

If There's No Mark, There's No Crime

Help Seeking Experiences of Rural Women Living With Psychological Abuse

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Cette recherche rapporte l'invisibilité de l'abus psychologique chez les femmes dans un contexte rural. Les auteures abordent la réaction des communautés rurales et les systèmes d'abus psychologiques subis par les femmes, l'expérience unique de neuf femmes rurales victimes de ces abus, les implications de cette recherche en vue d'offrir des services et de la recherche dans les régions rurales

With the rise of women's rights and the feminist movement in the 1970s came the unmasking of one of patriarchy's secrets, the phenomenon of wife abuse, leading to crusades for the creation of services and agencies to combat domestic violence and provide safe spaces for women and their children who experienced domestic violence (Bogard; Barnett and LaViolette). During this period, researchers took up the challenges associated with the unmasking of wife abuse and began to document its impacts and consequences upon the lives of women and their children. Initially this research was focused only on physical wife abuse. It has since expanded to acknowledge that psychological wife abuse accompanies physical abuse and is often the precursor to physical abuse (Marshall, 1994, 1996; Hydén). Thus it is not just physical violence that constitutes abuse, but abuse includes verbal battering, economic deprivation, social isolation, and social humiliation (DeGregoria). As Barbara DeGregoria states, "psychological abuse can be defined as "denoting coercive, manipulative or other subtle power-related techniques that fosters one person's need while negating the needs of the partner" (98).

More recent studies suggest that the long term consequences of psychological abuse may be just as damaging as physical abuse, and in some cases, more so (Marshall 1994; 1996; Vitanza, Vogel and Marshall). This has led researchers to argue that psychological abuse, as a phenomenon, is worthy of study separately and independently of physical abuse (Marshall 1994; Miller; Lempert). However, within the general population psychological

abuse continues to be invisible. As Mary Susan Miller notes, there are no visible wounds, leading Liz Kelly to conclude, "What is not named is invisible, and in a social sense, nonexistent" (114). The psychological abuse that many women experience is often not acknowledged as a form of "violence" and is instead normalized as part of domestic relationships. Thus there is a need to highlight psychological wife abuse, to make the invisible visible in the general community so that women who experience psychological abuse do not have to live with uncertainty or be met by misunderstanding.

Psychological wife abuse is a difficult issue to comprehend because there are no visible wounds. The research reported in this article (McCallum) was premised on the assumption that provision of support for women living with psychological abuse in rural communities comes with its own set of challenges. These challenges arise in the rural context and are exacerbated by the fact that "rural" is often ignored by policy makers and planners (Lauzon). Thus, in many ways, psychological wife abuse is an invisible phenomenon in an invisible context.

This paper explores the help-seeking experiences of rural women once they have named and disclosed the psychological abuse in their intimate relationship. First, we will provide a short overview of community and system responses to wife abuse with an emphasis on the rural context. It should be noted, however, that most of the literature discussed is actually focused on physical abuse and not the invisible issue of psychological abuse. The very absence of a literature on rural psychological abuse is a testament to its invisibility and a failure to recognize the uniqueness of rural context as different from the urban context. Next, we will report on the experiences of nine rural women who self-identified as living in psychologically abusive relationships and responded to advertisements placed in local newspapers. The participants in this study lived in rural communities with populations ranging from 300 to 8,000 in Southwestern Ontario. Several

lived on farms or acreages located several kilometres from the nearest town. The women were interviewed, using a semi-structured interview format and interviews lasted from 50 minutes to over three hours. All interviews were transcribed, and out of each interview the woman's story was written. Each woman then checked the story to determine its accuracy. Out of each story common themes were identified.

The remainder of this paper will then explore the implications for service provision and research in rural areas.

abusive relationships and 19 per cent of female trauma patients are a result of abuse but rarely diagnosed as such. Those who were diagnosed as abused were treated and then sent home with fewer than 12 per cent being referred to social services. In addition, eight per cent of those women identified as abused were referred to psychiatry follow-up, reinforcing that it is the woman's problem and that it is in her head. Finally, Kurz and Stark highlight that for women who attempted suicide, abused women were more likely to be sent home than non-abused women and they received no additional assistance or referral.

