

**‘He Said He Loved Me. I Wanted to be Loved’:
Young Women’s Experiences of Coping with Violence in Intimate Relationships**

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Abstract

This study examined lived experiences of coping with physically violent common-law or marital relationships for women 19 to 24 years old. Information was collected from five women through semi-structured interviews and analyzed using Moustakas' transcendental phenomenological approach. Findings revealed that young women reduced stress, engaged in a variety of cognitive strategies, used communication with partners, managed violence, escaped, disclosed or hid evidence of abuse and violence from other people, were supported and hindered from family and friends, and relied on strangers and acquaintances. Findings indicate young women's coping was not about healthy or unhealthy strategies. Whether she remained in the relationship, tried to change dynamics, or left her partner, coping was an attempt to retain personal power and control. Findings highlight the importance of studying both how young women cope and their motivations for coping with abuse and violence. Implications for counsellor education, professional practice, and future research are discussed.

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Dedication

This thesis is dedicated to the women who took part in this study, to women involved in physically violent relationships, and to those committed to ending violence against women.

Acknowledgment

Many have helped me during the course of this study. I would especially like to thank my family and friends – Chris, Natasha, Valeria, Antonia, and many others – who provided support and helped edit the thesis, my supervisor Dr. Corinne Koehn and committee members Dr. Paul Madak and Dr. Lela Zimmer who helped guide the study and my research experience, my professor Trudy Mothus for facilitating my professional growth as a counsellor, and a local non-profit women's society who allowed me to not only use their resources, but also provided information and guidance based on their many years of expertise and knowledge in the area of violence against women.

Chapter One: Introduction

Intimate partner violence [IPV] is a societal concern. Definitions of IPV include physical violence, sexual violence, psychological abuse, emotional abuse, economic abuse, and homicide or murder. Some experiences of IPV include hitting, shoving, kicking, physical restraint, rape, threats, put-downs, social isolation, restricted access to money, and murder. Intimate partner violence occurs in dating, common-law, separated, and marriage relationships, whether homosexual or heterosexual. This chapter includes sections on the significance of the research topic, purpose of the study and research question, researcher assumptions, and definitions of terms.

Significance of Research Topic

Studies on IPV emerged approximately forty years ago (Sullivan & Cain, 2004), largely due to the 1970s feminist movement (Federal-Provincial-Territorial Ministers Responsible for the Status of Women [FPTM], 2002). The *Violence Against Women Survey* (Statistics Canada, as cited in FPTM, 2002) shows that approximately one-third of British Columbian (Canada) women experience IPV and the majority of Canadians believe family violence is a serious issue. Furthermore, women 18 to 24 years old experience the highest rates of IPV in Canada, yet are the least concerned about violence against women. Statistics Canada (FPTM, 2002) estimates this age group of women has the highest rate of homicide committed by their intimate partners.

The experience of coping within IPV is an area to explore further because it is not fully understood (Waldrop & Resick, 2004). Within stressful situations, people choose coping strategies they think will improve the situation for themselves (Skinner, Edge, Altman, & Sherwood, 2003). Coping strategies are action-based, cognitive-based, and

feeling-based reactions to stress (Skinner et al., 2003). Even if a person judges a coping strategy as ineffective or inappropriate, it is an attempt to deal with the stress (Waldrop & Resick, 2004).

Purpose of the Study and Research Question

I had four reasons to study this topic. First, a proportion of women currently in abusive relationships seek the help of outside resources. A 1999 Canadian survey (Statistics Canada, as cited in FPTM, 2002) found that approximately 40% of women involved in violent relationships seek counselling. Many women who seek help regarding violent relationships have trouble with accessing social services and dealing with re-victimization by professionals; these women's difficulties point to inadequacies in existing services (Lutenbacker, Cohen, & Mitzel, 2003). I speculated younger women in general had less experience in relationships and identifying abusive behaviours because they have fewer life experiences. Thus, knowledge about their coping experiences within violent relationships would help professionals tailor programs, counselling, and interventions to meet these women's needs. Moreover, it is necessary for those working with women choosing to remain in violent relationships to understand coping strategies (Kragh & Huber, 2002).

Second, as a counsellor I wondered whether I would always know that a woman is in a violent relationship. From professional experience and a review of relevant literature, I learned that some women do not identify themselves as abused until an external source indicates their partners' behaviours are abusive (McCosker, Barnard, & Gerber, 2004). Thus, a woman's perception of being in a violent relationship may differ from my own.

Information about how women cope in violent relationships would help other professionals and myself better screen for potential abuse.

Third, qualitative research is an opportunity for women who experience IPV to challenge stereotypes regarding their situation and to identify ways in which professionals can help. Upon acquiring an understanding of younger women's coping experiences, I want to respond to public attitudes, to comment on resources, and to initiate a discussion of relevant areas. I wanted to study this topic in order to help professionals who work with women who are in violent relationships and to provide another avenue to share IPV experiences.

Fourth, although some literature exists on women's coping strategies in violent relationships, there is inadequate research concerning the factors involved (Waldrop & Resick, 2004). Because women aged 18 to 24 years are at the highest risk for experiencing IPV, there is a need for further understanding of this phenomenon within this subgroup (FPTM, 2002). The purpose of this study is to understand how women aged 19 to 24 years cope with physical violence while in common-law or marital relationships. Moreover, I hope the findings of this study help social services professionals to advocate for change and improve services for young women who experience violent relationships.

The central research question that guides this study is: What is the experience of coping with physically violent common-law or marital relationships for women aged 19 to 24 years?

Researcher Assumptions

In undertaking this study, it is important to acknowledge my personal biases and assumptions related to the research topic. This helps the reader to understand my framework and to make an informed decision regarding the validity of the study's findings. For me, three things scare me the most: having someone or something hold me down so I could not

move, confinement in a large crowd or a small space without visible escape, and the anticipation of pain. My personal interest in this research topic emerged from wondering whether I could survive the combination of all of my three fears, since physical violence usually includes them. I have no experience of physical assault by an intimate partner and wonder how I would cope if faced with that situation. It is with this wonder and a sense of fear of my potential (and every woman's potential) to experience physical violence that I approach this research study.

I believe the phenomenon of coping with physical violence cannot be isolated into separate instances or into behavioural responses. I believe how we cope relates to our thoughts, feelings, previous experiences of coping strategies, our expectations, and our future plans. For instance, I would react differently to a slap from my mother than to a slap from a stranger – context matters. In other words, coping is an active choice I make based on context, regardless of whether or not I understand coping as a choice or a conditioned response. Moreover, I consider we cope throughout our lives because there will always be pain, always be fear, and always be unexpected experiences. Thus, the phenomenon of coping has no beginning and no end, but is part of our continuum of life and essentially a part of us. There is no wrong or right way of coping, just the choice we make at a point in our lives.

Furthermore, based on my experience as a practicum student working as a Victim Services Worker at a local non-profit women's society, I believe low self-esteem, shame, and guilt are factors for young women in physically violent relationships. At this practicum placement, I conducted short-term counselling with women who experienced abusive relationships in addition to providing court support, advocacy, information and referrals. I

remember feeling in awe and inspired by one woman who left a violent relationship; she told me she felt hysterical, guilty, free, and detached. I wondered at that time whether my concept of coping within physically violent relationships differed strikingly from the perception of women in those situations. The only way for me to know how young women cope within physically abusive relationships is to ask them.

Definition of Terms

The Department of Justice Canada (2005) defines physical abuse as a single or repeated act by one person that either injures or has the capacity to injure another person. Examples provided include beating, burning, confinement, pushing, and assault with a weapon. Health Canada (2002b) stated physical abuse also includes physical neglect, such as denial of proper access to medical care. For this study, I define physical violence similar to the above two definitions. Physical violence includes many different types of physical assault; a man who is physically violent towards his partner may subject his partner to more than one type. Furthermore, I define a common-law relationship as one in which both parties have lived together for at least one year, which is the same definition under Canadian Federal Law (Legal Services Society, 2006).

As the purpose of this study is to understand how young women understand and experience coping with a physically violent common-law or marital relationship, I do not define coping specifically. In the Merriam-Webster dictionary (2009), the definition of coping is “to deal with and attempt to overcome problems and difficulties.”

Summary

IPV is gaining more attention in the social services community, mostly because of its prominence. Young women aged 18 to 24 have the highest reported rates of experiencing

IPV, yet are the least concerned about it. The purpose of this study is to gain knowledge about how they describe and understand their experiences of coping in physically violent common-law or marital relationships. Chapter One of this thesis provides an introduction to the problem and describes the significance of the research topic, purpose of the study and research question, researcher assumptions, and definitions of terms. Chapter Two is an overview of the relevant literature, particularly the areas of coping and IPV. Chapter Three is a depiction of the methodology I used for this study. Chapters Four to Six describe the findings of the research. Chapter Seven is the essence of the lived experiences. Chapter Eight is a discussion of the researcher experience, reflections on the themes, and implications and recommendations based on the study findings.

Chapter Two: Literature Review

Researchers, counsellors, and laypeople alike seek to understand the dynamics of intimate partner violence, posing questions as to why women remain in violent relationships, why their partners abuse them, how they cope with violence, and why IPV exists in society. Governments allot monetary funding, sponsor projects, and help numerous organizations to understand the issue of physical violence by an intimate partner and to find effective ways to stop and prevent women from experiencing partner assault. The types of programs, organizations, advocacy groups, laws, and professional policies that exist today demonstrate our collective understanding of intimate partner violence; however, there are disagreements on causes of intimate partner violence, theories on how women cope, and ways to help women in violent relationships. The purpose of this literature review is to provide an overview of the current facts on coping, information on intimate partner violence, implications for women who experience intimate partner violence, and theories about coping with intimate partner violence.

Conceptual Overview of Intimate Partner Violence

In order to understand IPV, researchers have studied public opinions on IPV, types of IPV, and prevalence of IPV (Busch & Valentine, 2000; Casoni & Campbell, 2004; Cavanagh, 2003; Department of Justice Canada, 2005; Flinck, Paavilainen & Astedt-Kurki, 2005; FPTM, 2002; Health Canada, 2002b; McCosker et al., 2004; Nabi & Horner, 2001). Increasing attention in the political climate and the research literature is due partly to the feminist movement of the 1970s, the continued effort of those personally involved with IPV to stop the practice, and those who advocate for societal change regarding violence and equality of women (FPTM, 2002; Sullivan & Cain, 2004). The purpose of this section of the

literature review is to provide the reader with the definition and types of IPV, theories on causes of IPV, prevalence rates for IPV, and societal understandings of IPV.

Definition and Types of IPV

IPV is a complex and dynamic phenomenon, partly because of the various types of abuse and violence found within an IPV relationship. Moreover, information regarding IPV is incomplete due to varied definitions in the research literature of what constitutes IPV and due to incomplete reporting of IPV experiences to researchers and professional organizations (Catalano, 2007). In general, the types of abuse that can exist in a relationship are emotional abuse, verbal degradation, mental abuse, physical assault, threats, sexual assault and abuse, spiritual abuse, cultural abuse, financial abuse and control, and social abuse (Cory, Braund, & BC Women's Hospital, 2003). In terms of understanding the types of IPV in Canada, a committee called the Federal-Provincial-Territorial Ministers Responsible for the Status of Women (2002) consisting of the Ministers of Canada commissioned Statistics Canada to conduct a study on violence against women. In the final report, the committee defined violence as any abuse of power and stated IPV includes physical abuse and assault, sexual abuse and assault, psychological abuse, financial abuse, spousal violence, spousal assault, and spousal homicide. The Department of Justice Canada (2005) also includes spiritual abuse – criticizing spiritual beliefs and preventing spiritual practices – and sexual exploitation in its IPV definition. Physical assault is a criminal offence in Canada, as are threats of harm, property damage, and criminal harassment (Health Canada, 1999)

In addition to types of abuse in IPV relationships, Kelly and Johnson (2008) identified four patterns of violence found in IPV relationships. The first pattern was coercive controlling violence, which was a pattern of abuse using repeated physical violence,

intimidation, isolation, and manipulation in order to control a partner. The second pattern was violent resistance, which was the use of violence to resist maliciousness; one partner was violent and controlling and the other partner's violence was a reaction to the attempt to gain control. The third pattern was situational couple violence, which was when violence emerged from a desire to solve an interpersonal conflict, not to gain control over the other partner. The fourth pattern was separation-instigated violence, which was when the separation or threat of separation led to violence in order to prevent separation.

Abuse in an IPV relationship is not confined to the violent incident, but encompasses other behaviours impacting a woman (for example, intimidation, threats, verbal abuse). The impacts of abuse for a woman, not the measurement of severity, frequency, or physical injury, characterize the abuse for her (Cory et al., 2003). Moreover, anger and aggression are involved with IPV (Cavell & Malcolm, 2007), as are the need for intimacy between the two partners and emotional distance (Doumas, Pearson, Elgin, & McKinley, 2008). Furthermore, Heru (2007) argued the constant threat of violence might strengthen the bond between the two partners because it brings them together against the violence. Wade (1997), in his book regarding the interplay between oppression and resistance, claimed the nature of human resistance and resilience exists in relationships that have violence and control. Whenever a person experiences oppression, he or she actively resists and has periods when abuse is successfully resisted and periods when it is not.

Theories on Causes of IPV

In addition to studies about women's coping experiences with IPV, there are studies revealing theories of the causes of IPV. There are five main theories found in the research literature that explain IPV. One of the theories is Psychodynamic theory, also known as

insight theory, that claims violence in a relationship is due to the man's pathology, such as having a mental health disorder or traumatic experiences as a child. This theory places blame for IPV on the man, but does not assert his full responsibility due to his pathological issues (Health Canada, 2000). A second theory is ventilation theory that claims IPV results from anger management issues and violence emerges from the man directing his anger towards his partner. This theory emphasizes the main role of anger and aggression on IPV (Cavell & Malcolm, 2007; Health Canada, 2000). Another theory is from family systems theory that claims IPV results from interactions between the couple and is a tactic used to accomplish a goal; those who propose this theory state both partners contribute to the use of violence, whether directly or indirectly. In other words, IPV is an interactional behaviour within a dyad (Health Canada, 2000; Winstok, 2006). A fourth theory is violence as a learned behaviour; the key to stopping the practice of IPV is unlearning abusive behaviours and learning alternative behaviours (Health Canada, 2000). The fifth theory states IPV results from unequal power and control, and feminist theorists explain IPV through this perspective (Busch & Valentine, 2000; Giustina, 2008; Health Canada, 2000; Kim et al., 2007; Lenton, 1995; Vandello & Cohen, 2008; Van Hook, 2000). This theory proposes IPV emerges from systemic and societal control of women and the man is fully responsible for his IPV actions. Proposals on how to end IPV within a power and control lens include economic equality between the genders, social equality for both genders, education for everyone regarding IPV dynamics, and public dialogues on violence (Van Hook, 2000).

Prevalence of IPV for Women

Physical abuse of a woman by her intimate partner is the most common form of interpersonal violence (Department of Justice Canada, 2005; FPTM, 2002), although many

argue prevalence estimates are underreported (Department of Justice Canada, 2005; Health Canada, 2002b). As the Department of Justice Canada (2005) noted, women who experience physical abuse by their partners may not report the violence to the police because they do not want their partners involved in the criminal justice system, do not believe police intervention would improve their situation, or both. Health Canada (2002b) commented women provide more detailed information when reporting to researchers about experiences of partner assault than when reporting to the criminal justice system. Furthermore, women who experience physical abuse by their partners may be unwilling to share their experiences with anyone (Cavanagh, 2003; Department of Justice Canada, 2005; Flinck et al., 2005), identify their experiences as dangerous or abusive (Casoni & Campbell, 2004; Cavanagh, 2003; McCosker et al., 2004), or fear retaliation from their intimate partners if they reported physical abuse (Cory et al., 2003; FPTM, 2002).

Based on available information from national surveys, 45% of Canadian women have experienced violence by a known male, 85% of IPV victims during the years 1995 – 2000 were women, partner assault occurred usually more than once, and 3% of Canadian women in a common-law or marital relationship experienced IPV (Statistics Canada, as cited in FPTM, 2002). Furthermore, for the province of British Columbia (Canada) in the year 1999, women made 9,841 reports of IPV and 40% of these reports led to criminal convictions (Statistics Canada, as cited in FPTM, 2002). In a study on violence and sexual aggression experiences of 411 college women with a mean age of 22 years, Ryan (1998) found that 90% of the women experienced physical victimization by a male. Cory et al. (2003) claim IPV directly affects 25% of all women at some point in their lives. In other words, even though estimates of IPV are underreported, IPV still directly affects a considerable proportion of

women and indirectly affects all types of women to differing degrees because they might know someone involved with IPV or fear experiencing IPV themselves (FPTM, 2002).

Risk factors. Part of the research literature on IPV focuses on risk factors for experiencing IPV. Researchers have reported a higher prevalence of IPV for women with mental health concerns such as depression or anxiety (Hazen, Connelly, Soriano, & Landsverk, 2008; Keenan-Miller, Hammen, & Brennan, 2007; Leaman & Gee, 2008), women with low self-esteem (Waldrop & Resick, 2004), aboriginal women (Bohn, 2003; Statistics Canada: Canadian Centre for Justice Statistics [Stats Can], 2005; Oetzel & Duran, 2004), refugee and immigrant women (Stats Can, 2005), women with a blue-collar job (Frasier et al., 2004), pregnant women (Muhajarine & D'Arcy, 1999; Roelens, Verstraelen, Van Egmond, & Temmerman, 2008; Sonis & Langer, 2008); and adolescent or young adult women (Caetano, Vaeth, & Ramisetty-Mikler, 2008; Stats Can, 2005; Romans, Forte, Cohen, Du Mont, & Hyman, 2007; Wiemann, Agurcia, Berenson, Volk, & Rickert, 2000). Other risk factors identified are having children in the household (Romans et al., 2007), being married (Hazen & Soriano, 2007; Leaman & Gee, 2008; Ringel & Bina, 2007), being in a common-law relationship (Stats Can, 2005), separation or divorce (Romans et al., 2007), being in a relationship for three years or less (Stats Can, 2005), marital dissatisfaction (Stith, Green, Smith, & Ward, 2008), and low-class or no income (FPTM, 2002; Fox et al., 2007; Muhajarine & D'Arcy, 1999; Shobe & Dienemen, 2008; Stalans & Ritchie, 2008). Some inter-couple characteristics that increase a woman's risk of experiencing IPV are low quality relationship communication (Fox et al., 2007; Ronan, Dreer, Dollard, & Ronan, 2004) and silence regarding the abuse and violence (Fox et al., 2007; Jewkes, 2002).

Features and behaviours of a male partner that increase a woman's likelihood of experiencing IPV are the male being under 25-years-old (Stats Can, 2005), his use of substances (Caetano et al., 2008; Foran & O'Leary, 2008; Golinelli, Longshore, & Wenzel, 2008; Hazen & Soriano, 2007; Muhajarine & D'Arcy, 1999; Stalans & Ritchie, 2008; Stats Can, 2005; Vatnar & Bjorkly, 2008; Zablotska et al., 2007), his use of emotional and psychological abuse (Stats Can, 2005), exertion of power and control over his partner (Fox et al., 2007; Sonis & Langer, 2008), and having more than one sexual relationship at a time (Fox et al., 2007).

Additionally, some authors asserted the risk of a woman experiencing IPV within a relationship increases if she experienced generational abuse, witnessed abuse as a child, or both (Fang & Corso, 2007; Gil-Gonzalez, Vives-Cases, Ruiz, Carrasco-Portiño, & Álvarez-Dardet, 2007; Ramos, Carlson, & McNutt, 2004; Stueve & O'Donnell, 2008; Wiemann et al., 2000). In fact, Fang and Corso (2007) stated a woman is significantly more likely to experience IPV if she experienced abuse, maltreatment, or violence as a child – their study reported that women who did not experience these events had a risk of 8.7% of experiencing IPV whereas women who experienced these events had a risk of 10.4%. Moreover, Gil-Gonzalez et al. (2007) analyzed 10 studies from the years 1960 – 2004 regarding links between childhood violence experiences and current IPV experiences and concluded there is a positive association. Also, Wiemann et al. (2000) conducted a study with 210 pregnant adolescents who experienced violence, of whom 86 experienced IPV. Results of this study indicated that those who experience IPV have significantly more lifetime family assault, lifetime sexual assault, concurrent verbal abuse, concurrent violent threats, concurrent family assault, concurrent fear of being hurt, concurrent witnessing of attacks, concurrent carrying

of weapons for protection, and concurrent being in physical fights. On the other hand, Combs et al. (2008) conducted research with 280 Emergency Room patients (51% women) who completed an anonymous questionnaire via computer kiosk regarding witnessing IPV as a child and current IPV experiences. The authors stated there is no significant correlation between the two variables. In addition, descriptive analysis using data from 245 male and 411 female college students regarding dating violence showed being a witness to parental abuse and child victimization does not predict physical or sexual victimization as a young adult (Ryan, 1998).

Protective factors. There is less research information about IPV protective factors than there is about IPV risk factors. IPV protective factors are circumstances that prevent IPV from occurring, reduce the likelihood of experiencing IPV, or buffer the effects of IPV on a woman. Protective factors identified in the literature include a woman using emotions such as empathy, intimacy, and positive emotions (Marcus & Swett, 2003), having economic equality with her partner or financial independence (Jewkes, 2002; Shobe & Dienemann, 2008), having social support (Jewkes, 2002; Shobe & Dienemann, 2008), having a strong sense of self (Shobe & Dienemann, 2008), and having higher education (Jewkes, 2002). Of note, Sonis and Langer (2008) carried out a longitudinal study with 321 women to identify IPV protective factors and discovered that leaving a partner reduces the odds of another IPV incident; if violence occurs after leaving, the severity of it is less than or equal to previous violence.

Societal Understanding of IPV

In order to understand the dynamics of IPV, researchers studied the public opinions of IPV and attested that in order to understand and eliminate IPV as a practice, we need to

discuss IPV in both public and private spheres (Carlyle, Slater, & Chakroff, 2008; De Jong, Burgess-Proctor, & Elis, 2008; Fox et al., 2007; Jewkes, 2002; Nabi & Horner, 2001; Robertson & Murachver, 2007; Scott, 2007; Stickley, Kislitsyna, Timofeeva, & Vågerö, 2008; Virkki, 2007). Therefore, it is necessary to describe societal perceptions of IPV, which occurs in this section of the literature review. In an article written to help Social Workers empower women who experience IPV, Busch and Valentine (2000) argued IPV is not only an individual issue, but also a community and social issue because barriers and resources exist at these two levels. Based on results of a telephone survey of 1221 women and 629 men in Philadelphia USA, Nabi and Horner (2001) argued that personal experience with physical violence by an intimate partner influences one's opinion of IPV. They reported women in their study who experienced IPV believed significantly more than did women in their study with no experience of IPV that IPV was a problem, control was a factor, and societal acceptance of violence was part of the reason why it happened. Furthermore, for Canadians who responded to a national survey on violence, the majority believed that family violence was a serious issue, emotional and psychological abuse led to physical violence, and physical violence was a crime. Of note, 48% of respondents to this national survey thought women could leave an abusive relationship if they wanted (Statistics Canada, as cited in FPTM, 2002).

IPV is a worldwide phenomenon and research literature on social perceptions of IPV can be found in many countries around the world (Ellsberg et al., 2008; Muftic & Bouffard, 2008). For instance, in a Russian study of 510 men and 680 women conducted by Stickley et al. (2008), less than half the study participants thought IPV against women in Russia was a serious problem. In this study, men who thought there were excusable circumstances for IPV

were mostly young, divorced or widowed, had financial difficulty, and regularly drank alcohol; women who agreed with these men were mostly those with lower educational levels. Moreover, researchers of a Finnish study about violence in relationships and violence in the workplace argued that minimization and normalization of violence occurs in both spheres (Virkki, 2007).

Some authors declared societal tolerance of IPV and lack of understanding regarding its true nature enables IPV to exist in society. Nicolson and Wilson (2004) attempted to determine public opinions on IPV using a random sample mail survey, of which 1340 people responded (797 women, 527 men). Reasons for men's violence in relationships, according to the survey respondents, were use of drugs or alcohol (73.2%), his desire to control her (59.5%), his childhood abuse experiences (49.8%), perceived lack of consequences (36.9%), his stress (34.3%), his mental health issues (20.3%), she provoked him (20.3%), and societal acceptance of IPV (7.6%). Although there were no significant gender differences for identifying the use of drugs or alcohol and his mental health issues as reasons for men's violence in relationships, female respondents agreed significantly more than male respondents with the reasons of his desire to control her, his childhood abuse experiences, and perceived lack of consequences. Moreover, the researchers claimed the high survey response rate indicates the public took the issue seriously.

In addition, De Jong et al. (2008) sought to understand police officer perceptions of IPV through qualitative analysis of narrative data. Reported results stated officers simplified IPV, blamed the women, had patriarchal attitudes towards women, and presumed the woman would not cooperate in criminal proceedings. Reported results also stated officers recognized IPV as complex, acknowledged the barriers in leaving an IPV relationship, and viewed IPV

as criminal. Lastly, in a comparison of 395 American newspaper clippings regarding IPV to research literature on IPV, Carlyle et al. (2008) observed newspapers not only focused on IPV as a single episode instead of a series of abuse episodes, but also overemphasized the role of substances.

Attitudes towards women play a part in society's understanding of IPV and social stigma of IPV lessened public discourses on it (Scott, 2007). When looking at college students' attitudes regarding gender roles and IPV, Nabors and Jasinski (2009) found the concept of chivalry was evident and argued the associations between gender roles and IPV is more complicated than previously indicated in research. Additionally, Robertson and Murachver (2007) studied beliefs of students, the public, and incarcerated individuals regarding traditional gender roles in society and concluded that there was agreement among the participants regarding gender roles between those who experienced IPV and those who perpetuated IPV. In the early 1980s, society identified women in IPV relationships as more abnormal, misbehaved, and maladjusted than women in non-IPV relationships, attributing this discrepancy to differences in personalities and family histories with violence (Jackson & Rushton, 1982). This view is still held by some (Carlye et al., 2008; Stats Can, 2005).

Conceptual Overview of Coping

What is coping? To answer this question, we must not only reflect on our own conceptualizations of coping, but also consider the research on coping that formally began in the 1960s. In my own reflections, I think of coping as my internal and external attempts to respond to discomfort in order to solve the stressor, tolerate the discomfort, or minimize the stressor's influence. Coping research differentiates coping as either dependent on an

individual's disposition or determined by individual and situational differences; the following conceptual overview details both perspectives on coping.

Coping as a Style with Predetermined Strategies

As studies in the field of coping emerged, researchers labelled coping as a style or structure that does not meaningfully alter over time or over changes in experience. Coping responses originate from inside an individual – from that individual's internal resources and character. The following section first describes two early explanations of human coping, and then describes four coping-as-style theories found in recent research literature: (1) problem-focused and emotion-focused coping; (2) active and avoidant coping; (3) hierarchical structures of coping; and (4) biological and personality determinants of coping.

Early structural explanations of how individuals deal with stress and discomfort emerged from the field of psychology in the form of psychoanalytic defence mechanisms and Jungian archetypes. Psychoanalytic theorists stated each individual has an id (an innate, pleasure-seeking entity), ego (a moderator between the id and superego), and superego (internalized societal standards of good and bad developed throughout the lifespan) within him or her that influences life choices (Corey, 2005; Freud, 1936). Defence mechanisms originate from the ego to protect an individual from interpersonal and intrapersonal anxiety and to help that individual cope with the associated stress; the use of a defence mechanism varies by individual, but the ability to use all defences is innate (Freud, 1936).

Psychoanalysts categorize defence mechanisms into four levels. The first level is “pathological defences” that includes denial, distortion, and delusional projection. The second level is “immature defences” that include fantasy, projection, hypochondriasis, passive aggression, acting out, and idealization. The third level is “neurotic defences” that

include displacement, dissociation, isolation, intellectualization, reaction formation, repression, and regression. The fourth level is “mature defences” that include altruism, anticipation, humour, identification, introjection, sublimation, and suppression.

A further structure within the context of coping is Jungian archetypes, which are innate aspects of evolutionary human nature that influence individual behaviour and thought (Corey, 2005). An individual’s interaction with archetypes determines how that individual behaves in the world and thinks about the world, including coping with discomfort (Corey, 2005). Archetypes include events such as birth and separation from parents, figures such as father and the religious figure, and motifs such as Creation and Apocalypse (Corey, 2005).

