MANAGING SECRECY AND DISCLOSURE OF DOMESTIC VIOLENCE IN AFFLUENT COMMUNITIES: A GROUNDED THEORY ETHNOGRAPHY

BY

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DISSERTATION

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Abstract

Although it is widely acknowledged that domestic violence (DV) cuts across all groups of women, there is scant research on affluent women’s experiences with DV. Using grounded theory and ethnographic approaches, the present study examined how affluent mothers managed secrecy and disclosure of DV in the context of their community. Data consisted of neighborhood observations, in-depth interviews with abused mothers and social service providers, and a focus group interview with high school students, all of which took place in one affluent community in the Midwest. Abusive husbands’ degree of power and status in the community was identified as the central category that shaped how abused mothers managed secrecy and disclosure during and after their marriage. Namely, husbands’ degree of power and status appeared to relate to mothers’ internalization of the culture of affluence, their interactions with informal and formal networks, and how those networks responded to mothers’ disclosures. Informed by community social organization, communication privacy management, and postmodern feminist theories, the resulting grounded theory demonstrates that this process operates within gendered and class-ordered power dynamics, is rife with negotiations to conceal and reveal DV that are nonlinear and simultaneously occurring, and is continuously influenced by informal and formal support networks that act to uphold pervasive cultural norms about community, families, and DV. Results have implications for professional training and education around DV services and advocacy, theory and research on secrecy and disclosure as a process, and efforts to build community capacity and a sense of community as they relate to community responses to DV.
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Chapter One: Introduction

Domestic violence (DV) refers to physical and/or sexual assault of one’s intimate partner (Campbell & Boyd, 2000). Approximately one in four women experience DV in their lifetime (Centers for Disease Control and Prevention [CDC], 2008), and the U.S. Department of Health and Human Services (2010) has named DV as one of the most significant preventable health problems in the United States. Indeed, DV significantly affects women’s mental and physical health outcomes (CDC, 2008; Walker, Logan, Jordan, & Campbell, 2004). Women who experience DV in the context of coercive control, which entails the use of nonviolent control tactics (e.g., restricting access to money, Johnson, 2008), are at an even greater risk for mental health problems, such as depression and posttraumatic stress disorder (Anderson, 2007; Bonomi, Anderson, Rivara, & Thompson, 2007). Children exposed to DV also suffer from more physical, mental, and behavioral health problems compared to their non-exposed counterparts (see Hardesty, Haselschwerdt, & Johnson, 2012). For some women, violence and control continue, and sometimes increase in severity, after they leave the abusive relationship (Brownridge, 2006; DeKeseredy, Rogness, & Schwartz, 2004; Hardesty, 2002). Indeed, separation is a significant risk factor for a woman being killed (Campbell, Webster, Koziol-McLain, Block, Campbell, Curry et al., 2003). Further, risk of victimization after separation may be greater for women with children. As mothers, these women often have ongoing contact with abusive former partners through child custody hearings, visitation exchanges, and other parenting-related responsibilities, leaving them accessible to their former partners (Davies, Ford-Gilboe, & Hammerton, 2009).

In the last several decades, knowledge of the dynamics, risks, and consequences of DV has grown tremendously, including a greater understanding of how DV cuts across all groups of women, regardless of income, education, race or ethnicity, and so on (Johnson, 2008). Nonetheless, there is scant research on DV among affluent women. Instead, women of higher income levels are assumed to have access to the resources necessary to leave an abusive partner and protect themselves and their children from further victimization. Research shows that women with fewer economic resources are at greater risk for DV (Renzetti, 2011). However, studies often rely on agency samples (e.g., from DV shelters) that overrepresent women with fewer resources and fail to consider the pervasive norms of secrecy around DV in affluent communities (Davies et al., 2009; Johnson, 2008; Weitzman, 2000). Thus, although the literature acknowledges that DV occurs in affluent communities (Davies et al., 2009; Weitzman, 2000),
little is known about affluent women’s actual experiences with DV both before and after separation or their access to and use of various resources. It is possible, for example, that affluent women encounter postseparation abuse in the form of child custody and other court-related disputes of a greater magnitude when their former husbands have the wealth and prestige to engage in such pursuits (Davies et al., 2009).

To my knowledge, only one study has explored DV among affluent women (Weitzman, 2000). Weitzman (2000) qualitatively examined the relationship course of 14 affluent women who experienced DV from courtship to the time of their interviews at which time at least eight were separated. Although the women described being extremely secretive about the violence, they did eventually disclose to a confidant (Weitzman, 2000). Further, their efforts to maintain secrecy were consistent with a growing body of literature on norms and expectations related to the culture of affluence. Thus, Weitzman’s study offers important information about how secrecy around DV is emphasized within affluent communities but is limited in its scope. Specifically, how affluent women negotiate secrecy and disclosure during and after their marriage and the role that the culture of affluence plays in this process remains unknown. To address this gap, the present study sought to integrate and build upon the DV and culture of affluence literatures by examining how affluent mothers manage secrecy and disclosure of DV in their communities.
Chapter Two: Literature Review and Theoretical Frameworks

Weitzman (2000) and a few other researchers (e.g., Kaukinen, Meyer, & Akers, 2013) have theorized and identified possible differences between affluent women who experience DV and abused women from other social classes. Although all women who experience DV may hide or conceal their experiences from family members, friends, and neighbors, Weitzman (2000) posited that affluent women go to extensive lengths to keep DV a secret from others, including their children. As a practicing therapist, Weitzman worked with numerous affluent women who sought help for marital problems or mental health issues but who did not disclose abuse until months or even years into therapy. She contrasted this with women she worked with in other social classes who were more open about their experiences with DV (Weitzman, 2000). The affluent women she saw in therapy or interviewed for her book had a wide range of experiences, but “the one fundamental element they [the women] all had in common was the fact that they were living in emotionally and physically abusive marriages – and they all felt internal and external pressures to keep quiet about it” (Weitzman, 2000, p. 12).

Informal and formal help-seeking. Despite extensive efforts to keep DV a secret from others in the community, the affluent women in Weitzman’s (2000) study did eventually seek help from their informal and formal support networks. Researchers have begun to examine how women’s help-seeking behaviors relate to socio-economic status (SES) indicators. For example, Kaukinen, Meyer, and Akers (2013) used SES indicators and measures of status (e.g., education, employment, and income) compatibility and incompatibility between abused women and their husbands to analyze data from the 1999 Canadian General Social Survey of Personal Risk. They found that women with higher or equal levels of education relative to their husbands had an increased likelihood of seeking help from friends, family, mental health professionals, and the police. Being employed also increased the likelihood of seeking help from informal and formal support networks. Conversely, they found that women with higher incomes in general and in comparison to their husbands were less likely to access formal support, such as mental health professionals, DV agency services, and legal services. Thus, higher income, in general or relative to husbands, appeared to serve as a barrier to seeking help.

The implicit, and sometimes explicit, belief among affluent communities, professionals, and academics that affluent women do not experience DV or, if they do, they are financially capable of taking care of themselves may make them reluctant to seek help. Affluent women,
who are “usually well-educated with successful careers of their own,” are assumed to “have enough money and power to extricate themselves from potentially harmful domestic situations,” (Weitzman, 2000, p. 5). The secrecy around DV within affluent communities reinforces such beliefs as do the media’s stereotypical portrayal of DV victims as women of low-income and of racial or ethnic minority status with severe and visible injuries (Weitzman, 2000). These unsupported assumptions about DV and social class impact affluent women’s likelihood of receiving adequate services when they do seek help (Weitzman, 2000). For example, formal services, such as mental health services and DV shelters, assumed to be readily accessible to affluent women may not be welcoming and may even trivialize their experiences with violence. Service providers may believe that affluent women have enough material resources and should not tax the already overburdened system (Weitzman, 2000). However, many of the women in Weitzman’s (2000) study did not have access to any of their family money and could not afford fee-based formal services; yet, they did not qualify for pro bono services due to their wealth on paper. An executive summary of a study conducted by SHALVA (2010), a DV agency in the Chicago area, corroborated Weitzman’s (2000) findings. SHALVA (2010) coined the term “living in functional poverty” to describe the phenomenon of affluent women’s appearance of being “financially stable, but in reality, they did not have access to money or financial assets and therefore could not get free legal or financial assistance.”

This prior work informs our understanding of abused women’s informal and formal help-seeking behaviors as they relate to SES and how affluent communities may promote secrecy and stereotypical beliefs about DV. However, important limitations remain. First, how affluent women negotiate secrecy and disclosure over time and how these processes are shaped by the culture of affluence are not understood. Second, Kaukinen, Meyer, and Akers’ (2013) study demonstrates the problems with analyzing SES indicators in isolation. Thus, research that addresses the complexity of SES or social class in combination with cultural indicators of affluence is needed to understand how women manage their experiences with DV over time in the context of affluent communities and culture.

**Social Class in the United States**

In the United States, there are three main socially desired benefits: economic (specifically income, wealth, and benefits), social (prestige or status), and political (power; Handel, Cahill, & Elkin, 2007). A ranking of *socioeconomic status* combines income, occupational prestige, and
level of education to assess individuals' social class (Thompson & Hickey, 2002). Individuals who “have similar amount of wealth, income, prestige, and power are said to be a social class. They recognize each other as approximate equals, and as somewhat different from those who have either more or less of these social benefits” (Handel, Cahill, & Elkin, 2007, p. 49). The two main categorizations of social class are: the Gilbert-Kahl Model of the Class Structure (2003) and The Thompson and Hickey Model (2002). The present study focuses on individuals in the upper-middle and upper/capitalist classes (referred to as the upper class from this point forward), but for comparative purposes, I provide a brief description of the middle class. Although there are distinctions between the Gilbert-Kahl and Thompson and Hickey models, I integrate statistics and information from both models to illustrate the differences between the middle, upper-middle, and upper/capitalist social classes.

The middle class, which includes part of Thompson and Hickey’s definition of lower-middle class, is comprised of roughly 30% of the population (Gilbert, 2003; Thompson & Hickey, 2002). Individuals in the middle class typically have a Bachelor’s degree or some college education (Thompson & Hickey, 2002) and occupy mostly white collar jobs and careers but have less work autonomy than individuals in the upper-middle and upper-classes (Gilbert, 2003; Thompson & Hickey, 2002). Individuals in the middle class often work as school teachers, middle managers, and nonretail sales personnel, and sometimes craftsmen or foremen in blue-collar occupations (Gilbert, 2003; Thompson & Hickey, 2002). Household income for an individual in the middle class is between $50,000 – 90,000 based on 2006 U. S. Census data (Gilbert, 2003; Thompson & Hickey, 2002). The upper-middle class is comprised of roughly 15% of the population (Gilbert, 2003; Thompson & Hickey, 2002). Nearly all individuals in the upper-middle class have college degrees and many have advanced graduate degrees. Indeed, high educational attainment is considered commonplace in the upper-middle class (Thompson & Hickey, 2002). The typical household income for an upper-middle class family is $120,000 or more a year based on 2006 U. S. Census data (Gilbert, 2003). Individuals in the upper-middle class work in white collar careers, such as physicians, professors, lawyers, corporate executives, and other management positions (Thompson & Hickey, 2002).

The upper-class is comprised of 1 – 5% of the general population (Gilbert, 2003; Thompson & Hickey, 2002). Individuals in the upper-class wield considerable power over the economics and politics of the country and own a disproportionate share of the nation’s resources
Oftentimes, individuals in the upper-class inherit large fortunes or are top executives of major companies (Gilbert, 2003). Thompson and Hickey (2002) distinguish between the top 5% (who have a typical household income exceeding $140,000) and the top 1% (whose household incomes exceed $250,000) based on 2006 U.S. Census data. For ease of reading, I refer to individuals in the upper-middle and upper classes as affluent.

Aside from the SES indicators that contribute to membership in affluent realms of society, it is important to consider the particular culture that influences the socialization and interactions of its members. Handel, Cahill, and Elkin (2007) provided the following definition of *culture*: “Culture is a way of life developed by people in adaptation to the physical and social circumstances in which they find themselves. It tends to be passed on from generation to generation, but it changes as circumstances change” (p. 240). Individuals are socialized into a particular class subculture, which ultimately shapes their socialization and status within society around a common set of cultural norms, beliefs, and values (Handel, Cahill, & Elkin, 2007). Examining individuals and families with respect to their social class, community, and community culture provides a contextualized understanding of their experiences.

The Culture of Affluence

According to Levine (2006) in *The Price of Privilege*, the *culture of affluence* refers to “a culture that embraces materialism, values performance over learning and external motivation over internal motivation, overemphasizes competition, and offers a dearth of opportunities to see adults behave with compassion and integrity” (p. 58). For the purposes of the present study, I refer to the culture of affluence as the set of explicit and implicit beliefs and values in affluent communities that affect the ways in which children are socialized and family and community members interact as well as how society views affluence. In general, there is a lack of research on affluent individuals and families. Luthar (2003), who studies affluent youth, described a shift that occurred in the developmental research. Historically, most research on child development was based on the experiences of white, middle-class individuals and families (Luthar, 2003). Around the middle of the 20th century, researchers began acknowledging the absence of research on lower income families and youth, especially those living in poverty, and thus, began a shift to studying this population. Nevertheless, efforts were not made to examine the experiences of upper-middle class or affluent children and adolescents (Luthar, 2003).
Affluent adults were the subjects of various ethnographic and in-depth studies from 1960–1980 (see Coles, 1977; Domhoff, 1970; Ostrander, 1984; Pittman, 1985), but very few empirical studies on this populations were published from 1980–2000. However, in the past decade, there has been an emergence of studies comparing the experiences of affluent families and adolescents to those in other social classes (see Lareau, 2003; Luthar, 2003) as well as books written from clinical perspectives describing family life in affluent homes (Cashman & Twaite, 2009; Levine, 2006; Rosenfield & Wise, 2001). Research conducted in the past century focused primarily on the upper-class, whereas research and clinical work in the past decade have focused on the upper-middle class.

Two misconceptions explain in part the lack of research on affluent individuals and families (Luthar, 2003). The first misconception is that affluent families and youth are no different than middle class families and youth. The second misconception is that the experiences of affluent individuals are relatively benign given their financial fortunes; therefore, money and time should not be spent studying this population. Common stereotypes of affluent individuals, including being unethical, entitled, arrogant, and narcissistic, may also contribute to society’s general apathy toward their experiences, which may in turn play a role in the lack of research on this population (Cashman & Twaite, 2009; Luthar, 2003; Weitzman, 2000). Although there are obvious benefits to membership in affluent communities (e.g., stellar education, career opportunities, other financial benefits), there are values and beliefs associated with the culture of affluence that negatively impact individuals, such as materialism, competition and perfectionism, privacy and isolation, and maintenance of status.

**Materialism.** Materialism is a value system that emphasizes wealth, status, and material satisfaction, which has been associated with a lack of happiness and life satisfaction (Levine, 2006). According to Levine, materialism is a measure of how much a culture values material things over individuals and life experiences. In cultures that embrace materialism, there is an assumption that affluence or wealth brings happiness (Luthar, 2003). However, a study of over 800 adolescents found that the most affluent youth in the sample were the least happy, and the least affluent youth reported being the happiest (Csikszentmihalyi & Schneider, 2001). Although affluent parents are more likely than non-affluent parents to use extrinsic motivations such as money, clothes, or a car as substitute for hard work (Levine, 2006), they are less likely to discuss money or the family’s financial situation than are working class families in which
children were aware of what their family could and could not afford (Lareau, 2003). By not discussing the cost of material items, expensive vacations, or spending limits, parents gave children an implicit message of entitlement (Lareau, 2003). Indeed, materialism disproportionately emphasizes individualism, acquisition of wealth and things, and competition as opposed to prosocial values, such as the importance of the group or community, helping those in need, and collaborating to meet individual and group goals (Levine, 2006). The link between materialism and competition is particularly strong (Levine, 2006).

**Competition and perfectionism.** Competition and perfectionism are commonplace in affluent communities (Lareau, 2003; Levine, 2006). Competition-driven extrinsic markers of success, such as high grades, trophies, and promotions, are highly valued. Adults who expect excessively high levels of achievement, both from themselves and from their children, cultivate an expectation of perfectionism (Levine, 2006). The upper-class mothers in Ostrander’s (1984) study explicitly stated that they wanted their children to be the best that they could be, do something that makes them happy, and contribute in some way to society. However, when pushed further, mothers reported that being the best and attaining happiness should be achieved through traditional routes, such as choosing careers in business, law, or medicine (Ostrander, 1984).

The high value placed on competition and perfection puts a tremendous amount of pressure on adults in affluent communities. The belief that everything always had to appear to run easily, yet perfectly was a stressor among mothers (Ostrander, 1984). As a psychologist, Levine (2006) often encountered youth and women who were concerned that they were not good enough because they were unsuccessfully trying to maintain a level of perfection within themselves, their homes, and their children. The perception of not being good enough was based on not achieving the “absolute best” in all facets of life as opposed to achieving a “personal best” (Levine, 2006). Concerns over not being good enough often mask imperfection or more serious family issues, but affluent women, especially mothers, put on a façade to avoid failure and appear flawless (Levine, 2006, Weitzman, 2000). Despite their other personal successes, being in an abusive marriage was a sign of ultimate failure for the women in Weitzman’s (2000) study, because they believed that they should have been smart enough to see warning signs (Weitzman, 2000). For many of the women, choosing secrecy and denial was easier than admitting to their
family members and friends that their lives were not as perfect as they seemed (Weitzman, 2000).

**Privacy and isolation.** Affluent individuals, families, and communities value privacy, or the expectation that what goes on within the home stays within the home (Cashman & Twaite, 2009; Handel, Cahill, & Elkin, 2007; Weitzman, 2000). Although formal settings such as country clubs and business events posed barriers to open and frank conversations about family life, affluent women acknowledged unspoken rules about keeping family issues private (Ostrander, 1984). Keeping family problems secret also helped women maintain their appearance of a “perfect couple” or “perfect family” (Ostrander, 1984). Mothers also purposefully hid the DV from extended family members and their children to maintain their family’s image and to protect their children from exposure to the abuse (Weitzman, 2000). Privacy norms can lead to isolation from neighbors, friends, and extended family (Cashman & Twaite, 2009; Luthar, 2003). Research has shown that affluent individuals tend to be more isolated and less socially connected to their community (Levine, 2006; Myers, 2000; Weitzman, 2000) and their extended families than individuals in other social classes (Lareau, 2003). Given the façade of a “perfect” couple or marriage and their husband’s status in the community, women who experience DV may be reluctant to disclose out of concern that they would not be believed (Weitzman, 2000). Indeed, women recalled being shunned from religious congregations, friendship circles, and their husbands’ business or professional connections when they disclosed DV and filed for divorce (Weitzman, 2000). Maintaining a high level of privacy extends beyond informal networks to potential sources of formal support. For example, Sigler (1989) reported that affluent individuals were taught that it is inappropriate to involve the police or other emergency related professionals in family problems.

Other aspects of the culture of affluence that contribute to isolation and a lack of connection to the community include: family moves due to increased job mobility (Cashman & Twaite, 2009); large homes that are situated on land a great distance from neighbors, which presents a physical barrier (Weitzman, 2000) and decreases the odds that neighbors will casually see one another (Luthar & Sexton, 2004); working outside of the community boundaries, which decreases social cohesiveness (Cashman & Twaite, 2009); and, the ability to buy one’s way out of problems to avoid the potential rejection or humiliation of turning to neighbors for support (Levine, 2006; Weitzman, 2000). Affluent women in particular experience isolation at work.
because of the assumption that they choose to work rather than work out of necessity, which may alienate them from their coworkers (Cashman & Twaite, 2009; Dillaway & Paře, 2008). Kwesiga and colleagues (2007) hypothesized that women in high-wage high-status positions may be particularly cautious not to display signs of weakness, fear, or need for assistance that could affect their employment status or promotion. Thus, an abused woman in a high-wage high-status position may be reluctant to ask for help or use available job-related benefits and policies (e.g., Family and Medical Leave) because they fear being stigmatized (Kwesiga et al., 2007). Finally, affluent women may internalize the misconception that DV does not happen to women like them, which may lead them to isolate themselves from other community members (Weitzman, 2000). Indeed, Weitzman noted that affluent women kept the abuse hidden “as a direct result of [their] social class and the environment in which [they] have been raised and currently resided in” (p. 103) with the purpose of maintaining their individual, family, and community status.

**Maintenance of status.** Perpetuating the cultural values of materialism, competition, perfectionism, privacy, and isolation is often rooted in a strong desire to maintain affluent status. For example, efforts to keep family or personal issues private are not only influenced by fear of rejection, disapproval, and dismantling of the perfect family, but also concerns about threatening one’s own status within the community and society (Levine, 2006; Ostrander, 1984). As a participant in Ostrander’s (1984) study put it, “When you’re at the top, you are afraid of slipping” (p. 32). Women in particular sought to maintain their status by centering their lives on their husband’s career and success (Ostrander, 1984). Ostrander (1984) hypothesized that if upper-class women challenged their subservient position in the family and community they would potentially challenge the superiority of their class, and therefore, threaten their maintenance of status. “The gains of gender equality would not be enough to balance the losses of class equality” (Ostrander, 1984, p. 152). Although Ostrander’s (1984) study is dated, Levine (2006) suggested similar dynamics are present today by noting that the affluent women she counseled often described not wanting to “rock the boat” by addressing problems with their spouse. “Rocking the boat” elicited women’s fears of losing or changing their current lifestyle and the perks (e.g., vacations, safe community) that accompanied their lifestyle; therefore, they remained in their marriage to maintain these perks (Levine, 2006). Similarly, Weitzman (2000) observed that the women in her study were not attached to their abusive husband per se but rather they were attached to their lifestyle, which kept them in the relationship for some time.
In brief, the values and beliefs within the culture of affluence provide scripts or guidelines for socializing members and interacting with one another in affluent communities. These social processes, in turn, influence the community social capital, community capacity, and sense of community.

**Community Social Organization**

In recent years, researchers have posited that community context should play a more prominent role in how we think about and study families (Mancini & Bowen, 2013; Mancini, Bowen, & Martin, 2005; Scanzoni, 2001). Community can be conceptualized in two distinct ways: Community with a capital ‘C’ and community with a lower-case ‘c’ (Arum, 2000). Community with a capital ‘C’ focuses on larger, macro-level influences such as federal and state policies that influence family life (Arum, 2000). In contrast, community with a lower-case ‘c,’ which is the definition used in the present study, focuses on the norms, processes, and relationships of the local communities or neighborhoods in which individuals and families are embedded (Furstenberg & Hughes, 1997; Sampson, 2001). This conceptualization of community is also consistent with Mancini, Bowen, and Martin (2005).

Mancini and Bowen (2013) define social organization as “how people in a community interrelate, cooperate, and provide mutual support; it includes social support norms, social controls that regulate behavior and interactions patterns, and networks that operate in a community” (Mancini, Bowen, & Martin, 2005, p. 293). Social organization accounts for a wide range of influences on families, including the interactions with others in the community who shape individual and family experiences as well as the shared norms, beliefs, and values of individuals who may not know each other or interact within the community (Mancini et al., 2005). The present study emphasizes the process of community social organization that is shaped by the interactions between family and community (Mancini et al., 2005). The concept of community social organization provides a framework for understanding how community structures, social organizational processes, and sense of community interact to yield varying individual and family results.

As shown in Figure 1, researchers have identified three key components of social organizational processes that are integral to understanding the dynamic and reciprocal nature of community and family: network structures, social capital, and community capacity (Bowen, Martin, Mancini, & Nelson, 2000; Mancini et al., 2005). These components are based on reviews
of the social organization literature (see Chaskin, Brown, Venkatesh, & Vidal, 2001; Sampson, Morenoff, & Gannon-Rowley, 2002). Recently, Mancini and Bowen (2013) added sense of community as a potential mediator of social organizational processes and individual and family results. The social and physical infrastructures of the community are two key antecedents that provide the context for the interactions between individuals, families, and communities. The present study emphasizes the social organizational processes and sense of community.

**Figure 1.** Modified model of Community Social Organization (Mancini & Bowen, 2013; Mancini, Bowen, & Martin, 2005)
Network structures. Interactions among community members largely exist within networks, such as neighborhood or work networks (Mancini et al., 2005). Informal networks are comprised of individuals who are more or less voluntarily involved with one another, including professional colleagues, friends, and neighbors (Bowen et al., 2000; Mancini et al., 2005). Informal networks are characterized by mutual exchanges and reciprocal responsibilities (Bowen et al., 2000). Formal networks are those with which individuals and families associate out of obligation, including agencies, organizations, and institutions (Mancini & Bowen, 2013; Mancini et al., 2005). For the purpose of the present study, informal networks are comprised of family, friends, and other community members, and formal networks are comprised of social service providers, agencies, organizations, and institutions (Leone, Johnson, & Cohan, 2007); voluntary versus involuntary interactions and obligations will not be considered. Much of community life and interactions occur through informal and formal networks, thus, the networks are interrelated and offer many opportunities for strengthening one another (Mancini et al., 2005; Mancini & Bowen, 2009). Small and Supple’s (2001) concept of network effect levels describes the interaction between and within informal and formal networks. Network effect levels include three levels of interaction (Small & Supple, 2001): first-level effects occur within homogenous networks (e.g., one specific organization); second-level effects occur between similar networks (e.g., two or more unique organizations that focus on similar issues); and third-level effects occur between dissimilar networks (e.g., community agencies and the Parent Teacher Association). The interactions and actions of informal and formal networks help communities develop social capital.

Social capital. Mancini and Bowen (2009) define social capital as the “aggregate of resources that arise from reciprocal social relationships in formal and informal networks” (p. 255). Social capital is created through the interpersonal and professional interactions that occur reciprocally in communities that then lead to a sense of trust (Mancini & Bowen, 2013, Mancini et al., 2005). The physical infrastructure of neighborhoods has been associated with social capital (Mancini, Nelson, Bowen, & Martin, 2006). For example, Leyden (2003) discussed how walkable neighborhoods, or neighborhoods where one can easily walk to and from friends’ homes, stores, and restaurants, have been associated with increased social capital in comparison to suburban neighborhoods that heavily rely on automobiles for transportation. Based on these factors, affluent communities may have less social capital because their homes are typically on
larger plots of land that reduce regular communication between neighbors (Luthar & Sexton, 2004; Weitzman, 2000).