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Community and System Responses to Wife Abuse

Demie Kurz and Evan Stark maintain that women living with abuse who seek help are concerned about security, advocacy, and empowerment. While this may be what women seek, they often encounter bias, misconceptions, stereotyping, and dismissive and insensitive responses from family, friends, and service and healthcare providers (Dobash and Dobash; Kurz and Stark; Coleman and Stith). Furthermore, the healthcare system often exacerbates these problems as a result of "non-assessment, non-detection, and non-intervention" of abuse related concerns (Coleman and Stith 114). Other studies confirm that healthcare interventions related to the detection and treatment of wife abuse are inadequate (Kurz and Stark; Brown, Lent, and Sas; Gordon).

There are a number of reasons for this. First, Judith Brown, Barbara Lent and George Sas identify a number of issues that are related to the healthcare system in general, including: a lack of physician education as to the nature and symptoms of wife abuse; a lack of time inherent in the healthcare system for the detection of wife abuse; and a lack of resources to deal with wife abuse and/or a lack of familiarity with existing resources.

Second, because of the nature of wife abuse, women are generally seen in the context of emergency room medicine, although their complaints, in most instances, are not life threatening. The gap between the needs of woman living with abuse, the mandate of emergency room medicine and the lack of training in the recognition of abuse by emergency room physicians is likely to lead to inappropriate or poor responses on the part of the attending physician (Kurz and Stark). This is extremely troubling, given that Kurz and Stark report that in a study of 5,070 injury episodes presented by women, 40 per cent occur in

Third, healthcare professionals and support service workers often experience frustration in dealing with abused women who were described as evasive, late for appointments, appeared to be hiding something, or were not willing to talk (Brown, Lent and Sas; Berlinger). Others were reported to have "alcohol on breath" or perceived as possibly on drugs, and hence difficult to understand or deal with, and therefore considered a waste of time. Family physicians often expressed frustration to the absence of progress made by abused women and noted that women did not necessarily take medical advice that was given. In addition, if physicians suspected abuse and probed further, the patient often left the practice, and in some cases' physicians would receive threats from the abuser if they persisted in probing the woman living with abuse (Brown, Lent and Sas).

Given the above, Brown, Lent and Sas maintain that inappropriate interventions and response may in fact place the woman in danger. The question we are left with is, given the inadequacies of the system's response to physical wife abuse, where the wounds are visible, how would it or could it respond differently to issues of psychological wife abuse?

Despite the difficulties inherent in the various services and systems of interventions, the research literature suggests that rural communities face their own set of unique challenges, including geographic, economic, and ideological factors that often hinder the provision of adequate services. First, rural communities often lack the resources, programs, and services that are available to their urban counterparts. As outlined by Ray Romanow, rural communities have difficulties in meeting basic health services, let alone extended services and while services are often available at some distance, this is presupposed on the ability of the woman to be able to find the necessary

transportation to get there. Chris Pilo, Hester Parr and Nichola Burns, in a review of literature pertaining to rural mental health, reports that rural areas are often underserved with regard to community mental health needs, necessitating that rural community members often leave the community to receive services. The issue of travel is one of key importance for women living with psychological abuse as they are often isolated and may not have access to transportation (McCallum). As Al Lauzon has also noted there is an inherent urban bias in policy development and subsequently does not take into account the unique needs

viders (Hoff; Gordon). Al Lauzon and Leanne Hagglund argue that the neo-liberal agenda of the 1980s and 1990s has radically altered the provision of health and social services with dire consequences for rural communities. Nichola Martin has argued that the restructuring of government services and the increasing downloading of responsibilities to local levels of government, has exacerbated the financial challenges that rural communities have always faced. Given the limited tax base and an increasing need to fund a variety of services that have been historically provided by the province, fiscal issues are very likely

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or circumstances of rural communities.

Second, Sharon Davis, Scott Meyer and Margaret Terrasi suggest that rural residents may be reluctant to seek assistance because of a lack of information, or they may embrace an ideology that says they should be self-sufficient in meeting their own life challenges. Failure to do so may make them appear inadequate. Kathleen McLaughlin and Sylvia Church found that rural women are likely to stay in an abusive relationship five to eight years longer than their urban counterparts. They attribute this to the conservative nature of rural communities, arguing they are more resistant to change, adhere to patriarchal values, value traditional male/female roles, and stress the privacy of family matters. McLaughlin and Church further argue that in an attempt to reinforce the idyllic nature of rural life, the pervasiveness of abuse is denied. They state, “It’s not a matter of community awareness, but the communities *desire* to be aware (4, emphasis added).” Jennie Hornosty concludes that “Rural communities which uphold traditional values concerning family have the effect of keeping abuse invisible” (28). Given the above, it is not surprising then that psychological wife abuse is often normalized and thus remains invisible. As Phyl Rubinstein notes, if rural women do identify abuse it is the “being beaten up kind,” and hence the subtler forms of sexual, verbal or emotional abuse are not identified.

