

RESEARCH ARTICLE



ALELY SANTOS-REYES, RN, MAN, PhD

Intimate Partner Violence from the Perspective of Caviteñas: Its Implications to the Nursing Profession

Abstract

This study used a grounded theory approach to primarily understand the processes Caviteña participants go through in order to arrive at a decision about how to optimize intimate relationships in the presence of abuse and also on how to generate a conceptual framework out of the interconnections of the concepts identified. Eleven participants were interviewed. Five core categories emerged namely: intimate partner violence (IPV), gender differences, processes, consequences and interventions. IPV from the perspective of Caviteñas can be constructed as an inner experience that affects many dimensions of a woman as a person. It causes pain that goes beyond what is physical and deeply penetrates an affected person's inner emotional core. It is a product of interplay among a multitude of factors and is a culprit of many physical and psychological health problems. It affects not just the woman and the perpetrator but also the children, the rest of the family's members, and the community as well. The conceptual framework challenges nurses to address the phenomenon through a holistic, integrated, multidisciplinary approach by taking into account the many layers of the victim's persona - physically, psychologically, emotionally and even economically.

Key words: *intimate partner violence, grounded theory, concepts, Caviteña*

Introduction

More than one in every 3 women has been abused during their lifetime (Black et al., 2010). In the Philippines, there were 15,104 cases of violence against women in 2010---- the highest reported cases since 1997 (PNP as cited in APC, 2013). Intimate Partner Violence (IPV) creates considerable amount of health problems both physical and psychological that requires medical attention. There has been dearth of researches on IPV especially on the grounds of a culture where fortitude, respect for human right, and preservation of family is central. These realities make the study interestingly new and unique. How can IPV happen in families where integrity, respect, and freedom are foremost? This is addressed by the central research question: What are the processes (cognitive, affective, and behavioral) that Caviteñas have undergone in dealing with intimate partner violence? (*Anu-ano ang mga proseso*

na pinagdadaan mo sa pagpapasya mong pagtiisan o tapusin ang karahasan laban sa karelasyon na iyong nararanasan?”). Through these processes, the study proceeded in answering the question: What postulates can be formulated as far as intimate partner violence is concerned?

Methodology:

Research Design

This study utilized a descriptive design through a qualitative approach by means of the grounded theory strategy.

Participants

As a result of the purposive and theoretical sampling processes, 11 participants were interviewed. They were described as Caviteñas: 1) who were within the reproductive ages of 15-49 years old; 2) who were born and raised residents in the municipalities of Cavite (where the cultural values are still preserved and nurtured due to low intermigration characteristics) particularly the first district (Kawit, Rosario, and Cavite City) and the seventh district (Alfonso, Gen. Aguinaldo or Bailen, and Indang); 3) who had suffered physical abuse in intimate relationships at least once; and 4) who were willing to signify their intention to be participants in the study by signing an informed consent.

Data Collection

Data were collected from unstructured/informal interviews and observation lasting from 40-60 minutes in designated private offices within the community (eg. barangay hall, MSWD/CSWD office, PNP office) or in the participants' own homes. To maintain a non-threatening environment that facilitates disclosure of IPV experiences, indigenous techniques were incorporated like integration using informal conversation which are popularly labeled in Cavite as “*pakikipagkuwentuhan*”, “*pakikipaghuntahan*” or “*pakikipanaligan*.” Significant observable behaviors, as well as, impressions, descriptions of the setting, circumstances, and intriguing events in relation to the field and the interviewee as suggested by Flick (2009) were noted.

To ensure confidentiality, code names were assigned to the recorded files, notes, and transcripts. The technical review panel ascertained that the conduct of the study was ethically sound.

The interview process was subdivided into three phases: introduction, exploration, and conclusion. At the beginning of the *introduction phase*, informed consent was discussed in detail giving special attention to confidentiality, potential emotional

consequences of participating in the interviews, and the right to withdraw from the study any time. After the participants had agreed to participate, they were provided an orientation to make them feel at ease, to build rapport, and to establish context through brief description/scenario of IPV in the Philippines. During the exploration phase, the researcher ascertained that the participants had adequate space to convey the way they would conceptualize their experiences. Next was the interview process. Although the interview process was organized in phases, the researcher posed open-ended questions and varied the order in accordance with the flow and concepts that would surface during the interview--- thereby making them feel free to answer in an unstructured fashion. Therapeutic techniques of communication like reflecting, restating, focusing, verbalizing the implied, encouraging description of perception, attempting to translate into feelings, seeking consensual validation, seeking clarification and the like were used to obtain more in-depth information. The researcher did constant checking to see whether a break would be necessary. Finally, at the conclusion phase, the researcher asked the participants if there was anything else they would like to add, how the interview process was, and whether they had any feedback. Summarizing or reviewing the transcripts was done to ascertain participants that their stories were actively listened to and that confidentiality was maintained.

