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The experience of help seeking among survivors of woman abuse

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Abstract

This study explored the relationship between experience with violence, trauma symptoms, and help seeking among a community sample of women. Criterion-referenced sampling was utilized to select two samples of women who reported experiencing violence enrolled in an adult education program in a large metropolitan city. Participants reported the level and frequency of violence they had experienced in an intimate relationship, completed the Trauma Symptoms Checklist (TSC-33; Briere & Runtz, 1989), and a researcher-designed help seeking checklist. The results of this study indicate a relationship between women's reported experience with violence and help seeking. Women who reported experiencing more severe and frequent violence reported accessing a greater number of resources. It is hoped that information gathered in this study can be used to increase our understanding of women's experience of help seeking, and help reduce barriers for women accessing support following the experience abuse in an educational context.

KEYWORDS: Woman abuse, help seeking, trauma, adult education

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Woman abuse is a significant issue facing Canadians. A recent national survey indicated that 7%, or 653,000, female respondents had experienced abuse in the last 5 years (Statistics Canada, 2006). There is a large body of research that indicates there are many negative physical, psychological, and social effects of women's experience of violence. These include, but are not limited to, long-term health consequences, increased incidence of mental health problems, and loss of social support networks (Johnson, Zlotnick, & Perez, 2008; Campbell & Soeken, 1999; Golding, 1999; Campbell, et al. 2003). The mental health consequence that occurs most frequently as a result of women's experience of violence is posttraumatic stress disorder (PTSD) (Golding, 1999). In fact, a recent meta-analysis by Golding (1999) reported that studies estimate the prevalence rate for PTSD among women who have experienced violence is 64%. Research indicates that women who meet criteria for diagnosis of posttraumatic stress disorder experience difficulties related to psychosocial functioning (Johnson, Zlotnick, & Perez, 2008; Jones, Hughes, & Unterstaller, 2001). From a feminist informed framework, the following study sought to explore the relationship between women's experience with violence, trauma-related symptoms, and help seeking to better understand how we can support survivors of woman abuse.

According to feminist theory, woman abuse occurs as a result of power inequalities between men and women in society, and there are both ideological and structural dimensions to this inequality. Ideological dimensions include individual norms and values about the roles of men and women, and how they should behave. Structural dimensions include access to institutions such as education and employment. These ideological and structural dimensions create and maintain inequality among peoples in

society. Thus, because men have greater access to financial and educational resources, and because they are considered to be the "leaders" of family units, they have greater power over women (Yodanis, 2004; Herman, 1997; Brown, 1994). Consequently, there is a relationship between women's status, power, and the violence they experience. According to feminist theorists men control political, social, and family systems, and these systems both legitimize and maintain male dominance over women (Yodanis, 2004). Thus there are structural (such as employment, education, finances), cultural (values and norms of society), and personal (the psychological effect of experiencing violence) factors that need to inform our understanding of violence against women (Yodanis, 2004; Herman, 1997; Brown, 1994).

In addition to the work of feminist theorists, Relational Cultural Theory informs our understanding of the impact of woman abuse, and the ways we can support survivors. Relational Cultural Theory has been recently developed in response to traditional developmental theories of traditional psychology, and posits that development and growth evolve through connection and relationship, as opposed to a more traditional understanding of development as movement towards independence (Jordan, 2000; Miller & Stiver, 1997). Relational Cultural Theory suggests that disconnection from relationship and isolation are the main factors leading to psychological distress among people; disconnection, as defined by relational cultural theorists, occurs when an individual fails to be understood by another person and experiences profound pain. Violence is thought to be the most extreme form of disconnection that can occur in a relationship. Multiple experiences of disconnection leads to greater feelings of disconnection and isolation, and is thought to occur at all levels of society. Individuals

experience disconnection at a societal level when they are silenced by bias, prejudice, and judgment. Relational Cultural Theory posits that healing and recovery from disconnection, violence, and psychological distress can be achieved through reconnection with others. This reconnection occurs when individuals allow themselves to affect and be affected by others within a relationship (Jordan, 2000; Walker, & Rosen, 2004; Miller & Stiver, 1997). Relational cultural theory informs the current research understanding of women's experience of violence, as well as informing proposed procedures for supporting women survivors.

Trauma symptoms

A recent review of relevant research indicates that trauma related symptoms reported by women who have experienced violence are consistent with those outlined in the DSM-IV for the diagnosis of posttraumatic stress disorder (PTSD) (American Psychiatric Association, 2000; Golding, 1999; Johnson, Zlotnick, & Perez, 2008). Some researchers use semi-structured clinical interviews administered by clinicians to diagnose or identify the presence of posttraumatic stress disorder among women who have experienced violence. Alternately, other researchers use self-report trauma symptom measures to shed light on a woman's experience with symptoms, and her perceptions of those symptoms (Golding, 1999). These choices can result in a distinction between understanding a woman's perception of violence and trauma-related symptoms as opposed to a clinical diagnosis of psychopathology. The terminology used to describe this cluster of symptoms varies, but is most frequently termed trauma symptoms, or PTSD-related symptomatology. These terms differ from a diagnosis of PTSD as such a diagnosis requires strict adherence to symptom severity and duration guidelines put forth

in the DSM-IV (Golding, 1999; American Psychiatric Association, 2000). For the purpose of the present study, we examined women's experiences with trauma-related symptoms to better understand how these symptoms may affect survivor's psychosocial functioning and in particular, help seeking.

Trauma-related symptoms are reported across diverse samples of women who have experienced woman abuse, including those in shelters, community samples, and hospital emergency room samples (Jones, Hughes, & Unterstaller, 2001). Basile, Arias, Desai, and Thompson (2004) collected data from 16,000 women and men in the United States regarding their experiences with violence. The results of their study indicated there is a positive correlation between the experience of violence and PTSD-related symptoms among women. PTSD-related symptoms were correlated with all types of violence, including physical, sexual, psychological and stalking violence. The results of this study also indicated that PTSD-related symptoms increase with the experience of more types, but necessarily with increased severity, of violence. The correlation between PTSD-related symptoms and the experience of woman abuse in a national sample suggests PTSD-related symptoms are pervasive among women who have experienced woman abuse. In addition, this study highlights the increasingly adverse psychological effects of multiple types of violence. Some limitations to this study and similar studies are that it represents only a snapshot of woman abuse, and does not indicate the trajectory of women's experience of violence or trauma-related symptoms. In addition, it does not explore the possible negative psychosocial outcomes associated with the experience of violence or trauma symptoms.

Posttraumatic stress disorder symptoms are often divided into three clusters, hyperarousal, numbing, and avoidance. Generally, PTSD symptoms are described as avoidance of people or places that remind the individual of the original trauma, feeling disconnected from others, lack of affect or emotional numbing, and persistent re-experiencing of the event in the form of flashbacks. These symptoms are considered to be intrusive and disabling in the lives of women who experience them (Krause, Kaltman, Goodman, & Dutton, 2006).

Researchers have begun to explore how the experience of severe, long-term abuse within the context of a trusting relationship can affect the lives of survivors. Results of this research indicate that the experience of lifetime trauma can affect survivors differently than the experience of a single traumatic event. Termed, complex trauma or complex traumatic stress disorder, survivors of lifetime trauma experience disabling changes to their world. The experience of complex trauma has been examined among survivors of childhood sexual abuse, childhood abuse and maltreatment, and long-term abuse within intimate relationships. Complex trauma includes a number of additional symptoms that occur in addition to the symptoms required for a diagnosis of PTSD. These additional symptoms include alterations to perceptions of the self, others, and systems of meaning. For example, survivors of severe, long-term abuse may experience lasting feelings of shame, responsibility for the abuse they experienced, and difficulty trusting others. These additional symptoms are sometimes conceptualized as affecting the personality of survivors as they are pervasive and notable across a variety of situations and behaviours (Courtois, 2004; Herman, 1997; Briere, Elliot, Harris, & Cotman, 1995). In summary, the experience of complex trauma is debilitating and

extensive, and can affect all aspects of a survivor's life, including her relationships, emotional, and physical well-being.

Negative impact of trauma symptoms

Based on the demonstrated correlation between woman abuse and symptoms related to posttraumatic stress disorder, we will now explore the negative effect of these PTSD-related symptoms on the psychosocial functioning of survivors. Researchers have begun to examine how the severity of PTSD-related symptoms can increase a woman's chance of experiencing continued abuse (Perez, & Johnson, 2008; Krause, et al. 2006; Johnson, Zlotnick, Perez, 2008). Krause and colleagues conducted a descriptive field study to examine the relationship between PTSD symptoms and the incidence of re-abuse, in a sample of women recruited from a shelter over a 1-year period. The results of this study indicated that women who reported reabuse with their same intimate partner reported greater PTSD symptomatology at base line, as opposed to women who did not continue to experience abuse. This study provides support for the severely negative impact of PTSD-related symptoms on the lives of survivors; however, it is not without its limitations. Specifically, this study only sampled women recruited from a shelter, whose experiences may be different than women who continue to live in the community. Furthermore, this study only examined reabuse over a 1-year period with the same partner, and did not account for women's experiences of violence with new partners.

In an attempt to better understand the relationship between trauma symptoms and the experience of woman abuse, researchers have examined the role of a woman's access to resources. Johnson and colleagues (2008) suggested that the intrusive and disabling nature of trauma-related symptoms might specifically impact a woman's ability to seek

help, make connections, and maintain employment. Johnson and colleagues reported that trauma symptom severity was correlated with resource loss over time in a sample of women who had experienced woman abuse (Johnson, Zlotnick, & Perez, 2008; Johnson, Palmiere, Jackson & Hobfoll, 2007). Some examples of these lost resources included education, employment, and social support networks (Johnson, Palmieri, Jackson & Hobfoll, 2007). Thus, the relationship between trauma symptoms and the experience of continued abuse appears to be affected by a woman's ability to access resources that might keep her safe. Finally, there appears to be a relationship between the experience of PTSD-related symptoms and a woman's commitment and ability to leave her abusive partner. Arias and Pape (1999) reported that the presence of severe PTSD-related symptoms interfered with a woman's intention and ability to leave her partner. Given this demonstrated relationship between trauma symptoms, access to resources, future risk of violence and ability to leave an abusive partner, more research is needed to better understand the relationship between women's experience of trauma symptoms, violence, and their ability to access resources.

Help seeking

One way of understanding a woman's ability to access resources is to examine help seeking behaviours. Research indicates help seeking resources such as shelter services, crisis lines, and seeking the help of other professionals is under-utilized as compared to the number of women who experience violence (Fugate, Landis, Riordan, Naureckas, & Engel, 2005; MacQuarrie, 2007). In a recent community sample of women who had experienced violence, 82% indicated that they were least likely to contact an agency or counsellor regarding their experience of violence, and 62% said they did not

call the police (Fugate, Landis, Riordan, Naureckas, & Engel, 2005). Research indicates that a woman's decision to seek help and access resources is a complex process, and individual understanding regarding the severity of violence, perceived requirement to end the violent relationship, and decisions about treatment preference are just a few of the factors that have been identified as related to a woman's decision to seek help (Angelo, Miller, Zoellner, & Feeny, 2008; Fugate et al. 2005). Given the complexity of this decision, a woman's experience of trauma-related symptoms may make the decision to seek help even more difficult, or her experience of symptoms may prevent her from being able to adequately use resources if she does decide to seek help.

The effect of trauma symptoms on help seeking

As discussed previously, trauma symptoms commonly reported by survivors of woman abuse are disturbing and disabling. As suggested by Johnson et al. (2008), these trauma symptoms themselves may affect a woman's ability to seek help when she is experiencing abuse. Common symptoms of trauma include intrusive recollections of the traumatic events, difficulty sleeping, hyperarousal, emotional numbing and avoidance. Johnson et al. examined how trauma symptoms such as these affect a woman's ability to utilize resources within an emergency shelter. The results of this study demonstrated that increased experience of PTSD-related symptoms was negatively correlated with a woman's ability to adjust socially, utilize social support, and effectively use community resources. The authors hypothesize that the debilitating effects of the trauma symptoms contributed to this social morbidity, by making it more difficult for women survivors to take the necessary steps to acquire and maintain social connections and community resources. The results of this study may be extrapolated to provide additional

information as to how trauma symptoms affect a woman's ability to seek help. Schwarz & Kowalski (1992) demonstrated in their study of disaster survivors that survivors may be less likely to utilize mental health services due to the nature of their avoidance trauma symptoms. Thus, symptoms such as emotional numbing and avoidance of places, objects, or thoughts that remind an individual of the trauma may lead a survivor to also avoid mental health services.

