

## Intimate partner violence and the power of love

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# 1 Intimate Partner Violence and the Power of Love:

## 2 A Qualitative Systematic Review

### 3 4 **ABSTRACT**

5  
6 Intimate partner violence is a crime encompassing physical, psychological, financial,  
7 emotional, and sexual abuse by a current or former partner. The presence of love in  
8 abusive relationships tends to be marginalized in healthcare discourses. The authors'  
9 aim in this qualitative systematic literature review was to explore the interplay  
10 between intimate partner violence and romantic love and their impacts on women.  
11 The review provides a rare (but much needed) explanation and acknowledgement that  
12 love does sometimes exist in abusive relationships. These insights will assist  
13 healthcare workers in offering empathic care to women, based on understandings of  
14 the complex and highly unsettled nature of love in abusive relationships.

15  
16  
17 **Keywords:** Abuse, Domestic Violence, Fear, Hope, Intimate Partner Violence,  
18 Romantic Love

19  
20  
21 Intimate partner violence (IPV) is a crime encompassing physical, psychological,  
22 financial, emotional, and sexual abuse by a current or former partner (World Health  
23 Organization (WHO), 2012). Globally, an estimated one in three women have been  
24 subjected to physical and/or sexual violence in their lifetime, predominantly from an  
25 intimate partner, and around 38% of female homicides are committed by a male  
26 intimate partner (WHO, 2017). Currently in England and Wales, two women are  
27 killed per week by a partner or ex-partner (Office of National Statistics (ONS), 2018),  
28 and it is estimated that 1.2 million women in England and Wales were subjected to  
29 domestic violence and abuse (DVA) between 2016-2017, compared to 713,000 men  
30 (ONS, 2017). Whilst it is acknowledged therefore that men experience IPV, this  
31 review explored only women's accounts, due to the comparative prevalence of  
32 violence against women.

33

34 The physical and emotional impacts of IPV have long been a source of human  
35 suffering which can have highly destructive effects on the person abused and  
36 witnesses; often the children. It is estimated that more than 130,000 British  
37 children live in homes that are in the high-risk category of being murdered or  
38 seriously injured from DVA (SafeLives, 2015). Research has shown that people  
39 who are subjected to IPV live in fear pre-empting the next attack on them  
40 (Salcioglu, Urhan, Pirinccioglu & Aydin, 2017), often causing anxiety, low self-  
41 esteem, eating disorders, drug misuse, and post-traumatic stress disorder; just some  
42 of the psychological issues associated with IPV (Howard, Trevillion & Agnew-  
43 Davies, 2010). Physically, the effects can be as damaging, from bruises and broken  
44 bones to gastrointestinal disturbances, arthritis and sexually transmitted infections  
45 (Center for Disease Control and Prevention, 2017). It is for this reason that it falls  
46 within the remit of healthcare professionals to recognise and respond to the needs  
47 of women in abusive relationships.

48

49 It is well known that there are many barriers that prevent women from leaving their  
50 abusive partners (Francis, Loxton & James, 2016), including fear of retaliation, lack  
51 of social support, lack of financial resources, and concern for children's emotional  
52 development (WHO, 2012). Rarely however, is the issue of love discussed, no matter  
53 how precarious, transient or twisted. This review therefore, offers a unique analysis of  
54 the issue.

55

## 56 **BACKGROUND**

57 Romantic love is defined as a state of psychological euphoria, passion and intimacy  
58 with another person (Gibson, 2015). Physiologically, romantic love is known to  
59 activate the ventral tegmental area, a region of the brain associated with feelings of

60 pleasure, ecstasy and arousal (Aron, Fisher & Strong, 2006). From a psychosocial  
61 perspective, according to Chung (2005), romantic love is one of the most powerful  
62 discourses that informs our understanding of femininity and masculinity, and it is  
63 imbued with expectations and notions of how one behaves when in love (Kirkman,  
64 Rosenthal & Smith, 1998; Rose, 2000). It is distinct, for example, from the platonic  
65 love that we may feel for a close friend, or the paternal love of a child.

66

67 This qualitative systematic review takes a unique approach to depicting romantic love  
68 in abusive relationships, providing an original interpretation of the literature. It  
69 illustrates both physically and analytically the subtle differences between a  
70 relationship where IPV exists and one where it does not; acknowledging that the  
71 intricacies of romantic love can and still do very much exist in relationships where  
72 violence is present. This interpretation ultimately aims to provide healthcare  
73 professionals with an increased understanding of this dynamic that impacts so greatly  
74 on women's decisions within that abusive relationship. In turn, this can impact the  
75 care provided by healthcare professionals to women so that it is unprejudiced and  
76 compassionate.

