knew that Ross loved her, knew her well, and had her best interests at heart, so she assumed there must be some truth in what he said, and that perhaps she was not as empathic as she had thought. These confusions led Jodie to try to improve herself, and to try to understand Ross better. She remembers partly knowing that what he said was not true, but also believing it. Every time she brought up an issue with Ross, she was left feeling worse than before. Eventually, Jodie stopped speaking up.

When Jodie shared difficulties with friends and family they would normalise her experience, telling her that that was 'just how relationships were'. When her family occasionally brought up concerns they had about Ross, she felt defensive for him, and this made her feel more distant from them. She says that over time she reduced herself, by not participating in activities she used to enjoy, and not prioritising her needs, and she lost her zest for life.

As a nurse, Jodie regularly attended briefings about abusive relationships, being trained to look for the signs in her patients. She would sit there and think 'These poor women', and did not make connections to her own marriage. Now, 18 months out of the relationship, she kicks herself for not realising the relationship was abusive and for staying so long. She looks back on their relationship and feels disappointed that so many of her life experiences were tainted: her wedding, being married, her pregnancy, and Jamie's birth and early years. At the same

time, she also still finds herself wondering how much of it was down to her, and whether she has exaggerated in her head what Ross did or said.

7.3.1.5 *Summary*

The presentation above of the narratives of four of the participants who were victims of subtle abuse gives an overview of the experience of subtle abuse. The narratives demonstrate that subtle abuse is a complex, confusing, multi-layered experience, which can be perpetrated in a variety of ways that are difficult to detect, and creates a change in the identity of the victim. This resonates with the findings of the scoping review in Chapter 3, as shown in Figure 3-2. The following section presents the findings of an RTA of the participant interviews, including the theme development.

7.4 Results of the reflexive thematic analysis

7.4.1 Theme development and presentation

The process of theme development is explained in Chapter 6 (Section 6.6). In brief, the three participant groups' data: victims who were therapists, victims who were not therapists, and therapists who were not victims, were initially coded separately. This was to ensure similarities and differences between the groups were identified, particularly between the two groups of victims of subtle abuse. The two victim groups differed in three ways:

- therapists used their model of therapy to make sense of the abuse (Section 7.4.2.4)
- therapists seem to have been more likely to disconnect from themselves due to an increased tendency to be empathic to another person (Sections 7.4.2.3 and 7.4.2.5)
- some therapists indicated that they believed that, as therapists, they should have been able to spot the abuse (Section 7.4.2.6).

The three groups were synthesised during the final development of the study themes (Section 6.6.1.5).

Using Braun and Clarke's RTA (2006, 2022, 2023; Braun *et al.*, 2018), the themes integrate three perspectives taken from the interviews: the victims' lived experiences, what the therapists noticed about their clients, and what the therapists noticed about themselves when with these clients. The participants are identified by pseudonyms. All other identifiable details have been changed to ensure anonymity. Where possible in this analysis, I have used the word 'women' when referring to victims of abuse. This is to emphasise that these participants are women who also happen to be victims of abuse. Although all four therapist participants were women, I refer to them as 'therapists' to highlight the distinction between the participant groups. In the quotes, those who participated as therapists have (therapist) after their name. The therapist victims are not distinguished from the non-therapists, but this information is in Table 7-1.

The findings have 'incongruence' as the main and only overriding theme. The meaning of the word as used in this study is that which is used in common parlance. That is, incongruence occurs when something feels jarring. It is experienced when two pieces of information co-exist that cannot both be true at the same time. Incongruence captures the essence of the women's experiences during and after the abusive relationships, as well as during their presentation in therapy sessions, and is also the main theme in the experiences of the therapists when working with subtly abused women of HESES. As such, incongruence is a multi-layered experience of mismatch between many aspects of the women's experiences. The main theme contains seven subthemes which manifest the main theme in different, complex ways. The RTA main theme and seven subthemes are represented in Table 7-3 and expanded on below.

Table 7-3: Qualitative study: Themes of the analysis

Main theme	Subthemes
Incongruence	1. Abuse is conducted on a subtle level
	2. The perpetrator's ongoing self-centred attitude
	3. Disconnection and loneliness – unseen and unheard
	4. Women thought they were to blame
	5. Try harder
	6. Shame
	7. Therapist countertransference

7.4.2 Main theme: Incongruence

Incongruence was found to be central to the experience of subtle abuse. The shorter *Oxford English Dictionary* defines incongruence as ‘want of congruence, disagreement, incongruity’ (1980). More usefully, *Vocabulary.com* (2024) describes incongruence as meaning ‘inconsistent’ or ‘not coming together’. In this study, incongruence resulted from a mismatch between external and internal information, between cognitive and emotional internal information, and between the women’s needs and wants and their actions.

The women said they experienced these mismatches with their partners during and after the abuse, within themselves, and with others, such as family, friends and therapists. For example, Anna, who sensed that her husband Geoff ‘totally denied my right to be mother because he was the stay-at-home parent’, eventually lost the conception of herself as a mother. Findings from the analysis of therapists’ interviews, show they experienced a sense of incongruence when working with this client group. Incongruence occurred between the experiences their clients relayed, and the sense clients had made of these experiences. Incongruence also occurred between the cognitive information therapists were receiving from clients and a ‘gut sense’ that the cognitive information was wrong. Nina (therapist) described how she felt in the early sessions with one client:

Having a sense that perhaps something isn't quite right about the relationship. But there's almost sort of felt quite sticky and unknown, 'Is this OK? Is this not?'... Things didn't really quite add up.

Becoming aware of the mismatch that is encapsulated by incongruence was described by the women and the therapists as key to realising a relationship was abusive. Realisation then allowed women to make informed choices about their relationship. Bethany, a victim and also a therapist, said:

Once I could see what was happening it was so obvious. Like 'Why on Earth did I stay there?' ... once he crossed a line and I knew, almost like all of me then knew, this was wrong, rather than just the bit in my gut that always probably did.

Without them realising it, the incongruence seemed to become embedded in the way women thought. Women automatically dismissed thoughts and feelings that did not align with the predominant narratives within the relationship. These narratives included what was told to them by their partners, both verbally and through the partner's behaviours. For example, if the men communicated that they loved the women, the women dismissed information that did not support this. Women also described subtle ways the men communicated that the women were letting them down, such as moodiness and emotional withdrawal, which led to women trying harder to connect to their partners and to meet the men's perceived needs. The women told the predominant narratives to themselves: that their partners loved them and that they were not meeting their partner's needs sufficiently. As part of realising their relationship was abusive, the women had become conscious of the incongruences within the narratives. However, during the interview, women noticed additional mismatches between inconsistent beliefs they held, and it became apparent to them, and to me, that unconsciously held incongruences, such as who was responsible for the men's behaviours, persisted.

The women's narratives indicated that it was their partner's inconsistent behaviours that led to the experience of incongruence. These included changing behaviours, such as: Deb's husband Simon who wanted sex before marriage, but not afterwards; male partners being nice in order to get what they wanted, such as Ronan offering to look after the children after Ivy and Ronan separated, and then afterwards presenting a proposal for a financial settlement; and placing women in positions where there was no good outcome, such as when Jodie's husband Ross was upset that the house was in a mess when they returned after their wedding, but then angry with Jodie when she tried to clean the house in her wedding dress.

In response to the behaviours, women adjusted themselves both internally, such as ignoring gut feelings, and in their behaviours, such as having sex with their partners even when they did not want to. Over the course of the relationship, using intellectualisation and empathy, the women created an increasing gap between what they felt (which they tried to grasp and, at the same time, pushed outside of their awareness) and the 'truth' (as told to them by others, such as their partners, friends, family and therapists), which they increasingly located outside themselves. Bethany described this gap when she said:

My gut felt things I challenged. My head was doing the intellectual wrangling. But it was only my gut that ... in a way told me some of the markers that were wrong. I remember having another moment once in a pub when he said something and I thought 'That's not right' and it was an internal thing and I didn't voice it 'cause I knew, I think I knew, that if I did I would have to end it.

Internally, the women described losing connection with themselves. This created a feeling of confusion and a sense of both knowing and not knowing that something was wrong. The confusion resulted from being unable to reconcile inconsistencies although, at the time, women did not appear to realise this was why they were feeling confused. The sense of knowing, and not knowing, resulted from women actively pushing emotional or intellectual information out of their conscious awareness. Lynn (therapist) gave an everyday example of

how this pushing away might happen. A partner may turn up unexpectedly when a woman is meeting a friend in a pub, and part of her may be annoyed at his appearance, feeling it as an intrusion, while part of her may think his behaviour shows love and attention. Lynn (therapist) described how the woman pushes away the feeling of annoyance, and only allows herself to be aware of feeling pleased that he cares. The internal incongruence she experiences, resolved by the process of pushing away the unwanted feeling, then leads to an external incongruence when she demonstrates pleasure at his arrival. Bethany talked about how she 'stopped tuning into my own doubts', while Ivy spoke of ignoring feelings to make life easier.

The internal incongruence experienced by the women then led to an external incongruence. When women experienced their partner as unhappy, or felt they were in situations where they could find no way out, they tried to make their partner happy and to fix things (despite not really understanding what was wrong). All the women described putting their needs to one side and taking responsibility for their partner's feelings, and often for the practical arrangements of their lives too. For example, despite having jobs of their own, both Deb and Carol told me of their continued child and home care responsibilities, which facilitated their husbands' careers. They both hoped that, by undertaking these roles, their husbands would become happier and less moody. Another woman, Anna, described how she put her needs to one side in her relationship with Geoff:

I was framing it all as 'I will try, I will, I will do.' and 'I am not happy but I will try harder, because if I try harder he will be happy and then I will be happy'.

While 'incongruence' is the main theme of the analysis, the following seven subthemes explore how the main theme of 'incongruence' manifests in particular aspects of the experience of subtle abuse. There is some crossover between the subthemes due to the complex, non-linear and interwoven nature of abuse.

7.4.2.1 Subtheme 1 – Abuse is conducted on a subtle level

The subtlety of perpetration was, in part, responsible for the experience of incongruence. Both the women and the therapists referred to the difficulty in identifying the abuse due to its subtlety of perpetration. One participant, Anna, said, 'It's not the plot of EastEnders, this, is it? ... it is quite subtle'. The women described how they tried to make sense of the feeling of incongruence in their relationship, but had been unable to do so due to the lack of specific examples of behaviour that the women could identify as abusive. In trying to explain the abuse to others, such as in the interview, the examples women could remember seemed insufficient to them to justify the term 'abuse'. Sometimes the process of explaining to me why women thought there was something wrong with their relationship led the women to doubt themselves, as the experience became more elusive. For example, in the interview Frances described how James could be 'horrible'. However, when I asked her to tell me more, she found herself unable to identify specific examples. Her experience of his 'horribleness' was an ongoing pervasive experience. The pervasiveness of the experience of subtle abuse was conveyed by Harriet, who captured how the abuse manifested in tiny ways throughout the day:

It's just they're so subtle little things and the only way I can recognise it's happening is, by something being confusing for me ... It would be even in tiny, tiny ways, if I was ever cooking he would come in and lift the lid on a pot, turn something down, stir that. And so, I would no longer be quite in track of my cooking ... he would just have the sense of coming in, taking over, and fiddling.

In trying to explain the subtle nature of her abuse, Ellie described an incident she remembered with a coke bottle. Ellie's husband, Anthony, was buying a drink for their daughter, Edie. He asked at the shop counter for a bottle of Diet Coke. Ellie called across to him, asking him to get a can instead (because Edie found it easier to drink from a can). Anthony looked directly at Ellie and repeated to the assistant 'A *bottle* of Diet Coke'. Such moments create the incongruence. Ellie went on to say that she had struggled when

explaining to others why she was ending her relationship, because in speaking out loud about the moments of incongruence they become nebulous. Ellie said:

I can't explain to people I'm leaving the man because he got me a bottle of Diet Coke instead of a can of Diet Coke.

These single, subtle incidents did not convey to others the experience of living day-to-day with a subtly abusive man.

Olivia (therapist) noted that women of HESES who were victims of subtle abuse were accustomed to identifying problems and dealing with them. However, owing to the subtlety of perpetration, the women had struggled to identify the problem. As Nina (therapist) explained:

Because of the subtlety and the way it presents ... I think it's quite difficult for clients to recognise that it's happening.

Some women told me that either friends had given them information about what an abusive relationship might look like, such as Pence and Paymar's (1993) Duluth wheel (Section 2.3.7), or they had learnt about abusive relationships through their work. However, women reported that they did not find the currently available information relevant to their experience. For example, Ellie was shown the Duluth wheel by a friend who thought Ellie was in an abusive relationship with Anthony. When Ellie looked at the model she saw no similarity to her experience. This led her to believe her relationship was not abusive. Ellie reported thinking, 'My situation isn't that bad.' Similarly, as a nurse, Jodie attended annual training sessions on IPA. She remembers that during these trainings she thought 'Those poor women.' without relating the descriptions of abuse to her own relationship.

7.4.2.2 Subtheme 2 – The perpetrator’s ongoing self-centred attitude

Some women labelled their partners as selfish, while others described behaviours that could be perceived as self-centred and disrespectful. The men’s behaviours appeared to be underpinned by an ongoing attitude or way of being. For example, Ronan told Ivy she should arrange to go out with friends, and he would look after their daughter, but when Ivy told him she had arranged an evening out, Ronan said he could not do the date after all. On other occasions, when Ivy did go out, Ronan would call her to ask her to come home early, saying he was struggling to look after their daughter, Issy. Another participant, Harriet, described an example of her partner Gareth’s self-centred behaviour and inconsistency. She said she was confused by Gareth regularly saying he wanted to do things with her, and then arranging things alone. In one example, Gareth travelled to Antarctica for three months without Harriet because ‘it was something he needed to do’. The men said they loved the women and wanted what was best for them, but the men’s behaviour towards the women was inconsistent with these statements. The women told me they loved their partners and believed what the men said. They then experienced an incongruence between their belief that what their partner said was true, and the manifestation of their partner’s self-centred attitude, which contradicted his words. The incongruence led to the women acting as if their partner had their best interests at heart despite the evidence to the contrary.

Women described subtle ways that the perpetrator’s self-centred attitude impacted their work life. Carol became a GP rather than go into a hospital specialty as she had wanted. Carol described this choice as part of the subtle way her husband George’s self-centred attitude impacted her life. While George never explicitly asked Carol to make this compromise, their way of being with each other as a couple meant Carol saw choices like this as easier, although in the interview she struggled to explain why. Carol also felt that George undermined her work, saying she went to work to have ‘tea and toast’. Another participant, Frances, ran a shared business with her partner James. Frances was left to do most of the day-to-day running of the business while James pursued other projects. Frances said the

work was physically and emotionally exhausting, and kept her from her own goal of training as a therapist.

The therapists all referenced perpetrator self-centred attitudes or behaviours. Lynn (therapist) said that it is the pattern of behaviour which is significant and makes the abuse experience pervasive. One participant, Jodie, told me how her husband Ross's self-centred attitude 'tainted' the whole of their relationship. She described a particularly subtle way in which Ross avoided his relationship responsibilities by regularly losing his job and becoming depressed. Jodie was left supporting him both financially through working to bring in an income, and emotionally. Jodie saw her support as part of the 'hard work' of marriage. Similarly, in another relationship, Ivy's husband Ronan's accident meant he could do little to help in the house or with their daughter Issy (although his work and social activities were unaffected). If Ivy asked Ronan for help, she felt unkind and inconsiderate for doing so.

Women described tactics the men used that contributed to the experience of incongruence. These included placing women in positions for which there was no right answers, undermining them, violating their boundaries, becoming moody, and withdrawing or withholding affection. Situations where there was no right answer (also known as double binds) occurred when a perpetrator offered his partner a choice (explicitly or implicitly) that was not a real choice, as there was no right answer. Whichever choice a woman made was detrimental to her. For example, when Ivy stood at the bottom of the stairs trying to decide whether to go up to Ronan, who she knew wanted to have sex with her, she felt that there was no way out. If she said no to sex, he would be moody and make the next 24 hours unpleasant. If she said yes, she was compromising herself, leading her to feel upset and alone. Another participant, Harriet, also felt there was no way out for her. She said that her partner Gareth would only plan two weeks ahead. This meant he never committed to being in the relationship beyond the next two weeks. Harriet said, 'often it meant I couldn't challenge or expect anything.' She felt unable to speak up and say she wanted more commitment from him for fear of upsetting the status quo, but by not speaking up she compromised herself

and did not meet her own needs. Harriet was not able to be herself fully in her relationship with Gareth.

Another way the perpetrators' behaviour resulted in incongruence for the women was through the violation of boundaries. This created an incongruence between what women wanted in their relationship – to be close to their partner through sharing private information – and what happened, which was that shared information was ignored or used against them. Having shared details with Geoff of her abusive childhood and the impact of this on her, Anna described how Geoff used this to create an ongoing narrative in their marriage. If Anna was unhappy, Geoff attributed this to her childhood rather than their present relationship, and suggested she needed to have therapy so she could overcome the childhood abuse and be more available to him in the marriage. Another participant, Jodie described how insecurities she had shared with Ross in times of closeness were used later to undermine her. As a nurse, Jodie's identity included her being an empathic, caring person. Ross challenged this aspect of her identity, creating an incongruence in Jodie:

He basically used to tell me that, you know, I wasn't understanding him and that I was the least empathetic person he knew. And I remember at that point, like in my head thinking, 'I don't think I am unempathetic. I'm a nurse. Surely, I must have some, the ability to have some sort of empathy. This doesn't seem right.'

Boundary violations also included women feeling psychologically invaded by their partners. Carol felt she was not allowed to have psychological privacy, and that her husband George wanted to know everything she was thinking and feeling. Another participant, Harriet, described how the invasion into her psychological space prevented her from thinking her own thoughts:

If I ever had an opinion, this is very invidious this one, he would instantly reframe it and come with some left field sort of completely opposite perspective on it ... and I would then go off down the rabbit hole of 'Oh that's an interesting way of looking at

it. But what about this? What about that?’ But therefore, I could never, he never supported me to sort of articulate my own perspective.

Women described how powerful it felt when their partner’s self-centred attitude manifested as moodiness and withdrawal, and spoke of how distressing it was to live with the threat of moodiness. For example, Deb said that Simon never shouted and that the two of them never rowed, but that he would become ‘very, very moody’. This stopped her from doing or saying things, and she adapted her behaviour in an endeavour to avoid it.

7.4.2.3 Subtheme 3 – Disconnection and loneliness – unseen and unheard

Feelings of disconnection and loneliness, and being unseen and unheard, were apparent in all the different relationships a woman had: with her partner, with herself, with friends and family, and with therapists. This experience stemmed from, and led to, a deep sense of disconnect from herself and others, and a belief in herself as being fundamentally broken. All the women described disconnection from their partners and a sense of loneliness. When their partners did something, or displayed an attitude which contradicted the women’s beliefs about the men, the women felt a disconnect. Such disconnection occurred both in specific moments and in an ongoing way. An illustration of a moment occurs in Ivy’s description of how Ronan would put his hand near her throat during sex, even though she had specifically told him she did not like to be choked. In this moment the connection, based on her belief that his love means he will respect her wishes, was broken. In another example, Jodie told me that when she and Ross planned to have a baby, she assumed they would both share in their baby’s care before and after birth. However, Jodie described a particularly painful moment of disconnect when:

He asked me to have an abortion at one point, and this was a planned pregnancy, because it was too stressful for him. And I think at that point I felt ‘Well. This is just me and the baby then really, isn’t it?’

Disconnection was partly created through women feeling unseen and unheard by their partners. Deb described the hurt she felt from never feeling truly seen and accepted in her marriage to Simon, realising only now after 17 years of separation, that Simon just 'didn't get' her. Others described similar feelings of hurt, stemming from feeling unseen by their partners. One participant, Harriet, said she felt 'deeply upset inside'. The women's pain came from the mismatch between their hope and belief that their partner truly saw them and loved them as they were, and the discovery that their partner did not see them and seemed uninterested in knowing them deeply.

Women described a resultant disconnection from themselves which Maria (therapist) described as 'a split'. This had several causes, including the incongruent communication from their partners, women's use of intellectualisation and empathy to make sense of the incongruence, and a deliberate attempt to avoid negative consequences from their partners, such as moodiness or withdrawal. In Olivia's (therapist) experience, clients in this population group used intellectualisation as a way of distancing themselves from their feelings, describing how this could become ruminative, with women of this population group more likely than other women to circulate intellectually around the questions of 'Is it him?, Is it me?' In an example from a victim's perspective, Kirsty said she used intellectualising to check whether her partner Charlie's behaviour was 'reasonable', 'understandable', and 'normal'. This process was 'cognitively exhausting' and distanced Kirsty from her feelings about her partner Charlie's behaviours.

Disconnecting from themselves left the women without access to their thoughts and feelings. Nina (therapist) talked of this as 'shrinking intrapsychically', explaining how disconnection from themselves led women to be unable to access the part that was saying 'This is wrong. This is unfair.' In retrospect, Bethany realised there were several times in her relationship with Alex when she had deliberately ignored her feelings,

I did know deep down there was something fundamentally wrong and I think I knew it more right at the beginning. And I should have, if I'd have got out then I would have

been fine, but he took me over a barrier almost and once I was in, I was on this mission to please him, to keep him and I slotted into this role.

Participants relayed how, as part of the intellectualising, women would be empathic about their partners' behaviour, trying to see things from their perspective. Both Bethany and Frances wondered if, as therapists, their automatic response to their partners was to use empathy. Empathy led women to privilege their partners' perspective over their own, further distancing them from awareness of the abuse. The women participants gave several examples of such efforts to see things from the perpetrator's perspective, such as Kirsty's explanation to herself of why things had to be done Charlie's way:

He just likes things a certain way and that's OK because it's nice. It's nice when the house is clean and things are looked after, so, you know, maybe this is like a mature adult thing where you care about your surroundings and you need them to look a certain way.

The following example from Ellie shows how her sense of interpersonal disconnection from Anthony led to her intrapsychic disconnection, as she intellectualised the situation and pushed her feelings away, believing them to be wrong:

I asked him one year for an apron, I wanted an apron for Christmas and I thought maybe he'd get me like an apron with an animal on 'cause I like animals. He went to Tesco on Christmas Eve just bought me a blue apron, and I was disappointed but felt really awful about myself for being disappointed.

Ellie could not pay attention to the disappointment and what it stemmed from, as she was caught in two mental situations that had no good outcome. First, interpersonally with Anthony there were three possibilities:

- he did not know her as she wanted him to, in which case perhaps she was not as important to him as she had hoped

- he did know her, and it was not important to him to buy her something she would like
- he had tried hard (and perhaps was not the sort of person who could notice that someone likes animals) and her disappointment was a mean and selfish response.

Second, intrapsychically, either:

- she was right to feel disappointment with Anthony, in which case she had to start to question her relationship, or
- she was wrong to feel this disappointment, in which case, perhaps she was not a nice person.

Both the interpersonal and the intrapsychic situations, with no right outcome, caused her to disconnect from herself because she could not cope with the inherent incongruences. As her description shows, she chose to blame herself rather than accept any of the other options.

The women talked about the differences between their needs prior to and during the relationship. Some, like Harriet and Carol, specifically described themselves as having been quite self-sufficient prior to the relationship, including acknowledging and meeting their own needs. This changed when they disconnected from awareness of their needs during the relationship. Another participant, Bethany, said that during the relationship she 'had kind of learnt not to be needy.' When women no longer had awareness of their needs neither they, nor their partners, paid attention to their needs.

Women spoke of negative mental and physical health consequences linked to the disconnection from themselves and the 'squashing' of their emotional and practical needs. Some women talked about how their self-esteem had been negatively impacted by the relationship, such as feeling like 'a bad person' (Grace), 'not enough' (Frances), or like there was 'something lacking in me' (Carol). When we touched on self-esteem in the interview, Ellie became distressed and said it was too upsetting to talk about. Some women said that friends and family had said they had become less outgoing or confident. One participant, Grace, described how she became a 'small, thin version' of herself. These consequences of the disconnection from their partners and themselves could be long term. For example, Kirsty

described how, due to Charlie's dismissal of her needs, she felt anxious and constrained with a subsequent partner, unsure how he might respond to her needs.

Some women had suffered physically during the relationship due to the disconnection from their needs. Jodie was admitted to hospital with a post-partum infection that was most likely due to her taking the bulk of physical care of her son. Another participant, Ivy, underwent a round of IVF, an intense, physically invasive intervention that she did not want. She did this because her husband, Ronan, threatened to leave if they did not have children. Some women also described longer-term physical health impacts. For example, in reflecting on her marriage to Geoff, Anna said she had only recently realised that her current physical health problems had their roots in the abusive relationship that had ended 15 years previously.

Women also disconnected from friends and family in two different ways. When a woman feared her friends and family may judge her harshly for her choice of partner, or may judge him harshly, she hid things from them and justified her partner's behaviour. Some women believed their reluctance to engage with criticism of their partners meant that family and friends hesitated to talk to them about the relationship. Bethany was annoyed her friends had not been more open with her about their concerns about Alex, but she also recognised that they feared she would reject them. Looking back, Kirsty also recognised this happened in her friendship group, 'My friends felt really worried about saying something in case they lost me.'

Later in the relationship, if a woman turned to her friends and family to ask for help in making sense of the confusion she was experiencing, some instead dismissed her concerns or normalised her partner's behaviour. Carol felt dismissed when, instead of listening to how she felt, her mum reminded Carol how in love she and George had been early on. Carol's mum urged her not to abandon the relationship. When friends and family normalised the men's behaviours, the women were left with a sense that they were wrong to question the behaviours, intensifying the overall incongruence. Ellie said that friends told her 'Oh yeah my husband's like (that), it's just what men are like.', while her mum said, 'That's just men.'

Participants also described a disconnect from therapists, which occurred in two ways. When therapists understood what was happening to a female client, the client could be resistant to acknowledging abuse. Nina (therapist) spoke of a client who would start each session talking about work, which Nina felt was the client's way of avoiding talking about her relationship. When Nina then asked her 'How are things at home?', her client would say they were 'OK' or 'much better'. Conversely, when therapists did not understand that a woman was in an abusive relationship, and instead accepted her presenting problem as the focus of the therapy, they then centred discussions on the woman and how she could change. By focusing on aspects of a woman that she could address in herself, therapists perpetuated the explicit and implicit messages from the perpetrator that their partner needed to change. One participant, Anna, spoke about seeing a therapist whose lack of empathy in the session, and a focus on Anna as the problem in the relationship, led to Anna not returning to the therapist.

7.4.2.4 Subtheme 4 – Women thought they were to blame

One of the repeated motifs in the interviews was the uncertainty around attributing self-blame for the abuse. The women were able to hold opposing views about whether they were responsible for the abuse. On the one hand they could detail the ways in which their partner's behaviour had been abusive. On the other hand, they thought they had caused their partner's behaviour in some way, perhaps by behaving badly themselves. For example, Jodie remembered how she blamed herself when things went wrong:

At the time, especially in the arguments 'Oh I've made him angry. I've pushed him too far; I've brought up too much about how I feel. Yep. And I've been unfair' or whatever. And I still now ... sometimes have to catch myself. I think, you know, 'Am I being unfair here or not?'

A different participant, Harriet, who lived with her partner Gareth, spoke about how he constantly transgressed her boundaries in subtle ways. However, in the interview she still held two opposing beliefs about the cause of his behaviour, recognising it as something he did to

her, and also blaming herself, saying, 'I wasn't well-defended at all. I'm hopeless on boundaries and I'm always wanting other people to be happy' (laughter).

Blaming themselves led women to feel guilty that they were being too demanding or not measuring up in some way. Anna described how her feelings of guilt contributed to her compromising her needs and accepting her stay-at-home husband Geoff's care, even though it was on his terms. Anna said:

So, I felt guilty. I felt guilty all the time. I felt guilty for being at work. I felt guilty for not being a proper mum. I felt guilty for not being proper wife. I felt guilty for trying to be friends with people he didn't like.

During the interview, all the participants were asked about their understanding of who was responsible, or to blame, for the abuse. This question resulted in confusion. The confusion was caused by participants struggling to reconcile two beliefs: first, that perpetrators are to blame for the abuse, and second, that women may have ways of relating to others that make them more likely to enter abusive relationships. Two of the therapists became concerned that by discussing women's pre-existing vulnerabilities they implied a shared blame, and they wanted to make it clear that this was not the case. Instead, they looked to these pre-existing vulnerabilities as a potential area of growth that women could work on in therapy. Some participants changed their minds in the interview, and some were left with a new awareness of their irreconcilable beliefs. The concept of grooming was mentioned by some women as an idea that had helped them to believe, at least for some of the time, that something had been done to them, rather than the abuse being co-created.

Some women thought their pre-existing psychological issues had led to them being abused. Bethany and Carol both said they were vulnerable at the time they met their partners after a previous relationship break-up, and that perhaps their vulnerability left them more susceptible to someone praising them and caring for them. Bethany said she wanted Alex's approval and told me: 'I don't know how long it'd lasted if I'd had a different part of me a bit

stronger.’ The women’s belief in pre-existing vulnerabilities was reinforced by other people in the women’s lives. For example, a friend of Jodie’s said that she would never allow herself to enter into that sort of relationship. This demonstrates a perception that it is possible to avoid being in an abusive relationship and, therefore, that those who are in an abusive relationship are in some way deficient.

The concept of pre-existing psychological vulnerabilities was also referred to by all the therapists. Therapists described aspects of clients’ backgrounds that the therapists considered made the women more likely to be vulnerable to an abusive potential partner. One aspect was how behaviours enacted towards them as children led clients to learn a placatory and striving way of being with others. Another aspect was the way that withholding or critical caregivers in a woman’s childhood led to a woman expecting that loving relationships would normally include withholding or critical behaviour. Olivia (therapist) explained:

A high tolerance for not a lot of affection and moodiness and an understanding of that as ‘This person is vulnerable, this person needs me’, so, to some extent, they were parentified very early and they feel needed when they’re in the presence of some of these kinds of relational dynamics.

The women’s use of intellectualisation and empathy to try to make sense of what was happening led them to excuse their partners and to blame themselves. Some women were self-reflective and empathic towards their partners during the relationship and afterwards, including in the interview. This meant that rather than see their partners as abusive, they presented a view of two people not quite measuring up. Ellie described this as her and Anthony being ‘misattuned’, while another participant, Anna, said Geoff had:

an awful lot of unprocessed stuff going on, and me not sufficiently tuned in perhaps to what he was feeling ... I would have put it absolutely reciprocally.

Victims who were therapists used their therapeutic knowledge to make sense of their relationship difficulties. While self-reflection in normal relationship conflict can be a helpful tool, when victims who were therapists used it in their abusive relationships it prevented them from seeing their partners' behaviours as abusive. One participant, Grace, used the lens of her therapeutic approach to try to understand her behaviour in her relationship with Robin. This perspective led to her repeatedly re-engaging with Robin, believing the relationship would ultimately benefit her. Ellie struggled during the interview to call her experience abuse and became tearful at times. She talked about her and Anthony's joint responsibility for the relationship ending and absolved Anthony of some of the blame. She said she had learnt through therapy that she was 'quite shut down' and 'never very open' when she met Anthony, and that she had married someone like her family of origin.

The incongruence in this subtheme was captured by another participant, Bethany. Bethany explained how she continues to tell the story of what happened in her relationship with Alex from two perspectives:

They're bad. They have conjured up this way of living and they abuse people and harm people. But we get pulled in. So, what is it about? And I'm all the time struggling with the 'How much is it my fault?' ... for ages I took it in terms of you know, 'What is it about you that at that time in your life you got pulled in?' ... and I can for my situation, I can formulate it in that way ... I talk about 'There's also this other approach about gender and power in society' and that, 'Do we really have to be vulnerable to be a victim?' and, 'Any woman could find herself in this situation if they ... there's something about how good the men are' ... So, I don't have a fixed view on it, but I always hold both 'cause I don't feel I know fully. I don't know if we'll ever know, but I do present both.

Women resisted blaming their partners and acknowledging that they were being abused to friends, family and therapists. The women talked about feeling uncomfortable if therapists (and others) used the word 'abuse', and resisted agreeing with the use of the term to

describe their partner's actions. Several of the women continued to struggle to believe their relationship had been abusive. During the interview, Ellie, who had been separated from her husband for five years, said she still did not call what had happened to her abuse, and when she did start to call it abuse, she continued to struggle to use the word throughout the interview. Another participant, Deb, was uncertain about using the term abuse 17 years after leaving the relationship. Similarly, Kirsty was also uncertain whether her experience justified using the word 'abuse'. Early in the interview she said:

I didn't call it abuse at the time and I think it took me a while to name it that. I think I actually still hesitate to call it abuse, which is interesting given the amount of work I've done in this area.

Later in the interview she had clearly moved on in her understanding of her experience, saying, 'With this type of abuse, because that is what it is, so maybe I should just start calling it that.'

All these women had volunteered for a study exploring subtle abuse in relationships. Their narratives indicated that using the word 'abuse' seemed to be important in enabling a cognitive shift to recognise that something had been done to them, rather than that they shared responsibility for the relationship dynamic.

7.4.2.5 Subtheme 5 – Try harder

The combination of several aspects of the abuse experience led women to try harder in their relationships. The women and therapists gave several reasons as to why victims 'try harder'. One reason was the inconsistency of men's behaviours. The inconsistency led the women to feel uncertain as to how to keep their partners happy, and anxious that their behaviour might cause the men to become moody or unhappy. Another reason was that, as described in subtheme three, the women had begun to believe there was something wrong with them. Several spoke of believing they should change. Women also felt disconnected from their

partners, and had become upset and disconnected from themselves. The disconnection from themselves, and the anxiety involved in avoiding difficult situations in their relationship, led the women to 'try harder' in the relationship. As Olivia (therapist) said about the women clients she had seen:

They're dissociated from their own needs or their own wants or comfort. That just doesn't feel relevant anymore. It just feels like there's this sort of drive to fix.