Literature exploring combat veterans' experiences with trauma symptoms and help seeking indicates that trauma symptoms are positively correlated with mental health support seeking among survivors. This research literature also demonstrates, however, that this relationship is mediated by education level, social support, income, and health insurance. Thus higher education, social support, income, and health insurance predict greater service utilization among combat veterans and individuals who have witnessed disasters (Elhai, North, & Frueh, 2005; Soloman, 1989; Goto, Wilson, Kahana, & Slane, 2002; Boscarino, Galea, Ahern, Resnick, & Vlahov, 2002). Research demonstrates that women who are most vulnerable to woman abuse, and who experience the greatest difficulty accessing support services, are women who do not have access to education, and are of low socioeconomic status (Moe, 2007; Liang, Goodman, Tummala-Narra, & Weintrub, 2005). Woman abuse survivors also report having smaller support networks, including fewer friends, and fewer people they can look to for support as compared to women who have not experienced abuse (Coohey, 2007). Thus, extrapolating from this research regarding veterans' experiences with support services suggests that women who experience chronic woman abuse, low education, low socioeconomic status, and small support networks would experience the greatest difficulty accessing services. In addition

to the effect of trauma symptoms on help seeking, research demonstrates that a woman's previous experience with social support services may affect her decision to seek help (O'Byrne, Hansen, & Rapley, 2008; Ullman, & Brecklin, 2002; Moe, 2007).

Women's experiences with helping systems

A woman's previous experiences with helping systems such as health care, justice, or child protective services, may provide additional information as to why women who are experiencing abuse may not be able to seek help. Research with women survivors of sexual assault tells us that the decision to access helping resources is complex. Women survivors of sexual assault report the most common reasons they do not seek help are fear of being judged, disbelief from service providers, and not thinking that their assault warrants police intervention (O'Byrne, Hansen, & Rapley, 2008; Ullman, & Brecklin, 2002; Moe, 2007). A woman's own perceptions of her need for help, combined with the perceptions of the people she encounters when seeking help, both influence her past experience with help seeking and also the decision to ask for help in the future.

Health care

A survivor's decision to seek help through the health care system is complex. Based on research regarding survivors' experiences with health care systems, we know there are many opportunities for negative experiences. Campbell (2008) describes how the health care system provides many opportunities for re-traumatization for women seeking help following abuse. Invasive medical procedures, long emergency room wait times, and insensitive reactions by hospital staff are factors that contribute to women's negative experiences. Peterson, Moracco, Goldstein, and Andersen Clark (2004) asked

women survivors of abuse to discuss their perspectives on barriers to seeking assistance for abuse. The most common reasons these women reported not seeking support through health care systems included, but were not limited to, not recognizing her experience as woman abuse, not believing that her experience was wrong, and perceived reluctance of health care providers to address violence. In a different study, women described interactions in which doctors and nurses responded inappropriately to disclosure of abuse by disbelief, ignoring the experience of violence, or by giving unhelpful advice (Bacchus, Mezey, & Bewley, 2003; Moe, 2007). Tower, McMurray, Row, and Wallis (2006) suggest that these negative reactions by health care providers may arise due to rigidity of the current medical model that emphasizes strict diagnostic guidelines and fails to account for the complexity of women's lives. Furthermore, in their qualitative study exploring women's experiences with health care providers following woman abuse, women reported that their negative experiences with health care providers made them feel further victimized, and exacerbated their health concerns. Finally, this study sheds light on how the psychological effects of woman abuse influence women's experiences with health care providers. Women reported feeling undeserving of medical treatment, experienced confusion, and described their experience as a "slippery slope of physical and mental health deterioration" (Tower, etal., 2006, p. 191). Survivors spoke of how their physical and mental health symptoms related to abuse made them feel overwhelmed and helpless, and consequently further impeded their ability to ask for help (Tower, et al. 2006). Research literature on women's experiences with the health care system following violence tells us that there are many opportunities for distressing and traumatizing experiences. This suggests that women's previous experiences with asking

for help through the health care system, or her understanding of the health care system, may affect her ability to ask for help in the future.

Child protection services

In addition to previous negative experiences with health care providers, new policy changes to Ontario Child Protection laws have implications for women's helping seeking for woman abuse. While Child Protection laws may vary by jurisdiction, Ontario-specific stipulations are discussed here as participants in the present study were residing in Ontario and may have been affected by the Ontario Child and Family Services Act. The Ontario Child and Family Services Act was amended in 2000 to include exposure to violence in the home as a form of child maltreatment. Subsequently, this has led to changes in mandatory reporting policies with a number of services. A woman's disclosure of abuse can now lead to a referral to child protective services in her area. These amendments further stipulate that if a woman does not leave her abuser, this "failure to protect" her children from witnessing violence could eventually lead to decisions regarding her ability to care for her children. As a result of this amendment, some support agencies have modified their procedures to include mandatory reporting to local child protection agencies in the event a woman discloses abuse with children in her home. As described by Jaffe and colleagues (2003) critics of the amendments suggest that despite the well-informed intentions of policy makers, these policies place responsibility to protect children on the woman who is experiencing the abuse, and blame her for her experiences. These advocates suggest this amendment puts up an additional barrier for women seeking help as they may be less likely to disclose abuse for fear that they will be

punished, or lose custody of their children (Alaggia, Jenney, Mazzuca, & Redmond, 2007; Jaffe, Crooks, & Wolfe, 2003).

Justice System

Women's experiences with the criminal justice system are also complex. In addition to experiences with health care systems and child protective services, a woman's belief in the efficacy of the justice system affects the likelihood she will seek help. A Canadian study by Barata (2007) asked survivors of woman abuse to describe their perspectives on the criminal justice system. Results of this study indicated that women's feelings about the efficacy of the criminal justice system are complicated and diverse. Some women reported that the criminal justice system is not a deterrent, is ineffective, and cannot guarantee her safety, while others reported it could be trusted. These beliefs were further complicated by a woman's own feelings about calling police and pressing charges as a result of abuse. These feelings included, fear that it would make the violence worse, ambivalent feelings about the end of the relationship, and guilt over the possibility of sending her partner to prison. Mandatory arrest and prosecution policies are additional factors that impact a woman's experience with seeking help through the legal system. As described by Barata (2007), mandatory arrest policies have been adopted in most areas of North America, and require that a perpetrator be arrested for any domestic disturbance call, even if the "victim" does not wish to pursue charges. Furthermore, mandatory prosecution policies stipulate that charges cannot be dropped against a perpetrator once they have been laid (Barata, 2007). While these policies were adopted in the best interest of protecting individuals who experience violence, researchers have documented the unintended negative impact they can have on survivors. One

example is the increase in dual arrests that are made in response to domestic disturbance police calls. This means that there are increased instances where both the male and female involved in the disturbance are arrested. Dual arrests pose a potential problem when they are not justified. What may result is that when a woman seeks help through police she runs the risk of also being arrested herself. Such a possibility may serve as a deterrent for many women who are looking to seek help (Hirschel, & Buzawa, 2002).

The nature of woman abuse by a partner or family member is further complicated in the justice system. Pursuing assault charges against a perpetrator, similarly to some medical procedures, can lead to re-victimization for survivors of woman abuse. By nature, the courtroom is not a supportive environment for a woman to tell her story. Defense Attorneys are required to question a survivor's account of her experience, dispute her credibility, and challenge whether or not she is telling the truth (Jordan, 2004). This experience, compounded by slack punishment or acquittal, can result in a negative experience with the justice system (Jordan, 2004; Moe, 2007). Another way that women can seek assistance from the legal system without criminal prosecution is through use of orders of protection. While there are benefits to seeking orders of protection, women often describe their ineffectiveness in preventing future violence. Orders of protection may also be ineffective in their difficulty to enforce, as well as their requirement that the woman survivor immediately separate from her abuser. Such a requirement may be difficult to meet due to financial restraints, lack of social support, or the involvement of children. Attempts to acquire an order of protection can be further complicated because such orders require a street address. Given that many women experience homelessness when they are fleeing a violent relationship, they may not be

able to provide a current street address for this request to be processed (Moe, 2007). Each of these factors may contribute to a woman's choice to not seek help from the justice or legal system.

Social services

Women's experiences with social services agencies designed for survivors of woman abuse may also affect their decision to seek help in the future. Many women find it difficult to find shelter space when they need it. Often, shelters have policies that restrict shelter use due to recent alcohol or drug use, as well as by number and ages of children. For example, many shelters have policies against admitting male children over a certain age. Maintaining space in a shelter may also be a challenge for women seeking help for woman abuse. As described by Moe (2007), shelters may have strict policies that govern behaviour while residing in the shelter, and have time limits on women's length of stay. While many women report their experiences in shelters to be empowering, supportive during the initial stages of their healing, not all women are as fortunate. Consequently, negative experiences accessing social services such as abused women's shelters may contribute to a woman's decision regarding accessing support in the future. Conversely, women's positive experiences from shelter stays were most commonly tied to the shelter's ability to get them connected with additional services. When shelters facilitated survivors becoming more active help seekers, and aided their ability to get connected to services, women reported their shelter experience to be important in helping them pursue safe lives (Moe, 2007).

Relational cultural perspectives on help seeking

As discussed previously, Relational Cultural Theory informs our understanding of the importance of reconnection in healing and support for individual's experiencing psychological distress. Reconnection, mutual empathy, and support are even more important to survivors of woman abuse, as they may have experienced chronic and extreme disconnection and isolation. Furthermore, as research demonstrates, continued isolation and disconnection can lead to the continued experience of violence and psychological distress (Jordan, 2000; Miller & Stiver, 1997). For these reasons, understanding woman abuse from a Relational Cultural theoretical perspective places emphasis on the importance of help seeking among survivors of woman abuse. As reported by Moe (2007), women currently residing in a shelter explained that the experience of unconditional support from friends without judgment was important in helping them establish safety and leave their abusers. This suggests that the experience of reconnection with others is a powerful tool in the healing journey of survivors of woman abuse. Relational Cultural Theory also informs our understanding of previous experiences of help seeking, and how this may affect a woman's choice to seek help in the future (Jordan, 2000; Miller & Stiver, 1997). Research demonstrates that women survivors of abuse may experience disconnection when they reach out to support services such as the medical, legal, or justice systems (Moe, 2007; Campbell, 2008). As described by Jordan (2000), forced silence through discrimination and prejudice is a form of societal disconnection commonly experienced by survivors of woman abuse. Women can additionally experience disconnection when seeking help from family members, friends, or community members. Goodkind, Gillum, Bybee, and Sullivan (2003) found

that family responses to women's requests for help in violent relationships were affected by the nature of the woman's relationship, number of children involved, and the number of times she had tried to leave her abuser in the past. Furthermore, this study reported that negative reactions to a woman's reaching out for support from friends and family negatively affected her well-being. These repeated negative experiences with societal and personal support services can lead to chronic disconnection and further isolation among survivors. Thus, a woman's negative experience with social support services repeatedly over time not only affects her decision to seek help again, but may also lead to greater feelings of isolation and psychological distress (Miller & Stiver, 1997).

The aim of the present study was to examine the relationship between women's experience of violence, trauma symptoms, and their access resources in the form of help seeking behaviour. Furthermore, the present study aimed to shed light on the experiences of survivors in the community, as opposed to only those of women who were currently in shelters or utilizing emergency services. Comparisons were made between two samples of women who identified that they had experienced violence. One group comprised of women currently seeking support for woman abuse, and one group comprised of women not seeking support for woman abuse. The present study provides additional information regarding specific barriers that women face when seeking help, in addition to continuing to develop our understanding of how violence affects the lives of women using two samples of women.

The following main research question was addressed: Is there a relationship among experience with violence, trauma symptom severity and women's ability to access resources in a non-shelter sample of women?

Method

For the purpose of the present study, data was used from two previously collected criterion-referenced samples of adult students enrolled in an adult education centre in a large metropolitan city in Ontario. The methodology of data collection within each sample is detailed below. Demographic characteristics of participants in each sample can be found in Tables 1 and 2.