Problem-focused and emotion-focused coping. Lazarus and Folkman (1984) proposed the concept of problem-focused and emotion-focused coping as coping’s main structure. Problem-focused coping is the act of confronting a stressor to lessen associated stress. Problem-focused strategies include learning new skills, planning, active coping, problem-solving, and seeking social support (Tamres, Janicki, & Helgeson, 2002; Walker, 2007). Emotion-focused coping is the act of controlling emotional reactions to a stressor in order to lessen associated stress. Emotion-focused strategies include seeking emotional support, avoidance, relaxation, denial, positive appraisal, withdrawal, venting, ruminating, wishful thinking, self-blame, self-talk, and meditation (Tamres et al., 2002). Both types of coping originate from within an individual and work towards controlling discomfort relating to a stressor.

Researchers studied not only types of situations in which individuals use problem-focused coping strategies, emotion-focused coping strategies, and both, but also consequences of those strategies (see Skinner et al., 2003). Although individuals use both

types of coping strategies, they tend to use more problem-focused coping strategies for stressors identified as somewhat controllable and more emotion-focused coping strategies for less controllable stressors (Skinner et al., 2003; Taylor, 1998). Theories also emerged that men use more problem-focused coping and women use more emotion-focused coping (see Skinner et al., 2003). Moreover, some studies identified that a combination of problem-focused and emotion-focused coping strategies are more successful at different stages of dealing with a stressor. For instance, Sniehotta, Schwarzer, Scholz, and Schuz (2005) conducted a longitudinal study with 352 cardiac patients to determine the healing effects of problem-focused coping in the form of an action plan and emotion-focused coping in the form of planning responses to potential and actual barriers. They concluded that problem-focused action plans were more useful in the initial stages of healing and emotion-focused coping plans were more influential later. Further research considered differences in and consequences of problem-focused and emotion-focused coping based on gender (see Lightsey Jr. et al., 2009), situational differences (see Baker & Berenbaum, 2007), and personality (see Lee-Baggle, Preece, & Delongis, 2005).

Although a method of measuring situation-specific coping measures, the Ways of Coping Questionnaire (Lazarus and Folkman 1984), originated from considering problem-focused and emotion-focused coping styles. The Ways of Coping developed from a “Yes” or “No” checklist format into a 4-point Likert scale questionnaire with Cronbach Alpha levels ranging from $\alpha = .56$ to $\alpha = .85$ based on a study on coping involving 108 students. The categories of coping strategies for this measure are confrontative coping, seeking social support, planful problem-solving, self-control, distancing, positive appraisal, accepting responsibility, and escape/avoidance (Lazarus & Folkman, 1984). The Ways of Coping

questionnaire measures thoughts and actions individuals use while dealing with stress; the questionnaire allows researchers to factor-analyze responses to produce coping strategies (Lazarus and Folkman, 1984). The Ways of Coping questionnaire is in wide use in coping research due to its ease of use and standardized scoring ability (Taylor, 1998). Rexrode, Peterson, and O'Toole (2008) examined the questionnaire's reliability based on studies from the past twenty years that used the Ways of Coping as a measurement tool, and concluded that the questionnaire is reliable.

Active and avoidant coping. Other structural theories of coping emerged, one of which is the concept of active and avoidant coping. Active and avoidant coping, similar to engagement and disengagement coping, is the concept that an individual either confronts or avoids a stressor in order to lessen the associated discomfort (see Carver, Scheier, & Weintraub, 1989; Case, Andrews, Johnson, & Allard, 2005; Holahan & Moos, 1985; Kirchner, Forns, & Mohino, 2007; Tobin, Holroyd, Reynolds, & Wigal, 1989). Active coping strategies are behavioural or psychological actions designed to change the stressor or its influence on an individual, such as gathering information concerning a stressor, seeking advice, changing thoughts regarding a stressor, and setting interpersonal boundaries. Avoidance coping strategies are behavioural or psychological actions designed to avoid the stressor or its influences on an individual, such as daydreaming, substance use, pretending everything is fine, and social withdrawal. As well, engagement coping can be thought of in terms of primary and secondary engagement coping; primary engagement coping is an effort to change the stressor and secondary engagement coping is an effort to adapt to the stressor, such as changing thoughts or feelings regarding the stressor.

Researchers' explorations regarding active and avoidant coping sought to understand the psychological and behavioural dynamics of this coping structure. General consensus regarding active and avoidant coping is active coping strategies are more effective and less harmful to the self and stressor situation than avoidance coping strategies (Kirchner et al., 2007; Taylor, 1998). Case et al. (2005) completed a literature and theory review of avoidance behaviours from the years 1890 – 2004 and concluded individuals actively choose to search for information except when they decide to avoid information due to possible psychological distress. The authors provided an example of an individual not seeking medical advice for a possible cancer diagnosis. Thus, there is a purpose to avoidant coping strategies even though individuals may recognize active coping strategies as more effective in the long-term. Moreover, researchers studied psychological actions to avoid or confront a stressor and its associated emotions and deduced cognitive approaches to a stressor can be of an active or avoidant nature (Xudong, 2008).

Researchers of coping with diabetes also considered the role of active and avoidant coping. For example, Thoolen, de Ridder, Bensing, Gorter, and Rutten's (2008) study on a self-management program for people recently diagnosed with Type II diabetes illustrated that behavioural active coping strategies better predict long-term results than psychological active coping strategies; specifically, completing a self-management program was a stronger predictor of better health at a 12 month follow-up assessment than positive intentions or belief in one's ability to manage diabetes. In addition, a study done in India to determine the role of coping and social support for 100 women with diabetes cautioned the reader to consider social-cultural factors when interpreting study results (Awasthi & Mishra, 2007). The results of this Indian study were women who used avoidance strategies had significantly

higher levels of interpersonal, physiological, and psychological consequences of diabetes as well as a greater belief that a supernatural force, such as karma or a religious figure, influenced their diagnosis and symptom-management; therefore, some women's use of avoidance strategies is not due to a desire to avoid psychological comfort, but due to religious choice and culture.

Carver et al. (1989) developed the COPE inventory based on the concepts of active and avoidant coping strategies; the COPE inventory is one of the two main measurements used in the quantitative study of coping (Taylor, 1998). For the COPE inventory, individuals score on a numbered scale the extent they use pre-determined coping strategies; these pre-determined strategies are active coping, planning, suppression of competing activities, restraint coping, seeking social support for instrumental reasons, seeking social support for emotional reasons, focusing on and venting of emotions, behavioural disengagement, mental disengagement, positive reinterpretation and growth, denial, acceptance, and turning to religion. Carver et al. stated the thirteen sub-scales of the COPE inventory have Cronbach's Alpha levels ranging from $\alpha = .45$ to $\alpha = .92$ based on their study involving 978 undergraduate students and the COPE inventory had test-retest reliabilities ranging from $r = .46$ to $r = .86$ based on their study involving 89 undergraduate students. Furthermore, the researchers compared 162 – 476 undergraduate students' results on the COPE inventory with these students' results on other personality measures. They concluded that although there were some significant correlations between COPE scales and personality characteristics of other measures, these correlations were not strong and thus the COPE inventory is valid.

Hierarchical structures of coping. The perception of coping as a hierarchical category system with core categories emerged within the past 10 years of coping research. This

concept is a ranking of coping categories with set categories as the primary categories – the top of the hierarchy – and other categories falling below the primary categories. Researchers who asserted the hierarchical structure for coping declared the primary categories are the same for every individual although the constitution of the primary categories varies in the research literature (Skinner et al., 2003). In a review of the past 20 years of coping-as-style literature, Skinner et al. (2003) found 89 different coping category types. The coping categories these researchers identified as the primary categories were problem solving, support seeking, avoidance, distraction, and positive cognitive restructuring. In 2006, Westbrook presented an article detailing the coping classification system he developed based on information from individuals regarding their thoughts on coping strategies. The five core categories Westbrook presented were confrontation vs. avoidance; optimism vs. realism; seeking vs. not seeking interpersonal help; fatalism vs. positive orientation; and control vs. lack of control by self. Moreover, Cosway, Endler, Sadler, and Deary (2000) developed and tested the validity for the Coping Inventory for Stressful Situations, of which Endler and Parker (1990, 1994) derived the three coping groupings of task-oriented, emotion-oriented, and avoidance via factor-analysis. Additionally, Duhachek (2005) identified coping as a multidimensional, hierarchical structure of responses to stress and concluded emotions and situational appraisals originate from chosen coping responses.

Biological and personality determinants of coping. Some researchers argued for the consideration of biological and personality traits when examining coping styles (Jang, Thordarson, Stein, Cohan, & Taylor, 2007; Lee-Baggley et al., 2005). In terms of biological considerations, the debate of nature and nurture emerged as researchers considered the extent of heredity's influence on coping styles. Jang et al. (2007) studied this aspect in detail as they

investigated coping styles of 91 identical twins and 80 fraternal twins using the Coping Inventory for Stressful Situations. Results indicated that heredity partly explains task-oriented, emotion-oriented and one aspect of avoidance coping – social diversion. The researchers argued that we should not ignore genetics and heredity when considering coping as a dispositional style. In terms of personality considerations, some researchers used the concepts of the “Big Five” personality traits, also known as the Five Factor Model, to explain differences in coping styles. The five factors are openness, conscientiousness, extraversion, agreeableness, and neuroticism (for further details on these factors see Goldberg, 1992; Mount & Barrick, 1991; Roberts & Mroczek, 2008). In a Canadian study regarding the influence of personality on coping for 72 couples, Lee-Baggley et al. (2005) assessed personality via the Five Factor Model and concluded that personality was significantly related to the type of coping strategy used. The researchers argued it is integral to consider personality traits when studying coping, as an individual’s personality determines preferred coping strategies. Therefore, some researchers argued to contemplate genetics and personality when exploring coping strategies.

Overall, the concept that an individual’s character determines the coping strategies used over a variety of situations is one of the main theories of coping. Freud and Jung both considered innate features of individuals influence how individuals experience and respond to stress. Lazarus and Folkman (1984) detailed coping strategies emerge from a problem-focused or an emotion-focused position in order to lessen stress. Active and avoidant coping theorists proposed internal motivation and resources determine chosen coping strategies. In other words, a motivation to either approach the stressor and associated emotions or avoid them influence coping. Other researchers argued to conceptualize coping as a hierarchical

structure, with core categories as the parent categories for every individual and every instance of coping ultimately belonging to one of these core categories. Genetic and personality researchers asserted the role of genetics and personality in coping styles. In general, coping-as-style theorists claimed that an individual's disposition determines chosen coping strategies independent of social, contextual, and environmental factors.

Coping as a Process

Partly in response to the concept that coping is internally determined, some researchers introduced and argued for considering coping as a process with interpersonal, situational, and intrapersonal determinants. They declared an individual's coping approach not only stems from internal resources, but also from external resources. The following section details five coping-as-process theories found in the literature: (1) social-contextual model of coping, (2) developmental model of coping, (3) systems model of coping, (4) individual-centred model of coping, and (5) meaning-focused model of coping.

Social-contextual model of coping. This coping process depends on social contexts, environmental contexts, and available internal and external resources according to the social-contextual model of coping. Feminist researchers contended socially constructed gender roles and gender inequalities (e.g. in the areas of politics, social expectations, sex, economics) influence chosen coping strategies (Busch & Valentine, 2000; Giustina, 2008; Kim et al., 2007; Lenton, 1995; McPhail, Busch, Kulkarni, & Rice, 2007; Vandello & Cohen, 2008; Van Hook, 2000). Cultural researchers asserted there exists an entanglement of coping and cultural differences to consider. For instance, a difference in stressor appraisal among differing cultures meant variance in chosen coping strategies (Sean, Meegan, & Deviney, 1998). Other coping researchers asserted type of coping strategy used depends on the

situation and available resources (Mafune & Kosugi, 2007; Schroevers, Kraaij, & Garnefski, 2007; Vashchenko, Lambidoni, & Brody, 2007). Moreover, some coping researchers stressed that external factors – such as available support – partly explain chosen coping strategies (Schroevers et al., 2007). One way for the reader to consider the social-contextual model of coping is to consider this possibility: A woman in one social context may seek police intervention regarding IPV whereas another woman in another culture would not seek police intervention due to a belief it would be shameful if she sought intervention outside the family unit.

Over the past few years, researchers have published articles detailing the influence of social-cultural contexts on coping. For example, Jang (2007) emphasized gender differences in a study of coping for African American women and men; in this study, there were significant differences between the two groups regarding self-reported stress levels, life areas considered stressful (e.g. work, family), and types of coping. Moreover, Vashchenko et al.'s (2007) qualitative study claimed an adolescent's coping style depends on the situation and available resources; the researchers asserted the 30 adolescents in this study used more externally-focused coping strategies with interpersonal family conflict and more peace-making coping strategies with peer conflict. In addition, in their book about cultural and societal differences in coping, Hariharan and Rath's (2008) use of case studies from India and knowledge from the Western perspective exemplifies the role of spiritual and religious beliefs, gender roles, and societal expectations on coping. The authors argued there cannot be a universal explanation for coping due to these differences. Furthermore, a Japanese study on coping with chronic work stress explained that coping depends on the stressor context; in this study of 3943 male Research and Development employees of an industrial company,

ANOVA analysis showed that as the amount and severity of chronic work stressors subsided, problem-leaving coping strategies lessened, problem-solving strategies increased, and support-seeking strategies increased (Mafune & Kosugi, 2007). Lastly, some researchers argued that not only is there insufficient knowledge concerning the relationships among culture, stress, and coping, but also researchers need to address this knowledge gap in the literature before making any conclusions regarding coping (Ryder, Watanabe, & Ring, 2007).

Developmental model of coping. Developmental theorists on coping stated that every individual is born with the ability to use the same coping strategies, but to different extents based on individual development differences and unique experiences. How an individual copes relates to individual developmental ability and an individual's perspective of a stressor may change before, during, and after exposure to that stressor (Sean et al., 1998). Age and wisdom, according to some developmental coping researchers, influence preferred coping strategies (Amirkhan & Auyeung, 2007; Sean et al., 1998; Skinner & Zimmer-Gembeck, 2007). For instance, Amirkhan and Auyeung (2007) designed a study to determine how age influenced chosen coping strategies with 153 9-12 years old adolescents, 141 13-15 years old adolescents, 151 16-18 years old adolescents, 133 20-29 years old adults, and 133 30-70 years old adults. Results indicated that each grouping used the same coping strategies but to differing amounts. Of note, the older an individual, the more likely that individual used problem-focused coping and less likely used avoidance coping. Therefore, each individual has the ability to use the same coping strategies as another, but the chosen mechanism partly depends on age and coping wisdom based on experience. Moreover, Skinner and Zimmer-Gembeck (2007) reviewed 44 studies on coping and age and then argued that emotions,

behaviours, personality, and social factors develop from young age to adulthood, so researchers should consider coping within the context of development.

Systems model of coping. System approaches to coping partly emerged from concepts of systems theory, family systems psychology, organizational psychology, and process psychology. Coping as per a system approach addresses stressors and coping strategies at the level of people and relationships, not the individual level; coping is never done in isolation by an individual, but intrapersonally and interpersonally through interactions with the group (examples of groups are couples, families, co-workers, and friends). Moreover, individuals choose coping strategies based on individual and group needs, motivation, and individual and group expectations (Bodenmann et al., 2008; Harburg, Kaciroti, Gleiberman, Julius, & Schork, 2008; Ledermann, Bodenmann, & Cina, 2007; Marin, Holtzman, DeLongis, & Robertson, 2007; Peterson, Pirritano, Christensen, & Schmidt, 2008; Schaer, Bodenmann, & Klink, 2008). Of interest to this literature review are studies done regarding dyadic coping.

In terms of dyadic coping for intimate couples, the literature demonstrates one partner's actions influence the other partner's coping. One study demonstrating this is Marin et al.'s (2007) cross-sectional study on responses to partner coping with 29 intimate couples and 26 individuals. These researchers reported positive responses to a partner's coping strategy resulted in better relationship-focused coping and lessened the negative effects of ineffective coping strategies; the researchers argued the importance of dyadic responses to chosen coping strategies.

Another study is Peterson et al.'s (2008) Danish study on the impact of intimate partner coping with 1160 women and 1081 men who were involved in fertility treatment and recruited from medical centres and hospitals. The researchers analyzed data with the couple

as the unit of analysis, defined type of stress as personal, marital, or social, and defined coping as active-confronting, active-avoidance, passive-aggressive, or meaning-based. Results indicated a positive correlation between coping by one partner and coping by the other partner; a positive correlation between type of stress by one partner and type of stress by the other partner; a negative correlation between active-avoidance coping by one partner and personal, marital, and social distress of the other partner; a negative correlation between meaning-based coping by one partner and marital distress in men; a positive correlation between meaning-based coping by one partner and social distress in women; and women's use of active-confronting coping was significantly related to increased male marital distress. Overall, Peterson et al. argued the need to consider coping as an inter-couple dynamic, not an interpersonal dynamic. Lastly, in a 17-year longitudinal study on anger-coping types with 192 married couples, Harburg et al. (2008) reported how each partner expressed anger affected the other partner's health, with dyads in which both partners suppressed anger having the most detrimental health effects during the course of the study.

Individual-centred model of coping. The concept of individual factors influencing chosen coping strategies has many of its roots in humanistic psychology, client-centred therapy, gestalt therapy, and existentialism. This approach contends individuals have the capacity to freely choose their coping strategies based on individual needs and motivation, even though at times a chosen coping strategy leads to further distress and angst. Individuals develop their own coping strategies and have preferred strategies discovered through personal experiences with stress (Ptacek et al., 2008). Lazarus (2005) argued for a person-centred approach to coping. He asserted coping is part of the emotional process in individuals, personality and situational demands influence coping, and researchers should

consider emotions in the contexts of individual appraisal, action, reaction, and relational meanings.

Moreover, a number of studies in the coping field have shown individual diversity in chosen coping strategies, such as differences among emotional intelligence determinants of coping (Saklofske, Austin, Galloway, & Davidson, 2007); differences among individual appraisal and thus, chosen coping strategies (Schou, Ekeberg, & Ruland, 2005); differences among individuals for cognitive and behavioural coping strategies (Cheng & Cheung, 2005; Ryder et al., 2007); and differences in efficiency of chosen strategies among individuals (Cheng & Cheung, 2005). Moreover, some coping measurements have allowed the addition of themes to account for individual differences (Taylor, 1998).

Researchers interested in the human evolution of coping also consider coping as an individual experience. For instance, Koolhaas, de Boer, Buwalda, and van Reenen (2007) attested individual variations in coping styles and strategies are partly due to evolutionary needs since individual variations in a species influence survival with environmental challenges. Moreover, they stated there is a distinction between a chosen coping strategy and the magnitude of that coping strategy due to differences in serotonin release levels. Additionally, Amiot, Blanchard, and Gaudreau (2008) studied the role of adapting to change by individuals and concluded coping mediates between individual motivation and stressor consequences; in other words, they concluded adaption to change is part of the individual flexibility within the coping process.

Meaning-focused model of coping. Meaning-focused coping, the strategy of finding personal meaning through stressful experiences, is a newly emerging coping-as-process theory in the coping research literature. The concept of meaning-focused coping has many

similarities to existential studies detailing human angst when dealing with the four themes of human existence: death, isolation, freedom, and meaninglessness. Meaning-focused coping research also has similarities to religious and spiritual studies on dealing with adversity and evil (Vroom, 2007). Religious and spiritual coping strategies, such as labelling God as caring, have emerged in recent literature on coping as part of meaning-focused coping, also acknowledging that adversity and suffering are part of human existence (Ano & Vasconcelles, 2005; Bhui, King, Dein, & O'Connor, 2007; Fallot & Heckman, 2005; Greenway, Phelan, Turnbull, & Milne, 2007; Park, 2005; Tyson & Pongruengphant, 2007; Vroom, 2007; Wachholtz, Pearce, & Koenig, 2007). The general assumption within meaning-focused coping is the more positive meaning taken from a stressor, the more effective it is as a coping strategy and the less distress the individual experiences (Ano & Vasconcelles, 2005; Greenway et al., 2007; Utsey et al., 2007; Wachholtz et al., 2007; Wang, Lightsey, Pietruszka, Uruk, & Wells, 2007).

In general, researchers responded to the idea of coping as a style by conceptualizing the notion of coping as a fluctuating process. Coping as a process essentially means coping strategies emerge from internal and external factors and thus, chosen strategies for an individual vary across time and situation. A social-contextual approach to coping describes coping as a response to social expectations and roles, internal and external coping resources, context, and environmental constraints. A developmental approach to coping identifies coping as reliant on individual coping development over time and experience. A systems approach to coping asserts individuals cope within the interpersonal context. An individual-centred approach to coping states individuals choose coping strategies based on past attempts and consequences, individual motivation, and individual resources. Lastly, a meaning-

focused approach to coping distinguishes coping as a reaction to a stressor through constructing personal meaning.

In conclusion, there is no consensus on what defines coping (Skinner et al., 2003) and researchers are still trying to understand coping within areas of study such as sociology, biology, psychology, health research, and anthropology. Is the phenomenon of coping a structure or a process? What is the most effective method to identify, measure, and demonstrate coping within a research study? How can we develop a theory of this phenomenon that accounts for both its trait-like structure and process differences? Once again, the reader is asked to make his or her own conclusion regarding the experience of coping.

Conceptual Overview of Coping with IPV

People want to understand the phenomenon of coping and of IPV, as evidenced by continued research in this area, the existence of programs with mandates to help those involved in IPV relationships, and queries from various sources I received in the past few years regarding these two topics. The following section details not only women's coping experiences as reported in the research literature, but also impacts of IPV on women.

Women's Coping Experiences

Besides developing statistical measures to comprehend coping with IPV, many researchers have tried other means to understand the phenomenon of coping within IPV relationships. Four main theories exist to explain the dynamics of IPV and coping with IPV: learned helplessness, passive vs. active roles of coping, social-contextual approach to IPV coping, and a violence-contextual framework. Using anecdotal evidence and some statistical analyses, Walker (1981, 1983) proposed one of the first theories regarding IPV, the Battered

Woman's Syndrome, based on the concept of learned helplessness. Pagelow (1981), who used information from women who experienced IPV, portrayed the main coping theme for women also as learned helplessness in her text, *Woman-Battering: Victims and their experiences*. Walker stated women become passive as a coping strategy due to ineffective past efforts to end violence and their belief future coping attempts are useless. For Walker, repeated violence and ineffective coping strategies result in Battered Woman's Syndrome that is characterized by depression, low self-esteem, and an inability to take action to leave the violent relationship.

Although many have since questioned the validity of the Battered Woman's Syndrome, this syndrome experienced widespread acceptance in the 1980s and early 1990s because it provided a reason why women remained in IPV relationships and emphasized the role of individual rather than societal change (Rothenberg, 2002; Van Natta, 2005). Some thought Battered Woman Syndrome to be a better alternative than believing the woman liked the violence or the violence was not as bad as she claimed; however, the syndrome does not consider other reasons for remaining and reflects that an explanation is needed for choosing to remain and with Battered Woman's Syndrome, that explanation is learned helplessness (Comack, 1993; Rothenberg, 2002). Additional critiques of learned helplessness include the theory took attention away from the violence, is incomprehensive, is not based on sound statistical evidence, exclude many women who experienced IPV, does not credit women's active role when remaining in an IPV relationship, and disregards the many ways in which women cope with IPV (Blackman, 1990; Comack, 1993; Rothenberg, 2002).

Some researchers reported women who experienced IPV identify themselves as helpless and coping passively (Clements & Sawhney, 2000; Forte et al., 1996). Clements and

Sawhney (2000) explored the relationship of perceived control and coping strategies on women's emotional responses regarding IPV. The results of questionnaire data received from 70 women recruited from women's shelters revealed these women felt helpless. Forte et al. (1996) used surveys to compare role taking of 66 women who were in abusive relationships and 80 women in non-abusive relationships. Their results indicated the women in abusive relationships overall perceived themselves as powerless. In addition, the six women in McCosker et al.'s (2004) study stated that while pregnant and in IPV relationships, they felt low self-esteem, were fearful, and had negative self-perceptions. They felt controlled socially, physically, sexually, and economically. Moreover, some women who experienced IPV felt the responsibility to better their situation rested with them and thus, felt isolated and helpless (Shepherd, 2001).

In contrast, other researchers reported women who experience IPV see themselves as powerful and coping actively (Casoni & Campbell, 2004; Cavanagh, 2003; Davis, 2002). Using data from interviews with 17 women who experienced IPV, Davis (2002) showed how they saw themselves as survivors, not as victims. These women recognized they used coping strategies, such as using common sense and developing safety plans, to deal with the abuse. Furthermore, Casoni and Campbell (2004), who studied eight women in violent relationships, found although these women felt fear, they considered themselves part of a team with their partners, excused the men's behaviours, felt able to handle the IPV, and loved their partners. Draucker (2003) grouped the common stories of 27 women who experienced IPV into rebellion stories, breaking free stories, refugee stories, determination stories, resurgence stories, and confidant stories. These stories are ways in which these women coped with being in an IPV relationship. Kragh and Huber (2002) argued professionals who work with women

who experience IPV can rely on women's past situations when they were able to stop the violence from happening.

Furthermore, some argue to consider individual contexts when studying coping strategies of women who experience IPV. Waldrop and Resick (2004) reviewed the available literature on coping within abusive relationships and concluded studying coping styles, such as Battered Woman's Syndrome, is inadequate. They argued the context of IPV involves other factors. The authors stated researchers need to consider frequency of abuse, severity of abuse, relationship length, resource availability, social support networks, and the individual's coping history because all of these factors influence coping. Ronan et al. (2004) found the majority of women in abusive relationships used effective coping strategies with situations they rated as low-conflict and ineffective strategies with situations rated as high-stress, such as being threatened. Because these authors showed different contexts related to different coping strategies, these studies support a context-based approach to coping.

Shepherd (2001) also found context to be important in her study of IPV amongst Aboriginal women living in a northern community. Race, community beliefs, and living in a rural, northern community influenced the women's coping experiences. In terms of how one's self-perception influenced coping, Henderson, Bartholomew, and Dutton (1997) found how a women coped with being in and out of an abusive relationship related to her self-anxiety and avoidance of others, with women having high self-anxiety and high avoidance of others remaining in the relationship longer. Fiore Lerner and Kennedy (2000) studied the factors involved with 191 women's stay and leave decisions. They concluded self-confidence is a factor for women's coping. The Federal-Provincial-Territorial Ministers Responsible for the Status of Women (2002) concluded researchers, the government, and the public need to

consider violence against women contextually. This organization asserted violence affects all types of women, although to differing degrees due to each woman's unique context.

Within the sphere of considering individual context, some researchers proposed a new, contextual framework of women coping with IPV. For example, Bell and Naugle (2008) argued a theory regarding coping with IPV needs to include the nature of the violence, violence motivators, types of violence the woman has already experienced, environmental cues, verbal rules within the relationship, and consequences of the violence. Moreover, Ehrensaft (2008) stated traditional theories regarding IPV and coping are unrepresentative of the true nature of the phenomenon; researchers need to consider what new studies indicate regarding IPV and coping, that of considering the development of violence within a relationship and the interactions between IPV and other types of violence. Burke, Denison, Gielen, McDonnell, and O'Campo (2004) contended researchers need to explore the personal development of women within an IPV relationship and consider their changes over time and experience. In addition, Winstok (2006) asserted new theories should focus not on the violence, but on the interactions from which violence emerges.

Impacts of IPV on Women

This section briefly highlights some of the implications, impacts, and coping strategies for women in IPV relationships in terms of effects on their mental, emotional, behavioural, and physical well-being. The information in this section comes from qualitative and quantitative findings in the research literature, informational handouts and booklets, and professional resource materials. I recognize there is a wide range of implications for women who experience IPV, including implications not yet studied by researchers or shared by women who experience IPV.

Mental and emotional well-being. IPV negatively impacts the mental health of women (Allen, 2005; Cory et al., 2003; Scheffer Lindgren & Renck, 2008). Health Canada (1999) stated some mental health indicators health care professionals should consider when screening for IPV include stress, post-traumatic stress disorder symptoms, anxiety, and depression. Likewise, Waldrop and Resick (2004) conducted a literature review of coping by women who experienced IPV. They concluded there is a positive relationship between IPV and depression and a positive relationship between IPV and post-traumatic stress disorder. Others made the same conclusion regarding the links between IPV and depression (Arias, Lyons, & Street, 1997; Bonomi, Anderson, Rivara, & Thompson, 2007; Calvete, Corral, & Estévez, 2007; Calvete, Estévez, & Corral, 2007; Fedovskiy, Higgins, & Paranjape, 2008; Fogarty, Fredman, Heeren, & Liebschutz, 2008; Heru, 2007; Koopman et al., 2007; Leiner, Compton, Houry, & Kaslow, 2008; Sullivan, Meese, Swan, Mazure, & Snow, 2005; Tadege, 2008; Van Hook, 2000) and between IPV and post-traumatic stress symptoms (DeJonghe, Bogat, Levendosky, & von Eye, 2008; Fedovskiy et al., 2008; Humphreys & Joseph, 2004; Scheffer Lindgren & Renck, 2008; Sullivan et al., 2005). Other effects of IPV on mental health include hypervigilance, flashbacks, nightmares, and loss of personal control (Wittenberg, Joshi, Thomas, & McCloskey, 2007). Fiore Lerner and Kennedy (2000) had 191 women complete the Trauma Symptom Checklist regarding coping with IPV and concluded IPV results in psychological vulnerability for women, especially for those still in the IPV relationship and those out of the relationship for less than six months.