**Community capacity.** Mancini et al. (2005) articulated that *community capacity* is the outcome of the interactions between network systems and social capital; it is the action component of the community social organization framework. This definition of community capacity focuses on the active investment of community members (shared responsibility) and reflects a collective community orientation (collective competence) as opposed to an orientation adopted by only some community members (Mancini & Bowen, 2013; Mancini et al., 2005). Strong community capacity should produce observable community results not just a collective sentiment regarding community capacity (Mancini & Bowen, 2009; Mancini et al., 2005). Community results refer to the “broad-based shared outcomes desired by community members, such as health and well-being, safety, sense of community, and family resilience” (Mancini et al., 2005, p. 575). For descriptive purposes, Mancini and Bowen (2009) dichotomized shared responsibility and collective competence into high and low categories to describe four distinct community capacity types: *synergetic* (high shared responsibility and collective competence); *relational* (high shared responsibility, low collective competence); *able* (low shared responsibility, high collective competence); and, *disengaged* (low in shared responsibility and collective competence). Communities’ abilities to handle adversity and challenges vary and exist along a continuum; not present or absent (Mancini & Bowen, 2009). In general, affluent communities likely have high collective competence because they are comprised of highly educated individuals who live in a community that values civic duties and responsibilities; however, there may be low shared responsibility around issues that families may face, like DV.

**Sense of community.** Finally, sense of community or the degree to which individuals feel a sense of identification with and attachment to their community was initially included as a component of social capital (Bowen et al., 2000). However, Mancini and Bowen (2013) more recently proposed that sense of community is an intermediate result that mediates the interactions between social organizational processes and individual/family results. Sense of community is affected by the degree of community participation, comfort in making connections with others in the community, and increased levels of a sense of responsibility for others in the community (Bowen et al., 2000; Mancini & Bowen, 2013). Sense of community has been empirically measured by individuals’ report of feelings of belonging in the community, feeling close to other
community members, feeling that one’s own circumstances are similar to others in the community, as well as behavioral or action based indicators such as wanting to meet new people or spend time with other community members (Mancini & Bowen, 2013). A review of the community research has highlighted that families with stronger ties to their community and neighbors tend to have a stronger sense of community than families who are more isolated from their community (Mancini & Bowen, 2013). Affluent women who experience DV may be less engaged and more isolated from their community (Weitzman, 2000); therefore, these women and their families may have less sense of community than other families within the same community or in other communities. Having a strong sense of community could lead to more secrecy around DV if individuals worried that disclosing would alienate them from other community members. In contrast, having a strong sense of community could encourage disclosure if individuals believed that they would be supported.

Mancini and Bowen (2013) advocated for more empirical research exploring the aggregated effects of family and community to expand upon their existing framework, which in turn could be tested in future studies. Specifically, Mancini et al. (2005) acknowledge that more qualitative research is needed to explore the ways in which families and communities operate dynamically and how their interaction influences family life. By providing a qualitative, process oriented analysis of the management of secrecy and disclosure in affluent communities, the present study extends our understanding of the linkages between network structures, social capital, and community capacity. Additionally, through the integration of the culture of affluence, the present study contributes to the call for examining cultural influences in communities (Small, 2002). Communication privacy management (CPM) theory provides a theoretical lens specific to the process of managing secrecy and disclosure and postmodern feminist theories highlight the interactions between oppression and privilege that are driven by power relations in affluent communities.

**Communication Privacy Management Theory**

Secrets are inherently social, and the implications of secrets for interpersonal relationships likely vary depending on whether the secrets are kept from or shared with others (Finkenauer, Kubacka, Engels, & Kerkhof, 2009). Research has shown that individuals keep secrets on purpose, which implies that the process of secret keeping is goal oriented (Caughlin & Vangelisti, 2009). Individuals have multiple goals in their decision to conceal or reveal a secret,
and these reasons do not operate in isolation from one another, but rather overlap and are occasionally contradictory (Caughlin & Vangelisti, 2009). Secrets serve multiple purposes, including intimacy, cohesiveness (Goffman, 1959), protection of family structure, and avoidance of disapproval or rejection (Vangelisti, 1994). Despite the various definitions of secrets (Caughlin & Vangelisti, 2009), the present study conceptualizes secrets in accordance with Petronio’s (2002) CPM theory, which defines private information as any information that is restricted from others (Petronio, 2002, 2010). Petronio (2002, 2010) contends that secrets are an especially restrictive type of private information that can be potentially risky to reveal, which is consistent with research on disclosing DV in affluent communities (Weitzman, 2000).

CPM theory was constructed “to address the way people manage private information from a communicative perspective” (Petronio, 2010, p. 176). The purpose of CPM theory is to explain the process through which individuals decide to reveal and conceal information as well as grant or deny access to others (2002). As Petronio’s (2002) definition permits, “privacy” and “secrets” are used interchangeably to reflect information that is concealed from some family members or individuals outside the immediate family. CPM provides a systematic way to understand how privacy, disclosure, and confidentiality operate within family units (Petronio, 2010). This theory challenges many common assumptions about the process of concealing and revealing secrets, including the assumption that revealing and concealing operate independently (Petronio, 2010). CPM posits that the process or decision to conceal or reveal often occur simultaneously and are at the core of decision making when it comes to family privacy (Petronio, 2010). Importantly, CPM provides a framework to analyze the interplay between family privacy boundaries of individuals and the collective family privacy rules that regulate the boundaries (Caughlin, Petronio, & Middleton, 2011; Petronio, 2010). Boundaries are used as a metaphor in CPM to illustrate the ways in which individuals and families manage privacy (Caughlin, Petronio, & Middleton, 2011).

Family privacy boundaries are divided into two spheres, external and internal (Petronio, 2010). External privacy spheres entail the private information considered to be collectively owned by the family that is kept from those outside the family. In theory, the family establishes collective rules that regulate the dissemination and flow of private information to outsiders. Families should negotiate the amount of information that is allowed to be shared with outsiders (e.g., permeability), which outsiders are allowed to know the information, and the amount of
freedom that each family member has to make decisions regarding the information (Petronio, 2010). Internal privacy spheres entail the private information shared within the family but only among certain individuals, not the entire family unit. Although the information is shared among individuals, the secret is kept from others in the family (Petronio, 2010). Linkages are established around who owns access to the information. Common linkages include mothers and fathers, siblings, and a parent-child linkage (Petronio, 2010). CPM relies on four key principles to understand the process of how privacy and secrecy are negotiated within and outside the collective family: 1) ownership and control of information, 2) regulation of privacy rules, 3) co-ownership of other’s private information, and 4) privacy boundary turbulence.

**Ownership and control of information.** Ownership of private information, or the perception that one owns his or her private information, is a core component of privacy in that the flow of this information determines what others know or do not know about the individual (Caughlin & Petronio, 2004). Based on the assumption that people own their private information, they also feel they have control over the information. Ownership of a tangible object (e.g., a car) typically implies that an individual has control over the object, but the connection between ownership and control is murkier when it comes to private information. Specifically, the amount of control one has over the information varies depending on the type of private information. For example, in instances in which there is a high need for control over the privacy boundaries (e.g., secrets), very few others are given access to the information and rigid boundaries for management are constructed (Caughlin, Golish, Olson, Sargent, Cook, & Petronio, 2000). In contrast, other types of private information such as surprise birthday parties may not warrant high levels of control because the owner of the information (e.g., party planner) would likely share the private information with the individuals attending the party; therefore, the boundaries are more permeable.

**Regulation of privacy rules.** Privacy rules serve as the umbrella term for protection and accessibility rules (Caughlin, Petronio, & Middleton, 2011; Petronio, 2010) or the individual or collective decision to reveal or conceal private information. There are two basic modes of privacy rules: protection and accessibility rules. Criteria, such as culture, gender, motivations, context, and perceived risk-benefit ratio shape the protection and accessibility rules (Caughlin, Petronio, & Middleton, 2011, Petronio, 2002). Privacy protection rules regulate concealing and revealing secrets.
**Privacy protection rules and concealing secrets.** Individuals and families create privacy protection rules based on their family culture and the specific motivation behind concealing the secret. Decisions regarding what constitutes private information, who can be owners of the private information, and the flow of information between insiders and outsiders largely depends on the family’s culture (Caughlin, Petronio, & Middleton, 2011). The influence of culture can be subtle and complex. For example, the culture of affluence reinforces the norm of openness around sharing accomplishments, but values privacy around family issues, such as DV (Levine, 2006; Weitzman, 2000). Secrecy of DV as a cultural norm in affluent families may potentially influence family privacy orientation, which in turn validates the broader myth that DV does not occur in affluent communities (Weitzman, 2000).

Research has also shown that the particular secret and circumstance surrounding the secret influence the individual’s decision to keep the secret (Caughlin & Vangelisti, 2009). For example, motives, such as maintenance of family structure (Caughlin, Petronio, & Middleton, 2011) and fear of disapproval or rejection (Vangelisti, 1994), likely play a key role in affluent women’s decisions to keep DV a secret. Indeed, Weitzman (2000) found that women kept DV a secret due to fear that they would not be believed or the violence would be trivialized based on the abuser’s status and public persona and her outward appearance. Women in her research were often fearful of physical violence towards them or the children as well as financial loss and retribution if they disclosed the abuse. Thus, keeping secrets can be thought of as a way in which affluent women protect themselves or their family (Afifi, Olson, & Armstrong, 2005).

Additionally, individuals may not know how to effectively reveal private information to others, so they choose to not disclose (Caughlin, Afifi, Carpenter-Theune, & Miller, 2005), which may have been the case for affluent women who did not define their own experiences as DV given the stereotypical portrayal of DV in society (Weitzman, 2000).

**Privacy accessibility rules and criteria for revealing secrets.** Vangelisti, Caughlin, and Timmerman (2001) identified nine criteria that individuals commonly consider when deciding whether to reveal a family secret to a confidant: 1) relational security, 2) urgency, 3) important reason, 4) acceptance, 5) permission, 6) intimate exchange, 7) exposure, 8) conversational appropriateness, and 9) family membership. Revealing and concealing secrets are likely associated with each other in predictable ways, but they operate individually (Caughlin & Vangelisti, 2009). Caughlin and Vangelisti (2009) provided the following example, “Someone
who conceals a secret out of fear of negative evaluation is not likely to bring up the secret just because it fits into the conversation” (p.287). In contrast, someone who keeps a secret to maintain his or her status might reveal the secret if a threat is imminent (Caughlin & Vangelisti, 2009). This example highlights how individuals often have multiple goals in revealing and concealing secrets, but under certain circumstances one motivation (e.g., urgency, or fear for one’s life) may trump other motivations to conceal the secret (e.g., avoidance of negative reaction).

**Co-ownership or guardianship of private information.** Once one person shares private information with another person, the recipient becomes co-owner of the private information (Caughlin, Petronio, & Middleton, 2011; Petronio, 2010; Petronio & Reierson, 2009), and the secret becomes shared as opposed to individual (Finkenauer, Kubacka, Engels, & Kerkhof, 2009). Collectively held private information has the potential to make privacy management more complicated because there are now multiple stakeholders of the private information who may have different personal privacy orientations (Petronio, 2010). Most family members keep at least one secret from outsiders that is co-owned by the family, and many individuals co-own information with someone outside of the family (e.g., best friend, therapist) while keeping the secret from family members (Caughlin, Petronio, & Middleton, 2011).

**Co-ownership privacy rules.** Co-owners of private information must coordinate linkage, permeability, and ownership rules in order to successfully manage private information. Linkage rules are “parameters for determining additional co-owners” (Petronio, 2010, p. 181), which may depend on whether the additional individuals are considered privy to the information based on type of relationship, level of intimacy, and relevance of the topic to the specific recipient (Petronio, 2010). Permeability rules refer to parameters for how much of the information outsiders are allowed to know (Petronio, 2010). Permeability varies in privacy boundaries in that the established rules largely depend on the family privacy orientation and the secret itself as well as the motivation for keeping the secret (Petronio, 2002, 2010). Finally, ownership rules pertain to how much control individuals have to independently manage the private information, which may be largely determined by the original secret keeper (Petronio, 2010).

**Family privacy and co-ownership dilemmas.** Petronio (2002, 2010) identified four family privacy dilemmas that co-owners of private information might become entangled in: confidant privacy dilemma, accidental privacy dilemma, illicit privacy dilemma, and reluctant
confidants. These predicaments can cause family conflict because there is often not one easily identifiable solution. A confidant privacy dilemma occurs when an individual discloses a secret to another family member but does not give the individual permission to share the secret despite the inherent problem or danger involved in the secret (Petronio, 2002, 2010). An accidental privacy dilemma occurs when one family member accidentally learns private information about another family member and must decide what to do with the information (Petronio, 2002, 2010). An illicit privacy dilemma occurs when a family member intentionally snoops or pries and discovers private information he or she did not intend to find. This discovery places the individual in a bind because disclosing the discovery would implicate the snooping (Petronio, 2002, 2010). Similarly, not all confidants want to be privy to others’ private information. A reluctant confidant is someone who finds themselves in the role of recipient of private information that he or she did not wish to know or did not request. It is likely that affluent women who disclose their experiences with DV may encounter reluctant confidants given the private or secretive nature of affluent communities. Weitzman (2000) posited that family members, friends, and neighbors may prefer the illusion that DV does not occur in their community.

Putative secrets. Research has shown that individuals can learn of others’ secrets or private information in a variety of ways, not just through verbal disclosure by the secret keeper (Caughlin, Scott, Miller, & Hefner, 2009). Caughlin and colleagues (2009) refer to putative secrets as secrets that are known to at least one other individual but the secret keeper is unaware that the secret is known by others. For example, a neighbor may hear or see DV occurring, but the recipient of the violence is unaware that the family secret is known by others. With the emphasis on privacy (Ostrander, 1984; Weitzman, 2000), competition, perfectionism (Levine, 2006; Ostrander, 1984), and maintenance of status (Levine, 2006), putative secrets are likely to occur in affluent communities as well as the sharing of those secrets with accidental confidants. From the perspective of those with putative secrets, secret keepers use a variety of tactics to hide private information, including not bringing up the secret, deliberately diverting attention from the secret, acting as if there is no secret, changing topics to avoid talking about the secret, blatantly lying to hide the secret, and actively avoiding others so as not to disclose the secret (Caughlin et al., 2009). For example, Weitzman (2000) described a situation in which one woman stopped
attending community and school related events because of her discomfort with developing friendships and then lying by omission about her family life.

**Privacy boundary turbulence.** Privacy breakdowns occur for a variety of reasons, including misunderstandings of the privacy rules, purposeful violations of the privacy rules, and failure to establish explicit privacy rules and a shared privacy management orientation (Petronio, 2010). Privacy turbulence is the outcome of privacy breakdowns (Petronio, 2010). For example, privacy turbulence can occur when a confidant receives an unwanted disclosure and then feels obligated to provide support or take action (Petronio, 2010).

Aside from the potential uncertainty within families regarding privacy management, CPM posits that “there are ramifications for the decisions made about revealing or concealing private information” (Caughlin, Petronio, & Middleton, 2011, p. 11). Coordinated privacy concealment in families can indicate positive communication patterns between family members, and often these families feel more bonded; however, rule coordination can also have negative consequences for families. In some instances, some family members feel so connected and loyal to the family unit that they decide not to reveal a secret despite negative repercussions (Caughlin, Petronio, & Middleton, 2011). In other words, collectively defined privacy boundaries around a topic such as DV, may have the potential to become too impermeable, which could put them at risk for not seeking help (Petronio, 2002, 2010).

CPM pushes researchers to better understand the processes individuals and the family go through when managing private information; however, researchers have acknowledged some limitations of the current use of CPM. Caughlin, Petronio, and Middleton (2011) stated that future research should “recognize that disclosure, privacy, confidentiality, and secrecy involve both a person who reveals or conceals and a potential recipient” (p. 19). Another limitation of the current literature is the shortage of detailed analyses exploring how privacy is actually managed and negotiated within families (Caughlin, Petronio, & Middleton, 2011). For example, when families form privacy boundaries around a particular secret, how do the family members learn about the privacy boundaries or privacy rules, and how do the family members socialize others around their family privacy orientation (Caughlin, Petronio, & Middleton, 2011)? The present study sought to contribute to CPM by examining the process of managing secrecy and disclosure of DV from the perspective of secret keepers (e.g., mothers) and confidants (e.g., social service providers). The present study extends what is known about family privacy accessibility rules in
the context of affluent community culture. Although the community culture provides some contextualization of how mothers manage secrecy and disclosure, it is important to examine the culture of affluence and mothers’ management of their experiences in the context of larger intersecting power relations that influence how individuals and families see one another and interact.

**Postmodern Feminist Theories**

The present study is rooted in a postmodern feminist theoretical framework that seeks to analyze and deconstruct how families and communities work together to potentially sustain DV in affluent families through secrecy. Consistent with postmodern feminist theories, the present study highlights the importance of understanding how gendered and class-ordered power relations and White privilege operate, and thus, influence mothers’ experiences in managing secrecy and disclosure of DV (Baber, 2009). Postmodern feminist theorists acknowledge that “the Family” is a societally constructed institution in which oppression and privilege comingle and they consider these complicated systems of power as a central focus in feminist research (Baber, 2009; Osmond & Thorne, 1993). Although many of the characteristics of affluent families are understandably viewed as advantages in our society, the present study examines ways in which privilege, social class, and status are complicated, and at times, potentially negative for affluent mothers who experience violence. Stratification within families mirrors that of society in general; a person may yield power and privilege in some instances while being simultaneously oppressed in other instances (Allen, Lloyd, and Few, 2009; Baber, 2009).

Feminist research also highlights the importance of uncovering women’s experiences that are hidden as well as “critically examin[ing] society through women’s eyes,” (Brooks, 2007, p. 58); this is accomplished by focusing on an understudied topic (e.g., managing secrecy and disclosure of DV in affluent communities) that highlights the complexity of the power imbalances in society (Baber, 2009). The present study places the mother’s experiences at the center of the research process (Osmond & Thorne, 1993) while acknowledging that realities are socially constructed (Baber, 2009). Although three different subsamples participated in the present study, the affluent mothers’ processes of managing secrecy and disclosure of DV, as told by the mothers and the social service providers, are emphasized. This approach positioned the mothers as experts and active agents in their own lives (Gondolf & Fisher, 1988)
Finally, feminist praxis is central to the proposed study in that the obtained data will be used to promote a better understanding of DV in affluent communities as well as to provide tangible recommendations for affluent women who experience DV and the social service providers who assist them. Educational workshops and programs have been provided to the local agencies and organizations that assisted in initial data collection and recruitment. These programs helped bridge the divide between feminist research and theory and women’s real-life experiences, which is a necessary component of successful and thoughtful feminist research (Allen et al., 2009; Baber, 2009).

Taken together, the previous literature and community social organization, communication privacy management, and postmodern feminist theoretical frameworks inform the following three research questions:

1) How do affluent mothers manage secrecy and disclosure of DV in their communities?
2) How does the culture of affluence influence mothers’ management of secrecy and disclosure?
3) How do informal and formal support networks and the interactions between support networks influence mothers’ management of secrecy and disclosure?
Chapter Three: Methods

Grounded theory methods accompanied by ethnographic approaches were used in this study to examine DV in affluent families and communities. Grounded theory methods offer systematic but flexible guidelines for collecting and analyzing qualitative data to construct middle range theories “grounded” in the data (Charmaz, 2006). Grounded theory methods were especially suited for the present study given the research objective was to develop a theoretical model of how affluent individuals and families manage secrecy and disclosure of DV. In contrast, ethnographic approaches use various forms of participant observation to provide rich, descriptive data of a particular context or setting, in this case affluent communities, with minimal interpretations or conceptualization of the data (Atkinson, Coffey, Delamont, Lofland, & Lofland, 2001; Taylor & Bogdan, 1998).

Although grounded theory and ethnographic methods have different emphases, the two approaches to qualitative data collection and analyses can complement each other (Charmaz & Mitchell, 2001). The use of grounded theory methods in ethnographic research can push the data analytically and theoretically, while ethnographic approaches to grounded theory research can push researchers to “go deeper into their studied phenomena to understand experience as their subjects live it, not simply talk about it” (Charmaz, & Mitchel, 2001, p. 160). In this study, ethnographic approaches allowed for a richer descriptive and contextual analysis of the phenomena than would have been possible with grounded theory methods alone; whereas, grounded theory methods moved the data beyond description of the context to a theoretical understanding of social process (e.g., how affluent families manage DV). Researchers using a combination of grounded theory and ethnographic methods take a vested interest in identifying the underlying occurrences in a particular context by examining various participants’ different perceptions and experiences (Charmaz, 2006; Charmaz & Mitchell, 2001). This interest is reflected in the present study with the sampling of three distinct subgroups of individuals in the affluent community. Finally, the flexible yet systematic strategies for collecting and analyzing data that are trademarks of constructivist grounded theory methods (Charmaz, 2006) and the thorough attention to place and context that are trademarks of ethnography render this combined approach well suited for exploring a topic with little theoretical or empirical knowledge.
Data Collection

University of Illinois Institutional Review Board (IRB) approval was obtained in June 2011 to ensure protection of participants, and a National Institutes of Health (NIH) Certificate of Confidentiality was obtained in August 2011 to ensure protection of the data from court ordered subpoenas (see Appendix A). The recruitment site and all participants were assigned a pseudonym to protect the confidentiality of the community, families, and individuals. As depicted in Figure 2 and described in the following sections, the grounded theory and ethnographic process used in this study was dynamic and iterative.

Recruitment site. This study was situated in High Oak Township, which is located in the Midwest United States, with a population of approximately 181,000 (U.S. Census, 2007 – 2011). High Oak Township was selected based on its reputation of affluence and wealth. The median household income in High Oak was $152,848 ($103,000 – $247,000) as compared to the United States median household income of $52,762 (U.S. Census, 2007 – 2011). The median value of owner-occupied housing units was $733,400 in comparison to the United States median value of $186,200 (U.S. Census, 2007 – 2011). Ninety percent of the High Oak residents were White and 76% of the residents over the age of 25 have a Bachelor’s degree in comparison to 28% of the United States population (U.S. Census, 2007 – 2011).

Participant recruitment. Participants in this study either resided or worked in High Oak Township (N = 32) and they comprised three unique subsamples: social service providers that worked with mothers or families that experienced DV (n = 17), mothers who experienced DV (n = 10), and high school students from a local community outreach center (n = 5). Initially, affluent young adults who grew up in homes with DV were identified as a fourth subsample. Because of time constraints and difficulty identifying and recruiting young adults who fit the criteria, this subsample was dropped. Inclusion criteria and recruitment strategies are described for each subsample.

Mothers. The sample was limited to mothers who experienced DV. Inclusion criteria for mothers were based on four main categories: a) social class indicators (adopted from Weitzman, 2000), b) the relationship between the mother’s children and her (former) husband, and c) physical violence by the (former) husband. A fourth criterion that mothers be separated or living apart from their (former) husband for less than 10 years was added after recruitment began.
Figure 2. The Grounded Theory and Ethnographic Processes Utilized in This Study (adapted from Charmaz, 2006; Khaw, 2010)
Weitzman’s (2000) criteria for affluence informed the social class indicators. Mothers needed to meet at least three of the following criteria: 1) have or had a combined marital income of at least $100,000 during the course of the marriage, 2) both (former) spouses have a minimum of a bachelor’s degree, 3) have a self-perception of being upper-middle class or upper-class, and 4) reside in a neighborhood ranked in the top 25% of its statewide area according to U.S. Census Bureau (see Weitzman, 2000) or in a neighborhood highly ranked according to commonly held reputation. The fourth criterion was modified to indicate that all mothers must have resided in High Oak Township during their marriage.

For the remaining main categories, the (former) husband had to be the biological, adopted, or primary residential father of at least one of the mother’s children, and the mother had to report ever being pushed or shoved with force, slapped, punched, kicked, beat up, or punched with something that could hurt on more than one occasion by her (former) husband. Fourteen mothers were screened for eligibility and ten met all inclusion criteria. One mother did not have children with her abusive former husband, one mother did not live within High Oak Township, one mother had been separated for more than 10 years, and one mother experienced coercive controlling behaviors but no acts of physical violence.

Recruitment strategies. The subsample of affluent mothers was recruited using three recruitment methods: flyering, snowballing technique, and advertising in online and print newspapers. Initial recruitment efforts were made by placing study fliers at local gathering spots (e.g., coffee shops, grocery stores), community and neighborhood centers, houses of worship, and medical and mental health facilities. However, this method did not yield any responses from potential participants. Mothers were also recruited through the “snowballing” technique. Snowballing is a process in which rapport and trust are established with a few key informants who then help to introduce the researcher to other individuals (Taylor & Bogdan, 1998). Rapport was established with two key informants from a religious organization that focused on violence and abuse in the family and community and with the president of a respected women’s organization in the community. The three key informants did not participate in the study but rather they vouched for the importance of the study as well as established my trustworthiness with other community organizations and potential participants; two mothers participated in the study after referrals from key informants. Further snowballing occurred when the mothers who participated in the study volunteered to spread word about the study to other women in similar
situations; however, this form of recruitment did not yield any participants. This method may have unsuccessful in part due to interference by women’s attorneys. For example, one mother participant shared that her friend was unable to participate because she was still going through the divorce process and her attorney advised against her participation. Finally, the president of the prominent women’s organization provided me with the contact information for High Oak Township online and print newspaper editors. Seven recruitment advertisements were posted in these media. Eight mothers participated after seeing these advertisements. See Appendix B for recruitment advertisements.

Sample description. Mothers in the present study \((n = 10)\) were 37 to 58 years old \((M = 52.7 \text{ years})\). All self-identified as White and identified their religious affiliation as Catholic \((n = 5)\) or Jewish \((n = 3)\); two mothers did not disclose their religious affiliation. Five mothers had a post-Bachelor’s degree, four had a Bachelor’s degree, and one mother had returned to college to complete her degree. As reported by the mothers, six fathers had a post-Bachelor’s degree, one had a Bachelor’s degree, and three had not completed college. The majority of mothers worked in white collar professions \((n = 7)\), whereas three were stay-at-home moms during marriage. The fathers also primarily worked in white collar professions \((n = 7)\); three held blue collar positions. Mothers reported a range of $80,000 - $300,000+ \((M = $191,875)\) as their joint average annual income during the course of the marriage. However, two mothers declined to give exact numbers but implied that their joint average annual income was within the top 1% of the country. The mothers were married for seven to twenty-seven years \((M = 16.8 \text{ years})\) and had been divorced for two to twelve years \((M = 6.5 \text{ years})\), with the exception of one mother who was still married. Between one and six children \((M = 3 \text{ children})\) were born to each mother in the study, and the children were between the ages of 9 and 33 \((M = 19.4 \text{ years})\) at the time mothers were interviewed.

Social service providers. The only inclusion criterion for social service providers was that they currently or had previously worked in High Oak Township with affluent mothers, children, or families that experienced or were exposed to DV.