Sample 1 (Traditional Program Sample)

Participants

Participants for sample 1 (traditional program) were drawn from approximately 500 women students currently enrolled at an adult learning centre located in a large metropolitan city in Ontario. Students were admitted to this school if they were 18 years of age or older, were proficient in English, and had not completed their high school diploma. The majority of participants in the traditional program reported English was their first language, they were born in Canada, and that they were Canadian citizens. Average age of participants can be found in Table 1, and demographic information can be found in Table 2. Students were recruited for participation in this study during classroom time, and requested to complete a survey exploring student experiences with violence and education.

Procedure

Prior to the start of the study, one week before the term began, teachers and staff met with the lead researcher to discuss the study and methods. For data collection, teachers distributed surveys during period 1 and 2 classes during the first week of classes. Students who were interested in participating were asked to complete an informed

Table 1

Means and Standard Deviations of Measures of Experience with Violence, Trauma Symptoms, and Help Seeking (N = 63)

Measure	Bridges (n = 33)		Traditional Program (n = 30)		Combined (n = 63)	
	M	*SD*	*M*	*SD*	*M*	*SD*
Age	31.87	10.2	28.60	8.55	30.29	9.55
Experience With Violence	63.73	27.92	40.51	11.76	52.67	24.57
VE	38.03	16.49	25.80	7.56	32.35	14.42
PS	25.42	12.39	14.70	4.55	20.32	10.87
TSC	41.30	16.33	30.67	14.43	35.95	16.34
Dissociation	8.06	3.67	5.80	3.80	6.98	3.87
Anxiety	11.03	5.74	7.67	4.42	9.47	5.37
Depression	13.03	5.11	9.00	4.99	11.11	5.41
PSAT_h	8.12	4.17	5.20	3.21	6.73	3.99
Sleep	7.88	2.89	4.73	2.21	6.30	3.12
Help Seeking	5.97	3.19	1.70	2.07	3.93	3.44

Note: VE = Verbal/Emotional, PS = Physical/Sexual, TSC = Trauma Symptoms Checklist, PSAT_h = Post sexual abuse trauma-hypothesized.

Table 2

Frequency of Demographic Characteristics (N = 63)

Measure	Bridges (n = 33)		Traditional Program (n = 30)		Combined (n = 63)	
	F	%	*F*	%	*F*	%
English First Language						
Yes	26	78.8	21	70.0	47	69.1
No	3	9.1	9	30.0	12	17.6
Born in Canada						
Yes	25	75.8	21	70.0	46	67.6
No	4	12.1	8	26.7	12	17.6

consent form and the survey. Survey and informed consent forms were submitted back to research staff separately. Surveys were completed individually and collected during class time. A copy of the letter of information is presented in Appendix A.

Sample 2 (Bridges Program Sample)

Participants

Participants for sample 2 (Bridges program) were drawn from a group women enrolled in the SSHRC funded adult education program, "Bridges: Women's Links to Learning and Success". Entrance into this program was limited to women who had experienced woman abuse, and who did not have their high school diploma. Women self-referred themselves to this program, and thus the sample was self-selected. Due to ethical considerations and participation, randomized sampling was not utilized for assignment to participate in this program. Average age of participants in the Bridges program sample can be found in Table 1, and other demographic information can be found in Table 2. The inclusion of these participants represents a departure from much of the current literature regarding women's experience of violence, in that participants were not being sampled from a service they are using in crisis.

Procedure

Questionnaires were administered by trained graduate research assistants in a semi-structured interview format. Interviews lasted approximately 1-hour and were conducted on school grounds, in a private room next to the Bridges classroom. Participants were requested to complete an interview approximately every 8 – 10 weeks for the duration of the program. The questionnaires were read aloud to each participant

to ensure understanding and comfort with each item. All interviews were audio taped and transcribed. A copy of the letter of information is presented in Appendix B.

Materials

Demographic information

Questions regarding the demographic information of each participant were designed specifically for data collection in the present study. These questions included, but were not limited to, age, place of birth, citizenship status, ethnicity, current intimate relationship status, source of income, and employment information (see Appendix C).

Experience with violence

Items from the Revised Conflict Tactic Scale (CTS2; Straus, Hamby, Boney-McCoy, & Sugarman, 1996) were used to measure severity and frequency of intimate partner violence among participants. Both samples used 27 of the 39 original items, addressed physical, emotional and sexual violence, and participants were only asked about violence perpetrated against them. Because only certain items were included from the original CTS2 scale for the present study, results from this scale will be here to be referred to as experience with violence. Participants rated, on a Likert-type scale, how often each type of violence occurred in a current (or former) relationship from 1 ("never") to 5 ("daily") and example items included "Tried to limit your contact with friends or family", "Kicked, bit, or hit you", and "Caused you injury that required medical attention" (see Appendix D). Higher scores indicate greater severity and frequency of violence, and range from 0 - 135. It is important to note that any score greater than 0 indicates that a participant had experienced violence in the last year. For the purpose of the present study, 2 subscale scores were calculated in addition to total

scores to assess participants' experience of violence: physical/sexual abuse subscale and verbal/emotional abuse subscale. The physical/sexual abuse subscale contained 10 items and scores range from 0 - 50, and the verbal/emotional subscale contained 17 items and scores range from 0 - 85. For both subscales, higher scores indicated greater frequency and intensity of violence. Reliability reported for this scale ranges from Cronbach's α = 0.79 – 0.95. This scale was appropriate for use with the proposed population for the present study as it has a 6th grade reading level, and has been used with different cultural groups in the United States, as well as in other countries (Straus et al., 1996).

Experience of PTSD-related symptoms

To provide information about participants' experience of posttraumatic stress disorder related symptoms, the Trauma Symptoms Checklist (TSC-33; Briere & Runtz, 1989) was used. This is a 33-item Likert-type scale that assesses the frequency and severity of trauma symptoms such as restlessness, insomnia, feeling isolated from others, flashbacks, dissociation, and somatic symptoms. Participants rated the frequency of their experience of these symptoms on a scale from 0 ("never") to 3 ("very often"). Example items include; "Waking up early in the morning and can't get back to sleep", and "Desire to physically hurt yourself". Scores were calculated by summing participants' scores on each question, higher scores indicate greater experience of trauma symptoms, and scores can range from 0-99 (see Appendix E). A total score was calculated, along with scores for 5 subscales: dissociation (6 items), anxiety (9 items), depression (9 items), post sexual abuse trauma hypothesized (PSAT_h) (6 items), and sleep disturbance (4 items). For each subscale, higher scores indicate greater experience of trauma symptoms in each category. As reported by Briere and Runtz (1989) internal consistency has been reported

as reasonable (Cronbach's $\alpha = 0.89$). This scale was standardized using samples of abused and non-abused women, as well as using a stratified random sample of Canadian women (Briere & Runtz, 1989). The psychometric properties of this scale indicate that it was appropriate to use with the population of participants for the current study.

Help seeking behaviours

A help-seeking checklist was developed for the purpose of this study to identify services participants had utilized as a result of violence. There were 14 items to which participants answered "yes" or "no". Some example items are "called the police", "sought help from a religious leader", "told family or friends", "used shelter services", and "told a teacher" (see Appendix F). Scores on this scale range from 0-14, and any score over 0 indicates that the participant accessed at least one support resource in her lifetime. This particular scale was created specifically for use in these projects and thus no psychometric evaluations are currently available.

Results

Overview of the Study

The purpose of this study was to investigate the relationships between help seeking, trauma symptoms, and experience with violence among women currently enrolled in an adult education program. Data was collected from two samples of participants; women enrolled in an alternative adult education program (Bridges), and a traditional education program (traditional program), in a large metropolitan city. Participants' help seeking, the presence and level of trauma symptoms, and type, frequency, and intensity of violence experienced were measured through self-report via a

researcher-designed help seeking checklist, the Trauma Symptom Checklist-33 (TSC-33; Briere & Runtz, 1989), and a modified version of the Conflict Tactics Scale (CTS2; Straus, Hamby, Boney-McCoy, & Sugarman, 1996), respectively.

Procedure

The following data was collected from two criterion-referenced samples of participants currently enrolled in an adult education program in a large metropolitan city in Ontario, Canada. Participants in each sample were invited to complete a questionnaire exploring their experience with violence and education. For participants in sample 1 (traditional program), questionnaires were distributed and completed during class time. For participants in sample 2 (Bridges), questionnaires were completed as part of an interview.

Selection of Participants for Present Analysis

In sample 1, 1137 male and female students completed questionnaires. For the present analysis, all male participants were excluded and among the remaining female participants, only those participants who reported having experienced violence were included in the present study, yielding 265 participants. Female participants with the highest 35 total scores on the items of the Revised Conflict Tactic Scale were extracted for the present analysis. Of the final 35 participants, an additional 5 participants were excluded from analysis because they were missing responses for more than 15% of questionnaire items. Thus, the final number of participants included in the present analysis from traditional program is 30.

Based on admission criteria to the alternative education program Bridges, all participants in sample 2 (Bridges program) were female, and had reported having

experience violence. Participants in the Bridges sample completed the present study questionnaire up to 5 times while being enrolled in the education program, yielding 94 total completed questionnaires. All repeated questionnaires for a single participant were excluded, yielding 35 individual participant questionnaires. Of these 35 questionnaires, an additional 2 questionnaires were excluded because participants were missing responses for more than 15% of items. For each repeated questionnaire for a single participant, Time 1 data was used unless more than 15% of responses were missing, in which case Time 2 data was used. The final number of participants included from sample 2 in the present analyses was 33.

Results from the statistical analyses performed for the current study will be reported for each sample individually, as well as combined, to explicate the relationships between major study variables. Each sample was analyzed separately because participants in the traditional program differed from participants in the Bridges program in relation to a major study variable. As part of their enrollment in their current adult education program, Bridges program participants self identified as having experienced violence, whereas participants in the traditional program had not. Thus, participants in the Bridges sample were engaged in a help seeking behaviour by attending an education program designed specifically for women who had experienced violence. Thus, for the present study analysis, it was important to examine each sample separately. The 2 samples were also combined for analysis to provide an opportunity to explore the relationship between group (Bridges or traditional program) membership and help seeking, experience with violence, and trauma symptoms. In previous research, much of the understanding of women's experience of violence, trauma symptoms, and help

seeking has been conducted with women who were currently accessing shelter or emergency services. Both sample 1 and sample 2 of the present study included participants who were part of a community sample, and were not recruited from crisis or emergency resources. Thus, examining the relationships between major study variables in the combined sample provided information from a new sample of participants.

Description of participants

As mentioned previously, criterion-reference sampling procedures were utilized for the present study to select participants who were female, and reported having ever experienced violence among students enrolled in an adult education program in a large metropolitan city. All participants in both studies were enrolled in school with the purpose of obtaining credits necessary to complete their high school diploma.

Combined

Ages of the women in the combined sample (Bridges and traditional program) ranged from 18 to 55 years, with a mean age of 30.29. The majority of women in the combined sample reported that English was their first language; they were born in Canada, and were Canadian citizens. Table 1 shows the demographic and descriptive data collected with regard to age, help seeking, experience of violence, and trauma symptoms. Information regarding whether participants were born in Canada, spoke English as a first language, and their citizenship status is outlined in Table 2. Pearson chi-square analysis was performed to examine between group differences on categorical variables including language, place of birth, and citizenship status. There was no difference between samples in terms of whether or not individuals were born in Canada [X^2 (1) = 1.68, NS], or whether their first language was English [X^2 (1) = 3.516, p. = 0.059].

Traditional Program

Ages of participants in the traditional program ranged from 18 to 55 years, and the average age reported was 28.60. The majority of participants in the traditional program sample reported English was their first language (70.0%), were born in Canada (70.0%), and reported they were Canadian citizens (76.7%). Frequency of demographic characteristics can be found in Table 2.

Bridges

Ages of participants in the Bridges program ranged from 18 to 49 years, and the average reported age was 31.87. The majority of participants reported they spoke English as their first language (78.8%), they were born in Canada (75.8%), and reported they were Canadian citizens (66.7%). Frequency of demographic data for participants in the Bridges program can be found in Table 2.