Data Analysis

The data analysis involved a three-phase process of open, axial, and selective coding. Open coding is a process of naming and categorizing of phenomenon through close examination of data. Here, data are broken down into discrete parts and compared for similarities and differences through line-by-line, paragraph-by-paragraph or document-by-document review (Strauss and Corbin, 1990). As suggested by Strauss and Corbin (1990), the researcher named each category based on personal and professional reading, technical literature, and in-vivo codes or actual words of the participants. Through axial coding, data are put back together in new ways by making connections between a category and its subcategories (Strauss and Corbin, 1990). At this juncture, categories were grouped together and relationships related to the Caviteña women's viewpoint on Intimate Partner Violence were consequently constructed. Selective coding, according to Strauss and Corbin (1990) is the process of selecting the core category, systematically relating it to other categories, validating those relationships, and filling in categories that need further refinement and development. It allows a framework to emerge and recreate data into a conceptual framework.

As the theoretical codes saturate, the researcher began the process of sorting memos. Sorting enables the researcher to develop hypotheses about the concepts and helps to ensure

parsimony of the substantive theory. When theoretical saturation is reached or the main concern of the participants is clear, the researcher can proceed to writing up the research finding (Glaser, cited in Streubert and Carpenters, 2011).

Findings

From the vantage point of the Caviteña participants, intimate partner violence is an experience that causes pain not just externally but internally – affecting the woman's inner core of being. In any form of IPV, there is always an accompanying *pain* that emanates from the emotional core or core of being. And this discovery subsequently affects the abused woman's sense of self by typically weakening her self-concept and self-esteem. Any form of IPV boils down to *disrespect* of the woman wherein she is viewed as a powerless and a subordinate being. All forms of abuse lead to social *isolation* which is either imposed by self or the partner in an effort to conceal the abuse and demonstrate control and supremacy of the male partner. IPV comes out of *fear*, more than love, because the woman fears of losing the person she considers special and she fears of losing in the relationship she considers sacred and lifelong. IPV develops *anger* that either protects the victims from further pain or reinforces more loneliness if handled ineffectively through silent submission, ineffective fighting, vengeful blaming and emotional distancing. IPV occurs with *dependence* either emotionally or financially of a female partner over her partner. They, likewise, hold on to the relationship out of loyalty or indebtedness.

In the process of dealing with IPV, the Caviteña participants demonstrate remarkable courage and ability to transcend their difficult situations; and eventually, they seek for ways in improving their well being, as well as, that of their children's. They become resilient to the abuse in an effort to hold on to the relationship and such recourse is borne out of their strong cultural belief on marriage and family.

IPV, therefore, is a process in itself. The flow of events begins from abused women's victimization to re-victimization, then to an eventual action that intends to save the marriage or the family. Learning to deal with the abuse may be a means to start new beginnings with the hope that their over-all life situation will change for the better. There is a significant note made on Caviteña participants' openness to forgiveness and healing while it can also be noted that there is also legal consciousness and intervention though many show ambivalence to pursue legal actions.

The following conceptual framework that emerged in this present research may make important contributions to the extant technical literature. They are discussed based on the five core categories that were developed from the coding process. The five (5) core categories discussed here are: 1) intimate partner violence, 2) gender differences, 3) processes, 4) consequences and 5) interventions.

Hence, the findings point to the following concepts for each core category. These concepts are, thus, put together here to form part of a single paradigm as shown in Figure 1 in the succeeding pages.

Core Category 1: Intimate Partner Violence. Intimate Partner Violence (IPV) from the perspective of Caviteña participants is not a distinct entity separate from the woman's intrapsychic, interpersonal, and socio-cultural system. It can seriously affect all aspects of the woman's personhood such as her physical, psychological, emotional, sexual and economic condition. The most profound pain is that which penetrates the inner emotional core debilitating the woman. In this research, extramarital affairs by the husbands evolved as the overriding reason for the occurrence of emotional abuse with lifelong consequence. As verbalized by an abused woman from Cavite City, "*Ang pinakamatagal maglast ay yung pambababae.*" (Womanizing is the most lasting.). As articulated by another participant, "*Pag binugbog ka, masakit yung sa dibdib mo... ang sakit sa dibdib.*" (When you are beaten physically, you are hurt emotionally as well.). The pain can also destabilize marriage and family relationships.

