

**COPING STRATEGIES OF WOMEN INTIMATE PARTNER VIOLENCE  
SURVIVORS: PERSPECTIVES OF SERVICE PROVIDERS**

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**By**

**Mansa Mary**

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## **ABSTRACT**

Several studies have focused on understanding coping strategies from the standpoint of women Intimate Partner Violence survivors. This study builds on these insights by exploring service providers' perspectives about Intimate Partner Violence coping strategies. The study extends the empirical evidence about IPV coping strategies by investigating how service providers understand and describe survivors' coping strategies, what external support resources they perceive as essential for coping with Intimate Partner Violence, as well as factors service providers discuss as key influencers shaping survivors' choices in relation to coping strategies and seeking external support. Drawing on intersectional theory, coloniality, and feminist thought, the study used semi-structured interviews to explore the questions posed. Findings from the study suggest that service providers understand survivors' coping strategies as the personal methods used in dealing with abuse and describe these methods as physical isolation, resistance, minimization, hope, as well as alcohol and drug use. Counselling programs and shelter systems are perceived as essential resources for coping with IPV. However, financial dependence, religion, and limited access to education are barriers that prevent survivors from accessing external services thereby informing their choice of internal coping strategies.

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## CHAPTER ONE: INTRODUCTION

### 1.1 Overview

Intimate Partner Violence (IPV) is a critical public health and social problem (Black, 2011; Dienye, Gbeneol & Itimi, 2014). The prevalence and the consequences of IPV have received attention from researchers over the past years (e.g., Coker et al., 2002; Milani, 2016; Shannon, Logan, Cole, & Medley, 2006; Tjaden & Thoennes, 2000; Wuerch, 2015). Generally, past researchers contributed extensively to understandings of the physical, emotional, social, and mental health consequences associated with IPV (Beeble, Bybee, Sullivan & Adams, 2009; Coker et al., 2002). More recently, researchers of IPV are focusing attention on the factors and processes that buffer or protect against the negative consequences of IPV (Coker et al., 2002; Milani, 2016; Shannon, Logan, Cole, & Medley, 2006; Wuerch 2015). In the words of Rizo (2016), “such research is necessary to identify malleable constructs with the potential to mitigate the negative influence of IPV for the survivors’ well-being” (p. 581). Coping mechanisms of survivors has emerged as an important construct in understanding what moderates between IPV and survivors’ well-being (Calvete, Corral & Estévez 2008; Coker et al., 2002; Milani, 2016; Shannon, Logan, Cole & Medley, 2006; Wuerch 2015). The mechanisms adopted by the survivors of IPV to manage or deal with the consequences of IPV could determine whether their well-being is maintained or whether they would be exposed to greater degrees of risks. Examining these coping strategies, therefore, is essential.

Coping has been defined to include a range of cognitive and behavioral strategies used to reduce, minimize, master, or tolerate the internal and external demands of a stressful or threatening situation (Lazarus & Folkman, 1984; Muller & Spitz, 2003). As will be described in subsequent sections, previous research on survivors’ coping responses to IPV conceptualize coping in a variety

of ways. However, for the purpose of this study, survivors' responses are examined under two overarching themes: internal coping mechanisms and external support mechanisms. The dualistic (i.e., internal and external) approach of examining survivors' response is informed by the definition of coping as provided by Lazarus and Folkman (1984) and Muller and Spitz (2003). This chapter offers an introduction to the phenomenon of IPV and survivors' responses to such experiences in the form of coping through personal and external support seeking strategies. The chapter also sets out the definitional and contextual basis of this research. This study seeks to examine IPV issues related to survivors' coping from the perspectives of frontline workers in IPV institutions.

## **1.2 Definition of IPV**

Intimate Partner Violence (IPV) refers to violence between two people involved in an intimate relationship (Abramsky et al., 2011). It continues to be a problem in all parts of the world though its manifestations vary across cultures (Ellsberg et al., 2011). The term "Intimate Partner Violence" (IPV) embraces a diverse set of actors who characterize it differently depending on the context. The ecological school of thought on the causes of IPV argues that pointing at a single causal factor does not permit proper examination. Rather, the school emphasizes that for a particular man to be abusive, or that a community would record a higher violence rate than others, is a product of the interaction of diverse variables (Heise, 2011). This includes the social histories of the actors, past traumatic experiences, and the personality variables with which the couple enter the relationship. The influence of the context of their daily activities and situational factors are integral to such examinations making it quite a complex process before any conclusions can be drawn (Heise, 2011). The ecological school of thought, among other things, captures the norms which are reinforced by family and friends as well as social structures as the acceptable way intimate partners ought to live and the acceptance of violence in certain contexts and work

alongside religion and other ideologies to inform how violence is seen and dealt with (Heise, 2011). Despite these differences in conceptualizing the phenomenon, commonalities such as physical abuse, psychological abuse, sexual assault, deprivation, intimidation, and/or economic coercion are apparent when defining IPV. The World Health Organization (2010) defines IPV as “behavior within an intimate relationship that causes physical, sexual or psychological harm, including acts of physical aggression, sexual coercion, and psychological abuse and controlling behaviors” (p. 11). This definition helps distinguish IPV from other types of domestic abuse such as child abuse and elder abuse. It also acknowledges that violence can be perpetrated by men as well as women without restriction to marital status or sexual orientations within relationships (Archer, 2006; Capaldi, Kim & Shortt, 2007; Capaldi & Owen, 2001; Hamberger & Potente, 1994; Straus & Gelles, 2017).

This study, however, is focused on male-to-female IPV and how survivors of IPV cope with such abuses. This focus on male-to-female intimate partner violence is due to its high rate of incidence as compared to female-to-male IPV. Globally, the rate of occurrence and the severity of female-to-male violence is much lower among men as compared to women (Kimmel, 2008). The World Health Organization (WHO, 2014) survey estimated that between 15% and 71% of women 15–49 years of age in a relationship have experienced physical and/or sexual violence by a partner in their lifetime, with average prevalence rates between 30% and 60% (Garcia-Moreno, Jansen, Ellsberg, Heise, & Watts, 2006). These statistics are not too far from what prevails in Canada. Women in Canada live at greater risk than men in the context of IPV and approximately every six days, a woman in Canada is abused in an intimate relationship (Sinha, 2013). According to Burczycka and Conroy (2018), there was an overrepresentation of women in the statistics of victims of IPV with as high as 8 out of 10 (79%) in 2017. IPV further comprises the most common kind of violence suffered by women (Ibid).

### **1.3 Prevalence of IPV in Canada**

Sources of information used to measure partner violence in Canada include: police-reported information from the Uniform Crime Reporting (UCR) Survey and the Homicide Survey, and self-reported victimization data from the General Social Survey on Victimization (Sinha, 2013). These data sources produce some complementary yet different types of information on violence in Canada (Sinha, 2013). Every year, both the UCR Survey and the Homicide Survey collect data on criminal offences reported to, and substantiated by, the Canadian police service (Brennan, 2012). These surveys are able to provide trend data and regional level information on IPV, as well as information on the characteristics of survivors, perpetrators, and incidents (Brennan, 2012; Wuerch, 2015). However, as Perreault and Brennan (2010) identify, some data on IPV remain a “dark figure” (i.e., information on criminal incident that are not noticed or documented by the police or self-reported). Notwithstanding the challenges with IPV related data, available statistics suggest that between 20% to 30% of women residing in Canada have experienced violence in the hands of a partner at some point in their lives (Statistics Canada, 2008). Intimate partner violence, including both spousal and dating partner violence, accounts for 1 in every 4 violent crimes reported to police (Sinha, 2013). As of 2011, Statistics Canada reported that there were approximately 97,500 persons victimized by IPV, representing a rate of 341 victimized individuals per 100,000 population in Canada. The vast majority of victimized individuals (80%) were women, which have remained consistently overrepresented over the years. Interestingly, violence against dating partners was more prevalent than spousal violence, with a rate that was at least 1.6 times greater than the rate for spouses (408 per 100,000 population versus 250 per 100,000) (Sinha, 2015). This means that young women are more likely to suffer partner violence in Canada than older women since they are more likely to participate in dating relationships as compared to older women (ibid).

Although IPV is generally said to be on a steady decline as a result of Federal Government efforts, public awareness, increasing social equality, and efforts of anti-violence groups (Canadian Women's Foundation, 2014), the prevalence rates of IPV in some of the provinces is still a source of concern (Canadian Women's Foundation, 2014). For example, Statistics Canada (2013) reports that Saskatchewan has the highest rate of IPV (765 per 100,000 population) when compared to the other provinces. Indigenous communities have faced continued forms of violence in a context of settler colonialism, such as dislocation from lands, the forced removal of children, ongoing targeted violence of Missing and Murdered Indigenous Women, Girls, Trans, and Two-Spirit (MMIWGT2S), as well as genocide (National Inquiry into Missing and Murdered Indigenous Women and Girls 2019). Also, Saskatchewan has one of the highest Indigenous populations in Canada (Statistics Canada, 2008), which the Canadian Women's Foundation (2013) suggests are disproportionately represented among those facing IPV. The Canadian Women's Foundation (2013) version of *Measuring Violence against Women: Statistical Trends* made some vital contributions to IPV literature. The report includes information on dating violence, violence against girls and violence that occurs outside the intimate partner/family context. The report also explores the economic costs of violence for the first time. Adding an economic dimension to the analysis of violence against women is an important undertaking, as it broadens our understanding of individual and societal costs. In 2013, a study conducted by the Department of Justice in Canada estimated that spousal violence against women in Canada cost the country about \$4.8 billion in 2009. Such cost analysis points to the importance of preventative strategies to reduce violence against women and girls in Canada.

In a brief review of existing literature, Brownridge, Taillieu, Afifi, Chan, Emery, Lavoie, and Elgar (2017) observed that there is an elevated risk of IPV among Indigenous women and men. It was noted that Indigenous persons are 2 to 3 times more likely to be victimized by IPV

than non-Indigenous Canadians. It is worth noting that Brownridge (2008) observed that Indigenous women in Canada had been shown to have about four times the odds of IPV victimization compared to non-Indigenous women. Gauthier, Francisco, Khan and Dombrowski (2018) in their study on women living in Indigenous communities further explained that Indigenous women experience IPV at a higher rate than non-Indigenous population of women. In another study that sought to identify the prevalence of abuse and violence before, during, and after pregnancy in a national sample of Canadian women, there were differences in the frequencies of abuse among women. Indigenous women reported the highest percentage of 30.6% and immigrant women reported the lowest (5.5%) (Daoud, Urquia, O'Campo, Heaman, Janssen, Smylie, & Thiessen, 2012).

Research on the perpetration of IPV in Canada reveals a wide array of influences. Notable examples include: patriarchal culture and social norms, immigration and acculturation, religion, developmental exposure and social learning, gender-based expressions of power and control, problems with impulse control and cognitive functions, histories of antisocial behaviors, emotional dysregulation, attachment insecurity, deficits in relationship communication and conflict resolution skills (Murphy, 2013). While these factors have been identified as influencing the perpetration of IPV, it is important to understand how survivors cope with IPV. Consequently, the subsequent paragraphs are devoted to discussing IPV coping.

#### **1.4 Coping with IPV**

The effects of IPV on women are devastating. Research suggests that women who experience IPV are more likely to experience depression, physical injury and mortality, mental health problems, loss of employment and possessions, isolation from family and friends, lowered self-esteem, learned helplessness, and even the loss of their children (Campbell, 2002; Zhang,

Hoddenbagh, McDonald & Scrim, 2017). Colonial policies of genocide, for example, policies that sought to “kill the Indian in the child” through residential schooling and more recent policies such as “failure to protect,” fail to account for the overrepresentation of Indigenous children in the Canadian child protection system while also placing Indigenous women who experienced IPV under further charge of child neglect (Johnson, 2012). The history of violence and trauma experience by Indigenous women in context of ongoing settler colonialism has been criticized by scholarly works (National Inquiry into Missing and Murdered Indigenous Women and Girls (2017) cited in Peters et al., 2018). The higher rates of violence suffered among Indigenous women compared to non-Indigenous women has also been affirmed by Brownridge (2008) and these are sustained by a culture of silence that normalizes violence against Indigenous women and implores that they remain mute about IPV they experience reinforcing continuations of inter-generational trauma (Fikowski & Moffitt, n.d.). In a context of intersecting violence, Indigenous women content with settler colonial structures of violence alongside violence within their communities. In turn, community structures do not create conditions for Indigenous women facing IPV to open up about their experiences (Ibid), which further implies that the reported figures exclude a high number of unreported cases of IPV among such populations.

These impacts can sometimes be more serious when violent behavioral patterns tend to be transmitted to younger generations, creating circumstances in which abusive behaviors are deeply rooted within the histories of families (Bandura, 1978; Keeling & Mason, 2008; Lewin, Lippitt, & White, 1939). To curb the negative impacts, scholars have examined the effectiveness of varying resources and interventions. Aside from these interventions, the sense of agency of survivors of abuse in dealing with the violent acts perpetrated against them is acknowledged in literature (Campbell, 2002; Zhang, Hoddenbagh, McDonald & Scrim, 2013). Such approaches have dispelled previous notions of women in abusive situations as passive (Gondolf & Fisher, 1988).

A growing body of research has identified coping as mediating between IPV and well-being (Waldrop & Resick, 2004). The findings of such studies suggest that IPV survivors use a number of coping strategies to manage considerable stress, escape from the violence in their lives, and establish safety for themselves (Bauman, Haaga, & Dutton, 2008; Brabeck & Guzmán, 2008; Goodman et al., 2005). Some of the approaches to dealing with the negative effects of IPV include using personal coping mechanisms and/or seeking support (Wuerch, 2015). Support can be sought through either informal sources, like family and friends, or through accessing formal services, such as through shelters, counselling programs, and social assistance (ibid). Latta & Goodman (2011) identify that most female survivors of IPV will first resort to personal coping mechanisms, such as avoidance, wishful thinking, praying, and hoping for the better or trying to talk to their partner. As violence gets increasingly severe, survivors tend to seek support from external sources (Davies et al., 2015; Wuerch, 2015).

### **1.5 Focus of the Study**

The focus of this study is to explore the perspectives of frontline service providers within intimate partner violence agencies regarding women's experiences of IPV and their coping responses. The study seeks to extend the theoretical and empirical evidence on IPV by identifying how service providers understand coping strategies among IPV survivors and how these representations may vary from one survivor to another. Since service providers play a key role in the coping process of survivors, identification of these factors from their perspectives could be crucial to understanding the barriers survivors may encounter while trying to cope with IPV. This marks a core basis upon which sound intervention strategies can be formulated to encourage positive and helpful coping among survivors of IPV.



While previous studies examined the prevalence and the consequences of IPV, research examining coping mechanisms of survivors and the factors associated with the adoption of those mechanisms by survivors from service providers' perspective is limited. Most prior studies explored coping with IPV from the perspective of survivors and while this forms an essential body of literature, it is also important to explore the perspectives of service providers since they work directly with survivors through processes of coping. Their perspective will either reinforce and validate the perspective of survivors or bring to light insight into divergences in perspectives that will inform further aspects of IPV understandings that require additional attention. Researchers such as Rizo (2014), Wuerch (2015) and Milani (2016) have called for additional research to understand the complexity of survivors' coping to inform intervention development. In terms of methodology, this study adopted a qualitative methodological approach to allow for in-depth knowledge of service providers perspectives in relation to survivors' coping strategies in Saskatoon. The diversity of the Saskatoon community, which is a settler colonial one in nature, requires that survivors' coping strategies are given detailed examination offered by qualitative approaches to identify the variabilities and nuances that characterize survivors' coping options and service providers perspectives. Based on the existing knowledge and gaps in the extant literature that require further inquiry, the following questions guided the study:

1. How do service providers in Saskatoon understand and describe coping strategies employed by survivors of IPV?
2. What external support resources do service providers perceive as essential to cope with IPV in Saskatoon?
3. What factors do service providers in Saskatoon discuss as key influencers of survivors' choices of coping strategies (internal and external).

## **1.6 Structure of the Thesis**

The thesis is organized into five chapters. Chapter one sets out the context and definitional concerns that guide this work. These include: the overview of the study, definition of IPV, Prevalence of IPV in Canada, IPV coping, the focus of the study, and research questions. Chapter Two provides a detailed review of related literature on IPV, specifically IPV coping mechanisms and choices as well as predictors of the choice of the various coping options. The chapter also discusses intersectionality and its usefulness as the guiding framework for this study. Chapter Three provides a description of the methodology adopted including the research design, research participants/sampling, data generation, interview guide, a description of how the data was analysed, lessons learned, quality criteria, as well as ethical consideration. The fourth chapter presents results of analysis and discusses the findings of the study. The final chapter summarizes the main findings and presents a set of conclusions concerning the coping strategies of women survivors of IPV in Saskatoon. The chapter also makes recommendations based on the conclusions and suggests areas for further research.

## **CHAPTER TWO: LITERATURE REVIEW**

### **2.1 Introduction**

To better understand the nature and extent of IPV and its associated responses by survivors, this chapter first covers a review of relevant literature relating specifically to the objectives of the study by providing insights into IPV survivors' coping, survivors' choice of coping strategies and how such strategies are influenced by a myriad of factors and circumstances. This chapter also discusses the theory that underpins this research. In particular, intersectionality theory is examined, including how this theoretical framework relates to the current study. The chapter then concludes with an analytic overview of the reviewed literature.

### **2.2 Overview of Coping**

Coping ability can be conceptualized as a combination of coping styles and a range of coping schemes (Lazarus, 1993). Coping "is a mixture of attributional style (perceived source of stress, locus of control, optimistic or pessimistic outlook on finding a solution) and personality characteristics, such as risk tolerance, sense of self-efficacy, and introversion or extroversion" (Sahler & Carr, 2009: 493). Coping strategies reflect the repertoire of responses available to individuals that enable them to negotiate the stress associated with the violent experience. Houtman (1990) further contends that coping strategies can be taught explicitly or through modeling. The focus in this context, is on the cognitive appraisal and evaluation of potentially stressful stimuli and the coping processes that consequently may be developed to curb its devastating effect on the individual. Coping styles are rather stable characteristics of the individual or of the social environment in which the individual functions (Schwarzer & Leppin, 1991). Houtman (1990) suggested the classification of these resources in terms of biological traits, psychological resources, and social supports (at formal or informal levels). It is important to note

that there could be differentiating factors that predispose people to specific coping behaviors, leading to a more or less consistent style of coping.

Past researchers classified a range of coping mechanisms adopted by survivors as reactive coping, proactive/avoidant coping (Parker & Endler, 1996; Schwarzer & Schwarzer, 1996; Suls & Fletcher, 1985), assimilative coping, and accommodative coping (Boerner, 2004; Skarra, 2014; Brandtstädter, 2015). Beehr and McGrath (1996) further identified five coping responses from survivors of IPV: 1) preventive coping involves taking proactive steps before the stressful event occurs, or might occur; 2) anticipatory coping is when the individual preempts the possibility of IPV by taking steps to avoid it; 3) dynamic coping occurs when violence has already taken place and steps are taken by the survivor to divert attention from the stress associated with the abuse in order to reduce chronic pain or effect; 4) reactive coping is a remedial approach to the violence suffered by an intimate partner which could be in the form of addressing the situation or adjusting to fit the stressful environment's demands; and 5) residual coping is used long after the IPV related stress by contending with long-term effects, such as controlling intrusive thoughts years after a traumatic violent experience. Coping has also been conceptualized as a process occurring before, during and after the experience of a stressful or harmful event (Manomenidis et al., 2017).