Measures

In order to examine the relationship between women's experience of violence, trauma symptoms, and help seeking, the following measures were utilized: Revised Conflict Tactic Scale (CTS2; Straus, Hamby, Boney-McCoy, & Sugarman, 1996) modified, Trauma Symptom Checklist (TSC-33; Briere & Runtz, 1989), and a researcher-designed Help Seeking Checklist. Items from the CTS2 were used to assess history and severity of verbal, emotional, physical and sexual violence experienced by participants. For the purpose of data analysis, a total score and two subscales scores were calculated from the CTS2 items. Participants rated the frequency of their experience of post-traumatic stress disorder related symptoms on the Trauma Symptoms Checklist (TSC). A total score was calculated for participants, as well as a score for each of the 5 subscales;

dissociation, sleep disturbance, post sexual abuse trauma hypothesized, anxiety, and depression. Finally, to obtain information of participants' history of accessing support resources, a research-designed help seeking checklist was used. Mean scores for each measure can be found in Table 1.

Missing Data

To address missing data for each scale, the following procedure was utilized. Participants who did not answer more than 15% of items on any scale in the questionnaire were excluded from analysis in the present study. Of the participants included in the present analysis, missing responses were filled using the participants' individual mean item score for each scale. This was calculated for each participant and then manually input into the data set. Participants' individual mean item score was used to fill missing data as it was reasoned based on information from existing research literature on women's experience of violence, that participant individual scores on items relating to the experience of violence (Straus, Hamby, Boney-McCoy, & Sugarman, 1996) and the presence of trauma symptoms (Briere & Runtz, 1989) were likely to vary together. Thus, it was not appropriate to use mean item scores across the entire data set for an individual woman, but instead to use her individual mean item score for each scale. This procedure was used for missing values on the Trauma Symptom Checklist and the Revised Conflict Tactic Scale. Missing values on the help seeking checklist were input with a "0" value, as there is no suggestion within existing research to support the idea that help seeking scores would vary together.

Experience with violence

To assess the history, severity, and frequency of violence experienced by participants, items from the Revised Conflict Tactic Scale were used (CTS2; Straus, Hamby, Boney-McCoy, & Sugarman, 1996). Due to the alterations made from the original CTS2 in the present study, results from this scale will be referred to as "experience with violence". Participants rated, on a Likert-type scale, how often each type of violence occurred in a current (or former) relationship from 1 ("never") to 5 ("daily") (see Appendix B). Example items included, "Tried to limit your contact with friends or family", "Kicked, bit, or hit you", and "Caused you injury that required medical attention". The range of possible scores was 0 to 135, and higher scores indicated higher frequency and severity of violence experienced. As noted previously, it is important to remember that any score above 0 indicates a participant has experienced violence perpetrated by an intimate partner at least once in the last year. Participants' scores were also calculated for two subscales: verbal/emotional abuse subscale (17 items) and physical/sexual abuse subscale (10 items). Scores on verbal/emotional abuse subscale range from 0 - 85, and from 0 – 50 on the Physical/Sexual abuse subscale. Scale scores and total scores were calculated for each participant, as well as average scores for each sample (Bridges and traditional program) and the combined sample (see Table 1).

Trauma Symptoms

To assess the presence and frequency of trauma symptoms experienced by participants in both samples, the Trauma Symptom Checklist was used (TSC-33; Briere & Runtz, 1989). Participants' rated their experience of trauma symptoms on a Likert-type scale from 0 ("Never") to 3 ("very often"). Example items included "Headaches",

"Unnecessary or over-frequent washing", "Feelings that you are not always in your body". Scores range from 0 – 99, and higher scores indicate increased frequency of symptoms. Participants' scores were summed for a total trauma symptoms score and for each of five subscales: dissociation (6 items), anxiety (9 items), depression (9 items), post sexual abuse trauma-hypothesized (6 items), and sleep disturbance (4 items). Total trauma symptoms scores were calculated for each participant and an average trauma symptom score was calculated for each sample (Bridges and traditional program) as well as the combined sample and can be found in Table 1. Average subscale scores for each sample (Bridges and traditional program) and the combined sample were also calculated and can be found in Table 1.

A series of hand-calculated independent sample t-tests were conducted to compare Bridges and traditional program participants' scores to a previously completed study examining TSC-33 scores among a community sample of women who reported being survivors of childhood sexual abuse (Wenninger & Ehlers, 1998). A independent-sample t-test revealed that Bridges program participants reported levels of trauma symptoms that were not significantly different to levels of trauma symptoms reported by a previously recorded community sample of women survivors of childhood sexual abuse ($t(74) = 0.948$, *ns*). Participants in the traditional program sample reported significantly lower trauma symptom scores as compared to the community sample of survivors of childhood sexual abuse ($t(71) = 2.867$, $p \leq .05$). The TSC-33 also includes a subscale named the post sexual abuse trauma-hypothesized scale. This identifies items significantly endorsed by survivors of childhood sexual abuse. In the present study, participants in the Bridges program sample did not score significantly different on the

PSAT_h subscale as compared to the community sample of childhood sexual abuse survivors (t (74) = 0.486, *ns*). Traditional program sample participants scored significantly lower on the PSAT_h subscale as compared to childhood sexual abuse survivors (t (71) = 2.33, p $\leq$.05). These results indicate that participants in the Bridges program sample reported similar trauma symptom scores and similar post sexual abuse trauma hypothesized scores (PSAT_h) as compared to a community sample of sexual abuse survivors. In addition, the results indicate that the traditional program sample participants reported significantly lower trauma symptom scores, and significantly lower post sexual abuse trauma hypothesized (PSAT_h) subscale scores, when compared to a community sample of childhood sexual abuse survivors.

Help Seeking

To ascertain the number of help resources participants had accessed in their lifetime, the help seeking checklist was created for the purpose of the present study. Participants responded "yes" or "no" to indicate the services they had used to seek help in the past (see Appendix E). Sample items included "called the police", "told family or friends", "called a crisis telephone line". The number of help seeking resources participants accessed ranged from 0 to 14, with a higher score indicating greater number of help resources utilized. Any score above 0 indicates that a participant accessed at least one help resource in her lifetime. Average help seeking scores were calculated for each sample individually (Bridges and traditional program) as well as the combined sample and can be found in Table 1.

Correlational Analysis

Combined Sample

To measure the degree of association between the continuous dependent variables, bivariate correlations were calculated for the combined sample, as well as each sample (Bridges and Traditional program) individually. Correlations among major variables in the combined sample are detailed in Table 3. There was significant positive correlation between experience with violence scores and reported help seeking ($r = .682$, $p \leq .01$). Thus, participants who reported experiencing more violence also reported more help seeking. There was also significant positive correlation between age and experience with violence score ($r = .286$, $p \leq .05$). This indicates that as the age of participants increased, so did their reports of the frequency/intensity of violence.

Associations between subscales of the major research variables in the combined sample were also examined. Overall, significant positive correlations were detected between each of the subscales of the Trauma Symptom Checklist, as well as between subscales and the total trauma symptoms score. Significant positive correlations were also detected between verbal/emotional subscale and physical/sexual subscale of the experience with violence scale. Within the combined sample of participants from Bridges and traditional programs significant positive correlations were detected between help seeking and a number of the TSC-33 and experience with violence subscales including: anxiety ($r = .283$, $p \leq .05$); post sexual abuse trauma hypothesized (PSAT_h) ($r = .274$, $p \leq .05$); physical sexual abuse subscale of the experience with violence scale ($r = .655$, $p \leq .01$); and verbal emotional subscale of the experience with violence scale (r =

Table 3

Correlation Matrix for Study Variables in Combined Sample (N = 63)

	Age	Experience with Violence	TSC	Help - Seeking
Age	1.00	.286*	.110	.246
Experience with Violence		1.00	.211	.682**
TSC			1.00	.177
Help - Seeking				1.00

Note: TSC = Trauma Symptom Checklist
* p ≤.05 ** p ≤.01

.669, $p \leq .01$) (see Table 4). No relationships were found between the total trauma symptoms score and help seeking for the combined sample.

Traditional Program

Bivariate correlations were also calculated to measure the degree of association between major research variables within the traditional program sample. A significant positive correlation was detected between experience with violence and help seeking ($r = .521$, $p \leq .01$). This indicates that with increased violence experienced, participants reported accessing a greater number of help resources. No significant correlations were detected between any other major variables in the present study for the traditional program sample (See Table 5).

Bridges

Bivariate correlations were also calculated to detect associations between study variables within the Bridges sample. A significant positive correlation was detected between experience with violence and help seeking ($r = .581$, $p \leq .01$). Significant correlations were not detected among any other major variables among the sample of Bridges participants (see Table 6).

Multivariate Analysis of Variance

In order to control for Type I error a multivariate analysis of variance was performed. A MANOVA was performed using group (Bridges or traditional program) as the independent variable, and total trauma symptoms checklist score, total conflict tactic scale score, and the score on the help seeking scale as dependent variables. Using Pillai's trace, $F(1, 59) = 15.97$, $p \leq .01$, a significant effect was detected.

Table 4

Correlation Matrix for Study Variable Subscales in Combined Sample (N = 63)

	Exp with Violence	PS	VE	TSC Total	DIS	ANX	DEP	PSAT_h	SLE	Help Seeking
Exp with Violence	1.00	.962**	.979**	.211	.140	.295*	.122	.262**	.169	.682**
PS		1.00	.885**	.225	.152	.318*	.135	.271*	.216	.655**
VE			1.00	.189	.124	.263*	.106	.243	.125	.669**
TSC Total				1.00	.896**	.811**	.907**	.848**	.690**	.177
DIS					1.00	.665**	.780**	.819**	.557**	.151
ANX						1.00	.583**	.659**	.487**	.283*
DEP							1.00	.730**	.732**	.064
PSAT_h								1.00	.679**	.274*
SLE									1.00	.198
Help Seeking										1.00

Note: Exp with violence = Conflict Tactic Scale, PS = Physical/Sexual Subscale, VE = Verbal Emotional, TSC = Trauma Symptom Checklist, DIS = Dissociation Subscale of Trauma Symptom Checklist, ANX = Anxiety Subscale of Trauma Symptom Checklist, DEP = Depression Subscale of Trauma Symptom Checklist, PSAT_h = Post Sexual Abuse Trauma Hypothesized Subscale of Trauma Symptom Checklist, SLE = Sleep Disturbance Subscale of Trauma Symptom Checklist

* $p \leq .05$. ** $p \leq .01$

Table 5

Correlation Matrix for Study Variables in Traditional Program Sample (N = 30)

	Age	Experience with Violence	TSC	Help - Seeking
Age	1.00	.128	.018	.044
Experience with Violence		1.00	-.029	.521**
TSC			1.00	-.030
Help - Seeking				1.00

Note: TSC = Trauma Symptoms Checklist
** $p \leq .01$

Table 6

Correlation Matrix for Study Variables in Bridges Sample (N = 33)

	Age	Experience with Violence	TSC	Help - Seeking
Age	1.00	.283	.082	.250
Experience with Violence		1.00	.088	.581**
TSC			1.00	-.066
Help - Seeking				1.00

Note: TSC = Trauma Symptoms Checklist
** $p \leq .01$

Eta squared indicates a large effect size, with group accounting for 45% of the variance in these dependent variables ($\eta^2 = .448$, $p<.01$).

Univariate Analyses

To identify the source of group differences at a univariate level, the multivariate analysis was followed by a series of univariate ANOVAs, with group as the independent variable. All three variables (trauma symptoms, experience with violence, and help-seeking) were significantly different between groups. The difference between groups described by trauma symptoms [$F(1, 61) = 8.30$, $p < .05$] explained 12.0% of the variance, the difference between groups described by experience with violence [$F(1, 61) = 17.85$, $p < .05$] explained 22.6% of the variance, and the difference between groups described by help-seeking behaviors [$F(1, 61) = 38.90$, $p < .05$] explained 38.9% of the variance.

Analysis of Covariance

To identify the extent to which experience with violence and trauma symptoms mediated the effect of group on help-seeking behaviors, a one-way analysis of covariance (ANCOVA) was conducted, with group (traditional and Bridges) as the independent variable, help-seeking as the dependent variable, and experience with violence and trauma symptoms as covariates. Results suggest that there is a unique effect of violence, $F(1, 59) = 27.70$, $p < .05$, but no unique effect of trauma, $F(1, 59) = 0.620$, *n.s.* This suggests that trauma is significantly related to help-seeking only through the effects of violence. Finally, there is a significant group difference in help-seeking, even after controlling for trauma and experience with violence, $F(1, 59) = 16.95$, $p < .05$.