"Noong time na sinasaktan niya ako, nawawalan ako ng pagmamahal sa kanya." (During that time when he was hurting me, I was already losing my love toward him.)

"Kasi gusto ko privacy lang naming mag-asawa. Ngayon, iba na... una pa lang humingi na ng tulong huwag ng paabutin sa ganito baka patayin na kagaya ng sa akin papatayin na ako ng asawa, 'yun ang ano hanggat maaga magreklamo na." (I want to maintain the privacy between us, husband and wife. Now, it's already different. At the start, seek for help, don't let it happen like this that my husband would like to kill me. As early as possible, file a complaint.)

However, such personal woe is maintained by a culture of silence in consideration of familial welfare.

"Pag sumagot ka, ay talagang titirahin ka. Kahit mga anak ko natatamaan. Tumahimik lang ako....hindi na...hindi.... Kasi mahirap din eh... kasi pag nag-alsa boses mo ay malalaman ng kapitbahay kaya iwas lang." (If you answer, he would hit you. Even my children are involved. I just keep silent. If I speak loud, our neighbor would know.)

"Di ko nirereklamo sa barangay kasi problemang mag-asawa eh. Problemang mag-asawa kahit pa masaktan ako, kahit magkabasag basag ang mukha ko--- problema nating dalawa 'yan. Tayo aayos." (I don't report to the barangay because it is a problem between couples. I may be hurt up to the point of damaging my face but since it is our problem, we will be the ones to solve this.)

Core Category 2. Gender Differences. IPV is seen as a result of gender role differences which are largely influenced by culture and socio-economic status of women. Being an abused Caviteña is a reflection of both the indigenous and modern Filipino.

Core Category 3. Processes of IPV. IPV affects the woman's sense of self. It diminishes the victim's self-worth making her think that she is not valued by her partner. Her dignity (*dangal*) is given paramount importance in Filipino culture. This loss of dignity causes extreme shame (*hiya*) as the woman deliberately hides her situation from others.

"Nakakahiya po, ayoko po malaman ng ibang tao na ganun s'ya." (It's shameful. I don't want others know that he's like that.)

"Kung wala lang akong anak na binibigyan ng kahihiyan o ano kung may mag-iinterview sa' kin, spread ko talaga sa buong mundo na talagang masakit ang nangyari sa buhay ko, pero komo nahiya din naman ako sa mga anak ko dahil lahat sila mababait at saka ang tatay nila minahal nila." (If only I don't have children who might also feel ashamed, I would really tell the whole world that it's really painful what has happened to me. I really feel ashamed for my children because they are kind; besides, they also love their father.)

"Pinahiya n'ya ko sa pamilya ko." (He shamed me in front of my family.)

"Gusto ko mag-isip, pumunta sa magulang ko, pero ako naman ho nahihiya sa sasabihin ng tao." (I want to think, go to my parents, but I am ashamed of what people will say.)

She is brave and resilient; yet, her bravery and resilience are softened in favor of her family. She should have left and committed suicide but all these simply remain in her mind for she values her children's future more than anything else.

"Simula po nung nasaktan n'ya ako ng matindi, inano ko sa kanya na wala na kumbaga nagtitiis na lang ako gawa ng sa anak namin, ayoko na maging kagaya sa 'kin na broken family, ayoko... gusto ko buo kami kahit na nasasaktan niya ako basta kasama ko mga anak ko, okay lang sa 'kin." (When he started hurting me, I just sacrificed because of our children. I don't want my children to become like me with a broken family. I like that we are a complete family although he hurts me. I am willing to suffer for as long as my children are with me.)

"Kung gugustuhin ko ho sa nanay ko sa magulang ko kaya kong pumunta, iniisip ko lang kasi ang anak ko na nag-aaral pa. Nag-aaral pa anak ko...mapapatigil, gusto ko lahat ng anak ko kuhanin ko." (If I would like, I can go to my parents. But I think of my children. They are still studying.

They might stop schooling. I want to make sure that I get all my children.)

"Laging mga hadlang sa akin mga anak ko ho. Isang beses n'ya hong natiyempuhan na itatakas ko na ho iyan eh, narinig ko anak ko nagsabing, "Mama, iiwan natin si Papa?" (I could not leave because of my children. One time he found out that we were leaving because he heard my child saying "Mama are we leaving Papa?")