77

## 78 **THE REVIEW**

79

### 80 **Aims**

81

82 To explore the interplay between intimate partner violence and romantic love and  
83 their impacts on women.

84

### 85 **Design**

86

87 With reference to the typology of reviews described by Grant and Booth (2009), this  
88 review adopts a qualitative systematic review, in that it rigorously examined findings

89 and themes of qualitative research in a bid to provide a broader understanding of the  
90 phenomenon of romantic love in abusive relationships.

91

## 92 **Search methods**

93

94 This review assumed a systematic approach to searching in order to retrieve the  
95 majority of the papers concerned with the subject matter, whilst minimising omissions  
96 and bias (Aveyard, 2014). In order to gain a comprehensive overview, whilst still  
97 aiming for precision in relevance, five databases recommended to healthcare  
98 professionals were selected (MEDLINE, Cinahl, Embase, ProQuest Nursing and  
99 Allied Health Source and PsycINFO). Hand-searching from reference lists was  
100 carried out in order to find any other relevant studies.

101

102 Search terms were applied as shown in Table 1.

103 *[Insert table 1 here]*

104 No date limit was set at this stage in order to ensure that no relevant papers were  
105 excluded. Studies of both qualitative and quantitative, as well as mixed-methods were  
106 included. As shown in the inclusion and exclusion criteria in Table 2, papers were  
107 included only if they focused on violence against women.

108 *[Insert table 2 here]*

## 109 **Search outcome**

110

111 The authors' search generated 364 citations, and a further hand-search of one from a  
112 reference list yielded a total of 365 papers. PRISMA (Preferred Reporting Items for  
113 Systematic Reviews and Meta-Analyses) was used because it ensures transparent and  
114 comprehensive reporting for research (Moher, Liberati, Tetzlaff & Altman, 2009).  
115 After following the PRISMA process, 31 full texts were assessed for eligibility and

116 seven of these were identified as being suitable for data extraction and synthesis. All  
117 seven studies used a qualitative approach. An overview of the PRISMA diagram is  
118 shown in Figure 1 below.

119 *[Insert figure 1 here]*

## 120 **Quality appraisal**

121  
122 Quality appraising allows the rigour and relevance of published articles to be assessed  
123 so that its trustworthiness, value and relevance can be established (Mhaskar,  
124 Emmanuel, Mishra, Patel, Naik, & Kumar, 2009). Critical Appraisal Skills  
125 Programme (CASP) (2018) helped to enhance decision-making as to the strength of  
126 the research evidence. The critical appraisal identified that all of the retrieved studies  
127 had appropriate research designs and good sample sizes that were also representative  
128 despite the limited generalisation to a larger population as with much of qualitative  
129 research. There were minor shortcomings in most studies, such as researchers also  
130 interviewing participants in the studies by Wood (2001) and Keeling and Fisher  
131 (2012), thereby potentially inducing socially desirability (Grimm, 2010; Groves et al.,  
132 2009). However, Collins, Shattell and Thomas (2005), having examined over 300  
133 pages of interview transcripts, found that there was very little evidence to suggest that  
134 participants give socially desirable responses. There is however potential for  
135 interviewer bias in this case as the interviewer may be aware of the information they  
136 want to solicit, and therefore probe their participants for this (Pannucci & Wilkins,  
137 2011). Nevertheless, a judgement was made from reviewing all aspects of the  
138 retrieved papers on the overall impression and all papers were considered, by the  
139 three authors, to be either of fair or good quality based on method, clinically  
140 important results and usefulness to this review. Therefore all were sufficient for their  
141 inclusion in the data synthesis which can be seen in Table 3.

142 *[Insert table 3 here]*

143 **Data abstraction**

144

145 Of the seven studies in this review, four examine women's experiences of abusive  
146 relationships and responses to violence where romantic love is discussed (Boonzaier  
147 & de la Rey, 2003; Cavanagh, 2003; Keeling & Fisher, 2012; Wood, 2001). One  
148 study (Dziegielewski, Campbell & Turnage, 2005) explores the barriers that prevent  
149 women from leaving their abusive partners, with romantic love being one factor. One  
150 study (Power, Koch, Kralik, & Jackson, 2006) discusses the conventions of romantic  
151 love in the formation of relationships, and one study (Smith, Nunley & Martin, 2013)  
152 investigates women's definitions of love following violent relationships. An  
153 annotated bibliography is presented in Table 4.