Discussion

Overview

The primary purpose of the present study was to examine the relationship among trauma symptoms, experience with violence, and help seeking within a community sample of women who had experienced violence. Two samples of women currently enrolled in an adult education program in a large metropolitan city were examined, and results are reported for each sample individually as well as for the combined sample of participants. The main research question that guided analyses in the present study was; is there a relationship between experience with violence, trauma symptom severity and ability to access resources in a non-shelter sample of women? Results of the present study indicated a significant relationship between experience with violence and help seeking, and significant differences between groups with respect to help seeking, but did not reveal a significant relationship between trauma symptoms and help seeking. These results will be discussed within the context of what current research literature tells us about women's experience of abuse. Following the discussion, strengths of the current study, limitations, implications, and directions for future research will be explored.

Woman abuse is an issue that affects Canadian women and has significant and wide-spread consequences for survivors (Golding, 1999; Campbell et al., 1993; Johnson, Zlotnick, & Perez, 2008). Woman abuse includes the experience of physical, sexual, verbal, and emotional forms of violence perpetrated on a woman. Survivors of woman abuse face significant challenges including long term health consequences, increased incidence of mental health concerns, and loss of social support networks. A feminist-informed understanding of woman abuse suggests that violence against women occurs because of imbalances of power in society. Ideological and structural dimensions of

society both create and maintain men's power over women and subsequently support woman abuse. In addition to feminist theories regarding woman abuse, Relational Cultural Theory informs our understanding of woman abuse, and the way we can support survivors. Relational Cultural Theory emphasizes the importance of connection between individuals, and posits that disconnection and isolation can cause and exacerbate psychological distress among individuals. Feminist and Relational Cultural Theories inform both the understanding of woman abuse, as well as the factors that may be important in helping to support survivors.

Relational Cultural Theory

Relational Cultural Theory emphasizes that the essential drive in all people is to connect and experience relationship with others. This movement towards connection is a basic human desire that is crucial not only for our daily existence, but also supports growth and well-being. Relational Cultural Theorists have suggested that loss of relationships, or disconnection, may contribute to the experience of psychological distress, and impede healing from trauma. Herman (1997) supports this notion, emphasizing that disconnection, or damage to an individual's relational life, is not a secondary effect of experiencing trauma it is the primary effect. Herman (1997) suggests that the experience of violence and trauma severs an individual from their relationship to themselves, others, and their community. This understanding of the importance of seeking connection informed the present study's interest in understanding women's experience of help seeking within the context of abuse. Relational Cultural Theory tells us that we have an innate desire to connect to others, and that even when we experience disconnection in the form of betrayal, hurt, anger, and danger, we will look to reconnect

(Jordan, 2000; Miller & Stiver, 1997). Termed the *central relational paradox*, we have a desire to reconnect and build relationships even when we have been hurt. Relational Cultural Theory suggests that when we inevitably experience disconnection, as disconnection is inevitable even in healthy relationships, we continue to seek connection with parts of our experience hidden. These strategies of disconnection are conscious and unconscious behaviours that we engage in to keep parts of ourselves out of connection. For example, a woman may choose either consciously or unconsciously to keep parts of her experience hidden, may not disclose some personal information, or she may withhold affection (Miller & Stiver, 1997; Miller et al., 2004). This understanding of relationship particularly applies to the present study's understanding of women's journey of help seeking. Relational Cultural Theory provides context for understanding women's continued efforts to seek help, even when they have had negative experiences in the past, and also sheds light on women's experiences disclosing their experience of abuse. Relational Cultural Theory suggests that the act of help seeking, or seeking support from another person, is not only helpful in supporting a woman as she copes with trauma, but may also help to ease distress and encourage healing (Jordan, 2000; Walker, & Rosen, 2004; Miller & Stiver, 1997; Herman, 1997). Thus, the present study sought to explore the experience of women survivors of abuse by exploring the relationship between experience with violence, trauma symptoms, and help seeking in a community sample of women.

Help Seeking

Research demonstrates that women's ability to seek help within the context of experiencing abuse is a complex process (Moe, 2007). Help resources such as shelters,

crisis phone lines, and community resources for survivors are under utilized as compared to the number of women experiencing abuse (Fugate, Landis, Riordan, Naureckas, & Engel, 2005). There are a number of factors that may make it difficult for women to seek help from support resources within a context of abuse. These include, but are not limited to, concerns about the perceived requirement to leave an abusive relationship (Angelo, Miller, Zoellner, & Feeny, 2008), previous negative experiences seeking support from health, legal, or community resources (O'Byrne, Hansen, & Rapley, 2008), and the negative impact of trauma symptoms (Schwarz & Kowalski, 1992).

It is important to consider context when looking to understand the barriers to help seeking among survivors of woman abuse. *Social entrapment* posits that a combination of control tactics utilized by abusers (isolation, withholding finances, threatening violence if a woman seeks support), and social and institutional failures (retraumatizing medical procedures, disbelief, inappropriate advice-giving) to support survivors are responsible for the entrapment of women in abusive relationships (Ptacek, 1999). The *survivor hypothesis* was suggested in response to learned helplessness theories of women experiencing violence, and like *social entrapment*, sheds light on the consistent failures of social systems to meet the needs of survivors. The *survivor hypothesis* suggests that women survive abusive relationships by repeatedly and consistently seeking support for their experience of violence, but that social systems fail them (Gondolf & Fisher, 1988; Websdale & Johnson, 2005). Each of these hypotheses, along with feminist and Relational Cultural theories, can be applied to our current understanding of women's barriers to help seeking following the experience of violence. They suggest that women consistently strive to seek support and connection from others and that they face many

barriers that make it difficult for them to both seek help, and receive the help that they need.

Women report that previously negative experiences with support resources can make it difficult for them to seek help again in the future. Campbell (2008) describes how interactions with health care support resources can provide many opportunities for women to be re-traumatized. For example, women accessing support through health care systems may experience disbelief, inappropriate advice given by health care providers, or invasive medical procedures and tests (Campbell 2008; Moe, 2007).

In addition to having negative experiences with health care support resources, women may also experience challenges seeking help due to negative experiences with Child Protective Services or the justice system. Recent changes to child protection laws now often include exposure to violence in the home as a type of maltreatment. These amendments have had significant ramifications for women's experience of woman abuse, and their decision to seek help. For example, in Ontario, police who are called in response to woman abuse in the home are required by law to report the incident to the local Child Protective Service agency. This law also applies to community help resources that become aware a child may be witnessing violence in the home. The Ontario Child and Family Services Act specifies that the failure of a mother to remove her children from a home wherein which she is being abuse is a "failure to protect" those children from harm. While well intentioned, this law places increased responsibility to stop abuse onto the shoulders of women who are experiencing violence. As a result, women may be less likely to seek support from police, or other help resources for fear

that they may lose custody of their children (Alaggia, Jenney, Mazzuca, & Redmond, 2007; Jaffe, Crooks, & Wolfe, 2003).

In summary, there are a number of barriers that presently exist within support systems that make it difficult for women who are abused to seek help when they need it. Each of the above examples demonstrates a way in which social systems and institutions fail to address abuse and support women survivors of violence. Thus, the context wherein which women seek help is important to keep in mind when exploring the relationship between the experience of violence, trauma symptoms, and help seeking among survivors.

Trauma symptoms

In addition to contextual factors that may influence women's ability to seek help, symptoms related to the experience of violence may also present challenges for women survivors. Posttraumatic stress disorder (PTSD) is the most common mental health challenge facing survivors of woman abuse (Golding, 1999), and symptoms related to PTSD have been documented among survivors of violence in community, hospital, and crisis shelter samples (Jones, Hughes, & Unterstaller, 2001). PTSD symptoms are distressing and disabling and include dissociation, numbing, avoiding people or places that remind an individual of the original trauma, difficulty sleeping, and hypervigilence to danger (Krause, Kaltman, Goodman, & Dutton, 2006). These trauma symptoms, as well as the development of PTSD, have been demonstrated in research literature to affect a woman's ability to maintain resources and survive following abuse (Johnson et al., 2007; Johnson, Zlotnick, & Perez, 2008).

In addition to our understanding of the symptoms related to posttraumatic stress disorder, researchers have also begun to examine how the experience of severe, long-term trauma can affect the lives of survivors. A lifetime of abuse is thought to affect the lives of survivors in ways that differ from the presentation of PTSD among individuals who experienced a single traumatic event. The resulting sequelae of symptoms following lifetime trauma is referred to as complex trauma, or complex traumatic stress disorder. There are a number of symptoms associated with the experience of complex trauma that occur in association with symptoms required for a diagnosis of PTSD. These include; alterations in systems of meaning, alterations in views of the self, perpetrator and others. For example, survivors of long term trauma may experience a deep sense of shame, feel personal responsibility for the abuse they experienced, have difficulty with trust, and may feel that no one will understand them. These symptoms of complex trauma are described as alterations in the personalities of survivors as they are pervasive across many contexts, relationships, and behaviours (Courtois, 2004; Herman, 1992; Briere, Elliot, Harris, & Cotman, 1995). Furthermore, the experience of these complex trauma symptoms can have severe consequences for women's quality of life in the aftermath of abuse, including consequences for her relationships, education, and work.

The experience of complex trauma symptoms has unique consequences for the educational context. These challenges include, but are not limited to, feelings of shame, guilt, disturbed sleep, low self-confidence, and difficulty trusting. Women's struggle with these experiences related to trauma may manifest in a variety of ways, including missed classes, late or incomplete assignments, and difficulty concentrating in class (Herman, 1992; Horsman 1999; Kerka, 2002; Mojab & MacDonald, 2001). Thus,

trauma symptoms were identified as an important study variable not only because of their pervasiveness in the wake of the experience of abuse, but also in an effort to further our understanding as to how they affect the lives of survivors.

The following discussion is based on numerical data presented in the results section, as well as my personal experiences interacting with the women participants in the present study. As a woman-researcher, I was able to build connections with the participants who shared parts of their narratives in the present study. As a researcher, I conducted interviews with participants as part of the study procedure, and also had the opportunity to meet with them informally to co-facilitate weekly workshops. In each of these circumstances, I was afforded the opportunity to hear about the women's lives, and they shared with me pieces of information not otherwise captured by the quantitative study measures. The following interpretations are thus based on numerical data, a thorough review of research literature, as well as my perceptions and knowledge of the women represented in the present study.

The women who participated

All participants in the present study were currently enrolled in one of two adult education programs in a large metropolitan city in Ontario, Canada. As part of the inclusion criteria of the present study, all participants were female, and reported having experienced violence in a current or previous relationship. The majority of women in each sample reported their first language was English, and they were born in Canada. The average age of participants in the traditional program sample was 28.6 years, and in the Bridges sample, 31.87. There were no significant differences detected on demographic variables between participants in the Bridges and traditional program

sample. Participants in the Bridges sample reported significantly greater experience with violence and trauma symptoms, as compared to participants in the traditional program sample, and Bridges participants reported accessing a significantly greater number of help resources as compared to the traditional program sample. In both the Bridges and traditional program samples a significant relationship was detected between experience with violence and help seeking; as experience with violence increased, women reported accessing a greater number of resources.

Experience with violence and help seeking.

The present study provides support for the relationship between experience with violence and help seeking among survivors of woman abuse. In the present study, as the women reported greater frequency and severity of violence, they also reported accessing a greater number of help resources. This relationship has also been demonstrated in a number of research studies that also report a relationship between abuse severity and help seeking (Vatnar & Bjorkly, 2009; Duterte et al., 2008). It should be noted that analyses in the present study revealed a significant difference in level of experience of violence between participants in the Bridges sample and the traditional sample. Although there was a significant difference between the levels of violence reported, a significant relationship between violence and help seeking occurred in both samples. This relationship between the severity of violence experienced and help seeking demonstrates that it is women's experience of violence, and not the psychological aftermath, that is most important in understanding help seeking. This correlational relationship was further supported in the present study's statistical analysis through the use of univariate analysis of covariance (ANCOVA). In this analysis, group (Bridges and the traditional program),

accounted for 22% of the variance in help seeking and experience with violence accounted for 32% of the variance in help seeking, when controlling for the effects of trauma. Thus, the present study provides support for a relationship between abuse severity and help seeking among a non-shelter sample of women.