"Kung gugustuhin ko naman nung nakaraang sang taon eh nakulong na ho iyan. Kasi nakikita ko kasi pag broken family, naisip ko mga bata eh.. wala ng hong ano...wala ng pupuntahan mapapariwa lang." (If I would like, it should have been last year that he was already put into prison. But I think of my children who are still young. If they have a broken family, their life would not have direction.)

"Saka ho 'yun iniisip ko mga bata...masisira ho ang pag-aaral, 'yung panganay ko. Pag ginawa ko na ho iyon." (I think of my children. Their studies will be affected, especially my eldest if I do that.)

"Iniisip ko maghihiwalay tayo paano ko mabubuhay ang dalawang bata?" (I think that if we separate, how could I support the two children?)

"Ayoko naman makipaghiwalay, eh ang mga anak ko mgabata pa kasi." (I don't want to separate, my children are still young.)

She acknowledges that it is her responsibility to maintain harmony in the family; thus, she endures the cruelty of her husband

"Sabi nga sa isang pamilya, babae ang nagdadala." (It's the woman who propels the family.)

"Nag-asawa ka eh di magtiis ka." (Because you married, you sacrifice.)

"Ako ang gumagawa ng paraan para ho maging maayos ang pagsasama namin." (I do means to change our lives for the better.)

However, violence also reaches an end. The woman's endurance also reaches an exhaustion point where she has to protect herself by fighting back through assertive behaviors and legal means. One woman from Cavite City has learned to confront the situation (emotional abuse due to infidelity) with enough courage and contention.

"Noong una hindi ako nalaban kasi tahimik lang talaga ako pero dumating sa punto na halos mablack-eyean na ako, ay dun ko talaga naano na lumaban na ako." (Before I never fought back because I am naturally silent. But it reached a point that I almost got black eye and knew that I ought to fight back.)

One woman from Kawit, Cavite sought help from the barangay justice system.

"Hihingi ako ng tulong, kung pwedeng bigyan ko s'ya ng leksyon bibigyan ko s'ya. Minsan, pero nagpablotter na po ako minsan kasi pangalawa na po 'yun kase baka mamaya ulitin n'ya sa akin." (I will ask help. If possible, I want to give him a lesson. One time, I had him blotted. It was the second time and he might do it again.)

Still another abused victim from Indang, Cavite asked help from the police and had her husband incarcerated.

"Ang aking pong naging problema kaya po ako naririto (PNP) upang mahinga ko ang sama ng loob sa aking asawa, ako po ay lagi niyang sinasaktan." (I am here at PNP to express my ill feelings to my husband. He always hurts me.)

Core Category 4. Consequences of IPV. IPV is a pressing health issue leading to multiple physical and psychological consequences both for the woman and her children. It can be an important turning point for the woman to understand the experiences and the processes she has tracked to learn to deal with the abuse, to recognize the need to ask for professional help and to undergo healing. The following citations support the varied physical and psychological ramifications resulting from IPV:

"Naranasan ko ho na mabinat....mahirap. Mahina na ako sa lamig ho. Dati naliligo ako ng buhay na tubig. Ngayon eh kailangan ko pa magpakulo ng tubig na maiinit. May mga time na ako'y pagod na pagod, ang ulo ko ay parang hinahangin." (I experienced relapse. It's hard. I could not take cold water anymore. Before, I could take bath using fresh water. Now I have to heat the water. There were times I felt so tired, my head seems to be floating with air.)

"Para akong nagkaroon ng kuwan sa puso." (I happened to have what...it seemed I had a heart problem.)

"Alam ko namang marami siyang babae. Nagkasakit ako ng tulo. Nagkasakit ako ng kuto." (I know that there are many women. I got gonorrhea. I got sick of pubic lice.)

"Nagpalaglag ako ng 2 beses." (I had abortion twice.)

The following excerpts from in-depth interviews validate the Caviteña participants' contemplation for suicide:

"Umabot sa punto na gusto ko ng magpakamatay." (It even came to the point that I wanted to die.)

"Ang gusto ko isaksak lang ng gunting ang sarili ko pero kinontrol ko na rin.. hindi ko isinaksak, naggupit ako ng buhok." (I wanted to stab myself by scissors but I controlled it. I just cut my hair instead.)

"Dalawang beses ho akong nag-isip magpakamatay. May hawak ho akong tali itatali ko ho sa aming ... pangalawa, yung kutsilyo ho inano ko sa aking leeg." (I attempted to kill myself twice. I had a rope that I tied in our....Second, I placed the knife in my neck.)