Furthermore, some researchers reported how IPV influences a woman's sense of self and self-identity. One of these researchers, Shepherd (2001), conducted a qualitative study with nine staff and clients of a transition house in a rural aboriginal community and described

that the women identified themselves as less important than other people and did not want to become a topic of conversation in their small community. Moreover, McCosker et al. (2004) stated the six women they interviewed regarding IPV during the childbearing years identified their loss of identity and self during the relationship, IPV as mentally damaging and lowering their self-esteem, and IPV negatively changing who they were in the relationship. Other articles also detail how the breakdown of a woman's self-identity is part of her IPV experience and forms part of her new identity within the confines of the relationship (Chung, 2005; Draucker, 2003; Flinck et al., 2005; Weseley, Allison, & Schneider, 2000). Women feel like they are living an unnatural experience (Lutenbacher et al., 2003) and find themselves changed because of IPV.

Another feature of women's experiences within an IPV relationship includes cognitive appraisals of the relationship and of the violence. In a training and resource guide for professionals, Cory et al. (2003) discussed how women in IPV relationship identify signs of abuse but misinterpret the signs as caring rather than controlling. In other words, women normalize and minimize the abuse. They also discussed the reasons provided by women for why they remain in the relationships: hope for the future, embarrassment about being in an IPV relationship, desire to protect him, love for him, worry about the effect of separation on children, financial reasons, uncertainty about emotions if she left him, worry about being a single parent, fear for his reactions if she left, values and beliefs regarding relationships, and fear of losing custody of children. Similarly, Arias et al. (1997) stated the less a woman was negative regarding the IPV, such as thinking the violence is not his fault, the better the man and woman are at resolving relationship difficulties and the better she views him in terms of supporting her emotionally, intimately, and intellectually. Moreover, part of women's

experience in IPV relationships include self-blame, making meaning out of their situation, and considering their love for their partners (Casoni & Campbell, 2004; Cavanagh, 2003). Women involved in IPV relationships attempt to understand their relationships and find strategies that work with their relationship goals (Cavanagh, 2003).

In addition, the concepts of survival and resilience emerge from women's stories regarding their experiences in IPV relationships. Women's strength emerges from their hopes for the future (Canaval, Gonzalez, & Sanchez, 2007; Flinck et al., 2005) and identifying survival strategies while in IPV relationships (Cory et al., 2003). Davis' (2002) study of 17 women who experienced IPV showed these women saw themselves as strong survivors, as resilient because they created strategies to endure and survive IPV, and as needing self-love in order to thrive in future relationships. Draucker's (2003) qualitative study echoed women's stories of resilience in narratives from her participants regarding rebellion stories, instances in which they decided not to endure the violence.

Within IPV, women seek to maintain their concept of the ideal relationship through cognitive strategies. Zink, Jacobson Jr., Pabst, Regan, and Fisher (2006) worked with 38 women aged 55 years or older towards understanding their coping strategies in long-term relationships. These women used emotion-focused and problem-focused coping strategies to find meaning in the relationship, to identify their roles within the relationship, to evaluate themselves and their partners, to set limits with their partners, and to manage violence. Although some women existed well in the relationships and some had a lot of difficulty, all the participants attempted to maintain their concept of the relationship. Lilly (2008) found that women's assumptions regarding relationships influence their experiences with IPV.

Subjective experiences, mood, and personality partly influence emotional states. The impacts of IPV on emotions centre on associated feelings and coping with negative emotions. Firstly, some emotions related to living with IPV include anger, fear, aggression, disappointment, shame, embarrassment, loneliness, helplessness, and depression (Stats Can, 2005; Health Canada, 2000; Wittenberg et al., 2007). Cory et al. (2003) organized associated emotions into phases of the cycle of violence, with women feeling hope, relief, scepticism, confusion, and reconnection during the honeymoon phase; anxiety, isolated, fearful, frustration, anger, stupidity, and apprehensiveness during the tension phase; and fear, guilt, and degradation during the violence phase.

Moreover, Forte et al. (1996) wanted to discover the full scope of emotions experienced within the context of an IPV relationship so they surveyed 66 women with IPV experience who sought professional assistance as well as 80 women who had no personal experience with IPV. The researchers reported in terms of the participants' negative feelings, the most common ones were distress, being upset, and nervousness and the least common ones were guilt, shame, and hostility; they reported that in terms of positive feelings, the most common ones were alertness, determination, activeness, and interest and the least common ones were inspiration, enthusiasm, and pride. In particular, some researchers studied fear and shame as emotional responses to IPV. Buchbinder and Eisikovits' (2003) phenomenological study on shame associated with IPV reported women felt trapped by shame, their shame enabled their partners to abuse them, and shame hindered their desire to leave the relationship. McCosker et al. (2004) found that some women also claimed fear influenced their lives. Overall, women with at least one experience with IPV have more

emotional distress than women without any IPV experience (Ellsberg et al., 2008; Forte et al., 1996).

Traumas from IPV experiences influence a woman's emotions, prompting her to cope with emotions emerging during and after IPV incidents (Parker & Lee, 2007). Much of the research literature regarding this has focused on women's emotional coping. Researchers have discovered the more a woman experiences IPV, the more she uses emotion-focused coping strategies (Lilly, 2008), although women identify emotion-focused coping as less helpful than problem-focused coping when dealing with emotions (Bauman, Haaga, & Dutton, 2008). In addition, the use of emotion-focused coping increases with the temptation to leave an IPV relationship (Fiore Lerner & Kennedy, 2000).

Physical well-being. Researchers have tried to measure the effects of IPV on women's physical health. One of the physical consequences of being in an IPV relationship is physical injury, such as bruises, headaches, insomnia, fatigue, high blood pressure, and lethargy (Cory et al., 2003; Thomas, Joshi, Wittenberg, & McCloskey, 2008; Wittenberg et al., 2007). Physicians and nurses who screen female patients for IPV examine for the following possible physical indicators of IPV: injuries at different stages of healing; injuries to the head, face, breast, stomach, and areas typically hidden by clothing; recurring ailments such as headaches and insomnia; injuries without a believable explanation; injuries during pregnancy; and multiple hospital visits (Health Canada, 1999). Another physical consequence of IPV is poor health. The extent of poor health for women in IPV relationships is relative to the types of IPV in their relationships, with women experiencing both physical and sexual abuse more likely than women experiencing only physical abuse to have poor health (Bonomi et al., 2007). Thomas et al. found that a secondary aspect of poor health is

women became more dependent on their partners. Lifetime IPV experience is significantly associated with self-reported poor health, especially in the areas of difficulty walking, difficulty with daily activities, pain, dizziness, and genital issues (Ellsberg et al., 2008).

A further physical consequence of IPV for some women is substance use. Substances influence the body's chemistry and substance use is part of some women's stories (Bennett & O'Brien, 2007; Romans, Cohen, Forte, Du Mont, & Hyman, 2008; Simons, Gwin, Brown, & Gross, 2008; Wiemann et al., 2000). For instance, Eby (2004) explored the stressors of 107 poverty-stricken women aged 17 to 30 years, of who 50 experienced IPV. Results described that 86% of women who experienced IPV used alcohol to relieve stress, 73% used nicotine, 67% used sedatives or tranquilizers, 64% used marijuana, 63% used other street drugs, and 63% used antidepressants. Furthermore, Sullivan and Holt (2008) studied the interplay of substance use for women who experienced IPV with post-traumatic symptom disorder and concluded the desire to experience the substance and avoid emotions associated with IPV was a determinant factor. In addition, Stalans and Ritchie (2008) discovered stimulant use, sedative use, and alcohol abuse or dependence had no significant direct effect on coping with IPV after controlling for psychological abuse when studying survey data from 19,131 women living with abusive partners. Of note, social support moderated substance use (Golienelli et al., 2008).

Behavioural well-being. The experience of IPV influences women's help-seeking behaviours, social functioning, violent behaviours within the relationship, and suicidal behaviours. When Lutenbacher et al. (2003) studied the barriers 24 women in IPV relationships faced when attempting to seek assistance against the abuse, to leave the relationship, and to remain out of the relationship, they discovered these women felt

constantly re-victimized, had others blaming them for their situation, and had financial difficulty. Furthermore, when determining the strengths and barriers of health care support for women who experience IPV, Van Hook (2000) found the main barriers to women's help seeking behaviours were women not identifying IPV as health-related, not thinking health care staff cared about their situation, and worrying about the staff judging them. Moreover, IPV impacts a woman's ability to access health care in other ways such as an inability to make appointment times and worries regarding child protection involvement (Cory et al., 2003). Other researchers have found similar barriers to help seeking in the health care system (Baker & Sommers, 2008; Coll-Vinent et al., 2008; Gutmanis, Beynon, Tutty, Wathen, & MacMillan, 2007; Health Canada, 1999; Liebschutz, Battaglia, Finley, & Averbuch, 2008; Lipsky & Caetano, 2007; Plichta, 2007; Roelens et al., 2008; Scott, 2007; Tower, 2007). Furthermore, social functioning of a woman decreases during her relationship with IPV with an increase in social isolation, social ostracizing, and inability to work (Wittenberg et al., 2007).

Another aspect of women's behaviours when involved in an IPV relationship is that some women become violent towards their partners, which some refer to as reciprocal violence or mutual battering (Whitaker, Haileyesus, Swahn, & Saltzman, 2007) or violent towards themselves through suicide attempts. When Herrera, Wiersma, and Cleveland (2008) conducted a longitudinal study of 1275 adolescents, they discovered young women were more likely to become violent when in a relationship with a violent man than when in a relationship with a non-violent man. Another study reported reciprocal violence is associated with more frequent violence among women than men, with men more likely to inflict injury, and reciprocal violence associated with more serious physical injury than nonreciprocal

violence in a relationship (Whitaker et al., 2007). Allen, Swan, and Raghavan (2008) argued that violence from women tends to be in reaction to their partners' violence. Sullivan et al. (2005) contended if a woman is violent in a relationship, it usually stems from her traumatisation and victimization in childhood.

In terms of violence towards themselves, one of the common areas found in the research literature is suicidal behaviour. In a review of research findings from 10 countries for women aged 15 to 49 years, Ellsberg et al. (2008) found that women with at least one IPV experience had more suicidal ideation and attempts than women without any IPV experience. Health Canada (1999) identifies a history of suicide attempts as one possible indicator of IPV. Likewise, path analysis of psychological distress, suicidal behaviour and IPV among 323 African American women found IPV led to depressive symptoms which led to suicidal ideation, and IPV led to post-traumatic stress symptoms which led to depressive symptoms which led to suicidal ideation (Leiner et al., 2008). In other words, suicidal behaviour is part of some women's experiences if they are involved in an IPV relationship.

Summary

Overall, the experience of IPV impacts a woman's mental, emotional, physical, and behavioural spheres. Aspects of psychological well-being that are affected include mental health, changes in self-identity, cognitive appraisals, survival and resilience strategies, and thoughts regarding the ideal relationship. An implication for emotional well-being is coping with negative feelings. Implications for physical well-being include physical injuries and poor health. Implications for behavioural well-being include impaired help-seeking attempts, social life isolation, and violent behaviours.

In conclusion, there are many factors involved in trying to understand the phenomenon of IPV and of coping with IPV. One in four women will experience IPV at some point in their lives (Cory et al., 2003) and it is important to understand the types of violence women may experience in relationships, as well as the risk and protective factors. The inaccurate societal understanding of IPV oversimplifies the experience women endure in IPV relationships, including the influence of IPV on their mental, emotional, physical, and behavioural well-being. Wide discrepancies among research results, public understanding, and professional resources regarding the phenomenon of women's coping with IPV means further research is needed in order to better understand the experience of coping with IPV, especially for women aged 19 – 24 years and in a common-law or marital relationship, who are at a higher prevalence rate for IPV. As Hamberger (2008) asserts, there is a need to keep working on additional research in this area to guide theory and practice. We are interested in human relationships and view them as a means to our happiness, so it is important for us to seek understanding of relationship dynamics including the initiation, maintenance, and ending of intimate partner violence (Forgas & Fitness, 2008). Chapter Three is a description of the study's methodology, which is designed to meet this need.

Chapter Three: Research Methodology

I conducted this qualitative study to understand the phenomenon of coping in physically violent intimate common-law or marital relationships for women aged 19 to 24 years. This chapter describes the research methodology, detailing the design, co-researcher information, procedures, data analysis, ways this study met rigour requirements for qualitative research, and ethical considerations.

Research Design

According to Bogdan and Biklen (2002), phenomenology is both a philosophy and a research methodology. As a philosophy, phenomenology is a belief that people cannot know the world beyond their perception of it and the world does not exist without this perception. In other words, people's perception of the world and the world itself are inseparable. As a methodology, phenomenology is the act of studying and describing the structures and meanings of a lived phenomenon through the perception of those involved. The strength of a phenomenological approach is the acknowledgement within its philosophical framework that individual, interpersonal, organizational, cultural, and spiritual factors are involved in people's lived experiences (Bogdan & Biklen). Phenomenological research allows the researcher and the co-researchers to share and understand the essence of the lived experience.

Moustakas' (1994) transcendental phenomenological approach seems most suitable for this study. Moustakas stated knowing how people interpret the world is a way to know about the people themselves. He argued the world does not exist without people's interpretations of it. A researcher using his approach is able to understand the phenomenon's essence through first-person perspectives and through empathy. Empathy is how people share meanings and understandings. Therefore, I used a transcendental phenomenological method

in order to understand young women's coping strategies in physically violent intimate relationships, using empathy to comprehend their descriptions and understanding of coping experiences.

Co-researcher Information

Criteria for inclusion in this study were being a woman between 19 and 24 years of age, as well as currently in or had left a physically violent common-law or marital relationship with a man. Moreover, a suitable co-researcher experienced the phenomenon under study, was willing and able to share her experiences, believed it was safe for her to participate, was not hospitalized for a mental disorder or addictions issue in the past year, did not attempt suicide in the past year, did not currently feel suicidal, and was selected from the general population. Five women were eligible and willing to participate in the study.

All the co-researchers were members of a mid-sized community of between 50,000 and 100,000 people, located in central British Columbia. At the time of the initial interviews: (1) all co-researchers identified as not being in physically violent intimate relationships currently; (2) three co-researchers identified their marital status as "never married", one identified as "living as married", and one identified as "married"; (3) three co-researchers recognized their ethnic origin as "Caucasian", one co-researcher recognized her ethnic origin as "French" and "Aboriginal", and one co-researcher recognized her ethnic origin as "Unknown"; (4) one co-researcher was 20-years-old, one co-researcher was 21-years-old, two co-researchers were 23-years-old, and one co-researcher was 24-years-old; (5) four co-researchers identified having no children and one co-researcher did not answer the question; (6) two co-researchers indicated they were "unemployed", one co-researcher was on "disability", one co-researcher worked full-time and was a soon-to-be "student", and one co-

researcher worked part-time and was a “student”; (7) highest education level ranged from enrolment in high school to some college or university; and (8) family annual income ranged from \$0 – \$35,000, with two co-researchers not answering the question.

One co-researcher had left her last relationship two weeks prior to the initial interview; she discussed her coping experiences from this common-law relationship as well as from three previous relationships. Another co-researcher was married to her partner who she described as violent in the beginning of her relationship, but improving; she discussed her early experiences with her husband as well as coping experiences with her common-law partner prior to her marriage. One co-researcher had left her physically violent common-law relationship thirteen months prior to her initial interview; she discussed her coping experiences in this relationship as well as her coping experiences with other partners. Also, another co-researcher was sixteen years old when she entered the relationship of which she shared her coping experiences and twenty-two years old when she left it eight months prior to her initial interview. Likewise, one co-researcher discussed her coping experiences with four partners who were physically violent towards her; she had left her last violent relationship three weeks prior to her initial interview.

Procedures

As per the suggestion of Moustakas (1994), I conducted a thorough review of relevant literature prior to the study (see Chapter 2: Literature Review). Relevant topics were coping, intimate partner violence, coping with intimate partner violence, risk factors of physical violence for young women, and current services offered for young women in violent relationships. The University of Northern British Columbia’s Research Ethics Board approved this study.

I expected to interview at least five women (co-researchers). I attempted to recruit co-researchers through three means. First, I placed one advertisement (Appendix B) in the local newspapers for one week. Second, I posted advertisements (Appendix C) at local women's societies, community centres, the local college, and the local university. Third, I approached Executive Directors and employees of local women's societies and non-profit centres, asking them to speak with women who may be interested in participating in this study.

Once a potential co-researcher informed me of her intention to take part in this study via electronic mail or telephone, I set up a telephone interview at the potential co-researcher's convenience. During this telephone interview, I informed the potential co-researcher of the study, screened her for suitability (Appendix D), and arranged an in-person interview with her. Eight women responded to the study advertisement. I excluded two women from participation due to age criteria not being met. I excluded one woman due to her recent suicide attempt within the past month and current suicidal ideation. Four co-researchers knew about the study through the advertisement in the local newspaper and came forward with an expressed interest to participate in the study; one co-researcher knew about the study through an advertisement posted at a local non-profit community centre.

At the in-person interview, I provided the potential co-researcher with an information sheet and informed consent form (Appendix E), a demographics sheet (Appendix F), as well as screened the potential co-researcher for suitability again. In-person interviews occurred at either an office at a local woman's society or a counselling lab at the local university; the co-researchers chose which setting was most comfortable for them. I provided co-researchers with a \$20.00 gift certificate at a shopping centre for their participation in the study at our initial in-person meeting.

Following Moustakas' (1994) model, I conducted individual, semi-structured open-ended interviews of approximately one to two hours length with each of the co-researchers. I used questions similar to those found in Appendix G, although because this was an emerging design for the interviews, follow-up probes depended on the statements of the co-researcher. I audio-taped all the interviews. Moreover, time was available after each interview for the co-researcher and myself to debrief. The purpose of the debriefing was to give the co-researcher an opportunity to voice how she felt about the interview process itself. If appropriate, I reminded co-researchers of the availability of counselling at a local non-profit women's society. I did not tape-record the conversation while the interviewee and I were debriefing. Follow-up interviews with each co-researcher was required for further clarification and understanding in order to obtain an exhaustive account regarding the phenomenon. I located four out of five co-researchers to participate in the follow-up interviews.

Moustakas (1994) made the point that it is important to clear one's mind of assumptions and biases prior to conducting research. I allocated half-an-hour to one hour to focus before I conducted interviews and data analysis.

Data Analysis

I transcribed each interview and thematically analyzed the data using the method of Moustakas' (1994) transcendental phenomenological reduction. Moustakas' transcendental phenomenological approach has four stages: Epoche, Phenomenological Reduction, Imaginative Variation, and the phenomenon's essence. In the Epoche stage, the only stage prior to data analysis, the researcher mentally sets aside biases, assumptions, and previous knowledge regarding the phenomenon under study. For example, a researcher may journal thoughts and feelings to become aware of his or her opinions and knowledge. For the present

study, I wrote my current thoughts and emotions in my field journal while in a quiet environment prior to meeting each co-researcher. Moreover, I continued to use my field journal throughout the study as a means of setting aside biases, assumptions, and previous knowledge.

In the Phenomenological Reduction stage, the researcher gives equal value to each statement by a co-researcher, organizes statements by meaning, disregards irrelevant statements, and integrates structure and texture into the meanings. After grouping statements into topics, the researcher rationalizes which statements are irrelevant and do not fit with the phenomenon under study, possibly asking co-researchers their opinions. For instance, a researcher may group statements according to a topic, such as *safety*, and decide a comment regarding *chocolate* does not fit. For the present study, I separated each sentence stated by the co-researcher in the transcript and then grouped sentences according to meaning. I used my judgment, my knowledge gained from personal experience, and the literature review to establish meanings. I used my judgment to disregard sentences and meanings that seemed inapplicable to the research topic, and then reviewed these decisions with my thesis supervisor. Finally, I structurally organized the applicable meanings based on my judgment and the findings from the collected information. Some researchers refer to this process as producing codes and themes from the collected information.

In the Imaginative Variation stage, the researcher considers every possible meaning for the phenomenon, including improbable meanings. The researcher later uses rational thought to disregard improbable meanings after exploring all the possibilities. One example of this is a researcher considers that *safety* provides peace of mind. For the present study, I listed every one of my imagined meanings for the phenomenon. I consulted with my research

supervisor as to any additional meanings for the phenomenon. I then disregarded meanings that were inapplicable to the research topic and documented in my field journal my rationale for these decisions. Moreover, I documented in my field journal my rationale for the meanings I determined were probable.

In the last stage, the researcher determines the essence of the phenomenon through rationally synthesizing the findings of the previous stages. For example, the researcher may conclude *safety* exists because it helps people function within society without being too vulnerable. As part of the present study's data analysis, I constructed a textural, structural, and textural-structural description for each co-researcher and from these descriptions composed a group textural-structural description (see Chapters Four to Six). From this group description, I logically synthesized the probable meanings acquired from the third stage into a statement of the essence of the phenomenon (see Chapter Seven: The Essence of the Phenomenon).

Rigour in Qualitative Research

Because the practice of qualitative research differs from the practice of quantitative research, qualitative researchers have established a set of standards to meet methodological rigour in qualitative research. These standards are credibility, fittingness, auditability, and confirmability (Sandelowski, 1986). A research study is trustworthy and based on valid reasoning if it meets the standards of rigour in qualitative research.

Credibility

According to Sandelowski (1986), a qualitative study is credible if the presented experiences reflect the experiences and perceptions of the co-researchers. Having credibility ensures the researcher studied and described what the researcher meant to study. There are

two ways to meet credibility. First, co-researchers agreeing with the representation of their experiences in the qualitative text enforces the credibility of a study. Second, other readers besides the researcher and co-researcher understanding the experience and recognizing it when they see it is another way of strengthening the credibility of a study. To meet the first criterion for the present study, I member-checked with co-researchers. Member-checking increases internal validity by presenting the researcher's understanding of the phenomenon to the co-researchers in order to determine accurateness. I verbally summarized to each co-researcher the salient points of the interview at the end of the first interview session. In the follow-up interview, I provided co-researchers with their individual textural-structural description from the data analysis of their interview as well as preliminary findings of the group textural-structural description, and invited feedback, suggestions, agreement, and disagreement.

To meet the second criterion of credibility, I conducted triangulation with three members of a local women's society by asking them whether the study's findings were representative of their professional experiences. They attested the study findings were an accurate representation based on their professional experiences and knowledge. Triangulation is a way of using additional resources to obtain a fuller understanding of a phenomenon.

A threat to credibility occurs when the researcher is not objective. Some researchers term this *going native* (Sandelowski, 1986). A solution to this is for the researcher to document behaviours and experiences with the topic throughout the study. To add information from my understanding and experience of the phenomenon during the study and to safeguard against being too subjective, I wrote descriptive and reflective field notes both during and after each interview. Field notes are a way to add to data because they help

researchers stay focused on the phenomenon, acknowledge any biases or assumptions, and provide additional information for data analysis (Clandinin & Connelly, 2000; Czarniawska, 2004; Moustakas, 1994).

Fittingness

Fittingness occurs when study findings are similar to what would happen in other contexts (Sandelowski, 1986). Fittingness is important because it means study findings have relevance beyond the individual study. The three ways of meeting fittingness are: (1) findings are applicable and / or similar to what one would find outside of the study situation; (2) findings are applicable and / or similar to the experiences of the reader with the phenomenon; and (3) findings make logical sense based on the collected information (Sandelowski, 1986). To ensure findings were applicable and similar to situations beyond the study, I triangulated findings with three members of a local women's society and with my research supervisor who has professional experience in the field of violence and abuse against women. These, professionals who worked with women experiencing violence and abuse, agreed the findings were representative of the phenomenon.

For the second criterion of fittingness, the reader judges whether findings are similar to his or her own experiences with the phenomenon. To aid in understanding, I provided a thick description of the findings. A thick description involves a detailed account of the phenomenon under study. Furthermore, to meet the third criterion of fittingness, an individual of an equal educational level within my Master of Education program examined the themes I uncovered in the transcripts and determined the themes were suitable. This individual and I compared and contrasted findings to determine appropriateness of data analysis; we discussed any discrepancies until we arrived at a resolution. Moreover, the

reader judges the validity of the study's findings based on if findings fit with the reader's experience and understanding of the phenomenon.

There are two threats to fittingness in a qualitative study (Sandelowski, 1986). The first threat is that those individuals wanting to participate may differ from individuals not wanting to participate or not contacted through the means decided by the researcher. This is known as *elite bias*. As noted by Sandelowski (1986), each person's experience with the phenomenon adds some understanding to the topic. Therefore, even though not everyone who experienced the phenomenon was included, it was still possible to gather information on the phenomenon. Moreover, the second threat is the manner in which the researcher presents the findings in the qualitative text may make it appear to the reader there is more of a pattern to the data than exists. This is known as *holistic fallacy*. To counteract this threat, I ask the reader to make his or her own judgment regarding any pattern to the presented findings and to be aware I have structuralized the written text.

Auditability

Auditability in a qualitative study occurs when another individual reviewing the study would be able to obtain the same or similar findings and conclusions (Sandelowski, 1986). Auditability is important because it ensures the researcher followed a logical decision trail and the study did not include something the researcher did not acknowledge or consider. In other words, nothing beyond the collected information better accounts for the findings. The first way of meeting auditability is having another researcher understand the decisions made by the researcher and the rationale for those decisions. I met this criterion through continual consultation with my research supervisor and occasional feedback from a supervisory committee. Furthermore, I documented all stages of my decision making process in my field

journal. The second way of meeting auditability is by having another researcher contemplate the collected information, the study situation, and the original researcher's perspective to determine if the other researcher comes to the same or similar conclusions. I met this criterion through having my research supervisor contemplate the study; she determined the study met the conditions of this second criterion.

Confirmability

Confirmability of a qualitative study means the findings are what one would expect in the world outside of the study situation and successfully meets the criteria for credibility, fittingness, and auditability (Sandelowski, 1986). If a qualitative study meets confirmability, then the researcher has met the standards of rigour for qualitative research. Based on the study's credibility, fittingness, and auditability, this study meets confirmability requirements.

Ethical Considerations

The purpose of this study was to describe and understand the coping experiences women 19 to 24 years old had in physically violent common-law or marital relationships. My goal was to provide relevant information regarding this phenomenon that would help professionals who worked with women who experience IPV. I recruited co-researchers through newspaper advertisements (Appendix B), poster advertisements (Appendix C) placed at local women's societies, community centres, and local universities and colleges, and through asking Executive Directors and employees of local women's societies to talk to potential co-researchers. I asked co-researchers to partake in two interviews.

Every co-researcher had the right to know her participation was voluntary and she could withdraw from this study at any point without penalty. I made co-researchers aware of this right through an information sheet and informed consent form (Appendix A) as well as

by verbally reminding them at the beginning of each interview. I included within the informed consent form a release to allow me to use the data for potential future research purposes. Identifying information did not appear on transcripts, was not used in conversations with the research supervisor or others, and did not appear in the thesis. I identified the co-researchers with common female name pseudonyms (Anna, Heather, Jen, Mary, Sandy).

I stored research materials in a locked cabinet, within a locked office of my residence. I kept identifying information separate from the rest of the research materials and stored information electronically with access to this information password protected. After seven years from the study completion date, I will destroy the collected information by shredding paper documents and deleting electronic files.

Co-researchers may have benefited from the study through gaining more awareness of themselves, experiencing some catharsis because of sharing their experiences, and knowledge that what they shared may benefit other women in similar situations. I included in the information sheet (Appendix E) a statement that co-researchers who required counselling could obtain it through one of the local women's societies. I offered to all co-researchers a handout of the contact information for the local women's societies if they wanted a copy and thought having a paper copy did not compromise their safety at home; all but one co-researcher accepted the handout.