A popular conceptualization of coping is based on Lazarus and Folkman's (1984) stress and coping theory which categorizes coping in terms of problem-focused or emotion-focused. According to the authors, problem-focused coping refers to efforts to deal with the problem by actively approaching and attempting to alter the stressful situation, whereas emotion-focused coping refers to cognitive and behavioral strategies aimed at ameliorating or managing the emotional response associated with the stressful situation (Lazarus & Folkman, 1984). Other coping models classify coping strategies as active versus passive coping strategies (Bandler, Keay,

Floyd & Price, 2000; Brown & Nicassio, 1987). Active coping refers to cognitive and behavioral attempts to deal directly with problems and their effects, while passive/avoidant coping refers to cognitive attempts to avoid actively confronting problems and/or behaviors to indirectly reduce emotional tension, such as smoking (Bandler, Keay, Floyd & Price, 2000). This study, however, conceptualizes women's coping strategies in IPV as internal and external coping strategies, more in tune with Lazarus and Folkman's (1984) classification of coping strategies. As Mitchell (2004) states, "Lazarus and Folkman proposed one of the most comprehensive theories of stress and coping in psychological literature" (p.9).

### **2.3 Internal Coping Strategies.**

According to Meyer (2009) personal resources are situations in which women entangled and victimized within abusive relationships find strength either psychologically or emotionally. This comprises a range of strategies and resources used by survivors of IPV in response to an event perceived as stressful or threatening (Lazarus, 1993). The IPV survivors in the reviewed studies engaged in various coping strategies (Bandler, Keay, Floyd & Price, 2000; Rühls, Greve & Kappes, 2017; Skarra, 2014). For instance, studies such as that of Fernandez-Esquer and McCloskey (1999) found that participants used between one and nine coping strategies to minimize the impact of the violence suffered from intimate partners. The most frequent sources of personal strength for IPV survivors included religious or spiritual coping (e.g., maintaining relationship with God, praying for guidance/strength, or meditating) (Ake & Horne, 2003; Brabeck & Guzman, 2008; Corsini, 2009; Rühls, Greve & Kappes, 2017; Skarra, 2014), wishful thinking (Bauman et al., 2008; Lewis et al., 2006), attempts at personal independence (Bauman et al., 2008), solitariness, conversational engagement with perpetrator, self-preservation, encouraging perpetrators to receive counselling, locking oneself in a room (Brabeck & Guzman, 2008), and placating and resisting (Brabeck &

Guzman, 2008; Goodman et al., 2003). A more detailed explanation of these coping strategies among survivors are explored in subsequent sections.

### **2.3.1 Religious and Spiritual Strategies**

Over the years, several research studies on coping with partner violence have considered the possible influence of religion in legitimating or mitigating the probability of committing partner violence (Ellison, Trinitapoli, Anderson & Johnson, 2007; Ross, 2012;). Some have speculated that traditionalist and/or patriarchal religious ideologies may legitimate, or at least fail to adequately condemn, the practice of IPV (e.g., Nason-Clark, 2000; Shen, 2011). Within this context, a growing body of literature suggests that people often turn to religion when coping with IPV (Drumm et al., 2014; Renzenti, 2017; Rizo, Given & Lombardi, 2017; Ross, 2012; Tin, 2010; Warren, 2017). Religious and spiritual coping strategies are, therefore, regarded as those most frequently used by survivors (Brabeck & Guzman, 2008; Ross, 2012; O'Donnell 2013; Tin, 2010). Potter (2007) for instance, investigated the association between religion and IPV in African American communities in the United States. She concludes that black women depend heavily on religious sources in the face of violence from a partner. Spirituality and religion appear to be a powerful internal response used to counter depression among black women survivors of IPV. Note that African-Americans are evidently more religious and in different ways than the general population in the United States, including their level of association with a religion, attendance at religious meetings, regularity of prayer, and religion's significance in life (Sahgal & Smith, 2009). Drumm et al. (2014) also revealed that religiosity provides relevant means for women survivors of IPV to move from coping for survival to resilient self-worth and healing. In a qualitative study amongst Tamil women in Canada, Kanagaratnam, Mason, Hyman, Manuel, Berman, and Toner (2012) indicate that the respondents mentioned their faith or religious beliefs as a way of coping with the distress of being in an abusive relationship. According to the authors, prayer is a preferred

active coping strategy for some women. For such women, prayer, spiritual beliefs, and relationship with God are perceived as key coping strategies.

Although organized religious institutions serve as sources of informal support (Taylor & Chatters, 1986), many women are more likely to use passive forms of coping, such as prayer, to cope with stress. Survivors who are religious may rely on prayer because it is a culturally validated and private method of coping that may be perceived as safer than direct or public forms of coping aimed at changing the balance of power, the abuser's behavior, and/or leaving the relationship (Waldrop & Resick, 2004). From these studies, it is found that religion and spirituality represent valuable resources for individuals coping with IPV. Some specific religious strategies or activities engaged by survivors as reported across the studies reviewed include: praying, meditating, and maintaining a good relationship with their object of worship.

### **2.3.2 Physical Distancing**

Distancing describes efforts by the survivors of IPV to physically isolate themselves from the stressful location in order to create a positive outlook (Herman, 2015). Warren (2017) argues that abused women (i.e., survivors) tend to isolate themselves in an attempt to affirm their independence from the aggressor. Also, in their study, *Love as a battlefield*, Allison, Bartholomew, Maysless, and Dutton (2007) argued that distancing was employed by abused partners in relationships as a self-restraint approach meant to keep the other partner away when there is no other means of protection. Distancing and territoriality are therefore important internal responses used by women in IPV situations to overcome their oppression. Distancing, in this sense, does not suggest an emotional distancing, but a physical one to prevent physical harm from the abuser.

### **2.3.3 Safety Planning**

Safety planning is another helpful strategy that was documented in the literature on coping with IPV. Safety plans are more or less personalized and practical plans that survivors of IPV use to avoid the stress associated with the violence, including ways to reduce harm and remain safe while in the relationship (Elizabeth et al., 2014; Meyer, 2010; Rizo, 2013). Tetterton and Farnsworth (2011) recommend that service providers assist clients to trust their instincts during safety planning, as they know their abusers' patterns of behaviors best. They added that when practitioners engage their clients in safety planning, empowerment for clients can be achieved when they are made to understand that they can put measures in place to protect themselves while they decide on mechanisms that would help them to continue with the relationship and deal with the abuse (Tetterton & Farnsworth, 2011). Equally, many women choose to leave the relationship to keep safe and out of harm, but unfortunately the monetary and emotional demands that come with such decisions may sometimes overwhelm women. The safety plan is intrinsic as it is a form of self-preservation and protection. Women develop an inner safety plan that can provide a plan of action to implement when they are threatened. Safety planning, therefore, provides an important intrinsic response to IPV among women.

### **2.3.4 Resistance**

While some survivors may decide to leave the relationship for safety reasons, others choose – at times within a context of constrained choice – to actively resist the violence or oppression. Webber and Bezanson (2012) defined resistance as any activity with which women attempt to reduce or eliminate violence, including police intervention, separation, and homicide. Hayes (2013) contends, similar to Gondolf and Fisher (1988), that women adopt certain strategies throughout abusive relationships to show they are not passive. While some of these strategies may seem obvious, they are influenced by the abuser's level of control, the woman's individual



characteristics and her position in the social structure (Hayes, 2013). Pagelow's (1981) early study of women who had sought help in shelters in Florida and California found that 71% of the respondents used violent means in response to IPV. Miller (2005) in a qualitative study of 95 women who had been mandated by the courts into a female offenders' program after arrest for partner violence confirmed Pagelow's assertion. Miller categorized the incident as "defensive behavior," which comprised 65% of her cases. This is what Hayes (2013) described as a self-defense coping approach which holds that IPV survivors use techniques to defend themselves from violence. Self-defense is a common motive for women's violence against male partners (Fernandez-Esquer & McCloskey, 1999). However, violent resistance that gets the most media attention is that of women who murder their abusive partners. Although some of these murders may have involved situational couple violence that escalated to a homicide, most are committed by women who feel trapped in a relationship with a coercively controlling and violent partner (Ali, McGarry & Dhingra, 2016). This means that women survivors may sometimes fight back their abusive partners as a way of safeguarding themselves from being harmed with or without necessarily intending to harm or kill their partners.

#### **2.4 External Coping/Support Seeking Strategies**

Seeking support through informal sources and formal services can affect a woman's ability to deal effectively with the physical and mental health effects of experiencing IPV. Informal support, which includes seeking assistance from family and friends, is the most common help-seeking method used by women experiencing IPV (Ansara & Hindin, 2010; Coker, Derrick, Lumpkin, Aldrich, & Oldendick, 2000). Formal support, which includes accessing resources, such as shelters, counselling programs, and social assistance is becoming more common among women experiencing severe patterns of violence (Ansara & Hindin, 2010; Coker et al., 2000; Fanslow & Robinson, 2010). While literature is not clear on the reason why formal support is becoming more

common, Coker et al. (2000) indicate that women with low education, low income, or living in urban areas were more likely to report IPV. That is those lacking educational and economic empowerment within urban centres were more likely to report IPV cases to external structures. However, this finding remains inconclusive since urban dwellers have more proximity to social services where they could report their experiences compared to rural dwellers. The use of informal supports and formal services is necessary for women experiencing IPV due to the many challenges that may be faced, such as economic distress, financial barriers, and poverty. These are common factors that affect the coping abilities of women in abusive relationship. Therefore, seeking help through these support systems may act as a buffer against economic barriers associated with seeking refuge from IPV. The following sections discuss some external coping measures under the themes of informal and formal coping strategies.

#### **2.4.1 Informal Coping Strategies**

##### *2.4.1.1 Family and Friends*

Family and friends, according to some scholars, such as Latta and Goodman (2011), Prozman, Wong, and Lagro-Janssen (2014), were the first important points of call for women in abusive relationships. Goodkind, Gillum, Bybee, and Sullivan (2003) surveyed 137 women and found that the timely response of family and friends to the abused women improved their well-being. Such trusted support from family and friends provides a sense of security against the aggressor, particularly when survivors need emotional support (Hadeed, & El-Bassel, 2006; Ansara & Hindin, 2010). Emotional support that could come from family relations and friends may include advice, encouragement, and compassion while practical support may comprise financial help, food, transportation, or an offer of shelter (Goodkind, Gillum, Bybee, & Sullivan, 2003). In their study, Goodkind and colleagues established a significant relationship between an

offer of accommodation to IPV survivors who would otherwise be rendered homeless and reduced depression. Coker, Watkins, Smith and Brandt (2003) conducted a study in which 69%-79% of women in IPV situations reported strong or some encouraging family and friends support during the period of violent oppression.

Support from family and friends have also been recognized as a critical resource that helps women recover from their traumatic IPV experiences. Anderson and colleagues (2012) conducted a study assessing the recovery process of survivors involved in partner abuse. They revealed the importance women placed on informal support from family, friends, and supportive employers as well as work colleagues. Most of the women involved in the study indicated that these sources offered emotional support and practical support in the form of resources needed to cope with the abuse (Anderson et al., 2012). In addition, Beeble and colleagues (2009) examined the effects of social support on the wellbeing of female IPV survivors. Findings from the study revealed that women who reported higher levels of social support from family member and friends were more likely to report better quality of life, lower levels of depression, and greater improvement in depressive symptoms. Extending these findings, Suvak, Taft, Goodman and Dutton (2013) investigated four types of social support, including tangible support, self-esteem support, feelings of belonging, and being able to confide in someone. They revealed that “belonging or the perceived availability of people one can do things with, was the only dimension that predicted changes in depressive symptoms when controlling for initial depressive symptom levels” (p. 463). Therefore, when a survivor experiences family support in a form of physical or even emotional presence, she is likely able to cope with IPV.

Aside from the mediating effect of these supports provided by family and friends, scholars have also considered the satisfaction levels of survivors in relation to such supports. For example,

Prosman and colleagues (2014) conducted a qualitative study into why survivors do not seek professional help and revealed that almost all women who sought informal support were satisfied with the support they received from their family and friends. Informal social support was also associated with seeking subsequent formal services, as family and friends may advise women to seek professional help (Ansara, & Hindin, 2010). However, Duffy, Kirsh, and Atwater (2011) caution that seeking informal support by first disclosing IPV experiences to non-professionals can have negative impacts on the survivors, depending on how the confidant responds to the information received. This is what happens in most instances where the confidant is not able to properly manage the situation. Proper management of the situation involves, among others, giving advice that prioritizes the safety of the survivor. When the safety of a survivor is not guaranteed, it can lead to negative impacts such as injury or death. For some survivors, they are unlikely to seek informal support for reasons such as feelings of shame and embarrassment, along with uncertainty about the kind of possible response from a confidant (Simmons, Farrar, Frazer, & Thompson, 2011). To address this situation, Goodkind and colleagues (2003) suggest that it is important for the confidant to refrain from expressing negative reactions following the disclosure. As such, if the confidant is perceived to be accepting following the disclosure, women seeking support are more likely to report feeling that the support received was helpful and may experience better health outcomes (Fanslow & Robinson, 2010). In effect, resorting to informal support is vital when experiencing IPV as it has been shown to be a critical component in improving the lives of female survivors (Latta & Goodman, 2011). Thus, it could be concluded that regardless of whether social support is perceived or received, informal assistance can be beneficial to women experiencing IPV.

Literature suggests that immigrant women experiencing violence generally face more severe forms of violence through their specific position as immigrants, which can include limited

fluency in the host language, disconnection from their contacts and community, and restricted ability to access decent jobs coupled with uncertainties that surround their legal status (Menjívar & Salcido, 2002). It is however interesting to note that although many Indigenous women who experienced IPV never discussed their victimization with the police, nor any other formal organization, about 98% told an informal source, such as a friend, family member, co-worker, or neighbour about the incident. This is somewhat higher than the percentage of non-Indigenous women who confided in an informal source (90%) (Brennan, 2011). In context of settler colonialism, formal services, such as the police, are complicit in the historical and ongoing violence faced by Indigenous women, which makes alternate forms of informal support critical for coping with IPV experiences.

#### **2.4.2 Formal Support**

Across Canada, there are a variety of government-funded agencies whose mandate is to aid individuals victimized by crime. Canada's provinces and territories are individually responsible for the provision of victim services for their respective jurisdictions. The federal, provincial and territorial governments have all endorsed a common set of objectives, which guide the development of policies, programs, and legislation related to victims of crime in Canada. These objectives are articulated in the *Canadian Statement of Basic Principles of Justice for Victims of Crime*. There are common policy types employed including the social services, the justice system, awareness and education (Webber & Benzanson, 2012). These commonalities enable the conceptualization of the Canadian framework for formal support seeking resources available to abused women in intimate relationships. Two major orientations of the framework are criminalization and public health with inputs from federal, provincial and municipal authorities (Webber & Benzanson, 2012).

#### 2.4.2.1 Social Services

Social services such as shelters, counselling programs and social assistance, are resources available to women experiencing IPV (Ansara, & Hindin, 2010). In Canada, referrals to residential services and emergency shelters are among the most common referrals made by service providers (Allen 2014; Juristat, 2015; Munch 2012). Using data from the 2014 Transition Home Survey, the *Juristat* bulletin presents information on shelters for survivors in Canada. The Transition Home Survey (THS), which was developed under the federal government's *Family Violence Initiative*, in consultation with provincial and territorial governments and transition home associations, collected data to profile residential services for survivors and provide information on the clientele being served. The data revealed that 627 shelters for survivors were operating across Canada as of April 16, 2014. Of these facilities, “357 (57%) indicated that they solely serve a population centre, defined for the purposes of the THS as an area with a population of 1,000 or more people. A further 28 shelters (4%) were reported to provide services specifically to rural populations while 72 facilities (11%) were said to provide services to population centres and rural populations only” (Beattie & Hutchins, 2015: 3). The report highlighted that the survey did not collect information on Indigeneity; however, it does ask facilities to indicate whether or not they serve an on-reserve population as well as whether or not it is located on a reserve. It was reported that in the year 2013/2014, 17 facilities (3%) exclusively served an on-reserve population whereas approximately 27% including those who also serve population centres and/or rural populations, indicated that they provide services to an on-reserve population. A total of 32 shelters were located on a reserve, some of which also serve population centres and rural populations (ibid). The diverse social services and how they are distributed is important in understanding their accessibility and the populations they serve. The growth in the numbers of shelters for survivors of family violence further suggests the increase of violence within intimate relationships. Understanding how the

frontline workers in these service centers perceive the situation of their clientele, the coping strategies they regard as effective for survivors, and the factors they perceive as informing the coping and support-seeking attitude of survivors becomes important in improving the welfare of survivors.

There are various types of shelters available to women who have experienced violence and abuse in Canada. Of the women admitted to shelter facilities in 2013/2014, half of admissions were to transition homes (50%) and an additional 41% were to emergency shelters and women's emergency centres, which typically offer temporary short-term accommodations. An additional 3% of admissions were to second-stage housing, which offer long-term secure housing. The remaining 6% of admissions were to other residential facilities including safe home networks, interim housing (Manitoba only), family resource centres (Ontario only), and all other residential facilities offering services to abused women (Beattie & Hutchins, 2015).

Social services are considered essential resources for women survivors of violence seeking refuge (Waldrop & Resick, 2004). Such resources provide economic and emotional support and assistance to develop a safety plan for future protection (Panchanadeswaran & McCloskey, 2007). Social service use for survivors in this context may also help protect women against homelessness and promote independence (Matjasko et al., 2012). Women experiencing violent victimization frequently rely on social services that exist outside of the formal criminal justice system (Sinha, 2013). Shelters are a vital resource because they offer a safer place of refuge, as well as a form of support where women can discuss their personal options, share their stories, and restore their sense of worth and self-determination (Anderson et al., 2012). Shelters also provide an environment where women may obtain the services necessary to aid in the transition and reconstruction of their lives (Anderson et al., 2012; Bennett et al., 2004). Alsaker et al. (2008) explored the quality of life

of survivors of IPV after leaving violent relationships. They sampled survivors who were seeking refuge from shelters and found that, one year after staying at the women's shelter and leaving their abusive partner, women reported significantly better mental health, social functioning, and vitality when compared to their baseline scores.

In addition, research has revealed that shelters, crisis centers, and survivors' assistance programs are the most commonly accessed formal services among women suffering from severe violence. Ansara and Hindin (2010) observed that these services are becoming increasingly important for women to ensure their continued safety and address the consequences that may result from the experience of IPV. Likewise, Panchanadeswaran and McCloskey (2007) analyzed data from a ten-year longitudinal study to explore the factors associated with the decision to exit an abusive relationship. Their findings suggest that shelters provide a vital means of support for women experiencing abuse, especially when planning to leave an abusive relationship. This study also indicated that women facing abuse in intimate relationships who do not utilize shelter services could take longer to leave the violent situation.