"Sa dami na paulit-ulit na pananakit, eh kung ako ay mamamatay eh wala ka ng sasaktan." (Because of repeated hurting, if I will kill myself you would have no one to hurt.)

"Baka kako pag nasaktan ko sarili ko maiiba siya." (I think that if I hurt myself, he would change.)

Core Category 5. Interventions. Addressing IPV is multifaceted. The woman, as an independent decision-maker from her inner determination, can make use of her own interventions. However, she cannot do it alone, independent from her family and her community (neighborhood, church, legal system).

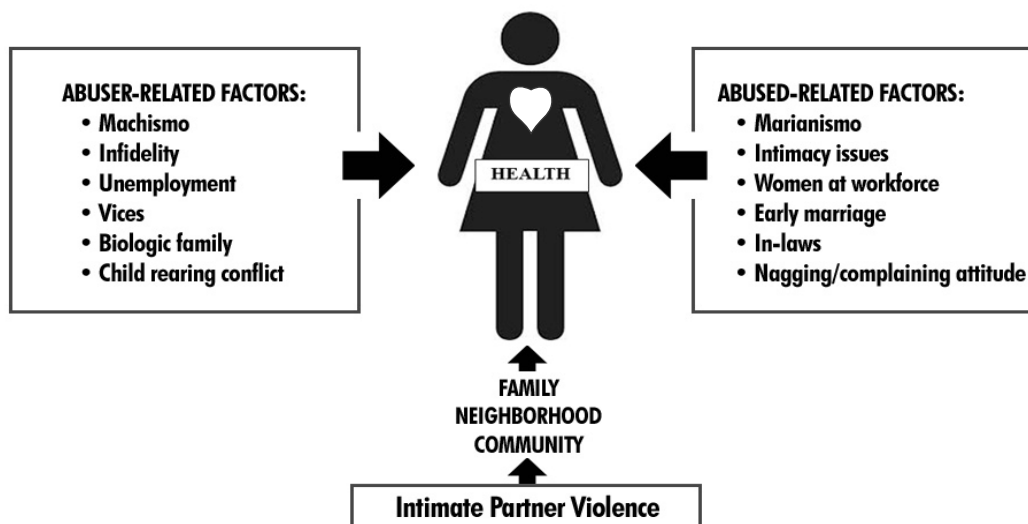
"I need companion lang with my friends. Kailangan ko lang i-enjoy, i-relax ang sarili ko, ang isip ko. Kasi mahirap eh pag ang depression ang pumasok sa kin maloloka ako." (I need companionship from my friends. I need them to enjoy and to relax myself. It's difficult if depression comes in. I might go insane.)

"Sa haba haba ng panahon ng aking pagtitiis sa kanya naghihintay pa ako ng pagbabago n'ya...hindi naman s'ya nagbabago lalo pang nairal habang natanda. Kaya napalagit ako dito (PNP) ay hindi ko na ho kaya." (Through long years of sacrifice, I wait for him to change but he does not. The more he becomes evil as he grows older. That's why I am here at PNP. I could no longer take it.)

The theoretical schema of IPV in Figure 1 shows the different dimensions of IPV as represented by the 5 core categories generated by the study. These 5 core categories are summarized in the foregoing pages. The schema signifies that those abuser-related and abused-related factors of intimate partner violence affect the different dimensions of the woman's personhood. The depth of penetration most significantly targets the emotional core. As a person who repeatedly suffers the pain and trauma of IPV along with other devastating reactions, it is undeniable that her roles as a wife, a mother, a daughter, and a friend altogether become affected. These impede the health and well-being of the woman making her vulnerable to a myriad of health problems. The woman's social connection with her family, her neighborhood, and her community at large is very crucial. The culture of silence has permeated the victim and the society that has prevented others, including her own self, to intervene.

How can the pain that emanates from the inner core of a person be dealt with? How can that culture of silence be stopped? The answer lies in the inner determination of the abused woman to emerge as a survivor, to undergo healing and to restore relationships with or without abuse. There is nothing wrong with culture especially fortitude, permanence of marriage, family unity, dignity, shame, among others but it is truly wrong if the husband uses violence to maintain position within marriage and if the family and that the community concerned seem to be powerless to take part in the intervention process.