Recruitment strategies. Social service providers were recruited by using the snowballing technique with key informants \((n = 1)\), word of mouth with other social service providers \((n = 2)\) and online and print newspaper advertisements \((n = 1)\). I also informed providers of the study through email or mailed letters when email addresses were not found through Google searches.
using keywords, such as “family lawyer,” and “family therapist,” or in mental health professional databases using keywords, such as “domestic violence” or “marital conflict.” Contact was attempted with 212 providers, 13 of which participated. Ten providers responded but were ineligible; however, they volunteered to pass along the study information to their colleagues. Recruitment efforts targeted a broad range of providers, and it is unknown how many of those who did not respond were actually eligible to participate.

**Sample description.** Social service providers in the present study (14 women, 3 men) were 26 to 70 years old \((M = 49 \text{ years})\). They self-identified as Caucasian \((n = 13)\), Latina \((n = 1)\), Asian \((n = 1)\), African American \((n = 1)\), and Biracial \((n = 1)\). Providers had post-Bachelor’s degrees, with the exception of one provider who had a Bachelor’s degree. Their primary professions included private practitioners \((n = 8)\), police social workers \((n = 3)\), DV organization employees/directors \((n = 3)\), and court advocates \((n = 3)\). They had worked with affluent mothers, children, or families in High Oak Township from 6 months to 35 years \((M = 9.7 \text{ years})\) and had also worked with individuals from other socio-economic statuses outside of High Oak.

**High school students.** To be eligible to participate, high school students needed to have volunteered at the youth and family service center in High Oak Township. The high school students’ contribution to the study was different from the other subsamples. They provided data on the context of High Oak Township from a youth perspective; they were not asked about their own or others’ experiences with DV.

**Recruitment strategy.** Recruitment of this subsample occurred through referral from the clinical and youth directors at the center, who invited me to attend a high school volunteer meeting to discuss the research opportunity, gauge interest, and hand out parental consent and assent forms.

**Sample description.** This subsample was comprised of 5 high school students (3 males, 2 females) between the ages of 14 and 17 \((M = 16.2 \text{ years})\). Two were juniors, 2 were seniors, and 1 was a freshman in high school. Four self-identified as White and 1 student self-identified as a Persian American. In addition to volunteering, all 5 students were actively involved in extracurricular activities, including athletics and student government.
Procedures

Three unique, yet complimentary qualitative data collection methods were used: neighborhood observations, individual interviews, and a focus group interview. These three methods are consistent with both grounded theory and ethnographic methods.

**Neighborhood observations.** Conducting neighborhood observations was the first step in data collection and helped shape the individual and focus group interview protocols. The purpose of the neighborhood observations was to provide direct observational data of the physical and social conditions of High Oak Township (Taylor & Bogdan, 1998). These observations were incorporated into the presentation of findings to provide a rich context for how affluent individuals and families manage their experiences with DV. Consistent with Taylor and Bogdan’s (1998) approach to unobtrusive observations, I remained open and flexible throughout the neighborhood observations.

Drive through and walking observations were dictated into a digital audio recorder and were then transcribed verbatim. Consistent with Spencer, McDermott, Burton, and Kochman’s (1997) approach to neighborhood observation, I drove and walked through residential and commercial streets in order to observe the characteristics of the physical setting (e.g., traffic, noise, appearance of public roads and sidewalks), housing stock (e.g., types of houses, variations in size of houses, density, conditions of homes and yards), local institutions (e.g., churches, schools, sports facilities, playgrounds and parks), local businesses (e.g., restaurants, bars, shops), residents (e.g., race and ethnicity, age, social class), and activities on the street (e.g., walking for exercise or to school, neighbors talking). These recorded observations served as detailed field notes. I was also mindful of my biases, feelings, and assumptions throughout the observation process. I labeled observer comments, “O.C.,” in the transcribed field notes. In total, I conducted nine drive through and walking observations that resulted in 36 minutes and 50 seconds of audio recordings.

**Individual interviews.** Semi-structured, in-depth interviews were conducted with the mothers and social service providers. Potential participants contacted me via phone or email after being informed of the study or seeing the study advertisement. Upon contact with potential participants, I provided a description of the study’s purpose and procedures, as outlined in the telephone, email, and mail scripts (see Appendix C). If the potential participant met the inclusion criteria, an interview was scheduled at a convenient time and place. Mothers were asked to
choose a public location that had private rooms (e.g., public library) or a safe location of their choice (e.g., participant’s home, office). For safety purposes, I carried a cell phone with me at all times and notified another individual not involved in the research before and after I conducted each interview. In the event that a participant could not meet in person, a phone interview was scheduled at a time that was convenient for the participant. In these instances, I also encouraged the mother to identify a private and safe location for the phone interview. Twenty-four interviews were conducted in person; three interviews were by phone with one mother and two social service providers. 

At the start of the interview, I gave the participants an informed consent form (see Appendix D). Participants were asked to read the consent form; those who participated over the phone read an electronic copy of the consent form prior to the interview. The informed consent form contained general information about the study, participants’ rights and safety considerations, the potential benefits and risks incurred by participating in the study, and an explanation of the NIH Certificate of Confidentiality. When participants agreed to continue, I asked for their permission to digitally record the interview. Twenty-one of the interviews were audio recorded; hand-written notes were taken in six interviews because the participants were not comfortable being recorded (n = 5) or because of restrictions on bringing recording devices into the meeting location (n = 1). I dictated the hand-written notes into an audio recorder immediately following these interviews. The mother interviews lasted between 1.10 and 3.9 hours (M = 2.51 hours), and the social service provider interviews lasted between 35 minutes and 2.5 hours (M = 1.01 hours). One participant completed only 75% of the interview because continuing was too emotionally difficult for her. Mothers received a $20 gift card to Starbucks, a list of local and national divorce and DV specific resources, and a thank you note; professionals received a thank you note. With the assistance of five undergraduate research assistants, all interviews were transcribed verbatim.

**Interview protocols.** Consistent with grounded theory methods, questions in the interview protocol were broad with probes to allow for elaboration. The interview protocols were semi-structured around four general topic areas: 1) demographics and family relationships, 2) abuse during marriage and post-separation, 3) managing abusive experiences within the family and community, and 4) community specific questions. Given the unique perspectives of each
subsample, interview protocols were tailored accordingly (see Appendix E for interview protocols).

*Mothers.* The mother interviews focused on their personal and family experiences as well as their perspective on their community. Although the general section headings and content of the protocols remained the same throughout the data collection process, questions were added, altered, and moved into different sections after conducting three mother and seven social service provider interviews to reflect emerging information and improved interviewing strategies. IRB approval was obtained for the interview protocol amendments. I address the substantive protocol changes within each of the four topic areas. The attached interview protocol is the updated and finalized version.

The demographic and family relationships questions in the first section remained relatively consistent throughout data collection. This section included basic demographic questions such as: employment type and status of both partners, residence during and after separation, and joint annual income during marriage and changes in income post-separation. Family relationship questions regarding the beginning of their relationship, middle and later stages of their marriage, and the children and other individuals who resided within their home were also included. The only change to the finalized protocol included the decision to not explicitly ask about physical separation and the divorce process in this section. Instead, separation and divorce questions were asked later in the interview when there was more time for elaboration. Also, allowing post-separation information to emerge organically from the mother in the second section of the interview helped improve the flow between sections.

Questions in the second section addressed the mothers’ experiences of physical violence and non-physical abuse tactics that her (former) husband used throughout their relationship and post-separation as well as questions related to children’s exposure and involvement. The majority of questions in this section were the same throughout data collection, but the introduction question was restructured. The initial question, “How would you describe your marriage?” was too broad and often took the interview off track without capturing the type of information that would naturally lead into the subsequent questions. In the finalized protocol, I included two questions, “If you were an outsider (e.g., not a close friend or family member) looking in, how would you describe your marriage/family?” and “How does this compare to how you would describe your marriage/family life?” These reframed questions yielded more
substantive responses that provided insight into how others saw the marital relationship and family in comparison to the mothers’ reality. Additionally, the core questions in this section regarding the types of abuse, description and context of the abuse, and children’s experiences related to abuse flowed more naturally from the two opening questions and were often introduced in the mothers’ initial description of her marital relationship and family life.

The third section examined the mothers’ experiences of disclosing and/or concealing the abuse during marriage and after separation with regard to: immediate and extended family, friends and other community members, and social service providers (e.g., therapists, police, doctors, and attorneys). Questions specific to secrecy were addressed, such as: methods of concealing the abuse, explicit and implicit messages regarding secrecy, positive and negative aspects of secrecy, and the role that residing in High Oak Township played in secrecy. Although the content remained the same, there were substantial changes made between the initial and finalized protocol that resulted in better quality data and improved interview flow. For example, this section was divided into two sub-sections in the initial protocol: managing experiences within their immediate and extended family and managing their experiences within the community (e.g., friends, other community members, and providers). Not only did the questions and responses become repetitive, but also the obtained data was superficial and simplistic. I became concerned that either the questions were not eliciting useful information or decisions to disclose and conceal were not particularly salient to the mothers. After restructuring this section, I realized that it was the former.

The following introductory question was added, “Can you tell me about the first time someone in or outside your family learned of what was happening in your family? [Probe for who it was, how did it make you feel, what was the confidant’s response, and how did the confidant manage the situation.]” This question led to more descriptive stories of disclosure and concealment while providing an opportunity for probing questions, such as: “What was their response when they found out about his behavior? If it was not supportive, why do you believe they were not supportive?” and “What was your relationship with _______ like after they found out? [Probe for any changes, reasons why, relationship with them after divorce.]” Second, the first two mothers interviewed discussed how living in an affluent community played a role in other mothers’ decisions to disclose or conceal DV but did not acknowledge that it played a role in their own personal decisions to disclose or conceal. I explicitly asked about the role of the
community in decisions to disclose or conceal in the social service provider protocol; therefore, I added a similar question to the mother protocol. This question, “What role, if any, do you think residing in an affluent community or neighborhood played in your decision to or not to openly discuss your (former) husband’s abusive behavior?” yielded in-depth narratives about the role of the community.

Finally, the fourth section included minor changes (e.g., wording and shortening of a few complex questions) and the addition of two questions that addressed broader community level expectations: “What are the cultural values, beliefs, and norms that are present in your community?” and “Within your community, how are individuals and families expected to present themselves?”

Social service providers. Interviews with providers followed a similar protocol as the mothers in terms of the four topic areas. However, the questions in sections 2, 3, and 4 were about the High Oak clients with whom the providers worked with in a professional setting. The few changes that were made to the initial providers’ protocol were approved with an IRB amendment. The attached protocol is the updated and finalized version. The first section of the protocol addressed basic demographic questions, including date of birth, race and ethnicity, and highest level of education. More in-depth questions were asked about the participants’ profession regarding how long they have practiced in their profession and with what other populations they have worked. Similar to the mother protocol, this section addressed physical violence and non-physical abuse tactics, but the questions were specific to their clients’ experiences. The introductory question was different from the mother interview protocols in that it asked, “From your experience, can you describe a typical affluent client or family you see that has experienced domestic violence? [Probe for description of the woman, her children, and her (former) husband; what is the context of the violence]” or “What are some commonalities that you have seen in your affluent clients who experienced violence (or were exposed to violence)?”

Similar to the mother protocol, the questions in section three became repetitive; therefore, I merged two separate questions regarding disclosure to family, friends, and other community members into, “From your experience, do affluent women who experience violence confide in any of their family members, extended family, friends, or other community members while they are still in the relationship?” I also added these two questions to the protocol: “What are the cultural values, beliefs, and norms that are present in your community?” and “Within your
community, how are individuals and families expected to present themselves?” The responses to these two questions provided more context and depth to my understanding of the High Oak Township.

**Focus group interview.** One semi-structured, focus group interview was conducted with the subsample of high school students. As indicated in the Participant Recruitment section, the youth and clinical director at a youth and family service center arranged a time and date for me to attend a weekly volunteer meeting to discuss the research opportunity. Students who were interested in participating in the focus group interview were given a copy of the Youth Assent and the Parental Consent forms that needed to be signed by themselves and a parent to participate. The focus group interview was scheduled to take place in the evening immediately following their weekly volunteer meeting.

Before the start of the interview, I collected the signed Youth Assent and Parental Consent forms to assure that they were signed and dated. I verbally described the Youth Assent form and asked if there were any questions. The focus group interview was audio recorded based on signed permission from the parents and youth and the students’ verbal consent prior to beginning the interview. Two audio recorders were used to capture all participants’ responses. The interview lasted 1 hour and 10 minutes. I provided light refreshments during the interview as a thank you for participating in the study and mailed a thank you note to the youth director. The interview was transcribed verbatim.

**Interview protocol.** Before beginning the interview, participants were given a notecard to fill in demographic and background information and were asked to select a pseudonym; I then went over basic focus group interview ground rules. This interview was different from the individual interviews in that I did not ask any questions related to DV. Instead, the interview protocol was tailored to obtain contextual data about the participants’ general experiences residing in High Oak Township. An opening question, “Growing up in High Oak Township is ______ because ______,” was used to begin the interview and direct the students’ thinking towards the focus of the interview.

In the first section, the high school students were asked to describe High Oak Township in terms of aesthetics and community atmosphere, community landmarks or hang out spots, cultural values and norms, expectations regarding appearance and demeanor, and relationships between youth and adults. The second section addressed questions specific to how youth in the
community manage their experiences when faced with a “family issue” and emphasized family and community messages regarding secrecy, the purpose of secrecy, and community response to open discussion of family issues. For example, “What are some unspoken messages or beliefs in your community about how you should deal with family or personal issues?” and “What purpose does it serve to keep these issues hidden or silent from other members of the community?” In the final section, the participants were asked to provide positive and negative aspects of living in High Oak Township as well as their recommendations for youth facing a family issue.

Data Analysis

Constant comparative methods are a key analytic strategy used in grounded theory methods. They require the researcher to go back and forth between the data and emerging categories and analyses (Charmaz, 2006, Glaser & Strauss, 1967); therefore, data collection and analysis in the present occurred simultaneously from the beginning.

A team of researchers worked together to analyze the data. The team included me, my advisor, and two undergraduate research assistants. My advisor and I coded the social service provider interviews; all team members coded the mother interviews; and the undergraduate research assistants and I coded the high school student focus group interview. For mother interviews, each coder constructed a timeline of the mother’s marital relationship and dissolution process as well as a simplified version of a family genogram, which visually depicted the familial relationships and processes (McGoldrick, Gerson, & Shellenberger, 1999). After independently coding each interview, the coding team met to compare and thoroughly discuss codes. A codebook was created and revised as needed after each meeting to include emergent codes or to clarify definitions of existing codes. In the rare event that there was disagreement, team members used individually written data analysis memos that were brought to each meeting and the participants’ direct quotes to determine whether disagreements reflected divergent interpretations or ambiguity in the code itself. Disagreements were discussed until consensus was reached or changes were made to further define and clarify codes. I then recoded previously coded interviews using the updated codebook. Charmaz’s (2006) and Strauss and Corbin’s (1998) phases of coding were used to move the data from a transcript to a theoretical story – incident to incident, focused, axial, and selective coding.

Incident to incident coding. Incident to incident coding was the first stage in data analysis. Incident to incident coding is an initial open coding technique that entails sticking close
to the data to establish provisional action codes that answer the question, “What is happening in the data?” (Charmaz, 2006, p. 47). Initial stages of coding, such as incident to incident coding, helped us to begin seeing salient codes and relationships between them (Charmaz, 2006). Additionally, this stage of coding allowed us to identify gaps in the data, which subsequently lead to interview protocol revisions (Charmaz, 2006).

The first six social service provider interviews were coded using an initial codebook containing a priori codes or sensitizing concepts (Charmaz, 2006) from the DV (e.g., “using physical violence during marriage”) culture of affluence (e.g., “maintaining image”) literature and communication privacy management theory (e.g., “disclosing to family”). Sensitizing concepts are initial codes that are informed by background literature, theoretical frameworks, and personal assumptions; they are “points of departure” (Charmaz, 2006, p. 17). In vivo codes were also added to the codebook at this stage of coding. In vivo codes are widely used words or phrases that participants assume have universal meaning or understanding (Charmaz, 2006). For example, the phrase, “pillars of the community,” was used by many providers to illustrate what their clients appeared like to others in the community despite the DV occurring behind closed doors. The provider codebook was thoroughly discussed and revised as data was analyzed. The mother data was analyzed in a similar way as the providers, including not only sensitizing concepts and in vivo codes but also key concepts and processes that were identified in the provider data.

In the following sections, I use the codes “disclosing to family” and “partially disclosing” as examples to illustrate how initial codes were collapsed into categories then expanded on to ultimately become part of the proposed theoretical model.

**Focused coding.** After we developed strong analytic direction based on the initial coding, we began the second stage of coding – focused coding (Charmaz, 2006). The purpose of focused coding was to begin synthesizing larger segments of the data using the initial codes that were most salient in the data as well as the codes most relevant to the research questions (Charmaz, 2006). During this stage, we began condensing related codes into larger categories while also narrowing the scope of the analysis, which helped us sort through large amounts of data. For example, the initial codes, “disclosing to family” and “partially disclosing” were condensed into the category “disclosing to family” along with other relevant codes, such as “disclosing as a negative experience.”
**Axial coding.** After condensing and selectively elevating specific codes to categories in focused coding, axial coding was conducted as the third stage. Axial coding entails putting the categories back together in a novel way by “making connections between a category and its subcategories (Strauss & Corbin, 1998). We used Strauss and Corbin’s (1988) axial coding paradigm to examine the particular phenomenon (e.g., disclosing to family); causal conditions, or the events or incidents that precede the phenomenon; intervening conditions, or the structural conditions that may impact other conditions or consequences; the context, or the specific properties of the phenomenon; action/interactional strategies, or the ways in which the phenomenon is responded to or managed; and consequences, or the outcome of action/interactional strategies. The causal and intervening conditions and context features of the paradigm were used to answer why, where, how come, and when within each category; the actions/interactions answer process and action oriented questions, such as how; and consequences addresses the outcome of the conditions and actions/interactional strategies (Charmaz, 2006; Strauss & Corbin, 1988). Questions, such as “Under which conditions do mothers disclose DV to family?” and “What role does the culture of affluence play in mothers’ decision to disclose DV to family?” were used to examine the causal and intervening conditions of this category. To identify action/interactional strategies that mothers’ employed, I asked questions, such as, “How do mothers disclose DV to family?” and “How do family members respond to the disclosure?” Axial coding provided the framework to begin comparing relationships between subcategories, such as disclosing to family and calling the police that were eventually subsumed into a larger conceptual category – negotiating secrecy and disclosure.

**Selective coding and theoretical saturation.** Through focused and axial coding, we identified the (former) husbands’ degree of power and status within the community as the central category that shaped mothers’ process of managing secrecy and disclosure of DV in affluent communities, including negotiating secrecy and disclosure. Once the central category was identified as our analysis progressed, the initial interviews were (re)examined using selective coding to verify the emerging theoretical model. The method of constantly comparing the data and the emerging theoretical model eventually led to theoretical saturation of the individual categories (Holton, 2007). In keeping with Charmaz’s (2006) definition of theoretical saturation, axial and selective coding continued until all of the properties and dimensions of the central and supporting categories were flushed out and no new theoretical insights were emerging (Charmaz,
Memo-writing was used to facilitate movement between data collection and the four phases of coding throughout the study.

**Memo-writing.** Memos are theoretical notes about the data that provide ethnographers and grounded theorists a method for expressing emerging codes, patterns, and relationships in the data. Upon completion of each interview, I typed using Microsoft Word or dictated an initial memo into an audio recorder to capture my observations of and reflections on the participant and his/her responses and the interview process in general. I also recorded initial comparisons between the interview and previous interviews across all subsamples. The audio recorded memos were transcribed. Consistent with Charmaz’s (2006) approach to memo-writing, these memos were unstructured and free flowing based on immediate observations and reflections. This early memo-writing process helped me begin making connections between interviews and identified processes, provided me with new questions to ask of the data and future participants, and helped me reflect on my personal biases; these initial memos were not specific to particular codes or categories.

As data collection and analysis moved forward, each research team member used a second type of memo-writing that was more strategically focused on particular patterns and relationships forming in the data. These memos often included tables created in Microsoft Word that helped show comparisons between participants and categories. Ultimately, these memos became a detailed record of the analysis process as we moved from initial coding through theoretical saturation. The final step of the analytic process entailed writing multiple drafts of each memo that were pieced together to become the theoretical story that was situated around the central category (Charmaz, 2006). Writing and rewriting Chapter Four was the end result of the analytic process.

**Reflexivity and Trustworthiness**

Reflexivity and critical self-reflection are key features of both grounded theory ethnography and postmodern feminisms (Allen, 2000; Baber, 2009; Charmaz, 2006; Olesen, 2007). Hesse-Biber (2007) defines reflexivity as the “process through which a researcher recognizes, examines, and understands how his or her own social background and assumptions can intervene in the research process” (p. 29). To stay grounded in the data, I constantly reflected on my perspective and biases that had the potential to shape my interpretation and analyses of the data. Specifically, I paid particular attention to my status as a white, educated...
female from an affluent family of origin. My upbringing in an affluent family and community
gave me a certain *insider* status, but I was also an *outsider* because I have never been in an
abusive relationship nor was I exposed to DV in my family of origin; indeed, my insider/outsider
status changed throughout each interview (Hesse-Biber, 2007). I practiced reflexivity by
including my personal feelings and observations throughout data collection and analysis in the
memo-writing process. Furthermore, I practiced reflexivity through regular coding team
meetings that allowed me to address my biases and perceptions with individuals who have
different backgrounds and experiences. I also remained open to findings that were different from
my initial expectations and team members’ interpretations. Trustworthiness of data and
reflexivity are interconnected.

For the purpose of this study, trustworthiness, or the degree to which the findings are
supported by evidence and can be trusted as accurate reflections of participants’ beliefs and
experiences (Lincoln & Guba, 1985), was achieved in three ways. First, as previously mentioned,
all interview transcripts were independently coded by at least two coding team members, and
codes and categories were compared until consensus was reached. We discussed all stages of
coding, emerging categories, the relationships that formed between the categories, and the
theoretical story that was identified in the data to establish consensus and reduce the potential for
individual bias. Second, we thoroughly documented the data collection and analysis process
through the use of memo-writing. Third, trustworthiness was established by providing direct
quotes from the participants as evidence of the results and conclusions of this study.

**Safety and Ethical Considerations**

Participant safety was paramount for the mothers who participated in this study as
women who experience violence may continue to be at risk even after separating from their
abusive partner (Anderson & Saunders, 2003), especially if they have ongoing contact due to co-
parenting (Hardesty & Ganong, 2006).

I took multiple steps to ensure the safety and confidentiality of all participants, but
particular steps were essential in recruiting and interviewing the mother subsample. First,
mothers contacted me upon seeing advertisements or fliers regarding the study or after being
referred by a key informant or social service provider. This approach reduced the potential risk
of the abusive (former) husband finding out through mailings or calls to her home that she
disclosed her experiences to others, which could have compromised her safety. Second, when
contact was made, I asked questions regarding the mother’s current safety and we scheduled interviews at locations determined to be appropriate and safe for the participant. Third, I provided the participants with a copy of the informed consent that did not require a signature; I discussed the option of not taking the form with them and encouraged them to discard any paper or email trails regarding their interactions with me or the study. Fourth, the “thank you note” I gave each participant did not contain any information that disclosed the topic of the study. Although there were not any perceived safety risks of participating for the providers and high school student subsamples, I nevertheless took precautionary steps to protect their safety by allowing them to identify a safe and appropriate meeting space. The providers only had to provide verbal consent, which limited the paper trail attaching their name to the study.

Furthermore, confidentiality was protected in multiple ways. First, the research site, all individual participants, and the participants’ family members and friends were assigned pseudonyms, which were used in all transcripts and other research documents (e.g., memos). Additionally, all identifying information was (and will be) omitted from products of this study, including the dissertation, research presentations, and publications. Third, electronic data, including audio recordings, are password protected and only three team members have access to the password. Fourth, all collected data, including consent and assent forms for the high school students, transcripts, codebooks, and memos, are stored in a locked filing cabinet in a university office and are only accessible to those working on the project with approved IRB training.
Chapter Four: Results

Although mothers often had power and status in the community, their husbands’ degree of power and status in High Oak Township was identified as the central category that shaped mothers’ process of managing secrecy and disclosure of DV (see Figure 3). In High Oak Township, power and status were based on a combination of the husbands’ occupation, wealth, participation in the community, and personal characteristics. Two distinct patterns were identified in the data based on whether mothers had husbands with high degrees of power and status (referred to as HS husbands) or low degrees of power and status (referred to LS husbands) in the community. It is important to note that all of the couples were affluent based on national standards, but the degrees of power and status varied for the husbands. Before describing the theoretical processes of managing secrecy and disclosure, I provide a detailed picture of the context in which these processes take place – High Oak Township and the culture of affluence – based on the neighborhood observations and interviews.

High Oak Township

High Oak Township is a Midwestern community with a reputation of affluence and wealth. It is divided into High Oak North and High Oak South, but all of the homes fall within the same high school district. There were some differences between North and South, such as housing layout and commercial districts, but in general, the overall appearance of the community landscape was consistent across the community. High Oak Township was a walkable community that valued health, outdoor exercise, and family friendly neighborhoods. The downtown area consisted of a variety of beauty salons, clothing boutiques, locally owned coffee shops and restaurants, and a gourmet grocery store. There were very few restaurants or bars in High Oak, and there were only two chain restaurants. The high school students that were interviewed expressed a desire for more restaurants and local hangout areas that were available in neighboring communities, but they liked that they spent much of their time eating at home with their families and hanging out at friends’ houses.

An emphasis on health, exercise, and safety in High Oak was evident in the biking and walking trails throughout the community and the multiple public green spaces. All residential and commercial streets had pedestrian sidewalks, and the residential sidewalks uniformly led up to the front doors of the homes.
Figure 3. Mothers’ process of managing secrecy and disclosure of DV in affluent communities. (Italicized items refer to characteristics and actions of husbands)
In fact, the entire community could be walked on foot without leaving a sidewalk except when crossing the street. There were crossing guards present at major intersections before and after school. Throughout the day, women and occasionally men, were observed walking or running in groups of friends. The high school students described how their mothers and other High Oak mothers walked or ran with friends on a regular basis for social engagement. Younger children were seen walking with mothers and nannies, and older students were seen walking, biking, or riding manual scooters to school. After school hours, students of all ages were seen walking home or hanging out downtown with athletic or musical equipment. One of the perceived positive aspects of living in High Oak was the consistent feeling of safety and comfort. For example, Vera, a social service provider who worked in downtown High Oak, said that she never locked her car door at work. Similarly, owners felt comfortable leaving their dogs tied up by their leashes in the downtown area while they shopped, as observed on two occasions. Neighborhoods nearby school zones had signs warning cars to slow down for the safety of the children. Max, a high school student, said that High Oak residents had very good traffic etiquette in terms of driving safely, and waving while driving was a sign of the “neighborly” atmosphere.