154 *[Insert table 4 here]*

155

156 **Synthesis**

157

158 Inductive thematic analysis was used because it allows for clear identification,  
159 analysis and reporting of patterns within the data (Braun & Clark, 2006). Using this  
160 model, the seven studies were read and re-read to become as familiar as possible with  
161 the data. Initial codes were generated by highlighting sentences, words and phrases,  
162 which were then put into a table along with the researcher's interpretation. The  
163 analysis was then refocused to search for themes. The codes were sorted into potential  
164 themes, and where required, subthemes. The first author carried out the data synthesis  
165 with cross-checking completed by the other authors. An extract of this table is shown  
166 in Table 5.

167 *[Insert table 5 here]*

168

169 As indicated in Table 6, the themes were then gathered into categories that cohered  
170 meaningfully together in the form of a meta-synthesis table. This allowed for the  
171 combining and integrating of evidence across a number of studies in order for  
172 similarities and differences could be easier interpreted (Finfgeld-Connett, 2010). The  
173 articles are numbered 1-7 for the sake of brevity and are linked to Table 3 for details  
174 of corresponding article title.

175 *[Insert table 6 here]*

176

177

## 178 **RESULTS**

179

180 This review demonstrates that women in abusive relationships live in an in-between  
181 state of hope and fear. Many of the acts described by the participants would be  
182 considered abusive. However, underpinning this is a belief in love and therefore many  
183 women in abusive relationships view these experiences as evidence of a partner's love  
184 for her, and reason enough to endure the fear and the abuse (with the hope that the  
185 abuse will stop).

186

187

### 188 **Romantic love**

189 All seven of the studies within this review include declarations of love by women for  
190 their abusers. This would suggest that the notion of romantic love is a powerful one,  
191 or that the manipulation and control that the abuser exerted is so powerful that  
192 women's understanding of romantic love becomes distorted. Therefore, these two  
193 subthemes will be explored.

194

### 195 ***Power of Romantic Love***

196 It is argued by Power et al. (2006) that the innate desire to love and be loved in many  
197 people may originate from common cultural representations of love stories and fairy-  
198 tales that consume our childhoods. These constructions attempt to define what

199 romantic love is like, not aided by popular media outlets reinforcing this stereotype;  
200 from the adoring Prince Charming who saves the damsel in distress in fairy-tales like  
201 'Sleeping Beauty', to Mr Grey in '50 Shades of Grey' who inflicts pain on his  
202 submissive female partner. Many of the reported narratives in this review echoed the  
203 concept of the fairy-tale romance; something that Wood (2001) writes extensively  
204 about. All twenty women in this study admitted to feeling that the start of their  
205 relationships came complete with a doting partner who overindulged them and made  
206 them feel like "the center of his universe" (Wood, 2001, p.249). Another participant  
207 described her early experiences as being "swept up in the romance of it. He was  
208 Prince Charming. He would shower me with little creative gifts..." (Wood, 2001,  
209 p.249). One participant in Keeling and Fisher's study (2012, p.1562) reinforced this  
210 by stating: "He was nice when I first got with him and that. You know he treated me  
211 wonderfully, like a princess, and everything was great." Power et al. (2006) explain  
212 that the story of 'Prince Charming' who saves the 'princess' informs our cultural  
213 understanding of typical gender roles.  
214 Dziegielewski et al. (2005, p.19) illuminate the sudden change in behaviour  
215 experienced by many women. One participant remarks: "...he treated me like a  
216 queen, and later he would hit me and use the passion against me." The word 'passion'  
217 here, rather than being used negatively, conveys the power of romantic love, with  
218 many women not recognising their experiences as IPV initially (Power et al., 2006;  
219 Smith et al., 2013). Even when the abuse was acknowledged, some women believed  
220 that their love had the power to conquer all (Power et al., 2006; Smith et al., 2013;  
221 Wood, 2001). One participant felt "there were problems, but we loved each other  
222 enough to solve them" and when the violence briefly subsided, "thought that love had  
223 finally conquered all and that we would have a good life together" (Wood, 2001,