Figure 1. Over-all Theory Generated



Therefore, the over-all theory constructed in this study is that *Intimate Partner Violence from the perspective of Caviteñas is an inner experience that affects many dimensions of a woman as a person. The pain is beyond physical but that which deeply penetrates the inner core. The deep-seated emotional pain debilitates the woman up to the point of surrendering herself and contemplating for suicide. But her strong sense of family's well-being particularly that of her children empowers her by making her bring out the fortitude that is inherent of her as a Caviteña. This empowerment may eventually bring the woman to a trajectory of healing process with the support of her family, her neighborhood, and the rest of her community's members.*

Discussion of Findings

The Caviteña participants in this study saw that among the different forms of intimate partner violence, emotional violence is the most prevalent and most damaging to the core of being. As explained by Martin (1987), emotional abuse is more damaging because it tends to be self-fulfilling and self-perpetuating in making the woman believe and consequently behave that emotional violence is normal.

Caviteña participants perceived that couples have different approaches on child rearing which commonly cause marital discord leading to violence. Conflicts over child-rearing occur relative to the enormity of the housework load and child rearing task of the women which is 2-3x that of men (Kolander et al., 2011). Many describe an abusive partner as controlling, domineering, charming, and with a different view of abuse in relationships. The controlling and domineering characteristic of the perpetrator (as shared by the participants in this study) is consistent with the patriarchal ideology--- that is about the domination of male and the subordination of the female in the society that exists in many cultures (Denmark and Paludi, 2008). The motivation of male

perpetrators for IPV is to use this as a tool to exert control over women (Johnson and Ferraro as cited in Weiten et al., 2009), thereby generating gender inequality and unequal balance of power (Watts and Zimmerman as cited in Davidson et al., 2011). The charming personality of the abuser makes the woman love him more and this, together with her strong cultural view of the permanence of marriage, is her frequent reason for deciding to stay in the abusive relationship. Considering the cultural characteristics of Caviteñas, participants described themselves as hardworking, loyal and loving, and submissive yet brave and principled if the situation calls for it. The following adage, "Ang tapayan kapag napuno ay umaapaw." (A jar when filled shall overflow.) supports that Caviteñas may be tolerant of abuse at a certain point but when their bravery is tested they can also fight and become destructive. Caviteñas as Filipinos express emotions in a step-wise fashion. There has to be accumulation of injustice before an overt action is taken as elucidated by Enriquez (2002). In the process of dealing with intimate partner violence, the Caviteñas demonstrate remarkable courage, resilience, and the ability to transcend their difficult situation. They have the inclination to change their situation if they have reached a point of exhaustion in being abused. Being tired of enduring the long suffering, they learn to consider their own safety, as well as, their children's and would consider fighting back.

As consequences of intimate partner violence, the abused Caviteña participants suffered from a multitude of physical and psychological problems including depression, extreme trauma, overwhelming fear and anxiety, suicide, heart ailment, cold intolerance, sexually transmitted disease (specifically gonorrhea) and infestation of body lice particularly pubic lice. According to Girdler et al. as cited in Zapien (2010), psychological difficulties such as anxiety, depression and thoughts of suicide have been associated with intimate partner violence. In addition, the Family Violence Prevention Fund (PVPF) as cited in Zapien (2010) reported that 70% of women who have experienced violence in

intimate relationship have increased likelihood for heart disease. Santos (2002) reported that the wives of abusive men have greater risk of acquiring STD, most commonly HIV. Intimate violence has its contribution also to risk unintended pregnancy (Steinberg et al. as cited in Denmark and Paludi, 2008) and this can be a source of potential conflict between spouses especially if the pregnancy is wanted by the woman but unwanted by the intimate partner. This may be the explanation why one of the participants in the study resorted to intentional abortion. This is further supported by WHO (2006) stating that abused women are inclined to have more pregnancies and abortions.

Finally, IPV affects not just the woman and the perpetrator but the children, the rest of the family, and the community as well. The roles of the biologic family and the in-laws are greatly indispensable. The barangay officials, the police, the counselors, etc. have important part in the survival strategies of abused women. In preventing IPV from happening, the following themes emerged as imperative measures: open communication; fortitude; appropriate mate selection process before marrying; marrying at the right time; spiritual strength; privacy of marital conflict; analyzing the situation well before deciding to do an action; early identification and intervention of abuse; flexible (not rigid) view on marriage; maintaining respect in the family; forgiveness; reciprocal relationship; and submission to husband. All these can be handled by counseling (both for women alone and couples) and psychoeducation programs focusing on mate selection and preparations for marriage and family life. Although, the preceding concepts of preventing intimate partner violence were derived from the perspective of the participants, it can be assumed that these were the actual strategies that they pursued and are capable of doing in the future. The views on open communication, analyzing the situation, and reciprocal relationship can be important elements of conflict management and negotiation skills in marital distress. Levenson and Gottman as cited in Kolander et al. (2011) found that couples who are able to negotiate and compromise and who have the same fighting style have more successful resolution of conflicts, whereas couples who leave the argument unresolved may erode the covenant that binds them together.