Homes in High Oak had a considerably higher value compared to state and national home price averages. Although there was some new construction in the community, most of the homes appeared to be older and well maintained. Some of the homes in High Oak were considered historical due to their age, but it appeared that the majority of the homes were built within the past fifty to one hundred years. There were a few subdivisions within High Oak; however, even within the subdivisions, the homes maintained distinctness from the surrounding homes. There were no model or replica homes that were commonly seen in other affluent subdivisions bordering High Oak. Homes were of large or occasionally palatial size, but few appeared gaudy. A couple streets in High Oak were marked as private residential streets with no outlet. Despite the well-manicured condition of all High Oak homes and yards, there were some observed differences between High Oak North and South. The downtown district was located on the North side of town, and the high school was located on the South side of town. In general, the homes on the North side were situated on smaller plots of land than the homes to the South, and houses on the South side had larger yards with substantially more space between neighbors. These general observations were corroborated by interviews. There were also a number of houses of worship located within High Oak that were situated within the residential streets, which gave
them a neighborhood or community feel. Many of the churches had plaques indicating that they had a historic presence in the community. These religious institutions had similarly well-manicured lawns and gardens as the houses surrounding them.

There was a variety of housing stock used throughout High Oak, but all homes had manicured lawns with vibrant trees and flowers, which was consistent with the landscaping of the parks, road medians, and downtown green spaces. During the day, it was common to see contractors, renovators, and landscaping service trucks parked in residential driveways. Many houses displayed signs indicating the use of different housing or yard services and alarm system providers as well as signs indicating support for the local high school athletic team. There were very few foreclosure signs throughout the community, but there were occasional “For Sale” signs in front yards. The “For Sale” homes appeared to be primarily on the market with a real estate company known for its luxury home listings. Representation and support for colleges and universities were readily displayed on many High Oak homes (e.g., flags) and cars (e.g., removable window stickers). There was a range of schools represented, but the majority of flags and stickers were for large, yet prestigious, Midwestern state universities or private East Coast colleges and universities. There were a few apartment complexes on the outskirts of High Oak North, but they were situated closer to the highway than most of the single-family homes. In contrast, there were new condominiums located within the downtown district, but they appeared to target older couples who had downsized or younger individuals who desired the walkability of a city.

Participants described the highly regarded public school system, and the high value of volunteerism and civic responsibilities as positive aspects of residing in High Oak Township. The public school system was touted as being largely supported by the Parent Teacher Organization and parent volunteers in the classroom. Money raised by the Parent Teach Organization provided funding for free afterschool programs in the elementary schools, extracurricular activities and resources for children with disabilities. The college attendance rate of the local high school was just under 100%, and the high school students described attending either “really good schools” or state public schools, though they disagreed about which schools qualified as “really good” the possibility of not attending college was never acknowledged. Participants described how High Oak residents were expected to be civic minded. The notion of “wanting to help” others in need was echoed by many in the study. Indeed, community leaders
described High Oak as a community of “helpers,” which some participants perceived as a barrier when community members needed help themselves.

Participants also described an abundance of local resources available in the community as a positive aspect of residing in High Oak. Resources were defined generally throughout interviews, and included cultural resources (e.g., community events, travel opportunities), learning resources (e.g., tutors, advanced music and language centers), technology in schools and in homes, and professional resources (e.g., marital counselors, financial advisors). However, there were different opinions about what resources were available for women who experienced DV. Some of the social service providers, especially those who worked for DV-specific organizations, believed that High Oak women had multiple options for getting help in comparison to women who lived in larger cities with overburdened shelters and organizations. In contrast, most other providers and all of the mothers either did not know of any DV-specific resources, or they believed that the few available DV-specific resources were not well known by community members. Cathy, a DV advocate, explained, “People don’t know where to go to get the help. I think there is a lot more information available [in bigger cities], and I don’t think that it is widely disseminated in affluent communities.” One mother thought that the lack of DV-specific resources in High Oak was due in part to active gatekeeping by high powered men who ran the community government and who had an investment in managing which types of resources were associated with the community.

Despite the many positive aspects of living in High Oak, participants also identified negatives aspects of their community. Scant racial diversity was one negative aspect that was mentioned by participants, as the majority of residents were white. Participants thought that the lack of diversity limited residents’ understanding of other cultures, which many feared sheltered them from the realities of the outside world. Although there was a public transportation bus that ran on a main street connecting High Oak North, South, and neighboring communities, the bus did not appear to be regularly used by High Oak residents. The individuals waiting at the bus stop or exiting the bus were primarily Latino or Asian. It was not uncommon to observe women of color working as nannies or au pairs and men of color providing housing or landscape services for High Oak families. Only one person of color was observed entering a residence that appeared to be his own. The participants echoed these observations in that many children in High Oak have nannies or au pairs who come from other parts of the state or from outside the country,
especially if the mother worked outside of the home. The high school students shared the assumption that all High Oak families relied on individuals from outside the community to provide lawn care and housekeeping services. The students complained of the burdens of High Oak ordinances that were especially stringent in how properties must be maintained, but they agreed that the nuisance was worth the well maintained appearance of their community. All of the participants also described various interwoven components of the culture of affluence that were negative aspects of life in High Oak Township.

**Culture of affluence.** The culture of affluence in High Oak influenced the ways in which community members presented themselves and interacted with others. In particular, the values of perfectionism, materialism, competition, maintenance of status, and privacy were apparent at the community level.

**Perfectionism.** In High Oak, there was a shared cultural expectation that all individuals and families should appear “perfect.” Although the participants acknowledged an implicit understanding that no one’s life is truly perfect, they still placed a high value on the appearance of perfection. Perfection is often measured in High Oak in terms of having a nuclear family structure (e.g., mother, father, two kids, and a dog), attractive physical appearance, material and monetary wealth, successful careers, good grades and athletic involvement for children, and visible displays of happiness. Leila, a high school student explained, “It is unspoken that you are supposed to be happy with where you are living and where you are [in society].” Having the appearance of a “happy family” was the community standard, and there was enormous pressure to conform to this standard. The image of a happy family was displayed by highlighting only the positive aspects of family life. Indeed, the perception of perfectionism could not be achieved if community members knew an individual or family was experiencing a problem. Although one mother believed that there had been a “chink in the armor of this perfect image,” a high school student expressed that High Oak residents preferred to think that everyone is happy, even when they know that otherwise because “it is nicer to be with people who are happy.” The expected presentation of a perfect, happy family appeared to bind together the other cultural values of materialism, competition, maintenance of status, and privacy.

**Materialism.** In High Oak, a high value was placed on the acquisition of financial wealth and material items. According to one mother, “The value of material success is stressed above and beyond all else.” She acknowledged a pervasive belief that, “in order to have an impact on
the world around you and live successfully, you need the money.” Not all residents conformed to these materialistic expectations, but participants acknowledged that money brought power and status in the community. Social service providers described an appearance-driven archetype for residents in High Oak. Having a “big beautiful house and the cars you need” were materialistic expectations that Rebecca, a practitioner, consistently observed in her private practice, which was echoed by other providers. Some participants expressed concerns that the pervasiveness of materialism in High Oak had led to youth not valuing what they had. Although none of the participants believed that money could buy happiness, they acknowledged this as a common belief among High Oak residents as well as the belief that money can assuage tragedy. One mother, Renee, explained:

The problem is people equate having money with having a perfect life . . . “If you’re wealthy, there’s a way to fix stuff,” and that’s not true. You can’t fix diseases. You can’t fix if you’re a victim of certain things. I just think that people have that false sense of security.

Another mother, Jenny, explained that High Oak residents would “turn a blind idea to troubles if [they] can use [their] wealth to do so.” The value placed on materialism occurred in conjunction with high levels of competition in High Oak.

**Competition.** High Oak residents were highly competitive with one another, and competition was considered both positive and negative by participants. Ryan, a high school student said, “Competition is overwhelmingly a good thing. It drives you to be better if you can take a little stress and get into a good college.” Competition was a motivator, but the students agreed that they faced a lot of pressure at their high school to pick a sport or activity and to be the best at it, which they did not necessarily enjoy. The adult participants, on the other hand, held more negative views of the competitive nature of High Oak. They saw competition as another indicator of the emphasis on perfectionism in the community. Where children go to college, what they do in their spare time, and how they performed in school were all ways in which High Oak parents competed with one another around their children. Leanne, a private practitioner, described how High Oak mothers had high expectations regarding their children’s success, “It is a lot of running here and there to all manner of classes and play dates and trying to get them into the best schools, and putting some pressure on them to be successful.” These “bragging rights,” as a provider referred to them, were used in conversations amongst community members to
highlight the success of their children, which was considered a reflection on them as parents or as a family.

In contrast, parents were not as forthcoming with one another when their children got in trouble at school or with the law. High school student, Matt said, “The culture is that your son or daughter is ‘doing fine;’ it’s a competition. You don’t want it to get around that you have problems.” Providers gave examples of how community members “make negative examples” out of individuals or families who have a child who is arrested for marijuana possession. The mothers weighed many pros and cons of raising children in High Oak but in general suggested that the negatives related to competition outweighed the positives. For example, Jenny described High Oak as “a difficult place to live” and Cindy expressed that “there is no margin for error to be human or to make a mistake.” Yet, the perfectionist, materialistic, and competitive culture of High Oak contributed to the residents’ shared commitment to maintaining the status of their community.

**Maintenance of status.** Participants in all three subsamples described the perceived value of maintaining High Oak’s affluent status, but, again, high school students and adults differed on whether they believed the pressure to maintain this status was positive or negative. High school students saw the expectation of maintaining affluent status as a positive responsibility that came with living in a highly productive community. In describing the path to success for High Oak youth, Mary Catherine said, “Living [in High Oak] motivates you to do something good with your life. So, you do well in school and go to good colleges so you can get a good job and live the way you grew up.” In contrast, adult participants viewed this expectation as rooted in class privilege and entitlement that was passed down from generation to generation in some High Oak families. High Oak residents, in general, were aware of their fortune in comparison to other communities, yet some felt entitled to their privilege and believed that their role in society was to be better than others. Dee Dee, a practitioner, summarized, “We’re better; we’re a better kind of people. We have a better life and we have better values.” Maintenance of status was perceived by adult participants as a heavy burden that adults and youth alike endured in High Oak. George, a private practitioner, explained, “You cannot underestimate the power of being in that kind of society to maintain an appearance even at the cost of your own physical and emotional wellbeing.” The commitment to maintaining the status of High Oak required a high level of privacy among its residents.
Privacy. High Oak residents placed a very high value on keeping individual and family problems private. The belief that “that kind of thing stays in the family” was very prevalent, Dee Dee, a private practitioner said. Leila, a high school student, agreed, “Sometimes it’s better to deal with things inside your family because you’re the only ones who know what’s going on and nobody else knows all the details and everything.” The importance of maintaining privacy was linked to the belief that residents can negatively impact other community members if they share their personal problems. Cathy, a DV advocate, explained,

The expectation is, if you live in High Oak . . . and you’re going to have a problem, you’re going to keep your problem in your house, so it doesn’t disrupt or make anybody else uncomfortable . . . you are going to figure it out without making it a community problem.

In sum, mothers in High Oak Township who experience DV manage their situations in the context of rigid expectations imposed by the culture of affluence. DV inherently challenges community expectations, particularly the valued image of a perfect happy family, and threatens the maintenance of High Oak’s status. Within this broader context, mothers manage private information both within and outside of their families. Their husband’s degree of power and status, which links an individual family to the broader community context, appears key to understanding how and why mothers conceal and disclose DV.

Power, Status, and Abuse in High Oak Township

As shown in Figure 3, husbands’ degree of power and status in the community (i.e., high status vs. low status) was identified as the central category that shaped mothers’ process of managing secrecy and disclosure of DV. Specifically, husband’s degree of power and status appeared related to the degree to which mothers internalized the culture of affluence during marriage, what they communicated to others about DV, and the level of support they received upon disclosure.

Mothers with high status husbands. The process described for mothers with high status (HS) husbands (n = 21) is based on 6 mothers’ personal accounts and 15 social service providers’ accounts of their work with abused mothers. During marriage, mothers with HS husbands maintained the image of a happy family. Upon separating from their husbands, they began negotiating secrecy and disclosure with their informal and formal support networks as the violence and control continued. A shifting of values occurred in which mothers moved away
from maintaining the image of a happy family towards empowering and advocating for themselves and others.

**Characteristics of high status husbands.** HS husbands were highly educated and had high-paying white collar careers as businessmen, investment managers, and attorneys. Regardless of the mothers’ occupation, the husbands’ career was of upmost importance; they were regarded as the primary breadwinner. However, family money and inheritance was a salient factor. It was more common for the mothers to come from wealthy and influential High Oak families of origin than their husbands. Three mothers explicitly indicated that their affluent family background was especially attractive to their husbands who grew up in High Oak but with relatively less wealth and influence. Through marriage, husbands were able to obtain additional power and status in the community.

Power and status also came from physical appearance and personality. The HS husbands were often described as clean cut and physically attractive. Such appearances were appealing to the community and appeared to contribute to disbelief that these men could be physically abusive. Personality profiles ranging from being charismatic and gregarious to very intense and “Type A” served as resources when interacting actions with other community members, eliciting camaraderie and respect from community members. Maria, a private practitioner summarized the general sentiment among her clients with HS husbands: “Everybody loved him. He was everybody’s friend.”

**Abuse during marriage.** HS husbands used escalating physical violence that ranged in severity and frequency as well as nonphysical abuse tactics, such as coercion, threats, and intimidation; financial abuse; psychological, emotional, and verbal, abuse; isolation; and, surveillance (Pence & Paymar, 1993). This pattern is consistent with feminist perspectives of DV as rooted in motives to maintain power and control one’s partner (Johnson, 2008). According to some of the mothers, HS husbands also had a history of physical abuse ($n = 3$) or emotional abuse ($n = 2$) in their families of origin. Only one mother reported physical or emotional abusive in her family of origin.

**Physical violence and threats of violence.** Most mothers ($n = 4$) experienced frequent and moderate to severe ($n = 5$) physical violence. Moderate to severe physical violence included pushing up against a wall by the neck, kicking and punching, throwing down flights of stairs or out a window, and strangulation. Mothers and providers alike often minimized the severity of
violence and injuries that affluent mothers experienced while simultaneously providing examples of severe violence. Deborah explained that her husband “never did anything physically that was, you know, life threatening; no broken bones” despite the fact that he punched her in the face after she got a ride home from a male neighbor. Six participants described calculated steps taken by HS husbands to hide their abuse. Dee Dee, a private practitioner, described:

With this group, what I find is that there is a very calculated and selective way to be physically abusive in a way that doesn’t show. And, so the woman may be able to go out in public even in a sleeveless, cute little short dress, but her ribs and back are a mess.

Shana’s abuse was masked largely by what he allowed her to wear in public:

I wasn’t allowed to wear anything that was too fitted or showy . . . so, a lot of my bruises were covered anyway. I had some cracked ribs, a broken finger, and stuff like that; serious injuries that I didn’t treat medically, that you can live with, and people don’t necessarily notice.

All of these mothers reported that their husbands made physical and verbal threats to kill them. For example, Joan’s husband made homicidal gestures when “he put his hand around [her] neck” while they were discussing her life insurance policy. Jenny’s husband told her, “If you do this or that I will fucking kill you!” These threats served as a reminder of what the HS husbands were capable of doing if the mothers did not obey them.

Nonphysical acts of abuse. HS husbands used nonphysical abuse tactics in addition to physical violence and threats of physical violence, such as psychological, verbal, and emotional abuse. These tactics were a regular part of the mothers’ daily experiences, so much so that they were sometimes observed by others. For example, friends, family, and co-workers of four mothers observed the husbands’ explosive anger, name calling, and cursing. Emotional and verbal abuse included attacks on their motherhood and parenting abilities as well as their physical appearance. In comparing their clients from various communities, social service providers believed that HS husbands were more likely to emotionally and verbally abuse their wife based on her appearance because of cultural expectations surrounding perfection. Marissa, a private practitioner, recalled, “[Their husbands say] they are fat, they are ugly, they are old; sort of playing on this [materialistic] culture.” Another form of psychological abuse was degrading certain aspects of mothers’ identity, such as their religious and personal beliefs. Deborah’s husband would tell her children that she was not really Jewish despite her identification as a Jew:
“God forbid anyone said anything about Judaism around my kids; he would immediately say to the kids ‘your mother is not really Jewish because she doesn’t belong to a temple.’”

Financial and economic abuse was highly salient among mothers with HS husbands. This abuse involved obtaining sole access to the mortgage and to her finances, income, and inheritance through forgery of her signature on documents and bank accounts; forcing her to turn over all receipts; doling out allowances for basic necessities; withholding information regarding the family’s financial situation; and, maxing out credit cards in her name. Shana described how her spending was regulated after her husband fraudulently wiped out her personal savings account and transferred her inheritance and their house title into his name: “I had to get approval to do anything, but I could do anything for my kids; any amount of money was not too much . . . but I couldn’t dress myself; I couldn’t spend any money on me.” Rebecca, a private practitioner, explained that “[affluent abused women] don’t fit the narrow restrictions of what is allowed related to the poverty levels, so they can’t get [pro bono] services,” which puts them in a bind if they do not have access to their personal or family money. Rebecca gave a hypothetical scenario in which her client may be “driving a $60,000 car, but she has $20 in their wallet. She is not allowed access to any credit card so they may have the appearance of money, but in reality, she [has nothing].”

High status husbands also abused their wives by sabotaging or manipulating her career, which I refer to as professional abuse. Joan’s husband became physically abusive once his wife’s career became successful and attracted public attention. His jealousy and desire to control her identity eventually led him to hack into her computer, which breached her client-professional confidentiality agreement and impacted her professional reputation. George, a private practitioner, described a mother who was highly successful in a male-dominated field and worked alongside her HS husband: “He undercut her; he made sure that she didn’t go on jobs and have meetings that would be higher profile. He always had to belittle her professionally.” Financial and professional abuse were interconnected in that if the husband was able to successfully sabotage the mothers’ professional identity and career, she would not have the means to support herself or her children without his income. For some of these mothers, professional abuse continued after separation.

Along with financial and professional abuse, maintaining control of the family was central to the marital dynamics. Brian, a private practitioner, articulated that while coercive
control was integral to all abusive relationships, he believed that “there is just more opportunities to be controlling in more affluent families because there are more bills, [such as] the country club, the health club, and extracurricular activities.” Michelle, a private practitioner, described how coercive control directly impacted the children as well:

They talk about their friends having to be vetted by dad; you can only associate with certain types of people. Of course with grades, you will perform in a certain kind of way and when you fall short, punishment follows.

HS husbands controlled their wives by regulating what type of clothing and make-up they were allowed to wear, forbidding them from spending time with male relatives, “guilt tripping” them into having a baby, making major relationship decisions without their knowledge or consent, and enforcing strict standards of domestic work. This control was often enforced through the monitoring and surveillance of computers, GPS and odometer readings on the car, and grocery shopping receipts and bills. HS husbands also involved family members in these efforts by enlisting their help in monitoring behavior when the husbands were not present ($n = 4$), and influencing their perceptions by claiming that mothers were mentally unstable ($n = 2$). Susie’s husband warned her, “Once I label you crazy, they will all think you are crazy.” Outside of the context of the family, HS husbands used their power and status in their workplace and the community to control others. For example, one mother described how her husband would “paint people into corners,” so that they had no choice but to comply with his demands. Two mothers said that their HS husbands often raised their voices to intimidate others into complying with him without the use of physical violence.

Finally, HS husbands isolated their wives from friends, family, and other community members. This tactic was complex in that interactions with certain people were restricted but not others and husbands regulated the logistics of mothers’ participation in interactions that he encouraged. For example, Shana’s husband encouraged her to participate in social activities with the neighborhood women, but forbid her from having contact with her family. Cindy’s husband would sabotage any social event she arranged by refusing to show up at the last minute, verbally abusing her in front of their guests, or refusing to watch their children when she had a meeting or social gathering to attend. Furthermore, she explained, “The only social things he would do were things for his work where he needed his wife to show up and look good at a black tie event . . . He was basically just using me.” Experiences such as Cindy’s were consistent with the overall
depiction of High Oak Township as highly valuing couples’ participation in the community. In response to the pressure to be social and to participate, mothers hid the DV and maintained the image of a “happy family” during their marriage as they presented themselves and their families to the community.

**Maintaining the image of a “happy family.”** Maintaining the image of a “happy family” was entrenched in the mothers’ strong desire to keep the DV a secret from others during their marriage. Thus, mothers with HS husbands did not disclose the DV during the course of their marriage with the exception of one mother who confided in her therapist. Decisions to keep the DV a secret were complicated; mothers’ held highly internalized beliefs about DV in High Oak that were rooted in the culture of affluence. They were also strategic in how they maintained the image of a happy family for the purpose of protecting the status quo.

**Highly internalized cultural beliefs about DV.** Although they acknowledged practical reasons for keeping the violence a secret, such as fear for their own and their children’s safety, mothers with HS husbands held highly internalized beliefs about DV that shaped their decisions not to disclose. The three most common beliefs were: a) I am living alone in my experience with DV; b) DV only happens to “other” people; and c) the value of a traditional family takes precedence over any problems. These beliefs were intertwined with the larger cultural beliefs inherent in the culture of affluence.

Mothers with HS husbands believed that they were living alone in their experiences because they assumed that no one else in High Oak experienced DV. Actively participating in the community and engaging with other community members often left mothers feeling alone in their experiences because they perceived other women as having perfect lives or at least successfully upholding the community expectation of being happy. Cindy explained, “I felt like other women are running around making perfect flower arrangements and my life has been physically threatened.” Their belief that they were alone was bolstered by their not associating themselves with “domestic violence” or “abused housewives,” never hearing someone describe their experiences with DV in High Oak, and being unaware of any local DV resources. Additionally, mothers with HS husbands blamed themselves for the abuse because this type of marital experience was foreign to them.

Initially, mothers with HS husbands believed that DV only happens to “other” people. This perception was rooted in the cultural messages that High Oak residents were given about
the values of civic duties and volunteerism. High Oak mothers were expected to be the helpers, not those in need. The underlying message was that problems like DV happen in other communities, to other women. All but one of the mothers had healthy families of origin, which supported their belief that DV did not happen in their community. “I grew up in a nice family where there was no physical violence, and I was really also unprepared because I always thought this kind of thing happened when people were, like, in trailer parks drinking,” Cindy said. This limited and stereotypical caricature of DV led mothers with HS husbands to doubt their experiences were actually DV because “[their experiences] were not this picture of domestic violence, or what they imagine as happening in more impoverished communities,” explained Dee Dee, a private practitioner.

These mothers also initially internalized cultural beliefs that prioritized the traditional family. The belief that “we have to keep the family together” was rooted in family, cultural, and religious messages that placed high value on the traditional family structure. Community and social events were geared towards two-parent family structures, and mothers with HS husbands described how divorced or single mothers, in particular, felt excluded from these events. Despite progress among High Oak religious institutions in the past few decades, “the overall message was families should always stay together under whatever the circumstances or a loving family works hard to do whatever they can to keep a family unit together” said Michelle, a private practitioner.

These internalized cultural beliefs about DV were related to the overall culture of affluence that was pervasive in High Oak. Specifically, each belief highlighted the salience of keeping DV a private family matter, an expectation that was reinforced at the individual, family, community, and societal (e.g., religious institutions) levels. Maintaining the image of a happy family served the ultimate purpose of protecting the status quo. Mothers were strategic in how they maintained the image of a happy family throughout marriage.

Strategically engaging with others. Mothers with HS husbands maintained the image of a happy family by strategically engaging with other community members. Mothers strategically engaged in community and neighborhood events that were expected of women in High Oak to convince others that there were no problems at home. Husbands were also attuned to the social and cultural expectations of women in High Oak; therefore, they encouraged mothers to engage with other women as a way to fit in with the community and hide the DV. Fitting in with the
community was very important to Shana’s former husband, so they “did the perfunctory things you’re supposed to do. We went to all the community picnics. We walked the dog all the time together, and every Sunday we went to the local diner.” Additionally, Shana went on walks with the other neighborhood mothers because she knew that this type of engagement was expected of High Oak women. However, mothers with HS husbands did not always fully engage with others. At various points throughout marriage, mothers engaged just enough to prevent others’ suspicions while remaining distant from other women. One mother said, “I feel that [other mothers] can see [the toll of abuse] on my face, so I choose not to interact or I wear sunglasses. I make cookies. I will do all those things, but I feel uncomfortable interacting with them,” recalled Maria, a private practitioner.

Being engaged in the community often entailed attending couple or family specific social events; therefore, there was always the potential that others could become privy to their secret. Mothers strategically engaged with others at events showcasing their marriage and family relationships. If the husband was verbally abusive or controlling in front of others, mothers made excuses for his behavior, such as being stressed from work, which were palatable and relatable to other community members. Husbands were generally viewed positively and respected by others in the community; they protected their image and implicitly assisted with strategic engagement by not leaving visible evidence (e.g., bruises) of physical violence. One mother recalled, “I looked so pretty in my dress on the society page from the event, but really my husband isn’t hitting me above my chest because then I wouldn’t look pretty in a picture.” Additionally, physical abuse never took place in public, and there were only a few instances in which mothers described needing to take steps to hide the violence. Thus, through strategic engagement, maintaining the image of a happy family was accomplished.

*Protecting the status quo.* The purpose of maintaining the image of a happy family was to protect the status quo, “even if the status quo was not good,” said Brian, a private practitioner. Protecting the status quo included protecting how others perceived the mothers, the children, and their general family lifestyle.

Mothers with HS husbands did not always reap the benefits of their family’s wealth and status because they were often restricted from accessing family money and had very little control over family and household decisions. At the same time, they took nice vacations, drove high quality cars, and lived in expensive, well-maintained homes. Not adhering to the cultural norms
of family privacy and maintenance of status could have negative consequences for mothers, such as the loss of social circles and friendships and loss of positive image or reputation among High Oak residents. Additionally, children of HS husbands greatly benefitted from the family’s wealth and status in terms of high quality education, a “safe community”, and access to expensive material items. Therefore, mothers with HS husbands protected the status quo for the sake of their and their children’s lifestyle and what they were accustomed to but at the expense of their own and their children’s safety and overall wellbeing. If they did not maintain the image of a happy family, the mothers believed that the burden would largely fall on their children. By protecting the status quo, they prevented their children from being stigmatized as coming from a “bad family” and potentially having to move the family out of High Oak, or, at the very least, the children losing friends. George, a private practitioner, explained:

[The mothers] don’t want to deprive their kids of the benefits of being in the community. They don’t want to leave the nice school; they don’t want the kid’s friends not to play with them anymore; and, this is a big issue because the parents monitor who the other families are.