In the context of formal support, counselling programs are also cited as an effective resource for women who have suffered IPV (Ansara, & Hindin, 2010). Counseling is the process that occurs when a client and counsellor set aside time in order to explore difficulties which may include the stressful or emotional feelings of the client (Rogers, 2012). It provides women survivors an opportunity to address and reflect on the impact of the violent situation on their lives and empower them to regain self-efficacy (Bennett et al., 2004). Emotional and social supports, which are often associated with counselling, have been shown to modify the effect of IPV on mental health consequences (Pico-Alfonso, Garcia-Linares, Celda-Navarro, Blasco-Ros, Echeburúa & Martinez, 2006). For example, researchers such as Awa, Plaumann and Walter



(2010) investigated the positive effects of intervention programs on burnout and concluded that counselling service may improve self-esteem, assertiveness, social support, coping abilities, and self-efficacy for survivors of IPV. Also, these services provide important information about violence, offer support for women seeking refuge, allow women to feel safer, and may improve their self-efficacy, coping skills, and decision-making ability (Anderson et al., 2012; Bennett et al., 2004).

Further, formal resources are viewed as instrumental in the recovery process and are deemed vital in improving quality of life (Moe, 2007). As a result, women who have accessed formal services tend to report positive experiences from these supports (Anderson et al., 2012; Sayem et al., 2013). Rollins and colleagues (2012) conducted a longitudinal study on 278 female IPV survivors and found that housing instability and level of danger in an abusive relationship were both strongly associated with negative health outcomes. Wuerch (2015) contends that improving quality of life is a protective factor against violent victimization, and has been shown to increase opportunities for self-determination and autonomy among female IPV survivors. These findings suggest that quality of life is an essential component in the recovery process and that the utilization of social services is a vital component in maintaining quality of life in female IPV survivors (Rollins et al., 2012). However, it is worth noting that though these benefits are cited and known, women face several barriers that prevent them from using formal services (Coker et al., 2003). For instance, Coker et al. (2003) revealed that 58% of women do not seek help from professional services (i.e., health services, mental health services, support groups, crisis service or hotline). These researchers maintain that several barriers, including awareness of available services, their importance to IPV survivors, and the cost of services all restrict IPV survivors from seeking support. Of the women who sought formal support, 85-100% reported that the support was helpful, underscoring that formal services can positively impact the lives of IPV survivors.

Likewise, in their qualitative study on the barriers associated with seeking formal support by IPV survivors, Simmons and colleagues (2011) revealed that there is a general lack of knowledge about what services are available. Interestingly, 28% of women suggested that there needs to be improved community awareness of resources, and 26% suggested that formal services need to improve upon the level of comfort offered for the survivors seeking help (Moe, 2007). Therefore, it is important to further assess the relationship between informal support, formal services, and quality of life in order to corroborate previous research findings and add to the existing literature.

#### 2.4.2.2 *The Justice System*

The criminal justice system enforces and administers the Criminal Code of Canada. According to Schneider (2007), Canadians have witnessed some important changes in the criminal justice system. Generally, at the national and provincial levels, violent acts perpetrated against women are seen as crimes against the state rather than as a private matter. This commitment saw the creation of pro-charging policies for spousal violence in the 1980s, which removed the burden of the decision to lay a charge away from the survivor and onto the police (Statistics Canada, 2013). The creation and growth of domestic violence courts was another notable specialized response to spousal violence (Johnson, 2006). Legislative changes have also been introduced to address specific types of crimes where women are disproportionately abused. *Criminal Code* amendments have included the repeal of the offence of rape and the creation of sexual assault offences in 1983, and the introduction of the offence of criminal harassment in 1993 (Statistics Canada, 2013). The above procedural and legislative institutional changes have accompanied an emergence of formal support services for persons victimized by violent crime, notably shelters for abused women and sexual assault centers (Johnson & Dawson, 2011).

Despite the changes in responses to IPV, women who suffer violent victimization are largely not willing to report to the legal system or formal sources of support for help (Statistics Canada, 2016). Past research reveals that survivors may only be willing to approach the criminal justice system for support and protection when the abuse becomes severe in nature (see, for example, Bonomi, Holt, Martin & Thompson, 2006; Hoyle & Sanders, 2000). A more recent study by Meyer (2011), identified the most common form of formal help-seeking as talking to the police, which became increasingly important once the abuse started to escalate in frequency and severity. Meyer's study revealed that 44.8 percent of the survivors indicated calling the police or presenting themselves to a police station in person on one or more occasions throughout the abusive relationship. Likewise, some survivors also indicated they had contact with the police after the police had been called by a third party, usually a neighbor (Meyer, 2011). Almost half of the survivors (44.8%) said they had no contact with the police in relation to IPV while a little more than half (51.7%) had no IPV-related court contact during or after the abusive relationship. Similarly, less than half (34.5%) had contact with a court as part of a Domestic Violence Order (DVO) application or criminal proceedings against the abusive partner that were initiated during the abusive relationship, while 13.8% did not apply for a DVO until they tried to separate permanently (Ibid).

Meyer (2011) further adds that while the observed help-seeking rates from the criminal justice system as a response to IPV are significantly higher than the 15% to 25% generally observed in random national samples, they are comparable to rates observed in other small- and large-scale high risk samples accessed through survivors services, emergency departments, or the police. These observations indicate that by the time many survivors approach the criminal justice system they are often in great need of support, empowerment, and protection. A failure to meet

these needs when survivors come forward can thereby have a detrimental effect on their long-term safety and well-being.

Kaukinen (2004) studied survivors to understand how race influenced the justice seeking behavior of survivors. The study concluded that white women were more likely to seek help from the justice system and increasingly escalate their help seeking behavior further to gain attention and support than women in other racial categories who tended to be less vigorous and demanding in their search for help. While this reveals the urge of survivors to ask for help, one must examine systemic racism affecting responses of the justice system to calls for help from women across the racial spectrum as well as systemic inequalities that affect whether minority women are able or willing to rely on justice institutions.

In 2003, Wolf, Ly, Hobart and Kernic focused on understanding the factors that hindered women's ability to seek support from the police. The researchers concluded that cultural and ethnic backgrounds limited the ability of the survivors to rely on the police for support. Of concern to some of the respondents was the fear of how the police will react to their complaints as well as uncertainties surrounding help-seeking from the police. In response to these difficulties, some countries such as Canada introduced pro-women legislations in the 1980s to protect and advance the rights of women in homes (Braaf, 2008; Douglas, 2008). In most provinces, including Saskatchewan, these policy reforms addressed the need for specialized police training in IPV-related matters, protocols to govern the collection of evidence, and a shift toward pro-arrest policies (Braaf, 2008; Meyer, 2011; Rollings & Taylor, 2009). The justice system, therefore, has a significant role in the way IPV is resisted.

However, systemic and racialized barriers remain prevalent in justice systems in Canada. In particular, the police have been identified for continued violence and abuse against Indigenous

women in the context of ongoing settler colonialism. In Saskatchewan for example, Human Rights Watch (2017) has documented up to “64 alleged cases of violent abuse against Indigenous women at the hands of the police” (p.8). Actions such as the use of excessive force, sexual harassment, and questionable body and strip searches by male officers have been identified. Such continued violence creates ongoing barriers for Indigenous women to access or rely on formal forms of resistance to IPV.

## **2.5 Factors that Influence Women’s Choice of Coping Strategies**

The decision to pursue a particular intrinsic or extrinsic coping strategy may be informed by a myriad of factors. Hyman, Mason, Guruge, Berman, Kanagaratnam, and Manuel (2011) discussed the problem of IPV among immigrant Sri Lankan women in Canada. Their study indicates that financial dependence on male income sources made Sri Lankan women less capable of resisting and responding to IPV. Where financial capacity among women was pronounced, there was a better likelihood that women will choose effective severance choices from relationships that were inimical to their wellbeing. Also, Postmus, Plummer, McMahon and Zurlo (2013) found a significantly positive relationship between financial literacy with economic empowerment and that IPV survivors can exercise greater independence if they are economically empowered. The ability of survivors to stay financially secure and independent affects the decisions they make concerning what approach to take in the context of violent relationships. IPV experience is also associated with unemployment among the survivors (Kimerling et al., 2009). That is, economic insecurities do not only predispose women to IPV experience, but the IPV experience too often further worsens their employment and financial status. These situations would be expected to reduce their ability to afford quality support or coping options. The capital demands in say, going to court, can discourage many women managing economic constraint alongside surviving IPV from seeking help from formal and informal institutions.

Rhodes, Cerulli, Ditcher, Kothari and Barg (2010) examined the role of children in the decisions of IPV survivors. They found that women stayed in IPV situations due to a desire to not let their experience interrupt the growth and development of their children. Mothers tended to work to keep the family together as well as avoid the intricate influence of the legal system on the lives of children. Further, in a study by Oweis, Gharaibeh, Al-Natour and Froelicher (2009) in a low income setting in Jordan, women survivors of IPV remained in the abusive relationships in order to avoid the stigma that comes with divorce and separation. Another reason for remaining in a relationship according to Oweis et al. (2009) in spite of experience of IPV, is that their families of origin compel them to stay and cope for the sake of the children. Women who leave IPV relationships are sometimes robbed of their children. Nyström and Axelson (2002) further identified that women suffer substantial emotional strain when they are separated from their children. That is, both the negative stigma of single mothers alongside a desire to protect children's stability and avoid the emotional strain of separation of children makes them choose to endure IPV and adopt internal coping strategies. In that sense, a relationship with no children might elicit a different, even opposite response because there are less "strings" tying survivors to the residence of the perpetrator. Without immediate dependents, women might choose to pursue a more formal, legal process for protection in the absence of the additional emotional stress of having children going through the process with them. Similarly, Kernic, Wolf, Holt, McKnight, Huebner and Rivera (2003) explored the experiences of children of abused women and found that children who had witnessed consistent abuse of their mothers developed high anxiety disorders, delinquency, and other behavioural challenges later in life. For this reason, women are torn between the risk of potentially losing their children through state-intervention and protecting their children's long-term emotional wellbeing by pursuing supports that can come from formal, legal actions, family support, church support, and social service bodies. Women's choice and constraints in coping with

IPV can therefore be understood in relation to their emotional attachment to and care for their children.

Fanslow and Robinson (2009) studied the impact of emotions on the IPV situations of survivors and discovered that many women, about 40% in their study, had reported their IPV situation to informal and formal support networks. However, they received very little aid and commitment from these bodies. The result was that such survivors remained in contexts of ongoing violent victimization until the severity of abuse reached a climax. Coker, Derrick, Lumpkin, Aldrich and Oldendick (2000) showed the same concern when they concluded that IPV women received little support from formal and informal sources despite the fact that an overwhelming majority, 53% of women, experiencing IPV sought help from social service bodies as well as informal supports. These results highlight the fact that women survivors' decisions to ask for social intervention and support can be predicated on the response they receive from the community. Where help is forthcoming, IPV survivors will be more likely to pursue the option of having family and social services intervene. But when there is no response from these sources, survivors might realistically determine their safest option is to undertake other courses of self-protection, resistance, and action.

The decision to leave an abusive relationship generally occurs when the severity of abuse threatened the physical safety and wellbeing of the survivors (Fanslow & Robinson 2009). The level of severity of IPV can thereby determine for survivors what course of action to take. For this reason, not all IPV situations are the same. In Coker et al.'s (2000) work, severity of abuse was key in the decision of survivors to seek help. They observed that highly educated women sought help quicker when they suffered severe abuse. Since privileged women face less systemic barriers,

it is not surprising that educated women will not hesitate to demand institutional and family support when they face severe forms of intimate relationship abuse.

Another determinant of IPV coping strategies is the level of education. Ingram (2007) analyzed Latino and non-Latino IPV situations. He came to the realization that below college educated non-Latinos suffered greater IPV than their Latino counterparts. But this did not translate into equal support seeking behavior. Rather, non-Latino IPV survivors, despite their lower levels of education, sought institutional protection and help against abusers. Therefore, education may be central in the choices IPV survivors make in violent situations, but it is ultimately a number of systemic factors alongside their commitment to self-preservation that might determine how women use their education to demand help. Akers and Kaukinen (2008) equally reveal that education does not necessarily impact the way women survivors of IPV report their plight to the police. But this finding does not explain other IPV strategies that might be influenced by educational exposure of the survivors.

Lastly, geographical location is another influencer in the coping strategies of IPV survivors. For instance, Shannon, Logan, Cole and Medley (2006) examined rural and urban women's help-seeking, coping, and perceptions of the helpfulness of resources used in dealing with IPV. Their findings generally suggest that women from both areas utilized a variety of help-seeking resources and coping strategies in significantly different ways. The study showed that urban survivors sought help from more sources than rural survivors. In particular, urban survivors were more likely to seek help from the police, survivors' advocates, friends, and access drug and alcohol treatment. On the other hand, rural survivors were more likely to seek help from lawyers. In terms of perception about the justice system, the study further revealed that rural women perceived the justice system services as less helpful than urban women. Again, significant differences were



found regarding the coping and help-seeking strategies used by rural and urban IPV survivors (Shannon et al., 2006). Emotional support, positive self-talk, and exercise/meditation were found to be common among urban survivors, whereas rural survivors favored self-denial strategies as a means of coping. This implies that survivors cope differently depending on the geographical location in which they find themselves and their access to appropriate supports. Hence, geographical setting is said to play an integral role in the coping strategies adopted by survivors of IPV.

## **2.6 Theoretical Framework**

This section provides an overview of existing theoretical discussions about survivors' responses to IPV. In explaining or describing phenomenon such as IPV, numerous theories are employed depending on some factors. The subject and setting of this study give reason for intersectionality framework to be employed in explaining the coping strategies of IPV survivors in Saskatoon. However, the section begins with brief overviews of the survivor theory and the feminist theory to understand how previous studies have applied them in similar studies on IPV coping strategies. The shortcomings of the survivor theory and the feminist theory for the current study have also been presented in this section.

### *2.6.1 Survivor Theory*

Theoretical perspectives on coping experienced some changes in the late 1970s when Lazarus and other scholars moved from the earlier view of coping as categorized into harmful and unhelpful coping styles. This has led to the second stream of theorizing coping in terms of a process that evolves over time. The central tenet of these approaches is that, survivors' coping responses to IPV experiences were considered as a process of adapting to trauma, and that such responses may change in nature and extent depending on the severity of the abuse (Cluss et al.,

2006). One major prevailing theory belonging to this second stream is the *Survivor Theory* by Gondolf and Fisher (1989). Initially developed as a response to Walker's work on "learned helplessness," Gondolf and Fisher incorporate the "coping as a process" perspective to elucidate how survivors of IPV cope in an abusive relationship. Gondolf and Fisher (1998) studied the coping responses to IPV using over 6,000 shelter residents in Texas. A major conclusion from the study was that survivors reported increasingly proactive responses when experiencing more severe forms of abuse. These findings led to a theoretical response to earlier work on survivors' coping, which suggested a decrease in likelihood of proactive help seeking decisions with increasing abuse severity and frequency (Walker, 1979). The survivor theory assumes that abused women's coping strategies change with a shift in the experienced severity of violence (Gondolf and Fisher, 1988). Survivor theory suggests that survivors' likelihood of relying on emotion-focused strategies decreases with prolonged exposure to increasing abuse severity. Survivors relying on emotion-focused coping mechanisms usually use their internal resources to cope with the abuse rather than seeking support from informal or formal resources. This may include attempts of denial, wishful thinking, self-blame, withdrawal, self-talk or positive appraisal (Davies et al., 2015; Taft et al., 2007). Lazarus (1993) was of the view that this form of coping was associated with personality traits. The increased severity of violence is said to push survivors into problem-focused coping strategies (Gondolf and Fisher, 1988; Gondolf et al., 1990). Problem-focused strategies focus on changing the stressful situation through seeking support from external sources or exiting an abuse relationship (Lazarus, 1993; Taft et al., 2007). However, some researchers suggest that survivors who engage in problem-focused coping decisions may first employ emotion-focused strategies prior to making proactive support seeking decisions (Folkman & Lazarus, 1985; O'Brien & DeLongis, 1996). This is in tandem with the assumptions of the Survivor theory, which suggest that survivors would resort to internal resources at the initial stage of violence and progress to

support seeking with severity of violence. The survivor theory credits women with the capacity to create novel strategies of coping and acknowledges the efforts of the survivors in seeking help from formal or informal sources.

Though the survivor theory offers a framework for the analysis of IPV coping strategies, it fails to offer the needed explanation suitable for the complex setting of the study which is characterised by a settler-colonial context. Aside the fact that the theory is quite old, the shortcoming in explaining the phenomenon under study using the multiple dimensions of colonial-settler, patriarchy and religion makes it inadequate for the current study in spite of its applicability in other settings.

### *2.6.2 Feminist Theory*

Feminist theories are the theoretical and philosophical examination of the subject of feminism. In general, feminist theorizing focuses on gender inequality and explores issues relating to the social construction of gendered roles and corresponding forms of inequality. Some key thematic areas of focus in feminist theory include issues bordering on gendered discrimination, sexual objectification, oppression, patriarchy, and stereotyping (Gilligan, 1977; Lerman, 1990). According to Shinde (2020) “twenty-first-century feminists need to become a force for literate, civil democracies. They must oppose dictatorships and totalitarian movements that crush the liberty and rights of people, especially women and girls” (p. 4712). Feminist frameworks are rooted in a generalized stance against discrimination and gendered oppressions, with particular emphasis on the oppressions faced by women and girls. Feminist theory offers a lens or viewpoint that seeks to understand the human behaviour in society by placing women and the issues faced by women in contemporary contexts (Lay & Daley, 2007). The focus is to unveil the inherent value of women and fight against systematic discriminations that women face because of their gender

(Chinn & Wheeler, 1985 cited in Lay & Daley, 2007). Lay and Daley (2007) explained that by adopting a feminist theoretical viewpoint, the analyst is able to explore the intersectional forms of oppression that occurs at the point of intersection of the socio-political, economic, ethnic, and cultural contexts within which individuals, groups, families, and organizations find themselves. That is, the framework focuses on variables that characterize the environment of the entity (individual, group, family, or organization) under consideration and how these variables collaborate to result in oppressive situations for the individual under consideration. To most people, the main “entity” that comes to mind at the mention of the feminist theory are women’s rights; however, Lay and Daley (2007: 50) argued that this view “is both simplistic and reductionist.” Rather, they argue that the theory focuses on more comprehensive issues than such assumptions seek to limit it to. Like the scholars who assumed quite a simplistic view of what feminist theory captures, Flax (1999) also held that the main objective of the theory is to delve into the power differences that exist between men and women. Thus, again the objective is concerted efforts aimed at altering oppressive structures and also to translate the abstract ideas of the theory to more concrete actions that harnesses power to support women (Flax, 1999).

From the foregoing, feminist theoretical framework in terms of this study explains the causes of the variables that determine why women suffer disproportionate forms of violence, discrimination, and oppression. From a broader perspective, the framework also reinforces an ideological standpoint directly opposed to portrayal of women’s experiences of violence through victim blaming (Yick, 2001: 555). The theory only has partial efficacy in giving meaning to the variables that combine to account for the experiences of women intimate partner violence and factors that influence the coping strategies available to and adopted by survivors of IPV. Incorporating intersection feminist frameworks, expand early feminist theories to allow for adequate analysis of elements such as religion, race, minority status, and other factors that may

intersect to inform the coping strategies of women IPV survivors. Theories focused on self-determination, empowerment, and autonomy of the woman may come at odds with women who are from backgrounds where the collective system (the family) is cherished above individual welfare (Yick, 2001). Thus, an intersectional framework is necessary to account for the diversities that characterize Canadian population and its women in terms of race, coloniality, patriarchy, and concerns of religion and how they play into IPV survivor coping strategies.