Caviteña participants are hopeful that their abusive situation will change. It was noted that participants are open to forgiveness and healing while also maintaining legal consciousness and intervention. According to Gordon et al. as cited in Haggblom (2008), a woman's decision about whether to stay or leave may be influenced by feelings of forgiveness. If a woman believes that her partner is genuinely taking steps to modify behavior and learn positive ways of coping, she may be more likely to forgive him and, therefore, more likely to stay or return. Notably, the participants did not seek professional help from any health care facility in the effort to conceal injuries and the problem at large. For Martin (1987), reluctance of the abused women to use medical care is due to fear that the abuse will become public and of the financial implications of medical care which can precipitate further violence. In addition, Wong et al. (2011) justified that if the health consequence of IPV is

associated with depression, the health seeking behaviors of Asian women are found to be lower than other culture because of the stigma attached to depression as a mental illness. This is in contrast with the report that there were approximately 30% abused women who received health care from their injuries (Tdajen and Thoennes as cited in Baker and Sommers, 2008). As stated, other than making the abuse private, the severity of the injury and cost of medical care could then be reasons for the reluctance of the Caviteña participants to seek medical management for their injury.

In the end, it can be assumed that what keeps Caviteña participants from remaining in abusive relationships are their notable strength in themselves and their sense of responsibility in assuming their roles in the family. Amidst dehumanizing experience in the hands of their intimate partners, Caviteña participants are able to maintain their characterization as courageous and resilient individuals. They are capable of positive coping and transcendence above their difficult situation. As they rise above their difficulties, they are able to externalize and discern about what to do to improve their situation. The abusive experience itself makes them better persons as a result of these said experiences. Caviteña participants, moreover, demonstrate humility and openness for healing and forgiveness. As a means of positive coping, Caviteña participants engage themselves in worthwhile activities just to be productive and to augment the family's means of livelihood. In addition, they get strength from their faith in the Almighty. If their tolerance is already strained, they seek refuge from the local authority or file legal charges against the batterer. Paraphrasing what Khalil Gibran once said, *"Out of suffering have emerged the strongest souls, the most massive characters are seared with scars."* In this study, it can be noted that participants who have stayed long in marriage and, at the same time, have coped with IPV for many years have somehow reached such point. Jung as cited in Flannagan and Flannagan (2004) pointed out that no matter how advanced one's age is, there is a drive toward growth and transcendence. These participants may be scarred with profound wounds, but they have the capacity to emerge as survivors and transcend to that region where they encounter their potentialities, capabilities and abilities (Gripaldo, 2005) as Caviteñas and as Filipinos. Whatever their state is, whether they are married, separated or widowed, they are finding more satisfaction as they make changes to take care of themselves and be empowered. As how Yalom as cited in Flannagan and Flannagan (2004) puts it, *"Life is a struggle. Life is filled with sufferings, yet, it must be lived."*

Conclusions

The following postulates emerged after carefully analyzing the findings of the study:

1. Emotional violence is most damaging to the core being of a Caviteña who experiences IPV.
2. The following are the identified cultural characteristics of

Caviteñas that are relevant to IPV: strong belief on lifetime marriage, shame-based perspective, culture of silence, sense of family unity, fortitude, and the capacity to subsume one's needs over the needs of the family.

3. IPV has intergenerational pattern that allows tolerance of abuse at a certain point in a woman's life.
4. IPV occurs with either emotional or financial dependency by the abused Caviteñas on their partners which makes them hold on the relationship out of a need for nurturance, loyalty or indebtedness.
5. Abused Caviteñas feel disrespect over their sense of being whenever they are treated as powerless individuals.
6. Victims of intimate partner violence isolate themselves from deeper social connections causing them to set aside their needs for social relationships.
7. IPV comes out of fear of losing the person the woman considers as special and of losing herself in the relationship she considers sacred and lifelong.
8. Leaving the relationship is usually considered as the last option contingent on the empowerment and readiness of the victim. Many Caviteñas need to experience a crisis point in their situation before they are made to realize that it is not worthy remaining in the relationship anymore. Deciding to stay, leave, or go back to the relationship is predominantly due to the couple's children's welfare.
9. Caviteñas are hopeful that their abusive situation will change. There is openness for forgiveness, healing, and legal interventions.
10. IPV affects not just the woman and the perpetrator but the children, the rest of the family, and the community as well. The roles of biologic family and the in-laws are greatly indispensable.