Furthermore, there were ethical considerations to take into account unique to research with women involved in physically violent relationships. I had to consider not only the co-researcher's safety, but also my own. A woman's situation may become dangerous during the study due to the nature of her violent relationship. I prepared for this possibility through

being willing to discuss any safety concerns a co-researcher had and in what ways I could assist her as well as offering referrals to resources in the community if her safety became compromised. Moreover, if a woman indicated she was involved with addictions or had some mental health issues (features that may be part of IPV relationship and coping experiences), then together we conducted a thorough risk assessment and safety plan. In terms of my own safety, I obtained a cell phone and informed my research supervisor of when and where I met with a co-researcher. In addition, it can be difficult with co-researchers in any study to build trust in a relationship and thus, rapport building was important to consider in order to get a strong working relationship with the co-researchers. I built rapport through paraphrasing statements during the interview to indicate comprehension of their experience and clarify any misunderstandings, through casual conversations before and after interviews (“small talk”), and through providing contact information should a co-researcher wish to discuss her research experience. The next chapter – Chapter Four – provides a detailed description of the young women’s within-person coping experiences.

Chapter Four: Within-person Coping

My search for the essence of the phenomenon of coping with relationships that had physical violence took me through in-person interviews with five women who experienced it first-hand. Each woman shared her personal story of coping throughout her relationship(s) that included physical violence, detailing the thoughts, feelings, behaviours, and body sensations of her experiences. After months of my own immersion with the research data, an understanding emerged of the various elements of this phenomenon and how it existed in the world. Coping in a relationship with physical violence was a dynamic, fluctuating process. It was a goal-orientated movement all five women described as dealing with and surviving challenging situations, “More surviving than anything through the relationship” (Mary) and one woman further described as assigning blame, “Coping would be putting [me] in a different place...is it her fault or is it his fault” (Sandy). The terms *young women* and *co-researchers* in this study refer to women aged twenty to twenty-four years who were in common-law or marital relationships that had physical violence.

Some examples of physical violence experienced included pushing, objects thrown at her, being cut, being tied up, assaulted by a baseball bat, thrown against a wall and losing consciousness, hair pulling, beer poured over her, having a shotgun aimed towards her by her partner, and having teeth knocked out. All the young women experienced more than physical violence, as part of their coping experiences included other instances of abuse, such as neglect, psychological abuse, sexual abuse, financial abuse, forced to use drugs, and feeling controlled by their partners. Their answers to my question of what the word abuse meant to them reflected the multifaceted nature of abuse experienced: “Getting neglected...saying I wasn’t worth to be in this life” (Sandy); “Abusive can be in many ways. There’s emotion

abusive, physically abusive...many ways of doing it” (Jen); “Physically hurting me – hair pulling, punching, kicking, putting through walls” (Anna); “A relationship that has...emotional violence, physical violence...sexual abuse, financial abuse...mind games...intimidation, threatening” (Mary); “Physical and verbal is...physical, obvious, getting hit or hurt and, yeah, verbal is just getting put down and stuff” (Heather). All the co-researchers identified the word with negative experiences.

How young women existed in the relationship was part of their coping in physically violent common-law or marital relationships. This experience contained the elements of awareness, planning, organizing, coordinating, directing, and monitoring in order to achieve a goal. How they existed consisted of what they did, thought, felt, and sensed to themselves in order to direct the relationship. They were both dependent and self-reliant, showing their personal independence and trust through evaluating themselves in the relationship and adapting when necessary. When a young woman’s goal was to achieve a fulfilling relationship, her motivation was to receive love, belonging, and acceptance through this relationship. When her goal fluctuated to strongly considering leaving the relationship, her motivation was to remain safe while attempting to leave a situation now identified as too challenging with which to cope. Table 1 illustrates the themes, categories, and sub-categories that emerged in the study. This chapter will discuss within-person coping these five young women experienced throughout their relationships, highlighting the following themes of *reducing stress*, and *cognitive strategies*. Subsequent chapters introduce and describe young women’s coping experiences involving managing the violence and the involvement of others.

Table 1

Overall Qualitative Findings for Coping in Physically Violent Relationships

Coping theme	Categories	Sub-categories
Within-person coping	Reducing stress Cognitive strategies	Self-soothing Enjoying positive experiences Rationalizing negative experiences Containing and suppressing negative experiences Positive thinking Personal truths and core values Learning and personal growth
Managing IPV	Communicating to partners Managing violence Escape	Self-sacrificing Suffering Retaliating Embracing empowerment Assessing and responding to violence Coping in the midst of violence
People outside the relationship	Secrecy & disclosure Her family & friends Strangers & acquaintances His family & friends	

Reducing Stress

Young women used psychological and behavioural coping strategies to reduce stress in order to cope better with the negative aspects of the relationship. Stress is a physiological and psychological response to an inability to meet the demands of interaction with one's self, another person, or the environment. The reduction of, or efforts to reduce stress are attempts to cope with pain and negative demands of the relationship situation and to meet the

presented challenges of stress. Qualities of this feature of the phenomenon were *self-soothing* and *enjoying positive experiences*.

Self-soothing

Young women commonly used self-soothing behaviours in relationships that had physical violence. Co-researchers explained how substance use, cutting, crying, bike rides, cheating on her partner, screaming when alone, being alone, creativity, as well as disordered eating provided comfort. Not all co-researchers used each of these behaviours to self-soothe while in the relationship; regardless of any differences in their chosen behaviours, the intent of all self-soothing was the same, to lessen the negativity of thoughts and feelings about the violence and to divert focus away from the violence.

If a young woman used alcohol or illegal drugs to self-soothe, it helped her become socially comfortable and lessened the focus on the violence, essentially enabling her to handle negative experiences to an extent. As Sandy expressed, “If I ever had a, smoke any drugs or drank any alcohol, I was, I didn’t care. I threw my life away like, you know, I’ve done it before, you know, I don’t really care.” All co-researchers in this study used substances as a method of coping; types of drugs reported included marijuana, crack, cocaine, heroin, methamphetamine, acid, mushrooms, and ecstasy. Drug use varied from occasional to heavy use,

I turned to drugs as a method of coping. Basically all my relationships I turned to drugs because, well, I don’t know, I guess it was what I knew. I did not cope well, I turned to drugs. I, I did crack, I did coke, I did heroin, but I never did needles. I’ve done meth, I’ve done weed, all the drugs. Sorry, I just can’t name them. Acid, shrooms, ecstasy. (Jen)

Young women used substances in order to lessen the emotional impact of remembering negative aspects of their relationships,

Some days I would get so high or drunk I wouldn't feel it, see it, or remember it. There were days I would wake up and not remember anything of the night before, just that I am in a relationship with a good man, can't wait to get married to him...Some days doing drugs and drinking were good and bad at the same time. Sometimes just a blur. (Sandy)

In other words, substances were part of their coping strategies.

In addition, self-harming behaviours paradoxically provided comfort and release in addition to physical pain. Cutting to self-soothe released blood, engaged the body's pain receptors, and helped young women feel better about other people and negative situations.

Jen stated that cutting displaced emotional pain,

There was times when I would cut myself to feel pain, to, to see the blood...to try to convince myself that that's where the pain was that I was feeling constantly. And well, it was, it was comfort...The pain was coming from something other than who I was with or what was happening to me.

Anna described it as an emotional release, "I started cutting my wrists and that was good for me because it, that was my release...to feel better, like seeing the blood was like seeing my troubles go away." Anna and Jen used cutting as a self-soothing behaviour and Mary attempted it as a coping strategy but did not continue using it.

In Mary's relationship that had physical violence, disordered eating was her main strategy to provide comfort and release. Cutting and drug use other than marijuana use was undesirable for her due to experiences with an ex-boyfriend. Therefore, she used bingeing, purging, and occasional starvation to soothe herself, "I would be numb, like just numb, literally after I throw up I'd just be, just in my own little world and my head would be blank." As the violence intensified during the relationship, so did Mary's use of this self-soothing behaviour,

I was bulimic for, I don't know that started before I met him, but when I, during the relationship it progressed and got really bad...I was bingeing and purging every meal and going to the gym twice a day for a couple hours and I had very strict diets. Like I

was anorexic, bulimic pretty much and then that, that got really bad with him. That's all I had, I guess, to control. I guess that was a way of coping, being numb...It's very painful, too. And I think putting myself through pain...was a way for me to like self-destruct.

The main feature about her disordered eating that comforted her, besides feeling numb afterwards, was the associated pain. Pain was self-punishment for her guilt from being in the relationship. Her self-harming behaviour soothed her.

Moreover, Mary kept busy to divert her focus away from the negative experiences in her relationship. She stated,

I always had like two or three jobs and I always worked like seventy, eighty hours a week...and then I always had like a full course load and I think that's another thing how I coped was I kept so busy, I had no time...I always had to be busy or my mind always being occupied cause when I sat down and I kind of had to sit with myself, and like everything would just come creeping in and drive me crazy and I just couldn't stand [it]...like, 'What are you in and do you want to be in it and why do you stay and why don't you make a change?' And like what I'm scared of and all my insecurities and I, I guess all these questions would pop up that would prompt change.

In addition, crying as a self-soothing method provided a feeling of sorrow, provided emotional drainage, and helped young women temporarily accept the situation. Sandy and Anna cried to self-soothe, doing so after experiencing physical violence and when feeling overwhelmed with thoughts about the negative aspects of their relationships. Sandy went on bike rides to calm negative emotions after arguments and experiencing physical abuse, "The only thing I could have done was go for a bike ride and I went for a bike ride, and I was mad." As she explained, bike rides elevated her mood by the increase in endorphins and the sense she was away from the negative situation. Moreover, sexual intercourse with men other than one's partner was another example of self-soothing behaviour for her. Sandy focused on something other than the violence through sexual activity with another man,

We just had fights after fights. I guess it was the house or just us being together so many times every day all the time and we need separation. So I took off and I

wouldn't tell him where I was going...I was cheating on him, going out with this guy downtown for a week.

Additionally, Anna screamed when alone in the house in order to release frustration and feel better; being alone in itself was soothing because it meant safety, "When I was alone, alone, I was alone and it felt better to be alone than with him...I wasn't getting hurt."

Release, comfort and joy came through the self-soothing act of creativity (e.g. drawing, poetry, photography, scrap booking, art modeling); it helped process negative emotions and lessened the impact of violence. Anna used creativity to self-soothe and to process her negative relationship experiences, "Poems...about suicide, heartbreak, really sad stuff. I written one when I was with [my first partner]. I don't remember it, but the first line of it I remember. It was, 'You have hands so you can hurt me.'"

Young women self-soothed in a manner safe from their partner's reprisal and in a way tolerable to them. For all the relationships discussed in this study, the partners accepted the co-researchers' use of substances and sometimes supplied their substances or used them as well, "It didn't really matter if I was an alcoholic in it because what difference does it make...They didn't care" (Jen). However, the young women adapted or changed methods when a coping method became too stressful or too risky to use. Anna highlighted this by sharing how the use of drugs to self-soothe stopped being a coping method,

I met a guy...he was emotionally abusive and he raped me, took my virginity. I ended up getting pregnant and I miscarried. And after that I decided I'm going to quit doing drugs and I locked myself in my room and I quit. I had lost 16 friends within that year to death.

Moreover, Anna stopped using cutting as a coping practice during her marriage because it became more risky than beneficial, "It's hard not to, but my husband said if I do, he's going to leave. I'd rather be with him." At times partners controlled the ability of young women to

self-soothe. For instance, Anna had to ask for a writing utensil when secluded in the bedroom, “I have paper. I’d have to ask for a pen or pencil...I’d write some poetry, but he’d throw it away, destroy the evidence.” Heather begged for some crack,

He was cutting me off or whatever, like said that I couldn’t have any more but he was like doing it, like, blowing it in my face and giving everybody else a hoot except for me. And...I was thinking, you friggin’ piece of crap. Like, just waiting until you have none and I have some and cut you off and then you’ll know how it feels. Cause it’s just really, really harsh. It’s like torturing me kind of thing and so I was just getting mad at him over that...[Yelling] don’t be such a prick and give me a hoot and stuff.

For this study, the co-researchers did not describe any challenges from their partners when they used the self-soothing behaviours of bike rides, disordered eating, crying, screaming when alone, and being alone.

The intensity and frequency of self-soothing coping behaviours related to the need for coping in the relationships that had physical violence. As the violence intensified, so did the use of these behaviours. As shared above, Mary increased her use of binging, purging, starvation, and excessive exercising in relation to the increase of physical violence and control in her relationship. The other four co-researchers echoed the same occurrence with their use of substances as a self-soothing behaviour, “I started doing harder drugs and...put on a smile” (Jen). For Anna, she engaged in behaviour her partner requested in order to get the level of substances she needed for coping,

He got me, like in the beginning, I’d supply your addiction. And then it was you strip for my friends and do all this, and I’ll supply your addiction. Then it was, I’m not supplying your addiction and it was, you can take your butt to the street and get your own addiction.

Sandy and Jen drank alcohol in excess and experienced blackouts and a loss of control.

Initially, young women in these relationships used self-soothing behaviours to release negative emotions and thoughts as well as distract themselves from the negative features of

experiencing physical violence; as their experience of physical violence amplified, they relied more and more on these behaviours despite the increasing physical damage to their bodies and minds.

Enjoying Positive Experiences

Another quality of reducing stress was enjoying the positive aspects of the relationship. There was less need to cope with physical violence and abuse while happy and content in the relationship. A young woman's happiness in the relationship relied on her partner; when he was happy or content, then she experienced those feelings. The co-researchers did not enter their relationships intending to experience physical violence; they wanted to make the relationship work and experience good times and feelings with their partner. Good times had more emphasis than bad experiences while trying to direct the relationship towards fulfillment, and sometimes served as motivation to endure the bad times. Heather described herself as addicted to the good parts of the relationship similarly as she was addicted to crack; she chased the good aspects of them when they were present,

He's like crack, too. Like, I, I do find like as long as it's not in my face and stuff and people like blowing it in my face, then I don't crave it...that was one of my weaknesses with him, too...it's hard for me to leave him if he, if he's got me.

Some positive aspects were of an emotional nature, such as experiencing affection and caring, receiving acceptance, having fun together, and the possibility of a future with her partner. Some positive aspects were of a pragmatic nature, such as protection from others, a place to live, and financial support.

Young women remained in the relationship partially due to the emotionally positive experiences of the relationship. This was true for all the co-researchers in this study. It was

important for them to receive affection, attention, and caring from their partners. Anna remembered times when her partner was nice towards her,

In the beginning, it was fun, it was great...he'd buy me roses and he bought me a gold locket...It's weird because I still miss him...I guess I miss the beginning...I loved the fact that he had to get on his knees to give me a hug...He was really nice...He was so nice, buying me all new stuff. I never had that before.

Heather felt good when he was affectionate and caring,

He called me, like, my love and babe and stuff all the time and I liked that...And I kind of liked that he, he wanted to be around me so much, like just made me feel wanted...it's kind of flattering that he never wanted to be away.

These experiences resonated in two other co-researchers' experiences, "He was really caring... and loving and he cared about me and he talked to me and he was around me and he didn't want me to be with anyone out of [his] sight...He treated me like a queen" (Sandy); and "The honeymoon phase, it was awesome...we'd just always be together and just be happy and he had a good sense of humour...I didn't really worry too much. He wouldn't drink...and he wouldn't go out and he'd call" (Mary). Jen did not describe any affection, attention, or caring she received and instead stated she believed they were in love, "I believed I loved my ex, yeah, I believed."

Moreover, their partners' providing acceptance and validation was another part of enjoying the emotional positive occasions. Young women's opinions of themselves while directing the relationship was such that they did not know how to value and accept themselves fully and still needed that self-worth, so they sought it from their partners. This experience was common to young women who lived through psychological abuse, physical abuse, or both and endured people not valuing them when they were young; thus, they looked to their partners as givers of acceptance and emotional validation. Any acceptance received

from him (and his peers) was better than the minimal acceptance they provided themselves.

They enjoyed acceptance from others,

I never thought that I would be used. I thought it was a life that I could live with, that I can handle it and take control of the situation, but I didn't. I just let everything go and let them have their fun and I thought that was a way to be popular and have attention...He was a popular guy. Girls loved him. Everybody adored him and I was just thinking, if I knew [him], I would be popular and I would be in a group and everybody would like me kind of thing because I didn't really talk to anybody, I was to myself all the time. (Sandy)

Furthermore, they experienced pleasure from their partner's acceptance,

I was just very comfortable being with him because I guess, I just, he knew me really well and it was easy, it was convenient...I just fit right in and I would kind of, looked right up to them...I knew when I first met him that he was kind of bad news, but I also knew, I thought that if, I always thought that if you were loved enough and if someone was really loyal to you and really loved you – which is what I longed for so much, which is somebody who is unconditionally there for me – and I thought if I could do that for somebody, then they would reciprocate it...That was what I've always wanted so I just wanted it to be unconditional because all my relationships were conditional, even my parents were in a conditional relationship. (Mary)

The human fear of rejection and aloneness was evident as young women were more comfortable in relationships that had physical violence than alone, and endured physical violence in exchange for affection, attention, and validation. Pain was a commodity. There were times in the relationship when she felt valued and accepted and thus, thought she was acceptable. She relied on her partner until she was able to provide herself with acceptance and self-worth.

Having fun together was another aspect of positive emotional experiences encountered in these relationships. Physical attraction and sexual relationships were part of this experience for young women as was enjoying their partners' humour and doing activities together,

He wasn't all bad...he showed me how to do, like I love fishing and I love hunting and snowmobiling and being outside. And he was, I got a lot out of the

relationship...he'd bring me along on fishing trips and stuff despite his friends didn't want me there...but I would push to go cause I like fishing...I guess we were more like buddies in a way...When I look back I think if he wasn't my boyfriend, he'd be a good guy to go out hunting with or go fishing with because he's, he's really smart that way. (Mary)

Likewise, the prospect of a future together as a couple was a positive aspect that helped them to endure the negative features of the relationship, "I looked for healthy relationships but in the end it would always end up with unhealthy, co-dependent abuse, used, not worth living if I don't have you in my life situations" (Sandy). Four co-researchers directly and Jen indirectly addressed this aspect of coping. Heather was hopeful when her partner and she moved to a new town,

I thought it would be a nice place to just get off everything and like, get a job and start a family...I felt that there was some way that I could just make it work, like us, because I like [that town]...it's a really nice place.

Young women were at ease in discussing possible futures together with their partners, sometimes discussing marriage and having children, "I was madly in love with him. I thought I would be, that I would have kids together. I thought I would marry him...We talked about it and I was comfortable talking about it" (Mary). Jen hoped the relationship would go somewhere positive instead of becoming negative, but did not directly share conceptualizing her future as a couple.

All the young women's personal stories had some example of a practical reason that partly explained their reasons for remaining and coping in the relationship. Sandy received a place to live and financial support from her partner, "Really I didn't have a place to go...I wasn't old enough to go to the woman's shelter and get [my] own place and I didn't have any money." Mary obtained financial support, a place to live and most importantly to her, protection from others after a recent sexual assault,

Just kind of latched on to him and ran with him...in a way I guess it kind of [was] protection, too, cause I knew he'd never let anybody else, he'd let people call me down and push me around I guess and demoralize me – like his family, he'd let them kind of treat me like crap – but in public I knew if someone was gonna hurt me, he would be there because he was just ferocious when he gets mad. So part of it I see, I think it was a protection thing for me being young and being with an older man. I think that's why, too, I was so just really wanted the relationship...I always saw him as being the strongest, most violent person I've ever met and part of that him being on my side in a way made me feel safe.

Heather described that being in the relationship not only provided her with financial support and a place to live, but also protection,

I couldn't get him to stop or just leave me alone kind of thing so I started if you can't beat him, might as well join them kind of thing and I started going out with this guy who was known for, like, going out of his way to beat guys that hit women kind of thing. Like, he's real tough.

It was a case of the violent man she knew being better than the one she did not know, so she sought protection. The other two co-researchers also experienced having a place to live and financial support.

The role of the positive aspects of the relationship was to lessen the need to cope. The desire to meet the needs that every human being desires – love and belonging – and the attempts to meet their needs through the relationships combined to form a paradox of the interplay between good experiences and bad experiences.

Cognitive Strategies

Young women used cognitive strategies during the relationship as coping methods while attempting to manage and direct themselves in the relationship. They used cognitive strategies to resolve their difficulty of coping with negative experiences within a relationship that had physical violent directed towards them. Specifically, they rationalized negative experiences, contained and suppressed negative experiences, thought positively, and remained consistent with personal truths and core values.

Rationalizing Negative Relationship Experiences

Every co-researcher used cognitive strategies to rationalize negative relationship experiences. One of the rationalizing strategies was assigning responsibility for the violence by placing blame for the violence on something or someone other than their partners. The young women blamed other people besides their partners, such as their partners' friends or family members,

A lot of it he grew up, like his dad was his step-dad and he was always really abusive to him since he was a toddler and I think it was just so internalized and so normalized for him. I just think, I don't even know if he would ever change. (Mary)

They blamed their partners' use of drugs and alcohol for the violent behaviours, "If you really hope it never happens, maybe you shouldn't drink and smoke or whatever you did that night. You aren't that same person" (Sandy).

Moreover, all five co-researchers blamed themselves for their partners' violence. One of the reasons for this self-blame was observing the violence as reciprocal, "It was pretty much a mind game. If I did something first to start it and then he would come back after it. And then I guess I would just kind of get into a fist-fight with him" (Sandy). Second, they identified themselves as vulnerable to violence,

I guess I have that attraction towards guys that would be like, 'Oh, let's take advantage of her because she's so sweet and innocent and takes care of herself, but doesn't have the responsibility and the courage to stand up for herself'. And that would be a gateway for them to come in and take over my ability to being a woman, being strong...they can smell it and they can see it, that I have this scared feeling that you can do anything. (Sandy)

Third, they believed they were not good enough as partners, "I thought maybe it's just me and I deserved it...maybe I wasn't being as loving girlfriend that I should have been or I was doing things wrong" (Mary). Last, they believed they provoked the violence, "I blame myself, too, because I thought I provoked him and that's why he pulled the guns cause I told

him to in a way” (Mary). Although the co-researchers blamed themselves for the violence, they also partly explained the violence to themselves as emerging from their partners’ desire to control them, “He’s just in his head like, he knew that it, it wasn’t right or whatever but just his, his way to control me or whatever. I don’t know, it’s hard to explain” (Heather).

In addition to assigning responsibility, young women downplayed the seriousness of the violence as they evaluated their negative relationship incidents. Co-researchers accomplished this through normalizing and minimizing violence. In terms of normalizing, they shared their coping methods. If they only experienced love within a relationship that was abusive, then they identified their positive feelings in the relationship as love, “I believed I loved my ex...But I guess...you get shown that kind of love your whole life” (Jen). Young women saw abuse as a normal part of the relationship, “It was like, kind of slow. It was, he said it was because he loved me and I believed him” (Anna). They normalized violence partly because of living with abuse and violence during their childhood, “I see how I naturally progressed from an abusive mother...to [my partner’s] family who was hypersexualized and abusive and I just fit right in” (Mary). Sandy and Mary identified abuse and violence as generational,

I guess I can say everybody’s been through it, maybe not everybody that I know – because I do know – but my family’s been through it, I’ve been through it the most and the abuse to me is a chain reaction. If it’s done to my family, it can be done to my future family, it can be done to my sister or my best friend down the street. Or I can be stepping into a relationship that I don’t even see the remarkable steps of repeating signs...and then once I see it, it’s too late. (Sandy)

Moreover, Anna, Sandy, and Jen expected abuse and violence in their relationships because that experience was common for them, “I kind of expected it for myself...It got to the point where it was just every day life...You almost expect the abusive relationship because it’s always been there and it became something familiar to you” (Jen). In terms of minimizing,

the co-researchers downgraded their interpretations of the seriousness of the abuse and violence. Mary stated other women have shared with her worse stories of violence,

I always thought I was kind of a mildly abusive relationship and even to this day I don't think it was that [abusive]. I know it was, but part of me is like, oh now like, I've heard way worse which minimizes it.

Heather spoke about how she dealt with thinking about her physical injuries,

I remember like bruises and stuff are only temporary. At least like I don't get scarred kind of thing. Like, at least he didn't cut my face or cut my hair or anything. Well [he] knocked out my teeth once but they, they can always be kind of replaced or whatever, too.

Likewise, their experiences of ignoring warning signs, "[His jealousy] struck me as odd at first, but I just, I cared about the guy so I stuck around and the incidents became more and more severe" (Mary) and identifying abuse as temporary, "I thought maybe it's just a phase" (Anna) resonated with the cognitive act of minimizing violence.

Containing and Suppressing Negative Experiences

Part of young women's coping experiences involved reacting to negative events through disassociation. The co-researchers shared their stories of times in the relationship when they did not bring into full consciousness negative aspects of their relationship through feeling shutdown, feeling depressed, and not remembering violence. They described either blocking out some negative memories or not being able to remember them,

I'm trying to remember. I didn't think it was coping. Block it out as much as you could...I didn't tell many people. I never told anybody the whole story, I can't remember the whole story...I'm trying to remember. I blacked everything out. I remember it in parts not, you know, continuous. (Anna)

The following quote reflects what the co-researchers remembered experiencing during their relationships – shutdown, feeling numb, and feeling depressed,

I have this like, it's called like shutdown...cause I still go into it sometimes when something triggers me and I'm just kind of, I just shut down. I just go quiet and my

head just goes blank and I, I think I just put walls up...I'm tired, really just exhausted and hurt, I guess. I feel vulnerable so immediately I just put up walls and I get hard and I get kind of snotty and I get like an attitude and I also get this feeling where I have nothing to lose and I don't care because in the end it's always just gonna be me. (Mary)

Sometimes they were able to use both strategies of not remembering and shutdown to get through moments in the relationship, "I'm really good at disassociating, just going into my own little world and whatever goes on around me I'm kind of oblivious to and I just, if I don't like it, I just block it out" (Mary). They did not have to acknowledge the violence or consider the escalating abuse by not remembering some of the bad parts of the relationship, "By not acknowledging it, I did not have to confront my own tolerance for the relationship dynamics. At times I think I found things so chaotic my mind put the events away until I could handle it" (Mary).

Positive Thinking

In a brief definition, positive thinking is thinking positive thoughts. Specifically, it is a method of evaluating thoughts and experiences and identifying the positive aspects of those as well as embodying a positive attitude towards the future. All the co-researchers used positive thinking as part of coping. Hope for the relationship was an aspect for the young women, "He was a lot better than [my ex] was. It was getting better, but slowly. And I thought, you know, 'I can do it. I can make it get better.'...He realized how much I meant to him" (Anna). Hope for their partners to improve was another aspect for them, "That's why I stayed cause I saw good qualities in him and that's why I stuck in there kind of thing with him. Why I stuck it out is cause he was changing slowly" (Mary).

Moreover, thoughts of their own personal strength kept them going through their negative relationship experiences. For example, Mary described how her personal strength

kept her in the relationship for five years and was not something she viewed as a negative, “I’m really loyal...I have a lot of empathy and I see why I stayed, too, cause I, I do, I did care a lot about him and I wasn’t going to give up on him and I’m stubborn.” Heather’s positive attitude kept her looking towards the future, “I’m pretty strong, too, for not crying and stuff over emotional stuff...I’m keeping it together...there’s only one way to go up when you’re at rock bottom here, so there’s only one way to go and that’s up.” Jen’s body served as a testament to how much violence she survived, “My body is basically a map, connect the dots of, of scars. It’s really kind of horrible.” Lastly, the young women’s positive thinking helped them believe their relationship experiences were better than others’ experiences, “What would get me through, I don’t know, I can’t think of anything really, I just life goes and I always think things could always be worse, like at least I wasn’t born in a third world country” (Heather). For the co-researchers, the positive thoughts and experiences helped them use positive thinking to believe things will improve and their problems would be solved eventually.

Personal Truths and Core Values

Five personal truths (core values) emerged while analyzing the shared stories of all five co-researchers. Personal truths and core values are the rationale as to the way in which people live; in other words, young women’s personal truths related to coping in physically violent common-law or marital relationships. The evident personal truths were: (1) the truth they had the power to change a person; (2) the truth an ideal relationship existed for everyone, such as a soul mate; (3) the truth there was a purpose for pain; (4) the truth the end justified the means; and (5) the truth a person got what he or she deserved, such as through karma and consequences.

In terms of the first personal truth, having the power to change a person, every co-researcher expressed she had the ability to change her partner's violent behaviours and in some part, it was her responsibility to do so, "I knew where he was coming from, but I thought I could change him" (Mary). As discussed previously, they did not identify wanting to help their partners change as a negative but as part of their personal strength and personal sacrifice.