Mothers who were not formally employed had the additional burden of protecting how others perceived their husband so as to preserve the family’s only income source. Rebecca, a private practitioner, explained: “If everybody knows that he’s doing this stuff, it could work against her, too, because if he loses business then they don’t have as much money.” The social service providers were empathetic of these mothers’ decisions to protect the status quo because they believed that affluent women had “further to fall” in terms of their social and financial status if they did not maintain the image of a happy family.

All of the mothers with HS husbands were successful in maintaining the image of a happy family for the majority of their marriage. However, mothers shifted from maintaining the image of a happy family towards negotiating secrecy and disclosure with others, which marked the deterioration of their happy family image. This shift began when mothers initiated the divorce process, which occurred concurrently with DV disclosure to formal (e.g., police, therapists, attorneys) and informal (e.g., friends, family, neighbors) support networks. A range of factors contributed to the mothers’ shift, including escalation of physical violence that warranted police involvement, concern for the children’s well-being, children leaving for college, the realization that the marriage was abusive, and the impromptu involvement from individuals
outside of the immediate family. Only one mother, Susie, remained in her marriage at the time of the interview, and she discussed her strategic plan to remain married until her youngest child went away to college.

**Negotiating secrecy and disclosure of DV.** Negotiating secrecy and disclosure of DV was an ongoing process that began during marriage and continued post-separation. Susie, who was still married, negotiated secrecy and disclosure as her extended family was becoming suspicious of her husband’s non-physically abusive behavior and attempted to intervene on her behalf. As they began separating, mothers eventually disclosed DV to a wide range of friends, family members, community members, and social service providers. They disclosed to formal support networks for help-seeking purposes, although they encountered barriers such as unresponsive systems. They also disclosed to their informal networks for help but mostly for support and acceptance. Most mothers initially disclosed to a friend or family member \((n = 5)\), but one mother sought help first from a religious leader. The responses that mothers received upon disclosure influenced their ongoing negotiations of secrecy and disclosure. As they managed this process, their husbands continued to use their power and status to abuse them.

**Negotiating secrecy and disclosure of DV despite ongoing abuse.** Although several mothers \((n = 4)\) experienced physical violence at the time of separation or immediately after, their reports of nonphysical abuse were much more salient to their day-to-day lives after separation. Mothers who experienced physical violence post-separation were either court ordered or encouraged by their attorney to continue living in their marital residence with their former husbands until the court made a decision regarding their finances and other assets. Joan temporarily moved out of the home against her attorney’s recommendation due to the escalating violence; however, she was forced to return because her former husband withheld alimony and other finances that were supposed to be divided, which led to her inability to pay bills and subsequent eviction. Two former husbands were eventually removed from their marital residence after the police responded to the mothers’ 911 calls due to incidents of physical violence. Mothers were also stalked and harassed by their former husbands after separation. Deborah’s former husband verbally abused and harassed her during custody exchanges:

> He would say, “You’re a fucking bitch,” and he would literally chase me, and I’d run and quickly get in my car. One time, I was getting out of my car and he just happened to be walking by and he slammed my car door – it just missed my hand.
These husbands’ high degree of status afforded them great power in the community. They used their power to continue abusing the mother after separation by denigrating her character to friends, family, colleagues, and other community members by portraying mothers as mentally ill or unstable. Additionally, one husband accused a mother of sexually abusing their son, which was eventually deemed unsubstantiated by the courts and children’s protection services. These men were respected but also feared by others in the community, which contributed to the barriers that the mothers faced. For example, HS husbands involved other adults, including those in the mothers’ informal support networks, through coercion, bribes, and threats, to accomplish their ongoing abuse tactics during and after divorce. According to the participants, these individuals ultimately became complicit in the abuse against the mothers out of fear of retaliation from the husbands. Shana’s mother-in-law was forced to monitor Shana’s behavior and interactions during marriage. During the divorce proceedings, her mother-in-law testified against the DV allegations out of fear for her son’s retaliation towards her and told Shana, “This is my only son and one day you will do this for your children.” When Jenny’s husband’s business partner found out about the DV allegations during their divorce, he told her, “Don’t you tell anyone about this [DV]. This is all public record, and if I see my name on any of this, you are going to be sorry.” In some instances, mothers perceived these ongoing abuse tactics as punishment for disclosing the DV to others; however, some individuals, years later, told the mothers that these tactics were used to try to silence her. Thus, HS husbands leveraged their power and money in ways that created structural barriers for the mothers as they negotiated secrecy and disclosure with others in the community after separation.

According to mothers and social service providers, HS husbands also wielded their power and money to ingratiate their children to side with them during and after the divorce proceedings. This was accomplished by withholding child support and manipulating or bribing children with material and monetary rewards. Jenny explained, “He has silenced [the children] with money... [My daughter said] she cannot keep talking to me because she would be ‘completely cut off if she did.’ [My son said,] ‘If you can’t beat him, you gotta’ join him.’” HS husbands reportedly blurred the boundaries of their child custody agreement by “coming to pick up the children early, changing the pickup times, or the mother will go to pick up the children and they won’t be there – a lot of that crazy making behavior,” recalled Jamie, a private practitioner. Considered in isolation, many of these nonviolent abuse tactics could be seen as benign, but they constituted a
larger pattern of ongoing abuse and control after separation that HS husbands were able to execute given their status in the community.

Through their professional connections and social networks, HS husbands had the financial resources and knowledge of the court system to use the legal system as a tool of abuse. Consequently, according to the mothers, all HS husbands used their power to legally and financially abuse them throughout the divorce and custody proceedings. Private practitioner, Brian, described how abusive former husbands use the court process to abuse:

He could file some sort of motion every couple days, every week, whatever he wants to do. He knows that it won’t take long for her to spend her retainer if she is constantly defending herself. Even though they may be baseless, [the mother] still has to go to court and still has to defend herself and the judge doesn’t know what the truth is.

HS husbands also reportedly manipulated the family’s finances and hid money in secret bank accounts to avoid disclosing their net wealth during the divorce proceedings. Despite being court ordered to provide alimony and/or child support, HS husbands often violated these orders; efforts made by the mothers to recover this money were largely ignored by the courts. Mothers were forced to settle and sign divorce and custody agreements that they believed were not in their best interest due to the ongoing financial abuse. At times, mothers’ legal counsel encouraged them to settle their cases due to concerns about the HS husbands’ power and motives. Joan was talked into signing a financial statement, despite her suspicion that it was fraudulent, by her attorney who said, “the last time someone in High Oak contested a settlement such as this, she ended up with a bullet through her head two weeks later [referencing a recent domestic homicide].”

Financial and legal abuse were intertwined in that if the HS husbands were able to drain the mothers’ retainer by filing irrelevant and unsubstantiated motions, refusing to pay money court ordered to the mother and children, and requesting expensive court professionals, such as guardian ad lites and custody evaluators, they limited the mothers’ ability to find equally powerful legal representation to counter his claims and win a fair settlement. HS husbands also bribed, threatened, and harassed the mothers’ legal counsel, which negatively impacted her ability to find decent representation. Shana explained:

He would contact my attorneys directly, which is illegal . . . My second attorney told me that he offered to buy them out. “This is how much money she made her retainer fee and she doesn’t have any more money. I can double that if you will just end this today or just
don’t respond.” . . . He had my attorneys followed; had pictures taken of [their] families, so I had one law firm withdraw. I got pushed into a very unfair, unjust settlement because . . . I was on my third attorney by then and they were telling me that “no one is going to help or represent you; this is the best you’ll get; take it.”

In general, mothers with HS husbands incurred devastating financial blows that crippled their savings, making it very difficult to continue fighting for child custody and fair financial settlements. One mother, with a doctorate and well-established career, relied on the local food pantry for her groceries and a community organization for her power bills. Despite quitting her career to stay at home with their children, the courts did not order one HS husband to pay any alimony or child support. Mothers were solely or equally financially responsible for various court professionals regardless of their individual income. For example, Deborah was solely financially responsible for 6 different court-ordered custody evaluations that cost $15,000 – $20,000 apiece.

Mothers described the High Oak legal system as incestuous in that all of the attorneys, judges, custody evaluators, and guardian ad litem were interconnected and ceded to their HS husbands’ money and demands. Two mothers hired new attorneys, who were then blacklisted or retaliated against for representing her in court. One mothers’ attorney complained that her case was “making an idiot out of him” to her peers, but the attorney remained committed to her case until the very end when the mother suspected the attorney accepted a financial bribe from her former husband because the attorney stepped off her case due to a conflict of interest. Aside from enlisting the mothers’ legal counsel as tools of abuse, HS husbands used their power to tamper with the custody proceedings. Mothers with children under 18 (n = 4) reported encountered custody evaluators and guardian ad litem who consistently sided with the husbands during the custody proceedings despite allegation of substantiated DV and sometimes child abuse. These mothers were either explicitly told or believed that their HS husband had bribed or threatened various court professionals to sway their decisions. Cindy recalled:

Dr. Smith [custody evaluator] didn’t want to be a mandated reporter; he told my son he didn’t believe him [with regards to ongoing child abuse allegations]. He told me he was afraid of my ex-husband and that “he has more money.” . . . He also has a relationship with my husband’s attorney firm. He gets referrals for these custody things and he only does the ones that are not court appointed in which the clients pay.
Although HS husbands used a variety of ongoing abuse tactics against the mothers, the mothers negotiated secrecy and disclosure with formal support networks for help-seeking purposes and informal support networks for support and acceptance; however, these support networks were not always responsive and supportive.

**Disclosing for help-seeking purposes.** Despite the HS husbands’ ongoing abuse tactics, mothers disclosed the DV to a variety of formal support networks, including police officers and social workers, court professionals, mental health practitioners, religious leaders, staff at DV specific organizations, and medical doctors for help-seeking purposes. Mothers reported receiving useful resources and tangible and emotional support from all of the individuals they sought help from except police officers (not including police social workers) and professionals associated with the court system. The police and court systems were proved unresponsive to their needs by minimizing DV and protecting the image of a happy family over the mother and her children’s well-being.

Despite never calling the police during marriage, mothers with HS former husbands sought help on a regular basis from the police department as they resisted their former husbands’ ongoing abuse after separation. Not all of the social service providers’ clients interacted with the police after separation, but of those who did \( n = 8 \), all encountered instances in which the police minimized DV. Similarly, five of the mothers with HS husbands recalled how the police minimized their experiences. Minimizing DV occurred when police officers did not make an arrest but rather encouraged the abuser to take a walk to cool down or by “trying to resolve the situation without an arrest being made,” said Sandy, a court advocate. Mothers also described how court professionals minimized DV upon their disclosure during divorce and custody proceedings, including trying to quickly resolve the divorce to prevent “an ugly and contentious” divorce and failing to understand the dynamics and complexity of DV. Camille, a private practitioner, explained how the court process minimizes DV when judges are uneducated about DV:

> [Abusive men and attorneys] use tactics where they change venues incessantly, where they bury you in motions, where they don’t respond to any of your attorney’s discovery requests, and these judges just don’t say, “This is what I said I needed and this is the day that I need it by so either you’re going to be fined or you’re going to be in contempt.” It
doesn’t happen. So this [abuse] just keeps going, going, and going because the judges
don’t get the DV piece.

Although the three police social workers in the study denied that the High Oak Police
Department used a different protocol depending on the family’s wealth, power, and status, the
court advocates provided examples to the contrary. They claimed that police officers used
different protocols with High Oak families versus families from lower socioeconomic statuses to
*protect the image of a happy family*. Jamie, a private practitioner, explained how the police “try
to be discrete” by not using their police lights when they respond to DV calls in High Oak. At
times, police officers minimized DV to protecting the reputation of the abuser and the general
community. Mothers with HS husbands also described police officers who protected the image
of a happy family by encouraging the mothers not to file a police report that would become
public record in the newspaper. Court advocate, Jody, explained:

> The police feel a lot of pressure to keep [High Oak] a nice community, and they don’t
want larger DV statistics because it won’t look good in trying to get new affluent families
to move there . . . So, they advise the woman not to make a big hullabaloo, which is what
would happen if they do report. It will make a scene.

Mothers with HS husbands were sometimes successful in using their own power and status in the
community to keep the DV a secret. For example, although Cindy called the police and began
disclosing the DV to others, she was able to convince the local newspaper not to publish her
husband’s arrest with the other local arrests and crimes that were published weekly. Protecting
the image of a happy family also occurred when police officers minimized and ignored the abuse
that High Oak children reported (*n* = 2). Two HS former husbands reportedly bribed and
threatened the police department to keep the DV a secret. One mother said, “I can’t explain the
amount of weight that has been put into covering this up. When the kids called the police,
nothing ever happened. Not one day has he had to be accountable for anything.”

Additionally, the court advocates described how judges typically facilitated divorce and
custody hearings in the public courtroom, but, in cases involving affluent or high status couples,
the judge may hold the hearing in closed chambers to keep their personal lives out of the public
view. Mothers also reported that court professionals protected the reputation of HS former
husbands to maintain their own positive image and professional reputation and out of obligation
due to bribes they reportedly accepted.
Because the mothers were in the midst of their divorce and custody cases when they sought police help, the police and legal systems were intertwined throughout the mothers’ stories. The actions and inactions taken by the police ultimately influenced various aspects of mothers’ interactions with the court system. For example, Cindy requested that a police officer locate a Spanish-speaking translator to translate her housekeepers’ account of the DV she witnessed, but the police officer refused the request. Then, during the custody trial, the judge determined that there was insufficient evidence to determine that DV occurred without any substantiation. Although the mothers were appreciative of the individuals who provided help and support when they disclosed, the barriers that they encountered with the police and court systems reinforced their concerns that they would not be believed or supported.

*Disclosing for support and acceptance.* Mothers with HS former husbands disclosed the DV to individuals in their informal support networks, including friends, family, and other community members, for support and acceptance. Social service providers recalled mothers receiving a lot of positive support, including offers to watch their children while they were at court, loans or gifts of money, and encouragement to continue with the divorce process. The mothers reported positive support from at least one close friend or family member, but the responses they received in general were more complex than what was described by providers. Most friends and family were surprised by the DV disclosure, suggesting mothers were successful in their portrayal of a happy family. However, two of the mothers’ friends were becoming concerned by the controlling and verbally abusive behavior they observed, and Shana’s situation was unique in that a group of mothers became aware of the DV and intervened on her behalf, which led to her escape and the dissolution of her marriage.

Disclosing for support and acceptance was as a dynamic process, as mothers were initially very open and flexible with whom they confided but then became more selective and strategic as they encountered a range of responses. Responses to disclosure differed by the mother’s relationship to the confidant and the degree of investment the confidant had in the mother’s relationship with her former husband. Families of origin that highly valued the culture of affluence had a vested interest in maintaining the image of a happy family, often at the expense of the mother and her children’s well-being. For example, as Shana was battling her HS husband in court, who was using his power to financially and emotionally drain her, her mother encouraged her to call off the divorce and said, “No one will blame you for going back.”
contrast, families of origin, such as Deborah’s, who were not as invested in maintaining the image of a happy family, provided unconditional support after separation and shunned the former husband.

Mothers began *selectively and strategically disclosing the DV* when provision of support became contingent on the abuse remaining relatively secret. Jenny’s family of origin was outwardly hostile towards her for disclosing the DV. They made it explicitly clear that they would only provide her with “support” if she remained married and hid the DV; otherwise, they would actively work to maintain the facade that “this doesn’t happen to people like us [High Oak residents].” Based on their response, Jenny severed ties with her family of origin. Joan described numerous ways that friends and community members provided support, even helping her move out of her marital residence, but then support became conditional:

Several people told me, “You will be ruined if you [tell people what is going on]” . . . because I did start telling people what was going on. . . . The idea is that people will help you when they can help you discreetly, but they cannot help you out in the open because they will be ruined.

Cathy, a police social worker, explained why community members might distance themselves from women experiencing DV:

People don’t want to acknowledge that it’s occurring on the same block that they live on. They are afraid that other people are going to see them as associated and they’ll get secondary stigma, like “[DV in High Oak] is an anomaly, let’s stay away, let’s remove ourselves from her – *she is not us.*”

Support was also contingent on the mothers’ being able to stop the post-separation abuse or “fix the problem,” George, a private practitioner, recalled. Cindy empathized with her friends who held this perspective because she, too, previously viewed DV in similar terms:

People don’t believe that there is nothing that can be done in certain cases. That this can just go on and continue to destroy lives for years because people believe that if there’s money then you can solve the problem.

For some mothers (*n* = 3), the high level of support provided by friends shifted as they progressed through the separation process. Shana recalled how the women in her neighborhood confronted her with their concern that her husband was abusive:
They really sort of just took over my life and before I knew it I went home to pack an emergency bag, they took me and my children to this woman’s house, got me an attorney, took me to the police department, and just got the whole ball rolling.

Their actions ultimately led to police involvement, a successful order of protection, and the beginning of the divorce process for Shana. One of the mothers allowed Shana and her children to take refuge in her guest home. However, Shana lost touch with these women once she moved out of the guest home and “got back on her feet.” She was still thankful for all that they had done for her, but she also felt confused by the distance that grew between them:

Everybody just sort of moved on and they were happy to move on without me. I was doing better and on my feet and they saw that I was fine I guess. They had been remarkable and amazing, but they had done what they could and then moved on.

The friends’ good deeds and altruism may have masked a broader intention to fix the problem and maintain the status of the community. Support was also conditional in that the DV needed to feel tangible to friends and family for them to provide continued support. Because most mothers came from healthy families of origin, family members often found it difficult to understand the danger and complexity of the situation. The family members of two mothers were reluctant to believe them because they envisioned DV perpetrators as not well-educated, professionally successful, White men.

The process of negotiating secrecy and disclosure was more complicated than mothers expected. However, over time, the process of negotiating secrecy and disclosure ultimately facilitated their shift away from maintaining the image of a “happy family” toward empowering and advocating for themselves, their children, and other women.

Shifting values towards empowerment and advocacy. Mothers with HS husbands began shifting their values towards empowerment and advocacy for themselves, their children, and other women in their community as they negotiated secrecy and disclosure with their formal and informal support networks. A precursor to this shift was deciding what mattered most. Cindy explained:

I made the decision that the fight for the child was more important than me having some material [things] . . . so that was my priority. You have to think, what are your priorities for yourself and your kids?
Mothers recalled feeling liberated once they began telling others about their experiences, despite not always receiving the support and acceptance they wanted. They decided to continue acknowledging their past experiences with family members and friends, even when the topic was uncomfortable for those individuals. Thus, becoming more open and comfortable with disclosing DV was essential in shifting their values. For four mothers, the desire to destigmatize DV for their children served as the impetus for their shift in values. Shana explained:

The oldest [son] would almost look for excuses to talk about it [DV] . . . And so these grown-ups would come to me, like, “Your son said this. . .” I had to make a decision and I didn’t want [him] to be really stigmatized, so I just said, “Well, this is the reality. Yeah, he can talk about it because that’s what happened.” So it had to be acceptable. . . I had to change the way I perceived everything and what I value going into this before I even filed. I continued to change and grow as I went through it, but I just knew that I had to be the larger person and there was a bigger picture.

Although shifting their values and destigmatizing DV was invaluable for their children, this shift in perception often came at the expense of the mothers’ reputation in the community. During marriage, mothers with HS husbands successfully maintained the image of a happy family, but as they negotiated secrecy and disclosure, they began placing less value on others’ perceptions of them. For example, Jenny described how her new professional life and colleagues provided her with enough support and friendship to be able to ignore the negative reputation her former husband was actively constructing of her in the community. When former husbands portrayed mothers as mentally ill during and after divorce, they did not fight this portrayal because their focus was on their children. Part of helping their children included open discussions about DV and the children’s father as well as retelling stories of resilience that were part of their family history.

Aside from advocating for themselves and their children, mothers with HS former husbands sought out ways to advocate for other women in their community. This advocacy was geared towards women who had experienced DV and other potentially marginalized members of High Oak. For example, they volunteered their time to provide pro bono legal counsel to mothers who were navigating the divorce process; assisted the local hospital in changing their intake forms to include questions about DV; blogged about issues related to DV, divorce, and custody; and started and organized a court watch group to try to prevent future abuses of the legal system.
Although the mothers believed that making their stories known to friends, family, colleagues, and other community members had helped bring awareness of DV to High Oak, they still maintained that the burden remained on them to fight their battles alone. As Susie put it, “People do not want to help you; they want you to hide.”

**Mothers with low status husbands.** The process of managing secrecy and disclosure of DV in High Oak was different for four mothers whose husbands had lower degrees of power and status (LS) in the community relative to other participants. Mothers with LS husbands acknowledged the pervasiveness of the culture of affluence in High Oak; however, they rejected it as part of their identity and did not believe it played a role in how they managed secrecy and disclosure. These mothers were secretive at times but, unlike mothers with HS husbands, their process of negotiating secrecy and disclosure began in marriage, long before they left their husbands. Nonetheless, they too saw their experiences as liberating and believed they had a unique opportunity to empower and advocate for themselves and others.

**Characteristics of low status husbands.** The LS husbands were chronically unemployed or worked in blue collar occupations, such as painters. One husband previously held a high powered job but was let go due to his pervasive mental health problems. Two LS husbands had alcohol abuse issues, and all four had reputations in the community of getting into physical fights, verbal arguments, or bullying behavior. During marriage, two of the mothers stayed at home with their children, one mother was a retired physician, and one mother worked as a research scientist. Two mothers and one former husband were originally from High Oak, but only one mother described her family of origin as affluent. Thus, family wealth and inheritance were not salient to these mothers’ stories.

**Abuse during marriage and post-separation.** LS husbands used escalating physical violence and threats of physical violence that ranged in severity and frequency as well as nonphysical abuse tactics, such as emotional, verbal, and financial abuse, that were rooted in coercive control. Three mothers with LS husbands experienced frequent and severe physical violence throughout marriage. One mother reported infrequent and minor acts of physical violence but frequent threats of violence that she described as “close calls,” such as punches to the wall next to her head. Two LS husbands used threatening behavior to reinforce compliance, including threats of killing the mother. Lorraine was pushed down the stairs in her house while
she was pregnant and her husband would choke her leaving bruises. Yet, she minimized the severity of the violence, similar to some of the mothers with HS husbands. She said:

I’m not trying to sound like [my former husband who said he was less abusive than other men], but there are other women that I have seen where they have been punched, or they’ll have a fat lip or a black eye. I never had a black eye.

Three LS husbands had at least one physically or verbally abusive parent. One mother described her family of origin as unhealthy, but none of the mothers recounted physical or verbal abuse in their upbringing. All of the LS husbands reportedly had general “rage” and anger issues, but they were calculated in their use of nonviolent abuse tactics to deteriorate mothers’ sense of self. For example, Renee’s husband was especially verbally and physically abusive to her when his job was not going well. She became his “punching bag.” He would yell, “Shut your fat mouth, bitch!” On one occasion, she awoke in the middle of the night to him punching her in the face, but she never knew the reason for his attack. On a different occasion, she went to the hospital with her father who had a stroke, and her husband became enraged that she did not leave him dinner:

I walked in and he’s waiting there, and he says . . . “You didn’t fucking leave me dinner?” And, he opens the refrigerator, starts pulling [the food] all out, opening milk, like pouring it out . . . like having a tantrum.

LS husbands were verbally and emotionally abusive towards mothers in terms of their parenting, and they controlled who the mothers spent time with, what they wore, and how they took care of the house. For example, Lorraine’s husband would call her a whore in front of his friends when she wore tight workout pants. Three of the LS husbands were reportedly also verbally and emotionally abusive to the children, but there were no allegations of physical or sexual abuse. Three LS husbands were jealous of those with whom the mother spent time, including their children. Additionally, two LS husbands were financially abusive during marriage, and the other two made poor or risky money management decisions that created tremendous financial burdens for them. For example, Lorraine had to account for her gas mileage and anything she purchased, whereas Sharon loaned her husband a large sum of money to start his business, but he lost the loaned money when he never got the business off the ground.

None of the LS husbands used physical violence against the mothers after separation. However, three of them engaged in at least one type of ongoing nonviolent abuse following
separation. For example, Renee’s former husband financially abused her during their divorce trial in an attempt to secure his own financial situation. Specifically, he emptied their children’s bank accounts and forced Renee to foreclose on their home. Three of the LS former husbands continued to verbally abuse and threaten the mothers through voicemails and text messages after they separated. Joanna’s husband would show up at her home unannounced, and neighbors reported seeing him in their bushes or around the home while she was gone. Lorraine recalled an especially scary incident she endured post-separation:

There was a time he tried to drive me off the side of the road. . . . He had his window down, and [he was] screaming at me and honking so that I would roll my window down so he could talk to me, and [he was] pulling in front of me and pulling beside me.

Only one LS former husband attempted to use the legal system to abuse a mother, but the courts quickly dismissed his motion. Although the mothers reported feeling frustrated or annoyed by their former husbands, especially if they shared custody of the children, the LS former husbands’ nonviolent abuse tactics had almost entirely subsided at the time of the interviews.

Acknowledging and rejecting the culture of affluence. During marriage, mothers with LS husbands acknowledged the larger culture of affluence in High Oak, but they did not internalize the cultural beliefs about DV. Therefore, the cultural beliefs about DV had minimal influence on how they managed their experiences. Despite growing up in a wealthy High Oak family, Lorraine’s husband had low power and status in the community, which she felt made her situation different from other High Oak mothers. She explained

[My husband] wasn’t in that [upper] echelon of society. We were never invited to benefits, so there was never a social circle where I would have to be the doting wife that pushed my husband further in the corporation.

Although the former husbands’ low power and status in the community appeared to be a core factor contributing to mothers’ not internalizing the cultural beliefs, the mothers also described actively rejecting the pervasive culture of affluence in High Oak. Joanna grew up in High Oak, but her family of origin struggled financially. This experience shaped her rejection of the values and beliefs inherent in High Oak:

I would never consider myself a High Oak person because we didn’t grow up that way. We may live in High Oak but we’re not fancy people. . . I’m sort of a nerdy type of
person. I ride my bike everywhere. I don’t own any fancy clothes. I have never cared what anyone thought about me.

**Negotiating secrecy and disclosure before and after separation.** Mothers with LS husbands disclosed DV to individuals in their informal and formal support networks throughout their marriage. Similar to mothers with HS husbands, the process of negotiating secrecy and disclosure for mothers with LS husbands was nonlinear and conditional. The mothers were more forthcoming about DV, but they were still secretive at times throughout their marriage and were purposefully selective when choosing their confidants. These mothers felt ashamed of their abusive marriage at times, which contributed to their secrecy. However, the shame was not rooted in their affluent status or the affluent community that they resided in, but rather, the shame was due to their decision to marry their husband, especially if their family of origin warned them in advance. They also blamed themselves for their husbands’ abusive behaviors. In fact, these mothers reported that they did not believe residing in High Oak contributed to their management of secrecy and disclosure. Joanna’s experience was unique in that she was sometimes secretive of her husband’s mental health issues because she did not want others to judge him or their children. Her perceived duty to protect her husband was not related to their lifestyle or reputation, per say, but rather based upon his safety and well-being in the community.