### 2.6.3 Intersectionality

Crenshaw (1989) is credited with introducing and developing the theory of intersectionality. She presented intersectionality as a way of explaining violence committed against women of colour in the context of interactions of race and gender in her article titled *Demarginalizing the intersection of race and sex: A black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics* (Crenshaw, 1989). Building on this work, in *Mapping the Margins: Intersectionality, Identity Politics, and Violence Against Women of Color*, Crenshaw (1990) further pointed out how racism and patriarchy interacted in relation to violence against women of colour. This theory was introduced as a better alternative to other theories that attempted to explain the marginalization and abuse of women while ignoring systemic inequalities and barriers faced differentially by women. Those theories, including early feminist theories tended to focus exclusively on patriarchal forms of oppression at the expense of alternate forms of systemic inequalities, such as heteronormativity, racialized violence, economic disparities, etc. As a result, such theorizing was incapable of accounting for the experiences of women of colour facing violent forms of victimization, including IPV.

According to Gopaldas (2013), intersectionality refers to how various structures, such as race, class, and gender interact in fostering experiences of privilege and oppression. In effect,

approaching this study on the basis of intersectionality means that the coping strategies of IPV survivors in the study setting, all things being equal, are shaped by multiple societal constructs that are present around them. Intersectionality takes into account the overlapping experiences and identities of people in order to understand the intricacy of prejudices they face (Sieber, 2017).

Indeed, the influence of intersectionality as a theory extends beyond academia into international discourses on human rights (Carastathis, 2010). This is because references were made to it by the United Nations (U.N.) Beijing Platform for Action (2000), the Committee on the Elimination of Racial Discrimination (2000), and the U.N. Commission on Human Rights, which in its resolution on the human rights of women acknowledged the importance of examining the intersection of various forms of discrimination (ibid).

This framework is necessary to examine IPV experiences of women in the context of ongoing settler-colonialism in Canada, particularly prairie contexts, such as Saskatoon. Therefore, the coping strategies of IPV survivors in Saskatoon will be approached along the lines of the intersections of racialization, colonialism, and patriarchy.

#### *2.6.4 Coloniality and Empire in Canada's Welfare System*

Pon, Gosine and Phillips (2011) explored the overrepresentation of racialized persons in welfare services, namely, Indigenous people and Black children in Canada. They argue that this problem is rooted in the post-war mentality of white supremacy that shaped policy and the state's response to social challenges in the family. Crafting government responses to welfare within a context of coloniality and possession made minority children objects of possession within the national welfare system in Canada. Like Pon, Gosine, & Phillips, Thobani (2007) acknowledged the embedded racism against racialized children, Blacks, and Indigenous people that has affected Canadian welfare institutions. While raising problems with state intrusion into the family system

of minorities, Pon et al. (2011) argue that it is insufficient to adopt anti-oppression approaches to address the inherent racism that plague the Canadian welfare system. They contend that white supremacy and its disruptive effect on child welfare should be countered through anti-colonial and critical feminist perspectives. Decolonizing the welfare state is thus shown to be critical in order to effectively transcend the boundaries of progress and inclusivity. This has important implications for how the welfare system treats Indigenous survivors of IPV. Indigenous women survivors are likely to be attended to in a way that contradicts the normal structure of their society since the system is founded on colonialism and genocidal policies of forced dislocation, removal, and state-sponsored violence.

Heron (2007) also examined identity formation among white women working in African countries. The white sense of identity, a superior self, is itself based on a relationship with non-white identities around the world. This relational identity is grounded in the idea of empire and its colonial legacy of racism, white supremacy and development inequality. The self, the white self, is therefore one that is gained through othering non-white bodies and cultures as invariably different, strange, and even less developed. This way of othering is thus an indirect way of furthering colonial discourses of difference and reinforcing notions of racial superiority, possession, and power. In the process, white women's desire to continue to uphold colonial structures of inequality impress the need to "help" the "other" through the power and privilege whiteness offers while reinforcing normalized structures of inequality. White superiority thus legitimizes entitlements which, in turn, impels an obligation towards non-white bodies. This theme of coloniality is important because, as Heron (2007) notes, white sense of superiority pervades official development work and invariably the welfare system in Canada. This sense of superiority in the context of this study potentially limits the extent to which Indigenous survivors can be empowered in self determined and autonomous ways to cope with IPV. This also reveals how the

system of welfare is of less benefit to Indigenous women and minorities in contexts of ongoing coloniality and settler-colonial contexts, such as Saskatoon.

Similarly, Landertinger (2017) argues that whiteness, race, and empire were the lenses through which the child welfare program in Canada from the 1880s to 2000 was constructed and should be examined. Situating child welfare within the context of nation-building, Landertinger (2017) contends that care for children, specifically white children, was pursued as a means to empire. That empire building process, colonial as it was, relegated others, that is, non-white children, to the fringes in early welfare initiatives in Canada. By centering attention on white children in Canada's welfare system, Landertinger (2017) demonstrates that coloniality informed the formation of early Canadian child welfare programmes and continues to affect the form and shape of the welfare system. In a ground-breaking work, Valverde (2007) details how the Canadian process of nation-building was raced and gendered. The discourse of social purity and moral reform in Canada was dominated by Anglo-Saxon settlers who sometimes imported their social ideas from the United States and the mother country, Britain. In this process, minorities and women were subjugated to the moral imperatives imposed by the rich Anglo-Saxon patriarchy who sponsored and were shaping the process of Canadian nation-building. Concern about white children's morality and purity fed from notions of perpetuating empire with children at the centre of the goal. In the process, the welfare state and institution became fixated on white rather than minority children and women in crafting responses to social ills.

These scholars all highlight the role of coloniality in shaping the Canadian welfare system including the specific institutional culture that eventually pervaded that system. Extending the colonial imperative of power and possession, the Canadian welfare system became a means to disproportionately gain custodial responsibility over Indigenous and racialized children. Also,



attitudes towards clients and service seekers of the Canada welfare system are informed by the history of colonial state-building in which the system essentialized the interest of some groups more than others based on race and gender. As indicated earlier, a welfare system rooted in colonialism and white supremacy essentially is of less benefit to minority races in terms of the support they may receive in coping with IPV. Alongside continue mistrust fostered through the forced removal of children into residential school and forced dislocation of Indigenous people from their lands, the gendered and racialized construction of social interventions further creates the tendency for survivors to seek informal help over formal help.

### *2.6.5 Patriarchy*

Patriarchy is referred to as the “power of the fathers” (Kesselman, McNair, & Schiedewind, 2008, p. 10). It is “the grand narrative that influences us all, often invisibly” (Dickerson, 2013, p. 102). It continues to have an important place in understanding some types of IPV. However, the historically persistent patriarchal social structure has been offered as the primary explanation of IPV (Stark & Flitcraft, 1996). A significant feature of patriarchy is an ongoing gendered power imbalance. Gendered power imbalances influence perpetration and survivors’ interaction with support systems, including the justice system and other anti-violence agencies. In overt patriarchal settings, men are considered as authoritarian figures in women’s lives. Violence is as a result of learned behaviours rooted in gender inequality that dictates men to exert power and control and women to accept and normalized violence. In some instances, violence is still too often viewed as “keeping a woman in line” thereby perpetuating repression and suppression (Omvedt, 1986).

Gendered power imbalances within intimate relationships fuelled by cultural influences foster feelings of shame and self-blame in some survivors (Archer, 2006). Patriarchy suggests that women bring violence upon themselves by being disobedient. As a consequence, some women

experience emotional and physical punishment as a justifiable response for disobeying traditional patriarchal expectations. In this context, women might feel it necessary to apologize to the perpetrator. For such groups of women, the likelihood of reporting violence or seeking external support is further decreased (Doerner & Lab, 2005). While power imbalance related to shame and self-blame are likely to have the same effect on women experiencing IPV in western cultures, such as Canada, the impact is greater for ethnic minority groups and migrant women marginalized in Canadian contexts (Andrews, 2000).

### *2.6.6 Race*

One fundamental characteristic of intersectionality is that women of colour and racialized women have experiences with race and gender that white women cannot relate to or understand (Juan, Syed, & Azmitia, 2016). In effect, apart from their gender, their ethnicity and race places them in a situation of potential relative disadvantage; thus, they are likely to cope with IPV in different ways compared to white women. According to Lipsky, Caetano, Field & Larkin (2006), “[s]pecific help-seeking behaviours were significantly associated with race and ethnicity among IPV victims, with non-Hispanic white and black women more likely to use housing assistance and emergency department services and black women more likely to use police assistance compared to Hispanic women” (p.81). While the exact situation may not be reflected in Saskatoon, Lipsky, Caetano, Field and Larkin (2006) give credence to the fact that race may play a role on how a survivor will cope with IPV.

In Saskatoon, up to 17% of the population identify themselves with various minority ethnic groups (World Population Review, 2019). Despite being in the minority, Indigenous people were the first to inhabit the area with a population growing by 382% between 1981 and 2001 in the city (ibid). In a context of settler colonialism, racialization and indigeneity are significant

characteristics shaping social response efforts and service provision in Saskatoon. As this study will further explore, in line with the intersectionality theory, help-seeking and service provision both have racialized dimensions that affect coping strategies among IPV survivors.

## **2.7 Summary**

This chapter summarized the relevant literature about coping strategies adopted by women survivors of IPV. The first section of the chapter provided an understanding of what coping is and some characterizations of coping available in literature. The next section considered individual coping strategies that survivors themselves use to manage the stress related to the experience of violence. Existing literature identifies that survivors generally use their innate capabilities and resources alongside self-determined actions in response to violent situations. The section further discussed the formal and informal support survivors resort to when trying to cope with IPV. Again, it was revealed that individuals mostly seek informal support from family and friends, rather than formal support. Often formal support may be sought in addition to informal support rather than in isolation. The literature also highlighted the progression from personal coping to informal and then formal coping as violent acts perpetrated against a victimized individual become increasingly severe. The section also reviewed factors that influenced the choices and constraints affecting choices of coping strategies amongst women IPV survivors. Some factors such as the presence of children in abusive relationships, financial dependence, abuse severity, safety, level of education, and geographical location influence the coping choices available to survivors. The last section discussed intersectionality, colonialism and patriarchy as the theoretical frameworks guiding this study to understand women's strategies and responses to IPV. Overall, the existing literature and theoretical frameworks discussed in this chapter provide the foundation for qualitative methodology underpinning this study.

## **CHAPTER THREE: RESEARCH METHODOLOGY**

### **3.1 Introduction**

This chapter covers the methods and procedures used in undertaking this study. It consists of the research design, research participants/sampling, interview guide, data generation, data analysis, lessons learnt, quality criteria, as well as ethical considerations.

### **3.2 Qualitative Design**

Choosing the method best suited to the line of inquiry in question is vital to obtaining excellent data. In an effort to expand the literature on IPV survivors' coping strategies, this study adopted a qualitative design to achieve its aims and objectives. Qualitative approaches emphasize depth and nuance as well as words and meanings in the collection and analysis of data (Bryman, 2008). In other words, such approaches are concerned with exploring and understanding the meanings, perceptions, and definitions people ascribe to social situations (Creswell 2014; Liamputtong, 2009), rather than emphasizing a generalization of the findings to a wider population (Ibid). For Austin and Sutton (2014) not only does qualitative research offer opportunities for understanding complex and nuanced situations, it also provides the researcher unique opportunities to expand their understanding of a social phenomenon. Alongside the intersectional framework which provides a structure for describing how race, class, and gender relate in creating experiences of privileges and oppression, the qualitative design offers insight into how the coping strategies from the perspectives of service providers in the study setting are shaped by multiple societal constructs. The kind of coping strategies that survivors adopt and the reasons for their adoption have also been described based on the research approach and the theoretical framework deployed. The different coping strategies employed by women survivors of IPV across diverse abuse severity levels were explored using the subjective focus of the qualitative design adopted.

The study made use of descriptive thematic analysis within the qualitative approach. According to Braun and Clarke (2006) “thematic analysis provides a flexible and useful research tool, which can potentially provide a rich and detailed, yet complex account of data.” (p.5) Examining the individual lived stories of the survivors of IPV from the perception of the frontline workers offered an understanding of how professionals perceive their clients and coping strategies since their perceptions are important in determining how they are helped. As a study seeking to understand the perceptions of anti-intimate partner violence frontline workers on how IPV survivors cope with abuse, this approach provided an avenue for me to ask series of open ended and follow-up questions without imposing my views on the participants. Consequently, the design provided the platform for deeper understanding of the views, opinions, and perceptions on survivors’ coping strategies as described by service providers through in-depth interviews (Creswell, 2007).

This approach was apt because the aim of the study was to explore the perspectives of service providers working in anti-IPV agencies in Saskatoon, with respect to their knowledge and experiences on the ways IPV survivors cope. This approach aligned with the aims of coming to terms with the “whats,” “hows” and “whys” of such perceptions (Denzin & Lincoln 2005), thereby obtaining in-depth, rich, and descriptive information (Abrams, 2010). The descriptive thematic approach further offers the advantage of flexibility (Braun & Clarke, 2006) in the data collection phase where I followed the stories as they unfolded during the interviews conducted with the service providers. This offered me the platform to unpack the nuances that would otherwise not be uncovered using a rigid approach which does not permit flexibility during the data collection phase.

### **3.3 Research Participants/Sampling**

The study selected service provider participants from mainstream shelter and IPV-oriented service institutions, namely: Saskatoon Sexual Assault & Information Centre, Interval House (IH) and Family Service Saskatoon (FSS). The Saskatoon Sexual Assault & Information Centre (SSAIC) is a Saskatoon-based, non-profit, charitable organization dedicated to taking a leadership role in responding to sexualized violence (n.d). While Saskatoon Interval House is a temporary shelter for women and their children fleeing domestic violence who require safe accommodation, Family Service Saskatoon offers services and leadership that support individuals, families, and the communities in nurturing safe, healthy, and respectful relationships (n.d). These institutions were selected based on their service provision mandates to people experiencing IPV thereby constituting a significant setting for achieving the research objectives.

It must be noted that efforts were made to recruit participants from other IPV related services. Organizations such as YWCA, Mobile Crisis, International Women of Saskatoon, Saskatoon Police Service, and Adelle house were contacted with an introductory letter, ethics approval letter, and flyers (i.e. recruitment posters). In conversation with the Saskatoon Police Service, I was advised that they do not deal extensively with survivors and their coping strategies and so they indicated they were not in a position to grant interviews but suggested that I contact organizations that were working purely with survivors. This shows that the police acknowledges, recognises and perceives IPV oriented service institutions as best situated to providing the necessary and needed resources that enables survivors to effectively and efficiently cope with IPV. Other organizations, such as YWCA, Mobile Crisis, and International Women of Saskatoon, received the documents for the study and the organizations committed to post the flyers as well as contact their members. After several follow-up visits were made to the organizations to ascertain their willingness and consent to grant interviews, management eventually gave word that they had

informed potential participants about the possibility of engaging in interviews but none were willing. With respect to another shelter in the city, the manager was interested and a meeting was scheduled, but on the day of the meeting, when I went to the organization, all doors were locked making the building inaccessible. The contact numbers were not responded to. I later learned that the management was on vacation and would not be back until after a month's period. In some cases, the contact persons at the organizations I reached out received the interview guide and introductory letters. I was required to wait outside the doors of the premises. After they examined the research instrument, they returned and declined participation with reason that they were not interested. I believe that the sensitive nature of the study was what informed such situations from some of the organizations.

Since the study adopted a qualitative approach which tends to involve small samples of carefully and purposively selected individuals who share a common experience, with the goal of generating detailed patterns and relationships of meaning rather than statistical generalization (Abram, 2010; Moustakas, 1994), nine (9) front line practitioners working in the aforementioned institutions were recruited. This sample size was arrived at based on responses received from the key organizations serving IPV survivors in the city. The data emerging from the interview conversations that took place generated detailed and rich insights for analysis and discussion.

Using purposive sampling technique described by Abrams (2010) as a “strategy in which the researcher exercises his or her judgment about who will provide the best perspective on the phenomenon of interest, and then intentionally invites those specific perspectives into the study” (p.538), I carefully sampled participants that provided the best perspective on the research topic. Precisely, nine (9) participants, three (3) each from Family Service Saskatoon, Saskatoon Sexual Assault & Information Centre, and Interval House engaged in qualitative interviewing. Due to the absence of male counsellors in the selected organizations, all participants interviewed were female

IPV outreach workers, specifically counsellors over 18 years of age with a minimum working experience of one year in institutions providing services to IPV survivors. Because the objective of the study was to explore the insights and perceptions of service providers on women's coping strategies of IPV survivors, counsellors who worked at the selected centres are considered knowledgeable on the subject under study. The experiences of the counsellors in terms of working with their clients are necessary for an understanding on how their clients cope with IPV. Identifying the effective external support resources with efficacy from the perspective of the counsellors could increase the knowledgebase that IPV survivors can fall on to overcome their challenges.

### **3.4 Interview Guide**

The data for this study were collected through semi-structured interviews consisting of guiding and probing questions about the general views of participants on survivors' identification and use of coping strategies. Semi-structured interviews were designed in such a way that even though there was some form of predetermined order, there was room for flexibility the researcher required to address emerging issues (Dunn, 2005, as cited in Clifford, Holloway, Rice & Valentine, 2008). This nature of the interview guide was necessary to keep the data collection in line with the objectives of the study while also providing room to explore the nuances of the issue under study. The interview guide had four main sections: a) demographic characteristics; b) understanding and description of survivors' coping strategies; c) external support resources essential for coping; and d) determinants of survivors' choice of specific coping strategies. These questions were drawn from the extensive literature on the topic that aimed to identify the key areas of the subject that have not previously received much attention and areas where additional depth and nuance are needed to better understand coping strategies of IPV survivors and their relation to formal service providing supports.



### **3.5 Data Generation**

Prior to collecting the research data, the semi-structured interview guide (see appendix A) was reviewed by a non-participating reviewer, namely the research supervisor, to weed out ambiguous items and enhance clarity of questions. An invitation letter containing an explanation of the study's purpose, a notice of the voluntary participation guidelines (recruitment poster) and an informed consent form were sent to some mainstream organizations providing services to IPV survivors (see appendix B, C & D). Individual interviews were then scheduled with participants who showed interest and were willing to grant me interview. All interviews were scheduled at a date, time, and private location (such as an office) most convenient for each research participant. The interview discussions were then facilitated using the interview guide. All interviews were recorded using a digital recorder. In addition to the recordings, field notes were taken during and after each interview to supplement the recordings. The duration of each interview was 45-60 minutes. These recorded interviews were later transcribed verbatim, producing a complete and accurate record of the participants' responses. Follow up questions were asked to gain clarity and certainty of answers.

### **3.6 Data Analysis**

Primary data were stored on a computer with password protection and copies stored on external drive to prevent data loss. Six phases of thematic data analysis were employed to analyze and present the data (Braun & Clarke, 2006). In the first phase, I familiarized myself with the data through transcribing the data, reading and re-reading the transcripts and noting down initial ideas. The second phase required I generated initial codes. This was done by coding interesting features of the data in a systematic fashion across the entire data set, and collating the codes using NVivo 11 software. NVivo is a Qualitative Data Analysis software package produced by QSR International for coding and managing qualitative data. The software reduces a great number of

manual tasks and gives the researcher more time to recognize themes and derive conclusions (Hilal & Alabri, 2013). In the third phase, I searched for key and recurring themes by collating codes into potential thematic areas and gathering all data relevant to each potential theme. The themes were reviewed in the fourth phase by checking if the themes were in relation with the coded data. The generated themes were then defined and assigned names in the fifth phase. Finally, the report was produced by me in the sixth phase. The themes were also used to describe the data to clarify and make full meanings from the perspectives of participants. Interpretations were made by analyzing and presenting the data in relation to the theory, literature reviewed, and research objectives.