In terms of the second truth, the ideal relationship existing for everyone, every co-researcher shared how this belief was part of her coping experiences and how she governed her life. They conveyed their beliefs in a romantic future and a soul mate despite negative experiences with relationships,

I know that everybody has a soul mate...I'm a hopeless romantic. I believe in true love and love at first sight. I want to be one of those old people that, you know, sitting in the rocking chair by the fires. Yes. Enjoying a life of celibacy because of physical reasons because we're too old now. Playing chess by the fire, yes, that's a great life...I want the happily ever after. (Jen)

They thought about love and how it would exist for them,

Just somebody that you always want to be with and somebody that you, you can't think of any, any reason or somebody that you'd do anything for...True love, you really don't, you don't like, if they truly loved you, then they wouldn't hurt you. (Heather)

Sometimes their concept of love mirrored relationships of other people, "I had always pictured a relationship like my grandparents. They got married a few weeks after they met" (Anna).

In terms of the third truth, pain having a purpose, all five co-researchers shared their encounters with this belief as part of their relationship coping experiences. They made sense of the physical violence in the relationship by equating feeling pain with feeling alive, "I guess I just miss the, the abuse of feeling that if I don't put something there to, or if I don't

kind of do something to make the pain, to make sure that I was alive” (Sandy). They equated pain with becoming stronger, “Putting myself through pain because I’ve lived with it so long and it makes me stronger” (Sandy) and for some it had a spiritual context, “[God] doesn’t give anybody anything that they can’t handle and what doesn’t kill you makes you stronger. I’m still here. In some ways, I can deal with certain things” (Anna). Meaning and purpose emerged from pain,

Being spiritual to me means that I had the attitude that all of the horrible things I experienced were for a reason. I think it was the jolt I needed to recognize my own family cycle and work my way out of negative, violent patterns. I have always found solace in nature and still do. Spiritually, I tried to derive my strength from the world around me, not the micro-level world that I personally experienced. I hope that makes sense. I guess I always focused on the big picture and knew I would transition out of that life at some point. The violence, I felt I deserved the punishment at times and would buy into that. However, sometimes I would think that I am glad it is going through this, because I can handle it. (Mary)

Their meaning making of pain provided a rationale for the violence. Pain meant more than just the physical sensation, as it helped them become stronger and feel alive within the relationship.

In terms of the fourth truth, the end justifying the means, all five co-researchers shared their coping experiences as it related to this belief. At times in their relationship, they endured challenging aspects to accomplish a goal. One example was during the relationship, Mary went to college in order to get an education and raise her job prospects even though she faced challenges from her partner,

I need my own education just so I could support myself in the event of whatever...He was never interested in any of my school work and he never cared...I just think in a way like, he tried to sabotage my, my schooling.

Another example from Anna was that she endured violence to get love, “He said [the violence] was because he loved me and I believed him...He said he loved me; I wanted to be

loved.” A further example was when Heather shared how having some direction is better than not having any at all, “I’m just going nowhere, like nowhere...Because at least if I’m going nowhere, at least I’m not getting beat down or nothing for it and being on crack.” Lastly, Anna tried to follow her partner’s rules in order to manage the violence, “He had rules...He’d tell me what to do...and if I didn’t, then I would get hurt. And if I argued, I’d get hurt a lot worse.”

In terms of the fifth truth, Karma and consequences, the co-researchers elaborated on this belief in terms of their coping. Karma is the concept of cause and effect, that a person’s actions in the past, present and future determined unavoidable results for that person and brought responsibility to that person for his or her own doing, feeling, being, and thinking. Karma had four roles for these young women. One, Karma was a teacher, “Karma’s kind of coming back to me and saying that it’s time to grow up...and stop fooling around. You had your fun, now you need to look at your career and be with the right people” (Sandy). Two, Karma justified their actions,

I took off for two weeks. And I went down to my friend’s and I cheated on him and he knew exactly what happened when I came back. He, he saw it in my eyes. And he was just like, ‘Why, why’d you do it?’ and I was just like, ‘Because you threatened me, you kicked, you tried to kill me, you were trying to make me feel guilty for your stupidity.’ (Sandy)

Three, Karma reciprocated kindness, “I always, always try my hardest, you know, to treat people the way I feel that I should be treated, you know. And I’ve always tried my hardest to be nice” (Jen). Four, Karma punished the young women’s wrongdoers,

I’m a true believer in karma, though. Not in [the first relationship], but after I got out of that one. Yes, all my other ones. I, I was a strong believer in karma. Yeah. Well, well you know, treat people the way you should be treated, you know. If you don’t, I mean, sure you can judge now but who’s going to judge you in the end kind of thing...it’s going to come, they’ll get theirs. Oh yeah, not so much I’ll get back, but them. (Jen)

Overall, cognitive strategies formed one component of young women's coping experiences in physically violent common-law or marital relationships. Cognitive strategies facilitated their evaluation and rationalization of violent experiences through assigning responsibility for violence as well as minimizing and normalizing violence. The young women contained and suppressed traumatic experiences by disassociating through emotional and physical shutdown as well as memory blackouts. They thought positively about the relationship and used their personal strength. Finally, they adhered to their personal truths and core values within the relationships as part of their meaning making process.

Learning and Personal Growth

Young women's coping experiences linked with lessons they learned about themselves, lessons that helped them live their lives and make meaning out of their relationship experiences. Learning is a dynamic mental process with the goals of attaining useful skills, increasing understanding, identifying personal values, evaluating choices, and increasing practical knowledge. In terms of the phenomenon, the co-researchers shared their personal lessons learned while in their relationships; they used their emotions and experiences to motivate change for themselves and to adhere to their life lessons. Jen learned how to love herself, a lesson she described as very important to her,

I was starting to look back on a lot of things and realized that I didn't love myself at all. And I guess I will say to other people who ask me for advice and everything, you have to love yourself first, you really do. Yeah, it's a really big lesson in my life. I had to learn to love myself...It's actually really good, you know, learning to love yourself was a big thing...I've also helped a lot of people in the past year learn to love themselves because yeah, I told them how I found out, you know, that you really do have to love yourself, and a lot.

Sandy shared two lessons she learned while in her relationships. She shared her epiphany moment of identifying she did not want a life like her mother's life and needed to change in order to find herself,

I just kind of woke up and I looked at myself in the mirror and I didn't see who [I] would really actually be. It was some other person that was taking over my life. I dropped down and I was going out with cons and people that were out of jail and dealing with alcohol and drugs and I was pretty much throwing my life away like my mom did and heading down her path and I didn't want to be like her, so I kind of woke up and sobered up. And it was really hard. I cried a couple times. I went for bike rides...My workers look at me today and just think, 'You've so grown up and you've been through so much and we're so proud of you. And the only thing we have to say is keep it up, but don't put yourself back, to take your mind back to say where you used to be when you were young.' And I try really hard not to.

She also shared learning that everyone makes mistakes, "I look at guys totally different way and I shouldn't really take advantage of them. And they're exactly like us, but they're the opposite sex. We're all humans and we make mistakes...Just gives me a kind of second thought or reopening, like it kind of like getting reborned again, trying to start out new."

Mary's personal lessons included learning self-awareness and self-forgiveness,

I just kind of know what I want more and I have a lot of respect for myself, but I look back and think like I went through all that and I'm still, I'm still happy and I'm still trying really hard to carry on and I'm still being true to myself...I still say, 'No, I don't like that'...I'm learning to try to be healthy...I see like after I was sexually assaulted I was kind of on that way, I as like, 'No, this has got to stop, I'm not gonna let people treat me that way'. And I was kind of in that frame of mind, but then I met my boyfriend and I got with him so quickly and I just lost sight of it but then now that it's done it's, it's strong cause it, it kind of was a hard lesson to learn and it took five years...I kind of joke about, that's kind of how I joke about it, it took me five years like on a, my learning curve. It's a bit long but my, now I have a counsellor who just said that, 'Well, you're very caring to stay that long. There's nothing wrong with staying that long'. And I'm thinking yeah, I did leave so I could still be there...When I was sixteen, I don't even know myself but I know where I wanted to be...I wanted to be at this point but maybe a bit more along but I am doing like, I'm way more happy. I know I'm, I'm never laughed and just to be at peace.

Moreover, she learned it was important for her to have back-up plans, especially in terms of her financial and career futures,

I had graduated and was going to college and that was a really big, like that was really a huge thing for me to get to school and get some education. And I've, I always was a good student in school...I'm really stubborn though, too and that's the one thing no matter what he did to me I just wouldn't let that go and I just kept going to school. And I missed a lot of classes and I just kept reading and I kept just doing, studying last minute and pushing...to get a job, to I think to be on my own. I always had, cause my, that's one thing my mom always told me actually which was good, that I need my own education just so I could support myself in the event of whatever. Like whatever happens I, I just wanted something that I can fall back onto in case the relationship fails. Like for financial wise...yeah and that, that pushed me and that in a way I think I always knew that it was an experience I needed to go through.

Likewise, Heather learned there was more to life than material things and she needed to get better prospects for her life,

I hate that I have to, that I've got nothing or whatever but materials, it's just materials...I don't even know what I feel about myself. I, I hate, I hate that I, I don't have anything going for me right now, like I don't have a job or I don't have no income or nothing. But I, I just gotta, I'm keeping it together. It's just, I don't know, it's hard to explain.

Lastly, Anna learned to keep reaching for important personal goals,

I quit grade eight because I was hospitalized and then I got expelled because I wasn't there, I fell completely behind. And I tried to get back, but too much going on...I'm going to go back, there are things that I want to do...I want to be a psychiatrist... I feel that, you know I've had a lot of experiences and there's, there's of course the things I need to learn through school. It could take me awhile to get there but I don't know, there's just something about helping people that makes me feel good.

The co-researchers experienced life lessons and personal growth while coping with physically violent common-law or marital relationships.

Overall, young women coped with existing in physically violent relationships through reducing stress, using cognitive strategies, and experiencing personal growth. They reduced stress through self-soothing methods and enjoying positive relationship moments. They used cognitive strategies to rationalize relationship incidents, contain negative memories, use positive thinking, and consider their personal truths. Personal growth and learning occurred during the relationships as co-researchers learned lessons that helped them direct the course

of their lives. Chapter Five will describe young women's coping experiences in relation to managing violence, their lived experience of communicating with their partner, and dealing with their partner and his violence.

Chapter Five: Managing IPV Within the Relationship

Coping with physical violence in an IPV relationship included coping involving their partners. This chapter depicts coping experiences related to *communicating to their partners*, *managing physical violence*, and *escape*. Of particular importance were the women's attempts to lessen their need for coping with physical violence through influencing the behaviours of their partners; their efforts increased the likelihood of dealing successfully with the difficult situations in the relationship.

Communicating to their Partners

To communicate with another person, we provide information through verbal and non-verbal means in an attempt to get the other person to understand what we are conveying. The young women communicated with their partners about the violence and abuse in order to improve the relationship and decrease the violent incidents. Sometimes a young woman discussed the violence to try to make her partner less violent,

I cried that whole night until he woke up and he was just like, 'Why are you crying?' And I would be like, 'You have no idea what you've done to me last night.' And it wasn't what I thought it would be and he was just like, 'What did I do?' and I told him what he did. (Sandy)

All the co-researchers described various events when they discussed the violence with their partners; examples included discussing violence when she was angry (Anna), when she wanted him to understand her emotions (Anna), during arguments (Anna, Heather, Jen, Sandy), during couples counselling (Mary), when she perceived him as receptive and not angry (Mary), when he was sober (Mary, Sandy), when he was intoxicated by alcohol (Mary, Sandy), and when he asked her why she was crying (Anna, Sandy). Another example Sandy shared was discussing violence after some time had passed, "We had an argument...and he

went and snapped out... I went back and talked to him about it and really just said, 'Okay, I think we can work it out now that we've had a couple days separation.'"

Furthermore, the co-researchers did not discuss the violence with their partners during times when they thought it would be unproductive, "After a while, I didn't even bother defending myself when he just stay, say all this stupid stuff. So I was just sick of it, there's no point" (Heather). As well, they refrained from discussing the violence with their partners when they thought it would lead to further violence. Jen described learning this lesson in the relationship, "I guess I can't say it was mainly my fault but I can in a way because I had actually tried standing up to it, you know, say 'enough is enough.'" Mary feared discussions during couples counselling, "The whole time I'd just be nervous and afterwards I'd just be like, what's going to happen now because of what I said to the counsellor and he just get mad." Mary shared that their relationship usually experienced tension after couples counselling sessions and any positive changes he made as a result of couples counselling – such as learning time-outs when angry – were temporary.

The young women hid some thoughts and feelings about the relationship and the violence from their partners. They hid these thoughts and feelings through concealing emotions, not disclosing certain thoughts about the relationship, and saying untrue things to their partners. They described it as similar to wearing a mask or being part of a façade in order to be safe,

My first relationship I actually entered because I was raped by him and he had full intent of murdering me that night. So...I told him I loved him basically, and I wanted to be with him to avoid being murdered...I said a lot that I didn't mean...Put on a smile...I was always one of those...false happiness people. Show people I'm happy, never show them how I really feel...I had to do a lot of fake rapport. And well, if it made it better I'm not sure. But maybe then again, maybe it's the only reason that I'm living. (Jen)

Sometimes they were intimidated enough by him to pretend to be happy in the relationship, “One look or one word can kind of knock you on your butt and say better like keep your mouth shut and act happy, and he was really good at doing that” (Mary).

Furthermore, young women forgave their partners, giving them another chance to fix problems or become better individuals,

I think it provided a false sense of a clean slate and a new beginning. He would always pledge, promise and so on that he is changing. I wanted to give him chances to success, but I did not recognize that it is him who needs to do the work to change. I really felt I deserved the abuse now that I look back. I was a scared, hurt, and really confused young lady trying to help someone as insecure as me, but only dragging myself down. (Mary)

Forgiveness allowed the young women to help better their partners and to continue being hopeful about the relationship.

In addition, the young women’s communication styles and perceived relationship responsibilities oscillated, depending on how they interpreted their place in the relationship. How they managed themselves co-existed with their consciously or subconsciously identified responsibilities. Each young woman at some point experienced self-sacrificing, suffering, retaliating, and embracing empowerment. They also used different communication styles corresponding to their experience – passive-aggressive, passive, aggressive, and assertive.

Self-sacrificing

Young women experienced self-sacrificing when they saw themselves as responsible for helping or rescuing their partners. For instance, Mary took care of her partner as she would a child through taking care of household chores, taking on his responsibilities, and identifying herself as similar to a mother for him. Moreover, Heather protected her partner from other people, “I was the one who’d be like protecting him kind of thing when he’d sleep. I was the one who watched over him and made sure nobody go near him kind of thing

to dig in his pockets.” Part of self-sacrificing included using passive-aggressive communication. For instance, Sandy left a note instead of talking to her partner directly,

I was just about to leave and I left him a note saying, ‘I wish I can forgive you and forgive myself for what I done to you. I really wish I can work it out’ and I was just about to leave when we started to get into an argument about me leaving and not waking him up and telling him where I was going.

Sandy also did not agree to sexual intercourse after an argument, “We had an argument earlier that day that made him mad at me and then he came back that night and I waited for him for hours on end...I wouldn’t give him what he wanted. I wasn’t feeling right.”

Moreover, Heather refused to wait at home because she resented waiting,

If he made me wait or something, after a while like I wouldn’t. I’d like, I wouldn’t take it kind of thing. Like I’d kind of, like, do the mean, where what you mean like, I, I believe in revenge kind of thing or whatever and I hate waiting around for guys...I wouldn’t be sitting around waiting for him and stuff. So when he did show back up then like I knew I was going to be in shit anyway, but at least I didn’t sit around waiting for him while he was having a good time kind of thing...I didn’t want to act like I was just putting up with him just going out.

While self-sacrificing, the young women acted in their partners’ best interests, even though at times it meant dismissing their own best interests. Sandy wanted to help her boyfriend even though he was violent towards her and she previously decided to leave the relationship, “We had an argument...and he went and snapped out...and tried to kill himself...And I wanted to help and I didn’t know what to do...And then I went back and talked to him about it.” Jen took on suffering and unhappiness to keep others from suffering, “I was not about ready to watch others [get hurt]. I, I would not allow that again. I kind of expected it for myself.” The young women felt useful and purposeful as well as shared life experiences with their partners through self-sacrificing,

I used to volunteer online...and I helped a lot of people there...it made me feel better about myself, I was helping someone...Tingly. Yeah. Lots of smiles. Good feeling all

together...I tried to help him...I gave him somebody to talk to because he's never had that. (Anna)

They felt useful and purposeful although at times their partners did not show appreciation, "I asked him one day well what would you do if I didn't do your laundry and he said, 'Well, like, my mom would do it'...And that was such a slap in the face...he didn't appreciate anything" (Mary). Self-sacrifice provided them with purpose, a course of action, positive feelings, and an indirect means of communicating their wants and needs.

Suffering

Young women took on characteristics of suffering when they identified themselves as powerless. All the co-researchers identified themselves as having suffered due to their violence experiences and used language that showed their perception of themselves as victimized, "You almost expect the abusive relationship because it's always been there and it became something familiar to you" (Jen). They considered themselves damaged or scarred because of the violence their partners had done to them and as discussed previously, thought they deserved the abuse. One of the ways in which the young women revealed their suffering was through passive communication with their partners, "In the relationship I was...submissive. It was just like do it, whatever...if it makes you happy, go for it...I never, you know, did anything back" (Jen). All the co-researchers described their partners as forcing them to do behaviours they did not want to do, demonstrating their perception of victimization.

As discussed earlier in this paper, the young women displayed low self-esteem, shame at being in the relationship, and self-blame. The young women expressed beliefs that they deserved the violence and had a pattern of being with men who were violent,

Hate for myself, hate for the world, just wanting to die in the worst way, wishing he would kill me... That wasn't the only time that I felt like that with him. Our whole relationship was based on abuse. He made me hate myself, made me think I deserved it. (Jen)

Lastly, the young women showed their partners they identified as suffering through situations when they did not acknowledge or express their wants and needs. Threats of violence and the violence itself influenced their thoughts, feelings, senses, and behaviour. Suffering provided them with limited means for emotional and physical safety, was compatible with their low self-esteem, and allowed them to comfort and soothe themselves.

Retaliating

When young women felt angry, insecure, and emotionally dismissed by their partners, they became aggressive. They used aggressive communication towards their partners.

Examples included calling their partners names, hovering over them, stating accusations about their partners' loyalty, initiating violence by becoming violent, and displaying rage,

There was one time he got a call in the morning about three o'clock and it was... a friend of mine and he tried to sleep with her, he tried to cheat on me... He didn't care that I was sitting there... And I kicked him in the back and he, he almost fell off the bed, hurt him real bad. And I felt bad but it felt really good at the same time. Make him feel pain, I am too. (Anna)

The young women wanted their partners to understand they were unhappy and angry with them and one way they communicated this was through retaliatory and aggressive means.

Embracing Empowerment

The co-researchers underwent empowerment when they identified themselves as responsible and accountable for their own behaviours as well as not to blame for their partners' violence. Stories of empowerment saturated every co-researcher's relationship experiences. They entered the relationships believing they had problems to sort out and needed their partners to take care of them, but still hoping to experience love and belonging.

During the relationship, they had times of thinking of themselves in positive terms and exerted their power to make a change in the situation, such as setting boundaries for their relationships. Within a relationship, boundaries are limits people place for emotional, mental, physical, and spiritual self-protection. We also know boundaries as relationship deal breakers, limits, and rules. For instance, Anna described two instances of using assertive communication and providing her partner with ultimatums, (1) “He would ditch me to go out and do coke when I was...still trying to stay off of it...I gave him...a choice, me or drugs” and (2) “It took a while for him to hit me again...I was like, ‘Things are going to change’ and they did. He didn’t hit me again.” Mary continued attending school and asked her boyfriend for consideration although he was against her attending school, “He was never interested in any of my school work and he never cared...just discouraged me and I’d have a test and I’d say please, like, I need the house to myself, please don’t invite anybody over.”

Empowerment emerged through their transcripts during times when they created emotional and physical boundaries with their partners, saw themselves as equal and worthy human beings, and took on responsibility for their own behaviours and choices. Although the nature of empowerment varied across the young women’s stories, they all embraced empowerment during their coping experiences.

Another sphere of empowerment within the co-researchers stories was when they mentally challenged their current circumstances. All the co-researchers had boundaries in their relationships to some extent. They mentally evaluated remaining in the relationship. They began questioning themselves and being in the relationship, “I was thinking. ‘Why was I here?’ and ‘Why was I put on this earth?’ and ‘Why can’t I find the right guy? Why do I pick all the wrong guys?’” (Sandy). They evaluated their place in the relationship,

I always thought a relationship was like a two-sided thing and it wasn't at all. I didn't understand why... There was things that he had made me do in the later part of it that I was wishing he would leave kind of thing. (Anna)

They evaluated dangerous situations, "What my motivation was that really caught my guard was I could have been killed... and that's when I kind of turned the, to God and I was just like, that's when I really had to change" (Sandy). They evaluated the amount of violence and abuse they could and would endure,

First, like not even. Okay, I shouldn't say the first sign of abuse because I let it happen for a while. But after awhile I just kind of, you know, no, no more and left... I never wanted it to get to the point where it did with my first ex. I never wanted to be back in that, in that chair, tied there, bloody and bruised... I never, ever wanted it to get to that point. (Jen)

They evaluated the demands of the relationship, "I just started realizing like, I didn't want to go home and I dreaded going home. And it was just so, just so stressful" (Mary). Sometimes they expressed frustration with the amount of violence they saw themselves as permitting to happen, "Lots of time were stupid because, yeah, I do know better but I just, I don't know, I'm stupid" (Heather).

For Sandy, Anna, and Mary, part of evaluating their relationships also included challenging and changing boundaries. Sandy changed her views on relationships,

It just didn't really work with me rushing into things that I thought, I thought I was way more mature and I thought that I could handle a lot of stuff, but really I wasn't and my body was telling me something totally different and I would have these crazy dreams. I just knew God was telling me that I had to wait.

Anna changed physical and emotional boundaries within her marriage after experiencing physical violence for the first time in that relationship,

[Thought] not again. Yep. Then I thought, yeah, everything was there, a second chance and it took a while for him to hit me again. But, but I thought it's still a lot better. By the second time, I had enough... I was like, things are going to change and they did... I won't let anyone control me now. No. I realized what I was missing, like, it's only fair. If someone tells me to do something, it gets on my nerves, you know.

Like it brings back really bad memories. Maybe ask to do things, that's fine, but not 'Go do this now.'

Moreover, Mary considered her future children and established new boundaries in her relationship,

I always told [him] that if we ever did have kids and he would touch the baby he, I would be gone. And then I always kind of threatened him with that and I don't know why, but I think in, in a way it was good that...I don't know if it was very functional, but I'm glad I never let go of that and started to see that this isn't just me if there was a child. And then I was in that mode, too, to kind of settle down...have a healthy family. That's all I ever wanted, like I want my kids to talk to me and if anything ever happened to them – like what happened to me, which I would never want to happen – but I just, I don't want to handle it how my parents did. And I want them to be able to, I want them to tell me right away and know they can tell me. So that was a big motivation...I don't want my kids growing up how I grew up. And I just think that I need to be the best I can be to stop the cycle.

Mary began to see stopping the cycle of violence would be difficult with her partner while considering the health and well-being of her future children. When she thought her relationship was not going to provide her with the family she wanted, her motivation to leave the relationship increased.

Overall, examples of communicating with their partners to improve the relationship and decrease violence saturated their coping stories. The young women tried to identify a productive and safe time to discuss changing their partners' behaviours. They also hid thoughts and feelings they did not want their partner to recognize. As part of their coping strategies, the young women experienced self-sacrificing, suffering, retaliating, and embracing empowerment at various times in their relationships. They used the communication styles of passive-aggressive, passive, aggressive, and assertive.

Managing Physical Violence

Attempts to manage their partner's violent behaviours were part of young women's coping in physically violent common-law or marital relationships. The basic goal for these

attempts was personal safety and the co-researchers endeavoured to achieve this goal through *assessing and responding to the probability of violence* as well as *coping in the midst of violence*.

Assessing and Responding to the Probability of Violence

Mary and Heather knew their partners were violent and abusive prior to the relationships, “I knew when I first met him that he was kind of bad news” (Mary). The other co-researchers did not initially believe their partners would be violent and abusive towards them, “I never thought that he’d end up hurting me” (Heather). Heightened awareness was part of coping, “I was always used to these extremes, almost like bipolar...I was always used to stress – high stress –and...these rushes, like pure adrenaline” (Mary). The co-researchers learned their partners’ anger pattern and what typically made them angry,

He’d get upset and cry cause he was just mad and frustrated and he’d go and just leave, like explode and just go outside and smoke and then come back and be all nice. And [it] was a pattern with him I knew really well. (Mary)

Heightened awareness took on the form of noticing tension in the relationship, such as having a ‘gut instinct’, “I knew something was up and I just had that gut feeling like something’s not cool. And we had a fight” (Sandy) and when calmness was replaced with tension, “Everything’s just going really well or I guess I just pretended it was going really well...and all of a sudden there’d be...a massive fight and it would just [be] like walking on glass all the time” (Mary). Nevertheless, at times the young women had no warning that their partner would become violent,

He was psycho, like schizo I’d say. Like you’d never know when he was gonna snap, too. Like he’d drive me out to the bush like, we were alone together and you’d think that everything’s all good and then when we get like, out deep into the bush then all of a sudden...he’d just went man-like, just absolutely snap. (Heather)

The young women coped with the possibility of violence through efforts to decrease the probability their partners would be angry with them. The young women followed the rules of their partners and did what they asked in order to appease them,

I would have to sit on the couch. He had rules. I had to cook dinner and if I took too much or too little I'd get hurt and then I'd have to come out...If I would lock the door from the inside...so he couldn't come in, he'd break the door down...He'd tell me what to do...and if I didn't, then I would get hurt. And if I argued, I'd get hurt a lot worse. (Anna)

Part of appeasing him meant being sexually intimate and spending time with their partner, "I'd do everything they say, everything...I have sex and stuff with them, too, that to make them not mad anymore and stuff...And just even like staying home or something, and like just anything they'd hurt you to do" (Heather). Furthermore, they kept some behaviours and thoughts from their partner in order to avoid angering him, such as not sharing when they cheated on him and not being honest in couples counselling.

When the relationship tension was severe, the young women prepared for violence and attempted to end the tension phase. They either withdrew from their partner or provoked violence in the hopes of relieving tension. Ways in which they withdrew included leaving their partners alone, leaving the residence, sitting quietly, and not engaging in arguments. Despite the fact young women did not want to experience violence, at times they provoked their partners in order to subside the tension, lessen emotional abuse experienced, and gain some control over the situation,

When I felt something coming on, I would just provoke him. Like I would, I just kind of push him a bit and just push his buttons. Or kind of just try and piss him off – I guess like trigger him – just so then something would happen and then I could relax because I know it's done...A way to get back at him, I guess, for him always being in control and me always being worried. But if I started the fight and I knew when he, when the fight [was] gonna happen then at least I was controlling it...I felt some kind of autonomy in that I guess that it was me who would control the violence...Sometimes I'd be so miserable I'd start an argument so he'd become

abusive just because I'd rather...get slammed around than hearing what he had to say all the time. Cause the words are still with me...He, like, smacked me and choked me and stuff, but...the words are still there more than anything. (Mary)

In general, throughout the relationships the young women sought to understand their partner's anger and violence patterns in order to be more prepared for violence and have a better chance of stopping it. They experienced heightened awareness in order to notice changes in their partner's mood and behaviours. Lastly, they tried to lessen the relationship tension and their violence experiences.

Coping in the Midst of Violence

Coping in the midst of violence is distinguishable from coping in a relationship that has violence. For example, the act of coping while punched and thrown against a wall differs from coping one week later. Therefore, this feature of the phenomenon was a unique quality and coping in this context was a direct response to violence. The young women felt fear, anger, overwhelmed, hate, powerlessness, embarrassment, and hopelessness. Their body underwent the stress response (fight-or-flight response), including increased adrenaline, and reacted to physical violence through swelling, bleeding, and pain, "My body is basically a map. Connect the dots of, of scars" (Jen). Their thoughts for the most part were designed to talk themselves through the violent incident and figure out how to stop the violence; such as wishing for the violence to end, uncertainty as to what he would do next, confusion, and trying not to think about the violence itself. They intended their behaviours to either prevent further violence or deescalate current violence, showing evidence of their solution-focused thinking.

The young women's behaviours included trying to talk their partners into stopping, not hitting back in order to prevent further violence, hiding, protecting their bodies, making

their body as small as possible, not moving much while being hit, hitting back, running away, backing off their arguing, lying to the police to protect their partners, and waiting until it was safe to run away and hide.