224 p.250). Even when some women realise the violence will never end, the commitment  
225 and responsibility to their relationship, their man (and often children with him) is  
226 enough to keep them in it. Cavanagh (2003) and Power et al. (2006) argue that this is  
227 due to social expectations that locate women as holding primary responsibility for the  
228 success of their relationships, so when the abuse does emerge it becomes all the more  
229 difficult to define it as violent. If they do, many women regard it as their failure to  
230 sustain and nurture the relationship. This is validated in the study by Dziegielewski et  
231 al. (2005, p.18) where one participant states: “It is your responsibility to keep your  
232 marriage or relationship intact, no matter what the sacrifice.” Whilst another in  
233 Boonzaier and de la Rey’s (2003, p.1011) study says: “I tried to hold onto my  
234 marriage. Inside every person is somebody good.”

235

### 236 *Power and control as signifiers of romantic love*

237 Power runs through virtually all romantic relationships to some extent, but many  
238 women in abusive relationships are not initially aware when this becomes harmful  
239 and they become the subject of IPV, as Power et al. (2006) explore. One participant in  
240 Smith et al. (2013, p.399) also expresses this: “He goes to work every day and he  
241 provides for us and takes care of us and that’s the way I looked at it. Like he was  
242 doing it all for me. I thought it was normal.” This highlights the abuse of power and  
243 manipulation in the romantic relationship that is so common of IPV. Many women in  
244 abusive relationships, despite their strength and resilience, do not realise the negative  
245 impacts that relinquishing so much control can have on their lives, but in fact view  
246 their partner’s power and control as a sign of romantic love for her. One of the early  
247 indications of this is described by Power et al. (2006) as ‘jealousy as a sign of love’.  
248 Rather than feeling endangered by this control early on, some women viewed this as a

249 protective factor and signifiers of how much their partner loved them. One participant  
250 described her experiences of this: "...I moved in with him a month after I met him, at  
251 16...he got more controlling as the time went on. At the time I was fine with it...I  
252 thought it was flattering that he only wanted to spend time with me...." (Power et al.,  
253 2006, p.181). Many participants, as a result of the isolating behaviour of their abuser  
254 and often not recognising it as abuse, experienced marginalisation from their family  
255 and friends. One participant discloses that: "He asked me to move with him into his  
256 house so I moved. I used to go to work and I used to have friends and things like  
257 that." (Keeling & Fisher, 2012, p.1564). Smith et al. (2013, p.398) depict the  
258 trajectory this often then takes to entire control over the woman, with one participant  
259 stating: "I was not allowed around my family. I wasn't allowed to do anything...I  
260 wasn't allowed to talk on the phone, unless he was sitting right there where he could  
261 hear what I had to say." This manipulation and isolation from family and friends  
262 however, often leads many women to feeling like they cannot leave their abuser as  
263 they have no-one else to turn to; a ploy often used by abusive men to retain control.  
264 One participant echoed this sentiment by saying: "Because with no one there, family-  
265 wise, he was my rock at the time because I had no one else..." (Keeling & Fisher,  
266 2012, p.1563).

267

268

### 269 **Fear**

270 Fear is a significant factor in women staying with their abusive partners, as all of the  
271 studies in the review explore to some extent. Dziegielewski et al. (2005) studied the  
272 top five challenges in three different groups of women when experiencing IPV. Each  
273 group named fear of some description as being one of their top five challenges, with  
274 fear of being alone and fear for safety as being consistent themes in all three groups.

275 These two subthemes of fear also appeared most prominently in the studies used in  
276 this review and are therefore explored in further detail.

277

278 ***Fear of being alone***

279 Many women in Dziegielewski et al. (2005) study feared becoming single parents and  
280 having no support to raise her children. One participant in Keeling and Fisher's study  
281 (2012, p.1563) echoed this: "I loved him that much and I just wanted to keep him  
282 because I had seven children. I thought I would never meet anyone again and I would  
283 be on my own." Other women reported staying only because the children did not want  
284 to leave their father (Dziegielewski et al., 2005). This often caused women to fear that  
285 their children would choose to live with their father or develop emotional issues later  
286 in life.