### **3.7 Key Lessons Learned from Data Collection and Analysis**

One key advantage that qualitative research design offered in the data collection phase was that I learned improved ways to gain access to institutions for data collection purposes. At the onset of the data collection, the study participants were sceptical and reluctant to give their consent and access to their premises for data collection for the study. With regular visits and familiarizing myself with the service providers I was able to brief potential participants about the process. With increased familiarity, the respondents became very open and welcoming. Based on this approach, I have learned that researchers collecting data from formal institutions must make sure that they build relationship with the organizations and debrief the respondents properly about the nature of the research, including openness and transparency about the research aims and objectives, use of the data to be collected, and assuring protocols of anonymity and protection from harm.

The data analysis was made easier by following the six-phased guidelines offered by Braun and Clarke (2006) (see pages 49 & 50) . The process offered me a clear path of what to do at each stage. Because I was aware of the process, the reading of the data was done with an eagerness to familiarize, identify initial ideas, and collate the initial codes into potential themes. After reviewing

the themes to identify their conformity with codes generated, each of them was assigned a name before the final report. The intersectionality theory which was engaged in the study also made it possible for me to know what to look out for in the data in terms of issues relating to patriarchy, coloniality, religion, Indigeneity, and racialized experiences, among others. The framework offered the needed lens with which the data was examined and the guideline of Braun and Clarke offered the road map needed for the thematic analysis of the data.

### **3.8 Quality Criteria of the Study**

There is a general consensus on how quality is established in quantitative studies compared to when qualitative studies are considered (Bryman, Becker & Sempik, 2008; Spencer, Ritchie, Lewis & Dillon, 2004). In spite of variances, quality of research can be established and documented in qualitative approaches to research (Tracy, 2010). I was aware of my position as a foreign student and part of a black minority population in Saskatoon. As an outsider, I understood I was a foreigner to the Indigenous experiences and that informed knowledge of the settler-colonial context needed during the interviews to answer the research questions adequately. The reliance on existing literature, intersectional theory framing the study, and experienced guidance of the research supervisors and committee members guided my approach. However, I was also mindful the context of this study differed from my own personal experiences. As someone deeply concerned with gender and violence, the questions on the interview guide were asked and the frontline workers were encouraged to respond and give details as may be needed to understand the nuances of the subject under study. I asked further questions when clarity was needed and to confirm responses.

Reflecting on the process, my awareness of my religious background was also seen as very important in preventing biased analysis of the data. Even though there were certain situations

where my religious background almost subtly influenced the study, one participant was quick to remind me to rely on social scientific knowledge and not my personal experience. Clarifying my purpose and motivation for the study to participants helped to ensure openness regardless of my minority position and interest in gender and crime which related to the current study. This aligned with Bourke (2014, p.7) who said that “transparency of positionality and ... intents as a researcher” (p.7) are key to research processes. In general, I have learned the need to be more reflexively aware of my position and background when conducting qualitative studies so as not to situate my positionality within the research process.

Also, the eight “big-tent” criteria of Tracy (2010) for qualitative study calls for the need for rich rigor which is attained through the use of the right theoretical constructs, data and field time, quality of sample, and the process of data collection and analysis. This study focused on purposively sampling only respondents with relevant information needed for the depth and nuance of the study. The participants were all people whose work bordered on intimate partner violence. Data collection spanned from September (2018) to March (2019) making a period of seven months. The data collection was also carried out with an eye for emerging differences until there was confirmation of data saturation from the field work. This suggested that the data collected was sufficient per the sample engaged for the study. The data analysis was also cognizant of research positionality to avoid unnecessary bias by using structured and tested data analysis procedure offered by Braun and Clarke (2006) in line with the various constructs of the intersectionality theory. To verify that the data collected and documented was exactly what was said by study participants, the recorded audios were typed out verbatim. Beyond that, the respondents of the study were given the opportunity to examine the typed transcripts to confirm that it reflected exactly what they said to be sure that the data was valid. The credibility of the research was also ensured by using thick descriptions for the analysis to offer the needed details that may allow

readers to have a clear picture of the situation as it prevailed in reality. Even though the quotes have been merged in the analysis, they have been purposely *italicized* so that readers may be able to differentiate the original data presented from comments and analysis made by me.

The degree to which a research tool measures what it is supposed to measure determines the validity of the findings of the study (Andrews and Halcomb, 2009). To ensure that the research instrument gathered the exact data that the objective of the study set out to understand, the instrument was reviewed by the research supervisor and committee member who are experienced in qualitative research field work. This helped to remove any ambiguous conceptualizations and questions which may elicit unrealistic responses. The natural flow of the interview guide where icebreaker questions such as “Can you say anything about yourself that is interesting to know?” helped to set the tone for establishing the needed rapport for more sensitive conversations on issues such as “What form(s) of intimate partner violence are reported by survivors to your institution?” among others. That is, the findings of this study are valid because of the quality of the construction of the research instrument.

### **3.9 Ethical Considerations**

Ethical approval for the study was obtained from the University of Saskatchewan Research Ethics Board on 31<sup>st</sup> August, 2018. Ethical considerations needed in dealing with human subjects were given prior consideration throughout the study. I made sure the following ethics were guaranteed in the study: (a) informed consent, (b) confidentiality, (c) pseudonym and anonymity. To ensure informed consent, participation in the study was purely voluntary. The purpose of the study was explained to participants and their consent sought before they were included in the study. Also, participants were made aware about their free entry and exit from the study at any point in time they wished. Confidentiality was considered an important issue in this research. As such,

information given by participants were kept in secrecy and no other person apart from the researcher and supervisor had access to it. In addition, interviews were conducted in places convenient for participants in order to prevent people from hearing their experiences apart from the researcher. Audio taped information was locked with password to avoid second person's access. The identities of research participants were concealed so as to increase their anonymity. As such, I did not include the real names of participants in the data analysis. Pseudonyms were used to represent the participants to protect their identities in order to ensure more confidentiality. As well, in efforts to enhance anonymity of participants, their institutions were not attached to any of the quotes that have been presented and analyzed.

## **CHAPTER FOUR: ANALYSIS AND DISCUSSIONS**

### **4.0 Introduction**

This chapter presents and discusses the primary data obtained from the field. Results are explored from an intersectional framework and interlaced with reviewed literature. In total, nine (9) interviews were conducted. The interviewees were all IPV oriented service providers and broad ranging in terms of their length of service, educational background, and positions. They comprised counsellors and IPV outreach workers from organizations within Saskatoon. It is worth stressing that the interviewees as service providers of anti-IPV institutions have unique perspectives given their positions as well as first-hand information working with women IPV survivors who come to them to seek help. In ensuring confidentiality, the study used pseudonyms in describing interviewees/participants and presenting findings. Verbatim responses were provided to illustrate findings.

### **4.1 Presentation of Findings**

The study essentially deployed thematic coding to analyze the data. Thematic coding involved the identification of passages of text, connected to an idea which allowed the researcher place results into headings or sub-headings (Gibbs, 2007). Hence, data collected within the study were presented and analyzed using thematic coding to answer the research questions. Consequently, the data and findings are presented and discussed to reflect three major themes, which include: 1) how service providers understood and described the coping strategies employed by IPV survivors; 2) the external support resources service providers perceive as essential for women to cope with IPV; and 3) the factors service providers discuss as key influencers of the survivors' choice for coping strategies and seeking external support. These themes and sub-themes that fell beneath them enabled exploration of further nuances which will be discussed under the main themes.

In presenting the findings of the study, the researcher discussed interviewees' perceptions of coping strategies, and further discussed some strategies adopted by women survivors of IPV at the personal level before reaching out for external support. In all instances, the challenges associated with each of the strategies (personal and external) are discussed. The study also explored key influencers of women IPV survivors' choices and constraints in relation to coping strategies, both at the personal and external levels. The researcher mainly presented the responses of participants in each of the three themes, then followed them up with interpretation and analysis.

## **4.2 Demographic Background of the Interviewees**

As part of these foundational issues, the study sought to first know the age category and the marital status of women IPV survivors who often engage the services of institutions where participants work. Again, the study was also interested to know some of the specific IPV cases frequently reported to the respective institutions of interviewees.

### **4.2.1 Age of Women IPV Survivors**

Women IPV survivors that report incidence of IPV or abuses to institutions interviewees work with range from 16 to 99 years of age. So far as Canadian laws and common law principles on legal age to consent to sex are concerned, this piece of information puts the majority of women IPV survivors in the bracket of persons who are deemed legally permitted to engage in sex and have partners. However, three interviewees indicated working with 12-year-old female IPV survivors. As a participant indicates, *"I guess in my whole career I've only ever worked with people ages 12 and up, so I would say that I've met people all the way from 12 to like senior citizens and like in their 70s who experienced interpersonal violence."* The response did not readily inform whether the *"people ages 12"* were victimized by sexual assault occasioned by a partner; thus within the realm of IPV, or an assault occasioned by a family member or a stranger. But another



interviewee, Anna who also mentioned engaging 12-year-old survivors and other teens clarified, *“there are some interpersonal dating violence for 12-year olds and teens and then adult women as well.”* In essence, women as young as 12 to 99 years of age received services from the providers for reported IPV.

#### **4.2.2 Marital Status of Women**

The marital status of IPV survivors, according to interviewees, cut across married women to those in common-law relationships, and those in dating relationships. Divorced and single women were also mentioned. The issue of single women suffering IPV sounded ironic and warranted further exploration on how single women become victimized by IPV. As one of the interviewees stated, single survivors of IPV were once *“in relationships”* and because of the *“experienced intimate partner violence, they are not in a relationship right now...they have left and now they're dealing with [that] in court.”* This suggests that all single women who are survivors of IPV were once in relationships of a sort and their “single status” is as a result of their withdrawal from the abusive relationship in order to seek formal supports in response to the abuse. While the comment from the interviewee does not address the possibility of a former partner becoming abusive after the relationship has ended, the possibility exists. In addition, study participants indicated that women in dating and common-law relationships reported more cases of IPV. As one participant states *“it has just become much more common for couples to live as common-law partners”* nowadays. This observation reflects that of Statistics Canada (2014), which puts violence against dating partners as more prevalent than violence suffered by spouses.

#### **4.2.3 Forms of IPV Suffered by Women Survivors**

The forms of IPV suffered by women survivors according to the interviews include physical, emotional, psychological, verbal, financial, as well as cultural and spiritual abuses. The

forms of IPV mentioned by interviewees are in line with other previous studies (Beeble et al., 2009; Coker et al., 2002). The study found verbal, emotional, physical, and sexual abuse as the most common forms of IPV reported by women survivors.

### **4.3 How do Service Providers Understand and Describe Coping Strategies?**

#### **4.3.1 Interviewees' understandings of Coping Strategies**

Having determined the population served by the interviewees, the stage was set for the study to capture how interviewees understand women survivors of IPV coping strategies. In describing coping strategies, Sharon indicated they are *“the ways women deal with stress, trauma or abuse that comes from abusive relationships.”* One of the interviewees also said, *“it involves various measures taken by women while they are still in relationship to minimize the negative impacts of IPV”* [Rita]. Another shared her understanding of coping strategies as *“the personal decisions and choices taken by survivors themselves, without the help of anyone, which help the survivor herself to overcome abuses suffered in a relationship”* [Sonia]. Likewise, two interviewees labelled coping strategies as *“measures deployed by women at the personal level”* [Maya] with the aim of *“coping with abusive relationships”* [Brittany]. These responses place women at the centre of efforts at overcoming IPV. Indeed, coping is a personal line of action by survivors. It is evidently made up of different components. As Sahler and Carr (2009) state, coping *“is a mixture of attributional style (perceived source of stress, locus of control, optimistic or pessimistic outlook on finding a solution) and personality characteristics, such as risk tolerance, sense of self-efficacy, and introversion or extroversion”* (p.493).

However, to Nicole, coping strategies *“are generally the things women do to survive IPV, and it involves both personal strategies as well as seeking external support like counselling.”* Sonia, similarly described coping strategies as the *“drawing of any forms of methods, including*

*personal and external sources that appeal to them [survivors] to cope.*” Interestingly Anna added that coping strategies are essentially adopted by women while they are still in a relationship. To her:

*A single or divorced woman would care less about the abuse she suffered in a relation because she is no longer in that relationship. At best she has moved on and even though she may be having a bad past experience she need not cope with anything. Immediately you mention coping strategies for women IPV survivors, the thinking moves to strategies adopted by women who still want their relationship or who are still in a relationship but are trying to cope with the abuse.*

It is important to note that in a place such as Saskatoon, a survivor’s idea of coping is significantly shaped by the intersections of race, colonial history and patriarchy. For example, because of ongoing settler colonialism, survivors are likely to choose the path of coping independent of the formal welfare system since it tends to put them in a disadvantaged position. Evidence shows that in Saskatchewan, for example, there were up to “64 alleged cases of violent abuse against Indigenous women at the hands of the police” (Human Rights Watch, 2017:8).

Interviewees held diverse conceptions of coping strategies. First, the described coping strategies generally come as either personal or external strategies. Second, the purpose of coping strategies is in effort to minimize or completely overcome experiences of abuse or violence in various forms of relationships. Last, coping strategies are often adopted to either help women survive their relationships or as a means to be able to exit the relationship.

As anticipated, the exact wordings of interviewees’ understanding and description of coping strategies differ sharply from the existing academic definitions of the term “coping strategies” in the literature. Largely, however, the inputs of interviewees’ understanding of coping

strategies reflects the larger picture portrayed for example by Lazarus and Folkman (1984) as a range of cognitive and behavioural strategies used to reduce, minimize, master, or tolerate the internal and external demands of a stressful or threatening situation. It was expected that, the experiential understanding and description of IPV coping strategies by frontline workers would differ from exact definitions within the literature, but most of them were familiar with such conceptualizations of the phenomena.

#### **4.3.2 Descriptions of Coping Strategies**

Studies have established that most female survivors of IPV will first resort to some healthy and/or unhealthy coping strategies at the personal level before considering any other external help (Davies et al., 2015; Latta & Goodman, 2011; Wuerch, 2015). In view of this, this study engaged interviewees in conversations about coping strategies adopted by IPV women survivors at the personal level before considering any external alternatives.

The interviews revealed that many women try to minimize the abuse or violence they experience from their partners by engaging in cognitive rationalization. This involves women IPV survivors “*making their problems smaller*” [Linda], while “*convincing themselves that [the problem of the abuse] is not that bad*” [Nicole]. As part of the cognitive rationalization to minimize the situation, women also try to rationalize the whole situation by “*making up reasons why it happened*” by saying, for example, “*If I had done the dishes or this and that then we wouldn't have had a fight so next time I'll do the dishes and we won't fight then [ibid].*” According to one of the interviewees, minimization of IPV can also come in the form of complete denial of the abuse and the fact that it even happened in the first place. Thus, they try “*dissociating from it [the abuse], forgetting it, pushing it back, and just getting on with life*” [Anna]. This confirms previous findings that abused women cope and survive by rationalizing the violence, such as denying that it will

continue, or by assuming responsibility for the violence, thereby perceiving that they have the ability to control it or enabling them to endure it in the future (Ferraro and Johnson, 1983; Ting, 2010).

Interviewees also stressed physical isolation as one of the coping strategies adopted by women IPV survivors at the personal level. Brabeck and Guzman (2008) use the word “solitariness” instead of isolation. Women survivors isolate or physically distance themselves by moving to other locations in order to avoid further escalation of the abuse. Isolation, according to an interviewee [Linda] is also a stress reducer and a self-restraint mechanism (Allison et al., 2007). Interestingly, the participants highlight that women IPV survivors also use the Internet to isolate themselves. Without necessarily using the internet to reach out to people, women now use the internet to “*search websites and [other] stuff on websites just to gather information and also move away from their troubles*” [Brittany]. Isolation and other minimizing mechanisms are used by women to assert their independence and self-determination apart from their abusive partners (Warren, 2017). In other words, women adopt various minimization and isolation strategies as a personal effort to gain some control over abuses taking place in their lives and victimization experiences. Such perceptions of isolation could also be a direct effect of society’s ongoing patriarchal discourses and structures. This implies that survivors would coil in rather than confront the system where “power of the fathers” is prominent (Kesselman, McNair & Schiedewind, 2008:10).

The interviews further established that some women IPV survivors also rely on alcohol, drug use, and other substance use and/or misuse as personal coping strategies. Many women victimized by IPV “*end up with PTSD so they may get to go to the doctor and get opioids or anxiety medication*” [Maya]. Some women IPV survivors were perceived to consume alcohol,

drugs, and other substances to *“numb themselves and numb the pain that they're experiencing”* [Brittany].

Oftentimes, women survivors were seen to cope with IPV by doing whatever their partner desires in an attempt to create a calm and tranquil environment. This coping strategy can be equated to safety planning and survivance (Elizabeth et al., 2014; Meyer, 2010; Rizo, 2013; Tetterton & Farnsworth, 2011). As Nicole indicates, women survive IPV by *“not arguing, keeping the house clean, trying to just be perfect so that no fights happen”* and even when there happens to be violence or actual fighting, *“they play possum so just like sit and wait for them to finish yelling at them or screaming or throwing things or whatever they're doing”* [Nicole].

Other women IPV survivors hold on to “hope” in anticipation that things would eventually change for the better while being committed to their relationship vows. Many women IPV survivors *“hope that things are going to change because ‘when I first met this person, he was nice and kind and loving and generous...we know everybody goes through some bad time so this is just a bad time we're going through right? And it's going to get better.’ Hope, I think is a big piece too”* [Rita]. There is also a belief among many women IPV survivors that they are in a committed relationship and it is a matter of *“for better or for worse”* [Rita].

Some interviewees agreed that as a personal coping strategy, some women resist the violence against them or hit back. Apart from using resistance to show that women are not mere passive partners (Gondolf & Fisher, 1988; Hayes, 2013), the strategy also becomes the only option in contexts where imminent danger and life threatening situations ensue. Female companions fight or hit back *“when they are in a corner and they are in danger and their partner is going to seriously hurt them. I mean if I was out on the street right now and somebody came after me and wanted to hit me, I would hit them back to get them away from me and I think that that happens a lot when*

*the women get scared and threatened, their life is in danger so they hit back*” [Nicole]. It must be stressed that women adopt resistance primarily as a self-defence mechanism (Miller, 2005) and not to necessarily hurt their partners in turn (Fernandez-Esquer & McCloskey, 1999). Again, resistance is often employed by women who are bold to stand up to partners (Hayes, 2013).