Some women said they believed a woman's role within a relationship involved self-sacrifice and hard work. The women linked this belief to their drive to try harder in the relationship when their partners were unhappy, believing themselves to be failing in some way. Two participants, Jodie and Ivy, discussed their belief that marriage takes hard work and you must 'stick at it' (Ivy). However, they seemed to speak of this pre-existing belief in a resentful way, being frustrated with society for leading them to behave in ways that were ultimately damaging. Women's adherence to this belief manifested in their taking responsibility for the relationship and home when their partners did not. The reported self-centred behaviours of the men could imply a belief that men in heterosexual relationships are cared for, and do not have to take responsibility for the marriage or home. Despite having a full-time job, Carol described how, in her relationship with George, she felt pushed into taking on a traditional role for a woman in a heterosexual relationship. Due to George's repeated absence from home through work, Carol had taken responsibility for the house, getting the children to and from school, taking time off work when they were ill, and then moving home (which they did frequently in the early years). Carol said that when they went to visit friends for the weekend, George would behave as if they did not have children, by staying up drinking until the early hours with his friend, and becoming so drunk that he had to sleep in the next morning while Carol looked after the children and then drove them all home.

Women who were in caring professions wondered if their work made them more likely to try harder through the assumption of an empathic and caring role. Frances, one of the victims

who is a therapist, described how she automatically put her needs to one side and focused on the relationship when she conceptualised James as broken:

But underneath it all, I thought 'This man really is insecure, and what he needs is help. He needs me to be,' I guess, you know, as I look back on it now, 'the rescuer for him.'

Another victim who is a therapist, Bethany, said,

I think it's difficult for therapists. I was trying to understand him. And I learned that that's one of the things a friend said at the end that helped me realise that by being a therapist I was so busy thinking about his difficulties, and rather than saying 'You do not treat me like that' and I wish I had been straightforwardly 'Get out of my life' rather than 'Oh poor you.' you know, 'I'll meld myself to fit into what you can have.'

Some of the women said that feelings of not being good enough, caused by the abuse, had motivated them to try harder and to change. The women hoped that if they changed, their partner would reconnect with them. Grace said:

It just felt that I was lacking in some way, that I was, you know, a bad person and that I needed to be better in order to have his attention.

Changing themselves extended to some women acquiescing to subtle sexual coercion and having sex with their partner when they did not want to. Both Grace and Carol discussed how it seemed easier just to 'go through with it' (Grace) than to tolerate the sulking that would result if they did not.

Some participants mentioned behaviours they associated with educated or successful women who may put personal comfort to one side to achieve. Women used terms such as 'striving' (Carol), 'try harder' (Anna) and 'get it right' (Bethany). One participant, Bethany, described how her historical striving persona was enacted in the abusive relationship:

There was a real striving that hooked into something for me I'm sure, you know, I do think that, you know, I've been a good girl, I've been a striver. I pushed for where to be you know, I think it hooked into that. I could fit that role.

Olivia (therapist) reported that women in this population group were particularly used to bringing problem solving skills to situations, and that this explained why women of HESES became focused on fixing things and taking responsibility for their partners and for the relationship. Talking about one of her clients, Olivia (therapist) said:

She's a problem solver and this is what makes her very, very good at her job. 'Cause she's persistent and dogged. And if there's a problem, she will fix it. And it's not kind of in her nature or her experience, to just sort of go, 'You know what? I give up.'

The 'try harder' process and the focus on problem-solving, further distanced women from their feelings, thus increasing the incongruence.

7.4.2.6 Subtheme 6 – Shame

Shame was experienced by the women for several reasons linked to their beliefs about women of HESES, to their identification as members of this group, and to their beliefs about victims of abuse. Shame occurred when there were incongruences between the women's beliefs. One reason for experiencing shame was that, on entering the relationship, women believed that if they were good partners, then their male partners would be happy, and the relationship would be happy. When there were difficulties in the relationship women saw this as evidence that they had not succeeded as good partners, and that this was evidence of them not being good enough in some way. Women described their 'lack' (Grace) or 'failure' (Carol) as people, which they believed led to the relationship difficulties. Their 'failure' led to their consequent commitment to 'try harder' to make the relationship work and thereby regain their identity as successful and capable.

Another reason women experienced shame was due to an incongruence between the women's belief that intelligent women should be able to cope with difficult life circumstances, and their own struggle to cope with their lives. This was linked to some women's belief that privileged women like themselves had no right to be upset. When women felt negative feelings, such as hurt, upset, loneliness or anxiety due to experiencing difficulties in their intimate relationship, they perceived themselves to be not coping. They felt ashamed for not coping and ashamed for being unhappy when they had so much. These beliefs contributed to women's disconnection from themselves, as women ignored or 'squashed' the feelings they thought they should not have. One participant, Bethany, talked about ignoring the information her 'gut' was giving her. Another participant, Ivy, said, 'There were a lot of red flags and I just ignored them all'.

As well as beliefs about women of HESES, the women held beliefs about the social status of women who are abused. It was apparent in the interviews that women recognised intellectually that abuse can happen to any woman. However, some of the women said, in an embarrassed way, that they believed that abuse happened to women who were different from them; who fitted a more stereotypical image of an abused woman, i.e. ill-educated and of low SES. As Kirsty said:

The societal narrative around what someone who experiences abuse looks like I know very well is not a true thing, but there is something about not feeling like I fit that mould that makes it uncomfortable for me to call it abuse.

Therefore, if the women considered they might be experiencing abuse, such an acknowledgment threatened their identity. In their minds they could not be both an independent, intelligent woman with resources, and someone who was being abused. Maria (therapist) spoke of witnessing this in her clients:

I think that is an added shame ... I don't think it's more shameful, but I think there is an attachment to a perfect Boden¹ life that could be part of where one's energy is going.

Olivia (therapist) described how allowing themselves to accept they were being abused led women to feel failure, helplessness, shame and humiliation. The sense of shame occurred throughout the interviews and was particularly powerfully summed up by Frances:

For me, as a, you know, privileged white woman, the shame, the absolute shame of admitting that I've let somebody abuse me is so. It's just the most awful. And I think especially with this economic status ... I think there's something about, 'Well, I'm a strong woman. I'm running my own business. I'm perfectly able to articulate myself. So how could you possibly let anybody abuse you in that way?'

This sense of shame was also evident in the women's resistance to gentle challenges from friends and family about their relationship, and the defensiveness therapists reported clients exhibited when their relationship was discussed in therapy sessions. When Jodie's family suggested Ross might not be right for her, Jodie felt the need to defend him to them. Similarly, Bethany described defending Alex when a friend questioned why he was not taking care of her after she had had a car crash. Another participant, Anna, discussed talking to someone at work about the abuse. However, after an initial empathic response from her colleague, Anna said she felt ashamed to talk to the colleague further.

These beliefs, and the consequent incongruence, may have made it harder for women to acknowledge that they were being abused, because to do so would lead to a crisis of their identity as a woman of HESES. However, not recognising they were being abused created further feelings of shame, as some women believed intelligent women would notice they

¹ A brand of clothing associated with the middle-class in the UK and which conveys an image of a 'perfect' heterosexual family life that many aspire to and compare with their own lives.

were being abused. This belief created an incongruence because they had not noticed, which challenged their perception of themselves as intelligent women.

There was some evidence that the victims who were therapists felt an additional shame for not realising that they were entering an abusive relationship. As one victim who was also a therapist, Grace, said, 'Therapists who should know better, and I use the word 'should' carefully, end up in these relationships.' Another victim who was a therapist, Bethany, indicated that she was frustrated with herself as a therapist for not paying attention to the parts of her that were telling her the relationship was abusive. The idea that women should have known better, or should have realised that they were being abused, was implied in many of the women's narratives, so it is difficult to say whether there was a difference between victims who were therapists and those who were not.

7.4.2.7 Subtheme 7 – Therapist countertransference

Countertransference (Section 1.4) is a physical, psychological or emotional experience in the therapist, caused by their interaction with the client. Therapist training includes becoming attuned to changes in oneself that occur during the therapy session and evaluating them in relation to the client. This evaluation then informs the therapeutic work. All the therapists in the study described an experience of incongruence when working with clients who were subtly abused, sensing a mismatch between the information being told to them, and a feeling that something was missing.

Therapists described how clients who were subtly abused presented in therapy with other issues. Therapists described listening closely to clients and paying attention to their countertransference to understand the cause of the presenting problem. For example, Maria (therapist) said,

I think often women will present with something different, maybe depression or struggling to get back to work or something. So, I think there's really going in slowly.

Nina (therapist) also indicated this had happened with her client:

The talk initially was a lot around work, and I was a bit puzzled because I was trying to work out what was problematic about work and the subtle abuse came in sort of left field.

The feeling of puzzlement gave Nina an indication that there was something incongruent in the client's recounting of their feelings and their explanation for them. Therapists said that during ongoing discussions with clients they slowly sensed this incongruence between what the client believed about her partner and her relationship, and the information she unconsciously revealed in her narrative. Lynn (therapist) said:

I think sometimes it's really hard to describe what it could be that kind of triggers your interest a bit, and then you kind of explore a bit further.

Later, when the therapists became more certain it was a situation of abuse, partly through their attention to their countertransference, they were uncertain how to share this knowledge. Therapists were afraid that by speaking up too early they could irreparably damage the therapeutic relationship. The feeling of uncertainty was a countertransferential mirroring of the client's uncertainty. Therapists were left with a tension as to when to name the abuse. Therapists, including victims who were therapists, spoke of an urge to name, and an uneasiness about doing so when with clients. Nina (therapist) spoke of her internal struggle as to whether to speak up or not:

Now what was coming from her, what was coming from me, what was coming from her? I don't know. It was just in that sort of intersubjective space there was this kind of soup when I thought, 'Oh my goodness, there's a voice trying to silence me as well in here.' And that's when for me you have to say it. She's been silent too long. I've been holding it for so long.

Maria (therapist) spoke about how important building a good relationship with the client was in order to discuss the abuse:

I think there needs to be a good solid therapeutic alliance in order for her to be bearing some of this emerging awareness and knowledge that she's kept away from for so long.

She also spoke of the importance of therapists recognising the women's incongruence between their knowledge of the abuse and their continued love for their partners. Maria (therapist) discussed how difficult it was balancing the internal incongruence this created in herself between her empathy for her client and her own feelings of personal disgust for her client's partner.

Some of the therapists spoke of holding the idea of Karpman's (1968) drama triangle in mind. This consists of the roles of persecutor, victim and rescuer. When one person occupies one of these roles, they unconsciously 'invite' another person to take up one of the other roles. This means a persecutor will invite someone into the role of victim. However, a person can move between the roles, so a persecutor may later become a rescuer and vice versa. Someone who is already in a victim role in their intimate relationship may initially invite the therapist into the role of rescuer. Olivia recognised experiencing 'a call to rescue' one client during therapy. Nina talked about how aware she was of the potential to act on or move between the different roles of the triangle:

I was thinking of the drama triangle because I was thinking of you know, he puts himself in the place of victim. She is this perpetrator that's upsetting him, that is hurting him and then she's moving to rescuer. And I'm thinking, well, I was thinking I guess of me as rescuer and me as perpetrator too in the work.

Maria (therapist) also captured the movement between the positions in Karpman's triangle (1968) when she said:

My countertransference was often that I wanted to sort of scoop it up and protect her, but then I would find myself a bit irritated with that as well.

Nina (therapist) and Olivia (therapist) talked of feeling frustrated with clients for resisting talking about the relationship and being so determined to defend their partners. Nina spoke of feeling a huge disappointment when, despite their discussions, a client did not recognise her partner's behaviour as abusive, and, instead, continued using intellectualisation and empathy to excuse his behaviour. The client continued to blame herself for not trying hard enough to manage her partner's fears.

Every time she would say 'Oh but I could have done better', that sinking feeling I would get, that real heaviness.

The group of therapists who had volunteered as victims of abuse described ways in which their abuse experience had impacted their clinical work. Both Ellie and Bethany said they now recognised clients who were being abused straight away, with Bethany saying, 'it's a knowing'. Carol thought her experience of subtle abuse had led her to identify it more quickly in her clients. She described noticing clients whose:

needs haven't been recognised or understood, or ... I can ... witness them running around trying to please or meet the demands of others.

Grace described how her countertransference had changed since being a victim of abuse and she now felt more 'attuned' to clients who were experiencing subtle abuse. She said she was therefore able to tread the fine line of validating their experience without 'colluding' (Grace's own word) with the perpetrator.

7.5 Discussion of the qualitative study

The experience of IPA among women of HESES does not appear to have been studied previously outside of the US (see Section 2.4.8), and purely subtle abuse in this population group does not appear to have been studied at all. The qualitative study ('the study'), sought to understand the experience of subtle abuse among this population group by interviewing two groups: women of HESES who had experienced subtle abuse in a previous, now ended, intimate heterosexual relationship; and therapists who had worked clinically with women such as these. Overall, findings indicate that subtle abuse of women of HESES includes experiences similar to those described in literature on psychological abuse or violence (Marshall, 1994; Chang, 1996), emotional abuse (Kirkwood, 1993; Loring, 1994; Lammers, Ritchie and Robertson, 2005), and NPA (Hurst, 2015; Halliwell *et al.*, 2021). This discussion section considers the findings in relation to existing literature.

7.5.1 Recruitment findings

The recruitment process for the study yielded two key insights, both of which were unexpected. First, of the 11 women who volunteered to be interviewed as victims of subtle abuse, six were therapists. The recruitment of victims who were therapists has not been a noted finding of other IPA research and may be a result of the recruitment strategy, which included recruitment for both victims and therapists, and therefore enabled therapists to volunteer in either category. However, the high percentage of therapists in the victim group may link to the findings of a recent study by Dheensa *et al.* (2023) which found a higher incidence of IPA in healthcare professionals (many of whom are educated and of HESES) than the general population.

The difficulty in recruiting participants of HESES who were not therapists replicates two other study findings with women of HESES. Loessin (2002) recruited no participants through contact with six divorce attorneys, a recruitment strategy that had been successfully used by

Weitzman (1998). Despite using several recruitment strategies and aiming for more participants, Dozois and Germann (2017) recruited only four women with lived experience of 'affluent abuse'. Difficulties in recruitment may be connected to the shame experienced by the victim participants. The study found the experience of shame was linked to victims' membership of the HESES group. As women of HESES, they believed that they should not have allowed themselves to enter an abusive relationship and, having done so, should have recognised the abuse earlier because of their education and privileged position.

Second, despite international recruitment methods (Section 7.5.3), only four therapists volunteered to be interviewed as therapists. One of these therapists came to the realisation during the interview that her current relationship was subtly abusive. Other studies recruiting DVA practitioners (SafeLives, 2019), healthcare professionals (Bradbury-Jones *et al.*, 2014), or therapists (Hurst, 2015), did not report difficulties with recruitment. The finding that few therapists volunteered to be interviewed may reflect the failure of many therapists to recognise victims of subtle abuse, providing support to the comments of some women participants in the qualitative study.

The study recruitment findings are novel, and may be related to this being the first known study to select participants for the experience of subtle abuse, and also to the recruitment methods, which included targeting therapists, enabling them to volunteer for either study group.

7.5.2 Findings of the reflexive thematic analysis

The RTA of the interviews generated one theme of incongruence and seven subthemes, which all evidence incongruence in different ways (Table 7-3). The theme and subthemes are discussed below in relation to wider literature.

7.5.2.1 *Incongruence*

The experience of incongruence was shared by all participants in the study, as well as being evidenced in all subthemes. Incongruence is used as the most suitable word for the experiences of all participant groups. The term used in this thesis is most similar to the Rogerian concept of incongruence which 'refers to a discrepancy between the actual experience of the organism and the self-picture of the individual insofar as it represents that experience' (Rogers, 1957, p. 97). It appears that the word incongruence is not used within the domestic violence literature in general. However, I found incongruence to be the best descriptor of the disconnect between victims' emotions and their intellectual analysis of circumstances. A similar disconnect in therapists was encountered when therapists sought to understand victims' narratives. The experience of incongruence bears some resemblance to the terms 'confusion', 'self-deception' (Gur and Sackeim, 1979), and 'cognitive dissonance' (Festinger, 1957). All three terms are briefly discussed here. Although literature frequently refers to the experience of confusion as a significant part of IPA (James and MacKinnon, 2010; Williamson, 2010; Halliwell *et al.*, 2021; Marsden, Humphreys and Hegarty, 2022), the term 'confusion' does not appear to have been conceptualised within the IPA literature. Self-deception theory has been conceptualised (Gur and Sackeim, 1979) as a state where one can hold two contradictory beliefs while being unaware of one due to a personal motivation. However, it does not appear to be used in IPA literature. The theory of cognitive dissonance initially focused on the reconciliation of internal contradictions in issues of morality (Festinger, 1957). It has since been much debated and developed. Its development includes: self-affirmation theory which explores how individuals maintain their self-esteem when it is threatened (Steele and Liu, 1983); the new look theory, which suggests that the dissonance is caused when an individual believes they are responsible for any negative consequences of their behaviour (Cooper and Fazio, 1984); and the self-consistency theory, in which dissonance occurs when the conflicting cognitions relate to a person's self-concept (Steele, Spencer and Lynch, 1993). In IPA, cognitive dissonance theory has been applied to the experience of perpetrators, such as the reasons for a reduction in abusive behaviours (Schumacher and Slep, 2004), and to the experience of victims, such as how women reconcile

a negative attitude to the perpetrator with their inability to leave the relationship (Dare, Guadagno and Muscanell, 2013). It may be that further exploration of the concepts of incongruence, self-deception theory, and cognitive dissonance theory, along with an increased understanding of the experience of confusion, can expand our understanding of the experience of incongruence found in the study.

The study found five ways that incongruence is caused and maintained in subtle abuse of women of HESES and indirectly in their therapists:

- An incongruence between being 'strong' and 'resourceful' and being a victim of abuse
- A belief that intelligent women should be able to cope with difficult partners
- A belief that privileged women have no right to feel upset
- The use of intellectualisation and empathy to make sense of the incongruent messages from the perpetrator, and consequent internal incongruence
- The use of problem-solving by women to manage difficulties they encountered in the relationship.

These permeate the seven subthemes discussed below.

7.5.2.2 Subtheme 1 - Abuse is conducted on a subtle level

As discussed in Section 6.4, the study was designed to select for women who had solely experienced subtle abuse. The vignettes and the recruitment criteria ensured the women who were recruited identified as having experienced what I was calling 'subtle abuse'. However, as this is, to my knowledge, the first study to recruit participants who had solely experienced subtle abuse, it was not known whether the experiences relayed by participants would accord with my clinical experience. Subtheme 1 (Section 7.4.2.1) confirms that all women in the study had experienced subtle abuse. Furthermore, the women's experiences included the four elements of my proposed visual representation of abuse (Figure 2-2):

1. underpinned by power, dominance, and control, and embedded in a patriarchal societal structure
2. based on an attitude of entitlement
3. an ongoing, not incident specific, experience
4. creating a personality change process in victims.

It is therefore appropriate to use the term 'abuse' when referring to the women's experiences, and the experiences that I encountered as a therapist. Using the word 'abuse' in common language to represent all experiences encompassed by the visual representation may help to reduce the negative social constructions currently held about those suffering from abuse, which were evidenced by the participants.

The participants' relationship experiences also align with the definition of subtle or covert abuse (SCA) developed in the scoping review in Chapter 3 (Figure 3-2). While existing research describing abuse conducted on a subtle level was included in the scoping review (for example, Loring, 1994; Marshall, 1994), the current study is believed to be the first empirical study to explore subtle abuse as a unique experience. Subtlety of perpetration, as described by previous authors (Chapter 3), is 'indirect' (Neal, 2022, p. 49), 'unnoticed' (Streker, 2012, p. 187), 'difficult to detect or describe' (McKibbin, 1998, p. 93), 'below a threshold for action' (Streker, 2012, p. 187), and 'sometimes conducted in loving or caring ways' (McKibbin, 1998, p. 93; Marshall, 1999, p. 155). The findings support these descriptions and confirm women in this population group can be subject to abuse that is consistently perpetrated on a subtle level.

7.5.2.3 Subtheme 2 - The perpetrator's ongoing self-centred attitude

The 'attitude of entitlement' (visual representation of abuse Figure 2-2) or a 'personal attitude' (definition of SCA Figure 3-2) is captured in Subtheme 2 (Section 7.4.2.2). Women described men's attitude and behaviours in ways that could be perceived as self-centred and disrespectful. The attitude manifested in a variety of ways including anger, moodiness, intrusive caring, withholding, neglecting, illness, forgetfulness, and absence conducted on a

subtle level. This behavioural enactment replicates three of Ashcraft's (2000) matrix of control quadrants: domestic distortion, domestic dodging, and domestic neglect; with only the active/visible quadrant unrepresented. The behaviours also support Pitman's (2017) terms of double binds and boundary violations, and the withholding behaviours identified in the scoping review (Loring, 1994; Pitman, 2010; Streker, 2012).

Subtheme 2 supports findings across the literature relating to the underlying individual cause of IPA. Loring (1994) notes that 'the abuser's comfort is the only organising theme of his thoughts and actions. Any consistent empathy for the partner's feelings is precluded' (p. 3), while Pitman (2010) describes a 'superior, entitled and adversarial attitudinal style' (p. 149), and Bancroft (2003) uses the term 'entitled' (p. 54). Donovan and Hester (2011) found 'victim/survivors indicate that abusers use relationships as a vehicle through which they can achieve their own needs/goals regardless of the cost to victim/survivors' (pp. 81–82). In the current study, the men's underlying self-centred attitude was conveyed by the women's descriptions of their partner's behaviours. We cannot know whether the women's partners had 'goals' as described by Donovan and Hester (2011). However, the men's self-centred attitude was implicit in all the women's accounts. In addition, women recounted adaptations that they made to themselves as a result of the men's behaviours, which prioritised the men's needs over their own. Some existing literature captures the subtle manifestation of this self-centred attitude through the concept of a perpetrator's avoidance of responsibility (Duncombe and Marsden, 1993; Kirkwood, 1993; Ashcraft, 2000). The current study found avoidance was enacted in various aspects of the women's intimate relationship, family, and home, throughout the course of the relationship, in ways that were often hard to detect, such as losing jobs or spending money without consultation.

The study findings indicate that subtle abuse results in victims being limited in their lives in ways that are difficult to attribute to the abuse. For example, victims in the study had their work life limited, or they self-limited, but, due to the pervasive, subtle enactment of the perpetrators' self-centred attitude, they did not recognise it as abuse at the time. Existing IPA literature details more overt limitations of women by their partners in relation to their work

life, such that they are prevented from working or unable to work due to the impact of abuse (Chowbey, 2017; SafeLives, 2019; Christy *et al.*, 2022).

7.5.2.4 Subtheme 3 – Disconnection and loneliness – unseen and unheard

All the women in the qualitative study described a disconnection from their partners that included feelings of loneliness, being unseen and unheard. Existing NPA literature discusses disconnection, although different terminology is used. Loring (1994) states that 'disruption of connection is the core of emotional abuse' (p. 25) and lists six methods of perpetration, including the threat of emotional abandonment. Chang's (1996) five patterns of psychological abuse include 'silence and withdrawal' (p. 80), which leads to a 'lack of emotional connection' (p. 81). Loring (1994) describes how a lack of connection leads to an emotional loneliness within the relationship, with 100% of the emotionally abused women in her study reporting loneliness. In accordance with the findings of Loring (1994) and Chang (1996), women in the current study described deeply painful feelings resulting from their partner's emotional disconnection from them. For example, one of the participants in the current study described a moment of complete disconnection from her husband when he asked her to have an abortion. Similar experiences were recounted by participants in Chang's (1996) study, who felt unimportant and unvalued following their partners' emotional withdrawal. The current study differed from earlier research by recruiting participants who had experienced solely subtle abuse. However, it was notable that the subtlety of perpetration in the current study led to impacts on victims of a similar severity to those found by Loring (1994) and Chang (1996) involving more overt NPA.

The current study found that the experience of disconnection from a partner led to a disconnection both from self and from others. The experience of disconnection from self was part of the process of the victims' personality or attitude change. This disconnection from self is comparable to the concept of 'splitting', as used by Bogat, Garcia and Levendosky (2013) in their work with women experiencing abuse. A split occurs when someone is faced with contradictory psychological information. In such situations the unwanted part of the

information is pushed out of conscious awareness, instead of being integrated into a complex whole (Bogat, Garcia and Levendosky, 2013). Existing literature attributes causation of the victim personality change that occurs during abuse to the perpetrator. Such change is described variously as 'identity deconstruction' (Matheson *et al.*, 2015, p. 566), personality changes due to a violent incident (Li *et al.*, 2021) or 'situation-sensitive responses to salient eliciting conditions' (Ciurria, 2018, p. 1). Ciurria's (2018) work connects changes that occur in victims of abuse to a range of other psychological research, such as Seligman's (1972) learned helplessness research, and Milgram's (1965) research exploring how the Nazi party persuaded Germans to participate in the Holocaust. Stark (2007) recognises a personality change process created by the abuse or, as he describes it, 'coercive control', similar to that of prisoners of war or cult members. However, he does not seem to describe the victim's change as an internalisation of the perpetrator's attitude and behaviours. In contrast, the current study uses a lens of CAT personality development theory to explain the cause of the change in how a victim relates to herself as an internalisation of the way the abuser relates to her. This understanding is informed by work such as Bakhtin (1986) and Vygotsky and Cole (1978), based on their theories that infant personality develops through an individual's internalisation of how a caregiver acts towards them. The infant observation work of Trevarthen and others (Trevarthen, 1980; Kokkinaki *et al.*, 2023) confirmed these theories. The current study sees personality as continuing to develop throughout life through similar continued internalised relationships (Liu and Matthews, 2005; Kokkinaki *et al.*, 2023). Section 8.2.2.1 outlines a proposal to use cognitive analytic theory (Ryle and Kerr, 2002), as described in Sections 1.2 and 5.2.3, to explain victim personality change as the effect of an internalisation of an interpersonal relationship. This is a novel use of CAT.

The disconnection from self in the women I interviewed led to life-changing consequences. Despite being perpetrated on a subtle level, the abuse changed how they saw themselves, and impacted their relationships with friends, family and future partners. All the women reported symptoms of anxiety, confusion, distress, and self-blame, and physical consequences of the abuse, many of which were long-term. Several women wondered about their responsibility for the abuse, despite many years having passed for some, since the

abusive relationship ended. These physical and emotional changes have previously been found in IPA research (Sackett and Saunders, 1999; Campbell, 2002; Orzeck, Rokach and Chin, 2010). Both the emotion women experienced in the interview, and the elements of the relationship journey they emphasised, demonstrated the women's different stages of understanding of the abuse and recovery. It was clear that change was not linear and that women moved forwards and backwards in the model of change. This finding supports Reisenhofer and Taft's (2013) application of the transtheoretical model of change (Prochaska and DiClemente, 1984) to victims of IPA, in which the authors describe how the stages of change model can be used to inform therapy assessment, referral and treatment. Several of the women had realisations during the interviews. These realisations may have been due to the interview enabling them to move along the stages of change model.

The incongruence and disconnection from partner and self led to the disconnection from others and isolation. Literature usually describes isolation as either a background to abuse, for example in the case of women who are immigrants to a new country (Sokoloff and Dupont, 2005), or as a perpetration tactic (Hancock, 2017; Pitman, 2017; Storer, Rodriguez and Franklin, 2021). However, the current study found that disconnection from others, or isolation, aligned with the women's shame at being a woman of HESES whose life and relationship were not as she thought they should be. Women's consequent inability to share their thoughts with others confirms previous findings on the limitations subtle abuse places on victim's lives, and relationships with themselves and others (Marshall, 1999; Lammers, Ritchie and Robertson, 2005; Burnett, 2020). Findings from the current study regarding feeling unable to talk to a work colleague about a relationship, confirms Beecham's (2009) and Kumar's (2015) findings that women in higher workplace roles felt unable to speak up about abuse.

7.5.2.5 Subtheme 4 – Women thought they were to blame

Uncertainty about responsibility or blame for the abuse was evident in all the interviews. The uncertainty was linked to the perpetrator's tactics, societal beliefs about a woman's role in

relationships, a subscription to a belief in pre-existing vulnerabilities to abuse, and a sense that abuse does not happen to women of HESES.

The women described entering their relationship believing that marriage and relationships include hard work. When their male partners were unhappy, women assumed they had failed to fulfil their required role as partners. Donovan and Hester (2011, p. 1) and Duncombe and Marsden (1993, p. 221) describe how a societal assumption, that the 'emotion work' of a heterosexual relationship is typically conducted by women, contributes to women putting their needs to one side when their partners show distress, or there is domestic work to be done. The assumption that women conduct the 'emotion work' of relationships is likely to contribute to women's sense of failure when difficulties arise within their relationship. Lammers, Ritchie and Robertson (2005) found women's subscription to a traditional view of the role of women in society, and specifically in relationships, influenced their sense of responsibility for the abuse. Women in their study felt guilt when they perceived themselves to have failed to fulfil traditional roles, while those who did adhere to traditional roles experienced less guilt.

Participants in the current study believed pre-existing personality or mental health difficulties contributed to the likelihood of abuse. Some literature supports the belief that pre-existing vulnerabilities such as trauma are more evident in victims of abuse than non-victims (Loring, 1994; Burnett, 2020). For example, Hurst's (2015) study contains the assumption that pre-existing vulnerabilities are a pre-requisite of abuse. This assumption led to participants in Hurst's (2015) study being asked about 'the reasons you were vulnerable to being abused' (p. 133). Similarly, Lachkar (2001) refers to the 'internal abuser' in both the perpetrator and the victim, and locates the origin of a 'high-functioning woman's' victimhood in her parental relationships or early trauma. A recent systematic review and meta-analysis of how cognitive behavioural schemas (underlying beliefs) influence IPA perpetration and victimisation, found an increased risk of victimisation among those who had felt unloved or unsafe as a child (Pilkington *et al.*, 2021). However, Stark (2007) found a lack of literature supporting the idea that pre-existing psychological or behavioural conditions exist to a greater degree in women

who are abused. Despite conflicting evidence, victim blaming seems to be widely embedded in society (Taylor, 2020) and had clearly influenced how participants thought about victims. This has potentially damaging repercussions for clients. For example, Marsden, Humphreys and Hegarty (2021) found that therapist focus on pre-existing psychological patterns can be heard by victims as blame for the abuse.

Study participants referred to the concept of 'grooming', which gives responsibility for the abuse to the perpetrator. Grooming was originally described as a tactic for enabling child sexual abuse (Olson *et al.*, 2007) whereby a child comes to believe the abuser over their own reasoning and emotions. More recently, Duron *et al.* (2020) found grooming to be one of four predatory strategies enacted by perpetrators of any kind, such as child abuse, human trafficking and cults, to gain what they want. Existing IPA literature describes a similar process in which women are led to doubt their perception and to blame themselves (Marshall, 1999; Lammers, Ritchie and Robertson, 2005). In the current study, incongruence between a man's ongoing self-centred attitude and his partner's belief in his love and their shared relationship goals led to self-doubt, as described in grooming literature (Olson *et al.*, 2007; Duron *et al.*, 2020). The women sought the cause of the unhappiness, and the men's double binds, boundary violations, moodiness, and withdrawal led the women to wonder whether the cause might be themselves. At the same time women were losing connection with themselves and using intellectualisation to make sense of what was happening. This process supports the movement from an interpersonal to an intrapsychic relationship (Section 5.2.3.1), conceptualised in Figure 8-2.

The additional finding that therapist victims used their therapeutic approach or modality to understand the relationship (both during and afterwards), and that this contributed to their self-blame, does not appear to have been identified previously. There is a paucity of literature looking at victims' attributions for perpetrator abuse (Neal and Edwards, 2017; Marsden, Humphreys and Hegarty, 2022), and none appears to explore the attributions of therapists who have been abused. Hurst's (2015) work with counsellors who had experienced non-physical abuse did not investigate how therapists' modalities affected their conceptualisation

of the abuse they suffered. The victims who were therapists in the current study described labelling their clients' experiences as abusive, while at the same time resisting describing their own similar experiences as abuse. This was a further way that incongruence was experienced in the study. In addition, Marsden, Humphreys and Hegarty's (2021) accounts of psychologist's comments to clients, imply that therapists' beliefs about IPA impacts their work with victims. However, this does not appear to have been investigated, making therapists' beliefs about IPA a worthwhile subject for further research.

7.5.2.6 Subtheme 5 – Try harder

The combination of the previous themes led women to put their needs to one side and take responsibility for their partner's feelings, and often for the practical arrangements of their lives as a couple or family too. Women in the study believed they should be able to cope with men who were 'difficult', and used problem-solving techniques to try harder. Literature describes differing explanations for this behaviour in victims. Lachkar (1998) sees this as part of the pre-existing personality of a 'high-functioning woman' whose:

External life often reveals a highly motivated, energetic, well-educated, and career-oriented woman using many creative capacities to achieve status and to become successful. (p. 75)

However, Chang (1996) describes these changes as part of an 'adjust yourself' pattern based on Bateson's (1972) complementary schismogenesis. In schismogenesis, partners adjust themselves to occupy increasingly divergent positions, such as dominant and submissive. An alternative view from the early literature, for example Walker (1979), describes effects of abuse such as post-traumatic stress disorder (PTSD) (van der Kolk, 2014) and learned helplessness (Seligman, 1972) as accounting for women's behaviours. This explanation seems to be contradicted by later findings, including Walker's (1979) own, that women actively strategise for safety. Stark (2007) uses the term 'affirmative femininity' (p. 215) to describe how women who are abused focus on their agency rather than their victimisation. The

findings of the current study, that women 'try harder', align with the concept of active strategising, and locate the strategies employed by the women, such as problem-solving, in their specific cultural group.

The wider literature supports this study's findings that previous life experience of the women participants led them to expect their efforts would be met with success. Berg (2014) describes how 'dominant culture women' expect to be able to effect change in their lives. When faced with a problem they use intellectual and practical skills to solve it, assuming this is both their responsibility, and within their capability. Both the victims and therapists in the current study discussed how victims of subtle abuse continued to try to make sense of the situation and to improve it through their own efforts. Richie (1996) found that women who were intelligent, resourceful, with high self-esteem, and who expected to succeed in life, were more likely to try harder in abusive relationships than other women. While the current study did not seek to compare women of HESES to other groups, participants frequently referred to victims' focus on trying harder to meet their partner's needs, to the detriment of their own needs. Additionally, the current study did not explore women's help-seeking motivation. However, participants seemed to seek help when they had exhausted their own capacities to manage, as found by Lempert (1997). The findings of the current study indicate that women of HESES may perceive themselves to have extensive resources and abilities to improve a 'difficult' man or relationship. Both Richie (1996) and Berg (2014) describe how such beliefs may lead victims to take longer to seek help than others. The findings, and the existing literature, suggest that women of HESES may try harder than others to resolve relationship difficulties and take longer to ask for help. If this is the case, there is also the likelihood that they may suffer greater effects of the abuse as a result.