287

288 ***Fear for safety***

289 Fear for safety appeared as a prominent concern for many women across the studies  
290 in this review. One woman said: "I was scared because every time I would leave him  
291 he found me and it got worse, and worse, and worse; until he stabbed me...I am afraid  
292 and I know I am real weak and I find myself wanting to run back." (Dziegielewski et  
293 al., 2005, p.17). One participant in Smith et al. (2013, p.397) depicts just how  
294 terrifying her ordeal was and helps to provide an insight into why some women are  
295 too afraid to leave their partners. She states: "When he was mean, he would whip me  
296 and the kids...He would go "One, two, three, four," and he would shoot between  
297 us...To live in fear is not good."

298

299

300 **Hope**

301 Almost all of the studies used in this review explore women's optimism that their  
302 violent partner will change his behaviour. The studies in this review highlight that

303 women use many approaches to try to bring about this change, such as making  
304 excuses for his behaviour, blaming themselves, and appeasing him.

305 In Boonzaier and de la Rey's study (2003, p.1013), one participant describes the love  
306 and hope she has for her partner: "To be honest with you, um, I really loved him. I  
307 loved him. And I really thought, Okay, I will be able to change him..." Many  
308 participants hoped that one day the violence would stop. One participant explains: "I  
309 really loved him...I wanted that to be a good relationship, I kept trying with him... he  
310 would tell me that he would try to do better and that he wasn't going to do these  
311 things no more" (Smith et al., 2013, p.399). Whilst another in Cavanagh's study  
312 (2003, p.243) states: "...That's his words 'Sorry' and 'I love you', 'I'll change', and it  
313 does not matter what he has done, he can turn the tears on and he will be so, so  
314 sorry...I wanted to believe him...I would fall for it every time." These narratives  
315 highlight, once again, that romantic love is so powerful, desirable, and manipulative  
316 at times that it can make many women believe empty promises. This also  
317 demonstrates the glimpses of love and hope that the perpetrator provides; the hope  
318 that he can once again be the Prince Charming they fell in love with. One participant  
319 discloses: "I would think about hoping for a change because they said that if you love  
320 somebody deep enough they will begin to change." (Smith et al., 2013, p.399).

321 Many women in abusive relationships in their very nature are resilient, so feel that the  
322 power of their love will change her partner's behaviour. One participant felt "ashamed  
323 . . . Everyone had told me that it would never last and I was determined to prove them  
324 wrong. So I had to sort of take the good with the bad. I just thought it would work out,  
325 I thought I could change him" (Cavanagh, 2003, p.236). It is in this 'hoping' for a  
326 successful relationship that abused woman often makes excuses for her partner's  
327 behaviour. Some women may choose to blame their partner's abusive behaviour on

328 substances such as alcohol: “He’s a very good man...If he starts with his drinking,  
329 then he’s not a good person anymore. Then, the worst and the ugly stuff come out of  
330 him.” (Boonzaier & de la Rey, 2003, p.1012). Some women may unfortunately blame  
331 themselves: “I never, ever thought to blame him. I was, like, maybe I did something  
332 wrong...I had to be doing something wrong, because nobody would just react like this  
333 for no reason.” (Wood, 2001, p.254). This questions then, whether it is in the  
334 appeasement of him (Cavanagh, 2003; Power et al., 2006; Wood, 2001) that she  
335 convinces herself that she is the one to blame in the vain hope of him changing his  
336 abusive behaviour, in order to render the relationship safer.

337

### 338 **DISCUSSION**

339 We have drawn together the findings diagrammatically to depict the subtle differences  
340 between a relationship with just romantic love at the epicentre, and one where both  
341 abuse and romantic love are present (Figure 2). The authors’ interpretation of the  
342 findings is a new contribution to knowledge surrounding the complexity of such a  
343 relationship and the hardship that so many women in abusive relationships endure  
344 when other elements of the relationship can be so desirable. Even within a non-  
345 abusive and loving relationship, it is possible to experience similar feelings to that of  
346 an abusive one. For example, perhaps within a non-abusive relationship, there are  
347 times when women want to leave but the fear of being alone and not finding another  
348 partner takes over. Perhaps the hopes that exist in a non-abusive relationship are  
349 different, but hope still remains for what the relationship has the ability to become, for  
350 example life-long marriage with children. Arguably then, it is only ‘fear for safety’  
351 and ‘power and control as signifiers of romantic love’ that distinguishes the difference  
352 between an abusive and non-abusive relationship, although it could be argued that

353 power and control can also exist in non-abusive relationships too (Dunbar, 2004).