Ellen Pence and Melanie Shepherd suggest that programs and services for rural communities must be tailored to the unique needs of the community and that women living with abuse should participate in the identification of needs and the design of services if rural communities are to create safe spaces for women. However, the provision of services is influenced by a number of factors, including fiscal resources, social and cultural mix, comfort level, and understanding of community members and service pro-

viders (Hoff; Gordon). Al Lauzon and Leanne Hagglund argue that the neo-liberal agenda of the 1980s and 1990s has radically altered the provision of health and social services with dire consequences for rural communities. Nichola Martin has argued that the restructuring of government services and the increasing downloading of responsibilities to local levels of government, has exacerbated the financial challenges that rural communities have always faced. Given the limited tax base and an increasing need to fund a variety of services that have been historically provided by the province, fiscal issues are very likely

to be an ongoing concern for rural communities, forcing communities to make decisions about what they can and cannot afford. Lauzon and Hagglund argue that when services in rural communities are closed or regionalized, there is a differential effect on those living within rural communities with the most marginalized bearing the greatest cost in terms of service accessibility. Given the often patriarchal value system and traditional male/female roles, coupled with the denial/non-acknowledgement of abuse, one must wonder how likely resources will be channeled into issues and services for rural women living with psychological abuse.

Rural Women’s Voices

Rural communities present many challenges for women living with psychological abuse. The inconsistent provision of social services and/or shelter support posed a variety of problems for women. In some instances, simply entering a social service office or women’s shelter constituted a gross loss of privacy. For women living in more rural and remote communities, utilization of services often meant coping with the cost, time, and inconvenience of travel. Others were simply not able to deal with the complications of making the journey to neighbouring centres. Joanne told us that when she contemplates going,

... My mind will just start going why, all the reasons why I can’t go. If I go I have to sit there for two hours I am going to freak out or I’m going to cry or I am going to lose it. So I can’t go.

For some women the cost outweighs the potential benefits. Their rural living isolates them from any help that might be available to them.

Many women reported that even gaining access to services does not guarantee reliable help. One of the most noticeable challenges was the inconsistency in the level of service provision and knowledge about psychological abuse among individuals and service providers in rural communities. While some women were able to find the understanding and support they needed, others found only ignorance of the issues and rigidity in the thinking of community members and service providers. Barbara tell us how, after listening to her story, one social worker said, "Well it doesn't sound that bad to me." Barbara's physician laughed when she replied to his inquiry that it was her husband who caused her the most stress. After having told her doctor that the medication he had prescribed for her was making her sick, Lori mimicked his response:

"Well, you're a mess, here we'll mask it, we won't deal with the real issue..." I used to say it's too bad he [her partner] didn't just punch me in the nose or give me a black eye or something... because people would have been there immediately to help me..."

Kelly reports that:

Finally I went to the pastor and he just says "Well, it's always two, two to make a breakup" and I believed him and I just thought, I've done something wrong here, terribly wrong.

Others believed that service providers were just as enmeshed within community relationships as "normal" folks and their personal knowledge of people was to likely influence professional judgment. Rita maintained that family history and background would play a role in diagnosis. She said,

They just think "Oh I don't know what she's talking about. He seems okay, her Mum was a little strange, her Dad a little bit off, so of course it is going to be brought down from generation to generation..."

When the police came to interview Helen, whose husband threatened her with a shotgun, they made excuses for her husband:

"Well you know, he didn't mean anything by that. He's alright now, we talked to him, he's alright. We will just take you home."

When Helen refused to go and questioned the officer as to whether they had removed the shotgun from the house, he said "Well we couldn't do anything... he didn't use it."

Barbara who, having phoned social services to ask for help, felt that:

... There was really no where to go. And if he wasn't

beating me I wasn't really eligible to go into the woman's shelters. I had to have something from the police, I had to prove that I had been abused and you can't really prove verbal abuse ... [if] there's no marks, no crime's been committed.