7.5.2.7 Subtheme 6 – Shame

Although shame has been identified in the wider IPA literature (Evans and Feder, 2016; Spangaro *et al.*, 2021), it was not identified as a feature of SCA in the scoping review (Chapter 3). Perhaps this is due to works in the scoping review not examining subtle abuse in isolation,

and so specific consequences could not be connected directly to subtle abuse. In the current study, shame was identified as a subtheme of incongruence, and related to the women's HESES. This finding aligns with the minimal existing literature exploring abuse of women of HESES. For example, Weitzman's (2000) study found women experiencing 'upscale violence' believed it to be unusual amongst their peer group, and so kept it secret. Dozois and Germann (2017) found victims' experience of shame, linked to their being of HESES, led to self-silencing. Identification of shame associated with membership of the cultural group of HESES is significant in helping to answer the research question, and to enable therapists to be alert to the specific manifestations of shame in this group. There is a potential connection to the experience of boarding school students whose privileged position led them to dismiss their distress due to feelings of guilt (Schaverien, 2011).

Some women in the study described their belief that victims of abuse are of lower educational and socio-economic status. While literature notes that such beliefs are commonly held (Haselschwerdt and Hardesty, 2017), the psychological consequences of holding such a belief do not appear to have been explored. In the current study, participants attributed four shame related consequences to holding this belief, including feeling ashamed for simply holding such a belief. Participants also discussed whether holding this belief about the likely victims of abuse, may have meant they took longer to realise they were being abused. Existing literature supports this finding. Ptacek (1999) noted women of HESES were less likely to realise they were abused, while Storer *et al.* (2021) found that 'not identifying as a stereotypical DV victim' (p. NP6567), including the 'belief that IPV victims are disempowered and weak' (p. NP6568), prevented victims from recognising and leaving abusive relationships (although their participants were not selected for educational and socio-economic status). As an additional consequence to holding this belief, women in the current study talked of finding it difficult to admit the abuse to friends and family, fearing the potential impact on how they were viewed. This finding aligns with Weitzman (2000) and Haselschwerdt and Hardesty (2017) who reported that the fear of damaging others' perception of them prevented women disclosing abuse. Lastly, the belief as to what a typical victim of abuse looks like and the connected challenge to their identity if they accept they had been abused,

meant participants who were victims continued to be uncertain about using the term 'abuse' to describe their experiences, even during the research interview. This finding does not appear to have been noted in previous research. Comments from some of the women indicated they wanted to be able to use the word 'abuse' for their experience and that this word enabled them to allocate responsibility for the abuse to the perpetrator.

7.5.2.8 Theme 7 - Therapist countertransference

Therapist countertransference is a physical, psychological or emotional experience in a therapist caused by their interaction with the client (Section 1.4). The study found that countertransference can be important to a therapist's ability to recognise a client suffering from subtle abuse. Therapist training includes attunement to changes in themselves that occur during the therapy session, and evaluating these changes in relation to the client (Casement, 2013). Some research has investigated therapists' experience of working with perpetrators of abuse (Andersson, 2022). However, little previous research explores the experience of therapist countertransference when working with victims of IPA. Research that did examine therapist countertransference with victims of IPA, focused on the impact of therapists' history of abuse or trauma and how this might affect their work with abused clients (Grobbelaar, Strauss and Guggisberg, 2020), and the potential for vicarious trauma when working with this client group (Iliffe and Steed, 2000; Winder, 2018). Therapists' ability to recognise their countertransferential experience has been noted to be significant when working with victims of IPA (Neale, 2018). Neale (2018) found that therapists' lack of awareness of their countertransferential feelings led to their inability to validate women's experiences of abuse, and this inability led to the compounding of a victim's feelings of worthlessness. Attention to countertransferential experiences is therefore both essential to prevent further harm to victims and, as identified by the current study, to enable the identification of subtly abused clients.

Participant therapists within this study discussed their experience of Karpman's triangle (1968) within therapeutic relationships, recognising themselves as moving between the positions of

rescuer and perpetrator when working with clients who were victims of subtle abuse. Therapist enaction of Karpman's triangle (1968) while working with victims of IPA has previously been identified (Roddy and Eccleston, 2023), although the current study is the first to investigate the experience of therapists working with subtly abused clients of HESES. The subtheme of therapist countertransference identifies countertransference experiences specific to work with this client group and includes: an initial sense of incongruence, as the client's words do not match the sense the client has made of their experiences; an ongoing uncertainty as to whether the client is being abused or not; and an uncertainty about when to voice concerns of abuse to a client. The study findings add a significant dimension to our understanding of how therapists can recognise subtle abuse in women of HESES.

7.5.3 Strengths and limitations of the qualitative study

7.5.3.1 *Methodology and methods*

A qualitative research paradigm offers both a methodology, being positioned in a relativist or interpretivist ontology, and a method, offering a range of techniques for investigating experiences, as described by Hennink, Hutter and Bailey (2020). Qualitative research was chosen for this study partly due to its grounding in a relativist ontology, which views knowledge as socially and individually created (Broom and Willis, 2007), and which fitted with my personal and therapeutic stance (Chapter 1). In addition, the research problem, the paucity of pre-existing literature in the field, and the research questions identified in Chapter 2, indicated the need for an approach that allowed in-depth explorations of participant experiences (Denzin and Lincoln, 2011). The research methods chosen were appropriate to the research problem and population (Buchanan and Wendt, 2018; Flick, 2023), as well as accommodating the challenges of an immediate post-COVID-19 time. A robust study was designed based on the recommendations of women in the PPI study, who had previously discussed their experiences of abuse with me. Table 7-4 describes the strengths and weaknesses of the study recruitment and data collection.

Table 7-4: Strengths and limitations of the qualitative study recruitment and data collection

Strengths of the study	
Study feature	Comments
Study population was clearly defined	<ul style="list-style-type: none"> • Clear inclusion and exclusion criteria of the study groups made each group easy to target for recruitment and selection
Vignettes of subtle abuse used in recruitment	<ul style="list-style-type: none"> • All participants were clear as to the phenomenon being investigated, and the effectiveness of the vignettes suggests they could be used more widely in research recruitment • Collaborative design of vignettes with PPI participants ensured vignette authenticity
Multi-stage recruitment strategy	<ul style="list-style-type: none"> • Subsequent strategies could be deployed when earlier ones were unsuccessful, or if there were recruitment difficulties
Recruitment post-pandemic took place almost entirely online	<ul style="list-style-type: none"> • Enabled a wider geographical spread of participants, including those who may not have been able to attend an in-person interview due to the pandemic • Recommendations and best practice have since been published that endorse my recruitment choices (Kim <i>et al.</i>, 2021; Hoeflich <i>et al.</i>, 2022)
Online recruitment led to participants from across England and Scotland	<ul style="list-style-type: none"> • Widened participation and enabled the findings to be representative of a wider geographical area than face-to-face interviews (Oliffe <i>et al.</i>, 2021) • Minimised cost to both researcher and participants in terms of time and money (Archibald <i>et al.</i>, 2019)
One to one interviews	<ul style="list-style-type: none"> • Enabled rapid relationship building, necessary for understanding a complex interpersonal and intrapsychic experience (DiCicco-Bloom and Crabtree, 2006) • Allowed the co-creation of new meaning in interviews, for myself as researcher and for the participants, as anticipated by the methodology (Leiman, 1992)
Limitations of the study	
Study feature	Comments
Targeting of recruitment	<ul style="list-style-type: none"> • Recruitment strategy targeted groups that may have lacked diversity, such as women who frequented private healthcare providers • Diversity discussed further in 7.5.3.1.1
Recruitment strategy for therapists	<ul style="list-style-type: none"> • Only four therapists volunteered to be interviewed as therapists, which was fewer than anticipated • It is unclear if a pre-COVID-19 recruitment strategy, with closer relationships with gatekeepers, would have recruited more therapists

7.5.3.1.1 Recruitment diversity

The study sought the experiences of women of HESES. These criteria intentionally accessed a homogenous group based on educational and/or SES. The volunteers were also unintentionally homogenous in terms of ethnicity. Information on disabilities, visible or invisible were not collected. Owing to the complexity of establishing HESES, it is not possible to compare the intersectionality of ethnicity of the participants with those of HESES in wider UK society. However, it is likely that there are more women of white ethnic backgrounds in the HESES group in the UK than of other ethnicities. For example, Platt and Zuccotti (2021) found that while second generation minority ethnic groups within the UK perform well in education, including at degree level, this does not transfer into the workplace, where they remain disadvantaged. Therefore, while the ethnic homogeneity of the women participants could be seen as a limitation, it is likely to be largely representative of the UK. The current study's widening of participation through national recruitment and use of online interviewing enabled the inclusion of women from different regions of England and from Scotland. A future study purposively recruiting a more diverse ethnic mix of participants of HESES would give the opportunity to explore subtle abuse of women of HESES in other ethnicities, and confirm or expand the current study's findings.

7.5.3.2 Implementation of the study design

Adaptations to the planned study design, and unexpected findings of the recruitment process, created both strengths and limitations within the study. Stage 1 of the recruitment could not be implemented as planned. For example, recruitment via posters and flyers in waiting rooms was not practical, as those who had offered to display posters told me their clients were not using group waiting rooms post-COVID-19. I therefore relied on dissemination of study information through social and professional networks (Table 6-3). The resultant wider geographical spread of the participant group created an unexpected strength. Thirteen participants lived in several English regions and two participants lived in Scotland. Had I anticipated only using online recruitment at the design stage of the study, a more

comprehensive online recruitment strategy could have been implemented. For example, other online recruitment utilised strategies, such as Facebook (Kim *et al.*, 2021; Sandhu, Brady and Barrett, 2023) and X (Lupton, 2020) with success.

There were two unexpected findings of the recruitment process:

1. Of the 11 women who volunteered to be interviewed as victims, six were also therapists. The assumption made in the study design was that participants would be either victims or therapists. Therefore, it was not anticipated that the largest group of participants would be victims who were therapists. The study ultimately benefitted from the resultant three perspectives: victims who were therapists, victims who were not therapists, and therapists who were not victims. This enabled the experience of subtle abuse to be understood through personal experience, through those who observed its effects, and through the combination of the two perspectives. The three groups were initially coded separately and I drew out differences between the two groups of victims in the themes.
2. I found it difficult to recruit therapists to be interviewed as therapists. I had assumed that using gatekeeper organisations would enable easy recruitment to this group. However, it proved more difficult to recruit therapists than victims of subtle abuse. The first stage of recruitment led to three therapists volunteering to be interviewed as therapists, but more volunteering to be interviewed as victims of subtle abuse. Owing to the difficulty in recruiting therapists to be interviewed as therapists, stage two recruitment strategies were employed. I publicised the study through X and asked colleagues to spread the study information to their international networks. X has been found to be a useful and cost-effective recruitment strategy (O'Connor *et al.*, 2014; Storer, Rodriguez and Franklin, 2021). Therapists in Europe and Australia were informed about the study directly through networks, and internationally through X. This yielded no additional volunteers. The low number of therapists volunteering to be

interviewed as therapists is discussed in Chapter 8. It was a limitation that a study that aimed to recruit therapists succeeded in recruiting so few.

The women who attended for therapy with me who were experiencing subtle abuse, were of high educational and high socio-economic status. In the literature review, five of the seven original studies purposively recruited women who were both highly educated and of high socio-economic status. However, literature was inconsistent as to the definition and boundaries of the included group. The recruitment inclusion criteria for the qualitative study were therefore devised to allow women who were of high educational and/or high socio-economic status to participate. Despite this clarification in recruitment, all the participants in the qualitative study were of high educational and high socio-economic status. Therefore, the findings of the qualitative study are for women of high educational and high socio-economic status.

There was limited known diversity within the recruited participants. All but one of the 15 participants described themselves as 'white', and no participant had a visible disability, or declared an invisible disability. Existing literature exploring abuse among women of HESES rarely mentions the intersectional identities of participants who are victims. Haselschwerdt (2013) records participants in their study as being white, with eight of the 10 describing themselves as practising a religion. Ethnicity of participants is described by Loessin (2002) whose participants were 80% white and 20% Hispanic, and by Skaling (2017) whose participants are described as 'Caucasian'. No literature exploring abuse of women of HESES appears to give information about other differences. A lack of information in the current study about participants' intersectional identities potentially limits our understanding of the complexity of the experience of subtle abuse of women of HESES. Further research could explore the subtle abuse of women of a wider range of sexual, ethnic, educational or socio-economic groups to expand our understanding of the experience.

The study plans for researcher self-care were largely conducted as per the protocol. However, after March 2020, due to COVID-19 restrictions and my personal circumstances, all

supervision and most support was conducted online or by telephone. The doctoral programme started in autumn 2019, and training moved online early in 2020. Therefore, the student cohort of 2019 met in person on only two training days. This, and some technical difficulties with planned online reflective practice groups, meant the training group did not have the opportunity to bond, provide peer support, or challenge beliefs acquired through clinical practice (Fulton *et al.*, 2012). In addition, several other Professional Doctorate students were moved to front line services during the first year of COVID-19. This led to large differences in progression across the group which reduced the ability of the group to support each other. Supervision and reflexive journaling were carried out as described in Section 6.5.1.4.

7.5.3.3 Using reflexive thematic analysis

The choice of RTA as the method of analysis was a good fit with the ontological and epistemological positioning of the study as it emphasises both Big Q qualitative research (Kidder and Fine, 1987), and researcher reflexivity and positionality (Braun and Clarke, 2022).

In addition, RTA allowed me to develop themes that represented the essence of the experiences within subtle abuse, rather than collect experiences together in categories such as 'perpetrator tactics' or 'impact on victims'. Clarke and Braun's (2018) following description resonates with me:

Themes can perhaps be usefully thought of as key characters in the story we are telling about the data (rather than collection pots into which we place everything that was said about a particular data domain). (p. 108)

In creating 'characters' (i.e. themes) to tell the story of subtle abuse of women of HESES, RTA offered a robust and appropriate way to capture and convey the experience.

The writing up of qualitative data involves interpretation (Denzin, 1989, p. 500). It is the researcher who codes the data, selects the themes, chooses what to include and writes the analysis of the findings (Ely *et al.*, 1997). The interpretation contained in this thesis is therefore my analysis of the data, a creative process involving being immersed in the data and stepping back from it (Braun and Clarke, 2020a). While the role of the researcher is to provide an interpretation of the data, I was concerned that in my development of the analysis I may have changed the meaning or shifted the emphasis of participants. My hope is that my interpretation should be both recognisable to the participants and yet unique, due to it being done by me rather than another researcher. A recognition of positioning and an ongoing reflexivity was facilitated by keeping detailed notes as recommended by Yeh and Inman (2007). This enabled me to pay conscious attention to personal biases and assumptions, as well as their impact on the research process and analysis, and present these throughout the thesis.

7.6 Chapter summary

This chapter presents the findings from the qualitative study into the experience of subtle abuse amongst women of HESES. The RTA generated one theme and seven subthemes. The main theme of 'incongruence' captures the experience for both women victims and therapists. Within this theme are seven subthemes that articulate the manifestation of incongruence within different aspects of subtle abuse:

- Abuse is conducted on a subtle level
- The perpetrator's ongoing self-centred attitude
- Disconnection and loneliness – unseen and unheard
- Women thought they were to blame
- Try harder
- Shame
- Therapist countertransference.

The impetus for this study was my clinical observation: that a phenomenon of subtle abuse was occurring amongst my client group; that the women experiencing such abuse were unaware of this; that the abuse was not recognised by others in their lives; and that a combination of the abuse, a lack of awareness, and a lack of recognition by others was leading to negative mental and physical health consequences. This study supported these observations.

In the next chapter (Chapter 8) the findings of the thesis are drawn together to answer the research questions and aid recognition of subtle abuse by therapists. In addition, I present my CAT representation of subtle abuse drawn from the findings of the research. Reflexivity, implications for practice, and suggestions for future work are also presented in Chapter 8.

Chapter 8 Discussion

8.1 Introduction

The findings of the qualitative study contain a wealth of information about the complex and painful experience of subtle abuse. Overall, women and therapists recruited to the study described experiences that matched those seen in my clinical work, and illustrated in the recruitment vignettes. I have used the term 'subtle abuse' for these experiences. Since, to my knowledge, no previous study has recruited for abuse conducted solely on a subtle level, the finding that such abuse exists in isolation is significant. The study confirmed findings regarding perpetration, process, and impact, of more subtle abuses described in previous studies, although these studies included a broad spectrum of abuse experiences (Marshall, 1994; Lammers, Ritchie and Robertson, 2005; Pitman, 2010; Burnett, 2020).

This discussion chapter has five sections:

1. Answering the first research question, including a cycle of subtle abuse, and a table of five ways therapists can recognise subtle abuse of women of HESES in a clinical setting
2. Answering the second research question, including a cognitive analytic model of subtle abuse of women of HESES
3. Implications for practice
4. Reflexivity
5. Future work.

8.2 Answering the research questions

8.2.1 Research question 1: How can therapists recognise subtle abuse of women of high educational and/or socio-economic status in intimate heterosexual relationships?

The reviews of the literature identified a paucity of research into subtle abuse and a consequent omission of subtle abuse within existing abuse frameworks. I proposed the need

to name the fundamental elements of abuse to enable the identification of experiences across the full spectrum of abuse. I synthesised the elements of abuse from the literature and created a visual representation of abuse (Figure 2-2). The finding that women in the study were unable to recognise subtle abuse using current frameworks supports the importance of the visual representation in aiding the recognition of subtle abuse. Additionally, I developed a written and diagrammatic definition of subtle or covert abuse through a scoping review of the literature. This states that:

Subtle or covert abuse can be defined as undermining, withholding and limiting behaviours enacted in ways that are difficult to detect, leading to an attitude change process in victims which, in turn, leads to emotional and behavioural changes. This behaviour is likely to be underpinned by a societal and/or personal attitude.

I have combined the visual representation of abuse (Figure 2-2), the definition of subtle or covert abuse (Figure 3-2), and the qualitative study findings, to conceptualise subtle abuse. The conceptualisation is captured in a cycle of subtle abuse and a table for therapists, to aid recognition of subtle abuse in women clients of HESES. In the current study the participants who were victims of subtle abuse were all of high educational and high socio-economic status. The cycle of subtle abuse and the table (Table 8-1) would benefit from further development in consultation with other therapists.

8.2.1.1 The cycle of subtle abuse

The experience of subtle abuse amongst participant women who were victims was underpinned by pre-existing beliefs. These included that they had a responsibility to work hard in the relationship to ensure their partner was happy. Their partners displayed a pervasive self-centred attitude, which may be linked to an underlying patriarchal societal structure. Male partners used a variety of behaviours to get their needs met in the relationship, regardless of their partner's needs. These behaviours were conducted on a subtle level, such that they were not detected by women. The men's behaviours led to a sense of incongruence in the women and a disconnection from their partners. This was

accompanied by an internalisation, by the women, of the men's attitude and behaviours, which created an intrapsychic change. The intrapsychic change led women to disconnect from themselves and their needs, and to focus instead on their partner's needs. Thus, the interpersonal relationship between the couple, where his needs and opinions were privileged, became the relationship the women had with themselves, or the intrapsychic relationship (Section 5.2.3.3). Once the women disconnected from themselves, they lost the ability to access information that would have helped them to see the abuse. When women in the study turned to others to make sense of the incongruences they were experiencing, some were told that their relationship was normal, and some that they were wrong to have doubts. This feedback reinforced their disconnection from themselves. At various stages in the cycle positive behaviours from their partners led women to feel a sense of reconnection. The disconnection consequent on the abuse led to long-term mental and physical health consequences. The whole process acts as a cycle (Figure 8-1), which maintains itself partly through the women's consistent subscription to their beliefs in the nature of the roles of women and men in relationships. The women's narratives implied a similar subscription on the part of their partners. In Figure 8-1 the boxes relating to the victim are coloured blue, those relating to the perpetrator are coloured orange, while the grey box indicates a place to start the cycle and consists of the couples' beliefs.

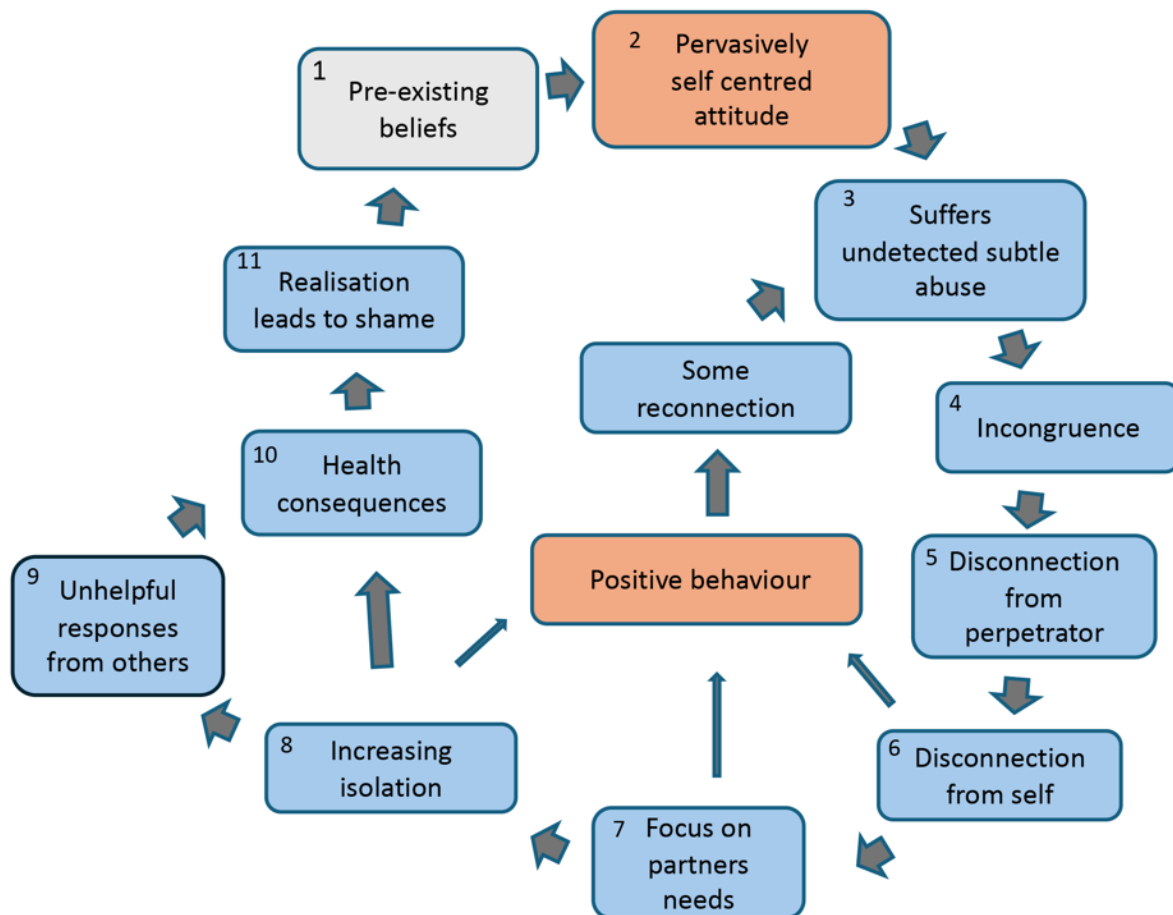


Figure 8-1 A cycle of subtle abuse: blue boxes relate to the victim, orange boxes to the perpetrator, grey to both

8.2.1.2 Table to aid therapist recognition of subtle abuse among women of HESES

Based on the findings of this programme of research, Table 8-1 summarises the five ways therapists can recognise subtle abuse of women of HESES in a clinical setting. The table can be used by therapists to understand the way a client presents in the therapy room, the experiences related by a client, and the experiences of the therapist when with such clients. It is likely that all elements of the table will be present when working with a client who is experiencing, or has experienced, subtle abuse. The table does not include specific behaviours or impacts of the abuse. The findings indicate that subtle abuse can manifest in a potentially unlimited range of ways. Therapists who participated in this research did not pay

attention to isolated behaviours or impacts when listening for abuse in their sessions with clients. Instead, they attended to the whole information they received from clients, as well as their own countertransference. Victims who were also therapists similarly discussed how their increased ability to spot abuse in clients occurred through attention to the whole of the experience, rather than to individual components. Each column of the table is expanded upon below.

Table 8-1: Five ways therapists can recognise subtle abuse of women clients of high educational and socio-economic status

Subtle abuse cannot be identified by incident alone	Subtle abuse creates a change in victims	Specific shame and coping mechanisms of women of HESES	Subtle abuse creates an incongruence in victims and in therapists	Additional therapist countertransference experiences
Abusers behave in self-centred ways	Victims experience a disconnect from perpetrators and themselves	Victims experience shame due to the incongruence between being 'strong' and 'resourceful' and being a victim of abuse	Therapists will notice a mismatch between the facts related by the client, and the sense clients have made of these facts	Therapists will notice an uncertainty as to whether a client is being abused
Self-centred behaviour is ongoing	Victims put their needs to one side and focus on meeting their partner's needs	Victims feel shame due to a belief they are failing to cope with a 'difficult' partner	Therapists will notice clients holding two positions at once	Therapists will be uncertain about naming abuse for fear of damaging the therapeutic relationship
Perpetrator behaviours create a personality or attitude change in victims	Victims change their behaviour to avoid negative repercussions from their partners	Victims feel shame when they feel upset, believing that as privileged women they do not have a right to feel distressed	Therapists will notice an internal incongruence or sense of confusion in themselves	Therapists may have an urge to silence their thoughts about the abuse of the client in the same way the client silences themselves
	Victims become disconnected from others	Victims use intellectualisation to understand and to distance themselves from the abusive experience		Therapists will notice themselves moving between the three points of Karpman's (1968) drama triangle: victim, persecutor and rescuer
		Victims are used to tackling and solving problems so try to do this within the relationship		

8.2.1.3 Subtle abuse cannot be identified by incident alone

The study suggests that subtle abuse cannot be identified by incident alone. Therapists will be helped by the four parts of the visual representation of abuse (Figure 2-2) as manifested in a subtle way. Clients' stories will include information that their male partners behave in self-centred ways on an ongoing basis, and that these behaviours change clients in ways that privilege the partner. These findings confirm the definition of subtle or covert abuse in Chapter 3 (Figure 3-2).

8.2.1.4 Subtle abuse creates a change in victims

The study confirmed that subtle abuse of women of HESES initiates an attitude or personality change process (Chapter 3 and Section 7.4.2.3). When women experience subtle abuse, they are changed in the way they relate to themselves and to others. Women lose connection with themselves, leading to the following consequences:

- An inability to recognise the abuse or the changes it has caused within them
- A disruption to their connection with others
- An inability to explain to others what is happening to them
- An inability to make sense of feedback from others that may challenge their growing belief that everything in their lives will be fine if they can improve themselves and make their partner happy.

8.2.1.5 Specific shame and coping mechanisms of women of high educational and socio-economic status

Women of HESES who are victims of subtle abuse experience specific kinds of shame and use particular coping mechanisms associated with their cultural group membership:

- They believe they cannot be both 'strong' and 'resourceful' and a victim of abuse. Abuse is kept out of their awareness to avoid the crisis of identity, and the shame they would feel if they realised they were victims of abuse
- Victims believe that someone of their cultural group should be able to cope with a 'difficult' partner and feel shame at failing to do so
- Victims feel ashamed if they feel upset, believing that as privileged women they have no right to feel this way
- Intellectualisation is used to understand the abuse experience and to avoid recognition of being abused
- They are used to tackling and solving problems and attempt this in their relationship, expecting to succeed. When they fail, they redouble their efforts and try harder.

8.2.1.6 Subtle abuse creates an incongruence in victims and in therapists

When women who have been abused and lost connection with themselves present for therapy, their incongruence and disconnection from themselves is not immediately apparent. In the early stages of therapy, therapist participants were unable to recognise whether a client was being subtly abused, despite a general understanding of abuse, and having worked with subtle abuse victims. The first indicator to a therapist that a client was being subtly abused was a double sense of incongruence:

- A mismatch between what clients described and the sense clients had made of it
- Therapists experienced a personal, internal incongruence or sense of confusion.

A therapist's awareness of their countertransference is therefore essential to identifying this group of victims. Therapists must be able to identify such an incongruence or mismatch in themselves.

8.2.1.7 *Therapist countertransference experiences*

Therapists can pay attention to additional countertransferential information:

- An uncertainty as to when and how to speak about the abuse for fear of damaging the therapeutic relationship
- An identifying silencing. Clients are likely to be silencing themselves. This may be due to a belief that abuse does not happen to women of HESES. It may be owing to a feeling of shame linked to an incongruence between being abused and their membership of the HESES group. Or the silencing may be an internalised narrative from their partners that it is the victim's behaviour that is unreasonable and not their partner's, and thus they are not entitled to voice their concerns. Therapists may notice that they too are silencing themselves due to unconsciously identifying with a client's motivation for silence
- Feelings of frustration, powerlessness, or an urge to rescue the client, as the therapist moves between the positions of Karpman's (1968) drama triangle: persecutor, rescuer and victim.

Table 8.1 is a new tool to aid therapists in recognising subtle abuse of their women clients of HESES. Future research could involve a collaborative study with therapists on their use of the table in order to develop it further.

8.2.2 *Research question 2: How can subtle abuse be conceptualised to enable it to be understood by victims, therapists, and the public?*

Subtle abuse has been conceptualised through a cycle of subtle abuse (Figure 8-1) and a table showing ways that therapists can recognise subtle abuse in their women clients of HESES (Table 8-1). Figure 8-1 offers a novel, visual representation of how subtle abuse is established and maintained, conveying the process of entrapment in subtle abuse. Such entrapment is related to Stark's (2007) concept of coercive control, but is created by internalising the perpetrator's interpersonal behaviour. The cycle shows the self-perpetuating

nature of subtle abuse and demonstrates the need for external input to break the cycle. If therapists can recognise that abuse is occurring, they can provide this external input. In the following section, I propose a CAT model of subtle abuse of women of HESES to aid recognition.

8.2.2.1 A model of subtle abuse using cognitive analytic therapy

The description of CAT (Sections 1.2 and 5.2.3.2) explains the foundations of CAT's model of personality development. Cognitive analytic theory states that the self develops via the internalisation of roles enacted by others towards us. For example, the critical parent is internalised to create a critical part of the self. Thus, the other-to-self relationship becomes the self-to-self relationship. In CAT theory, the internalisation continues throughout life:

In the dialogic view, however, the self remains permeable throughout life, generating and responding to other selves directly and through accumulated words and other artefacts. (Ryle, 2001)

The capacity for new roles to be internalised through interaction with others is fundamental to the process of therapy. Petruska Clarkson's (2003) five-relationship model of therapy includes the 'reparative/developmentally needed relationship' (p. xxi). In this reparative relationship, a therapist's interpersonal relationship with the client will be compassionate and non-judgemental (the other-to-self relationship). The client learns from this interpersonal relationship how to be compassionate and non-judgmental towards themselves, so creating the intrapsychic relationship (the self-to-self relationship). However, abusive relationships can also be internalised. The CAT understanding of personality development, which includes the potential for further change as adults through the influence of others, informs my understanding of the effects of abusers in intimate relationships. The visual representation of abuse, and the definition of SCA, both indicate a personality or attitude change process. The CAT model offers a way to understand how changes in the victim, during and after an abusive relationship, are caused by the internalisation of the interpersonal relationship

creating an intrapsychic relationship of the victim with herself. Thus, if the abuser behaves in a dismissive way towards the victim, the victim will become dismissive towards herself. When the abuser disconnects from the victim, the victim disconnects from herself. The move from the interpersonal other-to-self relationship of the perpetrator and the victim, initiated by the perpetrator, to the intrapsychic self-to-self relationship of the victim to herself, is central to the effect and maintenance of subtle abuse. This mechanism of change does not appear to have been previously conceptualised. I have represented the process of change in abuse by constructing a CAT diagram of subtle abuse in this population group in Figure 8-2.

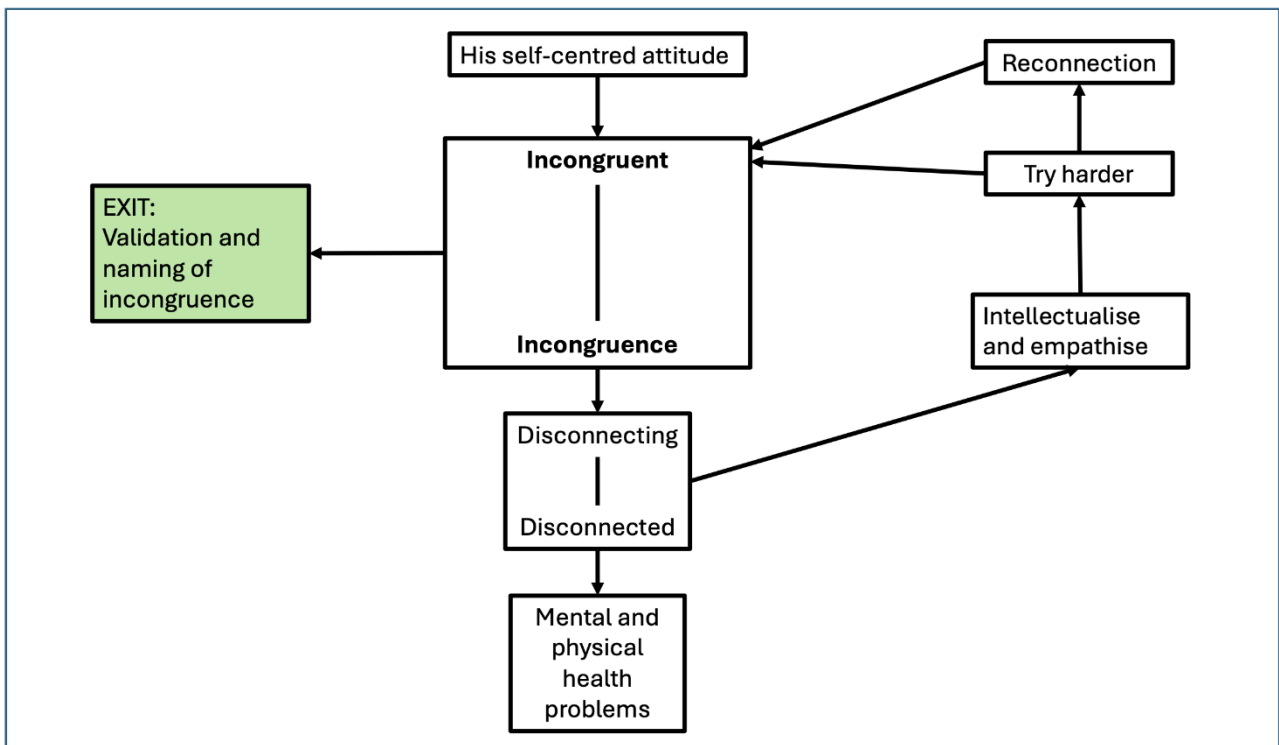


Figure 8-2 A cognitive analytic model of subtle abuse of heterosexual women of high educational and socio-economic status

The aim of this CAT diagram is to convey, in a simple form, the complex relationships that operate on multiple levels. The CAT diagram of subtle abuse of women of HESES (Figure 8-2) starts with the pervasive self-centred attitude of the perpetrator. His self-centredness leads to the creation of the main reciprocal role of incongruent (perpetrator) to incongruence (victim). This is the interpersonal relationship.