A growing number of studies have emphasized and ranked religious and spiritual coping strategies (like praying, meditating, and maintaining a relationship with God) as the most frequently used strategies by IPV survivors at the individual level (Brabeck & Guzman, 2008; Drumm et al., 2014; O'Donnell 2013; Potter, 2007; Ross, 2012; Tin, 2010; Waldrop & Resick, 2004). Among other things, this body of scholarship sees religion and spirituality as a source of strength which enables women to cope with stresses and abuses that come as a result of IPV. All interviewees agreed that women IPV survivors sometimes find solace in religion as a personal coping strategy. However, some interviewees rejected the notion that religious and spiritual coping strategies are the most frequently used strategies. Maya, for example, intimated that the practice of resorting to religious coping strategies is problematic. She saw religion and spirituality as a contributing factor to the problem in the first place. She continued by saying *“I said earlier there's often spiritual abuse as well so that makes it very difficult to practice while you're in the relationship.”*

Interviewees generally doubted the effectiveness and potency of using internal coping strategies to prevent or minimize the effect IPV has on women. One interviewee [Linda] articulated that personal coping strategies rather aggravate the precarious situation of violence against women and embolden men to continue abuse. Internal coping strategies were perceived to do little in changing the inherent characteristic of an abuser, more so, *“when men know you can withstand the abuse, they continue and nothing stops them”* [Maya]. The effectiveness of internal coping strategies can indeed be less effective since it usually implies that the relationship between

the survivor and the abuser remains dyadic. External help changes the dynamic of the relationship by preventing the survivor from being seen as a mere individual but as an individual with support from others.

#### **4.4 External Support Resources Service Providers Perceive as Essential to Cope With IPV**

Using internal coping strategies have proven to be less effective in minimizing or eliminating abuses suffered by women IPV survivors. While essential survival strategies, the reliance on internal coping strategies by survivors of IPV according to the data collected from these interviewees can worsen the violence experienced by women in such relationships. In particular, the service providers perceive that such strategies can cause the abusive male partner to device new and stronger abusive techniques against their partner. The existing literature demonstrates that the use of external informal supports and formal services is necessary for women experiencing IPV due to the many challenges they face, such as economic distress, financial barriers, and poverty (Goodkind, 2003; Latta & Goodman, 2011; Munch, 2012; Prosman, 2014; Waldrop & Resick, 2004). These are common factors that affect the coping abilities of women in abusive relationship. Therefore, seeking help through these support systems may act as a buffer against economic barriers associated with seeking refuge from IPV. As such, survivors do not only employ internal coping strategies, but also change their coping strategies with advanced severity of the violence experienced. To understand the resources perceived by frontline workers as essential to cope with IPV situations, the researcher asked interviewees to identify some external supports regarded as essential for their clients.

The choice of external support systems for women in response to IPV is examined here as choices made within their social and relational contexts, with economic and political power undertones in line with the intersectionality perspective. The choice for external support is



identified in this study in certain situations as a fight against the norms of family requirements of coping amidst abuse, disregard for the stigma and shame that comes with discussing otherwise “personal” or intimate issues with a third party in a quest to become triumphant in the face of increasing and more frequent IPV.

#### **4.4.1 External Informal Support Resources**

Some external coping mechanisms come in the form of seeking assistance from family and friends (Ansara & Hindin, 2010). From the interviews, speaking out about IPV to colleagues at work, total strangers, religious leaders, neighbours and other social group members all form part of the external coping strategies often adopted by women who are survivors of IPV (Ansara & Hindin, 2010).

In accord, all interviewees pronounced “friends and family” as the most commonly accessed external coping support. In fact, according to interviewees, family and friends become the first point of call because they are seen as more sympathetic, compassionate, understanding, and usually appear less tough on survivors. Emily, an interviewee suggested that the external support IPV survivors accessed came in through contacting “*close circle of friends, families, support people, people that are like already they trust.*” As Ansara and Hindin (2010), Coker et al. (2000) identify, seeking such assistance from family and friends is the most common help-seeking method used by women experiencing IPV. Family and friends also offer various kinds of support to help women survivors cope with IPV. For example, family and friends were seen to be a source of “*strength to survivors to carry on with the relationship*” [Rita]. They also provide help to women survivors to cope with IPV by first “*agreeing with them*” and “*making suggestions to them or telling them what they want to hear*” including “*talking to the partner to be sober and refrain from his old abusive ways*” [Linda]. According to Nicole, friends and family

do not only provide emotional support to women survivors by “*listening to their stories and saying ‘I will be there for you any time of the day or when you need anything’*” but they also “*help connect them to formal agencies that can help them once and for all*” as well as “*providing them with financial support and taking care of the victim’s kid(s).*”

However, according to Brittany, the help accessed from family and friends

*depends on how they're able to like utilize their family and friends, so if they're able to be open and honest with what's going on and tell their family and friends what's happening, sometimes their family and friends can help shelter them from those relationships, offer them advice, financial help so that they can leave. Sometimes if people aren't able to tell their family and friends what's going on but are still able to find safety in spending time with them, it helps them to build their self-esteem back up.*

The important role played by the family and friends of IPV survivors depends on the trust the survivor has in this network to inform the survivor’s openness about their experience of IPV. The existing literature shows that trusted support from family and friends provides a sense of security against the aggressor particularly when the survivors need emotional support (Ansara & Hindin, 2010; Hadeed & El-Bassel, 2006). In agreement with the literature, IPV survivors have a higher likelihood of getting shelter, advice, and financial assistance that may be required to exit an abusive relationship on the condition that survivors have safe friendships and family support networks. The external support that a survivor may get from her family is not automatic, but depends on whether they can be open to the family or even if they have such a network existing to begin with. This aligns with the intersectionality framework that recognizes coping strategies of IPV survivors, all things being equal, are shaped as a result of the multiple societal constructs that are present around them.

Even though another interviewee was also in agreement that some of the external services accessed by IPV women survivors included family and close friends by saying that survivors depended on *"friendships ... sometimes perhaps if they have family members"* [Anna], she acknowledged that isolation among IPV survivors can often lead to the severing of such family ties. She said *"I think there's a lot of often isolation so sometimes those relationships are cut off"* [Anna]. Implicitly, even though some may have these networks to depend on, others who experience isolation face significant challenges in accessing supports since they would not have this social support network to rely on. This may be more difficult for immigrant women IPV survivors who may in most cases face more severe forms of violence through their specific position as immigrants where they might have limited fluency in host language, disconnection from their contacts and community, inability to access decent jobs coupled with uncertainties that surround their legal statuses (Menjívar & Salcido, 2002).

However, it was found that survivors would be more inclined to seek the assistance of friends before seeking assistance from family. As Linda suggests,

*More often than not it's the friends because they don't want it admitted to their families because when they admit it to the family, that makes it more real. It also forces their hand because now that mom and dad, grandma, grandpa know that this is happening, you can't make excuses for your husband anymore. You can't pretend nothing is wrong anymore, you've broken the isolation. So that means you can't lie to yourself anymore.*

The ability to seek help from friends and family when personal coping strategies fail depends on how open and supportive the family and friends are. If they are less receptive or appear as judgmental, women survivors would opt to seek refuge in other sources, including strangers, so

far as that person can listen to them or offer to help them or is perceived as a safer individual to disclose experiences of IPV. Nonetheless, family and friends may still be important to helping women survivors cope with IPV even where they are judgmental or less receptive. This is because *“sometimes people aren't able to tell their family and friends what's going on but are still able to find safety in just spending time with them or being around them. This helps them to build their self-esteem back up”* [Brittany]. The family therefore can offer a form of unsolicited support to victimized individuals, sometimes without intending it. This, however, is limited to survivors who have families that can offer such companionship to them.

Religion and for that matter religious leaders have also become an important external source of support to women who are suffering IPV. Religion as a support system for women survivors precedes their seeking of formalized external support services in certain instances. Sharon, a frontline worker, for example, suggested that *“they [women survivors] go to church for help maybe before they come to us. People that have faith, they go to church.”* Often *“women go to their religious leaders to seek spiritual guidance and help them [women survivors] pray, all in the hope of having the situation turn around”* [Sonia]. Brittany further observed that *“folks who are religiously inclined might ... pray or turn to maybe their religious texts like the Bible to find help and to find reasons to stay or to go”* but the choice to turn to religion *“depends on where the individual places importance of religion.”* It was also perceived that *“there are probably many wonderful churches, mosques, religious groups that would be really supportive”* [Emily]. Some women survivors go to their religious leaders *“to impress upon them to talk to their partners”* [Maya], while others go to their religious leaders *“for words of encouragement and comfort including even material and financial support”* [Rita]. Further, women resort to religion or the church *“because often time it is the church that helped them institute their unions, so if one partner is not doing what he promised to do when exchanging the vows, the pastor should know”* [Linda].

The role of religion as one external support resource was also identified. Anna, one of the interviewees sharing her experience indicated:

*I've had an experience where religion has been a source of positive support. So usually religious leaders provide some kind of counselling in terms of what the person should do or shouldn't do. Sometimes they may be encouraged to stay because the marriage is a partner institution of religion. Other times they are supported in terms of like, their safety and may be counselled otherwise" [Anna].*

Religion has been one of the long-standing ways of both legitimizing and mitigating IPV (Ellison et al., 2007; Ross, 2012) thereby suggesting a structural creation both for the cause and management of IPV over time. This is consistent with the findings of this current work that survivors in IPV relationships are encouraged to stay within the union by their religious leaders since the church is perceived as a partner institution in the formation of such unions. This is further in alignment with speculation of some scholars that traditionalist or patriarchal religious ideologies may legitimate, or at least fail to adequately condemn, the practice of intimate partner violence (e.g., Nason-Clark, 2000; Shen, 2011). As well, in agreement with the literature cited above, religion plays a part in coping and safety planning for individuals victimized by violence. Religion and other ideologies thereby inform how violence is perceived and what responses are enacted (Heise, 2011). The analysis here identified also that religious groups offer counselling. Again, the study suggests that religion can offer positive coping supports to IPV survivors in certain instance and that religious and spiritual coping strategies are perceived as helpful and typically those most frequently used by survivors (Brabeck & Guzman, 2008; O'Donnell 2013; Ross, 2012; Tin, 2010). In sum, religion can be a cause of IPV but may also act as a support for survivors who hold religious views in certain situations.

Other external informal support resources involve talking to colleagues at work and other people who are close to the survivors, including even their children and total strangers. The expectation of the survivors in situations like these is to “*get anyone to sympathize with them or console them with their issue*” [Emily]. Linda observed that women IPV survivors,

*A lot of times want to talk to someone who does not know their names and their partner’s name or they just want to talk to somebody that can’t jeopardize their relationship about the abuse and about their feelings and their hopes and their concerns. So strangers, they would go out somewhere and they would talk to a stranger because that stranger can’t force child protection or structural interference.*

Nicole similarly perceives that “*some women who have older children will lean on their children..... and colleagues at work. There have been women who have talked to someone at work and that person has really supported them and validated them.*” The focus of survivors as has been identified here is to get help from anonymous people who would not stigmatize or judge them, even if it means confiding in unprofessional strangers. The evidence that survivors confide in and prefer to talk to work colleagues, for example, corroborates the study of Anderson and colleagues’ (2012) who found that women survivors going through the process of recovery place a lot of importance on informal support from family, friends and supportive employers as well as work colleagues. This portrays the importance of the system within which the survivor finds herself.

#### 4.4.2 External Formal Support Resources

Some external support structures also come in the form of accessing officially approved institutions and other recognized resources like shelters for survivors, counselling programs, and other formal social assistance programs (Ansara & Hindin, 2010). Help seeking in line with the intersectionality theory has racialized dimensions. With 17% of the Saskatoon population identifying as members of various minority ethnic groups (World Population Review, 2019), and the fact that specific-help seeking behaviours are significantly related with race and ethnicity with non-Hispanic white and black women more likely to use housing assistance and emergency department services and black women more likely to use police assistance compared to Hispanic women (Lipsky et al., 2006), women IPV survivors and their external help seeking in Saskatoon is expected to have racialized undertones. An interviewee indicated that women IPV survivors usually seek informal interventions before considering other formal external resources. The exact words of the interviewee are captured as *“so with the informal, that’s usually where women go to long before they go on to the formal resources”* [Linda]. That said, the study deemed it apt to highlight the formal interventions deployed by women to address IPV.

The most common form of formal intervention mentioned is seeking help from IPV oriented service institutions. The help from IPV oriented institutions are in two forms, namely providing counselling to survivors and providing survivors with other support services. With the counselling, Nicole described this intervention to involve *“a resource person talking through their experience by directing or making helpful and workable proposals to overcome the situation that the women survivors are having.”* Counselling sessions, enable the survivors to *“open up to issues which they would have otherwise not shared with any one because the victims now trust a counsellor and feel safer”* [Brittany]. The counselling received depends on who the survivors are

and their needs at hand including even their ability to pay. Linda indicated that some of the *women* “are able to afford to pay for a counsellor or they go to free services. Often times women would assume it’s more confidential, safer if they go to a paid counsellor but it’s the same confidentiality, they just don’t know that” [Linda]. The counselling services offered may be individual or group counselling. One interviewee for example was “in charge of the coordination of all client services so including individual counselling and group counselling” [Anna] and another one described the counselling services accessed by women IPV survivors as: “one-on-one talking conversation, an outlet of how the survivor is feeling, getting to do healing work; and going to counselling” [Emily]. Another frontline worker, Brittany, also said: “I do individual and group counselling with survivors of sexual violence,” further reiterating the individual and group forms of the counselling services that IPV women survivors’ access from these formalized external support centres.

Counselling services have been deemed by some of the frontline workers as very helpful for their clients [women survivors] to work through their traumas and go through a healing process. In fact, counselling is regarded as “most helpful because they are talking about the scary stuff and identifying where they are kind of broken and need some healing and need some work done and by putting that accountability on themselves of what they can do to change, that’s very healing” [Emily]. The counselling services offer a window to let out suppressed struggles and stories, and identify challenges and map out healing paths from the IPV experience for the survivors. Even though this study was unable to unravel the specific minority population dimensions and its implication in terms of accessing counselling services in Saskatoon, the aspect of race intimates that Indigenous women who experience IPV in Saskatoon are expected to have unique help-seeking experiences different from women from dominant racial or ethnic backgrounds. As Sharon said:



*For some Aboriginal women, they use Aboriginal teachings. I think a lot of them from what I've heard, use it. I think it's a way to cope. They go back to tradition which I think helps, like they get back in touch with their identity and stuff. They go back to their Roots. they go talk to the elders who are very wise. They do traditional stuff to try to heal. Maybe the first step or part of their healing journey is to get back with their roots and their culture. I have a friend, she refused to come here, she didn't want to get help, she was so angry.*

This is consistent with intersectional framework where race and minority group membership intersect in affecting Indigenous women survivors' ways of coping with IPV.

In Canada, referrals to residential services and emergency shelters are among the most common referrals made by service providers (Allen, 2014; Juristat, 2015; Munch, 2012). IPV institutions do not only provide counselling, but also provide survivors with other support services like referring them to other formal institutions where they can be supported with practical and long-lasting interventions including guidelines and directions about where they can get financial support. From the counselling, the IPV oriented institution where interviewees work would *"hook them [women IPV survivors] up with services such as Family Services Saskatoon or Shelter Services if that's what they need, help them to report to police whatever they choose to do."* As well, *"we'd sometimes get referrals so people are accessing groups downstairs or shelters and then they'll make their way here from there"* [Brittany]. Another interviewee further conveyed that their institution offers a lot of safety planning to IPV survivors. As part of the safe planning, the institution does *"Drop-in Group where survivors are given information about intimate partner violence, about how to be safe, about the impact it has on them, and then they talk with other women in the group so that's an excellent support"* [Nicole]. These IPV oriented institutions also partner with other groups in furtherance of safe planning. For example, the institution Nicole works

with has a partnered program with P.A.T.H. (the Provincial Association of Transitional Houses) where women are given phones [from SaskTel]. The purpose is to ensure that women IPV survivors *“have a cell phone that they can hide somewhere for an emergency because often in a violent incident the first thing that your partner goes for is your cell phones and you can't call for help so they have that as an extra safety piece”* [Nicole]. This communicates the idea of patriarchy where male partners assume and use their physicality to rule over their female spouses even in the context of IPV.

Frequently, IPV oriented institutions directly aid women IPV survivors with court/legal processes that come as a result of a desire to break free from IPV. According to Nicole, her institution *“goes with the women to court, support them if they have to go on trial, or if they are going through Family Court trying to get their children back, we'll go with them and support them throughout the processes.”* The support roles played by IPV-focused organizations in Saskatoon include either to provide or link women who have experienced IPV to other formalized institutions which support them with diverse social services such as to report to the police if need be and introduce them to groups through which they receive education on the effects of and how to handle their IPV situation or get financial support. As well, the survivors may be referred to organizations such as P.A.T.H. where they are given phones for rescue calls in the event of their experience of IPV and offer support with court and other legal needs of the survivors. This affirms Waldrop and Resick (2004) who identified social services as essential resources needed by survivors. The resources these survivors access include economic, emotional, and general assistance in creating a safety plan for future protection (Panchanadeswaran & McCloskey, 2007), just as has been confirmed in this section of the study where survivors are offered diverse social services as mobile phones, support groups, education among others.

One recognizable institution that women IPV survivors often go to in order to deal with IPV is the police. The police are either called by the survivors experiencing the abuse themselves or a family member, or by neighbours who “*hear all the abuse going on and hear the fighting and yelling and crushing*” [Linda]. Most often, survivors themselves are slow to get to the police “*unless the threat or the abuse is severe and more frequent*” [Sonia]. As highlighted above, the police are sometimes brought on board by IPV oriented institutions. These institutions sometimes empower the survivors to go to the police or directly report the issue themselves to the police to deal with it. This finding is somewhat similar to Meyer’s (2011) finding, who indicated that some survivors had contact with the police after the police had been called by a third party, usually a neighbour.

Additionally, when women IPV survivors run out of options, they enter the shelter system. Entering the shelter system is:

*[S]ometimes by force, more so where they might lose their children if they don’t or partner won’t stop being violent so they have no other choice but to leave and if they don’t feel safe going towards their families or they feel judged going towards their families, they would come towards the shelter system and that can be Interval House, that can be Manfort House, that can be the Light House, that can be YWCA’s Crisis shelter. In Saskatoon, those are the only four shelters [Linda].*

This shelter intervention was seen as helpful. Highlighting the importance, Brittany held that “*I think that the shelters are really helpful because when a person can physically leave that relationship and start to establish a life on their own, they start to feel empowered and they can really gain their self-esteem and confidence back.*”

#### **4.4.3 Summary of Theme**

This theme is informed by the intersectionality theory where the choice of the external service accessed by the survivor is made within the social context of race, gender, and political/colonialist foundation of which the Canadian welfare system is carved. The choice to seek external formal support especially has been found to contravene the norms both of family and the society within which some of the survivors lived. As well, the literature that suggests that women abandon intrinsic coping strategies when the brutality of the abuse suffered increases or when they are no longer able to withstand the abuses was the basis of this theme of the study. With an understanding of the inability of internal/intrinsic coping strategies to completely undo the ills of IPV, the study set out to find from service providers, the external supports resources and systems that women IPV survivors resort or refer to for help.

One critical issue underscored is that women survivors are most likely to first resort to friends and family support, churches, and other non-formalized associations in order to cope with IPV before seeking help from other external sources like IPV oriented institutions, the police and shelters. However, most often, the common external informal agency that survivors prefer to seek help from are friends and families. Among friends and family, women are more likely to seek help from friends before going to families. The extent of help that women are able to access depends first on how much they trust and are able to be open and honest to the family. Help received by survivors range from shelter, advice and financial assistance that may be required to leave that abusive relationship. The challenge identified was that for those survivors facing issues of isolation and migrant and immigrant women, this support network becomes almost non-existent.