Psychological abuse and help seeking

The relationship between psychological abuse and help seeking was investigated within samples separately as well as together using correlational analyses. Within the Bridges sample, experience with verbal/emotional (psychological) violence showed a stronger association with help seeking among participants, as compared to physical/sexual violence. This finding differs from those reported in other studies examining the relationship between violence severity and help seeking. Duterte and colleagues (2008) reported that women who reported experiencing physical and sexual abuse were more likely to access help resources than women who had reported psychological abuse. The differences in results between their study and the present study may be accounted for in the operational definitions of physical, sexual, and psychological abuse. Duterte and colleagues (2008) defined psychological abuse using two questions "fear due to threats/anger by an intimate partner" and "put downs, name calling, and controlling behavior" (p. 87). This definition fails to account for other forms of psychological abuse and did not provide specific examples of "controlling behaviour" for participants to identify. Furthermore, Duterte and colleagues (2008) did not account for how the frequency of experiencing emotional/verbal abuse could affect the experience of violence and help seeking behaviour. This suggests that their study utilized a less inclusive definition of psychological abuse and this could account for the lack of a

reported relationship between psychological abuse and help seeking. The significant relationship between psychological abuse and help seeking in the present study is supported by previous research demonstrating the link between psychological abuse, trauma symptoms, and intentions to leave an abusive partner (Arias & Pape, 1999). Arias and Pape (1999) reported that among their sample of women participants currently residing in a crisis shelter, psychological abuse was a significant predictor of severity of trauma symptoms as well as intentions to leave the abusive partner, while the experience of physical abuse was not. Given the lack of consensus as to the relationship between violence and help seeking, it is important to consider what other factors may influence the present study relationship between psychological abuse and help seeking.

The relationship between the experience of psychological abuse and help seeking in the present study may reflect that, relative to physical abuse, psychological abuse may have a greater impact on women's functioning (Straight, Harper, & Arias, 2003; Follingstad et al., 1990; Arias & Pape, 1999). The harm of psychological abuse may continue long after the experience of verbal or emotional abuse has stopped, as a function of a woman internalizing her experience of psychological abuse. For example, a woman may internalize her partner's psychological abuse (e.g. "You are stupid") and may experience as a result lower self-esteem, feelings of guilt and shame, and changes in her self concept, (e.g. "I am stupid). These experiences would remain long after the bruises of a physical assault would have healed (Street & Arias, 2001; Arias & Pape, 1999). Psychological abuse has been demonstrated as a significant predictor of lower levels of self-esteem (Follingstad et al., 1990; Straight, Harper, & Arias, 2003), serious or chronic illness, more frequent attempts to leave the abusive partners (Marshall, 1996; Arias &

Pape, 1999), and is reported by survivors to have a more significant impact on their lives as compared to physical violence (Follingstad et al., 1990). As such, in the present study, among participants in the combined sample, women who reported more experience with psychological abuse reported more anxiety-related trauma symptoms ($r = .283$, $p \leq .05$). The findings of the present research, supported by previous research studies, suggest that the experience of psychological abuse has more severe and long lasting consequences for survivors, and thus may increase the likelihood that they will seek help.

Relational Cultural Theory provides a theoretical framework through which we can examine the relationship between the experience of psychological abuse and help seeking in the present study. As discussed previously, Relational Cultural Theory emphasizes that the cause of emotional distress and suffering is due to isolation and disconnection from relationship. When we examine the definition of psychological abuse, it includes experiences that are disconnecting; including acts of betrayal, silencing, and isolation (Jordan, 2000; Miller & Stiver, 1997; Herman, 1997). Thus, it stands to reason that as women experience more psychological abuse, and become further isolated from connections in their life, they reach out for support from resources (Banks, 2006; Miller & Stiver, 1997; Jordan, 2000). This movement towards connection following the experience of violence can be understood in the context of the *central relational paradox*. As discussed previously, the *central relational paradox* posits that even after we are hurt in the context of relationship with others, we continue to strive for connection. Miller and Stiver (1997) suggest that after experiencing betrayal and disconnection, we continue to seek relationship but with parts of our experiences hidden. In the present study, we can understand the relationship between psychological abuse and help seeking through

this *central relational paradox*. Women will continue to seek connection through help seeking even after they have experienced extreme disconnection in the form of psychological abuse.

Relational Cultural Theory also advocates that reconnection, building relationships, and experiencing mutual empathy in relationship with another, are all ways in which we can work towards healing from psychological distress and trauma. Thus, an act of help seeking, or building connection to resources, implies that women survivors are seeking support. In fact, Herman (1997) posits that empowerment and reconnection are the core experiences necessary in a woman's journey towards healing from trauma. Herman writes that reconnection is an integral component of healing wherein a woman learns to reconnect with others as well as with herself. The very act of moving from connection to disconnection (by experience acts of hurt, betrayal, or violence within a relationship) and back into connection (by help seeking) is in and of itself transformative. This movement toward connection is a basic human need, and thus women survivors will consistently and repeatedly seek out connection in this case, in the form of help seeking (Herman, 1997; Comstock, Duffey, & St. George, 2002).

A relationship between the experience of violence and help seeking was also detected in the traditional program sample. In the traditional program sample, the association of experience of physical/sexual abuse with help seeking was stronger than that of experience with psychological/emotional violence, opposite to the findings for the Bridges group. There are a number of factors that may contribute to this relationship in the present study. Physical and sexual abuse are more likely to leave physical wounds and signs that violence has occurred, the wounds of psychological abuse are not visible to

others. For this reason, it may be more obvious that a woman is experiencing a form of physical abuse as opposed to psychological abuse (Street & Arias, 2001; Ali 2007). These overt physical signs of abuse may contribute to a woman survivor's conceptualization of the abuse as wrong, and as worthy of another person's attention and support. A feminist analysis of emotional abuse suggests that the invisible nature of the wounds of emotional abuse make it easy for perpetrators to keep secret and isolates the women experiencing abuse. Furthermore, gendered messages about a woman's role in a relationship, including being defenseless, socialize women to accept abusive relationships (Ali, 2007). Combined, these factors may result in women being less likely to identify psychological violence as abuse, and may make it more difficult for them to come forward and seek help. Women in the Bridges program were afforded the opportunity to discuss different types of abuse they had experienced, and had the opportunity to engage in psychoeducational activities that named different forms of abuse within a supportive and non-judgmental environment. Participants in the traditional program sample may not have been afforded the same opportunity to learn about psychological abuse, and practice naming it. As suggested by Herman (1997), breaking the silence, and naming the experience of abuse is an extremely difficult experience. As Herman suggests, abusers thrive in secrecy and silence. It is in silence that abuse can continue to occur. If silence and secrecy play an important role in the perpetration of abuse, Herman reasons, naming violence and breaking the silence are instrumental in the journey of healing (Herman, 1997). The women in the traditional program may not have had the opportunity to break their silence about their experience of psychological abuse, and this may have affected both their reporting of psychological abuse, as well as their experience seeking help.

Thus, the difference between the Bridges and traditional program sample predictors of help seeking may be that the women in the traditional program were not yet naming their experiences of psychological abuse.

Significant between group differences for help seeking.

Multivariate analysis of variance in the present study revealed a significant difference between the Bridges sample and traditional program sample on scores of help seeking. Bridges program participants reported accessing more resources than traditional program participants. Further analyses using ANCOVA revealed that controlling for the experience with violence scale and the trauma symptom scales, there was still a significant difference in reported help seeking between Bridges participants and traditional program participants. Bridges participants reported accessing a greater number of help seeking resources as compared to traditional program participants, even when experiences with violence were assumed equal. In a recent study conducted by the Women's Mental Health and Addictions Action Research Coalition, universal screening protocols for woman abuse were introduced to a variety of health support resources including emergency rooms, addictions services, and mental health support programs. Women seeking support for a variety of health-related concerns were universally screened to assess whether they had experienced violence. That study reported that among women screened at an addictions support agency, 80% reported abuse; and among women screened at a mental health crisis service 52% reported past physical abuse, and 10% reported current physical abuse. Overall, the results of that study indicate that women who are experiencing abuse, or who have experienced abuse in their past, are reaching out for support in their community, but may not always identify their experience

of violence as their presenting concern (MacQuarrie, 2007). Applied to the current study, participants enrolled in the traditional education program were adults seeking to complete credits towards their high school diploma and thus were help seeking for their education needs. Thus, the participants within the traditional program may have been asking for support, but did not identify their experience of abuse as a primary concern, which may account for the difference in reported help seeking between Bridges and traditional program participants.

Help seeking and trauma symptoms

One of the initial research questions of the present study was to examine the relationship between trauma symptoms that resulted from the experience of abuse, and help seeking. In the present study, no significant relationships were present between trauma symptoms and any other major study variables. Research literature regarding the existence of complex PTSD teaches us that survivors' reactions to the experience of prolonged violence are extensive and long lasting (e.g. Golding, 1999; Herman, 1997; Arias & Pape, 1999; Courtois, 2004). Based on what we know about the symptoms of complex PTSD, it stands to reason that symptoms related to trauma could affect a woman's ability to seek support. For example, survivors of lifetime of abuse often experience alterations in perceptions of themselves, others, and systems of meaning (Courtois 2004; Street & Arias, 2001; Briere & Runtz, 1989). These symptoms can manifest in a chronic sense of guilt, responsibility and feelings of shame regarding abuse, difficulty trusting others, or feeling as though they may never find someone who understands them (Courtois, 2004; Herman, 1992). Each of these symptoms may affect a woman's ability to seek help, and make connections to resources regarding her

experience of abuse. In fact, in two recent Canadian national surveys, the most common reasons women reported for not accessing support for their experience of abuse were; they considered the incident as too minor to require support, they were ashamed or embarrassed, or they "didn't want or need help" (Du Mont et al., 2005). Each of these reasons can be understood through the lens of complex trauma by considering the experiences of responsibility, shame, and alterations to systems of meaning (Courtois, 2004; Herman, 1992). Many of the women who participated in the Bridges and traditional education programs, and whose stories are part of the data presented in the present study, have survived a lifetime of violence, and live with many of the challenges of complex trauma presented in this discussion. The lack of significant relationship between the experience of complex trauma symptoms and help seeking in the present analysis demonstrates that the women represented in the present study overcame the challenges of living with complex trauma to seek help both in the form of attending school, as well as through support resources.

Experience with violence and Trauma symptoms

The present study did not reveal a relationship between participants' reported experience with violence and trauma symptoms. There is research evidence that supports a relationship between experience with violence and the development of trauma symptoms related to the diagnosis of posttraumatic stress disorder (Basile, Arias, Desai, and Thompson, 2004). However, the lack of a supported relationship between these variables in the present study may be more congruent with newer conceptualizations of women's reactions to lifelong trauma. The reactions of survivors of long-term, cumulative trauma have been documented to be more pervasive and complicated then

initial understandings of PTSD (Courtois, 2004; Herman, 1992). Thus, the present study provides additional evidence that the relationship between severity of violence experienced and trauma symptoms may involve additional symptoms related to understanding of the self, others, and systems. The results of the present study suggest the resiliency of the human mind to withstand and moderate the effects of varying forms of violence. Finally, it suggests that other factors may be mediating this relationship, such as the meaning women attribute to their experience of violence, and the availability of support (Johnson, Zlotnick, & Perez, 2008).

Analysis within the combined sample of participants revealed a positive correlation between the experience with violence scale and the anxiety subscale of the Trauma Symptoms checklist. Items included in the anxiety subscale are generally somatic in nature, for example, "headaches", "stomach problems", "dizziness", and "trouble breathing". Thus, there is evidence to support a relationship between the experience of violence and the effect on the body- that is, the more violence experienced, the more negative health consequences experienced. This relationship is supported by research from the allied health literature, which suggests that women survivors experience a 50-70% increase in gynecological, central-nervous system, and stress-related health challenges (Campbell et al., 2002). The anxiety subscale of the Trauma Symptom Checklist also includes questions regarding feelings about others including "fear of men" and "fear of women". These items can be conceptualized as relating to alterations in relationship to others in our understanding of the symptoms of complex trauma (Courtois, 2004). Thus, the positive correlation between the anxiety subscale of trauma symptoms and experience with violence may be understood in the context of its

connection to health symptoms and complex trauma symptoms. While the present study did not reveal a relationship between trauma symptoms and any other major study variables, it does support a relationship between abuse severity and varying types of distress, such as somatic symptoms.