354 This original representation of findings is portrayed in Figure 2 below.

355

356 *[Insert figure 2 here]*

357

358 The findings demonstrate that the internal desire to romantically love and be loved  
359 can mask the signals for IPV. Distinctions between love for their abuser and a sense  
360 of commitment or longing for the times they once had together when he treated her  
361 like a ‘princess’ can become irrevocably distorted. This can cause much confusion for  
362 the abused woman and she may find herself concealing the IPV. With this in mind,  
363 healthcare professionals should attempt to understand the complex interplay of love  
364 and abuse and the nuanced debates about whether it is always the right decision for a  
365 woman to leave a relationship. As Feder, Hutson, Ramsay and Taket, (2006) note, it is  
366 from the non-judgmental attitudes that healthcare professionals convey, that truly  
367 helpful actions can be borne. Power et al. (2006, p.184) explain that ‘recognition that  
368 controlling behaviours can be constructed and interpreted by women as evidence of  
369 romantic love can assist healthcare professionals in the development of educational  
370 and health promotion materials around IPV.’ It is essential therefore that all  
371 healthcare professionals comprehend the value that women place on romantic love in  
372 a relationship in order to develop therapeutic relationships with women experiencing  
373 and at risk of experiencing IPV.

374

375 This review reveals that that fear associated with IPV can manifest in different forms;  
376 particularly the fear of being alone and the fear for safety. Norwood (2004) maintains  
377 that it is possible for women to love too much but that this is rooted in the fear of

378 being alone, of being unlovable, or even the fear of being abandoned. By whole-  
379 heartedly loving someone, “we give our love in the desperate hope that the man with  
380 whom we’re obsessed will take care of our fears. Instead, the fears- and our  
381 obsession- deepen until giving love in order to get it back becomes a driving force in  
382 our lives.” Fraser (2005) explains that the fear of existing without an intimate partner  
383 outweighs that of staying with an abusive one. Even if the fear of being alone  
384 subsides, for many women in abusive relationships, the fear for their safety is enough  
385 to conceal the abuse from healthcare professionals. However, it is the role of the  
386 healthcare professional to offer a safety net for them in the form of an exit plan as for  
387 many women in abusive relationships, a healthcare professional may be the only  
388 opportunity for invention. Feder et al. (2006) found in a meta-analysis of qualitative  
389 studies, that women largely felt inquiry from healthcare professionals about IPV to be  
390 appropriate when the issue was approached sensitively. In addition to adopting a  
391 tactful manner, healthcare professionals can utilise many resources to aid them in  
392 offering this safety net, from independent domestic violence advisors (IDVAs), to  
393 crisis hotlines such as National Domestic Violence Helpline and Victim Support  
394 amongst many others.

395

396 One consistent feature of almost all the quotes used to demonstrate the hope that  
397 women in abusive relationships have in this review, is that they also contain the word  
398 ‘love’, evidencing once again the power of romantic love. For many women in this  
399 review, their hope was often maintained by a shrinking of self and submerging their  
400 identities for the sake of their relationship, for example surrendering their family ties  
401 and jobs. This often served as appeasing their partner in order to avoid further abuse  
402 and violence. With this in mind, the much-posed question ‘why doesn’t she just

403 leave?’ merely reinforces the blame that so many women place upon themselves  
404 (Meyer, 2015). A more helpful question perhaps, is ‘why doesn’t he stop?’ thereby  
405 placing the blame on the perpetrator. Meyer (2014) also suggests that women in  
406 abusive relationships, somewhat astoundingly, do not always meet the ‘blameless’  
407 criteria like other “victims” of violent crime do, arguably due to their intimate  
408 relations with the perpetrator as well as their often reluctance to cooperate with  
409 police. This is perhaps one of the many reasons that questions towards women in  
410 abusive relationships are phrased in such a way that place blame on them rather than  
411 the offender. A national Australian survey, in fact, revealed that 78% of the  
412 population could not, or struggled to understand why women stayed in abusive  
413 relationships, whilst 51% felt that women in abusive relationships could leave their  
414 partners if they really wanted to (VicHealth, 2014). Findings like these can only  
415 cement the beliefs of women in abusive relationships that they are less deserving of  
416 social support and empathy, thereby reinforcing the idea that to leave their abuser  
417 would be of little or no benefit to them. In light of this, and implications for  
418 healthcare professionals, Ali (2017) explains that whilst an empathetic and non-  
419 judgmental attitude is necessary for healthcare professionals, so too is an awareness of  
420 one’s own principles and beliefs regarding violence against women, as well as the  
421 prejudices surrounding it.