One of the informal forms of support was identified to come from religious institutions in the form of counselling. But religion can also be a cause of IPV while acting as a support for

survivors who hold religious views in certain situations. Patriarchal religious groups may create the need for women survivors to adopt a coping attitude in IPV situations instead of encouraging a cessation of such unions.

The most common form of external formalized intervention sought by women is help from IPV oriented service institutions. Assistance from IPV oriented institutions are in two practices: 1) providing counselling to survivors; and 2) providing survivors with other support services. The other support services from these formal institutions include providing strategies and directions about where they can get monetary support, providing survivors with safety planning measures and leading the survivors to other formal institutions. One other critical formal institution that survivors' resort to, but rarely, is the police. Although some survivors report to the police, others are unable to go to the police unless the abuse gets to a life-threatening escalation stage or unless the police are brought in by a neighbour, family member, a friend, or IPV service institutions. Other external support systems like the shelter system was also highlighted as important by participants.

#### **4.5 Factors that Influence the Choice of Coping Strategies**

Several factors inform the choice of coping strategies adopted by IPV survivors. Survivor choices which may be internal or external coping strategies depend on various factors. From the intersectionality perspective, emphasis is placed on how various structures such as race, class, and gender interact in fostering experiences of privileges and oppression (Gopaldas, 2013). From this perspective, the assumption is made that the coping strategies adopted by IPV survivors in the study setting, all things being equal, are shaped as a result of the multiple social constructs that are present around them. The issues of coloniality, patriarchy, gender, and other social constructs such as religion, among others, are relevant in shaping the perception and response to IPV among

women survivors. Whatever coping strategies they adopt are thus not only individual choices but choices that are constrained, shaped, and informed by their social settings and the structures of inequality within which the survivors find themselves. Coping strategies may either be passive or active in nature (Bandler, Keay, Floyd & Price, 2000; Brown & Nicassio, 1987). The IPV survivors engaged in various coping strategies (Bandler, Keay, Floyd & Price, 2000; Rühls, Greve & Kappes, 2017; Skarra, 2014) and various factors influencing choices of either internal, informal external, or formal external coping strategies of survivors have been explored in this section of the study.

#### **4.5.1 What Pulls Women Survivors to Adopt Coping Strategies at the Personal Level**

According to Meyer (2009), personal responses are situations in which women experiencing IPV derive strength either psychologically or emotionally, but the intersectionality perspective hints that individual choices people make are contextualized within broader structural factors and systemic forms of violence and inequality. For example, Fernandez-Esquer and McCloskey (1999) identified that survivors employed up to nine mechanisms to minimize the impact of the violence suffered from intimate partners.

When the frontline workers sampled for this study were interviewed about the reasons for IPV survivors adopting internal coping strategies instead of seeking external supports, almost all interviewees mentioned financial constraints as one of the reasons why women IPV survivors within the study opt for internal or personal coping strategies. There is the notion of a lack of financial independence amongst the survivors with whom the frontline workers engaged. For instance, Nicole said “*financial reasons are a big one, like not being able to afford to live on their own and support themselves.*” As a result of financial dependence on their partners, many women IPV survivors are unable to afford transportation to access external support because most often in violent situations finances in the home are exclusively managed by the man. Buttressing this,

Brittany stated that *“A lot of times there's a financial aspect so people just can't... they feel like they can't afford to leave, maybe their spouse controls the money.”* This response reemphasizes Hyman et al. (2011) who identified that women who are financially dependent on male income have lower chances of resisting or responding to IPV. With greater financial capacity comes an increased likelihood that survivors will be able to exit from violent relationships.

Similarly, Sharon added that *“they can't afford the counselling appointment or the lawyer appointment. Finances are a huge determinant.”* The cost of acquiring professional strategies of coping becomes a barrier which makes some of the IPV survivors opt for internal coping strategies instead of external options. Buttressing this point, Nicole added that *“money can be a barrier to accessing [professional] support, so socio-economic things, because if I can't get across the city to get to my counsellor's office, I can't access support.”* Availability of services alone, thus, are not an assurance that survivors of IPV will be able to make use of such formal external services. Structural conditions that deny them access to basic financial means to access these services become one reason for which access to such services becomes impossible, hence the reliance on personal strategies of coping in the event of IPV.

In understanding financial reasons why IPV survivors opted for internal survival approaches, it was further identified that cost of hiring a lawyer, access to legal aid, in addition to financial constraints that impede mobility to and from external professional services are some of the key reasons IPV women survivors opt for internal choices. The difficulty in having access to things *“like a vehicle or phone to contact them, and ...the lawyer...”* [Rita]. Implicitly, though IPV women survivors may be aware of some of these facilities, they cannot access them due to the financial constraints they may have. The cost of acquiring the services of a lawyer for example becomes a barrier to access legal interventions even though these services may be available. The

choice to adopt internal strategies from the study of Kimerling et al. (2009) may be due, in part, to economic challenges since IPV women survivors also can lose their jobs hence lack financial independence. The absence of job security for women facing the consequences of IPV further makes them unable to afford external coping resources since they are normally denied their economic independence as a consequence of their IPV experience.

Furthermore, the desire to have children growing together with their mother and father in one house also influences survivors' opting for internal coping strategies over seeking external support. To assure both parents' presence in the home, women IPV survivors use personal coping strategies to protect their partners from being incarcerated. Linda, for example, observed that women IPV survivors "*don't want partners to go to jail at that point*" so they try to cope with the abuse at the personal level in a bid to "*protect the family even though he [the partner] is being abusive.*" Women who perceive themselves as being responsible for sustaining the longevity of the relationship might opt to cope with an ongoing abusive situation. This substantiates the work of Rhodes et al. (2010) who identified that mothers tended to work to keep the family together as well as avoid the intricate influence of the legal system on the lives of children. That is, in a bid to keep families together at any cost, women end up adopting internal coping strategies amidst IPV situations instead of seeking external supports.

Many women also adopt internal coping strategies because of their unending love for their abusive partners and the hope that the scale would tip in their favour. Emily, one of the interviewees reiterated that "*they still love and care for their partners so they don't want that person to get in trouble or they don't want their kids to lose their dad.*" Nicole, another interviewee, similarly stated that "*the abusers are not only the people who cause us pain but they're also people who make us feel good and happy and loved and it usually goes back and forth, so they're hanging*



*on to that hope that their abuser can be the loving kind person all the time...*” Here again, another interviewee added that *“in the abusive relationship is some good that keeps women involved emotionally to try again. It's not bad all the time and the partner can be quite loving most of the time so the scale is good”* [Linda]. The dependence on an abusive partner for emotional security is situated within a subtle form of patriarchy that detracts from women’s self-determination. There is also the unending hope among women that their partners would become better and so they wait with the hope that things would become better now or later.

Notable among the factors causing women IPV survivors to opt for internal coping strategies is fear. The survivors are compelled by fears such as facing the vengeance of their partners, displeasure of family, the fear of losing their children and other unknown fears, to choose personal coping strategies. In understanding why IPV survivors do not seek external help but opt for internal coping strategies, one interviewee said: *“Fear of being beaten up by the partner’s siblings. Fear of what if he charges me or tries to take away the children. Fear of the unknown is the big issue for women.... So, fear is a huge factor with so many layers”* [Linda]. In similar manner, Maya also stated that *“it's mostly fears, fear of being beaten by their partners, fear of the kids being beaten, fear of losing the kids...”* For Nicole, a lot of it is *“fear that if they come to see somebody like me and they talk about what's going on, I will tell the ministry and they lose their children”* [Nicole]. For these reasons, most of the women IPV survivors end up *“getting themselves into staying for the sake of the children* [Linda].” The issue of fear goes beyond fear of losing kids and being beaten up to encompass fear of deportation and loss of Canadian citizenship status. For newcomer and migrant women, for instance, *“their partners will threaten if you go tell anybody I'll have you deported, I will destroy your citizenship, you'll have to go back and so there's fear around that too* [Nicole].” The constraints imposed by structural forms of inequality, such as legal status, can result in women remaining in IPV situations and adopting internal coping

strategies. Again, social construct creates a situation where the masculinity of men becomes a tool for dominance and control. This substantiates the argument by the perspective that considers patriarchy as “power of the fathers” (Kesselman, McNair & Schiedewind, 2008:10) even amidst abuse and as a social fact which becomes the grand narrative that often invisibly influences survivors (Dickerson, 2013). The threats from abusive male partners to inform the deportation of migrant female partners further reiterates the gendered-power imbalances that characterizes society.

The avoidance of public shame and mockery from friends and family also push women into adopting some intrinsic coping strategies. In many contemporary societies, IPV comes with stigma and shame and possibilities of public ridicule thus many women refuse to “*talk to very many people*” when they are suffering IPV “*because [they] often get judged and get to be told like, I don't know why you stay, this is stupid and so they carry that shame with them and internalize it [Nicole].*” At times, female partners also feel shame when seeking support “*especially if there's that sense that what's happening is their fault and they are somehow to blame for it [Anna].*” In effect, “*they're scared of the stigma that they'll receive from their cultural communities [Brittany].*” Because of these issues of stigma and the like, Nicole, one of the interviewees said that “*for a lot of people, it's not wanting to put that burden on friends and family like they know their relationship is bad and hard and that they are a mess.*” Also, many women depend on intrinsic coping strategies because they feel IPV is a private issue which ought to be dispensed by the partners themselves “*and not with anyone else [Emily].*” Gendered power imbalances within intimate relationships fueled by cultural influences foster the feelings of shame and self-blame in some survivors (Archer, 2006). Patriarchy suggests that women bring violence upon themselves by being disobedient. As a consequence, women perceive the emotional and physical punishment as a justifiable response for disobeying traditional expectations. These social pressures therefore

cause women to internalize the violence they suffer, regard it as private matters, and remain in the relationship (Oweis et al., 2009).

Some of the reasons survivors internally cope with IPV instead of seeking external help relate to situations where survivors do not have control. An example of such is their lack of knowledge about the existence of other external sources of coping. Some women may not know that there exist *“institutions that they can seek help from and end up swallowing all the violence they suffer from their partners [Brittany].”* Explaining this further Nicole said *“We’ve had lots of women who’ve been in an abusive relationship for like 20 years and finally come here and say I didn’t even know you existed, they had no idea we were there just for them [Nicole].”* Women are generally unaware of the support systems available to them. This was common among the uneducated population coinciding with Simmons et al. (2011) who revealed that there is a general lack of knowledge about what services are available. Women from minority populations who are survivors and who generally lack good formal education have a higher likelihood of not seeking external help because of their lack of knowledge about these options. As Heron (2007) notes in agreement with the intersectionality school of thought, white sense of superiority pervades official development work and invariably the welfare system in Canada. This sense of superiority in the context of this study potentially limits the extent to which Indigenous survivors can be empowered to cope with IPV in a positive way. That is, the minority groups that lack basic equality in terms of access to other basic needs such as education are predisposed to managing their experiences of violence internally due to their ignorance of existing external support systems.

Closely related to this is the lack of accessibility to external resources of coping. Many women suffering IPV cannot *“reach out [because] their partner controls their cell phone use so they can’t reach out for help when the need comes. Also, if their partner restricts their access to*

*the vehicle maybe they feel like they can't pack up their clothes and their kids and leave because they don't know how to get out [Brittany].*” Other women are also cut away from external supports like having access to their friends and family “*so they are left with only accessing internally [Anna],*” that is, accessing the personal coping strategies available and hence their heavy reliance on only internal coping strategies as the means of dealing with partner violence.

Another factor identified relates to remote geographical location and the lack of transportation or access. Highlighting this point, Sonia, indicated that “*in Saskatchewan here, there is a lot of isolated rural areas, so they have no way of even getting to our facility since they don't have the means to afford transportation.*” But this problem of distance invariably affects Indigenous women who live on reserves or far from institutional support. As Emily state, “*I think about the reserves up North a lot....remote reserves that are like 8 hours away from the nearest city, no one is accessing help up there and if their husband is sort of abusive, no one is getting help of any kind because there's no one to help them.*” That welfare institutions, part of the Canadian nation-building system that essentialize whiteness, are far from access for Indigenous women highlighting the racialized nature of the Canadian welfare system as well as the continuing coloniality it perpetuates. This is consistent with the contentions of Thobani (2007) and Landertinger (2017) that the colonial beginnings of Canada’s welfare state alienated Indigenous women and perceived minorities.

#### **4.5.2 What Motivates Women IPV Survivors to Seek Help from External Informal Sources**

External support may be formal or informal. The informal supports which are the most used support method by IPV survivors includes seeking assistance from family and friends (Ansara & Hindin, 2010; Coker et al., 2000). Formal support, on the other hand, refers to accessing resources, such as shelters, counselling programs, and social assistance. Such supports are more

commonly accessed among women experiencing the most severe patterns of violence (Ansara & Hindin, 2010; Coker et al., 2000; Fanslow & Robinson, 2010). In this subsection, the motivating factors for adopting diverse coping strategies (external support structures) are examined within the Saskatoon context using an intersectionality lens.

Empathy and existence of known trusted family and friendship networks, particularly those that validate the feeling the individual surviving the abuse was found to be an important factor which motivated survivors to seek help from informal external sources like family, friends, and the church. To Linda, survivors are more likely *“to go to family members and friends when there is a sense that they will empathize with them and also share in their pain.”* Sonia, one of the interviewees, added that *“they try to go to the family and friends for support just because there's a relationship there already and trying to like communicate or find someone that they can communicate what's going on with, just to kind of validate how they're feeling.”* The existence of trusted family and the need to confirm from other people what they feel they are experiencing empowers survivors to seek out informal external supports. But Nicole observes that in some cases, it is the family and friends who rather reach out to survivors when they have noticed that something is not going well. However, for the survivor to open up, she needs to feel that the friend or the family member would empathize with her or show some sense of affection. It stands to reason that survivors who had a challenging childhood with their family when growing up are less likely to go to their family or open up when they reach out to them. The existence of a close-knit extended family of the survivor and their friendship networks would therefore reasonably determine their choices for informal support systems. It is not just the kind of support the individual survivor wants but the structure within which they find themselves that determines what choices they would make in terms of their sourcing of support during IPV. The choice of the

survivor on informal support is therefore an intersection between the survivor, her family, and societal privileges and constraints.

#### **4.5.3 Influencers of Survivors' Choice of Seeking Help from External Formal Sources**

Going to institutions to seek help requires a lot of motivation and empowerment, which depends on IPV survivors access to education, quality information, and awareness. When women “*are educated, and when there is quality information*” about the existence of positive formal IPV institutions, “*women would be more motivated to seek help from them than relying on other coping strategies [Rita].*” This finding, however, contradicts Ingram’s (2007) findings where less (below college) educated non-Latino IPV survivors sought institutional protection and help against abusers more than high educated Latino IPV survivors. This could mean that, less educated people are more vulnerable in their relationships since they are likely to be unemployed, work low paying jobs and therefore be more prone to abuse by their partners than those with higher levels of education.

Again, women survivors are more likely to access these formal interventions when all other coping strategies adopted are no longer working, and they feel they do not have any other options. In their response to the question “what do you think influences survivors’ choice of seeking external support resources to cope with IPV?,” one interviewee replied: “*Their main motivation is that absolutely nothing else is working. They feel cornered, they feel that they don’t have any other options...and they have a lot of confidence that when they come here, they are going to get better [Linda].*” Nicole similarly said:

*I think that if the personal coping strategies aren't working... They're trying everything they can in their relationship and it's not getting better, and they've talked*

*to friends and family and it's not getting better, then they'll go to somebody that they believe is an expert on relationships. So, a lot of times people think oh you are a counsellor so you know how to fix my relationship, so then they'll come in.*

In addition, when the expiry of the efficacy of the internal coping strategies is reached, survivors look elsewhere according to Nicole who said:

*A lot of times what happens sadly is the internal coping mechanisms can only work for so long and then they start to get depressed and angry and really frustrated and life is not going the way they want and they either don't have friends and family and clergy to go to or they've reached out to a couple of people who've been really judgmental and not understanding.*

Also, they count on formal institutions for support “*because they want to avoid the shame and ridicule that come with IPV by speaking to family members or friends [Sonia].*” It can be derived thus that when internal coping strategies are seen to be no longer working, when trusted family is unavailable, or when survivors are no longer able to shield themselves from social stigma that may be birthed from speaking to other people about their IPV situation, they opt to pursue formal external support systems.

Many also seek external formal interventions “*if the severity and frequency of violence was starting to both increase*” [Emily] or if it “*escalates and becomes more severe [Brittany],*” or perhaps, the IPV got worse “*and the kids got taken away so now they're coming to get external support because they want their kids back*” [Nicole]. This directly dovetails into another motivation which concerns the safety of children. Brittany highlighted that “*in most cases when the abuse is extended to the children and the safety of the children are involved, then they would*

*go out to seek external support”* to protect the kids from being injured. The motivation to keep safe does not only involve the children but also the women themselves. Speaking from her experience, Emily noted that *“when women get tired of the violence and now fear for their lives and their children, they now think of wanting to provide a safe environment for themselves and their children so they come here.”* From the foregoing, increased severity and frequency in IPV, the taking away of the children or extension of the abuse by the perpetrator towards the children in the relationship and the upsurge of violence to the degree that endangers the life of the survivor inform the need to seek formal external support systems. This finding aligns with Coker et al. (2000) that severity of abuse was key in the decision of survivors to seek help. These results also support Fanslow and Robinson’s (2009) perspective that when the severity of the abuse threatened the safety and wellbeing of the survivors, they would seek to leave the abusive relationship. The point, however, is that these decisions would occur within the potentially constrained context of accessing available formal support systems, the need to negotiate social constructs that may hinder seeking external help, and whether the social class of the survivor offers them access or otherwise within the welfare system. Reasonably thus, when survivors experience violence to the highest level, the fragments of the colonial ideology on which the Canadian welfare system was founded still plays a part in which kind of help they are able to access if they need to seek external support systems.

#### **4.5.4 Summary of Theme**

In line with the intersectionality theory, women survivors’ choices and constraints are negotiated through the variables of race, class, gender, religion, and the continuation of coloniality on which the Canadian welfare system is founded. The choice of a coping strategy transcends the rational decision-making ability of the individual to include structural issues as have been highlighted by the intersectionality theory. To limit the factors informing the external support



seeking behaviours to their individual choices is to limit the reality they are faced with in the face of the social structure and systemic violence experienced by many facing IPV.

The study, from service providers' perspectives, reveals that women adopt personal coping strategies as a means to protect their partners from being imprisoned and also to avoid public stigma, shame, and disapproval from friends and family. The study also identified financial dependence and fear as some of the key factors influencing survivors' decision of relying solely on internal coping strategies as a means of responding to IPV. Some women may also not have knowledge of the existence of formal institutions or access to such institutions due to distance or inability to meet the transportation cost. Other women survivors are unable to access external supports because they are isolated away from these supports with restricted access to telephones, Internet, money, friends, and family.

This study further explored what motivates other women to seek help from external sources. Empathy was found to be an important factor which enables survivors to seek support from external sources like family, friends, and the church. Women are able to pursue help from these sources when they feel a sense of belonging and when they feel they can safely talk to someone who would understand, share in their pain, and provide them meaningful advice and/or material assistance.