The Trauma Symptoms Checklist also includes a subscale called the post sexual abuse trauma – hypothesized scale (PSAT_h) (TSC-33; Briere & Runtz, 1989). In the present study, participants in both the Bridges and traditional program sample reported similar scores on this scale as compared to a community sample of survivors of childhood sexual abuse (Wenninger & Ehlers, 1998). The post sexual abuse trauma – hypothesized subscale was not created for use as a clinical assessment tool, however it can be used to shed light on the experiences of women in the present sample. Although not all women disclosed having experienced sexual abuse, there is evidence to indicate that participants are experiencing symptoms of trauma related to the experience of sexual abuse. The scores on the post sexual abuse trauma – hypothesized subscale in the present study indicate that women are experiencing these debilitating symptoms in their daily life, and this experience warrants attention. Finally, the high reported score on this subscale indicates a need for additional research to explore exactly what this scale is measuring. Thus, while the present study did not reveal a relationship between total trauma symptoms scores and any other major study variable, the present study does demonstrate that women survivors are experiencing debilitating symptoms of trauma on a daily basis and that they warrant our attention.

Limitations

The present study has a number of limitations. The first limitation is the small number of participants in the Bridges program sample. Of all data collected, 33 questionnaires were utilized for analyses in the present study because they had enough complete data. In order to create a comparison group of participants from the traditional program sample, 35 participants who indicated the most frequent and intense experience with violence were selected for analysis. Taken together, these small sample sizes for both groups decrease the power of the effect sizes for the independent variables in the present study (Cohen, 1992). Furthermore, the 63 participants selected for the present study may not represent the experiences of all women abuse survivors in the community.

A second limitation of the present study is the sample selection from a large metropolitan city in Ontario. The experiences of the participants in the present sample may not generalize to women who live in rural areas. Women in rural areas may experience violence, trauma symptoms, and help seeking differently due to their proximity and access to support resources such as shelters, crisis phone lines, and counselling resources (Krishnan, Hilbert, & VanLeeuwen, 2001).

A third limitation of the present study is the self-report nature of the data collected. The present study relied on women's ability to be self-aware regarding their internal experiences related to trauma symptoms, violence, and seeking help. Some women who may have experienced historical and pervasive abuse may not identify some symptoms of trauma, as they may have always experienced them. For example, women who have experienced a lifetime of abuse may not ever remember a time they were not affected by symptoms of trauma as measured in the present study. Furthermore, the self-

report nature of the present study relied on women's ability to remember the help seeking resources they may have accessed over time. Women who have experienced abuse may experience challenges related to memory and recall, and thus results of the present study are confined by participant's ability to accurately remember the services they have sought in the past (Bremner, Vermetten, Afzal, & Vythilingam, 2004). Participants self reported their experience of study variables within a one-on-one interview setting, and consequently may have altered their responses according to what they thought the researchers wanted to hear. They may have left out information, or changed their responses out of concern for appearing mentally ill or unintelligent. Finally, the nature of the questions asked in the present study may have been upsetting to participants. Recalling frequency, type, and intensity of abuse they experienced would likely have been challenging for participants, and may have contributed to the number of missing items on the present study. Based on my interaction with the women during data collection, as well as in the classroom, my hypothesis is that women who were continuing to experience violence seemed less likely to complete all research questionnaires, especially the scale assessing experience with violence. Perhaps for women currently experiencing violence, this scale in particular was especially overwhelming. Thus, the results of the present study may not as accurately address the experiences of women who are currently experiencing violence.

A fourth limitation of the present study is that the results can only be applied to women survivors of abuse currently enrolled in adult education programs. While the current study represents a departure from previous literature that utilized a crisis-sample of women, all participants in the present sample were currently enrolled in an adult

education program. This represents a unique population of women survivors of abuse, and their experiences may not be the same as other women who are not currently enrolled in an adult education program. Thus, implications and conclusions drawn from the present study should be applied with caution to other communities of women.

A fifth limitation of the present study is the method utilized to account for missing data. Participants who were missing more than 15% of the data were excluded from analysis in the present study in order to maintain a large enough sample size to conduct analysis without affecting the statistical power. Experts have not reached a consensus as to when the percentage of missing data becomes problematic, and estimates range from 5 – 20% (Schlomer, Bauman, & Card, 2010). For the present study, participant mean scores for each scale were used to account for missing data, however, Schlomer, and colleagues do not recommend mean substitution as the least biased method of accounting for missing data. The method used for the present study was determined to be appropriate because; research indicates that scores on measures examining the experience of violence and trauma symptoms tend to vary together (Straus, Hamby, Boney-McCoy, & Sugarman, 1996; Briere & Runtz, 1989), and the resulting data set had significant statistical power to detect a relationship between the major study variables (Cohen, 1992).

A final limitation of the present study is the use of the researcher-designed help seeking checklist. This help seeking checklist had not been used previously, and thus no psychometric data was available to shed light on its suitability for use with the participants in the present study. The present study did not account for multiple uses of the same help seeking resource, hence, a woman who "called the police" five times over

her life time would not have received the same score as a woman who accessed five different resources on the present scale. Additionally, analyses in the present study did not distinguish between formal (crisis shelter, crisis phone line, counsellor) and informal (speaking to a friend or neighbour) types of help seeking. Conceptually, this help seeking checklist appropriately defines help seeking behaviours and provides a variety of resource options that women may have utilized over time to seek support. Future use of this help seeking checklist, or a modified version, may distinguish between formal or informal types of support resources and ask participants to indicate how many times they used each resource. This additional information could provide more in-depth information regarding the type and frequency of resources utilized.

Strengths

The present study utilized a community sample of women survivors of abuse. The use of a community sample of women represents a departure from much of the current body of literature regarding women's experience with violence, which most often uses samples of women accessing support in crisis. Thus, results from the current study may be more appropriately generalized to women living in the community, as opposed to groups of women accessing support through crisis shelters and emergency rooms.

A second strength of the present study is the use of two sample groups for analysis. Participants in the Bridges sample self-selected for participation in the present study by seeking support through an alternative education program designed for women who have experienced violence. Thus, it stands to reason that Bridges participants were already engaged in help seeking for abuse by participating in the present study. Conversely, participants from the traditional program sample were not enrolled in an

adult education program designed to meet the needs of survivors of abuse. Thus, the use of the traditional program sample provided an additional perspective on the experiences of women who were not currently engaged in seeking support for their experience of abuse.

Existing research on women's help seeking predominantly focuses on understanding barriers to help seeking. The results of the present study helped to illuminate what predicts help seeking among survivors, and presented the narratives of women who were accessing education. The present study sheds light on the triumphs of women who have survived horrific abuse, and who, in the face of many systemic and societal barriers have managed to seek help in the past, and are seeking support in reaching their educational goals. The present research placed emphasis on understanding what women were doing to improve their quality of life, as opposed to focusing on what was wrong with them. Interpretation of the present study's results was guided by an understanding that even when women had asked for help, they were likely let down by systems and institutions that could not adequately meet their needs. By examining the systems and societal structures that impede a woman's ability to ask for help we can gain more useful information than by examining personal challenges or deficits that stop women from asking for help (Jordan, 2008).

A final strength of the present study is the strengths-based framework for understanding the experiences of participants. The present study sought to avoid pathologizing women's behaviours and experiences with regard to their experience of abuse, and instead strived to highlight their strengths, resources and capabilities to cope with challenges. It is hoped that the experiences of these participants will help

researchers, counsellors, and educators identify how to support women survivors to seek support in the future.

Implications

Counsellors

Keeping in mind the limitations of the present study, the following implications can be made for counsellors, educators, and researchers. High levels of reported abuse among participants in both samples point to a great need for community programs that address abuse. The results of this study indicate that women continue to experience severe, long-term abuse, and they experience substantial psychological, physical, and social distress as a result. Community-based resources that can adequately and consistently meet women's needs are needed to help those who continue to experience violence on a daily basis.

The results of the present study indicate that women who experience more severe and frequent violence are more likely to seek help. Thus, it stands to reason that women who are asking for help are likely to be experiencing more severe violence. Furthermore, based on the reported experiences of women in the traditional program sample, we have also learned that women may first seek help for reasons (in this case education) other than their experience of violence. Thus, it is pertinent that counsellors working with women take the time to assess for, and provide a safe and nonjudgmental environment, wherein which women can explore their past or current experiences with abuse. The results of the present study indicate that women may not always seek help for abuse, but may seek help in other ways first. Thus counsellors need to be aware that just because a

woman doesn't immediately identify that she is a survivor of violence, doesn't mean she is not.

Research has demonstrated that women experiencing psychological abuse may be more likely to seek support from counsellors and psychotherapists (Vatnar & Bjorkly, 2009). Results of the present study support that women experiencing psychological abuse may be more likely overall to seek support and thus counsellors are in a unique position as the possible first line of support that survivors may reach out to. As counsellors we have a responsibility to be attuned to the needs of women experiencing abuse, and to create a context wherein which women can disclose their experiences, name them, and work towards healing.

A final implication that can be applied from the present study to counsellors is the importance of social justice and advocacy on behalf of clients to reduce barriers to seeking support for abuse. Results of the present study indicate that women overcome challenges with symptoms of trauma to seek help from a variety of resources, and to work towards obtaining their educational goals. As counsellors, we can help advocate to remove systematic and societal barriers that exist which make it difficult for women to seek support for abuse. These include, but are not limited to, placing blame on survivors of violence, expectations placed on women to leave their abusive partners, and misunderstandings regarding the complex psychological consequences of trauma. As counsellors, we have both the knowledge as well as the ability to help dispel these myths, and to advocate for the needs of survivors of abuse.

Educators

In addition to the implications for counsellors, the results of the present study include important implications for educators. The present study indicates that there are significant and debilitating consequences for the experience of violence in women's lives. The experience of violence can lead to a variety of symptoms of complex trauma that may affect a woman's ability to attend school, perform to the best of her ability, and may lead to withdrawal or dismissal from academic programs (Du Mont et al., 2005). It is important that educators understand violence against women, as well as the effects it may have on women's ability to learn. With this understanding, teachers and administrators can provide support for women who are experiencing violence so that they might be able to continue their education, and receive the counselling support they need.

The present study demonstrated that a high percentage of women currently enrolled in adult education programs have previously experienced, or are currently experiencing violence. Because of their status and presence in the community, schools are uniquely positioned to be a source of support for women experiencing abuse. Furthermore, schools have the opportunity to create a safe, and supportive space for women to disclose their experience of violence. Schools are in a position to offer support by bearing witness to the experiences of women survivors of abuse. Adult education guidelines for adult education programs in Ontario do not currently provide counselling support to adult students (Ontario Ministry of Education, 2005; Horsman, 1999). Policy changes that include the provision of on-site counselling support for adult students should be made to address the needs of adult learners.

Education and financial resources are commonly referenced as some of the barriers to women's ability to leave an abusive relationship (Moe, 2007). With this information in mind, as a community we have a responsibility to provide education opportunities that specifically support survivors of woman abuse. By supporting the education goals of these women, teachers, administrators and community members can help break down some of the structural and systematic barriers that prevent women from living lives free from violence.

Researchers

The present study has a number of implications for researchers, including directions for future research. This study was one of the first to examine the experiences of woman abuse survivors who are not in crisis. Further research is needed to explore the experiences of survivors who are living in the community and not currently in crisis. Understanding their experiences can help us generalize findings to a larger group of women coping with violence and its aftermath.

The present study asked women to report on the number of different help resources they had accessed in their lifetime. The present study did not ask women to report how many times they accessed each form of support, and thus did not account for women using the same resource many times. Future research on help seeking should include an examination of women's experiences accessing the same support resource multiple times, and how this experience affects their decision to seek help from different resources in the future. As was discussed in the introduction to the present study, women can have negative experiences when accessing support resources. Our understanding of women's experience asking for help in the context of abuse would benefit from a deeper

understanding of how negative experiences, or positive experiences, with a given support resource affect how women choose to seek support in the future.

The present study did not reveal a significant relationship between the trauma symptoms and help seeking. Future research should be considered to explore how the experience of complex trauma may hinder a woman's ability to seek support when she is experiencing violence, or alternatively, how the symptoms of complex trauma may increase the likelihood that women may seek help.