The victim then internalises the top end of the main reciprocal role pole and becomes incongruent to themselves (incongruent victim to incongruence victim). Women who are suffering subtle abuse then also give incongruent messages to others: the perpetrator, friends, family and therapists. The victims of abuse are partly incongruent to others, as they are confused, and also due to them seeing the possibility that their partner does not have their best interests at heart, and so they feel shame. When a victim is incongruent to others, others sense incongruence but are unable to name it. When women who are experiencing subtle abuse attend therapy, their therapists sense incongruence in the victim and in the therapy relationship, but are unsure whether to share this, and so they become incongruent with their clients.

The diagram then shows an arrow to another reciprocal role: disconnecting to disconnected. This second reciprocal role starts with the perpetrator disconnecting from the victim (the interpersonal relationship). As in the first reciprocal role, the victim internalises both ends of the pole, enacting the top end of the pole (disconnecting) in relation to themselves (the intrapsychic relationship) and others (interpersonal relationships where the victim enacts the perpetrator's role to others – self-to-other).

The diagram shows how women of HESES who experience subtle abuse use intellectualisation and empathy to try to make sense of what is happening, and try harder to get things right, while hoping for reconnection. Occasional reconnection occurs, but the perpetrator's continued incongruent behaviour ensures the cycle continues. There are mental and physical health consequences of this continuing abuse experience. An exit is marked on the diagram. The exit indicates the intervention of a validating response to the victim that acknowledges the incongruent experience. In the study, both therapists and victims discussed validation as the way to resolve the incongruence and escape from the cycle. As with Table 8-1, future research could involve trialling the CAT model of subtle abuse (Figure 8-2) with therapists in order to develop it further.

8.3 Implications for practice

The aim of the Professional Doctorate is to develop as a practitioner and a researcher, to explore an important topic in your work, to give something back to the professional community you are from, and to improve things for patients or clients (Spalding, 2023). The next section looks at how the work in this thesis achieves these aims.

Participating in a Professional Doctorate offers an opportunity to train as a researcher through conducting research into an area of professional interest (Fulton *et al.*, 2013). The experience of 'learning by doing' as a researcher (Duncan and Brown, 2021) was a process of continually doing new things. I was always working in my zone of proximal development, being scaffolded by the structure of the Professional Doctorate training and my academic supervisors (Vygotsky and Cole, 1978).

Through conducting rigorous research into the experience of subtle abuse and its recognition, the complexity of the experience for both victims and therapists has surprised me. I have developed and take back to my clinical work, and to the training of other therapists, a deeper knowledge of the phenomenon than I thought was possible. For example, the understanding that the experience of incongruence is central to subtle abuse, and operates on multiple levels in multiple relationships. This understanding was achieved by using RTA as the method of analysis (Braun and Clarke, 2006, 2022; Braun, Clarke and Hayfield, 2022), enabling a deep and rich understanding of the participants' experiences.

Anecdotal conversations and clinical experience prior to the Professional Doctorate led me to understand that therapists lacked knowledge of subtle abuse and how to recognise it. The process conducted during the doctorate has led to the development of tools that can be used to train therapists to recognise subtle abuse in their clients and enhance clinical practice:

- The visual representation of abuse (Figure 2-2)
- The definition of subtle or covert abuse from literature (Figure 3-2)

- The cycle of subtle abuse (Figure 8-1)
- The five ways to recognise subtle abuse in a clinical setting (Table 8-1)
- The CAT model of subtle abuse of women of HESES (Section 8.2.2.1 and Figure 8-2).

My hope is that by training therapists to recognise subtle abuse of women of HESES, those women who attend therapy not knowing they are being abused, can be helped to reconnect to themselves, and make informed decisions about their futures.

The findings of the study could be used to expand current information on abuse provided by a range of organisations, and extend current trainings on IPA. Information provided by professional bodies, such as BACP and ACAT, could be expanded to include updated information on therapist recognition of subtle abuse, and abuse in this population group. Wider organisations offering support to victims of abuse could update public information on abuse to include the experience of subtle abuse, and how women of HESES may be affected. Such updated information could help victims and their supporters to recognise subtle abuse more quickly. The use of the visual representation of abuse (Figure 2-2) could help the public to understand why such subtle experiences constitute abuse. I believe that the word 'abuse' should be used across the spectrum of abuse. Using the word 'abuse' for all experiences which include the four elements of the visual representation of abuse (Figure 2-2) will lead to increased recognition of subtle abuse and of abuse of women of HESES, and reduce the perception of abuse victims as of lower educational and SES. Therapy trainings and conferences should ensure that they are conducted in ways that do not continue to 'other' abuse victims, and instead, recognise that many participants will have experience of abuse, as noted by Edelman (2023).

Information contained in this thesis can be disseminated academically through journal papers, such as Parkinson, James and Hanson (2023) and conference talks, such as Parkinson, Jong and Hanson (2023), and through trainings for therapists and domestic violence workers. Other healthcare professionals will also benefit from training on subtle abuse and its recognition, to expand their understanding of abuse and abuse recognition. Additionally,

information for general dissemination would directly help victims of subtle abuse and their supporters. This could be provided in the form of a website focusing on subtle abuse of women of HESES, and in written materials that could be made available to therapists and the public. As a clinician I wanted to have information that I could hand to a client to help them decide whether they were experiencing subtle abuse. The findings of this study inform the further development of tools for therapists, and the creation of information for clients.

8.4 Reflexivity

Reflexivity has been a fundamental part of the doctoral process, from the positioning statement written at the beginning of the taught element of the programme, to this section in the thesis. While reflexivity is embedded throughout the thesis, Table 8-2 summarises key places reflexivity is addressed.

Table 8-2: Reflexivity within the thesis

Topic of reflexivity	Addressed in
Who I am and what has influenced me	Chapter 1
Descriptions of CAT and of CAT's influence upon me and the study	Chapters 1 and 5
The philosophical assumptions underpinning the thesis, including the qualitative study	Chapter 5
The ethical considerations of the qualitative study	Chapter 6
Comparing and contrasting the roles of therapist and researcher	Chapter 6
Reflexivity and the study trustworthiness	Chapter 6
Reflections on the Professional Doctorate, the impact of my positionality on the research and of the research process on me	Chapter 8

As a psychotherapist, I am familiar with constant self-questioning in my work: within sessions with clients (Casement, 2013), in reflecting on sessions afterwards while writing up notes (Jenkins, 2017), and in regular supervision (BACP, 2018). However, in moving into the academic space, I did not anticipate the utterly immersive experience of conducting qualitative research. This has been particularly notable in the analysis phase, which has required constant thinking, creating, reframing and re-examining. There is, of course, a concern that such an immersive experience could lead to me re-examining the decisions made and the themes created, and perhaps find some further way to interpret the data. I

notice that Trainor and Bundon (2021) talk of doing this between thesis submission and journal article writing. I accept, with some relief and some regret, that at some point analysis and reinterpretation need to stop, as pointed out by Braun and Clarke (2022). There are, however, some points around the impact of my positionality and areas of incongruence that warrant further discussion as part of full transparency (Hiles, 2003; Kapiszewski and Karcher, 2021).

One example would be in the use of the word 'subtle' in the term subtle abuse. I initially used it in my clinical practice, as it accurately described the phenomenon I witnessed: abuse as I understood it, being conducted on a subtle level. The term conveys the insidious invisibility of the abuse while allowing for the range of ways the abuse is enacted. However, an academic I consulted, when conducting exploratory work prior to the Professional Doctorate, feared the term minimised the experience. In contrast, on seeing quotes from my interviews with victims, my supervisors were shocked by the victims' experiences, seeing them as devastating. Yet, when I talk to friends or other therapists, the most common response is 'Isn't that just a difficult relationship?', 'Why do you say that's abuse?', and 'Isn't it about couples negotiating compromise?'. I had the same reaction when presenting my work at conferences, where researchers were focussed on exploring more overt NPA or physical violence. Through the work I conducted during the Professional Doctorate, I have learnt that the experiences I witnessed in the therapy room are substantiated by literature and my findings, and can be labelled as experiences of abuse. The evidence points to there being ways perpetrators enact abuse subtly. Such subtle perpetration contributes to the experience of incongruence, fundamental to subtle abuse. Other terms currently used around non-physical abuse, such as emotional, psychological and NPA, do not sufficiently portray the experience of subtle abuse. The study findings give evidence that subtle abuse is conducted on a subtle level, making it hard to see and explain, and that, as an ongoing experience, it cannot be conveyed by incident alone. With this finding I was able to understand why I could not explain it adequately to others in my profession prior to the research. The lack of ability to explain subtle abuse to others is compounded by the historical narrative of abuse, leading to the expectation that abuse will be communicated using incidents.

The ethnicity, sexuality, education and social status that I share with most of the participants, gave me 'insider' status with the research groups (Berger, 2013), and will have impacted my data collection and analysis (Finlay, 2002). For example, our similarities are likely to have helped build rapport in the interviews, as described by Berger (2013) and found by Richie (1996) as an African American woman conducting research with African American women. Our shared positioning may also have led to a greater confidence on my part in asking questions that may otherwise have felt intrusive, an experience noted by Berger (2013). In contrast, I may have adhered to the social 'rules' of our shared ethnic, educational and SES groups, such as ensuring both participants in the social interaction felt happy (Ardener, 1993), rather than prioritising my role as a researcher. For example, my field notes show I found myself uncomfortable in asking about economic status (although not educational). I attributed my uncomfortable feelings to a reluctance amongst many in the UK to discuss finances and personal wealth, and to my own membership of the group of women of HESES. I would not have asked these questions to these women in a social situation, and it felt rude to do so in the interview. This hesitation resonates with Weitzman's (2000) and Sexton-Lewter's (2014) ideas about privilege and isolation, and Weitzman's (2000) concept of maintenance of status, although this previous research was conducted in the US. By avoiding clarifying how women who were victims met the socio-economic aspect of the HESES criterion, I may have set up a collusive relationship, which then made it harder for me to ask clarifying questions that challenged our connection, and could potentially put me in a superior position. Our similarities as women of HESES may also have impacted on how the women who were victims felt about sharing their abuse experiences. Literature indicates that women of HESES may experience shame when sharing information about IPA with peers (Weitzman, 2000; Dozois and Germann, 2017). However, despite this, I felt participants were honest with me, often sharing deeply personal experiences, and those they described as shameful.

Additionally, participants and I may have made assumptions about each other based on our observable similarities. I suspect that both participants and I assumed we had undergone

similar life events, and that we had taken similar lessons from them. Consequently, my assumptions may have led me to fail to ask for clarification during interviews. Keeping silent when I should have spoken, may have compromised the depth of my interviewees responses to interview questions, while they also assumed I understood their meaning. Despite this, I wonder if my familiarity with the world of educated, middle-class, white women as well as with how therapist's think, meant I understood nuances in the answers from both groups, that an 'outsider' may not have (Greene, 2014).

My positioning will also have affected my data analysis (Mauthner and Doucet, 2003) and I describe significant perspectives I brought to the research in other paragraphs in this chapter. However, by its very nature, while I am aware of some impacts of my positionality, there will be some of which I am still unaware. Mauthner and Doucet (2003) describe how it is only with hindsight that they have understood the depth and complexity of their influence on the data analysis. It may be that, like them, my awareness of the influence of my social position and beliefs on my analysis will develop over time.

8.5 Future work

Future work could be conducted in several areas:

- Abuse representations (Figure 2-2, Figure 3-2, Figure 8-1, Figure 8-2 and Table 8-1) developed during this research could be advanced through collaborative research with therapists
- It would be beneficial to explore the experience of subtle abuse in other population groups. This would confirm whether the experience is unique to women of HESES, or is universal
- The experience of incongruence could be compared with literature on similar concepts, such as confusion, cognitive dissonance and self-deception. Since the experience of incongruence was found within all the relationships the victim had, including with the therapist, it may be helpful to explore how incongruence within the therapeutic relationship is replicated within the therapist's supervision

- By expanding our understanding of the spectrum of abuse, it may also be possible to include subtle abuse within the collection of data on abuse. Once data collection is possible for subtle abuse, the extent of the problem across societal groups could be known.

Chapter 9 Conclusion

As participant, Harriet, said when explaining her experience of subtle abuse:

I had everything I needed to be able to deal with this, but I just couldn't see it.

This thesis found that abuse can be enacted on women of HESES in a subtle way. The abuse causes and maintains an experience of incongruence that prevents women like Harriet from recognising the abuse. Women of HESES's subsequent engagement of their personal and social resources further entraps them, rather than helps them escape. Harriet's quote captured her frustration that the subtlety and the mechanisms of the abuse prevented her from using her resources to recognise and escape from the abusive relationship. The conclusion gives a summary of the significant findings of the thesis which, as Fulton *et al.* (2012) describe, can be taken back to my professional community to aid both therapists and future clients.

The research in this thesis was initiated following the recognition of a clinical problem. As a therapist, I observed a significant number of women of HESES attending for therapy in my private practice with symptoms of anxiety, depression and/or anger. Upon clinical investigation, these were found to be the result of the women being in abusive relationships where the abuse was conducted on a subtle level. The lack of awareness of the existence of such subtle abuse, and the absence of literature about it, led to a lack of recognition on the part of the victims, and also their friends, family and therapists. This resulted in the victims experiencing further negative mental and physical health consequences (Chapter 1).

The overview of the literature on IPA (Chapter 2) found a paucity of literature on abuse of women of HESES, minimal literature on how therapists can recognise subtle abuse, and indicated the need for a scoping review of literature describing or defining subtle (or covert) abuse. A visual representation of abuse was devised from the literature (Figure 2-2), which is applicable to any abuse underpinned by control. The scoping review (Chapter 3) enabled the

creation of a conceptualisation and definition of subtle or covert abuse, which was represented in a diagrammatic form (Section 3.6 and Figure 3-2) and shows the cause, method of perpetration, and impact of the experience. The reviews of the literature indicated the need for an empirical study to explore the experience of subtle abuse among women of HESES, and how therapists could recognise subtle abuse in their clients. Owing to the potential vulnerability of the participant group, a PPI study was conducted (Chapter 4) to ensure an ethical, participant-centred design of the qualitative study, and to maximise benefit and minimise risk to participants. All the studies in the thesis were approached using a qualitative paradigm, and underpinned by a relativist or subjective ontology and epistemology, in line with my therapeutic approach, CAT. Reflexive thematic analysis was chosen to analyse the data obtained from the qualitative study interviews.

The empirical research contained in this thesis aimed to increase the understanding of subtle abuse of women of HESES, to aid therapist recognition of victims of subtle abuse and thus reduce their suffering. These aims were encapsulated in the following research questions:

1. How can therapists recognise subtle abuse of women of high educational and/or socio-economic status in intimate heterosexual relationships?
2. How can subtle abuse be conceptualised to enable it to be understood by victims, therapists, and the public?

Subtle abuse is a distinct experience. I found that subtle abuse has similar perpetration tactics and similar impacts to other previously investigated abuses, such as emotional, psychological and NPA. However, the findings of the qualitative study are that women experience abuse on a consistently subtle level throughout the relationship. The subtle level of the abuse makes it hard for victims to realise they are being abused, hard for victims to explain the abuse to others, and hard for others to recognise the abuse. In addition, the lack of a conceptualisation of subtle abuse means existing literature and public information does not currently give sufficient information to enable the recognition of ongoing subtle abuse.

Subtle abuse appears to be underpinned by control, embedded in a patriarchal social structure, and is conducted in an ongoing way, based on a perpetrator's pervasive self-centred attitude. Subtle abuse may, therefore, be aligned with the concepts of coercive control (Stark, 2007) and intimate terrorism (Johnson, 2008). However, using the CAT theory of personality development, the study found the mechanism of abuse to be an internalisation of the incongruent role of the perpetrator. This has not been previously described, and offers a way to explain to victims, and others, the process of abuse.

Literature, and my findings, support the use of the word 'abuse', rather than using surrogate terms such as 'coercion', 'control', or 'toxic relationship'. Using alternative terms contributes to the incongruence, making it more difficult for women to attribute responsibility for the abuse to their partners. Alternative terms also risk perpetuating the belief that abuse victims are of low educational and socio-economic status. The continuation of this construction does not help any women who are abused.

The use of the term 'subtle' is also indicated by my findings (Section 8.2.1.3). In the qualitative study I found that women who experience subtle abuse do not recognise themselves in current descriptions of abusive behaviours and impacts, which invariably include examples of overt abuse. Terms in current use (such as emotional, psychological and NPA) all include a spectrum of experience, descriptions of which tend to use more overt incidents of abuse. Women victims in this study who knew about abuse tactics and impacts did not notice a resemblance between these and their experience, due to the current absence of a concept of subtle abuse.

This is the first study to look at the experience of abuse among women of HESES in the UK. I argue that these women occupy a distinct cultural group, the characteristics of which appear to impact the nature of the abuse they experience, how they respond to the abuse, what prevents them from realising the abuse, and the way they feel when they do realise. An understanding of these, possibly unique, aspects of abuse among this population group

could create a change in social constructions, improving abuse recognition and reducing shame across population groups.

The qualitative study is the first study to examine how therapists feel when working with women experiencing subtle abuse. The therapists all spoke of countertransference experiences when with this population group, including incongruence and frustration. Therapists also recognised the distinctive way that women of HESES thought about, and dealt with, their abusive experiences. Therapists need to be sensitive to their countertransference so they can become aware of subtle abuse of their clients. Awareness of countertransference is key to recognition of subtle abuse in a therapy setting.

It was hard to witness the damage caused to these women. Even years after the abuse, women were still visibly distressed during the interviews. In addition, the change to the intrapsychic relationship does not seem to disappear. It may be that the effect of the abuse reduces over time and seeing the women at only one point in time, I was unable to establish this. However, Deb and Anna, who were the women longest out of their abusive relationships, were still uncertain about using the term abuse, and still had mental and physical health problems resulting from the abuse.

In 1999 Marshall wrote:

Victims of subtle psychological abuse often seek therapy for symptoms caused by the abuse, but the likelihood that a partner's acts would be implicated as possible causal factors by the woman or her therapist is small. (p. 168)

I hope that the research contained in this thesis will help therapists in their ability to recognise when their clients are experiencing subtle abuse. Consequently, women can be supported by their therapists to exit the intrapsychic relationship of incongruence and, through a certainty that something was done to them, finally escape from the impacts of subtle abuse.

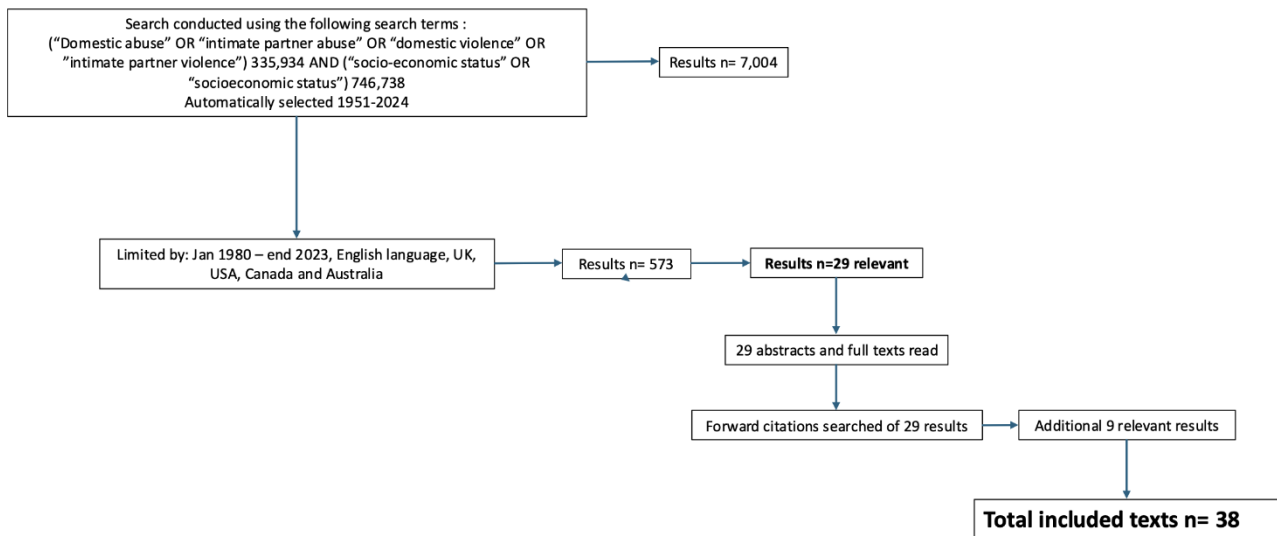
Appendices

Appendix 1 Review of the literature on socio-economic status and its links to DVA or IPA: Search strategy

Flow diagram of search strategy for Domestic Violence, Intimate Partner Abuse and socio-economic status

Searches conducted on 28.5.23 and checked on 11.4.24 using UEA library

Inclusion criteria: any literature exploring or finding links between socioeconomic status and domestic or intimate partner abuse or violence

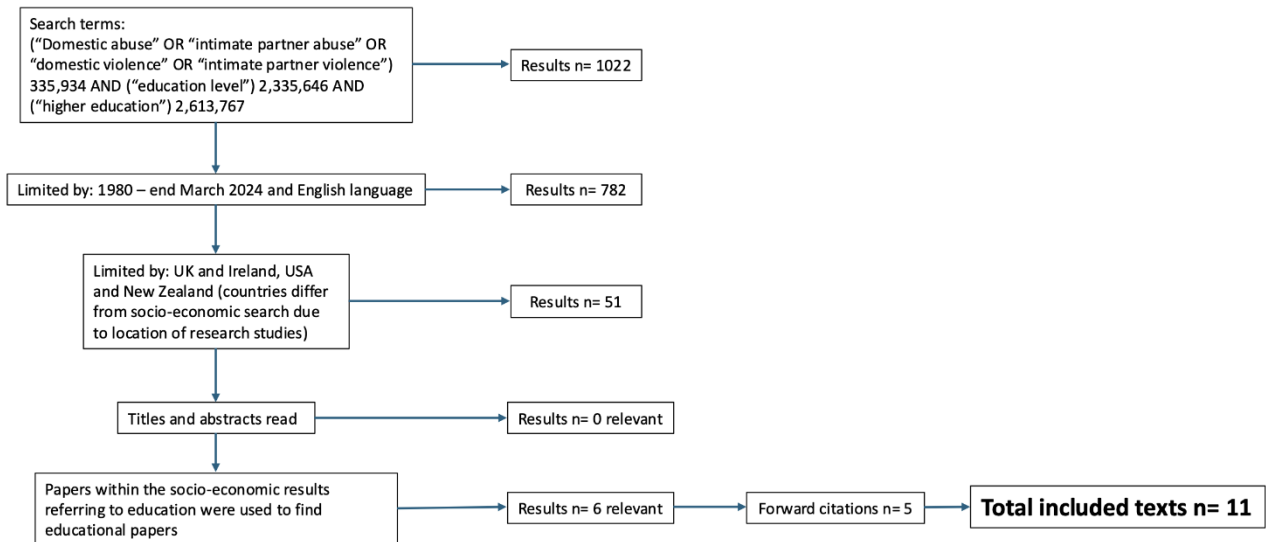


Appendix 2 Review of the literature on educational status and its links to DVA or IPA: Search strategy

Flow diagram of search strategy for Domestic Violence or Intimate Partner Abuse and educational status

Searches conducted on 1.6.23 and 11.4.24 using UEA library

Inclusion criteria: any literature exploring links between education and domestic or intimate partner violence or abuse

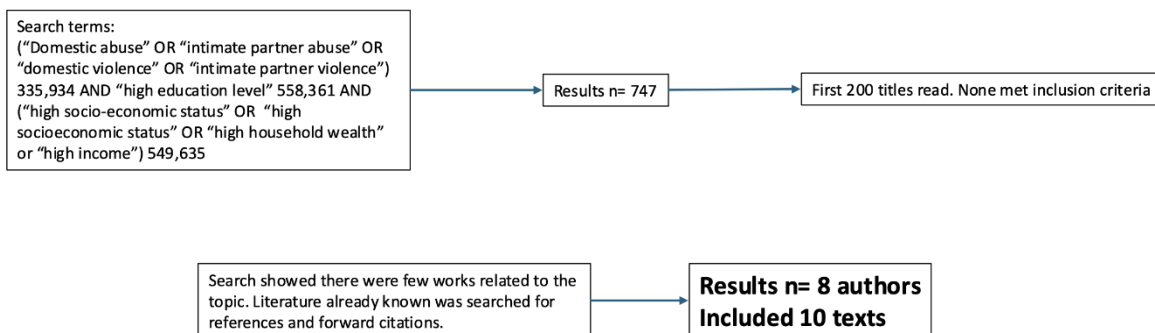


Appendix 3 Review of the literature recruiting women of high educational and/or socio-economic status: Search strategy

Flow diagram of search strategy for domestic violence or intimate partner abuse texts recruiting women of high educational or socio-economic status

Searches conducted on 1.6.23 and repeated on 11.4.24 using UEA library

Inclusion criteria: any literature recruiting women of high educational or socio-economic status who have experienced domestic or intimate partner violence or abuse

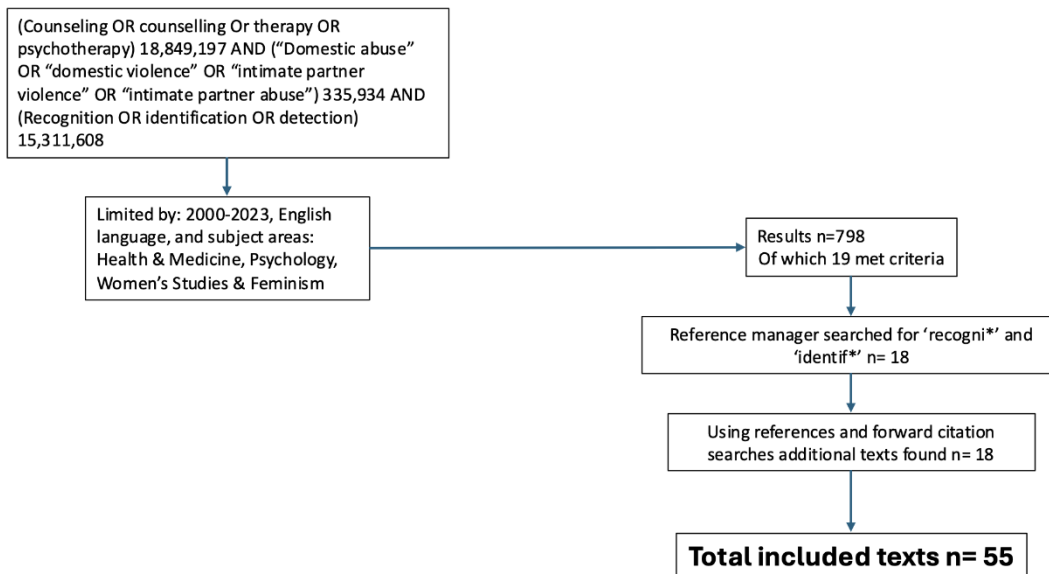


Appendix 4 Review of the literature on healthcare professional recognition of victims of abuse: Search strategy

Flow diagram of search strategy for literature on therapist recognition of domestic violence or intimate partner abuse

Searches conducted on 16.6.23 and repeated on 11.4.24 using UEA library

Inclusion criteria: Literature pertaining to the recognition or identification of domestic violence or intimate partner abuse by therapists or health care professionals



Appendix 5 Scoping review of subtle or covert abuse: Data extraction tool for definitions and descriptions of subtle or covert abuse from included texts

	Author, year	Name of item	Type of literature, country of origin, journal or book name	Type of study, Study population, Methodology	Aim of study	Definitions or descriptions or other relevant sections on subtle or covert abuse
1.	Bicehouse & Hawker (1995)	Domestic Violence: Myths and Safety Issues	Journal article. US. J Holist Nurs. 1995;13(1): 83-92	Summary of knowledge – not original research	Looks at domestic violence as patterns of subtle and overt abuse rather than as incident specific and aims to help those assessing or caring for women to identify those at risk of DVA	<p>“Abuse is defined by the authors of this article as any behaviour that dominates, controls, lowers self-esteem, or takes away freedom of choice. The key component to this definition is the taking away of the other person’s freedom of choice. Even the more subtle forms of control look more serious and more dysfunctional when seen as part of an all-pervasive atmosphere of control and denigration.” P.84</p> <p>“Although in many areas it is no longer appropriate to openly declare that men are more important than women, the more subtle aspects of this belief are to be found everywhere: in institutions, in the media, in the arts and in relationships” p.85</p> <p>Section on Covert Control p85-86:</p>

					<p>'His response to challenge or disappointment is to blame someone else. Blaming is a primary method of dealing with the world for the abusive/controlling male.' P.85</p> <p>'The constant repetition of blaming or denigrating statements...undermines a woman's self-esteem and confidence. She often believes that what he says is true rather than realizing that he is unloading his frustration, anxiety, and unhappiness on her because she is "his.'" P.85-86</p> <p>"An even more subtle method of covert control is a condescending style. In this method, a man may listen to his partner's ideas but consistently dismiss them as unimportant." P.85 <i>the authors locate this behaviour within a traditional male role of seeing 'taking care of' his wife and family as his responsibility and where</i> 'His response to challenge or disappointment is to blame someone else' p.86</p> <p>'she typically does believe that problems in the relationship are her fault and hers to solve, and she is less likely to focus on how she is being treated than on what will not make him angry. When an abusive man gets angry, both he and his</p>
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						<p>partner interpret the situation as one in which she has done something wrong. His behavior is excused or ignored, and her behavior is criticized.' P.86</p> <p>"The covert controls in abuse relationships may result in a wide array of physical and emotional problems with no obvious physiological basis...(New York State Department of Health, 1990)." P.88</p> <p>"It is helpful to be aware that the man's behaviour may not be seen as overtly controlling by the staff. More often, it is covert and directed at his partner. The man is likely to be deferential, pleasant, and helpful to the healthcare professionals he sees as being in authority." P.88-89</p>
2.	Burnett (2020)	Covert Psychological Abuse and the Process of Breaking Free: A Transformative Mixed-Methods Study on Female Survivors of Male Partners	PhD ProQuest Dissertation and Theses. Fuller Theological Seminary, School of Psychology. US	Mixed methods study: women recruited through online groups completed measures online from these women a sample were	Aim to gain an 'in-depth understanding of covert psychological abuse in romantic relationships' abstract	<p>Burnett links covert abuse to narcissism (although her study did not investigate perpetrators) and gaslighting as both primarily involving subtle or insidious abuse. However, qualitative sample of 10 included 7 who had also experienced physical or sexual abuse (undefined).</p> <p>'Psychological abuse is characterized by behaviors that cause emotional distress and damage the survivor's sense of self (Loring, 1994; Murphy & Cascardi, 1999). It serves to maintain abusive relationships by fostering self-doubt,</p>