Each co-researcher described her experiences of coping in the midst of violence; brief excerpts are included below in order to infuse the reader with a rich description of this aspect of the phenomenon,

I accused him of...cheating on me and he, he blew up...I tried to hide, but it didn't work. He followed me. I kind of sat in a ball in the corner. He just grabbed me. He's a lot bigger than I was...I kind of thought that I was going to die, that he was going to hit me too hard one of these times and it's just going to be it. I just wanted to disappear, to run away, go somewhere where he couldn't get to, something small I could fit...I thought about...jumping out the window or something, but it was an apartment building, it was too high. (Anna)

He just told me to shut up and just staring hitting me than and it just, it turned out like extreme, just punching me and pulling my hair and just like, just punching me in the face and stuff. And I thought I was going to die that time. He just, he, he jumped on me and just like, twisting my arms back and just like, hitting me in between the, the seat and the front seat and the back seat, like squished right in there, just like beating on me. He was just raging and I couldn't breathe and I thought I was gonna die. I told him to get off of me, 'I'm gonna die, I'm gonna die'...He was getting me really hard and like, choking me. He liked to choke me and stuff. And to make a long story short, I, I escaped. Like I was, he's just like, I don't know, he's raping me or something and when he's putting on his clothes and he's going around to the driver's side to get back in, then I took off and I ran and I hid in the bush. And I, I didn't have my shoes on or a shirt and I hid for a couple of hours before I, I knew that it was good to come out. (Heather)

I told him basically that we were done and you know, I never wanted to see him again and I was walking out the door...I was hit with a bat in the back...and he proceeded to well, hurt me...Reminded me that if I wasn't going to be with him, I wasn't going to be with anyone...I mainly tried to make myself believe that everything was okay...I knew that if I fought, it would just make him...want to hurt me more because of previous experience...I wanted to kill him in the worst way at the time, but I wasn't about ready to struggle because [he was] much bigger, much older, much better weapon. (Jen)

I came home and he was in bed just like drunk...he was just out of it, really intoxicated. And he wouldn't even get up and I asked him where he'd been or something and he just flew out of bed and smashed like my grandma's – I have this

big vase that was my grandma's – he'd smash that and then he grabbed our cat and threw the cat. Then he'd just smash like, he, he would go through the house and just smash my stuff. And then he did that and then so I was like, okay, I'll back off and, because I didn't want a big massive fight kind of thing. (Mary)

So I went to the back window and tried to go in...the back window to get out. And he was like, 'Why are you doing this? Where are you going?' And just as I opened the window, he was just like 'Stop' and he put his hand right through the window and smashed it right in front of me. I looked at him and I was just like, 'I can't, I can't be with you. I, I can't do this. This is too hard. I mean, you could have cut me.' And he had glass all over his hand and everywhere and that's when I started to cry and I started to run to the door. And I opened the door and I ran out the stairs. (Sandy)

Escape

Leaving her partner took on two forms within the phenomenon of coping in physically violent intimate relationships. First, young women temporarily escaped to flee violence, cope with stress, and get away from relationship tension for a period of time ranging from a few hours to a few months, "Neglected to be there and that was a way of coping...I ran away...I actually hitchhiked to Edmonton at one point and then I hitchhiked to Vancouver at another point...The longest I was away was for three months" (Jen). It was not clear to the young women at the time of temporary leaving when and if they would return. Temporary escape discussed by the young women included physically leaving the house, contemplating suicide, attempting but not completing suicide, and numbing out through taking a bottle of pain medication. Temporary escape protected the young women when their situation became too emotionally tense and dangerous,

I just wanted to sleep. So I just got mad, I just took the whole bottle. I, I just wanted to sleep and I didn't want to think of anything. And I had a headache and I just wanted to be left alone and at peace. So I just thought I'll just take all those pills and they'll knock me out and I'll sleep. (Mary)

For the co-researchers, they described the temporary escape as leading to a permanent escape as they recognized they needed more preparation mentally and emotionally before leaving the relationship.

Second, young women permanently left to escape the relationships, their partners, and the violence. Permanently leaving encompassed the qualities of acknowledging the relationship was becoming too much with which to cope, planning to leave their partners, as well as using means and opportunity to leave. For example, Mary thought to herself she needed to leave because the relationship was too stressful and would be too dangerous for her future children. She began lying to her partner about her whereabouts, increased her assertiveness, withdrew from her partner emotionally, hid money, got rid of unnecessary belongings, searched for a place to live, hired movers, took her belongings, relied on her support system, and hid her partner's gun. In the midst of leaving – while the movers were in the house – she recognized the danger in which she was in,

He had guns in the house and I remember my mom there and I'm hiding his guns and I'm putting bullets over there and the clip over there and I took a gun course so I knew how to take apart the guns cause I was resourceful that way. Cause I, I knew if and whenever he was mad I'd always take the bullets out of his gun and hid it. And then my mom was just like, 'Why are you doing that?' and I was like, 'You don't know what he'll do like, if he shows up here and I'm taking my stuff.' So I hid the guns.

Heather wanted to wait for the best chance to leave, but also wanted to give her partner one last chance. She waited until he fell asleep, then took her dog and her belongings in the car and met up with her friend,

I left him in his sleep. I, I just packed all my bags and my friend said she had a place for me in the city...I thought it was a for sure thing. Because I was kind of waiting for the best opportunity kind of thing to leave him. I wanted to leave him when I had like, all this money kind of thing or something like, a for sure way to get back to Prince George...I was just, I didn't know if I was going to live to. Well, I was like, okay, I'm just going to leave him on my birthday. I kind of wanted something from him, it

sounds kind of bad, but just to see if he even really, really cared kind of thing, but I didn't even know if I was going to live that long because he was so crazy...I didn't go back because I would have had to take that beating for leaving him in his sleep.

Moreover, Sandy left the relationship after she considered the violence and felt confusion, "I told him that I was sorry and I needed a couple of days away. I felt really scared...and I broke [up] with him." Anna described how she was able to permanently escape one of her partners, which was difficult for her since he locked her in the house when he was not there and had others watch her when she worked the streets. She planned her escape from him and then left after acknowledging the relationship was difficult and his violent behaviours were inappropriate,

About a month, maybe a bit longer. I had to really think...I stopped arguing with him. I just let him be happy until I could figure things out...I went home and he was ready for bed...He had four piercings, very personal piercings. I ripped them out and I ran. That's how I left.

Lastly, part of permanent escaping for Jen involved continuing to hide from her ex-partner, "He has it set in his mind that I should be with him or dead...I don't have a phone in my name because I was getting way too many threatening phone calls...kind of still hiding from him." Generally, escape was a common theme throughout all the young women's coping experiences. Temporary escape provided some time and space away from tension and danger; permanent escape provided safety from their partners' abuse and violence.

In summary, part of young women's coping experiences involved managing violence in the relationships. They communicated with their partners in order to increase their happiness in the relationship and decrease the violent incidents. They engaged in self-sacrificing, suffering, retaliating, and embracing empowerment. They used various communication styles – passive-aggressive, passive, aggressive, and assertive. Moreover, they sought to manage the physical violence in the relationship through paying attention to

the probability of violence and attempting to diffuse relationship tension. Coping in the midst of violence differed from coping with the relationship. Lastly, escape for the young women was a coping strategy; temporary escape enabled them to get away from violence and tension while permanent escape enabled them to leave the relationship and their partner. Chapter Six will describe the involvement of other people outside the relationships with the phenomenon of young women coping in physically violent common-law or marital relationships.

Chapter Six: Coping Involving People Outside the Relationship

Co-researchers described their experience of coping with people outside of the relationship, such as family, friends, professionals, and organizations. They expressed their thoughts, feelings, behaviours, and sensations related to others' involvement in their relationships. This chapter portrays young women's coping experiences involving others, particularly *secrecy and disclosing the physical violence, coping experiences involving her family and friends, the role of strangers and acquaintances, and coping experiences involving his family and friends*. The role of these outside resources varied depending on a young woman's intention, whether it was to help her cope while in the relationship or to help her cope and make preparations while she planned to leave the relationship. Furthermore, the role of these outside resources for young women's coping experiences depended on whether or not they identified the resources as accessible and effective.

Secrecy and Disclosing the Physical Violence

All the co-researchers in this study experienced emotional and physical abuse as children and adolescents, from either family members, family friends, or strangers. If a co-researcher's help-seeking attempt while younger to stop the abuse resulted in challenges such as ineffective assistance and further abuse, then she learned disclosing the abuse resulted in risk and it was safer to remain silent. Four co-researchers discussed this feature in detail and the remaining co-researcher agreed it was part of her coping experiences as well. Sandy learned seeking help led to others labelling her and not taking any responsibility to help her,

[My mom] never knew how much abuse she was giving me when she went to the bars, got drunk, and came back with so many different guys...And there [were] a couple guys that tried to go after me, but I would do something like growl at them or bite them or scream just to wake somebody up. And [she] never knew that they were doing it. And I would try to go after her when the next day if she was sober and say exactly what they were doing and she would just be like, 'Nothing but a slut...It's

your fault because you come down and you watch me drink and...you're whoring around so it's not really my responsibility that you get raped.

Mary learned seeking help led to others using her disclosure against her emotionally in future arguments and it did not lead to punishment for the person who abused her,

It took me a year to tell my mom that I was sexually assaulted and I was kind of like forced to tell her because my...friend's mom said that if I don't tell my mom, then she will and I didn't want it to happen that way. So I told her like reluctantly what happened...My dad never said boo about it ever. And if they've seen the guy in town they don't...say anything and I think getting that result from my parents...kind of just taught me that you just don't really do a whole lot about stuff. It just happens and you don't really take any action against the person who did it to you...but things need to be said and they're still like that, it's really hush hush, you don't talk about it kind of thing...I moved out when I was, after I was sexually assaulted and I told my mom. She just brought it up all the time and everything somehow it tied into everything. Every time we'd fight she'd bring it up just kind of like a knife in the back, just throw it at me and use it just to hurt.

Jen learned secrecy meant safety,

I've been a victim of rape since I was like seven...it's just something that I, I had grown to accept, that I had to keep [bad experiences] to myself or I'd be hurt...After being dangled off a bridge, you kind of learn to shut your mouth.

Moreover, Anna learned trust can be broken if you disclosed secrets. She disclosed her suicidal thoughts and cutting behaviours to a counsellor which resulted in her involuntary admission to a hospital's psychiatric ward, "I was seeing a woman...at [local counselling agency] when I was thirteen; she's the one that put me in the hospital. Yeah. I felt that she broke our trust completely, but now it's different. I'm my own security." Since previous help-seeking attempts were ineffective to stop abuse or punish abusers, they learned to keep abuse a secret through hiding emotions, "I hide things pretty well" (Anna) and showing false emotions, "Put on a smile...I was always one of those...false happiness people. Show people I'm happy; never show them how I really feel" (Jen). Sometimes secret keeping meant lying to their support network, "I joined a pretend rugby team to tell my family where my bruises

were from” (Jen). Young women feared negative judgment by others due to being in a relationship that had physical violence,

I felt like a complete idiot, like a total failure for being with somebody who treated me that way. And I’ve heard that from a lot of people and it’s a hard one for me to talk about actually...But I just felt, cause everybody had always thought I was so smart and I don’t know, I’ve always heard from people that I have a good head on my shoulders and make good decisions and then when I kind of let the cat out the bag about that relationship about why I was leaving and why I did it so sneaky and like even my parents were just like, ‘Oh, why didn’t you leave sooner? Why’d you stay so long?’ (Mary)

Therefore, part of young women’s coping experiences during their relationships at times included keeping the physical violence a secret from family and friends.

On the other side, young women disclosed their abuse and violence experiences to outsiders from social services organizations if they thought these professionals would help them cope and if the violence was too difficult with which to manage. Co-researchers discussed the social services organizations they accessed included the criminal justice system, transition houses, government agencies, counsellors and support groups, and medical staff. Young women involved police directly when contacting the police themselves and indirectly when others, such as neighbours, contacted the police on their behalf. If they accessed counsellors and support groups, then they gained a better understanding of violence dynamics and received help coping with their relationships through validation,

One of my counsellors said, ‘It’s not really you, it’s actually him. It’s not your problem, it’s not your fault, it’s him. He’s making you do this, he has this whole control thing over you. They say you’re awesome and you’re opposite and they’re being so nice to you when really they just turn around and use you.’ (Sandy)

Professionals in the social services field could influence the young women positively and thus, influence their coping strategies. Unfortunately, not all young women’s experiences with Social Services helped with coping and these experiences provided more stress and risk

with which the young women had to cope further. Staff turnovers provided ineffective assistance for some of the young women,

Once I was in the Ministry...it all went downhill. I gave up in high school. I started working the streets. I went out with guys that came out of jail and had no future for them. I was trying to get pregnant. I was on coke and alcohol. I was throwing my life away...I never had a worker that was so involved with my life, trying to help me change it. Every worker kind of switched off. I never had a stable worker that would see how much I've been through. (Sandy)

Her partner's involvement in couples counselling provided more challenges for Mary,

I disclosed to my counsellor what was going on at home and then he said that I should bring him in for couples counselling...And we'd go and the whole time I'd just be nervous and afterwards I'd be like, what's going to happen now because of what I said to the counsellor...I could never be fully honest in counselling because there was always this issue like, I'd got to go home with him and then what happens?

Some young women did not go through the court system because of the difficulty of proving abuse in a criminal trial. They did not use the legal system to cope because they anticipated difficulties with the process,

I wrote a letter to the crown or the RCMP asking to just put the charges kind of on hold cause I didn't want to go through court and go through all the, like I'd have to explain I think and substantiate all the incidents and I had police files and stuff, but I kept the cards and the file number of when I phone the police before...And lots of times the neighbours phoned the police too and they, they never filed and when they came to our apartment, I would deny anything. So there's no way to walk into a courtroom and say like, he did this to me. There's no way to prove it and I just don't want to go through a lawyer standing there calling me a liar with [him] sitting there. I just, so I asked for the charges to be, the file to remain open in case there's an incident again, but I just don't want any active charge right now because I didn't want to provoke him either. (Mary)

Heather labelled her criminal justice system involvement as traumatic. Her partner convinced her to lie to the police and the criminal justice system subsequently assigned blame and guilt on her,

I've charged him a few times for his crap, but the last time that I did, it was good enough to put him away for a few years and so he's in jail waiting for his trial and stuff and I ended up talking to him on the phone or something. He's such, like, a

master manipulator kind of thing. He convinced me to tell the cops that I was, everything that I said was just a lie because he was cheating on me and I was just trying to think of revenge and shit. So yeah, I told, I sent letters to the GPs and Crown and cops and everything saying that it was just a lie so he can get out of jail. And he, when his court came up, I never went and so I ended up getting charged and did a month in jail for his crap for not showing up for court and stuff and for wasting the, the court's time and stuff. And it really sucked because all that shit that he did do to me was, like, so harsh and he should be doing time for it.

Moreover, if a young woman had negative experiences with the Criminal Justice System, she was less likely to use it as a resource for coping during her common-law or marital relationship, "When I was thirteen...[he] was a friend of the family. He molested me...didn't get charged. I quit. The law doesn't work for me...My great-grandpa I accused of stat rape and they didn't do anything...They didn't charge him" (Anna).

In addition to organizations and professionals providing negative experiences that influenced young women's coping choices, the accessibility of support and resources influenced coping events during the relationships. Shelters or transition houses were not accessible to young women if young women did not meet age requirements, "I said I was going to move somewhere, but really I didn't have a place to go...I wasn't that old enough to go to the woman's shelter" (Sandy); if shelters had no space, "I called all the woman's shelters in Edmonton and everything and they said they were all full. So I didn't know what I was going to do. I thought I was going to have to just come, go back" (Heather); and if there were no shelters available, "Over there, there's no woman shelter either and I...just didn't really have anywhere to go either if I did leave" (Heather). No shelter access meant that temporarily or permanently leaving the relationship was not an available coping strategy for young women if they had nowhere else to live.

Medical attention was inaccessible to young women if their partners isolated them from medical help, "I woke up and he was gone, the doors were locked...I tried to figure out

where I was bleeding from and I cleaned up. First Aid kit...There was no way he'd let me go to the hospital" (Anna). Besides, some young women decided not to seek medical attention for injuries, "I've actually been, well not so much hospitalized but should have been. I had bruised ribs. I was cut up bad...I chose not to go to the hospital" (Jen). Young women coped with injuries from physical violence through their own means if they were unable to access proper medical attention. Negative experiences with medical professionals in the past, such as being admitted involuntarily, complicated seeking medical attention while in the relationship, "I ended up in the hospital in seclusion...When I was hospitalized, I was suicidal and they said...I was a threat to myself and to everybody else...So I just kind of lost it" (Anna). Past traumatic experiences also complicated seeking medical help, "I actually almost died when I was two and I can actually remember being, waking up in the hospital" (Jen). Thus, medical attention was part of a young woman's coping experiences in a relationship that had violence, but not always.

Coping Experiences Involving Her Family and Friends

Your friends are kind of a reflection of you and as I notice as I look back as to who I used to hang around with, I see why I stayed, too. Because they were all in similar relationships. Pretty much they were all in abusive relationships and I see why all the guys got along so good and all the girls were always crabby and in the house and kind of wanting to go home. (Mary)

A young woman's support system and her use of it transformed and modified throughout her coping while in a physically violent marital or common-law relationship. Her support system was a reflection of her situation – like a mirror – as highlighted in the above quote. A support system included family, friends, co-workers, acquaintances, strangers, her partner's family, and her partner's friends. In the beginning of the relationships and when violence and control began emerging, young women withdrew from their support systems for

various reasons and sometimes for more than one reason. Some withdrew willingly because they thought it would provide them with love, “I was lost. I loved my friends and my family. I’m really close with my family, it was hard. But he said he loved me; I wanted to be loved”

(Anna). Some withdrew because of threats from their partners,

[He] made me ditch all my friends. He was afraid I was going to cheat on him and I’m bisexual. He thought I was going to cheat on him with a girl, not with everybody...I was still allowed to see my family and stuff, and that meant more than seeing my friends. (Anna)

Some withdrew to avoid having to cope with negative thoughts and emotions regarding the relationship,

Withdrawing from my friends, not phoning my family...I’m not sure why, but I see that how it happened, just slowly isolating myself with my boyfriend...within two, three months...The isolation is so huge cause it, you don’t, it’s just easier. It’s easier to get through the relationship when you are isolated because you don’t have other people making you feel guilty or bugging you. (Mary)

Some withdrew from family and friends because they did not trust their partners when they were not present,

I had lots of my clothes at his sister’s place that he wasn’t allowed and stuff and I just wanted to go like spend some time away from him and stuff. And he’d never ever let me and then like finally the few chances when he’s like ‘Okay, yeah, you could go for a couple hours’ kind of thing then I’d think that he was up to no good himself and I wouldn’t want to leave him. (Heather)

Some withdrew because they lost trust and faith in others,

I’ve been hurt by basically everybody in my life, so it’s not just men, it’s not just women, it’s not anything like that. It’s everyone, you know. I, I always tend to dig deep and find something bad and then hold them to it and that’s it. (Jen)

Some withdrew to protect others,

If I was away from home, then he would be like stalking me or like threatening everybody, like all our friends or whatever, like saying that if I was, if they helped me out in any way, then believe me he would beat them or stab them and I, I never wanted to get anybody involved like, because it’s my problem. (Heather)

Lastly, some withdrew because their partners did not provide them with another choice,

We didn't have a phone. He just had his cell phone so I couldn't call anybody. Probably too afraid to call anybody anyways...I had to call home once a week to make sure that no one was worrying and he'd stand over my shoulder and make sure I didn't say anything wrong. (Anna)

In the midst of the relationship, young women spent more and more time with their partners and less time with family and friends.

Regardless of the decreasing contact with their support system, young women still had limited contact with their original support system. Limited contact provided reassurance, "Talking to my family once a week helped...Feeling like I wasn't alone all the time" (Anna). The co-researchers enjoyed experiencing love and acceptance from family members, "I was really, really happy to see my sister and I was just happy, happy, happy to be away...And just happy to be around somebody who truly loved me and didn't expect anything from me" (Heather). The young women felt positive about their life experiences after providing advice and help to other people. For instance, Anna volunteered as a peer counsellor,

I used to volunteer online [as a counsellor]...and I helped a lot of people there...It made me feel better about myself, I was helping someone...I've had a lot of experiences and there's, there's of course the things I need to learn through school... But... there's just something about helping people that makes me feel good...Tingly, yeah, lots of smiles. Good feeling all together.

Moreover, being with and taking care of an animal helped Heather and Anna cope, "I have a dog, she's my baby, yeah, she's so cute...And yeah, just take care of her" (Heather). In addition, friends made online provided both comfort and secrecy for Anna, "I have an online diary...I talk to the people on there online. It's easier to talk to someone not being face-to-face, partly because you can't see me cry...And I can, you know, pretend that I'm happy." Hence, limited moments with their support system were an element of young women's coping experiences.

Unfortunately, a barrier to coping was a support system that was ineffective in reducing the physical violence,

There's some things that [my parents are] really great on and there's some things I know I can phone them and they'll be there no matter what. But when it comes to like the big stuff...that abusive relationship...I don't know if they can handle it or if they are ashamed of me or what, but they just, they just fall apart and just yell and scream and they get in fights over it. (Mary)

A helpful and accessible support system was important to their coping experiences. Their ability to decrease their isolation depended on acquiring high quality support, which needed to be an active endeavour,

I was just isolated, I never let anyone get too close and I'd be invited out and I would never go, never meet anybody for coffee, nothing. But then, towards the end I think I just knew that I needed it and I started making friends and putting the effort into talking to people and I think that was a big part of it cause this, that's a huge part of it is having some support. Like someone who you can trust who won't tell what you're doing and whatever...When you are ready to get out it's so important just to, just like reach out and if you see some, like some good in somebody just try and feel it out and see if it's true and make friends with them. And some, I found that, that friends that helped me that I haven't known them as long, but I know them better than I've known anybody in my past because they're so closed off people. So that was really important. (Mary)

Their ability to escape depended on having the opportunity to leave and received positive support from someone,

I left him in his sleep. I, I just packed all my bags and my friend said she had a place for me in the city, because I was in [X town]. She said she had, she had a place for me to live in the city and a ride down there, so I thought it was a for sure thing...My friend said she had a ride for me and every, it turned out to be just crazy after I left, but I, I didn't go back because I would have had to take that beating for leaving him in his sleep...My friend said that she had a place for me in the city. She was in town and I, well I, we talked about, she's like come stay with me, come stay with me please because I can't stand to see you like this. And so I was like okay, the next time he falls asleep then like I'll have my dog and have all my stuff packed and stuff and, and, and we'll take off and I'll go with you guys. (Heather)

Generally, while a young woman coped in a relationship that had physical violence, the role, accessibility, and quality of her support system evolved and modified. A young woman

experienced the loneliness and lack of support through withdrawing and isolation, although she found comfort in limited and controlled contact with her family and friends. The quality of a support system affected a young woman's inclination and ability to utilize it as part of her coping; they acknowledged the necessity of higher quality support in order to change their circumstances for the better.

The Role of Strangers and Acquaintances

A young woman's support system and resources were not only limited to family, friends, and professional organizations, but also consisted of strangers and acquaintances she met through her daily life. Strangers and acquaintances formed part of a young woman's coping experiences when they influenced her life. The co-researchers described how strangers and acquaintances could *provide coping support* such as through helping them accomplish a relationship goal, providing them with a perspective beyond their relationship, and helping them gain knowledge and confidence. Moreover, the co-researchers described how these people could *hinder coping efforts* or provide more challenges with which to cope.

In terms of helping young women accomplish a relationship goal, a young woman relied on strangers as a resource. One example was when Mary used a moving company not only to help her leave her residence, but also to help her get through a possible dangerous situation,

I was hired movers and we went in when I knew he wasn't there and I just boxed everything I could grab in a matter of two hours...I just told the movers that if he comes home, this is what he drives and if he comes, you have to leave because he's unpredictable. And then so they were just moving as fast as they could.

Heather hoped another woman would end her relationship for her,

I always say like I'd, I'd be thankful for, like, the chick that, like, if he left me to be with somebody else or whatever I like, like I shouldn't be jealous or mad or like want to hurt her or nothing. I should be thankful for her cause she took him out of my life.

Furthermore, Jen shared how she wanted strangers to be kind towards her, “I always...try my hardest...to treat people the way I feel that I should be treated...And I’ve always tried my hardest to be nice, even...strangers on the street. Smile and wave.” Overall, strangers could provide a positive resource for young women provided they were accessible and able to help the young women meet their needs. However, strangers could provide a challenge to a young woman if these strangers were romantically involved with her partner in the past and was a possible threat to the relationship, “He had a baby with another lady before I met him. Actually when we first met she was pregnant and he didn’t tell me that some lady was pregnant with his baby and that hurt me” (Mary). Moreover, if another woman was a threat, then it was challenging for the young woman to deal with, “He would never really [say] anything but...there was just this obsession with him with...pornography and stuff...why would you go to [strippers]? They’re degrading” (Mary). Mary described her efforts to try to match her partner’s ideal woman,

He was into pornography...all the girl magazines, into all the shows on TV. And the strip bars he’s frequent them...I was a fairly big girl when I was younger...I think I was threatened by him being older and idealizing this image of women being thin and provocative, but I guess I started to try and portray that to get acceptance from him...It only made me, it just got worse for me inside my own head. Just I didn’t want to gain any more weight. I just wanted to lose weight and I remember I used to have pictures, like I’d hang pictures and it was supposed to be motivating to me, but it would just frustrate me and made me feel crappy more than anything.

In addition to strangers helping or hindering young women reach their goals, acquaintances also provided young women with different perspectives on their relationships. Occasionally this different perspective provided young women with an eye-opening experience, teaching them about violence dynamics and introducing the possibility the young women could leave a violent relationship. For instance, Anna described how a fellow street worker taught her about violent experiences,

I met this girl. And I was talking to her about everything that was going on and she told me what to do. I didn't believe her at first...She told me that he was abusing me and I need to leave or call the cops or else she was going to. And I didn't believe her...I thought...it was my fault, I did something wrong, I deserved it. And then I thought about it...What is abuse? I wasn't taught that thing...But when she explained it, it was, 'Wow, she's right. What am I doing?'

As the above quote demonstrates, acquaintances influenced a young woman not only by teaching her about violence dynamics, but also through encouraging her and telling her violence was not her fault. Acquaintances also provided examples of healthy relationships,

At work I met some really great people, two older coworkers who were incredible and who were in really, their marriages are like, there's no perfect marriage but they really love their spouse and you can see it and part of me just really wanted that.
(Mary)

Moreover, if a young woman considered the differences between how she acted around acquaintances and around her partner, it increased her confidence. Mary shared her experience of this through working at a men's halfway house,

It hurt me thought cause I was like, like felt like a phony cause I'm trying to rehabilitate these men and teach them to respect women, but I'd go home and I'm scared. But at work I'm this strong person and it was just like maybe I am strong because I'm not pretending at work...Meeting the men in the halfway house, like I got along with them really good, but they respected me in the halfway house. And there'd be fights in the shelter and they would stop fighting when I walked in and I just had this weird way with these drunk, violent men and I would stand up to them...And I remember a guy, he slammed me against a wall at work, like one of the clients, cause he was drunk and they were violent offenders and I was phoning Duty Parole kind of on him. And he flipped out and then he swung at me and I just snapped. Like, I just lost my temper completely, then I just stepped right in to his face and just said – like I was swearing – I just said, 'Punch me, like, punch me. You don't think I've been punched before?' and I just lost it. And just said, like, 'I'm not scared of you and just punch me and like, what are you gonna do?' And then afterwards it was like holy crap and I started to see my behaviours and I thought. And everybody was like why are you [not] scared working there and I'm like, I don't know. But then when I'd go home I'd be bagged from my shift and the incidents that happened at my shift. I'd go home and come home to a drunk who was the same as the guys from the shelter. And then that, I started thinking, like you gotta do something...I just realized how wrong my relationship was, like how dysfunctional and actually how abusive it really was...I just started seeing the severity, the severity of my life when I compare

it to the men who'd been in jail. That helped me, like being able to compare it to the like a legal sanction kind of thing. Like kind of justified it for me.

Mary's work experiences helped her question why she let him and his family abuse her when she could stand up to a man at the shelter who had been to jail and had a record of violence against women. Because the men at the halfway house where she worked treated her better than her partner treated her, she reflected on the violence dynamics in her relationship and began to think she deserved a better relationship.

In general, strangers and acquaintances formed part of a young woman's coping experiences through their inclusion in her life. They had the ability to help a young woman meet a goal, provide information, and be a part of experiences that positively influenced a young woman's self-esteem and confidence. Also, they had the ability to hinder coping efforts if they were a threat to the status of the relationship.

