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Intimate partner violence and the power of love

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Intimate Partner Violence and the Power of Love:

A Qualitative Systematic Review

ABSTRACT

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

Keywords: Abuse, Domestic Violence, Fear, Hope, Intimate Partner Violence, Romantic Love

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

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

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

BACKGROUND

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

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

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

THE REVIEW

Aims

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

Design

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

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

Search methods

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

Search terms were applied as shown in Table 1.

[Insert table 1 here]

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

[Insert table 2 here]

Search outcome

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

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

[Insert figure 1 here]

Quality appraisal

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

[Insert table 3 here]

Data abstraction

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

[Insert table 4 here]

Synthesis

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

[Insert table 5 here]

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

[Insert table 6 here]

RESULTS

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

Romantic love

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

Power of Romantic Love

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

romantic love is like, not aided by popular media outlets reinforcing this stereotype; from the adoring Prince Charming who saves the damsel in distress in fairy-tales like 'Sleeping Beauty', to Mr Grey in '50 Shades of Grey' who inflicts pain on his submissive female partner. Many of the reported narratives in this review echoed the concept of the fairy-tale romance; something that Wood (2001) writes extensively about. All twenty women in this study admitted to feeling that the start of their relationships came complete with a doting partner who overindulged them and made them feel like "the center of his universe" (Wood, 2001, p.249). Another participant described her early experiences as being "swept up in the romance of it. He was Prince Charming. He would shower me with little creative gifts…" (Wood, 2001, p.249). One participant in Keeling and Fisher's study (2012, p.1562) reinforced this by stating: "He was nice when I first got with him and that. You know he treated me wonderfully, like a princess, and everything was great." Power et al. (2006) explain that the story of 'Prince Charming' who saves the 'princess' informs our cultural understanding of typical gender roles.

Dziegielewski et al. (2005, p.19) illuminate the sudden change in behaviour experienced by many women. One participant remarks: "…he treated me like a queen, and later he would hit me and use the passion against me." The word 'passion' here, rather than being used negatively, conveys the power of romantic love, with many women not recognising their experiences as IPV initially (Power et al., 2006; Smith et al., 2013). Even when the abuse was acknowledged, some women believed that their love had the power to conquer all (Power et al., 2006; Smith et al., 2013; Wood, 2001). One participant felt "there were problems, but we loved each other enough to solve them" and when the violence briefly subsided, "thought that love had finally conquered all and that we would have a good life together" (Wood, 2001,

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

Power and control as signifiers of romantic love

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

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

Fear

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

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

Fear of being alone

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

Fear for safety

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

Hope

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

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

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

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

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

DISCUSSION

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

power and control can also exist in non-abusive relationships too (Dunbar, 2004). This original representation of findings is portrayed in Figure 2 below.

[Insert figure 2 here]

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

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

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

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

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

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

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

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

Limitations

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

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

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

CONCLUSION

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

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