				<p>selected to be interviewed</p>	<p>confusion, and loss of identity (Larkin & Popaleni, 1994; Murphy & Hoover, 1999; Sackett & Saunders, 1999; Smith, Tessaro, & Earp, 1995). Marshall (1996) viewed psychological abuse as a process of attitude change; the survivor is “undermined gradually through changes in attitude about herself (i.e., self-concept), her partner, relationship, and friends” (p. 382)’p.6</p> <p>‘The insidious, covert aspects of psychological abuse continue to be neglected in the psychological research literature, despite their damaging consequences and the dire need for effective intervention.’p.10</p> <p>‘Popular culture and other fields of study have prioritized exploring the dynamics of covert psychological abuse and providing information to survivors. Clinical psychologists, social workers, life coaches, and survivors of abuse have created in numerous self-help books (e.g., Arabi, 2016; Birch, 2015; Bonchay, 2016; Morningstar, 2018; Simon, 2010), YouTube videos, Facebook groups, forums, and blog posts to help others identify, understand, and break free from the covert forms of psychological abuse.’p.10</p>
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					<p>'In her book <i>The Many Faces of Abuse</i>, clinical psychologist Joan Lachkar (1998) delineated between the five prevailing types of abusers: narcissistic, borderline, passive-aggressive, obsessive-compulsive, and schizoid. Among these variants, the narcissistic abuser is the most common (Kernberg, 1985; Lachkar, 2001).’p.10</p> <p>‘Narcissistic abuse is described as a specific type of experience with the goal of thought control. This occurs predominantly through subtle emotional manipulation, a covert form of psychological abuse (Staik, 2017)’p.12</p> <p>‘Survivors of narcissistic abuse are left with a fundamental doubting of their own truths. They have a distorted sense of self-blame and tend to avoid and become isolated from others. They often have symptoms of PTSD, including intrusive thoughts, nightmares, emotional flashbacks, hypervigilance, difficulty concentrating, and trouble falling asleep (Staik, 2017)’p.13-14</p> <p>‘Gaslighting and manipulative control. As noted, those with narcissistic traits rely heavily on covert psychological abuse to manipulate their partners. In her self-help book, <i>Morningstar</i> (2018) delineated the popular acronym FOG,</p>
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					<p>which stands for the fear, obligation, and guilt that is covertly pulled for by narcissistic abusers.'p.14</p> <p>'In the qualitative phase, semi-structured narrative interviews with purposively-selected participants were used to pursue an in-depth understanding of covert psychological abuse in heterosexual, cisgender females. It was important to learn how participants uncovered their truths and made meaning of their experiences, especially given how covert psychological abuse involves mistrust of one's perceptions due to chronic, subtle manipulation.'p.43</p> <p>'The inclusion of a qualitative approach was necessary to capture the complexity of the inherently insidious phenomenon under investigation in the present study.' P.51</p> <p>'Ultimately, covert psychological abuse appears to be a pervasive human phenomenon that maintains oppression. In America, heterosexual romantic relationships with abusive men are not limited to anxiously-attached women (Hocking <i>et al.</i>, 2016; Mikulincer <i>et al.</i>, 2003) with less privilege and resources as traditional narratives seem to suggest (Ellison <i>et al.</i>, 2007; Tolman & Wang, 2005; Yllo & Strauss, 1995). This type of abuse does not seem to discriminate by group</p>
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					<p>and is maintained through insidious messages across the lifespan and within the cultural milieu. Covert psychological abuse appears to be the force that maintains all other forms of abuse in individual and systemic relationships.'p.94</p> <p>'Covert psychological abuse was determined to be a pattern that occurs across multiple levels, which reinforce each other and maintain systems of abuse in romantic relationships and beyond. In the process of breaking free, not only do survivors take steps toward leaving their abusive partners, but they also confront and overcome messages of disempowerment from their families and a power-over culture that enables abuse in its legal and religious institutions. Overt labelling by an empowered other and education on manipulative tactics appear vital for facilitating the leaving process, as they provide alternative narratives and new experiences of empowerment.'p.74</p> <p>'Interestingly, one participant stated that they were "never afraid" of their abuser; it was profound guilt-tripping and thus questioning herself that kept her in the relationship. This self-doubt was the common theme among all 10 qualitative participants.'p.81</p>
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						<p>'Fundamentally, all 10 participants tended to believe their abusers during the relationship. Although this was largely due to gaslighting and chronic lying, there was also guilt-tripping and pleas for forgiveness (n = 5) when survivors were more empowered. One participant described how her abuser "preyed on [her] empathy and compassion," 'p.82</p> <p>'Survivors' fundamental distrust of their reality must be targeted through overt labelling and education about how manipulative dynamics work. It may be harmful to cautiously wait for clients to "come to insights on their own" about these types of insidious dynamics (i.e., encouraged in this writer's clinical training), as this may truly not be possible without recurrent overt labelling and validation of their perceptions. The fact that survivors are "not crazy" needs to be made explicit rather than solely explored as a projection.' P.95</p>
3.	Carson (2019)	A Phenomenological Examination of Heterosexual Men Who Experience	PhD thesis Walden University, US	Qual, phenomenological study using control theory, social choice framework and narrative	To investigate how heterosexual men describe their experiences of psychological abuse.	<p>'Research Question 3: How do heterosexual male victims who experience psychological abuse distinguish the differences between subtle and severe psychological abuse?' p.5</p> <p>'Different types of psychological abuse themes:</p>

		Psychological Abuse		theory. Content analysis of interviews with 6 men.		<ul style="list-style-type: none"> •Both subtle and severe psychological abuse were experienced •Subtle appeared to be more prevalent throughout the relationship •Subtle moments of psychological abuse eventually led to severe psychological abuse.’ P.65 <p>Subtle psychological abuse in the sample included manipulation 40%, intimidation 30%, controlling behaviors 50% and loss of respect 60%. P.66</p> <p>‘different types of psychological abuse can gradually move from subtle to severe.’ P.67</p> <p>Tbh this thesis is very thin and I could find nothing that went into any kind of detail about what subtle abuse actually consisted of day to day. There was a lot of repetition of statements, themes and quotes. ‘Themes’ are in fact categories.</p>
4.	Follingstad (2007)	Rethinking current approaches to psychological abuse: Conceptual and	Journal article US Aggression and Violent Behaviour.	Discussion article	‘This paper will demonstrate that “psychological abuse” has been	This article does not aim to describe subtlety however it is discussed in a context of identifying or not a threshold for identification of non-healthy relationships.

		methodological issues	2007;12(4): 439-458.		<p>defined in a variety of ways and that often this phenomenon has been defined by the particular measure used.'p.440</p> <p>'Do we fear the converse, that there are behaviors so subtle, so insidious, so hard to detect that without explication of them as "abuse", they would go unlabelled or unsanctioned? While there may be rare cases fitting this description, if the behaviors were so difficult to identify, those actions would be meaningless for assessing other couples' interactions. Rather, these subtle cases would likely require experienced clinicians to elucidate the insidious nature of an interactive process which on the surface could be explained away as not intentionally cruel or harmful.'p.444</p> <p>'In between easily identified cases of extreme psychological aggression and hard to identify cases involving tricky nuance and subtlety lie a wide range of psychologically aggressive relationships.'p.444</p> <p>'The definitions and measures in existence have actually greatly expanded the boundaries of the original use of the term "psychological abuse" far beyond behaviors initially reported in extreme cases involving battered women. It is not uncommon to see such items as "sulking" or "saying things to spite me" among items of a more serious nature. Unless authors/researchers view some minor interpersonal</p>
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						actions as worthy of being labelled "abuse", research checklists seem more in line with investigating a range of psychological aggression.'p.444
5.	Green & Charles (2019)	Voicing the victims of narcissistic partners: a qualitative analysis of responses to narcissistic injury and self-esteem regulation	Journal article Scotland SAGE Open. 2019;9(2):1-10.	Qual semi-structured interviews with 7 women who had experienced narcissistic abuse analysed with thematic analysis.	To investigate sub-clinical narcissism as it manifests in domestic violence	<p>'Although such behavior captures narcissistic rage as a state of explosive anger, narcissists may also respond to provocations and insults in a passive-aggressive manner (Miller <i>et al.</i>, 2010; Roark, 2012). Such behavior may involve narcissists holding grudges against those who are perceived to have wronged them, carefully planning plots for revenge to reassert domination and control, and thus repair damage done to self-esteem (Roark, 2012).' P.2</p> <p>'This theme concerned the common and frequent expressions of narcissistic rage in intimate relationships. The narcissists described in this sample were perceived to be in a constant state of rage, which appeared to be manifested outwardly in the form of verbal and physical abuse, and inwardly in terms of more subtle and repressed anger, pernicious psychological manipulation, and passive-aggressive behavior. The harm enacted to participants was perceived to be instigated of feelings of control, dominance, and power on part of their narcissistic partners.' P.5</p>

					<p>'The interpersonally exploitative and devious nature of their relationships was described by participants as both swift and vicious, as well as slow and insidious. Participants conveyed sentiments that the attachment they formed with their narcissistic partners left them with feelings of worthlessness, confusion, anxiety, posttraumatic stress and suicidal ideation as a result of the tormenting behaviors, blame-shifting tendencies, and the disavowal of the ramifications following the maltreatment they were sustained to.' p.6</p> <p>'In the case of vulnerable narcissists as described in this sample, responses to narcissistic injury and underlying triggers of rage, mostly sulky passive-aggressive behavior, stemmed from fears of losing external validation in the service of self-esteem regulation. This fearful attachment style was evidenced across the narratives and is indicative of vulnerable narcissists' covert entitled expectations of partners to satisfy their needs while fearing they will fail to do so. Participants' perceptions of the covert and manipulative tactics inflicted upon them in the attempt for control and isolation suggests that vulnerable narcissists engage in self-regulatory behaviors intended to defend their vulnerability.' P.7</p>
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6.	Hightower (2018)	An exploratory study of personality factors related to psychological abuse and gaslighting.	PhD Thesis US	Quantitative study with 40 women recruited and conducted online.	Study exploring what gaslighting is and how it is created by personality traits in the gaslighter and affects personality traits in the gaslightee. The study finds gaslighting to be a 'subtle and covert type of emotional and psychological abuse.' abstract	<p>'The covert destabilizing tactics, behaviors, and mental manipulations of emotional and psychological abuse facilitate the reality-bending nature of gaslighting. The current study classifies gaslighting as a form of subtle and covert emotional and psychological abuse'p.2</p> <p>'There was also a significant positive correlation between GQ and SubtleSOPAS (rp = 0.80, p < .001), indicating a large effect size, and a slightly stronger correlation between GQ and OvertSOPAS (rp = 0.83, p < .001), which was contrary to expectation.'p.82</p> <p>'experiences of both subtle and overt psychological abuse have a strong relationship with effects of gaslighting, and the difference between the two is minimal. However, contrary to expectations the correlation between the GQ and SOPAS overt abuse scale was slightly larger in this study.'p.92</p> <p>'Gaslighting is a form of interpersonal manipulation, but it is also far more than that. Gaslighting is very strongly correlated with both subtle and covert psychological abuse,'p.110</p>

7.	Lammers, Ritchie and Robertson (2005)	Women's experience of emotional abuse in intimate relationships: A qualitative study	Journal article NZ Journal of Emotional Abuse. 2005;5 (1):29-64.	Small focus group study of 7 women using memory work and analysed through a feminist perspective.	'A qualitative study was conducted to examine women's experience of emotional abuse within the context of heterosexual relationships from a feminist perspective.' abstract	<p>Behaviours:</p> <p>'Manipulating controllers were the most subtle and covert in their attempts to gain control in that they subtly manipulated women into feeling inadequate about themselves. This goal was accomplished by expressing disappointment in them or saying that despite their potential they had not yet reached men's standards, while simultaneously being kind and caring towards them.'p.40</p> <p>Effects:</p> <p>'Unlike the relationships formed by the other two types of controlling men, there was usually a close emotional connection in these relationships. Consequently, women involved with Manipulating Controllers were found to be more likely to want to improve themselves in order to become more acceptable to their partners. Such women continually strive to become the person their partner desires and often lose their identity in the process. In behavioural terms, such strivings can be seen as an attempt to gain intermittent positive reinforcement.'p.40</p> <p>'Similarly, the two youngest women in the manipulated group were constantly made to feel 'not good enough.' Grace, for example, re- counted: "I never measured up to</p>
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					<p>Kevin; I never measured up at all. I was constantly striving, constantly striving to be better. Nothing I did was good enough." This type of denigration is a subtler version of being made to feel inadequate, and feelings of inadequacy may well turn into feelings of shame (Keltner & Buswell, 1997; Retzinger, 1991)'p.45</p> <p>'Although we did not find guilt in this group of young women, there was a prevailing feeling of being generally inadequate. Therefore, feelings of guilt appear to be more directly related to being criticized for failing to live up to traditional gendered roles (Douglas &McGregor, 2000), while feelings of inadequacy appear to be the result of being seen as globally deficient in behaviour as well as personality (Keltner & Buswell, 1997)'p.45</p> <p>'reported being confused by the contradictions in their partner's behaviour and words... For example, when their partners were 'kind' to them it often made them 'feel inadequate' because they were also being treated in a paternalistic way, as if they were immature and in need of guidance. One such participant, Beth, described believing that her partner loved her because of the nice things he said and did, while simultaneously feeling intensely lonely in her</p>
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					<p>relationship. This perceived paradox convinced her that there must be something seriously wrong with her to feel that way. She did not recognise the behaviour that caused her to feel lonely, such as being subtly demeaned and discounted, as hurtful or abusive. Her confusion was clearly evidenced in the following quotation:</p> <p>Beth: I can remember being quite confused about it, 'cos I remember thinking that I knew Colin loved me, but I just didn't feel loved.</p> <p>This subgroup of women lost a great deal of their self-confidence as a result of their confusion. What seemed to affect the subtly manipulated women most was the fact that their partner's behaviour could alternate from caring to hurtful without any understandable or predictable cause. Consequently, these women experienced a level of uncertainty that undermined their self-confidence and over time made them question their own sanity (cf, Douglas, 1994). 'p.46</p> <p>'manipulators criticised more covertly by couching their criticism in a compliment (e.g., "You have an amazing potential to look great if you put more effort into your appearance"). Manipulators made women feel as if they had not quite attained the necessary standards required of</p>
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					<p>them. These men portrayed themselves as benevolent teachers, showing disappointment when women failed to meet their standards, or in a superficially nice way they would “help” by advising the women how they could attain the preferred standard. Not measuring up in the eyes of manipulators equated to being deficient in behaviour as well as personality characteristics.’p.48-49</p> <p>‘Manipulative controlling males were found to diminish their partner’s confidence by constantly letting them know in some way that they were not attaining certain expected standards of behaviour. Sometimes this goal was even achieved in an encouraging and ‘helpful’ way, as if to advance the woman’s cause. For example, when Grace started to connect her negative emotional state with her partner’s behaviour towards her and became angry, he advised her not to show her anger because “no one is going to like you when you are so angry all the time and people don’t like angry people; they [only] like people whom they are happy to be around.” Grace came to believe that she had no right to feel angry at continually being discounted, and that feeling angry was yet another of her ‘personality flaws’ that he could criticise. She even started to hide her</p>
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					<p>feelings of frustration at this point, because she did not want other people to see her 'personality defect.'p.51</p> <p>'It was a great deal more difficult for women to grasp that they were being demeaned if the criticism was at a sufficiently low level. Similarly, their feelings of inadequacy were increased if a man's behaviour was supportive and kind as well as subtly demeaning, because then she could not readily find an external reason for why she was feeling so bad (e.g., 'Let me do that for you as you are not very good at it.')</p> <p>'Grace became increasingly unhappy at her partner's indifference to things that were important to her. His failure to care about her needs would "fester" as the magnitude of unresolved issues "built and built."</p> <p>'Subtle emotional abuse that is inflicted in a covert way, therefore, seemed most powerful in weakening participants' sense of self because it confused the women to such an extent that they thought they were "going crazy."</p> <p>'This study found that in emotional abuse where no overt dominating behaviour forced women to relinquish</p>
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					<p>distinguishing characteristics, women's identity was only negatively affected after self-esteem was severely reduced through undermining behaviour. In addition, results of the present study suggest that an abused woman must become aware of what had been happening to regain her sense of self.'p.52</p> <p>'The process of regaining their power appeared to occur in stages. First, they became aware that they had changed significantly over time and in ways that they considered to be negative. Next, they had to connect these negative changes with their partners' behaviour, which, in turn, made them angry. They then began a process of emotionally detaching themselves from their partners in order to protect themselves, which culminated in them regaining their power and reclaiming their life. Feelings of anger were a significant part of the road towards recovery.'p.52-53</p> <p>'All of the women had begun to feel angry when they started to make a connection between their partners' behaviour and their own emotional pain.'p.53</p> <p>'The general lack of concern demonstrated for their acutely distressed state caused these women to become angry over</p>
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					<p>the injustice of being consistently undermined, discounted, and neglected.'p.54</p> <p>'We found that as long as the women were still emotionally attached to their abusive partners, the men retained an emotional hold over them.'p.55</p> <p>'One characteristic shared by these participants (2 manipulated controlled and 1 dominantly controlled) involved the tendency to see themselves as failures as a consequence of their partners' chronic criticism of them. No matter how hard they tried to behave in a way that would not elicit adverse criticism from their partners they were unable to gain their partner's approval. Subsequently, they developed a pervasive sense of failure. As a result, one participant, Beth, was in constant acute emotional pain and saw suicide as her only way of escape.'p.56</p> <p>'The degree to which a woman's self-esteem is diminished by her partner's behaviour seems to relate to the degree of covertness and ambiguity in the controlling behaviour she encounters. For example, the highest incidence of diminished self-esteem occurred in those women partnered with men who behaved in covert and ambiguous controlling</p>
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					<p>ways. In addition, a diminished sense of identity and confusion were found to be clearly related to severely reduced self-esteem. Participants who experienced constantly changing behaviour from their partners (i.e., behaviour that swung from helpful to hurtful for no apparent reason) were found to be at particular risk for experiencing such consequences.'p.58</p> <p>'The present study found that participants experienced three distinct forms of emotional abuse, which included dominant control, silent control, and manipulation. The form of abuse experienced was found to influence the ways in which participants were impacted, as well as the degree to which they were impacted.'p.57</p> <p>'As fewer women accept overt control from men, an increase in the insidious subtle type of abuse seems all too likely. This is an important issue that needs to be further investigated. The importance of educating women about the sort of covert abuse explored in this study should not be underestimated.'p.59</p> <p>'The possibility of a relationship between the degree to which a woman is independent, resists conforming to</p>
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						traditional gendered roles, and the degree of covert emotional abuse that she experiences (e.g., from a traditional partner who does not feel that he can exercise overt control) represents another area in need of further investigation.'p.60
8.	Lascorz <i>et al.</i> (2018)	Prevalence of covert violence in intimate relationships. A study with Spanish University Students	Journal article Spain Open Journal of Social Sciences. 2018;06(12):37-53.	Quantitative study with 1889 (81.8% women) university students	'The goal of the present study is to analyse the prevalence of covert violence in intimate partner relationships, in general and differentiated by gender, using micro sexist aggressions.' abstract	<p>This paper takes as it's assumption (based on what previous research?) that covert micro-sexist aggressions are not based on dominance. Their findings include that this is only partially confirmed. They say that 'dominance is not a determining factor. It is although related to the use of multiple strategies of covert violence.'p.48.</p> <p>'According to prior research, we expect to find that covert violence is frequent among couples of university students (H1), that it is of a mutual nature (H2) and similarly used by men and women (H3). In last place, we expect to find that covert violence is not linked to dominance within the couple (H4).'p.39</p> <p>'Table 2. Contents of items of the Covert Violence Scale.</p> <p>Factor 1. Invading spaces</p> <p>6) Getting what you want from your partner due to fatigue, getting it due to his/her burnout</p> <p>10) Monopolising the use of common spaces or elements</p>

					<p>15) Interrupting, not listening, not answering, manipulating the message</p> <p>17) Reading messages or e-mails without permission or listening to telephone conversations</p> <p>18) Not expressing his/her feelings, often shutting down emotionally</p> <p>19) Making excuses to justify himself/herself</p> <p>20) Cheating, lying, not honouring what has been agreed</p> <p>22) Calling fidelity into question</p> <p>23) Threatening to leave the relationship and have an affair with someone else</p> <p>24) Making his/her partner feel sorry for him/her</p> <p>Factor 2. Creating insecurity</p> <p>1) Frightening the partner through his/her tone of voice, glance or gestures</p> <p>4) Not respecting his/her partner's opinions and rights</p> <p>5) Not respecting his/her partner's feelings</p> <p>13) Creating insecurity or feelings of guilt by insinuating or manipulating emotions</p> <p>14) Getting angry or making surly or aggressive comments unexpectedly without knowing the reason</p> <p>Factor 3. Confinement to a traditional role</p> <p>12) Discouraging his/her partner, making studying or working harder for him/her</p>
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					<p>16) Seeing his/her partner as a little boy/girl who needs to be cared for or protected</p> <p>21) Neglecting his/her domestic responsibilities</p> <p>Factor 4. Exercising control</p> <p>7) Controlling his/her partner's money or expenses</p> <p>8) Controlling his/her partner's schedules, meetings or activities</p> <p>9) Complaining at his/her partner so that he/she goes out or relate to his/her family and friends</p> <p>Factor 5. Underestimating</p> <p>2) Making important decisions without taking his/her partner's opinion into account</p> <p>3) Change decisions made by his/her partner</p> <p>25) Downplaying the importance of duties or activities performed by his/her partner'p.42</p> <p>'These behaviours are clearly mutual, in almost 67% of the cases, in terms of covert violence among young couples of university students; the fact that micro sexist aggressions (H2) are mutual should be highlighted. The results support the findings of previous research on the mutual nature of intimate partner violence [15] [16] [19] [46], and of mild</p>
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					<p>psychological violence, such as the strategies of covert violence.'p.47</p> <p>'In last place, the fourth assumption is confirmed partially only. If we consider the perpetrator role, dominance is not a determining factor. It is although related to the use of multiple strategies of covert violence. Nevertheless, our results contradict those obtained from other prior research, and authoritarian dominance carries more weight than restrictive dominance [11].'p.48</p>
9.	Loring (1994)	<p>Emotional Abuse</p> <p>Loring identifies and describes covert abuse behaviours but does not distinguish for much of the book who is experiencing which, so much of what she says cannot be used to</p>	Book, US		<p>Loring describes how women who are anxiously attached are likely to enter into emotionally abused relationships where the same pattern they have experienced as children is continued.</p> <p>'it is unthinkable to blame the victim for violence committed against her. The emotionally abused woman is in no way responsible for the escalation of the violence...Her anxious attachment and clinging behavior are responses to abuse, but they are no more instrumental in the escalation of violence than her adequacy, "overadequacy", submissiveness, or any other behavior.'p.67</p> <p>'Tolman (1992) describes a continuum ranging from 'withdrawing momentarily, listening unempathically, (and)</p>

		<p>understand covert abuse.</p>			<p>speaking sharply in anger (to)...pervasive, one-sided, severe psychological torture paralleling intentional brainwashing and mistreatment of prisoners of war'p.292'p.2</p> <p>'covert emotional abuse, is more subtle but no less devastating to victims. Because they are often unaware of its essential violence, victims commonly react to covert abuse with feelings of despair and confusion.'p.3 However, e.g. here is <i>Sleeping with the Enemy</i> which I regard as an overt film – he tries to kill her in the end and is only stopped when she kills him instead.</p> <p>'The abuser's comfort is the only organizing theme of his thoughts and actions. Any consistent empathy for the partner's feelings is precluded. By discounting her needs and feelings, he tells her, implicitly, how unimportant they are to him.'p.3</p> <p>'Among emotional abuse victims the constant subtle discounting of their feelings contributes to a profound sense of loneliness and sadness.'p.3-4</p> <p>'Covert mechanisms of abuse</p> <ol style="list-style-type: none"> 1. Discounting
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					<ol style="list-style-type: none"> 2. Negation 3. Projection/accusation 4. Denial (of abuse by the abuser) 5. Negative labelling 6. Subtle threats of physical and/or emotional abandonment, or actual physical and or/emotional abandonment'p.5 <p>'Covert communication abuse: the husband's physical or emotional withdrawal, subtle discounts and negation of her statements and feelings, negative labelling, and projection of blame and his own feelings onto the woman.'p.18</p> <p>'All of the emotionally abused – but none of the physically abused women – reported a linear and virtually continuous pattern of overt and covert verbal abuse.'p.23</p> <p>'The average length of the marriages (11.2 years) suggests that emotional abuse is not necessarily a transient stage leading to physical abuse'p.23</p> <p>'The typical abuser moves in and out of bonding with the victim, periodically sharing warmth and empathy, then cutting them off with overt and covert abuse. Confused by the intermittent connection and struggling to regain it, the victim clings anxiously to the abuser. Her harsh self-blame echoes the abuser's demeaning comments and becomes an</p>
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					<p>internalized shaming mechanism, diminishing self-esteem and eroding the sense of self. Although she is usually not explicitly aware of the disconnection, the victim feels unaccountably sad, isolated and profoundly lonely.'p.25</p> <p>'In emotional abuse there is no...respect or attempt to compromise. Instead the abuser ridicules and demeans the victim's style of attachment and other unique forms of relating...He displays little care and consideration for his partner or her feelings, and he ignores one of the essential components of the caring process – increasing knowledge and understanding of the other person in order to find better ways of responding to him or her (Mayeroff, 1971).'p.26</p> <p>'the subtle abuse was the most painful and wore away her sense of security and trust'p.30</p> <p>'Using withdrawal as a mechanism of control is emotional abandonment. The victim feels betrayed and isolated by the unilateral disconnection.'p.30</p>
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					<p>'victims of emotional abuse persist in their attempts to connect with the partner...they remain isolated and profoundly lonely.'p.72</p> <p>As Loring does not separate out covert or overt in all her discussions, the information on effects e.g. PTSD cannot be applied to covert.</p>
10.	Marshall (1994)	<p>Physical and Psychological Abuse</p> <p>Chapter is no longer in current edition and not available online. Therefore, physical book from 1994 acquired and manually searched for key terms.</p>	<p>Book chapter US The Dark Side of Interpersonal Communication Eds. Cupach & Spitzberg</p>	<p>Mixed methods study but most of the reporting is on the quantitative arm with only preliminary results from the qual. 640 women screened for study (number participants not included)</p>	<p>'The new approach argues that the effectiveness of abuse results from normal interpersonal and intrapersonal processes occurring through everyday communication.'p.292</p> <p>p.297 description of male partner subtly undermining female partner for possibly loving reasons: 'although this woman's sense of self is being undermined she is feeling loved and valued by her partner. She may even feel grateful to him for recognizing something she had "missed,"'</p> <p>'It is also possible that subtle psychological abuse may be more harmful than that which is overt because people may be more readily able to defend themselves against a clear attack. Beginning to think in these terms opens the possibility that it is the message conveyed during interactions and, at times, the style with which messages are</p>

					<p>conveyed that constitute psychological abuse. When the messages undermine a woman's personal or social competence, she is being psychologically abused'p.297</p> <p>'People have difficulty explaining why or how one person can make them feel good about themselves and how another person can make them feel bad about themselves. It is my contention that both results occur through common interpersonal and intrapersonal factors related to social influence. The content and pattern of interactions differentiate relationships that are satisfying from those that are psychologically abuse. From this perspective, an effective psychological abuse would be a person who effectively undermined a partner's sense of self.'p.298</p> <p>'It is unclear exactly when a relationship becomes psychologically abusive. The critical point of distinction may be reached via a cumulative impact from negative messages from a partner, a certain imbalance of positive and negative message, a particular pattern of negative messages, or in some other way. To identify the critical point for serious harm rather than transitory hurt, research will have to consider communication within the context of the entire relationship.'p.298</p>
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					<p>'one way in which a man can psychologically abuse a woman is by increasing her uncertainty about herself, about him, or about their relationship. It may be more effective to undermine a woman's feelings of uncertainty through subtle, ambiguous, or mixed messages than through overtly dominating or verbally aggressive messages.'p.299</p> <p>'Although threats and violence may be psychologically abusive in their own right, they may not be directly related to the impact of most types of psychologically abusive acts. This contrasts with the violence perspective on abuse which assumes that the impact is increased because of the violence.'p.302</p> <p>'These results show that abusive men also frequently behave in endearing or helpful ways. The frequency of these positive behaviours correlates significantly with the impact of many types of psychological abuse. The more often these men behaved positively, the stronger was the negative impact of their abuse.'p.302</p> <p>'Because all groups were very high on psychological abuse, these results suggest that emotional distress is more closely</p>
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					<p>associated with psychological abuse than with violence.'p.302</p> <p>'These results support the hypothesis that subtle acts of psychological abuse are at least as harmful and, in some instances, more harmful to women than are overt types of abuse and violence.'p.304</p> <p>'Behaviors that are subtle and difficult to identify may have at least as much association with distress as do overtly harmful acts. The most important conclusion is that it is premature to limit the types of acts examined to those which have been addressed in the past.</p> <p>'Psychological abuse should not be conceptualized as dominance or as it is related to violence. Psychological abuse must be addressed in its own right. Preliminary examination of results from coding the transcripts of 4-hour interviews in the study supports the hypothesis that much of the psychological abuse these women experienced was performed in a subtle way. This subtlety may prove to be more harmful than acts that are overtly dominating, in part because they may encourage women to feel there is something wrong with them.'p.305</p>
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						<p>'Defining psychological abuse as messages that are harmful and undermine the partner's personal and/ or interpersonal competence yielded a different perspective on the dark side of communication. The more narrow definition of psychological abuse as control or dominance may not capture a broad enough view of communication within the relationship to fully understand the nature or effects of abuse.'p.305</p> <p>'Because psychological abuse appears to occur during normal, everyday interactions, it is also likely to be more prevalent than violence.'p.305</p>
11.	Marshall (1996)	Psychological abuse of women: Six distinct clusters	Journal article US Journal of Family Violence. 1996;11(4):379-409.	Mixed methods study of a community sample of women who identified as having had 'bad or stressful relationships with a man'	'This study was designed to identify patterns of psychological abuse (abuse) and determine whether different patterns mediate the effects of violence and	<p>'For example, women were asked how often their partner made them feel guilty, tried to get them to doubt themselves, made them choose between something they or their partner wanted, made them feel like whatever they did was wrong, tried to break up their relationships with others, and made them feel like he had to be the center of their attention.'p.385</p> <p>'Had specific behavioral questions been asked as on other scales, women's partners' would have had to exhibit a</p>

				<p>sexual aggression.' P.379</p>	<p>dominance or overtly controlling style. It was assumed that men could perform psychologically abusive acts in many different ways such as from a dominance style as well as with a helpless or even loving style (Marshall, 1994).’p.385</p> <p>Of Cluster 3 ‘the partner behaved in ways that would make women focus on them. Because women reported that most overtly dominating behaviors were relatively rare, it is likely men accomplished this in subtle ways.’p.395</p> <p>‘Second, psychological abuse should not be considered as narrowly as in the past. Operationalizations limited to overt acts of verbal aggression, dominance or control, and threats of violence are inadequate to understand the breadth of women’s experience. Until we can determine precisely which types of psychological abuse impact a particular class of variables, it would be wise to be as inclusive as possible. Different types and different styles of expressing psychologically abusive acts are likely to result in different effects.’p.405</p> <p>‘Third, we need to remember that men (and women) can be psychologically abusive without being violent or sexually aggressive. Psychological abuse, in and of itself, can cause</p>
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						serious harm. If measures are developed to reflect the experiences of women in shelters or others identified in hospitals or through police reports, our understanding may be limited only to the psychological abuse sustained by physically battered women. Thinking of psychological abuse as an attitude change process allows us to recognize women can be undermined in subtle ways.'p.406
12.	Marshall (1999)	Effects of men's subtle and overt psychological abuse on low-income women	Journal article US Violence and Victims. 1999;14(1):69-88.	Mixed methods study of 834 low-income women in a community sample.	'Men's violence and sexual aggression, and overt (dominating acts, indifference, monitoring, discrediting) and subtle (undermining, discounting, isolating) psychological abuse were examined as they related to women's	'Results of regression equations with 834 low-income women in long-term heterosexual relationships are reported. In general, subtle psychological abuse had stronger and more consistent associations with women's state and relationship perceptions than did their partners' overt psychological abuse, violence, or sexual aggression.' abstract 'Acts may be considered subtle psychological abuse when it would be more difficult for an observer to see the potential for harm, the woman likely would have more difficulty describing the act and her resulting feelings, and/or the act could easily be done in loving and caring ways.'p.155 'because subtle acts of psychological abuse are more intangible, they are likely to harm a woman's sense of self

				<p>psychological and emotional state and perceptions of their relationship.'</p> <p>abstract</p>	<p>and her mental health and well-being more than her perceptions of the relationship and her partner.'p.155</p> <p>'Transcripts of the interviews made it clear that even types of psychological abuse presumed to be obvious and clearly dominating (e.g., inducing physical debility, showing physical domination) were enacted in loving, joking, or playful ways as well as serious or threatening ways. Further, no male partner used only one style. Even the most violent men did not always inflict psychological abuse with an aggressive or dominating style. Men were often very gentle and loving when they enacted behaviors in the various categories of psychological abuse. Thus, the importance of assessing both subtle and overt psychological abuse was underscored.'p.156</p> <p>Examples of the abbreviated items for measuring subtle abuse:</p> <p>'Subtle Psychological Abuse</p> <p>Undermine</p> <p>make you worry about your physical health and well-being</p> <p>make you worry about whether you could take care of yourself</p>
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					<p>make you worry about your emotional health and well-being</p> <p>make you feel ashamed of yourself</p> <p>get you to question yourself, making you feel insecure and less confident</p> <p>make you feel guilty about something you have or haven't done</p> <p>say his hurtful actions were good for you or will make you a better person</p> <p>Discount</p> <p>act secretive or try to keep things from you</p> <p>do things that make you feel small, less than what you were</p> <p>discourage from interests he is not part of</p> <p>do or say something that harms your self-respect or pride in yourself</p> <p>act like you can do what you want then become upset if you do</p> <p>act like there is something wrong with you</p> <p>mentally/emotionally</p> <p>Isolate</p>
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					<p>discourage you from talking to his family, friends, or people he knows make it difficult to go somewhere or talk to someone</p> <p>point out he is the only one who really understands you</p> <p>discourage you from having your own friends</p> <p>keep you from having time for yourself</p> <p>try to keep you from showing feelings'p.160</p> <p>'The results clearly show that an expanded view of psychological abuse is warranted. Surprisingly, the subtle forms of psychological abuse had an effect more frequently than overt psychological abuse, violence, or sexual aggression, regardless of whether intrapersonal or relationship measures were being examined.'p.165</p> <p>'As dictated by my approach to psychological abuse, there was little association between acts of physical or sexual aggression and psychological abuse. The correlations were generally low. The highest correlations between direct aggression and psychological abuse was only .36 (physical violence and overt indifference). The correlations suggest that suffering one form of abuse from a partner will not necessarily increase the likelihood of sustaining other forms of abuse. However, other researchers have found significant</p>
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					<p>and sizable correlations between psychological and physical abuse (Straus <i>et al.</i>, 1996).’p.167</p> <p>‘Overall, the three types of subtle psychological abuse emerged more often to predict outcomes than did the four types of overt psychological abuse, violence, and sexual aggression. Even when the dependent variable was women's fear of injury or death as a result of their partner's violence, subtle and overt psychological abuse made independent contributions. The results of the two series of hierarchical multiple regression were even more impressive. Not only did subtle psychological abuse account for significant variance after controlling for men's violence, sexual aggression, and overt psychological abuse, but it almost completely eliminated the effects of the other types of abuse when it was entered first on most measures.’p.167</p> <p>‘many aspects of women's life could be affected by a partner who simply raised issues that created or reinforced a woman's personal vulnerabilities.’p.167</p> <p>‘Of all the types of abuse, a man subtly undermining his partner emerged as a strong predictor (of outcomes) most consistently. Apparently, having one's sense of self</p>
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					<p>weakened results in the broadest effects. A sense of self is central to factors associated with personal well-being and is important for judgments about one's relationship. It is likely that most aspects of life could be affected if a woman did not believe in herself or trust her own perceptions.'p.167</p> <p>'A partner enacting behaviors represented by the discount subscale could make a woman feel unimportant. If a woman felt insignificant, especially in her primary relationship, it could be very difficult for her to believe she was important in other parts of her own life or in the lives of others.'p.167</p> <p>'Isolation in this study is more akin to alienation or psychological distance from others and even from oneself (e.g., somehow keep you from having time for yourself). Sustaining this type of subtle psychological abuse could result in a woman feeling as if she were alone or different from others even if she has a wide circle of friends. It could also keep her from enjoying the small, private pleasures most women enjoy (e.g., taking a long, hot bath).'p.168</p> <p>'There was a moderate correlation between overt indifference and subtle discounting, Examination of the items in Table 1 shows that both factors have elements of</p>
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						withdrawal or interpersonal distance. The overlap may reflect an underlying category of psychological abuse, perhaps withdrawal or rejection (Marshall, 1994), On the other hand, the relationship is not strong.'p.169
13.	McKibbin (1998)	The relationship of subtle and overt psychological abuse to women's self-concept and psychological symptoms	PhD Thesis US	Quantitative study based on data from Marshall's work. Adult women less than a year out of an unhealthy relationship. Source of sample not stated.	'The purpose of this study was to empirically demonstrate that men may abuse women in subtle ways and that these tactics are equally if not more harmful than violence.'p.2	'Although these theories suggest that subtle acts may impact self-esteem, findings from this study did not support the hypothesis. When subtle acts occurred in absence of violence or after accounting for violence, global self-esteem was not affected. Based on cognitive process descriptions for coping with trauma and other violent events (Janoff-Bulman, 1988), it seems possible that subtle acts which occur through daily communication are not a substantial threat to victims' assumptive worlds and, thus, may not create shifts in a core, global construct like self-esteem.'p67-68 'A man may engage in subtle and hurtful acts which pertain to some domains, but not others. In addition, his partner may receive positive feedback from others which buffer the impact of subtle psychological abuse in certain domains.'p.68 'Because depression proneness may be viewed as a measure of women's self-concept, the finding, that subtle psychological abuse was correlated with depression