**Selectively disclosing to informal support networks.** Despite efforts to maintain some level of secrecy about DV during their marriages, mothers with LS husbands confided in family members \((n = 4)\) and close friends \((n = 3)\). They reported that their family members and friends were all supportive and caring in response. Renee’s sister took her to a DV agency that helped her fill out paperwork for an order of protection; Joanna’s family members took her into their home and interacted with her husband so that she did not have to confront him; and, Sharon’s friend put her in touch with a good divorce attorney. Similar to Shana, who had a HS husband, Lorraine’s friends recognized signs of abuse in her marriage and intervened on Lorraine’s behalf by taking her and the children into their homes, calling the police, and getting the divorce proceedings started. However, Lorraine’s relationship with her friends, especially one friend, Juliette, remained very strong: “Juliette is my hero. I love her dearly,” in contrast to Shana, whose friends had moved on without her.

The mothers informal support networks were essential to their ultimate decision to leave their abusive husbands, but they were selective in their choice of confidants during marriage.
Sharon was relatively new to High Oak and she did not see herself as secretive, but rather, she felt that she simply did not know as many community members. Therefore, she confided primarily in friends from out of town and a few close friends in High Oak. Renee reported no longer having any good friends to confide in during her marriage because she had distanced herself from her social group because of her husbands’ extreme jealousy. Renee believed others would have viewed her negatively if she had attended social events without her husband, so she chose not to go:

I would always have to make up excuses [to not attend social events], because [my former husband] is a very angry and mean and jealous person, so anyone that we would become friendly with, if the guy was more successful or he had a nicer car, it would end quickly.

Thus, mothers with LS husbands strategically chose not to confide in friends who resided in High Oak, were more affluent than they were, or adhered to the cultural values and norms of the community. Lorraine explained, “I couldn’t go to my more affluent friends because they would never understand what I was going through.” The mothers tended to purposefully confide in close friends who lived outside of the community. They were aware of who would provide positive support and acceptance in their informal support networks and who could handle knowing about their experiences. For example, Joanna did not initially disclose the DV to her family because many of her siblings were going through various hardships and she did not want to overburden them. However, as she initiated separation from her husband, she reached out to all of her family members for help. Joanna said, “I wouldn’t have told just anyone; I was very conscious of who I could tell that to.” Aside from supportive families of origin and close friends, Sharon and Lorraine also disclosed the DV to their husbands’ parents, who were supportive of the mothers and aware of their sons’ abusive behaviors. Joanna’s former in-laws, however, blamed her for their son’s behavior and mental illness and ended contact with their grandchildren. Although Renee was hesitant to disclose DV and her decision to file for divorce to her “traditional parents,” they were overwhelmingly supportive of her decision. Negotiating secrecy and disclosure was an ongoing process for the mothers with LS former husbands as they began forming new intimate relationships and friendships. Aside from the support they received from their informal support networks, the low status mothers also sought help and services from formal support networks in their community.
Reaching out for formal help. Mothers with LS husbands sought help from their informal support networks who connected them with formal support. The majority of interactions mothers had with formal support networks were initiated or encouraged by their informal support networks. Formal support included mental health professionals \((n = 4)\), religious leaders \((n = 4)\), the High Oak police department \((n = 3)\), DV shelters \((n = 2)\), and various court professionals. Unlike mothers with HS husbands, the mothers had overwhelmingly positive or neutral experiences with formal support networks. The one negative report was of couples counseling. Religious leaders were highly supportive and encouraging of mothers’ decisions to leave their marriage. For example, Lorraine’s priest told her, “It’s okay if you [divorce] because you’re in an abusive relationship and this is not how God intended any of this to be.”

Also in contrast to mothers with HS former husbands, these mothers’ allegations of violence and abuse during marriage and the divorce process were taken seriously and investigated. Joanna said, “They [police officers] were wonderful; they couldn’t have been more helpful.” Joanna also found the court system to be very responsive to her concerns regarding her former husbands’ behavior and mental health status. Her attorney and court-appointed therapists made sure that her former husband received supervised visitation with their children while he underwent therapy and substance abuse treatment. On a few occasions, however, social service providers pushed their own cultural views and beliefs about affluent communities and High Oak onto the mothers when they reached out for help. For example, despite her intentions to temporarily live at a DV shelter, an agency worker told Lorraine, “You don’t want to live here [DV shelter] if you’re from High Oak. You want to find a relative or a friend where you can go live in their basement for a little while.” Similarly, when Renee called the police, they were very supportive and helpful because they took pictures, escorted her former husband off their property, and helped her obtain an order of protection. However, she later recalled feeling that the officers talked her out of filing charges against her former husband. They told her, “If we put him in jail, he won’t be working. You’ll still have a mortgage. You’re not working. You’re a stay-at-home mom.” Thus, even though mothers with LS husbands had rejected the cultural beliefs of DV in High Oak, they occasionally encountered professionals who advised them based on these cultural values. Nonetheless, mothers actively shaped their present and future by empowering and advocating for themselves and others.
**Empowering and advocating for themselves and others.** Mothers with LS former husbands did not shift their values from maintaining the image of a “happy family” towards empowerment and advocacy because they had not internalized the cultural beliefs about DV in their affluent community. They disclosed DV with their informal and formal support networks, and began perceiving these disclosures as “liberating” because they had the agency to choose their confidants and their confidants provided positive support. After separation, all four mothers had made positive changes that either empowered them or began a new path in advocating for others. Renee said, “Now, I’m like almost (pause), I’m proud that I can say I’m a survivor. I’m proud that I can say I was in that type of relationship and that will never happen again.”

Sharon and Joanna were empowered by their personal experiences, too, and they dedicated much of their time working to empower and advocate for other women and children who experienced DV. Sharon was actively involved in local, state, and national DV awareness and intervention agencies, and Lorraine had become an advocate of trauma-based therapy for children and adolescents exposed to DV. These two mothers’ advocacy efforts were similar to mothers with HS husbands, which may be related to their unique personal circumstances. Sharon was divorced from a HS, abusive man in California prior to the marriage that she described in the present study, and Lorraine had faced tremendous difficulty navigating the local school and mental health systems for her children who suffered mental health issues in the years following her divorce. Much of their personal success and advocacy efforts were attributed to the support they received from their informal and formal support networks.
Chapter Five: Discussion

Husbands’ degree of power and status within High Oak Township emerged as central to understanding mothers’ process of managing secrecy and disclosure in the context of affluence. The centrality of husbands’ power and status in heterosexual affluent marriages and families has been noted by others (Levine, 2006; Sherwood, 2010; Ostrander, 1984), and a relatively linear process of leaving an abusive marriage among affluent women has been articulated by Weitzman (2000). However, the present study is the first to explicate the nuances within affluent mothers’ process of managing DV and the multiple layers of context that shape this process. This study puts forth a grounded theory of how affluent mothers manage secrecy and disclosure of DV and demonstrates that this process: 1) operates within gendered and class-ordered power relations inherent in affluent communities, 2) entails ongoing negotiations to conceal and reveal DV that are nonlinear and simultaneously occurring, and 3) is continuously influenced by mothers’ interactions with informal and formal support networks that act to uphold pervasive cultural norms about community, families, and DV. Informed by community social organization theory, communication privacy management theory, and postmodern feminist theories, I turn now to a discussion of the results and their implications.

Gendered and Class-Ordered Power Relations

By identifying the husbands’ degree of power and status in the community as central, the present study moved beyond identifying mothers’ diverse experiences based on their social location towards examining how gendered and class-ordered power and social relations operate concurrently in affluent communities (Baber, 2009). Regardless of the mothers’ power and status in the community and despite similarities in the physical and nonphysical abuse they endured during marriage, the husbands’ degree of power and status in the community greatly impacted how they managed their experiences with DV during and after marriage. This finding is consistent with the body of literature on affluent individuals and families that has documented the central role that the husband’s power and status has in dictating women’s experiences (Levine, 2006; Sherwood, 2010; Ostrander, 1984). However, the present study extends this knowledge by examining mothers’ decisions and experiences in the context of social and power relations that are shaped by norms associated with masculinity and femininity, compulsory heteronormativity that privileges the traditional family ideal, and White privilege (Sherwood, 2001). These norms and the power associated with them are pervasive in society but may be
more so in affluent communities (Sherwood, 2010). The dominant role of husbands’ power and status lends support to postmodern feminist theorists who argue, “Those with the most power in society tend to control the distribution of resources, the availability of opportunities, and the discourse that maintains dominance for privileged groups, suppressing belief systems that challenge their own” (Baber, 2009, p. 57).

Based on mothers' and social service providers’ reports, HS husbands in this study demonstrated a degree of narcissism, entitlement, and arrogance similar to the abusive husbands in Weitzman’s (2000) study. Indeed, society allows and reinforces these men’s behaviors (Sherwood, 2010; Weitzman, 2000), as these men typically hold the majority of the power in society; therefore, they are given free rein to act as they please without much consequence, as was found in the present study. Nevertheless, it is not just their gender and social class that gave them their power but also their White privilege. All of the mothers in this study and their former husbands were White, which is consistent with the U. S. Census (2007 – 2011) characteristics of High Oak Township and the neighborhood observations. Sherwood (2010) argues that affluent communities are largely “raced White,” which grants residents unearned power and privilege, thus maintaining class and racial inequalities in society. Postmodern feminists articulate the importance of acknowledging White privilege as well as examining how and why it is constructed and maintained and how individuals can disrupt it (Baber, 2009). Although the mothers and service providers rarely used language of race or Whiteness, their depiction of the “other women” who experience DV was understood as women of color and/or low-income White women. The perception that DV happens to “other” women contributes to the myth that DV does not happen in affluent communities like High Oak; thus, the mothers with HS husbands maintained the image of a “happy family” by keeping their DV a secret, which protected the status quo (e.g., White privilege). The present study shows how mothers’ shifting their values towards empowering and advocating for themselves and others disrupts the cyclical nature of internalized myths of DV and secrecy, which in turn, begins to disrupt White privilege in High Oak.

These findings have implications for educating and training professionals who work with affluent families and communities, especially police officers and court professionals. Education and training aimed at disrupting the myth that DV does not happen in affluent families is imperative step toward penetrating silence at the community level. Not only is education and
training needed but also professionals must be held accountable for responding to DV in ways that prioritize safety over the maintenance of secrecy and community image. Finally, policies and advocacy efforts that ensure services and programs are available to individuals and communities must not overlook the needs of affluent women. Increasing the availability and awareness of resources in visible ways (e.g., through churches or other trusted organizations) would also breakdown norms of silence and denial that DV happens only to others.

Moreover, recent studies have highlighted the importance of researchers, practitioners, and policymakers making distinctions in types of violence to adequately assess the needs of DV survivors (Johnson, 2008). Considering the strikingly different responses that mothers received depending on the husbands’ power and status in the community, similar efforts can be made by advocates and practitioners who can provide different resources and support depending on the husbands’ degree of power and status in the community.

**Managing Secrecy and Disclosure as Nonlinear and Ongoing**

With the exception of one mother, mothers in this study and providers’ clients left the marriages without ever returning. This pattern is contrary to a large body of literature that documents the process of leaving as a fluid and nonlinear process with multiple “ins,” “outs,” and “in betweens” (Bell, Goodman, & Dutton, 2007; Campbell et al., 1998, Khaw, 2010). However, their patterns of managing secrecy and disclosure were nonlinear and varied depending on the husbands’ degree of power and status. Consistent with communication privacy management (CPM) theory, the process of concealing and disclosing DV often occurred simultaneously and was at the core of the mothers’ decision making (Petronio, 2010). The present study contributes to the body of literature on CPM by providing a detailed analysis of how private family information is managed and negotiated from the perspective of affluent mothers.

**Managing as impacted by personal privacy orientation.** Mothers’ personal privacy orientation differed depending on their husbands’ power and status during the marriage, which had implications for how and when they negotiated secrecy and disclosure.

During marriage, mothers with HS husbands maintained the image of a happy family by strategically engaging with other community members to keep the DV a secret and protect the status quo. These mothers adhered to strict privacy protection rules that were driven by the culture of affluence. Specifically, mothers with HS husbands had three highly internalized
cultural beliefs about DV: living alone in their experiences, DV happens to “other” women, and the value of a traditional family that were rooted in a community culture that highly valued family privacy, maintenance of status, and the traditional family structure. As a result, mothers with HS husbands did not disclose the DV to individuals in their informal and formal networks during marriage. They were motivated to keep the DV a secret to protect the status quo of their lifestyle; therefore, they strategically engaged with other community members to maintain the image of a happy family.

In contrast, mothers with LS husbands managed their experiences by rejecting the culture of affluence and negotiating secrecy and disclosure of DV throughout marriage and after separation. Although mothers with LS husbands were secretive at times, they did not believe their secrecy was rooted in the cultural values and beliefs in High Oak. Instead, their privacy orientation was based on motivations specific to the DV and their individual circumstances. These mothers recalled feeling ashamed that they were in an abusive marriage due to factors, such as having ignored their family members’ early warnings. Thus, the present study contributes to the DV and help-seeking literature by answering Liang, Goodman, Tummala-Narra, and Weintraub’s (2005) call for more research that explores how DV survivors’ personal definition and interpretation of their experiences impacts their help-seeking processes. Additionally, these findings highlight how mothers’ privacy orientation evolves over time, as does their process of negotiating secrecy and disclosure. The shift in thinking and values that mothers with HS husbands experienced as well as others instances in which they fought their husbands’ dominance and abuse are consistent with survivor theory, which views abused women as active agents rather than helpless victims (Gondolf & Fisher, 1988). Hence, the mothers actively managed secrecy and disclosure of DV through ongoing negotiations with themselves, their support networks, and their larger community.

These findings have important theoretical and empirical implications. It is necessary to examine individuals and families within the context of their community but also within the context of their culture. Specifically, the mothers’ personal privacy orientations contribute to our understanding of sense of community, which is theorized to be a mediator between social organizational processes and individual/family results (Mancini & Bowen, 2013), but these findings complicate the typical way in which sense of community has been examined. Although Mancini and Bowen (2013) hypothesize that sense of community is a positive mediator in their
resiliency model, I posit that having a weak sense of community may serve as a protective factor for affluent mothers who experience DV. Mothers with LS husbands rejected the pervasive culture in High Oak, and thus, had a weak sense of community as they saw themselves as different from other High Oak mothers, which contributed to their openness in disclosing the DV during marriage.

**Negotiating secrecy and disclosure as goal driven and responsive to confidants.** Mothers’ decisions to begin disclosing, and thus, initiate negotiations between disclosure and secrecy were goal driven. Consistent with CPM theory, mothers had multiple goals in disclosing DV to their formal and informal support networks, including for help-seeking purposes, support, and acceptance (Vangelisti, Caughlin, & Timmerman, 2001). Mothers with HS husbands disclosed the DV to formal and informal networks when they decided to separate from their husbands. In contrast, mothers with LS husbands disclosed to informal support networks when they needed help, which provided them with the positive support and assistance they needed to obtain formal support. The mothers’ with LS husbands process was consistent with DV help-seeking stage models that show mothers progressing from more private efforts to stop DV, to informal support-seeking, and then to formal support if other efforts have not worked to stop the abuse (Goodman, Dutton, Weinfurt, & Cook, 2003; Liang et al., 2005).

Formal and informal support has been consistently documented as a potential buffer for negative outcomes associated with DV (see Liang et al, 2005); however, research on DV in affluent communities and in other potentially secretive communities highlights the complexity in what kind of support mothers receive. Mothers with HS husbands encountered both positive and negative responses from their informal and formal support networks, which is consistent with Weitzman, 2000, whereas mothers with LS husbands experienced largely positive formal and informal support. In contrast to Weitzman’s (2000) findings, religious leaders and mental health professionals were mostly supportive when mothers disclosed their experiences with DV. Social service providers acknowledged that religious leaders in High Oak had become much more adept in assisting women who experienced DV, which may account for some of these differences. However, the police department and court systems minimized the severity of the DV and protected the image of the happy family over the well-being of the mother and her children.

Research with other populations that appear to be especially secretive in disclosing DV, such as lesbian mothers, have also documented problematic responses from the police that range from
minimizing the severity of the DV to not intervening at all (Hardesty, Oswald, Khaw, & Fonseca, 2011; Ristock, 2002). Therefore, the present study partially responds to Liang et al.’s (2005) call for future studies that also include narratives of negative support rather than assuming support is always positive.

Additionally, mothers with HS husbands often had confidants who held privacy orientations that aligned with the community’s values of privacy and maintenance of status, which were consistent with the mothers’ privacy orientation during marriage, but not after separation. Many confidants offered to provide support, but the support was contingent on the mothers’ willingness to be discrete or keep the DV a secret, which did not align with mothers’ shifting privacy orientation. Additionally, mothers with HS husbands encountered reluctant confidants who did not wish to be co-owners of the private information, which impacted their responses. Upon initial disclosure, mothers’ privacy boundaries were relatively open and flexible, but over time they became more structured and strategically regulated in response to partially supportive and hostile responses. Indeed, negotiations of secrecy and disclosure were dynamic over time as mothers’ privacy orientation and accessibility rules fluctuated in response to ongoing abuse and varying responses from their support networks.

These findings have important implications for social service providers who work with affluent mothers who experience DV. Mothers in this study interacted with a wide range of providers who were in a unique position to potentially help them shift their thinking and privacy orientation rules away from valuing the culture of affluence and secrecy towards empowerment and advocacy. However, the providers in this study addressed secrecy and disclosure as stagnant; they did not discuss examples of mothers shifting their values or efforts to empower and advocate for others. Therefore, these findings can inform existing practice and advocacy efforts at the local, state, and national level such that affluent survivors of DV can gain additional avenues to empower themselves and advocate for other women.

**High Oak Township and Community Social Organization**

Community social organization provides a framework for understanding how people and networks in the community interact and provide support to one another (Mancini & Bowen, 2013). This framework has largely been examined from a strength based or resilience perspective to show how the reciprocal interactions between informal and formal networks, resources, and sense of community build trust and strengthen individual and family level results, especially in
the event of adversity (Mancini & Bowen, 2009). From this perspective, High Oak has the financial resources, economic and social power, and potential community capacity to tackle many community issues or adversities; however, that is not how the community currently operates for affluent mothers who experience DV. The ways in which formal and informal networks, social capital, and community responsibility interacted negatively impacted the safety and overall well-being of some residents in High Oak.

Mancini and Bowen (2009) posit that formal and informal networks are not static and fixed but rather they are dynamic and can evolve over time, and they have the potential to work together to promote community change and resilience. In High Oak, networks worked together to provide both positive and negative support. For example, Shana’s neighborhood friends gathered resources, a place for her and her children to stay, filed an order of protection, and found her an attorney (e.g., a positive first-order effect; Small & Supple, 2001). On the other hand, mothers with HS husbands experienced network interactions between the police department and court professionals that minimized their experiences with DV and protected the image of a happy family over their safety and well-being (negative second-order effect; Small & Supple, 2001). Additionally, HS husbands and individuals in mothers’ informal networks appeared to actively disallow DV resources in the community. Thus, networks in High Oak had the potential to interact and impact outcomes, but these outcomes were not guaranteed to yield positive results for all residents. There were many instances in which High Oak had obtained high levels of social capital, or the collective resources that arise from reciprocal network interactions (Mancini & Bowen, 2009). For example, teachers, administrators, parents, and community organizations worked together to create high quality curricula and extracurricular activities for the youth; however, mothers and social service providers were largely unaware of any DV resources in High Oak, which created a sense of distrust in the formal networks that were in place to provide them support.

In conclusion, High Oak Township is a high functioning community with potentially high collective competence in most measureable outcomes, but they have a low sense of shared responsibility when it comes to acknowledging and addressing DV in their community. Formal networks, such as women’s groups and religious organizations, had banded together with mental health professionals (second-order network effects, Small & Supple, 2001) to bring awareness to DV in the community; however, their efforts have not been championed like other initiatives,
such as bullying in schools. Therefore, there is relative silence around DV in High Oak. The present study highlights the complicated nature of the interactions between individuals, families, and communities. The interactions between network structures have the potential to build a stronger community capacity in High Oak, but the community members would need to develop a stronger sense of community that was rooted in the reality of family life, not just the façade of a happy family. Until that time, High Oak will remain an able community; a community with high levels of potential collective competence and low levels of shared responsibility (Mancini & Bowen, 2009)

**Limitations of the Present Study**

The results of the present study should be considered within the context of several limitations. First, the sample may be unique due to self-selection bias. Although recruitment efforts did not target mothers who had left their marriage, all but one of the mothers in the study had been divorced for at least six months. Given the high levels of secrecy around DV in High Oak, this is not entirely surprising; however, the proposed theory of managing secrecy and disclosure may only be applicable to affluent divorced mothers. Furthermore, nearly all of the mothers were actively involved in empowerment and advocacy efforts. It is possible that the study’s advertisements were especially appealing to women who had already disclosed their experiences to others. Perhaps participating in this study was viewed as another opportunity to help mothers like themselves. Indeed, many of them explicitly described this as their motivation for participating in the study. Mothers who self-identified with the description but did not respond may have had different experiences than those who did respond. For example, mothers who were still married and had safety concerns, mothers who were in the midst of the divorce process, or mothers who had not disclosed the DV to anyone may manage secrecy and disclosure differently than the current sample. Despite this limitation, the social service providers provided accounts of their clients’ experiences that included mothers who were still in their marriage or were going through the divorce process.

Second, because the mothers had been divorced on average for 6.5 years, their data were largely retrospective. The use of retrospective data has the potential to create recall bias, which may be more likely for mothers who experienced DV because they are at a heightened risk for psychological health effects that may impact their ability to accurately recall experiences of abuse (Yoshihama & Gillespie, 2002). However, many mothers reported that they looked
through old journals and court record notes prior to the interview to help refresh their memories of specific details, which likely helped to reduce recall bias. Additionally, their active involvement in advocacy efforts may have impacted how they viewed their past experiences. Social service providers’ recollections may also be influenced by recall bias. Specifically, the providers’ recollection of their clients’ experiences aligned entirely with mothers who had HS husbands. Mothers with LS husbands also sought help from social service providers; therefore, it is likely that the providers did work with mothers with LS husbands as well. It is possible that questions in the interview protocol, such as “From your experience, can you describe a typical affluent client or family you see that has experienced domestic violence?” may have invoked more recollections of the experiences and narratives that aligned with mothers with HS husbands.

Third, the results for the mothers with LS husbands are limited by the smaller sample size in comparison to the mothers with HS husbands. The husbands’ degree of power and status in the community was not identified as the central category until after data collection was complete; therefore, theoretical sampling to include more mothers with LS husbands did not occur. Finally, using grounded theory methods in combination with ethnographic approaches limits the generalizability. The results describe affluent mothers’ process of negotiating secrecy and disclosure in one township. It is possible that the cultural beliefs and values, interactions with informal and formal support individuals, and opportunities for empowerment and advocacy are unique to this sample and context.

Finally, the inclusion criteria for mothers to participate in the study did not include specific criteria related to their husbands’ individual wealth. The mothers were considered affluent for the purpose of this study if they met three of the following criteria: 1) have or had a combined marital income of at least $100,000 during the course of the marriage, 2) both (former) spouses have a minimum of a bachelor’s degree, 3) have a self-perception of being upper-middle class or upper-class, and 4) resided in High Oak Township during marriage. Based on these criteria, it was initially assumed that both the mothers and their husbands would be considered affluent; however, it is possible for mothers to have the self-perception of affluence and meet the SES indicators criteria as former couples but have a former husband who would not individually be considered affluent. This was not anticipated and was not discovered until well into analysis.
However, without this unforeseen limitation, I likely would not have captured the range of husbands’ power and status in the community and may have failed to understand its significance. Despite these limitations, results from the present study contribute to understanding how affluent mothers manage secrecy and disclosure in the context of their community and culture. To my knowledge, this is the first study to integrate the distinct literatures of DV and the culture of affluence. The theoretical integration of community social organization, community privacy management theory, and postmodern feminism theories highlights how the process of managing secrecy and disclosure of DV is nonlinear and continuously constructed; operates within gendered and class-ordered power relations that may be unique to affluent communities; and, is continuously influenced by the culture of affluence and interactions with informal and formal support networks.

**Future Directions**

To better understand how management of secrecy and DV occurs in affluent families and communities, future research should expand upon the following areas, 1) variations in mothers’ experiences; 2) comparisons across different affluent communities; 3) and, young adults’ perspectives.

Future studies should take into consideration the variation among mothers who reside within affluent communities. Despite living in the same affluent community and acknowledging similar cultural values and beliefs, mothers with HS husbands managed secrecy and disclosure during marriage and after separation differently than mothers with LS husbands. Recruitment efforts should include obtaining a sample of mothers with husbands who have high and low power and status. Furthermore, having a larger sample would allow for examining whether there is a more nuanced range in husbands’ power and status that further explains how mothers manage DV. Additionally, future studies should target affluent mothers longitudinally beginning during the marriage to capture their interpretation of the culture of affluence, privacy orientation, and overall management of secrecy and disclosure over time, which may limit recall bias.

While the body of literature on the culture of affluence is not specific to one particular community, but rather affluence in general, it is likely that there are variations across communities. High Oak, for example, did not appear to have high levels of collective competence and shared responsibility among all community members, which was apparent through the negative ways in which networks interacted to benefit those with the most power to
the detriment of mothers who experienced DV and their children. However, it is unlikely that all affluent communities operate the same as High Oak and adhere to the same cultural values. Future studies that compare the experiences of mothers from different affluent communities would shed light on affluent communities that respond to DV in ways that benefit individuals and families that, in turn, could serve as a model for other communities.

Finally, during the course of the marriage, the mothers in the present study were largely unaware of instances in which their children told others about their father’s abusive behavior; thus, it is unknown if the children adhered to the same privacy orientation as the mothers. Researchers should examine secrecy and disclosure management from the perspectives of affluent young adults who were raised in household with DV to contribute to a greater understanding of how privacy orientations are socialized within communities and families, but also how young adults’ privacy orientations are stagnant or change over time as they growing up and form intimate relationships of their own. Given that the majority of the mothers in the present study left or planned to leave the abusive marriage once their children were older or went to college, it is feasible that these issues would be of relevance to the lives of young adults from affluent communities.
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SHALVA. (2010). *Giving voice to the unspeakable: Documenting domestic violence in the Chicago Jewish community*. Chicago, IL.