422

423 This review holds important messages for healthcare professionals. For many  
424 healthcare professionals, responding to IPV could be one of the most challenging  
425 encounters of their career. Bradbury-Jones and Broadhurst (2015) found from a study  
426 of 55 student nurses and midwives that all of them wanted IPV covered in the  
427 curriculum and most felt ill-prepared to deal with such a situation should it arise in

428 practice. Whilst it is recognised that further education is needed in the pre and post-  
429 registration stages, it is hoped that the findings in this review can serve as a basis to  
430 provide nurses and other healthcare professionals, with the insight into women's  
431 abusive relationships that is required to support them effectively.

432

433 Doane and Varcoe (2005) suggested that nurses are generally disinclined to ask  
434 patients about IPV, whereas Taket (2004) describes the barriers for women in abusive  
435 relationships as far too big to openly disclose, reiterating that healthcare professionals  
436 must directly ask to find out. Wilson (2015) explains that many women do not openly  
437 disclose their abuse because of the reactions they can encounter from healthcare  
438 professionals, including judgmental, unsympathetic, and even disrespectful attitudes.  
439 Bradbury-Jones et al. (2014) propose the 'abused women, awareness, recognition and  
440 empowerment' framework as a way of capturing the complexity of the disclosure  
441 process, both for women themselves and for the health professionals involved. In light  
442 of findings from our review, new explanations can be added to the array of  
443 understandings about the complexity of disclosure and the power of romantic love.

444

445

#### 446 *Limitations*

447

448 This review is centred round what is traditionally perceived as a sensitive and private  
449 subject area. It is therefore recognised that not all women affected by IPV will present  
450 themselves to participate in studies, or underreport their experiences due to the  
451 potential stigma attached to it (Fowler, 2009). This means that the review is likely to  
452 have captured only a partial account of the phenomenon, and therefore strategies to  
453 develop the credibility of the studies during the research design should have been  
454 considered (Smith & Noble, 2014).

455

456 Only papers written in English were considered for this review, due to time, language  
457 and resource limitations. Whilst it is argued that the translation of studies can  
458 introduce bias and therefore affect the validity and reliability (Noble & Smith, 2015),  
459 particularly in qualitative research due to the subjectivity of meaning (Van Nes,  
460 Abma, Jonsson & Deeg, 2010), Temple and Young (2004) regard translated papers as  
461 powerful in strengthening cross-cultural relationships. It is acknowledged however,  
462 that the translation must be executed and integrated into the research design  
463 effectively. Further to this, the subject matter of IPV may be influenced by culture.  
464 None of the studies in this review took place in the same location- two were carried  
465 out in the United States of America (eastern state and southern state), one took place  
466 in South Africa, one in the United Kingdom, one in Australia, and two locations  
467 remain unknown. Whilst this could be considered therefore to have international  
468 transferability, it does question whether the message was conveyed and interpreted  
469 equally in all studies, and therefore caution should be taken in over-claiming  
470 generalisability. Future reviews on this topic could utilise published studies of other  
471 languages to explore if cultural diversity affects results. Hayes and Jeffries (2013,  
472 p.60) believe that ‘the discourse of romantic love is particularly powerful in western  
473 society’, so there is also a need to explore societies other than in the western world.

474

475 Finally, it is recognised by Grant and Booth (2009) that methods for a qualitative  
476 systematic review require further development. There is much debate about whether  
477 such a comprehensive search strategy is needed (Booth, 2016), or whether a more  
478 selective search strategy would suffice if the inclusion and exclusion sampling  
479 method was rigorous.

480

481

## 482 **CONCLUSION**

483

484 Love is a powerful force. This qualitative systematic review reveals its significant  
485 complexities when enmeshed within the context of an abusive relationship. It has  
486 provided a unique understanding of the abusive elements of a loving relationship and  
487 has demonstrated, with a visual representation (Figure 2), that the shift from a non-  
488 abusive to an abusive relationship can be subtle, but that with this shift comes the  
489 elements that make the difference between a safe and unsafe relationship. This can  
490 allow women in abusive relationships to hope for change, as there often remains  
491 many desirable aspects to their relationship; romantic love often being the most  
492 enticing. IPV does not discriminate; it has no bias. It has its own language and  
493 healthcare professionals must learn to speak it if they want to optimise their support to  
494 women in abusive relationships.

495

496

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