					<p>proneness, supports both the existing research and anecdotal evidence that everyday communication is related to women's self-evaluation.'p.70</p> <p>'In this study, women who sustained frequent subtle psychological abuse rated themselves as able to solve their problems and maintain positive interpersonal relationships. According to theory, these women may rely on downward comparisons to maintain their self-concept in the face of threats from subtle psychological abuse. Findings from this study also suggest that women may be more likely to make downward comparisons when a threat is not physical. Results showed that when violence occurred, the relationship of subtle psychological abuse to problem-solving confidence and interpersonal competence became non-existent. Thus, women who sustained violence may have been forced, by the obvious physical threat to make upward comparisons to other women.'p.70-71</p> <p>'Although subtle psychological abuse items reflect uncertainty and this uncertainty is related to anxiety and discomfort, subtle psychological abuse did not predict depression, anxiety, and somatization among women in the psychological abuse only group. It is possible that these</p>
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					<p>subtle interactions may not create obvious or intense uncertainty as seen when violence enters the relationship. It appears that when subtle psychological abuse is paired with infrequent and possibly novel violent episodes, the impact may be most harmful.'p.75</p> <p>'Although, the sample size was adequate when conducting analyses on the entire sample, analyses within the violence groups compromised statistical power and is, therefore, another limitation. Because of this limited power, we likely do not have complete information regarding the indirect effects of violence and subtle psychological abuse on women's psychological well-being.'p.76</p> <p>'Findings from this study suggest that more attention should be paid to these less obvious acts. Because this study has also shown that these subtle tactics may occur with or without more obvious psychological abuse or violence, it is important that counselors probe for less obvious acts even when there is no obvious evidence of abuse.' P.78</p> <p>'Although, Dickstein (1988) was referring to overt tactics, helping professionals (e.g., psychologists,</p>
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					<p>counselors, social workers, and physicians) should be aware that psychological symptoms (depression, anxiety, and somatic symptoms) are also strongly and positively related to sustained subtle psychological abuse. Thus, women who present these symptoms, may be victims of subtle undermining tactics. It is important to understand that, by the nature of subtle abuse, women may not be able to verbalize what contributes to their feelings or physical symptoms. In fact, they may misinterpret the locus of etiology regarding their symptoms. Therefore, psychologists and other helping professionals should not only identify and label the abuse, but validate and normalize associated psychological symptoms.' P.78-79</p> <p>'Without the ability to identify, verbalize, and confront subtle and hurtful acts, women's self-concept may be repeatedly undermined.' P.79</p> <p>Definition of subtle psychological abuse used in the Psychological Abuse Item Rating based on a form devised by Marshall in 1993 and one of the measures used for this doctoral research. This has over 6 pages of closely typed measures.</p>
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						<p>'Subtle Psychological Abuse: Those behaviors which appear so slight as to be difficult to detect or clearly delineate. These acts are neither obviously hurtful, nor necessarily are they clearly believed (by a recipient or observer) to cause anger or pain in the recipient. Although not readily identified, these hurtful messages may be conveyed in subtle ways (e.g., a look or glance, change in voice quality, use of humor, love, disappointment) and may appear as ordinary communication, a joke, protectiveness, or dependence of a man on his partner. These behaviors often contain underlying messages not obvious to an observer or recipient. Harmful message content may be obscured by a joking or loving tone while relatively non-harmful content may be obscured by a quick look, glance, or change in voice quality.'p.93</p>
14.	Neal (2022)	Understanding the effects of subtle abuse in intimate relationships: Contributions to Counselling Psychology	PhD by practice Thesis UK	PhD on the basis of professional practice (retrospective)	To prove the unique contribution to the field of the author's prior book and training materials	'Through careful research and observation, I defined subtle abuse as, "The indirect use of threat, force, intimidation, or aggression through humor, manipulation, criticism, or punishment in attempt to control or dominate another, occurring on its own or in between verbally, physically, or sexually abusive episodes" (Neal, 2018).' P.49

						<p>'Subtle abuse is essential to study since it is so complex and difficult to identify, yet the repercussions are severely damaging emotionally, and sometimes they are life-threatening. Furthermore, victims of subtle abuse are often confused about the dynamic, and frequently blame themselves or believe that they are going crazy. At the very least, this perpetuates the decline in self-confidence and self-worth, but it also frequently leads to other mental and physical health illnesses.'p.54</p> <p>'It is imperative that mental health professionals know how to accurately identify subtle abuse, so that effective intervention strategies can be used, thus preventing further mental and physical health damage.' P.54-55</p>
15.	Pitman (2010)	Living with Coercive Control: Trapped within a Complex Web of Double Standards, Double Binds and Boundary Violations	PhD Thesis Tasmania	Feminist qualitative study with 30 separated women recruited through purposive, snowball sampling.	'This thesis explored women's experiences of post-separation shared parenting arrangements and the aspects of abuse which persisted beyond	'Tolman argues that instead of viewing psychological abuse as consisting of particular behaviours, it is more useful to describe psychological abuse as a continuum. On one end of the continuum are incidences of hurtful behaviours common in any relationship, such as withdrawing momentarily, listening unempathetically or speaking sharply in anger. On the other end is a concerted pattern of psychological torture parallel to the intentional brainwashing of prisoners of war (Tolman, 1992).' P.34-35

				<p>separation.'</p> <p>abstract</p>	<p>'Disregarding boundary violations were a constant feature of the women's narratives. Avoidant and withholding communication and behaviours played an important role in the women's oppression. Although the chronic pattern of withdrawing from healthy boundaries and responsibility was often covert and less noticeable, it was no less impactful or important to the women as having their boundaries, rights or needs obstructed or overpowered.'</p> <p>P.146</p> <p>'In addition to the possibility of a continuum of abuse, or covert and overt abuse, I found that what differentiates the aspects of the core behavioural style is not just an increasing severity of abuse but rather the ways in which the women's needs, wants, concerns, rights or boundaries were treated by their partners. For example, sometimes the women were treated with indifference, which the women described as just as abusive as having their boundaries overpowered by physical force or deception. Classifying the behaviours in terms of how the women's needs, rights and boundaries are treated allows domestic violence to be understood as a pattern of boundary violations that is symptomatic of particular attitudes, rather</p>
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					<p>than random incidents of the more overt behaviours traditionally recognised as being abusive.' P.255-256</p> <p>'The experiences of the women in this study suggests that the idea of coercive control, or indeed the term 'intimate terrorism' as previously used by Johnson (Kelly and Johnson, 2008, p. 478) is not a fully accurate descriptor of their experience of domestic violence. The idea of different colonising styles that do not necessarily rely on physical violence but have the potential for it provide a more nuanced description. These styles also capture the presence and consequences to the women of the more subtle, chronic and pervasive nature of boundary violations than the terms coercive control, or intimate terrorism, are able to convey.' p.293-294</p> <p>'A concept of colonisation better represents the day-to-day lives of the women in this study than focusing on the definitions and interrelationships between the forms of abuse they experienced. It also provides a useful framework to understand the more subtle nuances of domestic violence and can override an incident/injury conceptualisation of domestic violence by explaining the</p>
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						dynamics underlying and linking all the episodic events, incidents or injuries described by the women.'p295
16.	Romero <i>et al.</i> (2013)	Socialized/ subclinical psychopaths in intimate partner relationships: profile psychological abuse and risk factors	Journal article Spain (written in English) Papeles del Psicólogo. 2013;34(1):32- 48.	'Theoretical review...of the problem of sub- clinical psychopathy in intimate partner relationships.'p.33. No methodology given.	Comparison of a CBT definition of intimate partner abuse and diagnostic descriptions of subclinical psychopaths	'The aim of the present theoretical review is to provide an up-to-date overview of the problem of subclinical psychopathy in intimate partner relationships. The fundamental conclusion is that the relational dynamics of socialized psychopaths (males and females) are very similar, revolving basically around unfaithfulness, manipulation and various kinds of coercive interaction patterns, all of which leads us to think that intimate relationships with socialized psychopaths, despite their superficial charm, are characterized by a type of violence that is mostly of a psychological nature, and generate suffering in the victims.' P.33 Includes list of covert mechanisms of emotional abuse from Asensi (2008) (Spanish) 'Disparagement Denial Projection/Accusation Denial of abuse by abuser Negative connotations

						<p>Subtle threats to abandon the victim physically or emotionally</p> <p>Actual abandonment of the victim, physically or emotionally' p.37</p> <p>Covert methods of abuse are mentioned but not actually delineated from manifest methods except in the scales of Asensi and Taverniers which are included</p>
17.	Streker (2012)	"I Wish That He Hit Me": The Experiences of People Who Have Been Psychoemotionally Abused and have Psychoemotionally Abused Others	PhD Thesis Australia	Qual: Critical community psychology framework looking at 20 people's experiences of perpetrating and receiving psychoemotional abuse (term coined for this thesis) via in depth interviews.	To understand and detail the experience of being both psychoemotionally abused and abusive.	<p>'From a practitioner's perspective, I quickly became aware that psychoemotional abuse was an extremely damaging and difficult form of abuse to eradicate from the men's repertoire of abusive behaviours and often covered their acts with sophisticated methods of disguise. I soon became more wary of the clients who were charming than those who presented as bullies.'p.130</p> <p>'The women who completed therapy for the violence they had suffered held the most articulate and sophisticated understandings of all of the subgroups of the nature of psychoemotional abuse and its subtleties. They presented a combination of personal and political descriptors in their conceptualisations. For example, June spoke of different grades of abuse in an attempt to capture the depth of the terrain. She differentiated what she called "low level"</p>

					<p>psychoemotional abusive acts such as gossip, criticism and isolation from "higher level" acts such as explicitly calling someone an insulting name or manipulation.'p.157-158</p> <p>'This group of women referred to psychoemotional abuse occurring over an elongated time scale through phrases such as "niggling, constant tension", "feeling blocked and stuck" and "persistently worn down over time". Comments such as "hidden agendas" and "lack of honesty and openness" indicated that deceitful communication methods were also a core theme of psychoemotional abuse.'p.158</p> <p>'Tony spoke about "masking pain, avoiding what is going on in the relationship and taking no responsibility for making the relationship work."'p.159</p> <p>'Another woman from the family violence group recounted a more subtle example of psychoemotional withdrawal from her ex-husband. He would pull out of social engagements at the last minute which would leave her in awkward public situations with her friends. She stated that if it had only occurred once or twice, it would have not affected anybody, but the compounding effect of this pattern created damage to the relationships within their social circles. Their friends</p>
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					<p>started concluding that they were unreliable guests and reduced their invitations.'p.179</p> <p>'another woman from the general population said that her ex-husband would make her friends so uncomfortable by his moodiness and rudeness that they stopped coming back to the house. Although she did not realise it at the time, she retrospectively understood this behaviour to be part of his strategy of socially isolating her from others.' p.179</p> <p>In some places authors use the term subtle to represent a subtle aspect of a more overt abuse. For example, some authors refer to signs or looks that perpetrators give to victims which are distressing because of their meaning eg. 'Wait until we get home. Then there'll be trouble'.</p> <p>Streker describes psychoemotional oppression as the most subtle form of abuse:</p> <p>'The most common examples of psychoemotional oppression are referred to colloquially as "mind games". These included various forms of tricks and deceptions, such as lying, "shifting the yardstick" (ie. setting mutually understood goals and then unilaterally and unpredictably changing the goal after others had worked towards</p>
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					<p>achieving it) and “double standards” (ie. demanding high standards of others, but either not living up to that standard oneself, or not implementing the same penalties or rewards equally to all parties).’p.180</p> <p>However, the descriptions are that this is part of a range of tactics which include overt abuse such as ‘Thus, the subtleness and complexity of some methods of psychoemotional abuse are starkly demonstrated through the construction of facades.’p.182</p> <p>‘Thus, psychoemotional oppression survives best when it is unnoticed, easily excused, exists below the threshold upon which others take serious action to stop it, and becomes the norm in the relationship’s dynamic. The longer that an obviously abusive act can be avoided, the longer the tension can be built and maintained, the longer the “mind game” of power, control and domination can continue.’p.187</p> <p>‘Some of the most insidious forms of psychoemotional oppression mentioned by the participants were subtly designed to plant seeds of doubt in the target’s mind - seeds that gained nutrition from the target’s imagination</p>
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					<p>and gradually eroded their confidence and esteem over time.’p.325</p> <p>‘The destabilising impact of chronically broken promises and agreements was mentioned by other participants. Allison said that her former husband had strung her along with false hope before regularly letting her down: “The highs and lows made it tough. He was quite charming in lots of ways...He had me believing that I was absolutely wonderful at first and then he would cut me down to size.” This kept her on a rollercoaster of emotional experiences and made it easier for her to minimise, excuse or deny the bad times, which prolonged both the relationship and her exposure to psychoemotional abuse.’p.183</p> <p>However, even Streker’s examples of psychoemotional oppression become overt:</p> <p>‘The data also unveiled the application of ideological positions of dominance, such as sexist and misogynistic stances. For example, Allison remembered her ex-husband screaming at her “you have defied me!”, which implied that it was her duty as his wife to follow his command. Other women reported being treated as servants by their husbands who assumed the role as their masters.’p.184</p>
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					<p>Psychoemotional restriction again involved a range of behaviours including more subtle ones</p> <p>'behaviours such as applying "guilt trips" on their partners to block their movements and allow them with little or no time to socialise.'p.189</p> <p>'Helen explained that: If I ever wanted to visit friends or see someone, I was never told that I can't but I always felt guilty...The things he said and the ways that he responded to things was all very subtle. Nothing was said outright, "You don't do this or don't do that", but I knew I wasn't entitled to go and visit my friends for a couple of hours.'p.189</p> <p>Consequences of education about abuse:</p> <p>'Many women in this study who had been psychoemotionally abused regarded the acquisition of knowledge of the subtle patterns of this style of abuse as one of the most important steps towards greater protection. The new words, theories and concepts they learned through books and counselling deepened their understanding and increased their sensitivity to the psychoemotionally abusive</p>
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					<p>behaviours which may have otherwise seemed innocuous or ambiguous. Their new vocabulary also improved their ability to confidently articulate their protest and gain assistance from others when it was required.'p.264</p> <p>'The development of both a denser body of normative standards of psychoemotionally abusive behaviour and more sophisticated models of the subtler patterns of psychoemotional abuse are sorely needed directions for future research.'p.302</p> <p>Suggestion of a likert scale to assess potential psychoemotional abuse in a relationship using the following questions:</p> <p>(a) How often does your partner treat you as an equal in your relationship? ('partner' could be replaced with other relationship types)</p> <p>(b) How often does your partner behave respectfully towards you?</p> <p>(c) How often does your partner do things to advance his or her own needs over the needs of the relationship?</p> <p>(d) Do you feel able to speak your mind freely and express who you are in the relationship?'p.309</p>
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					<p>'The model may also help detect other subtle patterns of vulnerability. For example, if one person's attitudes are disrespectful, but the other three dimensions are positive, then the relationship may be psychoemotionally abusive, but the abuse may be disguised. A person in this relationship may be at greater risk of some of the more subtle forms of psychoemotional abuse, such as psychoemotional oppression or restriction. In another example, some cults may produce secure environments, behaviours that appear focused on a mutual interest, and attitudes that appear respectful, but the power structures are clearly unequal (Samways, 1994).'</p> <p>p.310</p> <p>'Psychologists, community educators and other practitioners hold an important role in raising awareness of the subtleties of different forms of psychoemotional abuse through the general community and providing targeted assistance to those who have been impacted by this abuse. Broadening the popular psychoemotional abuse lexicon and attributing the behaviours to potential impacts can increase the chances of early detection, provide evidence that supports the recipients' protest against the action and help them muster professional assistance.'</p> <p>p.366</p>
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18.	Taherkhani <i>et al.</i> (2014)	Iranian women's experiences with intimate partner violence: a qualitative study	Journal article Iran Health Promotion Perspectives. 2014;4(2):230-9.	Primary research using qualitative content analysis of semi-structured interviews with 11 Iranian women.	<p>'One of the extracted categories from the data was neglect or covert violence. It consisted of three subcategories: "physical neglect", "sexual neglect", and "emotional neglect". Neglect was considered as a form of abuse where a husband abandons his appropriate and basic roles and does not satisfy the wife's expectations and needs in married life. It could be intentional or unintentional. The woman's response against husband's neglect can sometimes aggravate situation and lead to perpetrate overt violence by husband.' P.234</p> <p>'Physical neglect was considered as husband's failure to provide the essential needs of the family and conveying the family's comfort.' P.234</p> <p>'Sexual neglect was another form of neglect where the husband did not satisfy his wife's sexual needs.' P.234</p> <p>'Emotional neglect was the most common form of neglect experienced by the participants. This type of neglect could happen in one or more of the following areas: attention, affection and revealing interest, support, understanding, companionship, and appreciation' p.234</p>
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					<p>'The interviewed women also stated that emotional neglect has been more important than other types of neglect: "His neglect makes me sad. I think that, even if he cannot have sex with me, at least he can communicate with me by asking for instance about how I spent my day. His affection is much more valuable than just having sex scarcely."' P.235</p> <p>'The emphasis of existing definitions of intimate partner violence on the dimensions of overt violence, the focus of researchers on its dimensions, the use of screening tools which measure its dimensions, and the emphasis of interventions on the elimination of overt violence, all indicate that neglect as a part of intimate partner violence does exist; and the current study's results showed that it might have the highest importance for women. Most participants' remarks clearly showed that how a husband's neglect paved the way for the emanation of overt violence. In the study of Bostock <i>et al.</i> abused women identified their partners' lack of interest to engage in family and household affairs, lack of commitment, and financial irresponsibility as contributing factors in their violent relationships.' P.237</p> <p>'overt violence was only a small part of overall violence experienced by the women. It can be resembled to the</p>
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						observable peak of an iceberg floating in the water; since the major bulk of the experienced violence was neglect that it is not generally addressed or recognized, while it is damaging.' P.237
19.	Toubia (1995)	Violence – subtle and not so subtle – understanding women’s reproductive and sexual rights in Africa	Journal article Africa Newsletter (Women’s Global Network on Reproductive Rights). 1995; 51/52:29-31.	Discussion article	Discussion article – focuses on the subtle abuses inherent in the structures of society and how women absorb and perpetuate these themselves.	<p>‘The second kind of violence that is crucial to acknowledge is more subtle and slippery to define; it is violence constituted by violation of rights or denial of rights which often operates not only on personal but societal or cultural levels. The defining characteristic is not the presence of abusive behaviour, but the lack of recognized basic human rights.’ P.29</p> <p>‘The fact that the typical African legal system deems women minors, and necessitates the consent of the male partners in order to obtain contraceptives legally, inscribes and formalizes the subordination of women which permeates the social fabric.’ P.31</p> <p>‘Denial of reproductive rights and access to reproductive health services and information acts as an insidious and pervasive form of violence, with significant consequences on their lives.’ P.31</p>

7.8.23

19 entries included in study

Notes in purple are my comments.

1. Loring **book** based on original research
2. Marshall 94 **book chapter**, mixed methods original research
3. Marshall 99 **paper**, mixed methods original research
Marshall 96 **paper**, mixed methods original research
Taherkhani **paper** original qual research
Lascorz **paper** quant study original research
Lammers **paper** on qual original research
Green & Charles **paper** based on original qual research
4. Toubia **discussion article**
Romero **theoretical review** of literature no methodology given
Follingstad 2007 **discussion article**
Bicehouse and Hawker **discussion article** focusing on control in domestic violence for nurses
5. Streker **PhD** qual original research
Pitman 2010 **PhD** qual original research
McKibbin **PhD** quantitative original research

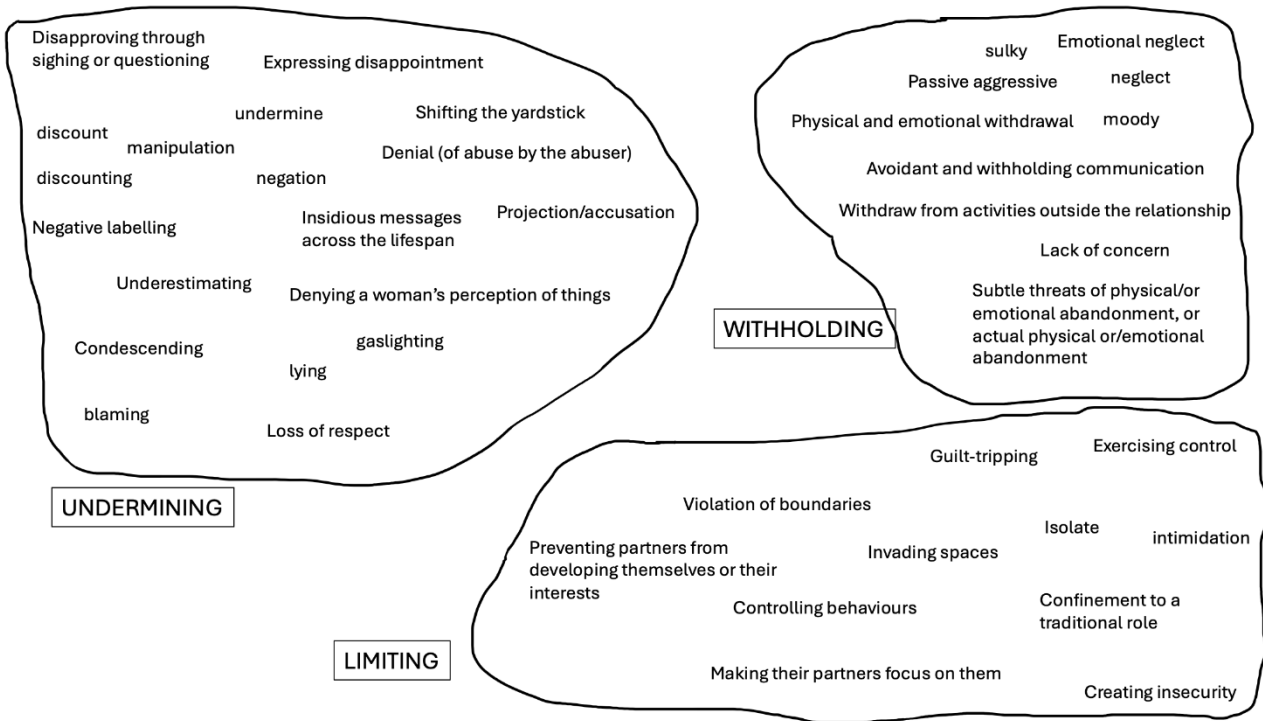
Hightower **PhD** on quant original research

Carson **PhD** qual original research

Burnett **PhD** mixed methods original research

Neal **PhD** by practice

Appendix 6 Scoping review of subtle or covert abuse: Synthesis of perpetrator behaviours



Version 3, March 2021

Research Protocol

PPI Research Protocol

Spring 2021

Exploratory interviews with women who have experienced subtle abuse in heterosexual relationships

Table of Contents:

1. Background
2. Objectives
3. Procedure
4. Analysis
5. Confidentiality
6. Ethical considerations

1. Background

Domestic Violence (DV) or Intimate Partner Violence (IPV) is a major problem across the globe. In March 2020 the UK Crime survey for England and Wales showed that an estimated 2.3 million adults aged 16 to 74 experienced domestic abuse in the last year (ONS, 2020). In addition to those whose experiences are included in the national crime statistics, many more suffer abuse which is not criminal. These experiences have been captured in research into emotional, psychological, verbal, sexual and economic abuse (Tolman, 1992; Loring, 1994; Marshall, 1996; Ann L. Coker et al., 2000; Adams et al., 2008; Evans, 2010). There seems, however, to be a discrepancy between what the academic literature describes and what is witnessed in the therapy room. The researcher's clinical experience as a psychotherapist with women who have experienced a pervasive, ongoing, subtle form of IPV is rarely described in academic literature on IPV (Marshall, 1994; Lammers et al., 2005) or academic literature on therapy with clients who have experienced IPV (Lachkar, 2001; James and MacKinnon, 2010).

This is a preliminary study to undertake important exploratory Patient and Public involvement (PPI) work in preparation for the main doctoral research study (anticipated FMH ethics application in July 2021). The doctoral study seeks to answer the question *‘What constitutes subtle abuse in educated women of high socio-economic status in intimate heterosexual relationships?’* The proposed methodology for the doctoral research project includes interviews with a potentially vulnerable group of women, those who self-identify as having experienced a specific kind of subtle intimate partner violence. Due to the sensitive nature of this work we think it is important to conduct background work to inform the research project. This preliminary work seeks to build on earlier interviews the researcher (RP) conducted, prior to embarking on the Professional Doctorate programme, to ensure the doctoral study minimises the risks and maximises the benefits for the participants and the research study.

2. Objectives

The key objectives are of this PPI work are:

1. To understand how women who previously participated in interviews about their experience of subtle IPV felt about the process.
2. To gain these women’s input on how they think an interview process for women who have experienced subtle intimate partner abuse could be improved in terms of:
 - a. pre interview information given
 - b. the interview process
 - c. the interview questions
 - d. suggestions for after care.
3. To co-create information with these women such as vignettes, which would then be used to enable RP to ensure that potential doctoral research participants fit the research inclusion criteria.
4. To learn anything further from their experience of the interview process which may not have been anticipated.

The results of this work will form the basis for the further development of the methodology and tools for the main doctoral study. It is hoped that they will also contribute to the body of knowledge on the impact of the research process on women who have suffered IPV. Any of RP's future publications may include learning from this study.

In conducting this current study RP aims to learn from those previously interviewed about their experience of subtle IPV in order to minimise any potential negative effects to the participants of the main doctoral study. Research on the impact of the research process on women who have experienced IPV is sparse, however, those studies that do exist consistently show that most women who participate in interviews about their traumatic experiences report overall and long-term benefit rather than distress (Pennebaker, 1993; Campbell et al., 2010; Shorey et al., 2011; Valpied et al., 2014; Nielsen et al., 2016). Indeed, Newman and Kaloupek's (2009) summary of research with trauma survivors found that 'the bulk of evidence indicates that extraordinary precautions are not warranted for trauma-related studies in general' (p. 600). The current study aims to build on this research to inform the methodology for this participant group. Literature indicates that using PPI to improve methodology with potentially vulnerable groups is likely to minimise any potential distress and maximise benefits to participants (Campbell et al., 2010; Hoover and Morrow, 2015).

5. Procedure

Participants in the 2018 interviews (2018P) will be contacted and asked if they would like to participate in this preliminary study. If they are interested they will be sent a participant information sheet (PIS). Once all their questions have been answered and consent given via an online form, interviews will be arranged to take place on video conferencing software or by telephone. Contact information for any participant who does not reply to the initial email, declines to participate or withdraws will be deleted.

Interviews will be approximately one hour long and conducted over Teams or by telephone. Participants will be reminded that this is a research interview and not a therapeutic session

and information regarding self-care during and after the interview will be reiterated.

Interviews may include the following example questions:

1. How did you feel prior to being interviewed in 2018? (eg. when deciding whether to volunteer, once you had volunteered, on the day of the interview)
2. How did you feel during the interview in 2018?
3. How did you feel afterwards?
4. What did you think about the pre-interview information (if you remember it)?
5. What did you think about the questions you were asked in the interview (if you remember them)?
6. Were there any benefits to you in taking part?
7. Were there any disadvantages to you in taking part?
8. What improvements do you think could be made to
 - a. the way you were contacted
 - b. the pre-interview information
 - c. the interview itself
 - d. the after-care information
9. Having now talked to me about the experience of participating in the interview in 2018 is there anything further you have realised that you would like to share?

Then, the participant and researcher will work together to compose short vignette examples of subtle abuse of the target group. Examples will be sent to the participant prior to the interview in order to give time for reflection in advance.

6. Analysis

The interviews will be digitally audio recorded. They will then be transcribed, key learnings elicited and analysis conducted using Thematic Analysis (Braun and Clarke, 2006). The content will be used to inform the development of the methodology of the doctoral study.

7. Confidentiality

After transcription the audio recordings will be destroyed. The interview transcripts will be given a number and at no point will the women's names be used, even within the research team.

All confidential data including transcriptions will be kept on the secure UEA OneDrive and will only be available to the researcher and her supervisory team. Participants will be informed that they have a right to withdraw from the study, including the withdrawal of their data, up until the time of analysis. Participants will be informed of the results of the study unless they ask not to be re-contacted (Mathie et al., 2018). Participant preference will be followed in respect of future contact regarding this and RP's future research.

8. Ethical considerations

The group who will be approached for this PPI study have all experienced IPV. As such they are part of a potentially vulnerable group and care needs to be taken in all aspects of this study. Here each particular aspect is described in detail:

- a. Participants will be approached using the email they supplied in 2018. Each participant approached RP at that time in order to volunteer to take part. Therefore the email addresses were given voluntarily. All participants agreed to being contacted after the 2018 interview for further questioning from RP.
- b. If a participant does not respond to the initial email no further contact will be attempted. RP will make the assumption that the lack of reply is a conscious choice not to participate. This may be an erroneous assumption, however, it is important to err on the side of caution with this group.
- c. If a participant indicates interest in taking part in the PPI study, information, including discussion questions, will be included in the PIS and sent via email to allow participants to absorb the information in their own time.
- d. Study information will include suggestions for how to plan for any distress participation may cause.
- e. 2018P who receive the study information will be given several opportunities to ask questions: prior to consenting to participate, prior to the beginning of the discussion, during the discussion and afterwards.

- f. Those who choose to take part in the study will be asked to email their consent. It will be clear in the PIS that they can opt out of any or all part of the study and withdraw at any time including after the discussion, up until the data have been analysed.
- g. At the start of the interview RP will ask participants again if they have any further questions and if they are still happy to participate.
- h. At the start of the interview RP will remind participants that the discussion may be distressing, that they can take their time and pause at any point, that they can decline to answer any questions and decide to stop at any point.
- i. At the end of the interview and vignette creation, RP will ask participants how they are feeling. RP will remind participants of the suggestions for self-care included in the study information and invite participants to talk about what they will be doing over the following 24 hours to ensure they are aware of how distress may manifest for them and how they can best care for themselves if necessary. RP will check on the participants support plans and remind them of available external support such as GP, Women's Aid or Samaritans. RP will explain what to look out for in the days and weeks after the interview which may indicate further support is needed.
- j. Participants will be invited to contact RP if they have any further questions regarding the research post discussion.

Appendix 8 Patient and public involvement study: Ethics approval from Faculty of Medicine and Health Sciences Research Ethics Committee for application 2020/21-073

Faculty of Medicine and Health Sciences Research Ethics Committee



University of East Anglia

NORWICH MEDICAL SCHOOL

Bob Champion Research & Educational
Building
Rosalind Franklin Road
University of East Anglia
Norwich Research Park
Norwich NR4 7UQ

Rosemary Parkinson
School of Health Sciences
University of East Anglia
Norwich Research Park
Norwich
NR4 7TJ

15th March 2021

Dear Rosemary

Project Title: Exploratory interviews with women who have experienced subtle abuse in heterosexual relationships

Reference: 2020/21-073

Thank you for your email of 8th March 2021 notifying us of the amendments you would like to make to your above proposal. These have been considered and I can confirm that your amendments have been approved.

Please can you ensure that any further amendments to either the protocol or documents submitted are notified to us in advance, and that any adverse events which occur during your project are reported to the Committee.

Approval by the FMH Research Ethics Committee should not be taken as evidence that your study is compliant with GDPR and the Data Protection Act 2018. If you need guidance on how to make your study GDPR compliant, please contact your institution's Data Protection Officer.

Please can you arrange to send us a report once your project is completed.

Yours sincerely



Dr Jackie Buck

Chair

FMH Research Ethics Committee

COVID-19: The FMH Research Ethics Committee procedures remain as normal. Please note that our decisions as to the ethics of your application take no account of changes in Government measures and UEA guidelines relating to the coronavirus pandemic and all approvals granted are, of course, subject to these.