Appendix A: IRB Approval Letter

UNIVERSITY OF ILLINOIS
AT URBANA-CHAMPAIGN

Office of the Vice Chancellor for Research
Institutional Review Board
528 East Green Street
Suite 205
Champaign, IL 61820

June 30, 2011

Jennifer Hardesty
Human & Community Development
243 Bevier Hall
905 S Goodwin Ave
M/C 180

RE: Domestic Violence and Secrecy in Affluent Families and Communities: A Grounded Theory Ethnography
IRB Protocol Number: 11586

Dear Jennifer:

Your response to required modifications for the project entitled Domestic Violence and Secrecy in Affluent Families and Communities: A Grounded Theory Ethnography has satisfactorily addressed the concerns of the University of Illinois at Urbana-Champaign Institutional Review Board (IRB) and you are now free to proceed with the human subjects protocol. The UIUC IRB approved the protocol as described in your IRB-1 application with stipulated changes, as part of their monthly review. Certification of approval is available upon request. The expiration date for this protocol, UIUC number 11586, is 06/13/2012. The risk designation applied to your project is no more than minimal risk.

Note: As stipulated by the IRB, submit a copy of your NIH Certificate of Confidentiality application to the IRB office within two weeks of the date of this approval letter.

Copies of the enclosed date-stamped consent forms must be used in obtaining informed consent. If there is a need to revise or alter the consent form(s), please submit the revised form(s) for IRB review, approval, and date-stamping prior to use.

Under applicable regulations, no changes to procedures involving human subjects may be made without prior IRB review and approval. The regulations also require that you promptly notify the IRB of any problems involving human subjects, including unanticipated side effects, adverse reactions, and any injuries or complications that arise during the project.

If you have any questions about the IRB process, or if you need assistance at any time, please feel free to contact me or the IRB Office, or visit our Web site at http://www.irb.illinois.edu.

Sincerely,

Sue Keehn, Director, Institutional Review Board

Enclosures

c: Megan Haselswerdt

telephone (217) 333-2670 • fax (217) 333-0405 • email IRB@illinois.edu
Appendix B: Recruitment Advertisements

Are you a mom who resides in High Oak Township?
AND
Has your current or former husband ever physically hurt you?

We're doing a research project about moms in this situation.

If you might be interested in participating, contact us for more information:

Megan Haselschwerdt, M.S.

Research Supervisor: Jennifer Hardesty, Ph.D.

University of Illinois

(217) 333-6924 or mhasels2@illinois.edu

Your Privacy and Confidentiality Will Be Protected

Participants will receive a $20 Starbucks gift card
Appendix C: Telephone, Email, and Letter Scripts

Telephone Script Mother

FOLLOW UP: NO ANSWER

If an answering machine picks up, leave the following message:

Hello, I am calling for [first and last name]. My name is Megan Haselschwerdt. I received your [email or voicemail] and I am calling to discuss The FACT Project. I will call back at another time. However, if you would like to call me, my phone number is [cell or office]. Please feel free to leave a message if I am not available. Thanks very much.

FOLLOW UP PHONE CALL: ANSWER

Hello, I am calling to speak with [first and last name]. Is she available?

If not available: Do you know when would be a good time to reach her? Could I ask to leave my name and number? My name is Megan Haselschwerdt. My telephone number is 217-333-6924.

If asked why I am calling: I am calling in regards to The FACT Project at the University of Illinois.

If asks what the project entails: The FACT Project is a project focusing on families and communities.

If available: Hi, my name is Megan Haselschwerdt from the University of Illinois. I received your [email or voicemail] and I am calling to discuss The FACT Project. Is now an OK time to talk for just a few minutes?

If no: Arrange a time to call back.

If yes: Great. You had expressed interest in participating in our study [or learning more about our study. Can I ask how you learned about our study? [Advertisement or referral]

We are doing a research study exploring affluent mothers’ experiences with domestic violence. Participation in this study would entail a one-time meeting that would last approximately 2 – 3 hours. We could meet wherever is most convenient for you, but some potential options are a public library or coffee shop where we could find some privacy. As a thank you for participating, participants will receive their choice of a $20 gift card to Starbucks or a gift bag with bath and relaxation products. May I ask you a few questions to determine if you are eligible to participate? Your answer will remain confidential.
If no: OK. I understand. However, because your participation is important to me, I would like to just see if there are any concerns or issues you might have about participating that I could help with? (Answer questions/address concerns.)

If still no: OK. I understand. Could I leave you my name and phone number just in case you have any questions or decide at a later point that you would be willing to participate? If yes: Great. My name is [first and last name] and my phone number is [cell and office]. Please feel free to contact me at any time. Thanks for your time. If no: Thanks very much for your time.

If not sure and wants time to think about it: [Arrange a time to call back.]

**Inclusion Criteria**

If yes: Do you have at least one child with your (former) husband? [If needed, clarify that it could be a biological, adopted, or child that views her (former) husband as their (previously) primary residential father]

If does not qualify: Unfortunately right now I am only interviewing women who have children with their (former) husband. Thank you very much for your time.

If yes: Do you reside on the High Oak Township?

If does not qualify: Unfortunately right now I am only interviewing women who reside in the High Oak Township. Could I keep your contact information in the event that we decide to interview individuals outside of these two townships?

If yes: Verify contact information and thank them for their time.

If no: Thank you for your time.

If yes: I am going to ask you four questions, please indicate which ones, if any, refer to you and/or your family [must response positively for at least three of the following]:

1. Do you and your (former) husband have or had a combined marital income of at least $100,000?

2. Have a self-perception of being upper-middle class or upper-class?

3. Do you and your (former) husband both have a minimum of a bachelor’s degree?

If does not qualify: Thank you very much for answering these questions. As it turns out, your experiences do not fit the criteria I am looking for. I am currently trying to locate women from specific communities. Thanks again for your time.
If yes: During your marriage, has your (former) husband ever pushed or shoved you with force, slapped, punched, kicked, beat you up, or punched with something that could hurt? If yes, did this happen on more than one occasion?

If does not qualify: Thank you very much for answering these questions. As it turns out, your experiences do not fit the criteria I am looking for. I am particularly interested in learning more about mothers who have experienced a pattern of violence or abuse during their marriage. Thanks again for your time.

If does qualify and agrees to participate: Great. All we need to do now is set up a time for the interview. We can schedule an interview at a public location in your community or wherever is most comfortable for you. [Discuss and make a decision on location (discuss need for a private room to interview); set up day/time; get directions; ask if she would like a reminder call the day before; make sure she has your contact information.] Ok. Do you have any questions for me? [Answer questions. If no questions, tell her to feel free to contact me before the interview if she should have any questions.] Thank you very much for your time, and I look forward to meeting with you on [scheduled date, time, and place.]
Telephone Script for Social Service Providers

FOLLOW UP: NO ANSWER

If an answering machine picks up, leave the following message:

Hello, I am calling for [first and last name]. My name is Megan Haselschwerdt. I received your [email or voicemail] and I am calling to discuss The FACT Project. I will call back at another time. However, if you would like to call me, my phone number is [cell or office]. Please feel free to leave a message if I am not available. Thanks very much.

FOLLOW UP PHONE CALL: ANSWER

Hello, I am calling to speak with [first and last name]. Is she/he available?

If not available: Do you know when would be a good time to reach her/him? Could I ask to leave my name and number? My name is Megan Haselschwerdt. My telephone number is 217-333-6924.

If asked why I am calling: I am calling about The FACT Project at the University of Illinois.

If available: Hi, my name is Megan Haselschwerdt from the University of Illinois. I received your [email or voicemail] and I am calling to discuss The FACT Project. Is now an OK time to talk for just a few minutes?

If no: Arrange a time to call back.

If yes: Great. You had expressed interest in participating in our study [or learning more about learning more about our study. Can I ask how you learned about our study? [Advertisement or referral]

(Individual Interviews) We are doing a research study exploring domestic violence in affluent families and communities and professionals who work with them. Participation in this study would entail a one-time meeting that would last approximately 1 – 2 hours. We could meet wherever is most convenient for you, but some potential options are a public library or coffee shop where we could find some privacy. May I ask you a few questions to determine if you are eligible to participate?

(Focus Group Individuals) We are doing a research study exploring domestic violence in affluent families and communities and professionals who work with them. Participation in this study would entail a one-time meeting with approximately five other individuals that share similar professional experiences with you. The meeting would last approximately 1 – 2 hours, and I would work out the scheduling for the meeting based on everyone’s availability. We could meet wherever is most convenient for the group, but some potential options are community centers, public libraries with meeting rooms, or an office space with
a private meeting room. May I ask you a few questions to determine if you are eligible to participate?

If no: OK. I understand. However, because your participation is important to me, I would like to just see if there are any concerns or issues you might have about participating that I could help with? (Answer questions/address concerns.)

If still no: OK. I understand. Could I leave you my name and phone number just in case you have any questions or decide at a later point that you would be willing to participate? If yes: Great. My name is [first and last name] and my phone number is [cell and office]. Please feel free to contact me at any time. Thanks for your time. If no: Thanks very much for your time.

If not sure and wants time to think about it: [Arrange a time to call back.]

If yes (for individual interviews and focus groups): Do you or have you previously worked with affluent families and children who experienced domestic violence?

If does not qualify (for individual interviews and focus groups): Unfortunately, at this time we are only interviewing individuals who have experience working with this population. Thank you for your time.

If yes: Also, is your workplace located within either High Oak Township or do you work with women, children, or families from High Oak Township?

If does not qualify: Unfortunately right now I am only interviewing young adults who went to high school in High Oak Township. Could I keep your contact information in the event that we decide to interview individuals who work with individuals from outside of these two townships?

If yes: Verify contact information and thank them for their time.

If no: Thank you for your time.

If does not qualify (for individual interviews and focus groups): Unfortunately, at this time we are only interviewing individuals who currently work within particular communities. Thank you for your time.

If does quality and agree to participate: Great. All we need to do now is set up a time for the meeting. Once I get all of the other participants schedules I will be in touch to finalize the date, time, and location[Discuss and make a decision on location (discuss need for a private room to interview); set up day/time; get directions; ask if she would like a reminder call the day before; make sure she has your contact information.] Ok. Do you have any questions for me? [Answer questions. If no questions, tell her to feel free to contact me before the interview if she should have any questions.] Thank you very much for your time, and I look forward to meeting with you.
Email and Letter Script for Social Service Providers

Dear ______________________________,

My name is Megan Haselschwerdt and I am a graduate student at the University of Illinois-Urbana Champaign. We are doing a research study exploring domestic violence in affluent families and communities from the perspective of professionals who work with this population (e.g., lawyers, GAL, psychologists, school social workers).

Participation in this study would entail a one-time meeting that would last approximately 1 – 2 hours. We could meet wherever is most convenient for you, but some potential options are a public library, your office, or a coffee shop where we could find some privacy. All information we collect will be kept private and confidential.

If you have any questions about the research study, would like to participate in the one-time interview, or would like to decline at this time, please feel free to contact us at (217) 333-6924 or mhasels2@illinois.edu

Thank you again for your help with this important project!

Sincerely,

Megan Haselschwerdt, M.S.        Jennifer L. Hardesty, Ph.D.
Doctoral Student                Associate Professor and Principal
Investigator
Appendix D: Consent Forms

CONSENT TO PARTICIPATE FOR MOTHERS

Title: Families and Communities Together

Investigators: Jennifer L. Hardesty, Ph.D. & Megan Haselschwerdt, M.S.
Department of Human and Community Development
University of Illinois at Urbana-Champaign

Date/Revision: April 25, 2010

Purpose of Research Study
We are doing a research study to understand the experiences of affluent mothers who have experienced abuse in their marriage. We are interested in how mothers from affluent families and communities manage their experiences.

Procedures
We are asking you to join this research study. You would meet with us one time and the meeting will last between 2 – 3 hours. We will meet with you at a time and place of your choosing. We will ask you some interview questions about your marriage, your family, and community life. I will also ask you about any abuse you have experienced and how you managed your experiences within your family and community. Mothers who participate in this study must be at least 18 years of age.

You do not have to join this or any research study. Your participation is voluntary. If you do join, and later change your mind, you may quit at any time. If you refuse to join or end your participation early, you will not be penalized or lose any benefits to which you are otherwise entitled. Your decision to participate, decline, or withdraw from participation will have no effect on your current or future relations with the University of Illinois.

Confidentiality
All information we collect will be kept private (confidential). Only the project staff will have access to the interviews. All documents with your name will be kept locked up in a safe place. Your interview will only be identified with a code number, not your name. We will describe the results of the study without using names or other identifying information. With your permission, we will audio record the meeting. We will transcribe the audio recording and remove all identifying information from the transcripts. Audio recordings will be destroyed within two years of the completion of all interviews. If you do not give permission to audio record, the interviewer will just take notes.

We are committed to protecting your privacy. The only time we will report what someone said is if we are told about ongoing child abuse (we are required by law to report child abuse), or if someone is so upset they are thinking of hurting or killing themselves or someone else. We will then take steps to help that person get treatment.

To help us protect your privacy, we have applied for a Certificate of Confidentiality from the National Institutes of Health. With this Certificate, the researchers cannot be forced to disclose information that may identify you, even by a court subpoena, in any federal, state, or local civil, criminal, administrative, legislative, or other proceedings. The researchers will use the Certificate to resist any demands for information that would identify you, except as explained below. You should understand that a Certificate of Confidentiality does not prevent you or a member of your family from voluntarily releasing information about yourself or your involvement in this research. If an insurer, employer, or other person obtains your written consent to receive research information, then the researchers may not use the Certificate to withhold that information.
Risks/Discomforts
The risks involved in doing this study are minimal. You may find it upsetting talking about domestic violence that you encounter in your professional life. That is quite understandable. If you do become upset, we will take a break or stop the interview if you want to. We can do the interview at a private, community location (e.g., public library). We will schedule the interview at a time and place that is convenient for you. You may end participation at any time without penalty, and you may skip any questions you do not wish to answer.

Benefits
Many people find it helpful to talk about their personal experiences, but we do not know for sure if taking part in the study will be personally beneficial for you. However, the information you give us will potentially help other professionals who work with similar populations in the future. What we learn from you and other professionals in this study will help us and others better understand domestic violence in affluent families and communities.

Questions You May Have About the Research Study
This consent form explains the research study. Please read it carefully. Ask questions about anything you do not understand. If you do not have questions now, you may ask later. If you have questions you should contact Megan Haselschwerdt at (217) 333-6924 or mhasels2@illinois.edu or Dr. Jennifer Hardesty at (217) 333-0725 or hardesty@illinois.edu.

If you have any questions about your rights as a participant in this study or any concerns or complaints, please contact the University of Illinois Institutional Review Board Office at (217) 333-2670 (collect calls will be accepted if you identify yourself as a research participant) or via email at irb@illinois.edu.

Giving Consent
Your consent to participate in this research study means that you understand the information given to you about the study and in this consent form, and you have been given a copy of the consent form. Your consent means that you agree to join the study and give permission to Dr. Jennifer Hardesty and Megan Haselschwerdt to perform the procedures referred to: report research findings to scientific bodies and funding agencies; and to publish and present the findings in professional settings. By consenting, you have not waived any of the legal rights which you otherwise would have as a participant in a research study.

By giving oral consent, you are indicating that you understood what you have read and/or heard and that you voluntarily agree to participate in the study. Do you agree to participate in the study?

Audio recordings will be destroyed once the study is complete, do I have your permission to record the interview?
CONSENT TO PARTICIPATE FOR DOMESTIC VIOLENCE PROFESSIONALS
(INTERVIEW)

Title: Families and Communities Together

Investigators: Jennifer L. Hardesty, Ph.D. & Megan Haselschwerdt, M.S.
Department of Human and Community Development
University of Illinois at Urbana-Champaign

Date/Revision: April 25th, 2010

Purpose of Research Study
We are doing a research study to understand the experiences of domestic violence in affluent families and communities. We are interested in the role of secrecy in affluent families and communities from the perspective of individuals who have professional experience working with mothers and their children who have experienced domestic violence.

Procedures
We are asking you to join this research study. You would meet with us one time and the meeting will last between 1 – 2 hours. We will meet with you at a time and place of your choosing. We will ask you some interview questions about your professional experiences and how family and community members hide and/or bring attention to domestic violence. I will also ask you about the types of domestic violence you see in your work, the role that secrecy plays in mothers’ and/or children’s decision to disclose or not disclose abuse to friends, family members, and other community members, and barriers and opportunities that exist for bringing domestic violence in affluent communities to the public’s attention.

Domestic violence professionals who participate in this study must be at least 18 years of age.

You do not have to join this or any research study. Your participation is voluntary. If you do join, and later change your mind, you may quit at any time. If you refuse to join or end your participation early, you will not be penalized or lose any benefits to which you are otherwise entitled. Your decision to participate, decline, or withdraw from participation will have no effect on your current or future relations with the University of Illinois.

Confidentiality
All information we collect will be kept private (confidential). Only the project staff will have access to the interviews. All documents with your name will be kept locked up in a safe place. Your interview will only be identified with a code number, not your name. We will describe the results of the study without using names or other identifying information. With your permission, we will audio record the meeting. We will transcribe the audio recording and remove all identifying information from the transcripts. Audio recordings will be destroyed within two years of the completion of all interviews. If you do not give permission to audio record, the interviewer will just take notes.

To help us protect your privacy, we have applied for a Certificate of Confidentiality from the National Institutes of Health. With this Certificate, the researchers cannot be forced to disclose information that may identify you, even by a court subpoena, in any federal, state, or local civil, criminal, administrative, legislative, or other proceedings. The researchers will use the Certificate to resist any demands for information that would identify you, except as explained below. You should understand that a Certificate of Confidentiality does not prevent you or a member of your family from voluntarily releasing information about yourself or your involvement in this research. If an insurer, employer, or other person obtains your written consent to receive research information, then the researchers may not use the Certificate to withhold that information.
Risks/Discomforts
The risks involved in doing this study are minimal. You may find it upsetting talking about domestic violence that you encounter in your professional life. That is quite understandable. If you do become upset, we will take a break or stop the interview if you want to. We can do the interview at a private, community location (e.g., public library). We will schedule the interview at a time and place that is convenient for you. You may end participation at any time without penalty, and you may skip any questions you do not wish to answer.

Benefits
Many people find it helpful to talk about their personal experiences, but we do not know for sure if taking part in the study will be personally beneficial for you. However, the information you give us will potentially help other professionals who work with similar populations in the future. What we learn from you and other professionals in this study will help us and others better understand domestic violence in affluent families and communities.

Questions You May Have About the Research Study
This consent form explains the research study. Please read it carefully. Ask questions about anything you do not understand. If you do not have questions now, you may ask later. If you have questions you should contact Megan Haselswerdt at (217) 333-6924 or mhasels2@illinois.edu or Dr. Jennifer Hardesty at (217) 333-0725 or hardesty@illinois.edu.

If you have any questions about your rights as a participant in this study or any concerns or complaints, please contact the University of Illinois Institutional Review Board Office at (217) 333-2670 (collect calls will be accepted if you identify yourself as a research participant) or via email at irb@illinois.edu.

Giving Consent
Your consent to participate in this research study means that you understand the information given to you about the study and in this consent form and you have been given a copy of the consent form. Your consent means that you agree to join the study and give permission to Dr. Jennifer Hardesty and Megan Haselswerdt to perform the procedures referred to; report research findings to scientific bodies and funding agencies; and to publish and present the findings in professional settings. By consenting, you have not waived any of the legal rights which you otherwise would have as a participant in a research study.

By giving oral consent, you are indicating that you understood what you have read and/or heard and that you voluntarily agree to participate in the study. Do you agree to participate in the study?

Audio recordings will be destroyed once the study is complete, do I have your permission to record the interview?
PARENTAL CONSENT FORM

[Date]

Dear Parent:

We are from the Department of Human and Community Development at the University of Illinois and we would like to include your child, along with about 6 of his or her peers who serve on the youth board for Haven Youth and Family Services, in a research project on youth's experiences growing up in an affluent community.

Procedures
We are asking your permission for your child to participate in this study if he or she would like to participate. Your child would meet with us and the other participating children once a week for one hour and the meeting will last between 1 – 2 hours. We will ask questions about their experiences with growing up in an affluent community. Specifically, we will ask about their daily lives, interactions with friends, family members, and other influential community members, and the positive and negative aspects of residing in an affluent community.

Your child’s participation in this project is completely voluntary. In addition to your permission, your child will also be asked if he or she would like to take part in this project. Only those children who have parental permission and who want to participate will do so, and any child may stop taking part at any time. You are free to withdraw your permission for your child’s participation at any time and for any reason without penalty. These decisions will have no effect on your future relationship with the University of Illinois or Haven Youth and Family Services.

Confidentiality
All information we collect will be kept private (confidential) by the researcher but potential confidentiality risks from other groups members are explained below. Only the project staff will have access to the information. All documents with your child’s name will be kept locked up in a safe place. Your child’s name will only be identified with a code number, not his or her name. Any sharing or publication of the research results will not identify any of the participants by name or other identifying information. Although we as researchers guarantee we will keep your child’s information private, we cannot guarantee that your child’s identity or the information shared in the meeting will be treated privately by the other participants. With you and your child’s permission, we will audio record the meeting. We will transcribe the audio recording and remove all identifying information from the transcripts. Audio recordings will be destroyed within two years of the completion of all interviews. If you do not give permission to audio record, the interviewer will just take notes.

We are committed to protecting your and your child’s privacy. The only time we will report what someone said is if we are told about ongoing child abuse (we are required by law to report child abuse), or if someone is so upset they are thinking of hurting or killing themselves or someone else. We will then take steps to help that person get treatment.

To help us protect your privacy, we have applied for a Certificate of Confidentiality from the National Institutes of Health. With this Certificate, the researchers cannot be forced to disclose information that may identify you, even by a court subpoena, in any federal, state, or local civil, criminal, administrative, legislative, or other proceedings. The researchers will use the Certificate to resist any demands for information that would identify you, except as explained below. You should understand that a Certificate of Confidentiality does not prevent you or a member of your family from voluntarily releasing information about yourself or your involvement in this research. If an insurer, employer, or other person obtains your written consent to receive research information, then the researchers may not use the Certificate to withhold that information.
Risks/Discomforts
The risks involved in doing this study are minimal. It is possible that your child may find it upsetting to talk about their personal experiences. That is quite understandable. If any of the participants do become upset, we will take a break or stop the meeting if they want to. Your child may end participation at any time without penalty, and he or she may skip any questions they do not wish to answer.

Benefits
Many people find it helpful to talk about their personal experiences, but we do not know for sure if taking part in the study will be personally beneficial for your child. However, the information you give us will help other families and community members who have similar experiences in the future. What we learn from your child and other youth in this study will help us and others better understand the experiences of affluent families and communities. To thank your child for his or her time and participation, we will provide snacks and refreshments during our meeting.

In the space provided at the end of this letter, please indicate whether you do or do not want your child to participate in this research project and return this note to
Please keep the second copy of this form for your records.

We look forward to speaking with your child. We think that our research will help us and others better understand the experiences of youth growing up in affluent communities.

If you have questions you should contact Megan Haselschwerdt at (217) 333-6924 or mhasels2@illinois.edu or Dr. Jennifer Hardesty at (217) 333-0725 or hardesty@illinois.edu.

If you have any questions about your child’s rights as a participant in this study or any concerns or complaints, please contact the University of Illinois Institutional Review Board Office at (217) 333-2670 (collect calls will be accepted if you identify yourself as a parent of a research participant) or via email at irb@illinois.edu.

Please keep the attached copy of this consent form for your records.

Sincerely,

Jennifer Hardesty, Ph.D.
(217) 333-0725
hardesty@illinois.edu

Megan Haselschwerdt, M.S.
217-333-6924
mhasels2@illinois.edu

I do/do not (circle one) give permission for my child __________________________ (name of child) to participate in the research project described above.

(Print) Parent's name

Parent's signature

Date

JUN 13 2012
ASSENT FORM FOR MINORS

Title: Families and Communities Together

Investigators: Jennifer L. Hardesty, Ph.D. & Megan Haselschwerdt, M.S.
Department of Human and Community Development
University of Illinois at Urbana-Champaign

Date/Revision: April 25th, 2010

Purpose of Research Study
We are from the Department of Human and Community Development at the University of Illinois and we would like to include you, along with about 6 of his or her peers who serve on the youth board for Haven Youth and Family Services, in a research study on youth’s experiences growing up in an affluent community.

Procedures
We are asking you to join this research study. You will meet with us and approximately 6 other youth board members from the Haven Youth and Family Services at a time, and the meeting will last between 1 – 2 hours. We will meet with you and the other participants at a time and place that is convenient for all attending participants. We will ask questions about your experiences growing up in an affluent community. Specifically, we will ask about your daily lives, interactions with friends, family members, and other influential community members, and the positive and negative aspects of growing up in an affluent community.

You do not have to join this or any research study. Your participation is voluntary. If you do join, and later change your mind, you may quit at any time. If you refuse to join or end your participation early, you will not be penalized or lose any benefits to which you are otherwise entitled. Your decision to participate, decline, or withdraw from participation will have no effect on your current or future relations with the University of Illinois.

Confidentiality
All information we collect will be kept private (confidential) by the researcher but potential confidentiality risks from other groups members are explained below. Only the project staff will have access to the information gathered in this study. All documents with your name will be kept locked up in a safe place. You will only be identified with a code number, not your name. We will describe the results of the study without using names or other identifying information. Although we as researchers guarantee we will keep your information private, we cannot guarantee that your identity or the information shared in the meeting will be treated privately by the other participants. With your permission, we will audio record the meeting. We will transcribe the audio recording and remove all identifying information from the transcripts. Audio recordings will be destroyed within two years of the completion of all interviews. If you do not give permission to audio record, the interviewer will just take notes.

We are committed to protecting your privacy. The only time we will report what someone said is if we are told about ongoing child abuse (we are required by law to report child abuse), or if someone is so upset they are thinking of hurting themselves or someone else. We will then take steps to help that person get treatment.

To help us protect your privacy, we have applied for a Certificate of Confidentiality from the National Institutes of Health. With this Certificate, the researchers cannot be forced to disclose information that may identify you, even by a court subpoena, in any federal, state, or local civil, criminal, administrative, legislative, or other proceedings. The researchers will use the Certificate to resist any demands for information that would identify you, except as explained below. You should understand that a Certificate
of Confidentiality does not prevent you or a member of your family from voluntarily releasing information about yourself or your involvement in this research. If an insurer, employer, or other person obtains your written consent to receive research information, then the researchers may not use the Certificate to withhold that information.

Risks/Discomforts
The risks involved in doing this study are minimal. It is possible that you may find it upsetting to talk about your personal experiences. That is quite understandable. If you do become upset, we will take a break or stop the meeting if they want to. You may end participation at any time without penalty, and you may skip or not answer any questions you do not wish to answer.