Implications to Nursing Profession

According to WHO (2006), 90% of the wounds of women admitted to the hospital were due to physical abuse by their husbands. However, the abused women from Cavite are reluctant to ask for medical and psychological care for their injuries due to the fear that the abuse will be made public. Thereby, it is recommended that screening for women abuse be part of the routine history in taking physical assessment by nurses in all health settings especially in the community. In addition, the building of the nurse-client relationship during health assessment must be characterized by trust, non-judgmental, and reinforcing environment and skills using open-ended communication to facilitate disclosure of abuse stories and examination of physical injuries related to abuse which may be concealed by the victims.

As suggested by Jansen (2010), the health-seeking behaviors of the participants may have improved if there are more services, better quality of care, enhanced communication skills of the interviewer, and destigmatization of intimate partner violence in the society. Nurses are in the best position to achieve these by making services more accessible and available through public

health education about abuse and its health consequences. Nurses are also expected to be skillful not just in facilitating disclosure of abuse, but in communicating possible health consequences and legal interventions on women abuse.

Since the victims of intimate partner violence are susceptible to developing physical and emotional pain which is a representation only of other manifested health problems, nurses and other members of the health care team should appreciate and address complaints of pain as not a single condition but a complex picture of sufferings which takes into account many layers of the victim's persona. There is a need for a holistic, integrated, multi-disciplinary approach in pain management of victims of intimate partner violence.

In collaboration with counselors and psychologists, management of symptoms which can potentially lead to PTSD may be emphasized in the nursing context. It is also recommended that in the course of designing programs for abused Caviteñas, the following may be given focus: self-awareness, self-esteem enhancement, empowering women, development of abuse screening tools, preparation for marriage in the form of pre marital counseling, anger management, communication skills development, PTSD management, psychotherapies and other relevant interventions.

Both the Department of Social Welfare and Development, as well as, the Philippine National Police have clear existing programs on Violence against Women and Children (VAWC). As observed and experienced by the researcher, these two are harmoniously in collaboration with each other when it comes to handling cases of abused women in Cavite. However, both have certain limitations in their capacity to manage abuse victims due to inadequate resources and probably restriction in their scope of functions. Nurses can be tapped in addressing these limitations by giving trainings on how to communicate with these women and on how to provide them a safe environment.

The study unveiled that the sense of self including the emotional core and the sense of "I" of Caviteñas has been shattered as a result of violence making them feel lonely, powerless, and suicidal. In this consideration, they must be assisted by nurses towards self-awareness, self-understanding, and eventual self-acceptance through psychotherapeutic interventions such as play therapy, art therapy and other relevant activities.

However, a more important strategy prior to this is that nurses must first undergo the same emotional preparation against possible vicarious traumatization from victim's stories of abuse. The impact of abuse stories to nurses especially after history-taking and communication sessions with patients must not be underestimated but rather be dealt with properly through psychologically-guided processing activities. •

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About the Author

Alely Santos-Reyes, RN, MAN, PhD is a classroom and clinical instructor at De La Salle Health Sciences College of Nursing and the current Program Director of the College of Nursing Graduate Studies. She brings 25 years of collective teaching experience in Medical-Surgical Nursing, Psychiatric-Mental Health Nursing, Geriatric Nursing, Palliative-Hospice Nursing and Community Health Nursing. In addition, she shares her experience on specialized programs in the fields of Community Organizing-Participatory Action Research (CO-PAR), Gerontology, Palliative-Hospice Care and Play Therapy. She had membership with the Philippine Association for Child and Play Therapy (Philplay) and Gerontology Nurses Association of the Philippines (GNAP). Currently, she is a member of the Maternal and Child Nursing Association of the Philippines (MCNAP), Philippine Nurses's Association (PNA) and Asia Pacific Hospice Palliative Care Network (APHN). She has shared her advocacy in counselling varied clients (children, adolescents, women, family, caregivers, etc.) across life span. She has worked with trauma, abuse and violence, parenting, handling emotional needs of children, and adult. She took up BS Nursing, MA in Nursing Major in Medical-Surgical Nursing and PhD in Counseling Psychology with Concentration in Community Counseling from De La Salle University-Dasmariñas in 1991, 2005 and 2012 respectively.