Version 3, March 2021

Initial email to 2018P



School of Health Sciences

Queen's Building

Norwich Research Park

Dear _____

You very kindly volunteered to help me with some research in 2018. Since then I have started a Professional Doctorate at the University of East Anglia (UEA). Owing to the regulations around academic research I am not able to use the interview you gave in 2018 as a direct part of my doctoral research. However, in order to honour your contribution both in time and emotion in 2018 I would like to invite you to contribute to the development of that research. In order to do this I have two requests:

1. I would like to discuss with you what would have improved the interview process I used with you. My intention is to conduct some further interviews for my doctoral research. Your experience of having been interviewed by me gives you a unique position to provide valuable input in the planning of these interviews.

2. In addition, I would like to write some short case studies or vignettes to show to potential interviewees. This would enable them to see if their experience coincided with my research area and they would fit my selection criteria for interviewing. I would value your input on the creation of these.

I realise that you may not want to be part of this work and if you do not reply to this email within two weeks I will assume you do not want to take part and will not contact you again. However, if you are keen to participate please let me know by (*date two weeks away from email date*) and I will send you further information about this study.

If you are happy to take part then the virtual discussion would be scheduled at some time before the beginning of April 2021.

Best wishes

Rosemary

Rosemary Parkinson

Post-graduate researcher UEA

rosemary.parkinson@uea.ac.uk

Version 2, February 2021

Example second email to 2018P who agree to find out more about the work.



School of Health Sciences

Queen's Building

Norwich Research Park

Dear _____

Many thanks for expressing interest in finding out more about my invitation to contribute to my research/ in agreeing to participate in my work (*delete as appropriate to each participant*). I attach further information about the work and a consent form.

I will email you again in about a week to see if you have any questions and to see if you would like to take part. If you decide you do not want to take part that is absolutely fine and I won't contact you again. If, once you have read the information and I have answered your questions satisfactorily, you decide you would like to take part then could you sign the consent form? The instructions for doing this are on the consent form itself. If you are unable to give consent in this way I can record your consent at the start of the interview.

Then all that remains will be for us to set up a mutually convenient time to meet for the interview which will be online or by telephone.

Thank you again for taking the time to find out more about this.

Best wishes

Rosemary

Rosemary Parkinson

Post-graduate Researcher UEA

rosemary.parkinson@uea.ac.uk



School of Health Sciences

Queen's Building

Norwich Research Park

Participant Information Sheet (PIS)

Study by Rosemary Parkinson in order to inform later doctoral research methodology

Overview:

This is a study to ask interview participants from the 2018 subtle abuse interviews how the interview process could be improved and to get their input to create short case examples of subtle abuse to recruit participants into future interviews for a doctoral project. The information collected may also be used to help understand what makes research into abuse easier or harder for survivors to participate in.

Why I'm contacting you:

Following your kind help in 2018 I'd like to ask you to take part in a small study to help me to design future research. Joining the study is entirely up to you and in order to enable you to make that decision I have written about the study below. Once you have read it you may well have questions. I will email you in a week to see what these are and to try to answer them. Alternatively, you may decide straight away that you don't want to participate. Just let me know and I won't contact you again.

I propose to have one online (using Teams) or telephone discussion with you of about one hour. The first part of this discussion would be questions about how you experienced the process of the 2018 interview. The second part of the discussion will be for us to see if we can co-create a short case study or vignette of what it is like to experience subtle abuse. I will send you some ideas I have, and you can prepare something yourself in advance or we can simply discuss together how these initial ideas could be improved. Although I am a therapist as well as a researcher there is no part of this interview that will be therapy.

The benefits and disadvantages of taking part

There are no absolute benefits or disadvantages of taking part. You will know how you felt about taking part in the 2018 interview. This may be similar or different for you.

Some people who participate in research around intimate partner violence (IPV) feel a benefit from taking part. The participation in research can be part of their processing of the abuse, it can be helpful to discuss it with someone who understands the experience as a clinician and/or researcher, and it can lead to a feeling of empowerment as they see future benefits which may be gained by others through their participation.

Some people can find it distressing to recall the abuse and need to have support. However, usually this is a short-term distress. Again, you will have some idea how you are likely to respond given your response to the 2018 interview.

You will also need to be aware that you will be giving up your time once again with no direct recompense.

Confidentiality

The interview will take place on Teams or by telephone. I will be in a private space and will not be overheard. I will make an audio recording of the interview. This will be kept on UEA's secure OneDrive until transcribed. There will be no identifying details attached to the file. I plan to use Trint to transcribe the interviews. You can look at their security information here

<https://trint.com/security> . Once transcribed, the audio file will be deleted. The anonymous transcription will then be kept on UEA's secure OneDrive. Your contact details will also be kept on UEA's secure OneDrive. However, at no time will your name or that of any third party be attached to data from your interview. No-one but me and my research supervisors will have access to the transcripts. I will keep the transcripts of our interviews for up to 10 years to inform my future research.

I will let you know the outcome of this study unless you ask me not to contact you. If you do not wish to hear from me regarding this, I will delete your contact details. When I send you the outcome information, I will ask you to let me know if you would like to stay informed about my future research. If I do not hear from you within two weeks of this email, I will assume that you do not want to be contacted again and I will delete your contact details. If you do wish to be kept informed, I will retain your contact details until the completion of my doctoral programme.

Self-Care

As I advised before the 2018 interview you may find that thinking about and talking about the abuse experience is distressing. We will not be directly talking about the abuse this time but nevertheless it is sensible to plan in case you do experience some distress. We will take the discussion gently and I will offer to pause if you do become distressed. If necessary, we will stop the discussion either temporarily or permanently.

It may be a good idea to plan some time after the interview where you do not have to rush off to something else. This will give you the opportunity to have a cup of tea or anything else which you know is self-soothing. You may also like to let a friend know you are going to be talking to me and ask them to be available fairly soon after the discussion in case you want to talk to them.

If you find you are continuing to be distressed over the days after the discussion you may find it helpful to talk to others in your support network; friends or family. If you prefer not to

share it with them, you can contact official support groups such as the National Domestic Abuse Helpline 0808 2000 247 or the Women's Aid web address <https://www.womensaid.org.uk/information-support/> , the Samaritans 116 123 or <https://www.samaritans.org/how-we-can-help/contact-samaritan/> or your GP. If you find that the distress lasts for a few weeks or months then contacting your GP is a good idea. You may find it helpful to think about starting some counselling. Your GP may be able to refer you to a talking therapy or you can contact the Psychological Wellbeing Service in Cambridge direct <https://www.google.com/search?client=safari&rls=en&q=psychological+wellbeing+service&ie=UTF-8&oe=UTF-8>

Consent

Along with this information sheet I have sent a consent form. If you decide you would like to take part, please read this and follow the instructions it gives.

If you do decide to take part but change your mind at any stage, you can withdraw at any time and there is no need to explain why. Any information you have given me by that stage can be deleted if you would like. However, if you decide to withdraw after the analysis has begun then suggestions you have made will already be in the suggested improvements for the doctoral study and will not be able to be removed.

Ethical approval for this study

Ethical approval has been sought and given by the Research Ethics Committee of the Faculty of Medicine and Health Sciences at the University of East Anglia.

Contact information

As before, this research is being conducted by Rosemary Parkinson. I am now a post-graduate student at the University of East Anglia. You can contact me on my email address there rosemary.parkinson@uea.ac.uk.

Complaints procedure

If you are unhappy with any part of this study then, if you are able to, please let me know and I will do whatever I can to remedy the problem. If you do not feel able to talk to me about your concern or I have not remedied a problem to your satisfaction, then you can take your concern to:

Nicola Spalding
Professor of Occupational Therapy
School of Health Sciences
Queen's Building
University of East Anglia
Norwich
n.spalding@uea.ac.uk

Thank you.



School of Health Sciences

Queen's Building

Norwich Research Park

Title of Project:

Exploratory interviews with women who have experienced subtle abuse in heterosexual relationships.

Consent process:

After you have read the information sheet for this preliminary study for my doctoral work, I will email you to see if you have any questions and to see if you would like to take part. If, after your questions have been answered, you are happy to go ahead then please type your initials in the space provided after each of the statements. Please sign the form by typing your name in the 'signed' space and email it to me. In the email please state that you consent to take part in this study as described in the Participant Information Sheet and the Consent form. If you are unable to do this then I can record your verbal consent at the start of our interview.

Description:

A study to ask interview participants from the 2018 subtle abuse interviews how the interview process could be improved, and to get their input to create short case examples of subtle

abuse to recruit participants into future interviews for a doctoral project. Data collected may also be used to inform research into domestic abuse in general.

Name of Researcher: Rosemary Parkinson, Professional Doctorate Candidate at the School of Health Sciences, University of East Anglia. Rosemary.parkinson@uea.ac.uk

I _____ (name)

1. confirm that I have read the information sheet for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

2. understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason.

3. give consent for my data to be processed and stored as described in the information sheet for the purposes of this and future research by the researcher.

4. understand that the information collected from me will be used to support this study and may be used for other research in the future including publications.

5. agree to take part in the above study.

Signed: _____ Date: _____



School of Health Sciences

Queen's Building

Norwich Research Park

Study by Rosemary Parkinson, Professional Doctorate candidate in Health and Social Care, in order to inform later doctoral research methodology

Examples of subtle abuse

1. Jasmine recalled that she would just know that something was wrong and couldn't even say what it was 'I would just sense it you know? Sometimes I wouldn't even need to be with him and I'd know something was wrong. If I asked him if he was ok he'd always say he was, but I don't know, then or a bit later he'd be telling me I was letting myself down, that he'd see other people doing great things and think 'Why isn't Jasmine, she's as good as them.' And I'd feel rubbish but you know there was nothing he'd actually done or said which I could say had caused that.'
2. Jo and Tom felt so connected and in tune when they first got together. They loved the fact they could stare into each other's eyes and feel they were sharing their souls. One day Tom was a bit off with Jo. When she questioned him he said 'I feel you're keeping something from me. It feels like you've shut me out'. Jo had just been wondering her

own thoughts but the way Tom put it she started to worry that she wasn't capable of connecting in an intimate relationship properly. As time went on it became part of the story of their relationship; Jo struggles with intimacy and will often put up barriers to our connection. It was only in couples' therapy years later that she realised it was ok to have her own thoughts and feelings.

3. Zoe had always been a big reader and so had her partner Simon. In fact, when they first got together, they were constantly discussing books and suggesting ones for each other to read. It was part of what made her think they were compatible. So she was surprised that when they moved in together whenever she wanted to read he became moody. She would sit down in the evening to read and he would say 'But I thought we were going to have time together'. She thought they were; 'We're sat together on the sofa'. But for him, when she read she was cutting herself off from him. So she gradually found she had fewer opportunities to read. It just wasn't worth the hassle of knowing he would become moody and trying to sit reading with him in a mood somewhere in the house.

4. Dave would do very little organising either in the house or with regard to social events so Clare ended up being the one who did all the organising. He enjoyed the things they did together, often thanking her for organising them. Then at other times he would tell her she was being over-controlling of him, that she never gave him space. He would then say that all this organising and controlling was because she was uptight and anal and should be more relaxed like him. She felt caught in a double bind; if she stopped organising nothing happened and she felt flat and Dave became moody anyway, saying they never did anything, if she continued organising she saw herself through Dave's eyes as this uptight woman and he had more evidence to back up his theory. Dave got to do nothing and have her sort his life out at the same time as keeping her feeling bad about herself and in his control.

5. Neil was very supportive of Sarah. They had discussed how her mood went up and down, how she wanted to try to capture the energy she had when she was up and to minimise the lows. They agreed to spend money on therapy for her so she could try to do this. But somehow she also felt like she was walking on eggshells, afraid to get something wrong at home. There were times when he would mention something she hadn't done right for him and she would feel so upset and abandoned by him. One day he told her she just made too much noise when she was cooking and he couldn't concentrate on what he had to do. She sensed he was fed up with her for still failing to get things right. She knew that she tended to make more noise when she was feeling low or stressed and she wished he would ask her what was troubling her rather than say she was letting him down.

Procedure for PPI interviews 2021

Before interview:

PRESS RECORD BUTTON

Thank you for doing this. It's great to see you again. We won't be talking about the detail of the abuse apart from as it comes up in the case example creation but to comply with the ethics approval I need to cover a few things:

1. Do you have any questions?
2. Are you happy to proceed with the interview as described in the PIS?
3. Can you complete the consent form and email it to my UEA email address?
4. Do ask any questions you have as the interview progresses.
5. If you find the discussion distressing at any point please feel free to pause the interview, opt out of any part of the interview or decide to end the interview.
6. If you complete the interview but decide afterwards you want to withdraw you can just tell me. Your data will be deleted but any suggestions you made will already be part of the analysis.
7. Although I am a therapist this is not a therapy session.

Interview questions:

1. How did you feel prior to being interviewed in 2018? (eg. when deciding whether to volunteer, once you had volunteered, on the day of the interview)
2. How did you feel during the interview in 2018?
3. How did you feel afterwards?
4. What did you think about the pre-interview information (if you remember it)?
5. What did you think about the questions you were asked in the interview (if you remember them)?
6. Were there any benefits to you in taking part?
7. Were there any disadvantages to you in taking part?
8. What improvements do you think could be made to
 - a. the way you were contacted

- b. the pre-interview information
 - c. the interview itself
 - d. the after care information
9. Having now talked to me about the experience of participating in the interview in 2018 is there anything further you have realised that you would like to share?

Case example creation:

1. I sent out some short case examples which I thought captured ways in which subtle abuse occurs. Have you had a chance to read them? What thoughts do you have about them?
2. Do you have any ideas for other case examples?
3. Are there incidences in your abusive relationship which you think capture the insidious nature of a subtly abusive relationship which I might use?

After interview:

1. How are you feeling?
2. Are you feeling how you expected to feel at the end of this interview?
3. There are some suggestions for self-care in the PIS. It might be helpful to think through what you are doing over the next 24 hours to see if there are opportunities for self-care if you need to take them.
4. If you do find yourself thinking more about the abuse, getting intrusive images or dreams, an increased exaggerated startle response, or low mood then what support do you have, what self-care could you try?
5. If these changes are still there after a few weeks then you may like to look for further support. You can try contacting your GP, Samaritans or Women's Aid or PTS to talk things through and see if you need more support.
6. Do contact me if you have any questions about the research after this interview.
7. I will let you know what the findings are from this PPI.

Thank you very much for taking part!

Appendix 14 Patient and public involvement study: Preliminary findings from the 2021 PPI study with women who were interviewed in 2018

Ethical Approval given by UEA FMH ethics panel in March 2021

- 1. How did you feel prior to being interviewed, for example when deciding to volunteer, once you had volunteered, on the day of the interview?*

Both participants remembered not having any strong feelings about the upcoming interview. One had been slightly concerned in case the researcher thought their experiences did not constitute abuse. The other was aware that 'it might churn things up a little bit, that normally lay quite still and dormant ' but thought 'I don't think that's necessarily a bad thing.' Both said that these concerns did not bother them and they weren't concerned or anxious.

- 2. How did you feel during the interview in 2018?*

Both participants felt safe and comfortable during the interview. One described how she had experienced intense 'visceral' emotions when answering questions which she had expected but that this had mostly calmed by the end of the interview. However, she also explained that she had felt safer with the researcher than she had in counselling relationships. She had put this down to thorough pre-interview information, to the researcher's 'very friendly, open and warm' way of being and to being able to have a short chat with the researcher prior to and post the interview itself. The other said she was surprised how much she remembered about the abusive relationship and that in recalling it in the interview she was also surprised at how strong the emotions were which were attached to those memories.

- 3. How did you feel afterwards?*

Participants divided the after experience into the immediate day after the interview and longer term. Both participants had remembered it taking about 24 hours for them to 'get fully settled'. Both had used distraction to help this process and one described doing things she knew helped her when she needed to be looked after. One had felt validated by the experience, feeling reassured that the behaviours she had experienced in her relationship

were harmful and not her 'being unreasonable'. She was left with a realisation that she hadn't fully processed the relationship and that she ought to do something about that. The other noted a temporary feeling of being 'churned up' which included feeling angry with herself that she had allowed herself to be treated in that way in the relationship.

4. What did you think about the pre-interview information (if you remember it)?

The pre-interview information was remembered as being thorough. This had been felt as reassuring by both. 'You explained very clearly what was going to happen and what it wasn't about.' The pre-interview information for this PPI study was also commented on as good, 'it said what it did on the tin really'.

5. What did you think about the questions you were asked in the interview (if you remember them)?

One participant remembered the questions as enabling her to say what was necessary and no more. She was clear that the interview was to 'get people's experiences' and the researcher had 'made it very clear this was not a therapy session'. The other didn't remember the questions per se but did remember that she had had the opportunity to discuss all aspects of the relationship.

6. Were there any benefits to you in taking part?

Both felt that participating had brought benefits. One participant explained how the interview had 'brought the thought 'you should probably do something about this' back to the surface in a gentle way'. She also 'felt more confident in my own experiences and thoughts about kind of the behaviours that happened'. The other said 'I think these things do need a dusting down every now and again, having another bit of a think about them. And every time you do that, I do think they sort of just settle down in a different and better way just for having been re-examined.' She described having a dream about her abuser after the interview in which she 'came out on top' and linked this to the processing of the abuse.

7. Were there any disadvantages to you in taking part?

Despite both participants describing short term distress in the interview and for the following 24 hours, and that issues were brought to the surface that they did not normally think about, neither described this as a disadvantage. In fact, both saw this as leading to ultimate benefits.

8. What improvements do you think could be made to

a. the way you were contacted

One participant described how it felt appropriate for her to be the person who initiated contact with the researcher after seeing the poster. The other was happy with the recruitment process although wondered if there was a way of accessing women who would not come forward to participate but had experienced subtle abuse. On reflection she could not think of a way to access these women.

b. the pre-interview information

One participant remembered the pre-interview information as sufficient such that nothing came as a surprise in the session. The other couldn't remember the pre-interview information for the 2018 interviews but described the information sent in the PIS for this PPI study as 'very thorough'. She did comment that there was a balance to be made between giving enough information that participants are able to make an informed choice and giving so much that it gives a false impression of the distress which might be caused because 'the reality is not as sort of daunting or worrying as it almost sounds. It's a bit like reading the ... little bit of paper that comes with your prescription'.

c. the interview itself

One interview took place in the researcher's clinical consulting room. The participant described how this felt 'appropriate' particularly as she didn't have an alternative safe space to suggest. The other interview had taken place in the participant's home. She described feeling 'looked after and cared for' in the interview. Neither had suggestions for improvement.

d. the after care information

Participants divided this into two parts: that immediate aftermath of the interview and subsequently. In talking about the end of the interview Participant 1 described how 'you didn't leave me high and dry and you did give me a few minutes at the end just to kind of collect my thoughts and make sure that I was OK'. It was also discussed that the aftercare information in 2018 did not include written suggestions. This information was given verbally at the end of the 2018 interviews. One participant commented that the written aftercare information sent out as part of the PIS for this PPI study was more helpful than the verbal information in 2018. This will be added to the protocol for the doctoral study. However, the other participant mentioned that the volume of this information could make some potential participants more cautious about participating. This will be noted on the doctoral study aftercare information.

9. Having now talked to me about the experience of participating in the interview in 2018 is there anything further you have realised that you would like to share?

Neither participant thought of anything further to add.

Version 0.2, August 2021

Research Protocol 2021

A research protocol for a doctoral study to answer the research question

'How can therapists recognise subtle abuse of educated women of high socio-economic status in intimate heterosexual relationships?'

Table of Contents:

1. Background
2. Objectives
3. Procedure
4. Analysis
5. Confidentiality
6. Ethical considerations

1. Background

Domestic violence and abuse (DVA), intimate partner violence (IPV) or intimate partner abuse (IPA) is a major problem across the globe. In 2020 the Office of National Statistics (ONS) reported that as many as 1 in 4 women experience criminal IPV in England and Wales over the course of their lives (ONS, 2020). In addition, many more suffer abuse which is not criminal. These experiences have been captured by research into emotional, psychological, verbal, sexual and economic abuse (Tolman, 1992; Loring, 1994; Marshall, 1996; A. L. Coker et al., 2000; Adams et al., 2008; Evans, 2010). However, this research has mainly focused on overt abuse. There seems to be a discrepancy between what the academic literature describes and what is witnessed in the therapy room. RP's clinical experience with heterosexual women who have experienced a pervasive, ongoing, subtle form of IPA is rarely described in the literature. There are a handful of papers with a focus on subtle abuse, with key papers such as Marshall (1994, 1996) and Lammers *et al.* (2005) being written some years ago. There is also minimal

literature focused on therapy with clients who have experienced subtle IPA (Lachkar, 2001; James and MacKinnon, 2010).

There are a number of negative consequences of IPA. It has been shown that those who experience any kind of abuse are more likely than the general population to suffer from mental and physical ill health (Matheson et al., 2015; Potter et al., 2020). In addition, there is a societal and financial cost. In 2017 the UK national cost of IPA was estimated at £66 billion (Oliver et al., 2019). None of these costs include the suffering and cost of subtle abuse. Without a description of subtle abuse, therapists or other helpers cannot recognise its existence, may unknowingly contribute to its perpetuation and will not be in a position to explore ways to help such women effectively. A description would also enable women to appropriately assign cause for their symptoms or loss of mental, physical or economic health.

This doctoral study seeks to fill these gaps in the literature and answer the question *'How can therapists recognise subtle abuse in educated women of high socio-economic status in intimate heterosexual relationships?'* The qualitative methodology for the project includes semi-structured interviews with women who self-identify as having experienced subtle IPA (Group A) and therapists who have worked with other women who experienced subtle IPA (Group B). Due to the sensitive nature of this work a background Patient and Public Involvement (PPI) study was undertaken to ensure this study's methods minimised risk and maximised benefits for the participants and the research study. This protocol takes into account the findings from this PPI study.

2. Objectives

The key objectives are:

- a. To understand experiences which are common to women in subtly abusive heterosexual relationships.
- b. To understand how women in this demographic think and talk about their experiences of having been in subtly abusive heterosexual relationships.

- c. To find out what enabled therapists to identify that clients were experiencing subtle abuse, even when the women themselves didn't realise.
- d. To use the information gathered from these two groups to create a description of recognisable signs of subtle abuse in order to enable identification by someone inside or outside such a relationship.

The results of this study will form the basis of the production of teaching materials for therapists and other helpers to enable identification of subtle abuse and feed into future publications and conference presentations by RP.

3. Procedure

Phased recruitment will be through posters, social media and RP's professional bodies. Those interested will contact RP via UEA email. Potential participants will receive a participant information sheet (PIS) describing the study. Following opportunities for questions participants will be able to give informed consent. Contact information for any participant who does not reply to the email with the PIS, declines to participate or withdraws, will be deleted.

Interviews will be approximately one hour long and conducted in person, over Teams or Zoom or by telephone, the latter recorded on a digital recorder. Participants will be given a further opportunity to ask questions, their consent will be checked and they will be reminded that this is a research interview and not a therapeutic session. Information regarding self-care during and after the interview will be reiterated. Interviews may include the following example questions:

Group A

1. Can you tell me why you decided to participate in this research?
2. Can you tell me about your relationship?

Depending on the language the participant uses prompts may include:

Can you tell me the history of your relationship?

When and how did you realise the relationship was abusive?

What do you look back now and think was abusive? How did you think of that experience then?

How did you talk to your friends about your relationship at the time?

How did other's tell you they conceptualised your relationship at the time?

3. Did you seek help at any stage? If so, can you tell me what type of help this was and about that experience?

Group B

1. Can you tell me why you decided to participate in this research?

2. What is your experience of the phenomenon described in the research question?

3. Can you tell me more about what you heard from your women clients?

4. Can you tell me more about what you felt when working with them?

5. Can you tell me more about how therapy with a woman who was or had experienced subtle abuse might progress?

6. What have you learnt over time about working with women who experience subtle abuse?

7. What would your advice to other therapists or helpers be?

It is possible that after the completion of these interviews and initial analysis, further questions emerge which are important to answer the research question. The PIS includes the possibility of participants being re-contacted for a second interview if necessary. A full consent process will be conducted at this point.

4. Analysis

The interviews will be digitally recorded. The recordings will be stored on UEA's OneDrive, interviews will be transcribed and the transcriptions will be kept on OneDrive and the recordings deleted. In keeping with the philosophical underpinnings of the researcher's clinical background and the influence of feminist thinking, reflexive Thematic Analysis (Braun and Clarke, 2006, 2020b, 2020a) has been chosen as the most fitting method of analysis.

5. Confidentiality

The interview transcripts will be given a number and at no point will the women's or therapist's names be used, even within the research team. All confidential data, including transcriptions, will be kept on the secure UEA OneDrive and will only be available to the researcher and her supervisory team. Participants will be informed that they have a right to withdraw from the study, including the withdrawal of their data, up until the time of analysis. Participants will be informed of the results of the study by email unless they ask not to be re-contacted (Mathie et al., 2018). Participant preference will be followed in respect of future contact regarding this and RP's future research.

6. Ethical considerations

Ethical issues for participants

Group A will all have experienced IPA. As such they are regarded as part of a potentially vulnerable group (despite literature and the PPI findings), and care needs to be taken in all aspects of this study. Group B will have worked with this group (and may have worked with women who have experienced other kinds of abuse). Research indicates that Group B may have experienced vicarious trauma (Iliffe and Steed, 2000). The aim therefore in this protocol is to be clear about how care is being taken of both groups. A detailed outline of this is set out below:

- a. Potential participants will find out about the study through posters or social media or through having heard about it from RP. They will not be approached directly unless they have specifically asked to be informed about the study in order to volunteer. It is expected that most will contact RP voluntarily if they are interested in participating.
- b. On receiving an email from a potential participant RP will respond with an email and the PIS as described above. This will give the potential participant time to absorb the information, think of any questions they may have and consider the potential impact taking part may have on them.

- c. Study information will include suggestions for how to plan for any distress participation may cause.
- d. RP will email a week later asking if the potential participant has any questions about the study. Potential participants who receive the study information will be given several opportunities to ask questions: prior to consenting to participate, prior to the beginning of the interview, during the interview and afterwards.
- e. Those who choose to take part in the study will be asked to email their consent. It will be clear in the PIS that they can opt out of any or all of the study and withdraw at any time including after the interview, up until the data have been analysed.
- f. At the start of the interview RP will remind participants that this is a research interview and not a therapy session. She will reiterate that if the interview is distressing, participants can take their time and pause at any point, that they can decline to answer any questions and decide to stop at any point. She will reiterate that should the participant disclose information current abuse, abuse of a minor or suicidal thoughts this information may need to be passed on.
- g. As a trained therapist RP will be able to manage participants' distress should it arise, such as offering time to calm, a glass of water, asking what might be helpful at that moment for the participant. She will not move out of the role of researcher, however.
- h. All information is regarded as confidential. However, should a participant disclose information regarding current abuse, abuse of a minor or suicidal thoughts RP will discuss with the participant the safety of their reporting this to the appropriate authority, refer the participant to their GP and, if necessary, discuss the possibility of RP contacting the relevant authority regarding a safeguarding concern.
- i. At the end of the interview, RP will ask participants how they are feeling. RP will remind participants of the suggestions for self-care included in the relevant PIS and invite participants to talk about what they will be doing over the following 24 hours to ensure they are aware of how distress may manifest for them and how they can best care for themselves if necessary. RP will check on the participants' support plans and remind them of available external support such as GP, Women's

Aid or Samaritans. RP will explain what to look out for in the days and weeks after the interview which may indicate further support is needed. This will all be conducted in the role of researcher and not therapist.

- j. Participants will be invited to contact RP if they have any further questions about the research post interview.
- k. A summary of the results of the doctoral study will be sent to participants unless they request not to receive them.

Ethical issues for RP

RP needs to be aware that listening to these women's responses will be a different experience from listening as a counsellor and therefore may affect her differently. RP will need to be clear to herself and the participants that she is working as a researcher and not as a therapist and that she is not offering therapy to participants. Due to evidence of potential vicarious trauma in this research work (Gregory et al., 2017; Gregory et al., 2019) she will need to ensure she has support in place such as regular supervision with clinical and academic supervisors to discuss any emotional issues which may arise from these discussions.

Appendix 16 Qualitative study: Ethical approval for the qualitative study from the Faculty of Medicine and Health Sciences Research Ethics Committee 2020/21-142

Faculty of Medicine and Health Sciences Research Ethics Committee



NORWICH MEDICAL SCHOOL

Bob Champion Research & Educational
Building
Rosalind Franklin Road
University of East Anglia
Norwich Research Park
Norwich NR4 7UQ

Rosemary Parkinson
School of Health Sciences
University of East Anglia
Norwich Research Park
Norwich
NR4 7TJ

13 September 2021

Dear Rosemary

Project Title: How can therapists recognise subtle abuse of educated women of high socio-economic status in heterosexual intimate relationships?' A research proposal for a qualitative doctoral study.

Reference: 2020/21-142

Thank you for your email of 12.08.21 notifying us of the amendments to your above proposal. These have been considered and I can confirm that your amendments have been approved.

I should note that the university data protection officer has not approved any transcription software for use in research, except for MS Teams, so we are compelled to advise applicants to use MS Teams while the data protection officer explores other options for researchers to use.

I would like to apologise for the significant delay in responding to these amendments, and to thank you for such a thorough and considered response to the issues we raised.

Please can you ensure that any further amendments to either the protocol or documents submitted are notified to us in advance, and that any adverse events which occur during your project are reported to the Committee.

Approval by the FMH Research Ethics Committee should not be taken as evidence that your study is compliant with GDPR and the Data Protection Act 2018. If you need guidance on how to make your study GDPR compliant, please contact your institution's Data Protection Officer.

Please can you arrange to send us a report once your project is completed.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Jackie Buck', enclosed in a thin black rectangular border.

Dr Jackie Buck

Chair

FMH Research Ethics Committee

Version 0.2, August 2021

Recruitment poster

Have you been in a subtly abusive heterosexual relationship?

So many who suffer do so with no support, as family and friends just don't get it. If you've been there you'll understand.

Taking part in this research could help someone else be less confused and isolated than you were.

Most abuse books will talk about a wide range of abuse tactics from subtle manipulation to extreme violence. I am researching into intimate, heterosexual relationships where the abuse has been on a subtle level throughout. Sometimes victims only realise many years later or in retrospect that there was subtle abuse in their relationship. This abuse may have included control, manipulation or fear but in such a way as to leave you wondering 'Am I imagining this?'

If you think this is or was you then I'd like to hear from you.

I am conducting research with educated women or those with high income.

I am planning to conduct one interview for each participant of about an hour long.

All details will be kept confidential.

Please contact me on rosemary.parkinson@uea.ac.uk or 07989 248140.

07989 248140

rosemary.parkinson@uea.ac.uk

ac.uk

07989 248140

rosemary.parkinson@uea.ac.uk

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rosemary.parkinson@uea.ac.uk

Version 1, June 2021

Information for social media and professional organisations

Information for social media and professional organisations will be something similar to that below:

Twitter information

I am conducting research with women of high socio-economic status who have experienced subtle abuse in intimate, heterosexual relationships. Have you been a victim of this? Do you have a degree and consider yourself to be of high socio-economic status? If you're interested in taking part, then please email me on rosemary.parkinson@uea.ac.uk for further information.

Information for BACP and ACAT members

I am conducting research into how therapists recognise when women clients are the victims of subtle abuse in intimate, heterosexual relationships.

The research is in two parts: interviews with therapists who have worked with women who have been in subtly abusive relationships and interviews with women who have been in these relationships. The research focuses on this experience in women who have a high educational achievement and are in a high socio-economic group.

Women who experience subtle abuse may present in therapy not knowing they are or were in an abusive relationship. I would like to explore what this experience is like for a therapist.

For further information please contact me on rosemary.parkinson@uea.ac.uk.

Version 0.2, August 2021



School of Health Sciences
Queen's Building
Norwich Research Park

Dear _____

Many thanks for expressing an interest in finding out more about my research. I attach further information about the work.

I will email you again in about a week to see if you have any questions and to see if you would like to take part. I will try to answer any questions you have and check with you whether you meet the criteria for participation as explained in the attached information sheet. If, once I have answered your questions satisfactorily and we have established your eligibility to participate, you decide you would like to take part then I will send you a consent form to sign*. If you decide at this point you do not want to take part that is absolutely fine and I won't contact you again.

Then all that will remain is for us to set up a mutually convenient time to meet for the interview which will be online, by telephone or in person depending on COVID restrictions and our preferences.

Thank you again for taking the time to find out more about this.

Best wishes

Rosemary

Rosemary Parkinson

Post-Graduate Researcher UEA

rosemary.parkinson@uea.ac.uk

* The instructions for how to sign are on the consent form itself. The research will take the form of a recorded interview so, if you are unable to send the consent form, I can record your consent at the start of the interview.

Appendix 20 Qualitative study: Participant Information Sheet for women who have experienced subtle abuse

Version 0.2, August 2021



School of Health Sciences

Queen's Building

Norwich Research Park

Participant Information Sheet (PIS) for women who have experienced subtle abuse

Doctoral study by Rosemary Parkinson, Post-Graduate Researcher, UEA

What is this research about?

This is doctoral study aims to answer the question

'How can therapists recognise subtle abuse of educated women of high socio-economic status in intimate heterosexual relationships?'

Whilst a lot is known about domestic abuse in general this knowledge is mostly focused on physical abuse or overt non-physical abuse such as overt psychological or emotional abuse. Very little research has been conducted on subtle, non-physical abuse. As a therapist with 25 years' experience, I have repeatedly seen clients who have been suffering subtle abuse. Often they do not even recognise that they are being abused. The lack of research (and the lack of a common language) on subtle abuse has meant it is hard to explain to them what is happening to them. This study plans to talk to both women who have been abused and therapists who have worked with women who have had this experience, in order to find out more about subtle abuse. It is hoped that with this information therapists, family, friends and women themselves will be able to recognise the signs of subtle abuse. In order to do this I

will be interviewing educated women of high socio-economic status who have experienced subtle abuse and therapists who have worked with this group.

To help you decide if you are eligible to participate, I have included yes or no questions after some of the following sections. If you answer yes to all the questions, then you are eligible to participate.

How do I know that I have experienced subtle abuse?

At the end of this information sheet are a few examples of what subtle abuse can look like.

Have a read of these and see if any of them resonate for you.