Benefits
Many people find it helpful to talk about their personal experiences, but we do not know for sure if taking part in the study will be personally beneficial for you. However, the information you give us will help other families and community members who have similar experiences in the future. What we learn from you and other youth participants in this study will help us and others better understand the experiences of affluent families and communities. To thank you for your time and participation, we will provide snacks and refreshments during our meeting.

Questions You May Have About the Research Study
This consent form explains the research study. Please read it carefully. Ask questions about anything you do not understand. If you do not have questions now, you may ask later. If you have questions you should contact Megan Haselschwerdt at (217) 333-6924 or mhaseels2@illinois.edu or Dr. Jennifer Hardesty at (217) 333-0725 or hardesty@illinois.edu.

If you have any questions about your rights as a participant in this study or any concerns or complaints, please contact the University of Illinois Institutional Review Board Office at (217) 333-2670 (collect calls will be accepted if you identify yourself as a research participant) or via email at irb@illinois.edu.

Giving Assent
Your parents have given you permission to participate in this study, but whether or not you want to participate is up to you. Your assent to participate in this research study means that you understand the information given to you about the study and in this assent form and you have been given a copy of the assent form. Your assent means that you agree to join the study and give permission to Dr. Jennifer Hardesty and Megan Haselschwerdt to perform the procedures referred to; report research findings to scientific bodies and funding agencies; and to publish and present the findings in professional settings. By consenting, you have not waived any of the legal rights which you otherwise would have as a participant in a research study.

Please keep the attached copy of this assent form for your records.
- I have read and understand the above assent form and voluntarily agree to participate in this study

Participant’s signature

Date
- I agree to have the meeting audio recorded. Audio recordings will be destroyed once the study is complete.

Participant’s signature

JUN 13 2012
Appendix E: Interview Protocols

Interview Protocol for Mothers

The purpose of this interview is for me to learn more about affluent women’s experiences with a current or former partner who has ever physically hurt them. I am going to ask you to tell me about your marriage and family dynamics. I will be asking you about any abuse you experienced as well as how you managed your experiences within your family and community. I would really like you to tell me your story as you experienced it. I will be asking broad questions followed by more specific questions throughout the interview but I encourage you to just share your story.

Finally, I want to let you know that I will not be judging you based on your responses. If I don’t comment on certain things you tell me, it is simply because I want you to continue your story.

Do you have any questions before we begin?

First, I’m going to ask you some background information, and I’m going to draw out a picture of your family – it’s called a genogram – so that I can get a picture of who is in your family and the relationships in your family.

I. Demographics/Background Information

Some of these questions are a little personal in nature, so I understand if you are uncomfortable in answering.

First can you tell me your relationship status with your child’s father? Are you married, separated, divorced, or in another type of relationship?

1. What is your date of birth?
2. What is your race or ethnicity?
3. What is your highest level of education?
4. What is your employment status? [Probe if employment status has changed since separation or divorce if applicable]

   a) (If employed) What is your primary job or profession [Probe if this is the same job or profession she had during marriage if divorced or separated]

   b) (If not employed) Are you unemployed by choice? [Probe for last job or profession]

5. Where do you currently live? [Probe for whether or not her residence has changed since marriage if they are now separated or divorced.]

   a) If divorced or separated, is this where you lived during your marriage?

6. What is your (former) partner’s DOB or age?
7. What is your (former) partner’s highest level of education?
8. What is your (former) partner’s employment status? [Probe if employment status has changed since separation or divorce if applicable]
   a) (If employed) What is his primary job or profession? [Probe if this is the same job or profession he had during marriage if divorced or separated]
   b) 
   c) (If not employed) Is he unemployed by choice? [Probe for last job or profession]
9. (If separated or divorced) Where does your former partner currently live?
10. (If separated or divorced) What was your joint annual income in the year before physically separating? [Probe for how her financial situation has changed since separation or divorce]

Now, I’m going to ask you some questions about your relationship with your (former) partner.

11. When did your relationship begin?
12. When did you get married?
13. SAVE FOR LATER IF IT FLOWS BETTER (If separated or divorced) When did you physically separate?
   a) (If divorced) Who filed for divorce?
   b) What year did you/he file for divorce?
   c) When was the divorce finalized?
14. (If separated or divorced) Are either of you remarried or in a new relationship? [If yes, probe for when relationship began, if remarried, when remarried, etc. for each person]

And finally, the last two background questions are:

15. How many children do you have with your (former) partner? Beginning with your first child, what is the sex and birth date (or age) of each child?
16. Are there any extended family members or individuals who lived in your house for extended periods of time (e.g., nanny, house keeper, grandparent) or anyone else you consider family that might come up in the interview that I should add to the drawing?

II. Abuse in marriage
I am now going to ask you to tell me about your marriage.

1. If you were an outsider (e.g., not close friend or family member), how would you describe what your marriage/family appeared?
   o How does this compare to how you would describe your marriage/family life?
2. Over the phone I asked you about different acts of abuse that may have occurred in your relationship. How was the abuse part of your marriage? [If unsure, ask to give some examples of situations in which violence occurred they were exposed. In other words, probe for details around of what role the violence played in the marital relationship]

3. When did the abuse begin?

4. Did the abuse change over time? If yes, how so?

5. Can you describe the physical abuse you experienced?
   - Frequency?
   - Severity?
   - Children present?

6. In addition to physical abuse, was your (former) husband abusive in other ways? If yes, please explain. [Probe with examples of emotional, sexual, financial, etc. abuse, if needed. Probe for possible controlling behaviors by asking her to elaborate on her examples of abuse.]

7. What do you think was the motive for your (former) husband’s abuse?

8. [If participant does not mention control issues in the preceding questions, directly ask if such behaviors were present.] Would you describe your (former) husband as controlling during marriage or not controlling? If yes, how so? Can you give me some examples? If no, why would you say he is not controlling?

9. What was the context of the abuse? In other words, what kinds of things were going on when abuse occurred? [If necessary, probe regarding specific arguments, unpredictable violence, and violence used to control.]

10. Why do you think your (former) partner was abusive towards you? [Probe for what purpose it served]

_(If separated or divorced) I’m going to shift now to some questions about your separation and divorce._

11. _(If separated or divorced) Who initiated the separation?
   - If he did, why?
   - If she did, how did he respond to your decision? [Probe for responses that indicate control, such as threats of violence if she left.]
12. Who initiated the divorce?
   o If he did, why?
   o If she did, how did he respond to your decision? [Probe for responses that indicate control, such as threats of violence if she left.]

13. (If separated or divorced) Has your (former) husband’s abusive behavior continued since you separated or divorced?
   o If yes, how so?
   o If no, why do you think it has stopped?

Now I’m going to ask you some questions about your children and the abuse that you experienced

14. How frequently do you think the children witnessed or overheard violent behavior by your (former) husband during your marriage?

   Describe the violence they’ve been exposed to. [Probe regarding whether the violence occurs (e.g., when exchanging children for visitation, when father comes to mother’s house to pick up the children) and whether children were present and witnessed it, overheard it, or saw the aftermath (e.g., bruises, property damage).]

15. How frequently do you think the children have witnessed or overheard some of the other abusive or controlling behavior that you previously described by your (former) husband during your marriage? Describe the other abusive or controlling behavior they’ve been exposed to. [Probe with examples of emotional, sexual, financial, etc. abuse, if needed. Probe for possible controlling behaviors by asking her to elaborate on her examples of abuse.]

16. How did/do your children respond when your (former) husband is abusive to you?

17. Did any of the children ever tried to intervene when your (former) husband was abusive to you? Can you tell me what happens?

Alright, now we are going to discuss how you managed your experiences within your family and community.

III. How families manage their experienced within their family and community

1) Can you tell me about the first time someone in or outside your family learned of what was happening in your family? [Probe for who it was, how did it make you feel, what was their response, how did they manage the situation]

   If someone did learn…

   i) What was their response when they found out about his behavior? If it was not supportive, why do you believe they were not supportive? [Probe for affirming or
disaffirming statements made by family, reasons behind their response, suggestions that family made, was she glad she confided in someone.] 

ii) What was your relationship with _______ like after they found out? [Probe for any changes, reasons why, relationship with them after divorce]

iii) Was there anyone else in or outside of your family who learned about his behavior? [Probe for same specific questions]

iv) If no, what factors contributed to your decision to not discuss his behavior? [Probe for disclosure of types of abuse aside from physical if she doesn’t bring them up]

v) If she never disclosed violence or only told a few people) Did you intentionally keep your (former) husband’s behavior from others?

vi) If so, at what point did you decide to do so?

vii) What were some of the factors contributing to your decision to keep his abusive behavior from others?

*If not covered, ask about children’s discussion with her, amongst siblings, if they disclosed his behavior to anyone

If no one ever learned…

a) What do you think the response would have been from family member if they did learn? What about friends? Coworkers? Neighbors? Professionals?

2) Did you do anything particular to keep people from finding out?

3) Did you receive any messages about keeping your (former) husband’s abusive behavior from others?

   a) If so, what were some of those messages?

   b) Where did these messages come from?

   c) Do you feel that you ever gave these messages to your children, or other family members?

      i) If so, can you tell me why?

Professionals and Community Resources

4) Did you ever contact the police and/or a domestic violence program or center?

   a) If yes, which one and what was their response?
i) Did other individuals find out that you contacted them?  
ii) What was the response within your family and outside your family?

b) If no, what factors played a role in your decision not to contact police and/or DV program or center?

c) How do you feel about the services or resources available in your community or neighborhood for women who have been abused by their (former) husbands? What services/resources are you aware of and have you used them? If yes, were they helpful? Explain. If no, why?

5) What do you feel are some of the negative aspects of keeping your (former) husband’s behavior from others within the family?

6) What do you feel are some of the positive aspects of keeping your (former) husband’s behavior from others within the family?

7) What role, if any, do you think residing in an affluent community or neighborhood played into your decision to or not to openly discuss your (former) husband’s abusive behavior? [Probe for discussion of material wealth, maintenance of status, reputation, perception of other mothers]

8) Do you think other women in your community with similar experiences tell others about their (former) husband’s abusive behavior?

   a) (If yes) How do you think others have responded when women in your community discuss their (former) husband’s abusive behaviors?

   b) (If not) Why do you think that other women in your community do not tell anyone about their (former) husband’s abusive behavior?

In this last part of the interview, I am going to ask you some questions more broadly about living in your community.

IV. Affluent Community

1) What are the cultural values, beliefs, and norms that are present in your community? [Probe for whether they are her cultural/values/beliefs norms, how do these values, etc. present themselves, are they truly followed or just superficial?]

2) Within your community, how are families expected to present themselves? [Probe for why, who sets these standards, what are the negatives, positives]

3) What do you see as some of the negatives or down sides to living in your community or neighborhood? [Probe specifically for responses related to dealing with silent family issues, pressure of status and reputation]
4) What are some of the positives or strengths of living in your community or neighborhood?
   a) Do you feel that the positives outweigh the negatives?

5) What do you think the response would be if women in your community and neighborhood openly discussing the abuse they experienced in their current or former marriages? [Probe for if community members would believe them, negative repercussions for her, her children, and/or her family if she doesn’t address these]

6) Domestic violence programs and shelters have a mantra that “Domestic violence cuts across all social classes, races, and communities.” But often times there is a belief that domestic violence doesn’t happen in affluent or wealthy communities, or affluent women who experience violence have said they felt “[It] doesn’t happen to people like us.” What do you think contributes to this belief?

And finally, the last question of our interview is:

(If currently married) If you could talk to other affluent women who are being abused by their husband, what would you say to them?

(If divorced or separated) Or what do you wish someone would have said to you when you were being abused by your former partner? [Probe for false beliefs that she had during her marriage that factored into her decision to stay, what she knows now, how others in her community can help, how we as a society can help]
Interview Protocol for Social Service Providers

The purpose of this interview is for me to learn more about your experiences as a professional working with affluent families when there is a history of domestic violence. I am going to ask you to tell me about some of the marriage and family dynamics you have encountered in your work. I will be asking you about how these particular families manage their experiences within their family and community. I would really like you to tell me your story as you experienced it. I will be asking broad questions followed by more specific questions throughout the interview but I encourage you to just share your story. Finally, I want to let you know that I will not be judging you based on your responses. If I don’t comment on certain things you tell me, it is simply because I want you to continue your story. Do you have any questions before we begin?

I. Demographics/Background Information

1. What is your DOB?

2. How would you classify your race or ethnicity?

3. What is your highest level of education?

4. What is your current job or profession?
   a) How long have you been doing this job or profession?
   b) Have you worked in other jobs or professions, or have other experiences working with affluent families who experienced domestic violence? [Probe for a description of their job entails, how they got involved in this work]

5. In what communities do most of your clients live? [Or, if unwilling to answer] can you describe the types of communities or neighborhoods that your clients come from? [Probe for what the communities are like from their perspective, if they also reside in this community or are they an outsider to the community]

Now, I’m going to ask you to talk about the women and families you encounter in your work.

II. Domestic Violence in Marriage

1. From your experience, can you describe a typical affluent client or family you see that has experienced domestic violence? [Probe for description of the woman, her children, and her (former) husband, how the abuse began, how it has changed over time, what is the context in which the violence occurs, abusive partner’s motives for violence]
   a. Or what are some commonalities that you have seen in your affluent clients who experienced violence (or were exposed to violence)?
2. *(If participant hasn’t mentioned this already)* In addition to physical abuse, what other forms of abuse have your clients’ experienced (or been exposed to)? [Probe with examples of emotional, sexual, financial, etc. abuse, if needed. Probe for possible controlling behaviors by asking her to elaborate on her examples of abuse.

3. *(If participant does not mention control issues in the preceding questions, directly ask if such behaviors were present.)* In the situations you see, would you describe the husband (or father) as controlling during marriage or not controlling? If yes, how so? Can you give me some examples? If no, why would you say they are not controlling?

4. For your clients who have separated or divorced their abusive partners (or whose mother separated or divorced from their abusive husband), how did the husband (or father) respond to her decision to separate or divorce? [Probe for responses that indicate control, such as threats of violence if she left.]
   a. What were some of the factors that led the mother to leave him?
   b. Did his abusive behavior stop after separation or change in any way? If yes, how so?

5. Based on your experiences, at what point in their lives or relationships do women or their children come to see you?
   a. Do they come for the purpose of discussing the violence they experienced in their marriage or for another reason and eventually disclose violence?

Now I’m going to ask you some questions about children and their exposure to domestic violence.

6. Sometimes mothers believe that they have shielded their children and adolescents from the abuse they endure(d), while some research has shown that these youth are aware of the violence going on in their home. Based on the families you work with, what are your beliefs on this? [Probe for mother’s denying or minimizing youth exposure. Probe regarding whether the children were present and witnessed it, overheard it, or saw the aftermath (e.g., bruises, property damage). If he/she only mentioned physical abuse, ask about exposure to other forms of abuse.]

7. Some people believe that a father who is abusive to the mother can still be a good father while others argue that the two cannot be separated. Based on your experience working with affluent women who experienced violence, what are your beliefs on this?[Probe for how the children respond to DV in the home, how they are doing, clients mentioning whether or not the children intervene]

Alright, now we are going to discuss how the families you work with manage their experiences within their family and their community.
III. How families manage their experiences within their family and community

1) From your experience, do affluent women who experience violence confide in any of their family members, extended family, friends, or other community members while they are still in the relationship?

   a) *If no*, what factors contributed to their decision to not discuss his behavior?

   b) *If yes*, who do they often confide in?

      i) What was their response when she confided in them?

      ii) If it was not supportive, why do you believe they were not supportive? [Probe for affirming or disaffirming statements made by family, reasons behind their response, suggestions that family made, was she glad he/she confided in someone.]

2) From your experience, do their children confide in any of their family members, extended family, or others residing in their home while their parents are still married?

   a) *If no*, what factors contributed to their decision to not discuss his behavior?

   b) *If yes*, who do they often confide in?

      i) What was their response when the child confided in them?

      ii) If it was not supportive, why do you believe they were not supportive? [Probe for affirming or disaffirming statements made by family, reasons behind their response, suggestions that family made, was she glad he/she confided in someone.]

3) Can you talk about some ways that mothers or their children have concealed the violence from other family members or each other?

   a) What is the purpose of this concealment?

   b) Is it successful?

4) What are some of the messages that women and their children receive within the home or from other family members (e.g., grandparents, aunt) about keeping the violence occurring in their home secret? [Probe further if keeping the violence a secret or as a “family issue” isn’t addressed]

   a) Where did these messages come from?

   b) What impact do you think these messages have on the relative silence about domestic violence in affluent families?
5) Aside from disclosing their experiences to you, have the affluent women and/or children that you work with shared their experiences with other professionals (e.g. therapist, medical doctor, and attorney)?

   a) If no, what factors contributed to their decision to not discuss his behavior?

   b) If yes, who do they often confide in?

      i) What was their response when he/she confided in them?

      ii) (If not supportive), why do you believe they were not supportive? [Probe for affirming or disaffirming statements made by family, reasons behind their response, suggestions that family made, was she glad he/she confided in someone.] [Probe for whether or not she disclosed his physical violence, as opposed to other marital “issues” or abusive behaviors. Also, probe

6) From your experience, do affluent women or their children who experience violence ever contact the police, and/or a domestic violence shelter?

   a) If no, what factors played a role in their decision not to contact police and/or DV program or center?

   b) If yes, which one and what was their response?

      i) Did other individuals find out that they contacted them?

         1) If yes, what was the response from their family and the community?

7) What do you feel are some of the negative aspects of affluent families keeping domestic violence a secret within the family?

8) What do you feel are some of the positive aspects of keeping the domestic violence a secret within the family? [Probe for protection factors, trying to cope within the family]

   In this last part of the interview, I am going to ask you some questions more broadly about working with individuals and families from affluent communities. I will ask you some questions about the positives and negative aspects of residing in affluent communities from your professional experience.

IV. Affluent Community

1) What are the cultural values, beliefs, and norms that are present in the High Oak Township? [Probe for whether they are her cultural/values/beliefs norms, how do these values, etc. present themselves, are they truly followed or just superficial?]

2) How are families expected to present themselves in the High Oak Township? [Probe for why, who sets these standards, what are the negatives, positives]

3) As a professional working with this population, what do you see are some of the negatives or down sides to living in an affluent community or neighborhood? [Probe specifically for responses related to dealing with silent family issues, pressure of status and reputation]
4) What are some of the positives or strengths of living in your community or neighborhood? [Probe for beliefs on whether the positives outweigh the negatives]

5) What role, if any, do you think residing in an affluent community or neighborhood played in your clients’ decision to not openly discuss their (former) husband’s abusive behavior (or father’s abusive behavior toward their mother)? [Probe for discussion of material wealth, maintenance of status, reputation, perception of other mothers]

6) What do you think the response would be if affluent women started openly discussing the abuse they experienced in their current or former marriages? [Probe for if they would be believed, negative repercussions for the family, including the mother and father, any positive outcomes if this did occur]

7) Domestic violence programs and shelters have a mantra that “Domestic violence cuts across all social classes, races, and communities.” But often times there is a belief that domestic violence doesn’t happen in affluent or wealthy communities, or affluent women who experienced violence said they felt “[It] doesn’t happen to people like us.” What are your thoughts on this? What do you think contributes to this belief?

8) (If this hasn’t been adequately addressed throughout the interview) Based on your experiences, in what ways do you think domestic violence in affluent families is unique from other populations?
   a) In what ways is it the same?
   b) Reflecting back on your professional experiences, is there anything that you would do differently when working with affluent populations as opposed to other populations?

And finally, the last question of our interview is:

9) As a professional working with affluent families that experience violence, what role do you think other professionals in your community (e.g., therapists, medical doctors, attorneys and other individuals, including police officers, domestic violence advocates) have in helping to break the silence and secrecy around domestic violence in affluent communities?
   a) What would you like to tell other professionals who maybe aren’t paying attention to signs of domestic violence because they believe that it doesn’t happen in affluent populations?
Focus Group Interview Protocol for High School Students

(Before focus group begins)
Before we get started, please fill out this brief demographic questionnaire for me so I have a little bit of background information for each of you. Please remember that I will keep all of your information confidential, and it will be kept locked in a filing cabinet in our university office. Also, you will never be identified in any publications, presentations, or other venues by your name or any other identifying information. However, this is a group meeting and while I hope that the identities of the other individuals in attendance and the conversations we have in this meeting are confidential and do not leave this meeting, I cannot guarantee that the information shared in this meeting will remain confidential when you leave. Do you have any questions or concerns about this?

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<tr>
<th>Demographic and Background Information</th>
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<tbody>
<tr>
<td>Name:</td>
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<td>Sex:</td>
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<td>Date of birth:</td>
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<td>Race or ethnicity:</td>
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<td>Number and age of siblings:</td>
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<td>Current year in school:</td>
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<td>Community in which you reside in:</td>
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<td>What extracurricular activities do you take part in your community (e.g., volunteering, mentoring, sports, music performance, community leadership, etc.)?</td>
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Icebreaker (to be completed after we begin):

The purpose of this focus group is to explore the experiences of youth living in an affluent (or wealthy) neighborhoods and communities. All of you have been invited to participate based on your experiences serving on the Haven board, and we are greatly appreciative of your time and willingness to share your experiences. We will be covering a variety of topics today/tonight/this morning, including your experiences residing and volunteering in affluent communities, how families manage their experiences within their family and community, your opinion of the negative side to living in an affluent community, and the strengths of affluent communities and its residents.

There are a few general rules or statements about focus groups that we should all be aware of before we get started.

- First of all, there are no correct answers to the questions I am going to put forth; therefore, it is important that we hear from everyone because we naturally have different experiences or interpret experiences differently.
• [If given permission] Since I have been given permission to audio record, I will not be taking detailed notes, but will jot some notes down from time to time to make sure the recording is capturing who says what during our conversation.
• Please only one person should talk at a time, so that we can hear all perspectives, and also so the audio recording picks up everyone’s statements. Also, please keep side conversations to a minimum because we are afraid we will miss some important comments
• Don’t feel bad or uncomfortable if you don’t have something to contribute to all of the topics we will be covering. It isn’t expected that everyone can relate to all of the topics.
• Please feel comfortable to voice an opinion or experience that is different from the group. Like I said earlier, there are no right or wrong answers, and your opinion or experience is equally valid. However,
• I am simply here to facilitate conversation and keep the discussion moving, so please chime in if you can relate to something said by another focus group member or wish to share another perspective
• And finally, help yourself to food and refreshments throughout our time together. This focus group is meant to be collaborative and enjoyable, so let’s get started because I look forward to hearing what everyone has to say.

Before we get started I want to talk about the importance of respecting the privacy and confidentiality of the topics we discuss during this meeting, as well as the identities of everyone participating in this meeting. In other words, everything that is said in this meeting should be kept in this meeting, and should not be repeated to others who did not attend our meeting. Are there any questions before we begin?

Introductory Questions
Alright, first we are going to start with an ice breaker. Please take the next two minutes to complete the following sentence: “Growing up in High Oak Township is …” After everyone is finished we will go around the table and introduce ourselves with your name, year in school, our favorite hobby, and your completed sentence.

(Write down the abbreviated responses on a board (if available) or on large white paper, so the responses are visible throughout the focus group to help stimulate conversation if needed)

Now I am going to ask you some more specific questions about your community. By community, I am referring to your suburb, village, or neighborhood you currently live in. You can think of community in whatever way makes most sense to you. For example, you may think of it as the individuals and families that live in your school district.
I. Describe their communities

1) Can you give me some words or short phrases you would use to describe the physical landscape or layout of your community? [Probe or if they don’t understand, provide some examples]

[Potential probing questions]

   a. Can you easily get to your friends’ houses? How do you get there?
   b. Are houses close together? Do neighbors interact with one another?
   c. What kinds of restaurants and shops do you have in your neighborhood?
   d. Is the land owned by the community well taken care of (e.g., public parks, roads)?
   e. What are some landmarks, centers, restaurants, or other places that you immediately think of when you think of your community?
      i. Do you think all community members feel welcome at these places? If not, why not?

2) How would you describe the social atmosphere of your community? In other words, would you describe your community as ‘neighborly’? [Probe does everyone know everyone, are people friendly or helpful to those they don’t know, watch each other’s children when they play]

   a. If not, why not? Or what about your community makes it seem less social or neighborly?
   b. If yes, can you give me some examples?

3) From your perspectives as youth in your community, do you feel that there is a strong sense of trust and respect amongst the youth in your community? If yes, explain.

   a. If not, what are some of the barriers preventing mutual trust and respect?

4) Before we go to the next topic, from your perspective, what are some of the negatives or downsides to growing up your community or neighborhood? [Probe specifically for responses related to dealing with silent family issues, pressure of status and reputation, pressure to succeed]

Alright, now we are going to discuss how youth in your community manage their experiences within their family and the community.

II. How youth in your community manage their experiences within their family and the community.

3) If youth in your community needed to talk to someone about an issue they are experiencing in their family, do you think they would talk to an adult outside their family for support or help?

   a) If no, what do you think some of the barriers are preventing youth from seeking help when they need it? [Probe for issues of secrecy, not wanting to air family issues, maintenance of status, “it doesn’t happen to us”]
b) If yes, can you give me some examples of the types of people they could turn to? Or centers they could go to?
   i) Do you think that youth take advantage of the people or help available?
      (1) If not, what are some barriers to seeking help in your community?

4) What are some unspoken values or beliefs in your community about secrecy or privacy around family or community issues?
   a) Why do you think these unspoken values or beliefs exist?
   b) Who reinforces them?
   c) What are some repercussions or negative responses if someone were to break these unspoken values or beliefs?

5) Similar to the last questions, what are some of the messages that youth are given within their families about keeping “family issues” within the home?
   a) Where do these messages come from?
   b) What impact do you think these messages have on silence around these particular family issues?

6) What purpose does it serve to keep these issues hidden or silent from other members of the community?

7) [If not mentioned] What are some positive aspects of keeping these issues hidden from other members of the community?

8) What do you think the response would be if adolescents in your community or neighborhood started openly discussing what is usually considered to be “private family issues”? [Probe for if they would be believed, negative repercussions for the family, including the mother and father, any positive outcomes if this did occur]

For these last questions, I want to talk about what you think are the strengths or positive aspects of growing up in your community.

1) Thinking ahead a decade or two from now, what aspects of this community or neighborhood would you want to bring with you and your future family to your or neighborhood? What aspects would you leave behind?

2) Can you give me some examples of positives or strengths of living in your community or neighborhood? [Probe for mention of schools, informal and formal networks, status, access to activities for kids and family]

3) And finally, all communities and neighborhoods have positive and negative aspects. As youth leaders within your community, what do you think you and other youth in your community could do to improve the experiences of growing up here?