Coping Experiences Involving His Family and Friends

A partner's family and friends could be a *resource* or a *hindrance* to a young woman's coping strategies, or a combination of both. As a *resource*, his family and friends: (1) provided her with information "His sister was the best thing that ever happened to me. She would actually be the sober one and be like, 'Yeah, that's his ex-girlfriend and he's been doing this to her and doing that'" (Sandy); (2) protected her, "They advocated for me and they'd answer the phone kind of thing when my mom would call and try and yell at me. And his mom would get on the phone and just kind of speak up for me" (Mary); (3) provided sanctuary, "Her place was like pretty safe. She never did no drugs or nothing. And he didn't really know where she lived...she'd just let me stay with her and just, if I did get a chance to get away for a bit" (Heather); and (4) provided her with safety from her partner's violence, "I

phoned his dad that night...and told him what happened and then I was just like, please take the gun and take it apart and throw it away. And then so his dad did that” (Mary).

Likewise, his family and friends provided explanations for his violent behaviours, “His whole family is very like highly sexualized, really abusive, a lot of substance abuse like cocaine and alcohol and that. So I knew where he was coming from” (Mary) and helped her feel comfortable in the relationship, “A lot of support to stay in it from, from his family, a lot of normalizing” (Mary). The young women avoided conflict, avoided processing negative emotions in the moment, and resisted suggestions they did not want to accept through relating with their partners’ family and friends, “It was safe support because nobody would call me on kind of what I was in...they wouldn’t say, “What are you doing and why are you doing this? Why are you with him?...I wasn’t ready to hear that” (Mary). The coping support a young woman accepted and experienced from her partner’s family and friends helped her survive and manage within the relationship.

On the other hand, a partner’s family and friends could provide a *hindrance* to a young woman’s coping experiences within the relationship. For example, Mary described her attempts to try to fit in with her partner’s family and friends so she would not become a target of their abuse,

I’ve never been much of a drinker and then I think I just got frustrated cause he, he was, he was an alcoholic and so when he would drink I think I would just get frustrated. And just to make it through the night to be sociable, to kind of be friendly to his friends that I didn’t really care for that much, I think I would just drink and just go along with, just to be sociable. Cause he always told his friends like that it was always, that his family has the pussy-whipped thing and stuff like that. And I didn’t want to...be labelled as that. Like he always labelled me as controlling and his, his dad’s abusive in the same way and his mom was always seen as this controlling woman, and I didn’t want to be seen the same way as she was. So I think that’s why I just drank and just thought I’m not gonna let him call me controlling and I’m gonna prove to everybody I’m not controlling – so I’ll party with him.

Heather shared how people from her partner's life could provoke violence and discussed the danger and challenge this placed on her,

People would try to get me in shit, too. I don't think they realize how serious he was or something and they'd just say little things like they, they see, heard that I was talking to somebody on the phone or something stupid like that. It's just crazy, stupid shit. And then he'd just went man-like, just absolutely snap and I'd be like, why the hell are these people trying to like, kill me themselves. Like, they don't even know how bad of trouble I'm getting in for them lying like this...I think that they would say stuff to him just cause they were jealous of me and they – like, he was a crack dealer – and I think that they just wanted some more hooch for themselves or something, so they wanted me out of the pictures. So they'd tell him like stupid stuff that, I don't know, it pissed me off, though, they didn't even know how, how bad of trouble I was [in].

Similarly, Sandy protected her partner's family and friends from him, making her a target for his violence,

He would hit his sister and his ex-girlfriends or his friends would just tick me off...so I would come after him and throw him out or do something just to maybe not [have him] go after the girls...And I hated me for that.

She hated herself for putting herself at risk for additional violence even though it helped the other women. This characteristic of others providing more risk and danger by encouraging violence echoed in all the co-researchers' coping experiences. A young woman faced additional coping challenges when other people encouraged her partner to be violent; others' goading not only provoked physical violence from her partner, but also led to her embarrassment and anger,

One night he had poured beer all over me because I hated it that he drank and then so he slammed me around, pulled my hair. And his cousin was there, too, and his family would sit there and be like, like, 'Choke the psycho bitch, choke the cunt.' Like they'd say stuff like that and then so like that would be horrible for me. It's like this show that I'm getting my butt kicked kind of in front of his cousin and then he would do that and so I'd get mad and he'd pour beer all over me, call me names. (Mary)

The emotional abuse experienced from her partner's friends and family negatively affected a young woman, lowering her self-esteem and reinforcing her disapproving opinion of them.

Co-researchers described how his friends said negative comments about the young women's appearance, "His friends had a lot of rude stuff to say about me, like my teeth or my weight" (Anna). They shared their thoughts and feelings about these abuse experiences from their partners' family and friends,

All the men were drinking and if I'd say like, okay, like we should get going, there was this huge, like, oh you're all this all the names like 'You're pussy-whipped and she's controlling and don't let a woman tell you what to do' and they'd be like, "You go sit down or we're going to stay the night here, you're not going home tonight"... So I'd have to sit up there while he was drinking and they're all just teasing me about everything from my makeup to what I wear, to school to my Women's Studies classes, everything. These men just picking me apart... It was hard. And I always had this, this anger, and this just like this, I don't know what it was, just this anger and frustration and this hatred for these men. (Mary)

Overall, negative comments from his family and friends reduced her self-esteem, "I was used to being told that I was nothing, that I would amount to nothing... a waste... after a while of being told everything, you start to believe it. So I didn't look at myself as anything great" (Jen). At times his family and friends blamed her for the violence,

I went to his mom's house and then she's just like, 'Oh, what'd you do to piss him off now?' And then I, I remember hearing stuff like that... I also knew that it wasn't me, my fault because I, I didn't deserve that. I had all these people telling me I did, it was really hard. (Mary)

Part of young women's coping experiences not only included coping with the violence and abuse endured from her partner, but also coping with the emotional abuse experienced from his family and friends.

When a young woman considered his family and friends as having the potential to cause more trouble than help based on her experiences with them, she attempted to minimize the amount of hindrance and challenge his family and friends provided to her coping. When she interpreted these individuals as threats, she took on characteristics of a potential victim, feeling judged by them and attempting to hide herself physically and emotionally,

I feel that everyone is staring at me because of [my partner's] friends are always saying something. I don't like being talked about...But then I have fears that a whole bunch of people are going to attack me...[I go] hang out in my room...just go away. (Anna)

Part of the emotional abuse experienced by young women also included silence, that of his family and friends not discussing or stopping the violence. Young women were frustrated with people not helping them, "It just disgusts me so much how many people...he would hit me in front of and stuff and they wouldn't even do nothing. They'd just sit there...I don't even hardly remember any time that people actually did defend me" (Heather). Young women also remembered the impact of the silence,

And all the people we hung around with were his family and I, I got really close with his aunt who, or so I thought we were close, and the only way I think me and her saw eye-to-eye was that both of our partners were alcoholics and both of them blew up. I remember we kind of talk a bit about a few incidents between us, but it was mostly unspoken. And there was times that like we'd show up out there with the car windshield smashed and nothing would be said. And they knew why the windshield got smashed, but no one would say anything and then that was really, really frustrating. (Mary)

Silence existed as part of the emotional and psychological abuse young women endured from their partner's family and friends.

Of note, Mary described how encounters with his family and friends helped motivate her towards changing the situation for her own betterment. She was saddened by the abuse of her partner's cousin and became motivated towards changing her relationship,

His cousin's fourteen and the kid's brilliant and he's attractive and he's smart and he's bulimic and his dad never hugged him, his dad never told him he loves him. And then when I saw that, I think that was huge because I got really attached to him...I just thought like, these kids are suffering and then that was a big motivation.

She identified herself as different from the women in her partner's family,

I always thought his mother and his aunt and all his sisters as broken and his dad was like a Ferrier who broke horses...I said to [his dad] like, you'll never break me...no matter what you do to me, not even if you held a gun to my head, you'll never break

me cause I'll always be, there'll be a piece of me who's me and you can't do anything about it. And that was all that I kind of had against him.

She increased her assertiveness to his family, which was the catalyst towards her challenging the negative aspects of her relationship, "I started changing and kind of standing up...to my boyfriend's step-dad, then I see that our relationship deteriorated when I kind of started growing up and saying, 'You know what, I don't like you saying that' ...then it just deteriorated."

As described through the shared coping experiences of the co-researchers, the role of their partners' family and friends varied. As a *hindrance* to a young woman's coping efforts, they emotionally abused her, provoked violence, encouraged silence regarding the violence, and decreased her self-esteem. As a *resource* to her coping efforts, they enhanced her ability to be safe from violence, provided information that helped her understand the relationship, and helped her be comfortable in the relationship.

In conclusion, this chapter represents the young women's coping experiences in physically violent common-law or marital relationships as related to people outside of the relationship. Young women learned secrecy meant safety from others and help-seeking behaviours could lead to coping assistance or hindrance. Although young women withdrew from their support systems in the beginning of their relationships, limited contact was comforting. They recognized they needed high quality support when they wanted to leave the relationship. Moreover, strangers and acquaintances played a role in young women's coping experiences, either as a resource for assistance, information, and other points-of-view or as a possible threat to the relationship status. Their partners' family and friends acted as both a resource and hindrance to their coping efforts depending on whether they bestowed information and protection, or if they emotionally abused the young women and provoked

violence. The silence regarding abuse and violence was comforting when they did not want to question being in a relationship that was violent, but was obstructing when their partners' family and friends did not address the violence during or shortly after violence. Chapter Seven will provide the reader with the essence of the phenomenon, which was derived from study findings, rational thought, and personal contemplation.

Chapter Seven: The Essence of the Phenomenon

To the casual observer, coping in IPV relationships for young women was about lessening the negative emotions and thoughts associated with violence and abuse, attempting to change a partner and the relationship, trying to be safe, and balancing help from others with safety from them. Looking deeper into the core of this phenomenon, coping within IPV was the pursuit of gaining and maintaining power and control over one's own choices while balancing autonomy and connection.

A young woman coping with IPV waged a war designed to acquire and maintain autonomy and connection. There were internal and interpersonal battles amongst her, her partner, and others. Stress reduction strategies and cognitive strategies helped her remain in the relationship despite growing evidence of violence and abuse. Communications with her partner and violence management were part of gaining control over the relationship situation, and enhancing her own personal safety. The fluctuation between accepting support and living in isolation from others permitted her to encounter the level of interpersonal interactions needed to either stay or leave the relationship. She internally battled between her fears of the worst possible things that could happen to her and her hopes of experiencing unconditional love and fulfillment with her partner. She externally battled between her own choices and other people's desired choices for her. When other people agreed with her choices, she opened herself up to their support.

This phenomenon was not about good or bad, healthy or unhealthy coping strategies. Whether she remained in the relationship, tried to change relationship dynamics, or left her partner, she designed coping strategies to help her retain a sense of personal power and control over her situation. What she brought to this war was not only an accumulation of

personal strength, experiences, and life lessons before the relationship, but also what she acquired throughout the course of the relationship from herself, her partner, and others. Chapter Eight will form a synthesis of young women's coping experiences and discuss implications for counselling, counsellor education, and research.

Chapter Eight: Discussion

The purpose of a phenomenological method is to provide insight on lived experiences, not to state a theory, provide value judgments, or prescribe solutions. However, these insights may lead future researchers to develop solutions and test possible theories for understanding the phenomenon. Insights include not only examples of how the phenomenon exists in the world, but also meanings and understandings that emerge from the findings. This chapter contains my reflections on the researcher experience, reflections on the themes as they relate to the research question and to existing research, implications of the study findings for counselling practice and counsellor education, and recommendations for future research.

Reflections on the Researcher Experience

It is impossible to separate the researcher from the research in a phenomenological study (van Manen, 1984) and therefore, this section provides awareness of my personal process with using a phenomenological method and with the subject matter in order to situate myself within the study and within the text. My initial struggle with understanding phenomenology led me away from my research comfort area. In the beginning of this study, I wanted to distance myself from the phenomenon much like a researcher would attempt to be an observer in a quantitative study rather than a co-researcher. Quickly I realized this placement of me as a researcher conflicted with phenomenology as a philosophy and as a methodology. I was part of the study for the duration and came to terms that parts of me would be uncovered to the reader through the text and my chosen methodology (van Manen, 1984). In other words, I realized both my vulnerability and strength as a researcher with this method.

Furthermore, I banished all thoughts of quantitative methods from my mind through realizing phenomenology does not provide theory and instead provides insight into the essence of a phenomenon. The clearest example I experienced of this concept was when I visited the art museum in Seattle, Washington and a painting by Pollock strongly resonated with me; this resonance went beyond the colours chosen, the paint strokes, the placement of the picture within the museum and was instead an echo of the painting's essence. This experience helped me realize the phenomenological approach went beyond the images that appeared to me to include interactions among my conscious experience, perception, emotion, and the object. My experience with Polluck's painting, personal reflection, and continual consultation with my thesis supervisor and committee members allowed me to not only understand the role of myself as a researcher within a phenomenological study, but also to celebrate the process of becoming a phenomenological researcher. My confidence increased once I allowed myself this freedom and allowed the findings to speak to me through data immersion.

In terms of dealing with the subject matter of IPV, I felt curiosity, emotional distress, and motivation throughout the study. When I conducted the literature review and designed the study, curiosity and wonder emerged as I pondered how young women experienced coping in IPV relationships. When I conducted interviews and data analysis, curiosity helped me build rapport in the interviews and ask pertinent questions. Moreover, I experienced emotional distress due to the graphic detail of the violence, being responsible for sharing the co-researchers' stories, and because of my struggle with narrative ownership. Other researchers have grappled with similar issues (Birch & Miller, 2000; Clandinin & Connelly, 2000). Smythe and Murray (2000) asserted that narrative ownership and narrative meaning

are ethical issues researchers need to consider and my resolution with this struggle was to remain genuine in my relating of meanings from the co-researchers' stories to the reader. I do not own the co-researchers' stories or voices; in fact, I do not own this text solely, as it belongs jointly to the co-researchers, the reader, and myself.

Reflections on the Themes

One of the purposes for this section is to exemplify features of the findings I found remarkable. In-depth immersion with the research findings produced four central patterns to the phenomenon: (1) striving for the ideal relationship; (2) coping to lessen the influence and power of IPV; (3) coping to change their responses to IPV; and (4) young women's historical links with abuse and violence. These central patterns emerged from my exposure to the phenomenon through co-researcher interviews, personal contemplation, and phenomenological analysis; the interpretations made here seemed most probable. Co-researcher stories and insight from findings exposed the phenomenon's essence, which is the struggle to acquire and maintain autonomy over her own choices and life within an IPV relationship.

Striving for the Ideal Relationship

Young women wanted their relationships to succeed and provide them with unconditional love and acceptance, even if that meant coping with IPV in the meantime. All the co-researchers believed it was possible to achieve their concept of an ideal relationship, which was a relationship with a man who offered romantic love, emotional validation and understanding, and supported their means of living. Women's attempts to change their IPV relationships into their ideal relationship is not a new finding in the literature (Chung, 2005; Flinck et al., 2005; Lilly, 2008; Zink et al., 2006) and occurs for women of differing age

groups (Zink et al., 2006). Women in an IPV relationship tend to believe a violent relationship is better than no relationship and is what they are worthy of; thus, they attempt to mould their relationship into their concept of what an ideal relationship would be (Wesely, Allison, & Schneider, 2000). Rusbult and Martz (1995) report the longer a woman is in an IPV relationship, the more she tries to make it succeed. Cavanagh (2003) states while in an IPV relationship and wanting it to succeed, women defined their relationship as “okay” or better than okay and wanted to protect the relationship ideal. These findings echo the young women’s continual efforts to manage and shape their relationships.

Women’s desire to achieve an ideal relationship was part of their coping while in an IPV relationship. The young women in the present study genuinely cared about their partners, felt love for them, and had emotional attachments to them; women in other studies felt similarly (Casoni & Campbell, 2004; Cory et al., 2003; Forte et al., 1996; Zink et al., 2006). The young women in the present study were conscious IPV existed in their relationships and still pursued positive moments in the relationship. This pursuit emerged from their hopes for the future, determination, and personal strength and resilience. Hope has been a theme in previous literature on IPV relationships (Clements & Sawhney, 2000; Cory et al., 2003; Flinck et al., 2005), as has determination (Forte et al., 1996). Researchers have studied resilience within IPV contexts (Kragh & Huber, 2002) and other stressful contexts (Clauss-Ehlers, 2008; Campbell-Sills, Cohan, & Stein, 2006; Davidson, 2008; Edward & Warelw, 2005; Holahan & Moos, 1985; Schou et al., 2005); for both contexts, researchers identified resilience as a helpful coping strategy that protected psychological well-being. In the present study, young women identified personal strength – which reflects resilience – as a helpful coping strategy that assisted their attempts to create an ideal relationship and assisted

their efforts to leave the relationship once they identified they could not meet their relationship ideals with their particular partner.

Coping to Lessen the Influence and Power of IPV

Part of coping experiences for the young women in the present study were efforts to change the influence and power of IPV. They attempted this goal through showing forgiveness, communicating with their partners, and analyzing the probability of violence.

Forgiveness. I was surprised to observe the concept of forgiveness in the study findings, as I assumed (wrongly) due to safety concerns and lack of assertive communication skills, young women would not directly voice to their partners that their partners' actions were inappropriate and wrong. However, the young women used forgiveness to continue experiencing hope regarding their relationships, provide another chance of having successful relationships, and to place the abuse and violence in the past in order to make it easier to cope. Forgiveness within the context of IPV relationships is an emerging concept in the research literature. Ysseldyk, Matheson, and Anisman (2009) studied the impacts of forgiveness in IPV relationships. They reported a woman in an IPV relationship was more likely to forgive her partner if the violent incident was not very threatening, emotion-focused coping was identified by her as effective, and not forgiving her partner led to further relationship difficulties. Tsang and Stanford (2007) researched forgiveness for couples in which the man was criminally convicted of IPV and court ordered into a treatment program. They found empathy and general religiousness were positively associated with a woman forgiving her abusive partner, with dominant men more likely forgiven than non-dominant men and men with psychological problems. Maltby, Macaskill, and Gillett (2007) argued that

women use forgiveness more in IPV relationships if they think they have little or no control over the violence and abuse.

Although the findings of the current study support the concept in the literature of forgiveness creating another chance for the relationship (Tsang & Stanford, 2007; Ysseldyk et al., 2009), the young women also described how forgiving their partners provided them with power and control over the situation because the young women gave their relationship another beginning; they did not identify forgiving their partners as reflecting their lack of power and control over IPV. Similar to the women in Tsang and Stanford's (2007) study, young women forgave their partners, but showing forgiveness did not mean an absence of blame for their partners for the IPV.

Communication with partners. The findings of the present study echo those of previous studies that reported low-quality partner communication related to IPV (Fox et al., 2007; Robertson & Murachver, 2007). Young women in the present study discussed abuse and violence with their partners, trying to discern appropriate times to initiate these conversations in order to increase the probability of their partners agreeing with their points-of-view and decrease the probability of future violence. The young women felt they needed to convince their partners to stop the violence and to understand their viewpoint. This feature of women's coping – considering their partners' perspective and possible reactions – parallels previous work (Cory et al., 2003; Forte et al., 1996; Marin et al., 2007; Peterson et al., 2008) and has more emphasis within IPV relationships due to personal safety considerations. Ronan et al.'s (2004) study with 12 married couples involved in an IPV treatment program reported that as conflict increased, communication quality decreased even though couples were able to use high-quality communication skills for less stressful contexts.

All the young women in the present study were capable of using assertive communication strategies with their partners, but tended to use passive communication in the midst of violence in an attempt to stop the violence. They wanted to solve the problem of IPV, but assertive communication was not useful in that situation.

Some researchers and at times study participants have identified women in IPV relationships as sometimes undergoing experiences of victimization (Bennett & O'Brien, 2007; Clements & Sawhney, 2000; Ellsberg et al., 2008; Flinck et al., 2005; Lutenbacher et al., 2003; Pagelow, 1984), self-sacrificing (Arias et al., 1997; Flinck et al., 2005), retaliatory violence (Rampersad, 2008; Sullivan et al., 2005), or empowered survival (Davis, 2002; Lewis, 2003). The findings of the present study support this concept as young women self-sacrificed when they identified themselves as responsible for their partners, suffered when they felt powerless due to the IPV, retaliated when they used aggression in response to emotional rejection, and embraced empowerment when they identified themselves as responsible for their own life and not for the IPV. Interestingly, the young women's narratives in the present study encompassed all of these qualities.

Assessing the probability of violence. Young women in the present study assessed the probability of violence and responded by either withdrawing from their partners to avoid violence or provoking violence to avoid high tension and emotional abuse. The findings of previous studies suggest that women in IPV relationships assess their risk in these relationships. For instance, Cattaneo and Goodman (2005) reported women considered their post-traumatic stress symptoms, their partner's general use of violence, the level of psychological abuse, and if living together when the violence happened to assess risk. Moreover, Hanson, Helmus, and Bourgon (2007) conducted a meta-analysis of 18 studies

regarding IPV risk assessment and discovered women in IPV relationships were moderately accurate in predicting the reoccurrence of violence.

Overall, young women in the present study attempted to change the power of IPV in their lives through means such as showing their partners forgiveness, communicating with their partners, and assessing the probability of violence. Young women tried to change the influence of IPV when they perceived themselves as having power over IPV and over their partners' use of IPV.

Coping to Change their Responses to IPV

Coping experiences of the young women in the present study were meant partly to control their reactions and responses to IPV. Part of young women's stories described this purpose of coping, as they spoke about religious and spiritual coping, memory blackouts, self-soothing, as well as emotional and psychological realities. The following section details how these features parallel previous research, challenge previous research, or both.

Religious and spiritual coping. Previous researchers focused on the use of religious and spiritual coping as a method to reduce negative emotions regarding a situation and as a source of explanation for suffering. Many researchers have recently studied the role of religious and spiritual coping with the experiences of determining purpose and quality of life (Greenway et al., 2007; Utsey et al., 2007; Wang et al., 2007), dealing with stress and distress (Ano & Vasconcelles, 2005; Bhui et al., 2007; Park, 2005; Tyson & Pongruengphant, 2007), struggling with evil (Vroom, 2007), and managing pain (Wachholtz et al., 2007). Fallot and Heckman (2005) studied the use of religious and spiritual coping among women survivors of trauma and presented similar findings to this study regarding relying more on using religion and spirituality to provide a purpose and understanding to suffering; the

women in Falloot and Heckman's study and the young women in the present study identified suffering as strengthening their will and determination. As Vroom (2007) emphasizes, to suffer is to be human and to cope with suffering is part of our daily lives. The young women in the present study assumed pain and suffering were natural features of relationships.

Religious and spiritual coping strategies are not limited to formal religion practices, but include prayer, finding personal meaning in life, trust in God, Nature, or other religious or spiritual figure, having a relationship with God or other, and meditation (Bhui et al., 2007). The young women in the current study used religious and spiritual coping to reduce negative emotions, such as believing that God had a plan for them, and connecting with nature.

Religious and spiritual coping strategies provided solace, strengthened their personal resolve to remain in the relationships, and allowed them to focus on helping the relationships succeed. In the current study, young women's use of religious and spiritual coping led to an acceptance – not an approval – of the violence and abuse in their relationship, much like religious and spiritual coping has allowed chronic pain patients to cope with physical pain (Wachholtz et al., 2007), college students survive bereavement of a loved one (Park, 2005), college students mediate their reasons for living and suicidal ideation (Wang et al., 2007), and individuals cope with mental distress (Bhui et al., 2007). The present findings demonstrate that young women's use of religiousness and spirituality related to their use of hope, which was a link Arnette, Mascaro, Santana, Davis, and Kaslow (2007) reported for their study of 74 black women who survived IPV relationships. Religiousness and spirituality also increased self-awareness and positive feelings, similar to findings in other studies on women in IPV relationships (Canaval et al., 2007; El-Khoury et al., 2004; Kane, 2006).

Physical and emotional pain validated being alive for the young women in the present study while in an IPV relationship; this concept from the study adds to the literature. The notion of karma and consequences was another feature from the present findings that adds insight into the phenomenon for the research literature. The young women linked their violence experiences with karma in a multifaceted nature; karma not only led to logical consequences of wrongdoings for everyone including themselves, but also was a teacher of life lessons, justified their actions in the relationships, and reciprocated kindness. Of note, the young women believed that a logical consequence for some of their behaviours was experiencing physical violence.

Memory blackouts. The young women in the current study recalled violent incidents in their relationships and shared these stories with myself; all of them identified gaps in their recall either resulting from actively trying to forget, the use of substances, or emotional suppression that prevented remembering details. The relationship between trauma and memory has been extensively researched and authors have argued for and against the concepts of false memory syndrome, the specialness of traumatic memory due to the roles of cortisol and the hippocampus, recovered memory, and the emotional suppression of memory (see Bremner & Marmar, 1998, and Lynn & McConkey, 1998, for a more detailed discussion of trauma and memory). Hermans et al. (2008) stated regulating affect by not remembering details is only effective in the short-term and leads to negative long-term consequences. The young women in the present study did not describe any negative long-term consequences other than telling me they were sorry they could not remember all the details to help me with my research; they may or may not have negative long-term consequences – this aspect was beyond the focus of this study. Moreover, Boals, Rubin, and Klein (2008) stated the act of

separating emotions from an event during memory retrieval is a coping strategy that provides more emotional distance from an event, less emotional distress, and protects mental health. In the current study, the young women's use of memory blanks is consistent with Boals et al.'s results because memory blackouts allowed them to reduce emotional vulnerability and distress, to not confront their tolerance for IPV, and to contain negative emotions. In other words, memory blackouts meant less of a need to cope with negative memories.

Self-soothing. Current findings demonstrate health-compromising behaviours – such as substance use and abuse, disordered eating, and cutting – were coping strategies for the young women to lessen their focus on IPV and to provide emotional release. Researchers have studied individuals' use of health-compromising behaviours to cope with stress and distress (Andover, Pepper, & Gibb, 2007; Brown, Williams, & Collins, 2007; Evans, Hawton, & Rodham, 2005; Walker, 2007). Furthermore, several authors describe the use of health-compromising behaviours as coping within the context of an IPV relationship, such as the use of alcohol and illicit drugs (Bennett & O'Brien, 2007; Golinelli et al., 2008; Stalans & Ritchie, 2008; Sullivan & Holt, 2008; Wiemann et al., 2000), the use of psychotropic medication (Romans et al., 2008), and self-harm behaviours such as cutting and burning (Health Canada, 2002a).

Young women in the current study used health-compromising behaviours to focus their negative thoughts and emotions on something or someone other than their partners. Raghunathan, Pham, and Corfman (2006) concluded displacement coping – coping directed towards a substitute target when it is not possible or not safe to direct coping towards the real target – is used to release negative emotions and thoughts; although Raghunathan et al.'s study participants were not women in IPV relationships, the present study's findings speak to

these authors' conclusion. Furthermore, Mary's use of disordered eating is similar to findings in the research literature regarding the links among anorexia, bulimia, and violence; disordered eating allowed her and others in similar situations to cope with violence and stress as well as deal with the pain of being in an IPV relationship (Baigrie & Giráldez, 2008; Health Canada, 2002a).

Other self-soothing behaviours used to focus away from the violence and release or numb negative emotions and thoughts have had less focus in the research literature than health-compromising self-soothing behaviours. Young women in the present study used behaviours to self-soothe that did not compromise their health, such as crying, being alone, and creativity. These methods provided distraction, which other researchers have reported as a coping category (see Skinner et al., 2003). Of note, Emerson and Shelton (2001) proposed a creative arts program to help women offenders build coping skills and stop their involvement with IPV relationships.

Emotional and psychological realities. The mental health consequences for the young women in the current study from coping with an IPV relationship parallel and re-enforce previous research in the areas of depressive symptoms, post-traumatic stress characteristics, and loss of self-identity. First, researchers have reported women in IPV relationships commonly experience depressive thoughts and emotions (Arias et al., 1997; Bohn, 2003; Bonomi et al., 2007; Calvete, Corral, et al., 2007; Calvete, Estévez, et al., 2007; Fedovskiy et al., 2008; Fogarty et al., 2008; Hazen et al., 2008; Health Canada, 1999; Heru, 2007; Keenan-Miller et al., 2007; Koopman et al., 2007; Leaman & Gee, 2008; Leiner et al., 2008; Sullivan et al., 2005; Sullivan & Holt, 2008; Tadegge, 2008; Van Hook, 2000), which the young women experienced. Second, consistent with prior studies (Cattaneo & Goodman, 2005; Eby,

2004; Filipas & Ullman, 2006; Frasier et al., 2004; Health Canada, 1999; Leiner et al., 2008; Lilly, 2008; Muhajarine & D'Arcy, 1999; Scheffer Lindgren & Renck, 2008; Sullivan & Holt, 2008), the young women noted connections among IPV, chronic stress, and post-traumatic stress characteristics such as hypervigilance, anger, shame, fear, and embarrassment. Third, young women in the present study reported a loss of identity, self-confidence, and independence while in IPV relationships, findings described in previous studies (Flinck et al., 2005; Hazen et al., 2008; Lutenbacher et al., 2003; McCosker et al., 2004).