Consequently, there's no help.

Other concerns the women expressed related to privacy issues. These issues were compounded by personal inhibitions due to depression or low self-esteem. Kelly illustrates this when she told us:

You're scared to tell anybody, especially in small areas where there's talk, everybody knows everybody... I tried to go to people who didn't know him [her partner] just because I didn't want to say bad stuff about him.

While some of the women didn't want to speak badly about their partners, others were concerned that there are some things you just don't talk about. Betty, a trained psychiatric nurse, knew the signs of abuse, yet remained in an abusive relationship for 43 years before terminating it. She summed up the "rural" perspective when she said "You don't discuss private affairs."

Privacy issues however, also related to the need of these women to retain their personal power and dignity. Rita told us "You're taking your chances talking to different people. People can hurt you. Don't give your power away. Once you do you've had it." For example, Joanne opened up to the members of her church and reports that "It started out well enough, they want you to tell them all this stuff, they want to help you but they don't know what to do with the information." In this case, a conflict over values arose. Joanne told us,

I didn't agree with everything they had to say... They had their own agenda... They believe they should just go in a pull that woman right out of there if she's being abused ... [but] She needs to come to the decision... she doesn't need you to tell her that she's not smart enough to make up her own mind... I tried to tell them that and they didn't understand... I'm not sure my opinion was good enough to be heard...

Fundamentally, the question became "What are you worried about, he's not hitting you."

Although women were reluctant to talk with others about their abuse, their partners often did not feel restricted in this way. Kelly told us that she was described as being "a witch" and her seeking out solace in a church was likened to joining a cult. Many of the women felt ostracized and very much alone in their communities and as rumours ran rampant, neighbours and acquaintances became more aloof and distant. Thus women become increasingly physically and socially isolated.

The women's ability to extricate themselves from these

abusive relationships was difficult. Time was a critical factor. Managing the logistics of everyday life and the psychological, emotional, and physical energy required to ask for help, attempts to seek help were often separated by months, and even years. Although women living with psychological abuse tend to remain in the relationship longer, when they leave, they generally do not return. However, leaving means separation from friends, community, and financial security. AS Joanne told us, "Poverty really sucks."

Psychological abuse, while it is becoming more frequently acknowledged, is still in many ways invisible. Rita, having experienced two abusive relationships and having experienced both psychological and physical abuse stated:

... The mental is worse; the mental sticks with you, the physical can disappear. The bruises and stuff, they can go away but not the mental. The mental sticks, you can't get rid of it.

Conclusion

The debilitating and dehumanizing nature of psychological abuse must be made visible through education. Within rural communities and local governments education must be practical, multifaceted, and must include the voices of women living with psychological abuse. It must include health and social service providers, religious and lay organizations and above all, schools. It is only through education that young women and men will recognize psychological abuse in their own lives and communities therefore elevating psychological abuse from the realm of the normalized and the invisible.

Services for women living with psychological abuse in rural areas must be coordinated and accessible through traditional health and social services. Although rural services for women living with psychological abuse are becoming more prevalent, innovative means of advertising and referral are needed to insure that those who are isolated are aware of the services being offered. Alternatively, those providing service must be aware of the challenges and barriers facing women particularly in the rural context as well as all available options for referral and support.

Psychological wife abuse remains elusive, defying understanding and definition even for women who have lived it. Miller (1995, p. 288) tells us we must believe that "abuse exists, not among them but among us." Psychological abuse can only emerge from the invisible if we recognize that it may happen to any one of "us." for rural communities this means actively working to change a culture which normalizes psychological abuse. To do this we must strike at the very foundations of our notion of a treasured, rural idyll to acknowledge psychological abuse as an unacceptable fact of life needing immediate intervention.

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ALISON PRYER

dandelion (for William)

in my petrified womb
 layers of pain have sedimented
 into this unyielding fist of muscle –
uterine fibroid,
 doctors call it.
 but this means nothing
 to you,
 little dandelion,
 you know only life,
 only love,
 and push past that ball of concrete
 as if it were earth gentled
 by fragrant rain.
 the merest of human beings,
 each of your petals is a sunburst radiating
 from the pulsing of your ten week
 old heart.

Alison Pryer, PhD has taught in Germany, Japan, Egypt, and Canada. Her work has appeared in numerous North American and international academic and literary journals.