1. Was I in a subtly abusive heterosexual relationship in the past as illustrated by the examples or vignettes?
2. Is that relationship over?
3. Do I have little or no contact with my abuser now?

What other criteria do I need to meet to take part?

I would like to interview women who fit two specific demographic criteria based on education and socio-economics. To take part in the study you would need to EITHER:

- a. Be educated to degree level or above: 'Am I educated to degree level or above?'

OR

- b. Be of a high socio-economic status. This is much harder to define. I am using the National Statistics Socio-Economic Classification's levels (NS-SEC). Roughly I am looking for women who are in the following categories L1; Employers in large organisations, L2; Higher managerial and administrative occupations and L3; Higher professional occupations. However, as socio-economic status is not an exact science you can also consult the Customer and Consumer insight Acorn guide categories which I can supply on request. I apologise if these questions feel intrusive and completely understand if you choose not to reveal this information to me.

Unfortunately, however, without establishing socio-economic status you would not be eligible to participate.

'Do I consider myself to be of high socio-economic status as explained here?'

c. Or both a. and b.

In addition, participants must not be or have been clients of the researcher or a participating therapist.

What would taking part involve?

Joining the study is entirely up to you and in order to enable you to make that decision I have written about the study below. Once you have read it you may well have questions. I will email you in a week to see what these are and to try to answer them. Alternatively, having read this sheet, you may decide straight away that you don't want to participate. Just let me know and I won't contact you again.

The research will take the form of an interview with you. Depending on COVID restrictions or your physical location, this will be either in person, online (using Teams or Zoom) or by telephone. This would be about one hour long. Some examples of the kinds of questions I am likely to ask are below. Although I am a therapist as well as a researcher there is no part of this interview that will be therapy.

After the initial interview I will analyse what participants have said. At this stage I may have more questions and, if so, I will ask you if you would be happy to participate in a second interview. If you don't want to do this you can just let me know.

What are the benefits and disadvantages of taking part?

There are no absolute benefits or disadvantages of taking part. In preparing for this study I conducted a small study with women whom I had interviewed previously about subtle abuse to find out what the interview was like for them. The results of this study were that, while the interview itself may be slightly disturbing and this may continue for 24 hours or so, women who were interviewed felt that overall, taking part in the interview was part of their processing of the abusive relationship and that they had benefitted from participating.

My study backs up previous research on this regarding women who have experienced abuse and those who have worked with them. Most people who participate in research around intimate partner violence (IPV) feel a benefit from taking part. The participation in research can be part of their processing of the abuse, it can be helpful to discuss it with someone who understands the experience as a clinician and/or researcher, and it can lead to a feeling of empowerment as they see future benefits which may be gained by others through their participation. Some people can find it distressing to recall the abuse and find their usual self-care or support helpful. However, usually this is a short-term distress.

You will also be giving up your time with no direct recompense.

Will what I say be confidential?

The interview will take place in person, on Teams or Zoom or by telephone. I will be in a private space and will not be overheard. I will make a recording of the interview. This will be kept on UEA's secure OneDrive until transcribed. There will be no identifying details attached to the file. I plan to use Trint to transcribe the interviews. You can look at their security information here <https://trint.com/security> . Once transcribed, the audio file will be deleted. The anonymous transcription will then be kept on UEA's secure OneDrive. Your contact details will also be kept on UEA's secure OneDrive. However, at no time will your name or that of any third party be attached to data from your interview. No-one but me and my research supervisors will have access to the transcripts. I will keep the transcripts of our interviews for up to 10 years in line with UEA policy.

If during the interview you tell me information about current abuse, abuse of a minor, suicidal thoughts you are having or a threat to someone's safety in general, this information may need to be passed on.

I will send you a summary of the findings of this study by email unless you ask me not to contact you. If you do not wish to hear from me regarding this I will delete your contact

details. If you do wish to be kept informed, I will retain your contact details until the completion of my doctoral programme.

What can I do to prepare for the interview and afterwards if I feel distressed?

The information below might sound somewhat daunting, however, the women who I had interviewed previously told me that, although they experienced some mild distress in the interview itself and for up to a day afterwards, they found the experience as a whole to be beneficial.

You may find that thinking about and talking about the abuse in the interview is distressing. It is therefore sensible to have a plan of how you will look after yourself if you do experience distress. During the interview we will take the discussion gently and I will offer to pause if you do become distressed. If necessary, we will stop the discussion either temporarily or permanently.

It may be a good idea to plan some time after the interview where you do not have to rush off to something else. This will give you the opportunity to have a cup of tea or anything else which you know is self-soothing. You may also like to let a friend know you are going to be talking to me and ask them to be available fairly soon after the discussion in case you want to talk to them.

If you find you are continuing to be distressed over the days after the discussion you may find it helpful to talk to others in your support network; friends or family. If you have experienced abuse and prefer not to share it with this network, you can contact official support groups such as the National Domestic Abuse Helpline 0808 2000 247 or the Women's Aid web address <https://www.womensaid.org.uk/information-support/>, the Samaritans 116 123 or <https://www.samaritans.org/how-we-can-help/contact-samaritan/> or your GP. If you find that the distress lasts for a few weeks or months then contacting your GP is a good idea. You may find it helpful to think about starting some counselling. Your GP may

be able to refer you to a talking therapy or you can contact your local NHS Psychological Wellbeing Service.

How do I tell you I want to take part?

If you do decide to take part then you can email me to let me know on rosemary.parkinson@uea.ac.uk. If I don't hear from you, I will email you in a week to see if you have any questions. If you are interested, you can ask me any questions you have about the research and I will check with you if you do meet all the criteria for inclusion as in the questions above. Once your questions have been answered, and we have established your eligibility to participate, if you would still like to take part I will send you a consent form. Please read this and follow the instructions it gives. We will also make a date for the interview.

What if I change my mind and want to withdraw?

If you do decide to take part but change your mind at any stage, you can withdraw at any time and there is no need to explain why. Any information you have given me by that stage will be deleted if you would like. However, if you decide to withdraw after the analysis has begun then information you have given will already be part of the developing findings and will not be able to be removed.

Who is conducting this study and how to I contact them?

This research is being conducted by Rosemary Parkinson. I am a post-graduate student at the University of East Anglia. You can contact me on my email address rosemary.parkinson@uea.ac.uk

Who has said it's ethical for you to do this?

Ethical approval has been sought and given by the Research Ethics Committee of the Faculty of Medicine and Health Sciences at the University of East Anglia.

What can I do if something goes wrong?

If you are unhappy with any part of this study then, if you are able to, please let me know and I will do whatever I can to remedy the problem. If you do not feel able to talk to me about your concern or I have not remedied a problem to your satisfaction, then you can take your concern to:

Nicola Spalding

Professor of Occupational Therapy

School of Health Sciences, Queen's Building

University of East Anglia, Norwich

n.spalding@uea.ac.uk

Sample Interview questions

Examples of questions which you may be asked if you have experienced subtle abuse

1. Can you talk me through why you decided to participate in this research?
2. Can you tell me a little about your relationship?

This may include:

Can you tell me the history of your relationship?

When and how did you realise the relationship was abusive?

What do you look back now and think was abusive? How did you think of that experience then?

How did you talk to your friends about your relationship at the time?

How did others tell you they conceptualised your relationship at the time?

4. Did you seek help at any stage? If so, can you tell me what type of help this was and about that experience?

Version 0.2, August 2021



School of Health Sciences

Queen's Building

Norwich Research Park

Participant Information Sheet (PIS) for therapists who have worked with women who have experienced subtle abuse

Doctoral study by Rosemary Parkinson, Post-Graduate Researcher, UEA

What is this research about?

This is doctoral study aims to answer the question,

'How can therapists recognise subtle abuse of educated women of high socio-economic status in intimate heterosexual relationships?'

Whilst a lot is known about domestic abuse in general this knowledge is mostly focused on physical abuse or overt non-physical abuse such as overt psychological or emotional abuse. Very little research has been conducted on subtle, non-physical abuse. As a therapist with 25 years' experience, I have repeatedly seen clients who have been suffering subtle abuse. Often, they do not even know they are being abused. The lack of research on subtle abuse has meant it is hard to explain to them what is happening to them. This study plans to talk to both women who have been abused and therapists who have worked with women who have had this experience, in order to find out more about subtle abuse. It is hoped that with this information therapists, family, friends and women themselves will be able to recognise the

signs of subtle abuse. In order to do this, I will be interviewing educated women of high socio-economic status who have experienced subtle abuse and therapists who have worked with this group.

To help you decide if you are eligible to participate, I have included questions below. If you answer 'Yes' to all of the questions you are eligible to participate.

How do I know if the clients I have seen have experienced subtle abuse?

At the end of this information sheet are a few examples of what subtle abuse can look like. Have a read of these and see if any of them resonate for you. It is also important that the clients you have seen were educated to degree level or higher or were of high socio-economic status or both. I am using the National Statistics Socio-Economic Classification's levels (NS-SEC) as a basic way of assessing a client's socio-economic status. The research focuses on your women clients who experienced subtle abuse and who were in the following categories L1; Employers in large organisations, L2; Higher managerial and administrative occupations and L3; Higher professional occupations. However, as socio-economic status is not an exact science, I am also using the Customer and Consumer insight Acorn guide categories which I can supply on request.

If you answer yes to the following questions you are eligible to take part in this study:

1. Is the concept of subtle abuse something I believe exists?
2. Have I seen clients who experienced subtle abuse as illustrated in the examples or vignettes?
3. Do I know that these clients were either educated to at least degree level or of a high socio-economic group as described here, or both?
4. Do I believe that the client(s) I am thinking of are not volunteering for the study?

(If you would like to talk to me about these questions to help you answer them then do contact me directly on rosemary.parkinson@uea.ac.uk)

What would taking part involve?

Joining the study is entirely up to you and in order to enable you to make that decision I have written about the study below. Once you have read it you may well have questions. I will email you in a week to see what these are and try to answer them. Alternatively, having read this sheet, you may decide straight away that you don't want to participate. Just let me know and I won't contact you again.

The research will take the form of an interview with you. Depending on COVID or your physical location this will be either in person, online (using Teams or Zoom) or by telephone. The interview will be about one hour long. Some examples of the kinds of questions I am likely to ask are below.

After the initial interview I will analyse what participants have said. At this stage I may have more questions and, if so, I will ask you if you would be happy to participate in a second interview. If you don't want to do this you can just let me know.

What are the benefits and disadvantages of taking part?

There are no absolute benefits or disadvantages of taking part. There is some evidence that therapists can experience vicarious trauma from their work with those who have been abused. To date there is no evidence as to the impact of talking about this in a research study.

In preparing for this study I conducted a small study with women whom I had interviewed previously about subtle abuse to find out what being interviewed about their experience of abuse was like for them. The results of this study were that while the interview itself was slightly disturbing and this continued for 24 hours or so afterwards, women who were interviewed felt that overall, taking part in the interview was part of their processing of the abusive relationship and that they had benefitted from participating. Other research shows that the majority of people who participate in research around intimate partner violence (IPV)

feel a benefit from taking part. It is possible that this may be similar for therapists who have worked with abuse survivors.

General research on participation in research indicates that it can be helpful to discuss an experience with someone who understands the experience as a clinician and/or researcher, and it can lead to a feeling of empowerment as participants see future benefits which may be gained by others through their participation.

You will be giving up your time with no direct recompense.

Will what I say be confidential?

The interview will take place in person, on Teams or Zoom, or by telephone. I will be in a private space and will not be overheard. I will make a recording of the interview. This will be kept on UEA's secure OneDrive until transcribed. There will be no identifying details attached to the file. I plan to use Trint to transcribe the interviews. You can look at their security information here <https://trint.com/security> . Once transcribed, the recording will be deleted. The anonymised transcription will then be kept on UEA's secure OneDrive. Your contact details will also be kept on UEA's secure OneDrive. However, at no time will your name or that of any third party be attached to data from your interview. No-one but me and my research supervisors will have access to the transcripts. I will keep the transcripts of our interviews for up to 10 years in line with UEA policy.

If during the interview you tell me information about current abuse, abuse of a minor, suicidal thoughts you are having or a threat to someone's safety in general, this information may need to be passed on.

I will send you a summary of the findings of this study by email unless you ask me not to contact you. If you do not wish to hear from me regarding this I will delete your contact details. If you do wish to be kept informed I will retain your contact details until the completion of my doctoral programme.

What can I do to prepare for the interview and afterwards if I feel distressed?

You may find that talking about your work with this client group is distressing. It is therefore sensible to have a plan of how you will look after yourself if you do experience distress. During the interview we will take the discussion gently and I will offer to pause if you do become distressed. If necessary, we will stop the discussion either temporarily or permanently.

It may be a good idea to plan some time after the interview where you do not have to rush off to something else. This will give you the opportunity to have a cup of tea or anything else which you know is self-soothing. You may find it helpful to talk to your supervisor or colleagues about what the interview has brought up for you.

How do I tell you I want to take part?

If you do decide to take part, then you can email me to let me know straight away on rosemary.parkinson@uea.ac.uk. If I don't hear from you, I will email you in a week to see if you have any questions. At this point you can ask me any questions you have about the research, and I will check with you if you do meet all the criteria for inclusion as in the questions above. Once your questions have been answered, and we both think you are eligible to participate, if you would still like to take part I will send you a consent form. Please read this and follow the instructions it gives. We will also make a date for the interview.

What if I change my mind and want to withdraw?

If you do decide to take part but change your mind at any stage, you can withdraw at any time and there is no need to explain why. Any information you have given me by that stage will be deleted if you would like. However, if you decide to withdraw after the analysis has begun then information you have given will already be part of the developing findings and will not be able to be removed.

Who is conducting this study and how to I contact them?

This research is being conducted by Rosemary Parkinson. I am a post-graduate student at the University of East Anglia. You can contact me on my email address

rosemary.parkinson@uea.ac.uk

Who has said it's ethical for you to do this?

Ethical approval has been sought and given by the Research Ethics Committee of the Faculty of Medicine and Health Sciences at the University of East Anglia.

What can I do if something goes wrong?

If you are unhappy with any part of this study then, if you are able to, please let me know and I will do whatever I can to remedy the problem. If you do not feel able to talk to me about your concern or I have not remedied a problem to your satisfaction, then you can take your concern to:

Nicola Spalding

Professor of Occupational Therapy, School of Health Sciences, Queen's Building

University of East Anglia

Norwich

n.spalding@uea.ac.uk

Sample Interview questions

Examples of questions which you may be asked if you have worked as a therapist with women who have experienced subtle abuse

1. Can you tell me why you decided to participate in this research?
2. What is your experience of the phenomenon described in the research question?
3. Can you tell me more about what you heard from the women clients?
4. Can you tell me more about what you felt when working with them?
5. Can you tell me more about how therapy with a woman who was experiencing or had experienced subtle abuse might progress?

6. What have you learnt over time about working with women who have experienced subtle abuse?
7. What would your advice to other therapists or helpers be?

Vignettes of subtle abuse

Subtle abuse can manifest in any area of a relationship: emotional, psychological, economic, sexual and even physical (maybe you always get the chipped plate or the uncomfortable chair). These vignettes represent some experiences of subtle abuse. If they don't cover your experience but you still think you recognise these, or similar experiences of abuse do get in touch.

1. Zoe had always been a big reader and so had her partner, Simon. In fact, when they first got together, they were constantly discussing books and suggesting ones for each other to read. It was part of what made her think they were compatible. So, she was surprised that when they moved in together whenever she wanted to read he became moody. She would sit down in the evening to read, and he would say 'But I thought we were going to have time together'. She thought they were, 'We're sat together on the sofa'. But for him, when she read, she was cutting herself off from him. So she gradually found she had fewer opportunities to read. It just wasn't worth the hassle of knowing he would become moody and trying to sit reading with him in a mood somewhere in the house.
2. Dave would do very little organising either in the house or with regard to social events, so Clare ended up being the one who did all the organising. He enjoyed the things they did together, often thanking her for organising them. Then at other times he would tell her she was being over-controlling of him, that she never gave him space. He would then say that all this organising and controlling was because she was uptight and anal and should be more relaxed like him. She felt caught in a double bind; if she stopped organising nothing happened and she felt flat and Dave became moody anyway, saying they never did anything, if she continued organising, she saw herself through Dave's eyes as this uptight woman and he had

more evidence to throw at her next time. Dave got to do nothing and have her sort his life out at the same time as keeping her feeling bad about herself and in his control.

3. Neil was very supportive of Sarah. They had discussed how her mood went up and down, how she wanted to try to capture the energy she had when she was up and to minimise the lows. They agreed to spend money on therapy for her so she could try to do this. But somehow, she also felt like she was walking on eggshells, afraid to get something wrong at home. There were times when he would call her out on something she hadn't done right for him, and she would feel so upset and abandoned by him. One day he told her she just made too much noise when she was cooking, and he couldn't concentrate on what he had to do. She sensed he was fed up with her and contemptuous towards her for still failing to get things right. She knew that she tended to make more noise when she was feeling low or stressed and she wished he would ask her what was troubling her rather than say she was letting him down.
4. Jasmine recalled that she would just know that something was wrong and couldn't even say what it was 'I would just sense it you know? Sometimes I wouldn't even need to be with him, and I'd know something was wrong. If I asked him if he was ok, he'd always say he was, but I don't know, then or a bit later he'd be telling me I was letting myself down, that he'd see other people doing great things and think 'Why isn't Jasmine, she's as good as them.' And I'd feel rubbish, but you know there was nothing he'd actually done or said which I could say had caused that.'
5. A key feature of abusive relationships is control and in subtly abusive relationships this will be there constantly too. In subtly abusive relationships, over time the woman is given less and less space in the real world and less and less space in her internal world. He wants all of her including her thoughts and feelings and she doubts she has the right to things to be otherwise.

Jo and Tom felt so connected and in tune when they first got together. They loved the fact they could stare into each other's eyes and feel they were sharing their souls. One day Tom was a bit off with Jo. When she questioned him, he said 'I feel you're keeping something from me. It feels like you've shut me out'. Jo had just been wondering her own thoughts, but the way Tom put it she started to worry that she wasn't capable of connecting in an intimate relationship properly. As time went on it became part of the story of their relationship; Jo struggles with intimacy and will often put up barriers to our connection. It was only in couples' therapy years later that she realised it was ok to have her own thoughts and feelings.

Appendix 23 Qualitative study: Consent form for participants who have experienced subtle abuse

Version 0.2, August 2021



School of Health Sciences

Queen's Building

Norwich Research Park

Title of Project:

'How can therapists recognise subtle abuse of educated women of high socio-economic status in intimate heterosexual relationships?'

Consent process:

After you have read the information sheet for this study, I will email you to see if you have any questions and to see if you would like to take part. If, after your questions have been answered, you are happy to go ahead then please type your initials in the space provided after each of the statements. Please sign the form by typing your name in the 'signed' space and email it to me. In the email please state that you consent to take part in this study as described in the Participant Information Sheet and the Consent form. If you are unable to do this then I can record your verbal consent at the start of our interview.

Description:

An interview with women who have experienced subtle abuse in a previous relationship. This interview will form part of the doctoral study to answer the research question above. Data collected may also be used to inform research into domestic abuse in general.

Name of Researcher: Rosemary Parkinson, Professional Doctorate Candidate at the School of Health Sciences, University of East Anglia. rosemary.parkinson@uea.ac.uk

I _____ (name)

1. confirm that I have read the information sheet for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. _____
2. understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason. _____
3. give consent for my data to be processed and stored as described in the information sheet for the purposes of this and future research by the researcher. _____
4. understand that the information collected from me will be used to support this study and will be used to inform future publications. _____
5. understand that should I reveal information during the interview about abuse of a minor or a threat to someone's safety in general, this information may need to be passed on. _____
6. agree to take part in the above study. _____

Signed: _____ Date: _____

Version 0.2, August 2021

Consent form for participating therapists



School of Health Sciences

Queen's Building

Norwich Research Park

Title of Project:

'How can therapists recognise subtle abuse of educated women of high socio-economic status in intimate heterosexual relationships?'

Consent process:

After you have read the information sheet for this study, I will email you to see if you have any questions and to see if you would like to take part. If, after your questions have been answered, you are happy to go ahead then please type your initials in the space provided after each of the statements. Please sign the form by typing your name in the 'signed' space and email it to me. In the email please state that you consent to take part in this study as described in the Participant Information Sheet and the Consent form. If you are unable to do this then I can record your verbal consent at the start of our interview.

Description:

An interview with therapists who have worked with women who have survived subtle abuse. This interview will form part of the doctoral study to answer the research question above. Data collected may also be used to inform research into domestic abuse in general.

Name of Researcher: Rosemary Parkinson, Professional Doctorate Candidate at the School of Health Sciences, University of East Anglia. rosemary.parkinson@uea.ac.uk

I _____ (name)

1. confirm that I have read the information sheet for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. _____
2. understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason. _____
3. give consent for my data to be processed and stored as described in the information sheet for the purposes of this and future research by the researcher. _____
4. understand that the information collected from me will be used to support this study and will be used inform future publications. _____
5. understand that should I reveal information during the interview about abuse of a minor or a threat to someone's safety in general, this information may need to be passed on. _____
6. agree to take part in the above study. _____

Signed: _____ Date: _____

Version 0.1, August 2021

Thank you letter to potential participants after the study is full



School of Health Sciences
Queen's Building
Norwich Research Park

Title of Project:

'How can therapists recognise subtle abuse of educated women of high socio-economic status in intimate heterosexual relationships?'

Dear

Thank you for expressing an interest in participating in my study on subtle abuse. I am pleased to let you know that I have already received sufficient volunteers to complete the work. Therefore the study is now closed. Thank you once again for your interest. If you would like to be kept informed of the outcomes of my research then please let me know and I will send you information on publications.

Best wishes

Rosemary
Rosemary Parkinson
Post-Graduate Researcher UEA
rosemary.parkinson@uea.ac.uk

MAKE SURE TEAMS AND DIGITAL RECORDER ARE RECORDING

Start and eligibility

- Thank you for agreeing to take part in this study.
 - Explain me and reasons for study
- Have you had a chance to read the participant information sheet?
- Do you have any questions?
- Can we just confirm that you meet the criteria for inclusion
 - Is the relationship you will be discussing over?
 - Do you have little or no contact with your ex-partner now?

- EITHER:

Are you educated to degree level or above?

OR

Are you of high socio-economic status.

(This is much harder to define. I am using the National Statistics Socio-Economic Classification's levels (NS-SEC). Roughly I am looking for women who are in the following categories L1; Employers in large organisations, L2; Higher managerial and administrative occupations and L3; Higher professional occupations. However, as socio-economic status is not an exact science you can also consult the Customer and Consumer insight Acorn guide categories which I can supply on request. I apologise if these questions feel intrusive and completely understand if you choose not to reveal this information to me. Unfortunately, however, without establishing socio-economic status you would not be eligible to participate.)

Or both a. and b.

Can I take some other demographic information? Feel free not to answer any of the questions

Age

Ethnicity

Employment status

Children (and ages)

Religion

Self-care during interview

A few points to hold in mind during the interview:

- If at any point in the interview you would like to pause then let me know. We will take a break and wait until you feel ready to start again. We may discuss what you might find helpful if this happens.
- If you don't want to answer any specific question or discuss any specific thing that comes up then that's absolutely fine, just let me know.
- If any question occurs to you during the interview just ask it.
- If you decide during the interview that you have changed your mind and don't want to participate then let me know. We will stop the interview, your recording will be deleted and you will no longer be part of the research. If you decide at a later date that you no longer want your interview to be used you can withdraw at any point up until the data are analysed.
- If you do disclose something in the interview regarding the abuse of a child or any threat to someone's safety I may need to disclose this to social services or the police.
- When the interview is transcribed it will be given a code number or name and any identifying details you have said will be removed from the transcript.
- At the end of the interview I will remind you of the self-care information in the participant information sheet.

So, just to confirm, this is a research interview and not a therapy session. I'm the researcher and I will be listening to what you have to say. Therefore, there may be times where I do not respond in the way a friend or a therapist would respond to what you say. This is because I do not want to put words into your mouth or direct you somewhere away from what you want to say. I will also be referring to my list of questions and sometimes writing down thoughts.

START RECORDING AND TRANSCRIBING

Informed consent

You have already signed the consent form / were unable to sign so we are taking consent now. Having read the participant information sheet and discussed any questions with me, are you **still happy to consent** to being interviewed for the study as described?

Are you happy to start? (CHECK RECORDING)

Interview questions

1. Can you talk me through why you decided to participate in this research?
2. Can you tell me a little about your relationship?

This may include:

- a. Can you tell me the history of your relationship?
 - b. Did you talk to your friends/family about your relationship at the time?
 - a. How did you talk to them about it?
 - b. How did your friends/family response affect your relationship with them?
 - c. Did anyone talk to you about your relationship at the time?
 - d. Would you describe the relationship as abusive?
 - e. When and how did you realise the relationship was abusive?
 - f. What do you look back now and think was abusive? How did you think of that experience then?
 - g. Have you changed your view of the relationship over time?
 - h. If the you now could see the you then what do you think you would notice that would let you know that your past self was in an abusive relationship?
 - i. Did you seek help at any stage?
 - a. If so, can you tell me what type of help this was and about that experience?
 - b. Did you seek any official help or social media groups help?
3. Is there anything else which has occurred to you during the interview that you would like to share?

End of interview

- What has it been like to talk with me today?
- Are there any things you spoke about which were particularly difficult?
Can you tell me more about why this was?
- How are you feeling now?

- There is **self-care information** included in the participant information sheet.
- **Next 24 hours**
 - how will distress be apparent to you?
 - what do you find helpful to do when you are distressed?
- Do you have any **support planned**?
- The participant information sheet includes information about **support agencies** and about what to do if any post interview distress seems to go on for a while. Is there anything you will be looking out for that will indicate to you that you need some extra support?

- If you find you have questions after the end of this interview you are welcome to **contact me**.
- It is possible that after I have completed these first interviews and begun to analyse them I realise that I need to ask you some **more questions**. Is it ok for me to contact you regarding these? If further questions are needed at that time I would go through a new consent process with you and you would have the same option to say no or withdraw.
- I will send you a **summary of the findings** by email unless you ask me not to.

MAKE SURE TEAMS AND DIGITAL RECORDER ARE RECORDING

Start and eligibility

- Thank you for agreeing to take part in this study.
 - Explain me and reasons for study
- Have you had a chance to read the participant information sheet?
- Do you have any questions?
- Can we just confirm that you meet the criteria for inclusion
 - Do you believe subtle abuse exists?
 - Have you seen clients who experienced subtle abuse as illustrated in the examples or vignettes?
 - Do you know that these clients were either educated to at least degree level or of a high socio-economic group, or both?
 - Do you believe that the client(s) you are thinking of are not volunteering for the study?

Can I take some other demographic information? Feel free not to answer any of the questions

- Age
- Ethnicity
- Employment status
- Therapeutic approach
- Short/Long term work

Self-care during interview

A few points to hold in mind during the interview:

- If at any point in the interview you would like to pause then let me know. We will take a break and wait until you feel ready to start again. We may discuss what you might find helpful if this happens.
- If you don't want to answer any specific question or discuss any specific thing that comes up then that's absolutely fine, just let me know.
- If any question occurs to you during the interview just ask it.
- If you decide during the interview that you have changed your mind and don't want to participate then let me know. We will stop the interview, your recording will be deleted

and you will no longer be part of the research. If you decide at a later date that you no longer want your interview to be used you can withdraw at any point up until the data are analysed.

- If you do disclose something in the interview regarding the abuse of a child or any threat to someone's safety I may need to disclose this to social services or the police.
- When the interview is transcribed it will be given a code number or name and any identifying details you have said will be removed from the transcript.
- At the end of the interview I will remind you of the self-care information in the participant information sheet.

So, just to confirm, this is a research interview and not a normal conversation. I'm the researcher and I will be listening to what you have to say. I do not want to put words into your mouth or direct you somewhere away from what you want to say. I will also be referring to my list of questions and sometimes writing down thoughts.

START RECORDING AND TRANSCRIBING

Informed consent

You have already signed the consent form / were unable to sign so we are taking consent now. Having read the participant information sheet and discussed any questions with me, are you **still happy to consent** to being interviewed for the study as described?

Are you happy to start? (**CHECK RECORDING**)

Interview questions

1. Can you tell me why you decided to participate in this research?
2. What is your experience of the phenomenon described in the research question?
3. Can you tell me more about what you heard from the women clients?
4. Can you tell me more about what you felt when working with them?
5. Can you tell me more about how therapy with a woman who was experiencing or had experienced subtle abuse might progress?

6. What have you learnt over time about working with women who have experienced subtle abuse?
7. What would your advice to other therapists or helpers be?
8. Is there anything else which has occurred to you during this interview you'd like to say?

End of interview

- What has it been like to talk with me today?
- Are there any things you spoke about which were particularly difficult?
Can you tell me more about why this was?
- How are you feeling now?

- There is **self-care information** included in the participant information sheet.
- **Next 24 hours**
 - how will distress be apparent to you?
 - what do you find helpful to do when you are distressed?
- Do you have any **support planned**?
- The participant information sheet includes information about **support agencies** and about what to do if any post interview distress seems to go on for a while. Is there anything you will be looking out for that will indicate to you that you need some extra support?
- If you find you have questions after the end of this interview you are welcome to **contact me**.
- It is possible that after I have completed these first interviews and begun to analyse them I realise that I need to ask you some **more questions**. Is it ok for me to contact you regarding these? If further questions are needed at that time I would go through a new consent process with you and you would have the same option to say no or withdraw.
- I will send you a **summary of the findings** by email unless you ask me not to.

Appendix 28 Qualitative study: Completed COREQ checklist

Topic	Item No.	Guide Questions/Description	Reported on Page No.
Domain 1: Research team and reflexivity			
<i>Personal characteristics</i>			
Interviewer/facilitator	1	Which author/s conducted the interview or focus group?	62
Credentials	2	What were the researcher's credentials? E.g. PhD, MD	13
Occupation	3	What was their occupation at the time of the study?	13
Gender	4	Was the researcher male or female?	13
Experience and training	5	What experience or training did the researcher have?	13
<i>Relationship with participants</i>			
Relationship established	6	Was a relationship established prior to study commencement?	60
Participant knowledge of the interviewer	7	What did the participants know about the researcher? e.g. personal goals, reasons for doing the research	266&273
Interviewer characteristics	8	What characteristics were reported about the interviewer/facilitator? e.g. Bias, assumptions, reasons and interests in the research topic	13-17 & 159-61
Domain 2: Study design			
<i>Theoretical framework</i>			
Methodological orientation and Theory	9	What methodological orientation was stated to underpin the study? e.g. grounded theory, discourse analysis, ethnography, phenomenology, content analysis	Chapter 5
<i>Participant selection</i>			
Sampling	10	How were participants selected? e.g. purposive, convenience, consecutive, snowball	51-60
Method of approach	11	How were participants approached? e.g. face-to-face, telephone, mail, email	59-60
Sample size	12	How many participants were in the study?	82
Non-participation	13	How many people refused to participate or dropped out? Reasons?	59
<i>Setting</i>			
Setting of data collection	14	Where was the data collected? e.g. home, clinic, workplace	59-60
Presence of non-participants	15	Was anyone else present besides the participants and researchers?	60-61
Description of sample	16	What are the important characteristics of the sample? e.g. demographic data, date	85-86
<i>Data collection</i>			
Interview guide	17	Were questions, prompts, guides provided by the authors? Was it pilot tested?	Ch 4 & p264-76
Repeat interviews	18	Were repeat interviews carried out? If yes, how many?	N/A
Audio/visual recording	19	Did the research use audio or visual recording to collect the data?	68
Field notes	20	Were field notes made during and/or after the interview or focus group?	68-69
Duration	21	What was the duration of the interviews or focus group?	83
Data saturation	22	Was data saturation discussed?	N/A
Transcripts returned	23	Were transcripts returned to participants for comment and/or	N/A

Topic	Item No.	Guide Questions/Description	Reported on Page No.
		correction?	
Domain 3: analysis and findings			
<i>Data analysis</i>			
Number of data coders	24	How many data coders coded the data?	69
Description of the coding tree	25	Did authors provide a description of the coding tree?	68-73
Derivation of themes	26	Were themes identified in advance or derived from the data?	68-73
Software	27	What software, if applicable, was used to manage the data?	68-73
Participant checking	28	Did participants provide feedback on the findings?	N/A
<i>Reporting</i>			
Quotations presented	29	Were participant quotations presented to illustrate the themes/findings? Was each quotation identified? e.g. participant number	Chapter 7&8
Data and findings consistent	30	Was there consistency between the data presented and the findings?	Chapter 7
Clarity of major themes	31	Were major themes clearly presented in the findings?	Chapter 7
Clarity of minor themes	32	Is there a description of diverse cases or discussion of minor themes?	Chapter 7

Developed from: Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care*. 2007. Volume 19, Number 6: pp. 349 – 357

Appendix 29 The 15-point checklist for good reflexive TA – version 2022 (Braun and Clarke, 2022)

Transcription	1.	The data have been transcribed to an appropriate level of detail, and the transcripts have been checked against the tapes for 'accuracy'.
Coding	2.	Each data item has been given equal attention in the coding process.
	3.	Themes have not been generated from a few vivid examples (an anecdotal approach) but, instead, the coding process has been thorough, inclusive and comprehensive.
	4.	All relevant extracts for all each theme have been collated.
	5.	Themes have been checked against each other and back to the original data set.
	6.	Themes are internally coherent, consistent, and distinctive.
Analysis	7.	Data have been analysed rather than just paraphrased or described.
	8.	Analysis and data match each other – the extracts illustrate the analytic claims.
	9.	Analysis tells a convincing and well-organised story about the data and topic.
	10.	A good balance between analytic narrative and illustrative extracts is provided.
Overall	11.	Enough time has been allocated to complete all phases of the analysis adequately, without rushing a phase or giving it a once-over-lightly.
Written report	12.	The assumptions about ThA are clearly explicated.
	13.	There is a good fit between what you claim you do, and what you show you have done – ie, described method and reported analysis are consistent.
	14.	The language and concepts used in the report are consistent with the epistemological position of the analysis.
	15.	The researcher is positioned as <i>active</i> in the research process; themes do not just 'emerge'.

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