As well, current findings demonstrate that emotions provided information to young women about their relationships; happiness meant the relationship was fine and sadness, anger, or anxiety meant there was a problem. When sad, they tended to use self-soothing coping strategies; when anxious, they tended to use cognitive strategies, managing violence strategies, and communication. This finding is similar to Raghunathan et al.'s (2006) study on coping which reported anxiety leads one to use coping strategies that are safer and provide a sense of control while sadness leads one to use rewarding and comforting coping strategies. Moreover, part of young women's coping was dealing with chronic stress related to post-traumatic stress symptoms and emotional distress – findings that are consistent with other research (Ellsberg et al., 2008; Holahan, Moos, Holahan, Brennan, & Schutte, 2005).

In addition, young women in the present study used mental energy to positively shape their perceptions about their relationships. Much like earlier researchers concluded, women cognitively appraise their options and situation within an IPV relationship (Arias et al., 1997; Casoni & Campbell, 2004; Cavanagh, 2003; Cory et al., 2003; Forte et al., 1996), young women in the current study continually assessed their relationship, particularly post-violence.

They made sense of their situation and provided themselves with potential reasons for IPV, similar to women in Casoni and Campbell's (2004) study. Current findings demonstrate young women normalized violence and minimized violence, both concepts not new within IPV research literature (Cory et al., 2003; Stickley et al., 2008; Virkki, 2007). Women remain in IPV relationships for many reasons (Cory et al., 2003). It is possible this method of shaping appraisals of their situation is better for their mental health than attempts to cope continually with negative thoughts relating to their relationships (Marcks & Woods, 2007). They adapted to the challenge of not wanting to identify their relationships as abusive via cognitive strategies (Davidson, 2008). As stated earlier, young women in the present study wanted to work on the relationship and that meant rationalizing negative experiences, changing their view on IPV, and making the best of the situation. Researchers have previously described these features of coping with stress (Schou et al., 2005; Schroevers et al., 2007; Skinner et al., 2003; Wood, Joseph, & Linley, 2007; Xudong, 2008) and with IPV (Calvete, Estévez, et al., 2007; Cory et al., 2003; Shannon, Logan, Cole, & Medley, 2006), although some authors have labelled such a coping practice as negative and unhealthy.

Furthermore, part of this mental process of appraisal and shaping perception involved women assigning responsibility and blame for the abuse and violence. Forte et al. (1996) questioned 66 women in IPV relationships as to whom they blamed for the violence and discovered that 11% blamed themselves, 47% blamed their partner, and 43% blamed both their partner and themselves. The young women in the present study did indeed place responsibility and blame on themselves and their partners; of interest, they additionally placed blame and responsibility on other people such as their partner's friends and family and on objects such as alcohol and drugs. Other people and objects as targets for young women's

blame and responsibility for the violence in their relationship has limited focus in the research literature; some authors have noted the connection among a partner's use of illicit substances, violence towards a woman, and blame directed towards the substance abuse behaviour (Caetano et al., 2008; Foran & O'Leary, 2008; Fossos, Neighbors, Kaysen, & Hove, 2007; Stalans & Ritchie, 2008).

Overall, young women attempted to change the impact of IPV on themselves through religious and spiritual coping, blanks in their memory recall, self-soothing behaviours, and cognitive strategies. Part of their coping experience involved impacts on their emotional and psychological well-being. When they perceived little or no control over abuse and violence, their coping efforts centred on limiting the negative impacts of IPV.

Links with Historical Abuse and Violence

What is important to understand is that for the young women in the present study, involvement with abuse and violence began during their childhood, long before their intimate relationships. The section below is a reflection of this connection in terms of their lifetime exposure to abuse and violence, their use of formal and informal support, and their experiences of coping in the midst of violence.

Lifetime exposure to abuse and violence. Research reveals that there is a high risk of experiencing abuse and violence as an adult if one experienced it as a child (Bohn, 2003; Fang & Corso, 2007; Gil-Gonzalez et al., 2007; Ramos et al., 2004; Sullivan et al., 2005; Wiemann et al., 2000) and all co-researchers in the present study experienced violence as children. Perhaps young women learn how to survive within abusive and violent relationships as children and have minimal skills and understanding to exist in healthier relationships. Regardless of the rationale and factors behind the connection – both areas that

are beyond the scope of the present study – young women’s lifetime exposure to abuse and violence guided their coping while in IPV relationships.

Although the presence of abuse and violence has been a stagnant feature for the young women in their relationships, the findings of the study suggest the young women underwent personal growth and discovered life lessons while in the midst of these relationships. In other words, they changed as individuals. The life lessons the young women obtained generally centred on rising above shame through challenging the dynamics of power and control within their relationships. Shame made it difficult to disclose abuse and violence to others and made them identify themselves as unworthy. These findings are common in IPV literature (Buchbinder & Eisikovits, 2003; Flinck et al., 2005). The young women in the present study managed to break free from some of the entanglements of shame by deciding not to endure violence anymore and leaving the relationship. This aspect of coping in an IPV relationship is in line with Draucker’s (2003) qualitative study that found women in IPV relationships who felt shame and powerlessness were capable of rebellion and breaking free from their partners’ power and control. Forte et al. (1996) found that although women in IPV relationships experienced feelings of powerlessness, their personal growth also increased their self-esteem and personal capability. According to Davidson (2008), resiliency is overcoming and/or managing adversity over a period of time. The young women’s narratives in the present study described how they overcame and/or managed IPV.

Formal and informal support. A lifetime exposure to abuse and violence means a lifetime of help-seeking attempts, whether positive, negative, or both (Burke et al., 2004). Similar to Lee, Pomeroy, and Bohman’s (2007) findings, all the young women in the present study had both positive and negative help-seeking experiences that influenced their coping

with IPV. What differentiated between the negative and positive help-seeking was support accessibility and response quality, both concepts reported in previous work. Schwarzer and Knoll (2007) analyzed four longitudinal studies and one experimental study on the role of social support with coping and conclude that offered support is worthless unless accepted by the individual and effective to achieving the individual's goal. In terms of formal support, Beeble, Post, Bybee, and Sullivan (2008) found that women are more likely to receive beneficial support if professionals view IPV as a serious problem. Shannon et al. (2006) report that formal support accessed included the criminal justice system, counselling groups, medical staff, women's services and shelters, and religious figures. Likewise, co-researchers reported the criminal justice system, transition house staff, government agencies, counselling, and medical staff were helpful in the management of IPV providing the professionals in these areas were responsive, caring, and effective.

At times the criminal justice system hindered young women's coping, a finding consistent with Wilcox's (2000) study of women's views regarding police responses to IPV situations and with Lutenbacher et al.'s (2003) qualitative study on women's views of barriers in seeking help from IPV. Sometimes the young women in the present study could not access services, another finding consistent with previous literature (Flinck et al., 2005; Lutenbacher et al., 2003). On occasion, young women's safety was at risk while accessing formal support. Safety planning is a consideration that both Kragh and Huber (2002) and Health Canada (1999) argue is integral whenever working with a woman involved in an IPV relationship.

However, what the current findings illustrate and some previous researchers may not have taken into account when studying use of support are that we have to consider the quality

of support and how it meets the woman's goals. Young women in the current study accessed formal support if they believed the IPV became too challenging with which to manage and were cautious when doing so in order to not repeat past difficulties with help-seeking, findings similar to those reported in other studies (Flinck et al., 2005; Stats Can, 2005). Women do not access support when they thought it was unnecessary or had no confidence in support (Liebschutz et al., 2008; Van Hook, 2000; Wittenberg et al., 2007). So how do we reach women who think formal support is ineffective and further escalates their risk for future violence? Support can be helpful, hindering, or indifferent and the young women's narratives in the current study suggest that if social services want to build high quality relationships with women in IPV relationships, then social services must help women meet their goals. The findings suggest we have to first prove ourselves trustworthy.

In terms of informal support, the current findings suggest that young women mostly relied on family and friends for coping support, including their partners' family and friends. This finding is similar to findings in other studies concerning informal social support (Davis, 2002; Dwyer & Cummings, 2001; Stats Can, 2005). In the current study, their partners' families placed expectations on them, a finding consistent with the narratives of women interviewed by McCosker et al. (2004) regarding IPV experiences and consistent with the information collected by Cory et al. (2003) from women in IPV relationships.

Consistent with women in other studies (Cory et al., 2003; McCosker et al., 2004), all of the young women in the present study did not identify themselves as in IPV relationships until after outside sources informed them of abuse dynamics; they were able to start making different life choices once they recognized themselves as involved with IPV (Cory et al., 2003; McCosker et al., 2004). Co-researchers in the current study shared that the information

did not emerge from close friends or family in their support system, but from casual and work acquaintances as well as professionals who helped them realize the full dynamics of IPV. It seems the objective view and advice from individuals somewhat distanced from the violence provided coping support for the young women, a finding consistent with Van Hook's (2000) study of help-seeking attempts within a health care setting for 54 women in IPV relationships.

Overall, social networks were not necessarily a positive aspect for young women's coping, an unfortunate finding that is present in other research as well (Muhajarine & D'Arcy, 1999). This situation needs altering since social support is integral for healing from trauma (DeJonghe et al., 2008; Haden, Scarpa, Jones, & Ollendick, 2007; Scott, 2007) and researchers claim that social support is a protective factor of emotional and psychological well-being (Awasthi & Mishra, 2007).

Coping in the midst of violence. Abuse within an IPV relationship is not confined to the violent incident (Cory et al., 2003), so coping with abuse is not limited to the violent event. In the current study, young women's coping in the midst of violence concentrated on surviving the violence and preventing escalating violence. As stated previously, young women learned how to cope with abuse and violence in relationships during their childhood, prior to their intimate common-law or marital relationships. Thus, it is interesting to note similarities between young women's coping in the midst of violence from the present findings and coping of children and of older women from other studies. Baumgartner and Strayer (2008) conducted an observational study of pre-school aged children's spontaneous reactions to bullying and reported these reactions included counter-attacks, flight, emotional displays, attempts to negotiate, and help-seeking. Zink et al. (2006) studied the coping

strategies of 33 women aged 55 years or older and reported the women at times sought formal and informal support, displayed emotions such as anxiety and depression, negotiated with their partner to decrease violence, and temporarily escaped from violence. One may conclude when faced with a threat to our physical person, we use our basic survival strategies of fight or flight as well as learned coping strategies such as negotiation and support seeking.

To conclude this section on historical links to abuse and violence, young women's lived experience of coping with IPV in common-law or marital relationships may be characterized by experiences of abuse and violence in their childhood and continuing abuse and violence throughout their lives. Young women in the current study accessed and avoided formal and informal support, and learned how to increase survival chances in the midst of violence.

Limitations of the Study

The study was limited mainly due to methodological issues and the process of co-researcher selection. First, phenomenology as a method has some understandable limits. A researcher will never achieve saturation with a phenomenon because human experience is very diverse (Moustakas, 1994; van Manen, 1994) and a phenomenological study only captures one interpretation at one moment in time without the ability to deny that other similar or different interpretations may exist later. Phenomenology is less about saturation and more about exploratory and rich description, which this study provides. Although it is unknown whether saturation of the phenomenon occurred, I do believe saturation was achieved with the co-researchers. New themes or insights did not emerge from the second follow-up interviews. It is unknown whether a larger sample would have elicited additional themes or insights regarding the phenomenon.

Second, it is difficult to bracket every possible influence on the researcher; a researcher cannot be certain of every factor that could possibly influence data collection and analysis. This aspect was not a strong limitation for this particular study due to rigour checks within the methodological design, such as triangulation, auditability, and fittingness (see Chapter Three: Research Methodology).

Third, there is no guarantee that the experiences reported by the women are accurate accounts of the phenomenon. The nature of trauma is such that for some individuals not all the details of the phenomenon are recallable. Moreover, the use of audio-taped interviews may have influenced responses in that they may have responded to interview questions in a way they thought I preferred; there is no indication of whether this is the case for the present study. Nevertheless, the shared experiences of the young women in this study not only provide greater understanding of coping with IPV for this age group, but also reveal the wisdom and meanings these women acquired both during their adversity and upon retrospective reflection of their experiences. Moreover, important issues and hidden problems that workers in the social services field need to consider emerged from the young women's stories.

Fourth, the findings of the study are not generalizable to the larger population. Due to small sample size and not employing statistical operations, I cannot make conclusions that necessarily apply to all young women abused in their intimate relationships. However, qualitative research concerns itself with "fittingness" rather than generalizability – that is, the extent to which the findings of the study apply to contexts familiar to the reader. Thick descriptions have been provided to assist the reader in determining the fittingness of the results. Nevertheless, the lack of diversity in race, ethnicity, social-economic status, and

location may limit the fittingness of the study findings. In addition, the reader should note that only women who were willing to share their personal stories with a researcher were included in the study, meaning that women who were unwilling to share their experiences or uncomfortable in doing so were not able to participate.

Recommendations for Counselling Practice

Counsellors are part of the formal support accessed by women in IPV relationships (Stats Can, 2005) and thus, it is important for counsellors to consider the implications of the study findings for their professional practice. Many authors state social services professionals need to be culturally and socially sensitive when working with women in IPV relationships (Bent-Goodley, 2004; Bohn, 2003; Lee et al., 2007; Magnussen, Shoultz, Hansen, Sapolu, & Samifua, 2008; Oetzel & Duran, 2004; Ramos et al., 2004; Vandello & Cohen, 2008; Winstok, 2006). Not only do women's IPV stories exemplify this point, but their stories also call on professionals to be sensitive to religious and spiritual beliefs (Ringel & Bina, 2007), consider IPV a community issue (Stueve & O'Donnell, 2008), and reflect on gender attitudes and roles regarding IPV (Nabors & Jasinski, 2009; Robertson & Murchver, 2007) when working with women in IPV relationships. As the study findings indicate, young women when coping with an IPV relationship take into consideration cultural and societal implications, personal religious and spiritual beliefs, community resources and hindrances, and gender stereotyping. In other words, these factors are already interacting with the phenomenon and counsellors should acknowledge and address the factors in a counselling setting in order to deal with the full extent of the phenomenon. Part of the therapeutic process should entail examining the role of previous coping attempts as well as the motivation and intent of chosen coping strategies.

Moreover, the study findings illustrate the necessity to integrate into counselling sessions such topics as health-harming behaviour, self-esteem, relationship expectations, resources, safety, and mental health concerns – findings consistent with those found by Health Canada (2002a). Professional training in these various areas along with supervision with a superior and debriefing with colleagues or a superior would enable counsellors to ensure adequate skill development to work with young women in IPV relationships and to ensure counsellors are not overburdened.

Professional preparation and willingness to work with women in IPV relationships are central in the areas of family counselling and couples counselling. To be better able to identify, effectively work with, and empower women in IPV relationships, family and couple counsellors should be prepared and willing to deal with more than one type of violence, encourage self-help, and integrate practice with other formal and informal support involved with the young woman (Cory et al., 2003). Based on the study's findings, professionals need to realize that family, friends, professionals, and professional organizations play a role in young women's coping; the support or hindrance of other people – including the counsellor – on the young woman should be acknowledged and discussed in therapy as well as taken into account for safety plans.

Moreover, professionals need to be willing and able to work with the woman's relationship and personal goals including relationship satisfaction (Stith et al., 2008), utilization of available support (Bent-Goodley, 2004) and power differentials (Ehrensaft, 2008; Kim et al., 2007), while realizing part of the counselling process may involve the male partner receiving additional individualized sessions and programs tailored to eliminating IPV perpetration. Lastly, counsellors need to be aware a woman is more likely to have success in

couples counselling if both partners voluntarily work at improving the relationship and eliminating violence (Heru, 2007), although it is challenging with this situation to ensure the safety of a young woman when a couple is involved in counselling and a counsellor should make a young woman aware of the risks. A conversation between counsellor and client in the first meeting together should cover ethical and legal obligations – including potential risks and benefits of counselling – so that the young woman can provide informed consent. This conversation should also convey to the young woman that counselling is a setting where she can explore intimate inner thoughts and feelings.

The goal of counsellors should not be limited to helping the woman leave the relationship; practice should be tailored to the woman's unique wants and needs (Ehrensaft, 2008) while incorporating safety planning and resource information should she choose to remain in the relationship (Lewis, 2003). Young women are their own relationship researchers, testing out which coping strategies work and to what extent. Professionals should not expect young women to change a chosen coping strategy that helps them meet a goal – even an unhealthy strategy – unless professionals are prepared to teach, show, or suggest a more effective (and healthier) strategy that young women can test in their own relationships. Finally, I hope that after reading this study, professionals recognize young women's coping strategies serve a purpose to them and are designed partly to keep them safe, such as not being assertive while their partners are violent. Thus, I hope that professionals when working with young women who are in IPV relationships will not make assumptions or have biases regarding young women's chosen coping strategies and instead seek to understand the young women's motivations, available internal and external resources, and opinions on their chosen strategies.

Recommendations for Counsellor Education

The findings of the present study may contribute to counsellor education because the young women's narratives stress the significance of preparation. Preparation in the form of knowledge about couple dynamics, IPV, legal and ethical obligations, and community resources is key to being ready to identify and responsibly respond to IPV in a clinical setting (Gutmanis et al., 2007; Holt, 2003; Lewis, 2003). I suggest counsellor training programs tailor education with a mandatory course on ethics in counselling and provide materials in other courses pertinent to the issue of violence in relationships. This is especially important since 30 to 80 percent of children in families with IPV also experience abuse and violence (Lewis, 2003). Furthermore, a course on ethics in counselling will assist with any ethical dilemmas that may emerge when working with women in IPV relationships, such as any involvement with criminal activities, the importance of records management regarding future possible child custody issues, and the use of illegal coping strategies by a client such as illicit drug use.

Moreover, I suggest counsellor training programs offer the option of practicum experience within community or health-based programs that women in IPV relationships may access. Of note, there are programs and services that already exist offered through health authorities, government organizations, and non-profit organizations. Students can search them out and learn from them (Plichta, 2007). Lastly, learning through empathy can be a valuable tool for counsellor students and they can accomplish this through listening and considering the stories of women in IPV relationships via qualitative studies, first-person accounts, a non-judgmental approach, and self-reflection (Giustina, 2008).

Recommendations for Future Research

The aim of this study was to understand and describe the lived experience of young women's coping in common-law or marital IPV relationships. Co-researchers provided rich narratives of their personal experiences with the phenomenon. The experience of coping among different racial or ethnic groups, different life stages, and different types of relationships need further investigation. The women in the present study were young adults, Caucasian or Aboriginal, and in common-law or marital relationships. We need to discover how women who live with different contextual factors cope in an IPV relationship. Moreover, we need to study other lived experiences associated with IPV in order to better understand IPV. Which factors explain and enable the strong connection between experiencing abusive and violent relationships as a child and continuing to live in IPV relationships as an adult? This study provides a source for further investigation on newly emerging themes from the findings and research literature, such as the role of memory with IPV and with coping, the experience of forgiveness within IPV relationships, and the influence of strangers and acquaintances on women in IPV relationships.

An interesting aspect that emerged from the study findings was that some strategies young women used to cope with abuse and violence in their IPV relationship were similar to those strategies used to cope with historical violence in previous relationships during childhood and adolescence. Future studies on women's experiences of the interactions from which violence emerge would be useful towards helping understand how professionals can help women end their relationship with violence.

Summary

The main purpose for this study was to search for the lived experience of coping in a physically violent common-law or marital relationship for women aged 19 to 24 years via a phenomenological method designed to discover salient features of the phenomenon. The young women shared how coping not only included attempts to change IPV in their relationships and efforts to control their response to IPV, but also was influenced by historical attempts to cope with abuse and violence. They used more than one coping strategy to deal with IPV. Overall, their coping experience was their quest to gain and maintain ownership of their own choices and lives through a variety of relationship situations.

I hope the reader will capture insight from the study findings in order to encourage public discourse on violence in relationships. We need to educate others about the IPV experience, discuss it publically, and no longer tolerate its existence in order to empower women and stop the practice of IPV (Bent-Goodley, 2004; Blackman, 1990).

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Appendix A: Ethics Approval

UNIVERSITY OF NORTHERN BRITISH COLUMBIA
RESEARCH ETHICS BOARD

MEMORANDUM

To: Marina Ursa
CC: Corinne Koehn

From: Henry Harder, Chair
Research Ethics Board

Date: July 11, 2006

Re: E2006.0626.076
Young women's experiences in coping in physically abusive relationships

Thank you for submitting the above-noted research proposal and amendments to the Research Ethics Board. Your proposal has been approved.

We are pleased to issue approval for the above named study for a period of 12 months from the date of this letter. Continuation beyond that date will require further review and renewal of REB approval. Any changes or amendments to the protocol or consent form must be approved by the Research Ethics Board.

Good luck with your research.

Sincerely,

Henry Harder

Appendix B: Newspaper Recruitment Advertisement

UNBC Research Study:

Are you a woman 19 to 24 years old and have experience with a physically abusive common law relationship or marriage? If so, then you may be eligible to participate in a university study on coping with such relationships. If you would like more information about this study and how you can become a participant, please contact Marina at 981-XXXX or unbcstudy@yahoo.com. Study participants will be compensated for their time commitment to the study.

Appendix C: Poster Recruitment Advertisement

UNIVERSITY OF NORTHERN BRITISH COLUMBIA

Research Study:

Are you a woman 19 to 24 years old and have experience with a physically abusive common law relationship or marriage?

If so, then you may be eligible to participate in a university study on coping with such relationships.

If you would like more information about this study and how you can become a participant, please contact Marina at 981-XXXX or unbcstudy@yahoo.com. Study participants will be compensated for their time commitment to the study.



Appendix D: Screening Criteria

1. How did you hear about the study?
2. *I will briefly describe the study and ask her if it sounds like something in which she would want to participate. If she replies 'yes,' then I will continue with the screening.*
3. For this study, I am hoping to interview women who fit a certain criteria. So I am hoping to ask you some questions.
4. I want to interview women who are in the 19 to 24 age group. Is that the age group you are in?
5. Are you currently in a physically abusive relationship?
If yes: Are you common-law or married? How long?
If no: How long has it been since that relationship? Were you common-law or married? For how long?
6. What is your comfort level in sharing your experiences with me?
7. What are your concerns, if any, about taking part in this study?
8. Have you been hospitalized for addictions or mental health issues in the past year?
9. In the past year, have you attempted suicide? Are you currently feeling suicidal?
(If currently feeling suicidal, then I will do a risk assessment, safety plan, and provide a referral to the hospital in addition to informing her that she does not fit the criteria of the study)
10. What questions, if at all, do you have for me?

Appendix E: Information Letter and Informed Consent Form

UNIVERSITY OF NORTHERN BRITISH COLUMBIA

INFORMATION SHEET FOR POTENTIAL PARTICIPANTS

Project title: Young women's experiences of coping in physically abusive relationships

Researcher information: Marina Ursa, B.A.: Psychology (Malaspina University-College)

M.Ed: Counselling is in progress (UNBC)

Phone no. 981-XXXX Email: unbcstudy@yahoo.com

Supervisor information: Corinne Koehn, Ph.D., R.Psych

Assistant Professor, UNBC, Prince George BC

Phone no. 960-6264 Email: koehn@unbc.ca

I would like to know about how you coped with your experiences in an abusive relationship. This would be useful to counsellors because it helps us to improve counselling practice and interventions. This project would be another way of sharing women's experiences. You are asked to participate in 2 to 3 tape-recorded interviews with myself to answer questions regarding your experiences of coping with being in an abusive relationship. These interviews will be about one to two hours long.

Some potential benefits of participating in the project may be gaining more awareness of yourself, experience some emotional relief through sharing your experiences, and your information may help other women in similar situations. A potential risk is that you may become uncomfortable through sharing your experiences. Should this occur, you can obtain free counselling at the Elizabeth Fry Society (phone 563-1113). If you feel after beginning this study that your safety is compromised, then please inform me and we can develop a safety plan and you can withdraw from the study if you so choose.

I will use the information from the interviews to describe and understand the topic of coping with abuse. Another colleague, my supervisor, and myself will see the transcripts from the interview; however, identifying information, such as names, will not appear on any research materials, be used in conversations with others, or written in the thesis. I plan to use the information to present at a conference, publish in scholarly journals, and publish as a thesis. Although I may use direct quotations from transcripts when presenting results, no names or identifying information will appear.

All research materials will be stored in a locked cabinet within a locked office. I will store information electronically and it will be password protected. After seven years, I will destroy the materials by shredding paper documents and deleting computer files.

Confidentiality is assured in the interview sessions, except for the following instances:

1. If I have reason to suspect that a child is in need of protection

2. If I seriously think or you tell me that you intend to harm yourself or someone else
3. If my notes, tapes, or person are subpoenaed to court
4. My consultation with my colleague and supervisor

You will be given a \$20.00 Pine Centre Mall gift certificate for your participation in this study. Participation is voluntary and you may withdraw from the study at any point without penalty.

Should you have any questions about this study or want a summary of the research results, please feel free to contact me at the email address or phone number above. If you have any complaints or concerns regarding this study, then please contact the Vice-President of Research at 960-5820.

By signing the informed consent form, you acknowledge that you have read and understand this information sheet, informed consent, and the study process. You also give permission to be interviewed by me and information gathered during this study to be used potentially for future research. You will receive a photocopy of your signed consent form. Please keep this information sheet for your records.

Thank you.

UNIVERSITY OF NORTHERN BRITISH COLUMBIA

INFORMED CONSENT

To be completed by the research participant:

	YES	NO
Do you understand that you have been asked to be in a research study?		
Have you read and received a copy of the attached information sheet?		
Do you understand that the research interviews will be recorded?		
Do you understand the benefits and risks involved in participating in this study?		
Have you had an opportunity to ask questions and discuss this project?		
Do you understand that you are free to refuse to participate or to withdraw from the study at any time (without even giving a reason)?		
Have the issues of anonymity and confidentiality been explained to you?		
Do you understand who will have access to the information you provide?		
Do you understand that some summaries and direct quotations may be used when presenting findings, although identifying information will not be used?		

This study was explained to me by: _____ (Print name)

I agree to take part in this study:

Signature of Research Participant

Date

Printed Name of Research Participant

I believe that the person signing this form understands what is involved in the study and voluntarily agrees to participate.

Signature of Researcher

Date

Appendix F: Demographics Sheet

Age: _____

Number of dependents (children): _____

Highest educational level achieved:

Grade School _____

High School Graduation _____

College Diploma _____

High School _____

Some College/University _____

University Degree _____

Marital status:

Married _____

Divorced _____

Never married _____

Separated _____

Living as married _____

Widowed _____

Employment status:

Employed Full-time _____

Employed Seasonally _____

Permanently out of labour force due to illness or death _____

Out of labour force due to decision to be a homemaker _____

Student _____

Employed Part-time _____

Unemployed _____

Other (please specify) _____

Family annual income:

\$ 0 – 15, 000 _____

\$ 25, 000 – 35, 000 _____

\$ 45, 000 – 55, 000 _____

\$ 15, 000 – 25, 000 _____

\$ 35, 000 – 45, 000 _____

\$ 55, 000 + _____

Ethnic origin:

Aboriginal _____

Arabic _____

Caucasian _____

Latin American _____

African-Canadian _____

Asian _____

Indo-Canadian _____

Other (please specify) _____

Are you currently in a physically abusive relationship? _____

If not, how long has it been since you have been in a physically abusive relationship? _____

*Researcher use only:**Code:* _____

Participant Contact Information

Participant name:

Address:

Phone no.:

Email:

Is it safe to contact you at the above information: Yes _____ No _____

If not, how would you like to arrange contact:

<i>Researcher use only:</i>	<i>Assigned Code:</i> _____
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Appendix G: Semi-structured Interview Questions

1. When I say the word “coping” to you, what does it mean for you?
2. I know that when this study was described to you, the type of relationship was called “abusive.” What are your thoughts and feelings regarding that term? What does that term, if at all, mean for you in the context of your relationship(s)?
3. What are some of the major issues that stand out for you in terms of having coped with an abusive relationship?
4. What kept you going while you were in an abusive relationship?
5. In what ways did you find yourself coping with an abusive relationship?
6. What are the good things, if any, that have come out of coping with an abusive relationship?
7. What are the not so good things, if any, that have come out of coping with an abusive relationship?
8. Tell me about one incident of coping with an abusive relationship that stands out for you.
 - a. How did you cope in that situation?
 - b. What thoughts stood out for you?
 - c. What feelings stood out for you?
 - d. Did it influence your behaviour in any other way?
 - e. What bodily changes or states stood out for you?
9. Would you tell me about any other specific incidents of coping that stands out for you? (*repeat probes a – e*)