Women are often supported to pursue help from other external sources like formal institutions when they are empowered with education and quality information about the availability of the services provided by these formal institutions. They also seek help from formal institutions when the coping strategies adopted at the personal level are no longer yielding positive results and they feel that they do not have any other options for a safe place for themselves or for

their children. Some also seek formal support systems when the level of violence experienced by survivors increases in severity and frequency.

## CHAPTER FIVE: CONCLUSION

### 5.0 Introduction

This research was undertaken to investigate the coping strategies adopted by women IPV survivors from the perspective of service providers in Saskatoon. As a result of its qualitative nature, the study did not attempt to make any wide generalization, but rather presented and analyzed the views of respondents as obtained from the field in a general descriptive way.

### 5.1 Summary of Key Findings of the Study

In all, nine service providers who work in various IPV-interventions and services in Saskatoon were interviewed for this study. Women as young as 12 years old to women as old as 99 years of age were found to have received services from the providers for reported IPV. The survivors of IPV who sought help from participants' institutions of work included married women, women in common-law relationships, women in dating relationships, divorced women, and single women. However, women in dating and common-law relationships reported more cases of IPV than married women. The forms of IPV suffered ranged from physical, emotional, psychological, verbal, financial, as well as cultural and spiritual abuses with verbal, emotional, physical, and sexual abuse being the most common forms of IPV reported by women survivors.

It was identified that many women try to minimize the abuse or violence they experience from their partners by engaging in cognitive rationalizations and survival strategies, such as maintaining submissiveness rather than confronting the system where "power of the fathers" is prominent. Some survivors also relied on alcohol, drugs, and other substance use and misuse as personal coping strategies, intending to "*numb themselves and numb the pain that they're experiencing.*" Similar to safety planning as a coping strategy, some of the survivors also coped with IPV by doing whatever their partner desired in an attempt to create a calm and tranquil

environment (women cope by *“not arguing, keeping the house clean, trying to just be perfect so that no fights happen.”*) Others practiced optimism by staying hopeful that the situation would change in time while some women adopted confrontational means to resist the violence they faced by hitting back. Though some of the survivors used religion as a coping strategy, the frontline workers had divergent views on its usefulness as a strategy. Also, because IPV survivors cope only by *“making their problems smaller”* while *“convincing themselves that [the problem of the abuse] is not that bad,”* personal coping strategies in general were not deemed laudable by the frontline workers interviewed because their effectiveness and potency remained questionable.

It was identified that women survivors are most likely to first rely on friends and family for support, as well as churches and other non-formalized associations in order to cope with IPV before seeking help from other external sources like IPV-oriented institutions, the police and shelters. That is, after *“they’ve talked to friends and family and it’s not getting better, then they’ll go to somebody that they believe is an expert on relationships.”* Most survivors seek help initially from their family and friends; but they generally seek help from friends before going to the family: *“they don’t want it admitted to their families because when they admit it to the family, that makes it more real.”* Family and friends generally offer support such as shelter, advice, and financial assistance that may be required to exit an abusive relationship but for survivors facing issues of isolation and immigrant women, this support network becomes almost unavailable.

Religious institutions offer forms of support, but patriarchal religious groups may also create the need for women survivors to cope and stay in IPV situations instead of encouraging a cessation of such unions, since survivors *“may be encouraged to stay because the marriage is a partner institution of religion. Other times they are supported in terms of like, their safety and may be counselled otherwise.”* Formal support organizations were also found to offer referral roles by

linking survivors to other institutions that offer specific needs such as counselling, financial support and safety planning among others. Though rarely used, police services were found to be one of the services not accessed by survivors “... *unless the threat or the abuse is severe and more frequent.*” Otherwise, the police are not generally contacted by survivors.

One factor informing the type of coping strategy adopted was that women opt for personal coping strategies as a means to protect their partners from being imprisoned and also to avoid public shame and stigma, including mockery from friends and family. Restricted access to knowledge of available external services, fear, lack of access to telephones, absence of family or friendship support networks, and financial challenges were found as some of the major factors influencing survivors’ decision of relying solely on internal coping strategies as a means of responding to IPV.

The search for external support systems by survivors have been found to be generally informed by empathy and the search for a sense of belonging in their community (family, friends and the church). People empowered through education and quality information were also found to access external support services. As well, formalized support systems are used by survivors when the coping strategies adopted at the personal level are no longer yielding any positive results and they feel that they do not have any other options for a safe place for themselves and their children. Others sought external support because the level of violence experienced by survivors increased in severity and frequency.

## **5.2 Recommendations**

In an ironic way, this study identified that some single and divorced women had faced IPV issues. These issues generally happened in past relationships. There is the need for further studies on this particular population to explore the sources, forms and types of IPV they faced and how

they have coped with it over time. There is also the need to compare their coping strategies before exiting the relationship to the ones they adopted after a lengthy period of time away from the violent relationships, if any.

Since the forms of IPV suffered ranged from physical, emotional, psychological, verbal, financial as well as cultural and spiritual abuses with verbal, emotional, physical, and sexual abuse being the most common forms of IPV reported by women survivors, other programs that seek to support survivors must adopt a multiple-focus approach to address survivors' challenges more holistically.

Further, owing to the colonial history of Canada, there is the tendency for Indigenous IPV survivors to be reluctant to access external support, particularly from formal institutions complicit in ongoing settler colonial gendered violence. Therefore, more Indigenous service providers should be employed and Indigenous-specific services offered to support Indigenous women alongside the various IPV-oriented institutions across Canada. Funding should be specifically allocated to Indigenous women-led IPV responses.

### **5.3 Project Limitations**

This study is important because it offered an added insight to the IPV literature by exploring the phenomenon within the Saskatoon context from the perspectives of IPV service providers. How frontline service providers understood the coping strategies adopted by survivors of IPV, the external support resources considered as essential for coping with IPV and the factors that are key in determining the choice of internal coping strategies and external support seeking were the focus of this study. These focal areas are important to know which strategies work best as well as the factors that either serve as influence or barriers to accessing particular external support resources in Saskatoon.

While this work is important, it has limitations. First, the views of male frontline IPV service providers on coping strategies is not captured by this study owing to the absence of male front line workers in the selected organizations. It is therefore not possible to make a generalization of this study to include all gender categories involved in IPV management. Notwithstanding these, the study was able to answer the research questions. Also, the small sample size and method, while assuring better narration and grasp of the phenomenon under study, does not qualify study findings for greater generalization beyond the scope defined for a work of qualitative research of this nature. Last, the locational setting of the research must be considered when interpreting this work. The results of this work might not necessarily apply to a non-Western or non-Canadian setting. This is because of the variations in the systems that respond to IPV survivor coping issues elsewhere and also the different frameworks within which such analyses are made. Despite these, the results of this work add to our understanding of IPV coping strategies from the perspective of frontline service providers.

#### **5.4 Conclusion**

The study identified a myriad of coping strategies that survivors of IPV adopted. Survivors employ internalized strategies and cope with IPV for a long time until these approaches generally become unhelpful or unless the severity or frequency of their IPV increases before they perceive they are able to begin seeking external support. Some of the decisions to not seek external help arise from community norms that regard marital and intimate issues as private matters that should be endured, managed, and hopefully resolved. Patriarchal religious groups as well prevent the cessation of relationships in which women experience IPV. Violence and its experience in intimate relationships and how survivors cope with it are created and influenced by racialization processes, coloniality, and gendered inequalities alongside the self-determination of individuals within their community contexts.

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## **Appendix A: Interview Guide**

My name is Mary Mansa, a second-year master of Sociology student at the University of Saskatchewan. I am undertaking a research project for my thesis as part of the requirements for my MA Sociology Studies (Research). The project aims to understand the strategies used by women IPV survivors in coping with abuse. I humbly request you to grant me an interview lasting about forty-five (45) minutes. Your participation is very important for the success of this project. If at any point in the interview, you need clarifications, please do let me know. This interview will be treated confidentially; none of the information you give will be passed on to a third party, and the information will be used purely for the purpose of this research.

### **SECTION A: SOCIO-DEMOGRAPHIC CHARACTERISTICS**

You are free not to answer any questions or withdraw from the study at any time should you feel uncomfortable with the questions.

- ✓ Can you say anything about yourself that is interesting to know?
- ✓ What is your highest level of Education?
- ✓ What is your occupation?
- ✓ How long have you been in this occupation?
- ✓ What specific position do you occupy in this organization/institution
- ✓ What duties do you perform as an occupant of this position?

### **SECTION B: SERVICE PROVIDERS' UNDERSTANDING AND DESCRIPTION OF SURVIVORS' COPING STRATEGIES**

- ✓ Which age category of women survivors have reported cases of IPV to your institution?
- ✓ What is the marital status of the survivors?

- ✓ What form(s) of intimate partner violence are reported by survivors to your institution?
- ✓ What is a coping strategy? And how would you describe survivors' coping strategies?
- ✓ In your opinion, how do survivors cope with abuse before they come to your institution for help? (Personal coping strategies).
- ✓ Do you think these personal coping mechanisms are effective in minimizing IPV? Please give reasons for your answer.

### **SECTION C: EXTERNAL SUPPORT RESOURCES ESSENTIAL FOR COPING**

- ✓ What external informal support mechanisms do you think women survivors of IPV utilize in coping with abuse?
- ✓ Do survivors get some support from family, friends and other informal sources?  
(PROBE: What kind of support do you think they get from these informal sources?)
- ✓ How does your agency/institution respond to survivors' coping needs? (PROBE: Empowerment programmes)
- ✓ Does your institution's response mechanism encourage survivors of IPV to report abusive situations? Please elaborate
- ✓ Apart from your institutional support, which other formal support mechanisms are accessed by women survivors of IPV in dealing with violence? PROBE: (Which formal sources do you think women are likely to approach?)
- ✓ What services are offered them and which one do you think is more effective for them to gain back their self-worth easily?

### **SECTION D: DETERMINANTS OF SURVIVORS' CHOICE OF SPECIFIC COPING**

#### **STRATEGIES**

a) **Personal coping strategies**

- ✓ In your opinion, what do you think are some of the reasons why survivors use personal coping strategies? (PROBE: a. Barriers preventing survivors from seeking external support mechanisms. b. Reasons why survivors may refuse to quit their unions despite abuse against them )

b) **External support resources**

- ✓ In your opinion, what do you think motivates women survivors to seek external support to cope with violence?
- ✓ When do you think survivors involve the justice system? Is it immediately or when violence becomes frequent and severe?

**SECTION F: CONCLUSION**

- ✓ Is there anything you would want to add?
- ✓ Do you have any question(s) for me?

*Thank you so much for your time and patience*

## Appendix B: Introductory Letter



UNIVERSITY OF  
SASKATCHEWAN

College of  
ARTS & SCIENCE  
Department of Sociology

Department of Sociology  
Room 1019, 9 Campus Drive  
Saskatoon, SK S7N 5A5 Canada  
Telephone: (306) 966-6947  
Facsimile: (306) 966-6950  
E-mail: sociology@usask.ca

Dear Sir/Madam,

### INVITATION TO PARTICIPATE IN A RESEARCH STUDY

You are invited to participate in a research study entitled: *Coping Strategies of Women Intimate Partner Violence Survivors: Perspectives of Service Providers*. You have been identified as someone with the relevant experience and knowledge to contribute to this research.

This research seeks to expand social scientists' substantive knowledge about the coping strategies of Intimate Partner Violence (IPV) survivors in Saskatoon. The research specifically intends to gain insight into (1) how service providers understand and describe survivors' coping strategies, (2) the external support resources service providers perceive as essential to cope with IPV, and (3) the factors they discuss as key influencers of survivors' coping choices.

This research project has been approved on ethical grounds by the University of Saskatchewan Research Ethics Board. The researcher is therefore required to adhere to all the accepted guidelines and principles governing this study, including protection of participant's confidentiality, anonymity, and freedom throughout and after the study period. As a participant in this study, you would be asked to voluntarily participate in one-on-one, in-person interview, as indicated in the attached recruitment poster. The researcher will appreciate your voluntary participation in this study.

For more information about this study, or to volunteer for this study, please contact the researcher on 1 306 966 6947, or email [mam356@mail.usask.ca](mailto:mam356@mail.usask.ca)

Mary Mansa

---

Researcher's Name

Researcher's Signature

Date

Department of *Sociology*  
University of Saskatchewan



**PARTICIPANTS NEEDED FOR  
RESEARCH IN IPV Survivors' coping strategies in  
Saskatoon**

We are looking for volunteers to take part in a study of  
Coping Strategies of Women Intimate Partner Violence Survivors:  
Perspectives of Service Providers

As a participant in this study, you would be asked to *voluntarily participant in one-on-one, in-person interview. All data collected through this research is confidential. You will not be asked to provide your name or any identifiable details about yourself in the interview. The interview will be arranged at a time and in your institution/agency, or any safe public place in Saskatoon convenient to you*

Your participation would involve *one* sessions, which is approximately *forty-five* minutes.

In appreciation for your time, you will receive *an honorarium of ten Canadian dollars in the form of a gift card.*

For more information about this study, or to volunteer for this study,  
please contact:

*Mary Mansa*  
*Department of Sociology*  
at  
306-966-6947 or  
Email: (mam356@mail.usask.ca)

**This study has been reviewed by, and received approval  
through, the Research Ethics Office, University of Saskatchewan.**

## Appendix D: Consent Form



College of  
ARTS & SCIENCE

Department of Sociology

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Room 1019, 9 Campus Drive  
Saskatoon, SK S7N 5A5 Canada  
Telephone: (306) 966-6947  
Facsimile: (306) 966-6950  
E-mail: [sociology@usask.ca](mailto:sociology@usask.ca)

### *Participant Consent Form*

---

**You are invited to participate in a research study entitled:** *Coping Strategies of Women Intimate Partner Violence Survivors: Perspectives of Service Providers.*

**Researcher(s):** Mary Mansa, Graduate Student, Department of Sociology, University of Saskatchewan, +1 306 9666947, [mam356@mail.usask.ca](mailto:mam356@mail.usask.ca)

**Supervisor:** Dr. Julie Kaye, Department of Sociology, University of Saskatchewan, +13069667463, [julie.kaye@usask.ca](mailto:julie.kaye@usask.ca)

### **Purpose(s) and Objective(s) of the Research:**

- This research seeks to expand social scientists' substantive knowledge about the coping mechanisms of IPV survivors in Saskatoon.
- The research specifically intends to gain insight into (1) how service providers understand and describe survivors' coping strategies, (2) the external support resources service providers perceive as essential to cope with IPV, and (3) the factors they discuss as key influencers of survivors' coping choices.

### **Procedures:** (See consent guidelines section 4)

- One-on-one, in-person and in-depth interviews will be carried out with participants who agree to be interviewed. The interviews will be digitally recorded (audio-taped), pending participant's consent. The interviews will be transcribed and analyzed by the student researcher, using qualitative thematic content analysis facilitated by qualitative software (NVIVO 11).
- Your commitment to the study involves participation in one in-person interview with the researcher, which will last about forty-five minutes. The interview will be arranged at a

time and in your institution/agency, or any safe public place in Saskatoon convenient to you.

- Please feel free to ask any questions regarding the procedures and goals of the study or your role in the study.
- You will have the opportunity to review the transcripts. However, you have the option to waive the transcript review through the following statement:

I would like to review the transcripts of this interview: Yes No

**Funded by:** This research has received no funding from any individual or agency.

**Potential Risks:**

- There is a minimal risk that your discussions about IPV survivors' coping strategies may cause you to experience some psychological distress or discomfort especially if you or any member of your family had ever experienced any form of intimate partner violence.
- You may end your involvement in the research project at any time if you feel uncomfortable sharing details about your experiences regarding the research topic, or may choose not to answer any interview questions you feel uncomfortable discussing.

**Potential Benefits:**

- The research aims to enrich academic and policy formulation about the effective coping mechanisms that contribute to addressing or overcoming intimate partner violence. As a participant, it is intended to offer you an opportunity for self-reflection that will empower you to effectively make contributions about how women IPV survivors cope with partner abuse and how survivors' coping strategies change with a shift in the experienced severity of violence.

**Compensation:**

- Upon completion of the interview, you will receive an honorarium valued at ten Canadian dollars (\$ 10 CAD) in the form of gift card redeemable in Saskatoon toward your time spent for the interview. Should you withdraw from the research during the interview, you will receive a partial honorarium of five Canadian dollars (also in the form of a gift card redeemable in Saskatoon) for your time and patience.

**Confidentiality:**

- All data collected through this research project is confidential. You will not be asked to provide your name or any identifiable details about yourself in the interview. If you do mention identifiable details, they will be omitted from the interview transcript to safeguard confidentiality.



- The data from this research project will be published and presented at conferences. However, your identity will be kept confidential. Although direct quotations from the interview will be used in the analysis of the data, you will be given a pseudonym, and all identifying information about yourself will be removed from the report.
- **Storage of Data:**
  - Only the research team will have access to the original data of the study. Data security during transportation will be ensured by password protecting electronic files and storing hard copies of the project materials in a locked filing cabinet to which only the research team has access.
  - All data will be stored at the Department of Sociology, University of Saskatchewan. Electronic files will be password protected and hard copies will be kept in a locked filing cabinet at the University. Materials will be stored at the University for five years after the work is published or otherwise presented. Electronic data will be destroyed by file deletion, and hard copies will be destroyed by shredding.
  - All data sets and paper documents, including consent forms, will be uploaded to a secure University of Saskatchewan electronic data storage site, and paper documents will be destroyed thereafter.

**Right to Withdraw:** (see consent guidelines section 10)

- Your participation is voluntary and you can answer only those questions that you are comfortable with. You may withdraw from the research project for any reason, at any time without explanation or penalty of any sort.
- Whether you choose to participate or not will have no effect on your position (for example, employment, class standing, access to services) or how you will be treated.
- Should you wish to withdraw, the digital recording and/or written transcription of your interview will be destroyed, along with any e-mail correspondence between you and the research team.
- Your right to withdraw data from the study will apply 30<sup>th</sup> April, 2019. After this point, it may not be possible to withdraw your data

**Follow up:**

- To obtain results from the study, please contact Mary Mansa at the e-mail address or phone number listed above.

**Questions or Concerns:**

- Any questions or concerns about this study can be directed to the Mary Mansa or Dr. Julie Kaye (see the contact information above).
- This research project has been approved on ethical grounds by the University of Saskatchewan Research Ethics Board. Any questions regarding your rights as a participant

may be addressed to that committee through the Research Ethics Office [ethics.office@usask.ca](mailto:ethics.office@usask.ca) (306) 966-2975. Out of town participants may call toll free (888) 966-2975.

## **Consent**

### Option 1 - SIGNED CONSENT

Your signature below indicates that you have read and understand the description provided; I have had an opportunity to ask questions and my/our questions have been answered. I consent to participate in the research project. A copy of this Consent Form has been given to me for my records.

_____	_____	_____
<i>Name of Participant</i>	<i>Signature</i>	<i>Date</i>
_____	_____	

*Researcher's Signature*

*Date*

***A copy of this consent will be left with you, and a copy will be taken by the researcher.***

### Option 2 - ORAL CONSENT

Oral Consent: If on the other hand the consent has been obtained orally, this should be recorded. For example, the Consent Form dated, and signed by the researcher(s) indicating that "I read and explained this Consent Form to the participant before receiving the participant's consent, and the participant had knowledge of its contents and appeared to understand it." In addition, consent may be audio or videotaped.

_____	_____	_____
<i>Name of Participant</i>	<i>Researcher's Signature</i>	<i>Date</i>