Finally, the present study revealed a significant relationship between the experience of violence and help seeking among women currently enrolled in an adult education program. Given the high levels of violence reported by women in the present sample, future research should be completed to help understand what women say they need from their educational institutions to succeed. Furthermore, researchers have the opportunity to help ensure women survivors' voices are heard with regard to what they need to feel safe at school so that educators, counsellors, and administrators can help support women experiencing violence.

Conclusions

Woman abuse continues to be a significant social issue that affects women's lives in Canada (Golding, 1999; Campbell et al., 1993; Johnson, Zlotnick, & Perez, 2008). The present study sought to increase our understanding of women's experience of violence by exploring the relationship between abuse, trauma symptoms, and help seeking in a community sample of women. Criterion-referenced sampling was utilized to select women who reported having experienced past or present abuse from two adult education programs, one designed to support women who had experienced abuse, and the

other a traditional education program. The results of the present study indicate a relationship between experience with violence and help seeking, where the more severe violence experienced, the more women sought help. Furthermore, results of this study indicate that experience with violence predicted help seeking even when trauma symptoms were taken into account. Relational cultural theory helps to put these results into context, suggesting additional evidence that disconnection and isolation are sources of psychological distress, and that women will strive for connection to heal from trauma. The present study has a number of important implications for educators most notably that schools are in a unique position within our communities to support women who have experienced abuse as they heal from trauma and pursue their educational goals. Finally, the voices of the women who participated in this study show us that in the face of horrific abuse and disabling psychological distress, women are survivors, who demonstrate their strength inside of the classroom and out to create a new life for themselves, and for their community.

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Appendix A
Letter of Information
Traditional Program Sample

The Relationship Between Educational Success and Violence for Adult Learners

A research team at the Faculty of Education at The University of Western Ontario is conducting research to determine the relationship, if any, between student's experiences with violence, their feelings of self-confidence, and difficulties in attaining a high school diploma or equivalent. A graduate student will be writing her thesis based on some of the information collected from this project.

The goal of the research is to understand what barriers to education exist for students living with violence and, then, to design a model of education that serves the needs of students who experience violence in their intimate relationships and who want to get their high school diploma or GED.

Participants in the research will be asked to complete a questionnaire with the help of a research associate. There are four sections of questions. The first part asks you some basic information about yourself. The second questionnaire asks about your experience (if any) in a violent relationship. The third part asks you to describe your educational difficulties and the reasons you did not finish high school. This section also asks about the effect of violence on attending school. The fourth section asks about your feelings. The questionnaires will take about 40 minutes to complete.

The research study and the researchers have no connection with G.A. Wheable Adult Education Centre, and your decision to participate or not participate in the study will not affect your experience with your teachers or your courses. Participation in this study is voluntary. You may choose to participate in the study fully, participate but not allow researchers to access school records after the term is over to see if you completed your course(s), or participate and decline to answer any specific questions you do not wish to answer.

Your answers will be kept confidential with the following exceptions: (a) you report that you are planning on hurting yourself or another; (b) you report that a child is being abused. Your name will not appear on any of the questionnaires to protect your anonymity. All data will be stored in a locked office at the Faculty of Education.

If you have any questions about this study, or have any comments to make now or at a later date, please contact Dr. Susan Rodger at the Faculty of Education, The University of Western Ontario. Thank you.

Dr. Susan Rodger
Dr. Alan Leschied
Dr. Anne Cummings

The Relationship Between Educational Success and Violence for Adult Learners

I have read the letter of information relating to the above-named research. I understand the proposed study and my questions have been answered to my satisfaction. I understand that the information in the study is for research purposes only.

I consent to participate in this study.

I give permission to the researchers to access my student records at the completion of the current term to determine whether or not I was able to complete the course(s) in which I am currently enrolled.

NOTE: If you do not place a checkmark in the box (above), and you provide your signature to indicate you have agreed to participate in the study, your student record will not be accessed by researchers.

_____

Name of Participant

_____

Signature of Participant

_____

Date

Appendix B
Letter of Information
Bridges Program Sample

Western
Education

Letter of Information/Consent

Bridges: Women's Links to Learning and Success

You are invited to take part in a 3 year research study being conducted by a research team at the Faculty of Education at The University of Western Ontario to test the effectiveness of an alternative education program for women who are experiencing abuse, or are survivors of abuse, who do not have their high school diploma or GED, and who face barriers to going back to school related to experiences with violence, feelings of self-confidence, and lack of support.

We are comparing the experiences of women who attend currently available adult education classes at G.A. Wheable Adult Education Centre to the experiences of women who will participate in a new program. Bridges will be open to women who are learning at the literacy and basic skills level, or those who are working toward high school credits. The classroom is located at G.A. Wheable Adult Education Centre.

Women in Bridges will be in a class with women only and have access to resources such as free counselling, bus tickets to get to and from school, and school supplies. Everyone will create a safety plan, a plan for what you can do when you feel your safety is under an immediate threat from an abusive partner or ex-partner, with a counselor.

If you decide to participate in the research component you will first be interviewed about your educational history, family responsibilities, and your experiences with violence, poverty and health. You will be asked if the interview can be audio taped. If you agree and interview is taped, it will be typed onto paper. You will be asked to complete surveys that measure the type and frequency of the violence you have experienced or are experiencing, and how this affects you. The interview will take about 1 hour, and the surveys will take about 2 hours.

Some of the interview questions and surveys might make you feel sad or upset, because we will be asking about difficult things like abuse. If this happens, please tell the interviewer and she will discuss these feelings with you or provide you with some contacts if you would like counselling.

You will be asked to complete the same interviews and surveys approximately every 6 or 7 weeks (up to 5 or 6 times), until the research project is over (summer of 2009). Once you have finished or withdrawn from either program, you will be contacted and asked to participate in follow-up interviews about every 6 months until the end of the research project time (summer, 2009).

If you are in the Bridges program, the only people who will know you are in a special program are you, your classmates, your teacher and the researchers. We will ask you to take part in writing a journal about your experiences. If you agree, researchers would remove all identifying information from your journal and make copies of what you have written to use in the research. The researchers will look at your school records to see your grades and how much you have completed in each course, how many courses you have taken and how many you have completed.

You will not be paid to take part in the study; however, if you are in the Bridges program you will receive the resources mentioned above. Participation in this program is voluntary. You may refuse to participate, refuse to answer any questions or withdraw from the study at any time with no effect on your future academic status. You do not have to do the interviews and surveys in order to be in the program. You have the right to be given all important information about the program you are in, the study, and what you will be asked to do. You should only agree to take part if you feel happy that you know enough about these things. If you decide to withdraw from the study, you may be asked to return for a final interview. You do not give up any legal rights by signing the consent form.

Your answers will be kept confidential except in the case that you tell your teacher, counselor, or any researcher connected with Bridges that you are planning on hurting yourself or someone else. All research records will be stored a locked filing cabinet in a locked office at the Faculty of Education. Tapes of the interviews will be listened to only by the members of the research team and all information collected for the study including the audiotapes will be destroyed 5 years after the end of the research project. Your confidentiality will be respected, and if the results of the study are published, your name will not be used and no information that discloses your identity will be released or published.

Representatives of the Office of Research Ethics, the University of Western Ontario, may require access to your records for the purposes of monitoring the research, and may contact you directly about your participation in the study.

If you have any questions about the conduct of the study or your rights as a research subject you may contact The Director, Office of Research Ethics, University of Western Ontario at 519-661-3036 or by email at ethics@uwo.ca.

If you have any questions about this study, or have any comments to make now or at a later date, please contact Dr. Susan Rodger at the Faculty of Education, The University of Western Ontario.

This letter is yours to keep for future reference. However, if you believe that keeping the letter will present any danger to your safety, the researcher can keep a copy on file for you. Thank you.

Dr. Susan Rodger Dr. Alan Leschied

I have read the Information/Consent document, have had the nature of the study explained to me and I agree to participate. All questions have been answered to my satisfaction.

Name (please print) Signature Date

Name of Person Obtaining Informed Consent (please print)

Signature Date

If applicable:

I translated the above letter and consent form in the _____ language

Name of Person Translating Document (please print)

Signature Date

Appendix C
Demographic Information

How old are you? (in years)	_____
What is your sex? (circle one)	Female Male
Is English your first language? (circle one)	Yes No
Were you born in Canada?(circle one)	Yes No
If no, where were you born? (Please write the country of your birth)	_____
What is your citizenship status? (circle one)	Canadian Citizen Visa Refugee Landed Immigrant Other
How long have you been living in Canada? (in years)	_____ years
To which ethnic or racial group do you belong? (circle one)	Asian Indo-Canadian African-Canadian Hispanic Caribbean-Canadian Other Euro-Canadian Métis First Nation Inuit
Are you currently involved in an intimate relationship?(circle one)	Yes No
If yes, how long have you been with this partner?	_____
Do you currently live with this partner? (circle one)	Yes No
Is your partner male or female? (circle one)	Male Female

Do you have any children?	Yes No
If yes, how many? (write in the number)	_____
What are their ages? (please provide the age of each of your children)	_____
Do your children live with you?(circle one)	Yes No
What is the main source of your income? (circle one)	Job(s) Partner's income Government assistance Other_____
Please estimate your yearly personal income before deductions, and from all sources. (circle one)	Less than $10,000 $10,001-$15,000 $15,001-$20,000 $20,001-$25,000 $25,001 - $30,000 More than $30,000
Are you currently employed? (circle one)	Yes No
If yes, are you employed part- or full-time?	Part-time Full-time
How many hours per week do you work? (circle one)	Less than 5 hours 5-10 hours 11-20 hours 21-30 hours more than 31 hours

Appendix D
Experience with Violence

Please note that you may leave blank any question you do not wish to answer. If you currently have intimate partner, please use the following scale and indicate the number that best indicates the frequency with which your partner has done the following to you:

1	2	3	4	5
Never	Once or twice a year	Once or twice a month	At least once a week	Daily

Called you names or put you down to make you feel bad	1 2 3 4 5
Treated you like an inferior	1 2 3 4 5
Tried to limit your contact with friends or family	1 2 3 4 5
Insisted on knowing where you are at all times	1 2 3 4 5
Prevented you from attending work or school	1 2 3 4 5
Told you "working/school-attending women are bad mothers" or "you can only attend work/school if you do the housework"	1 2 3 4 5
Accused you of flirting or being involved with someone else	1 2 3 4 5
Stalked you (followed you in a frightening manner)	1 2 3 4 5
Prevented you from knowing about or having access to family income	1 2 3 4 5
Tried to turn your children against you	1 2 3 4 5
Threatened to hurt someone you love (excluding children)	1 2 3 4 5
Threatened to harm your children	1 2 3 4 5
Threatened to take your children away from you	1 2 3 4 5
Threatened to physically hurt you	1 2 3 4 5
Threatened to kill you	1 2 3 4 5
Threatened to hurt/kill themselves	1 2 3 4 5
Threatened to have you committed to an institution	1 2 3 4 5
Threatened that if you leave, he or she will do something drastic	1 2 3 4 5
Slapped you	1 2 3 4 5
Kicked, bit, or hit you	1 2 3 4 5
Pushed, shoved, or choked you	1 2 3 4 5
Thrown something at you	1 2 3 4 5
Choked or burned you	1 2 3 4 5
Used a knife or gun against you	1 2 3 4 5
Forced you into unwanted sexual activity	1 2 3 4 5
Made you fear for your life	1 2 3 4 5
Caused you injury that required medical attention	1 2 3 4 5

Appendix E

Trauma Symptoms Checklist (TSC-33)

Please note that you may leave blank any question you do not wish to answer. Please circle the number beside each question that indicates how often you have experienced each of the following in the last two months:

	Never	Occasionally	Fairly often	Very Often
Insomnia (trouble getting to sleep)	0	1	2	3
Restless sleep	0	1	2	3
Nightmares	0	1	2	3
Waking up early in the morning and can't get back to sleep	0	1	2	3
Weight loss (without dieting)	0	1	2	3
Feeling isolated from others	0	1	2	3
Loneliness	0	1	2	3
Low sex drive	0	1	2	3
Sadness	0	1	2	3
"Flashbacks" (sudden, vivid, distracting memories)	0	1	2	3
"Spacing out" (going away in your mind)	0	1	2	3
Headaches	0	1	2	3
Stomach problems	0	1	2	3
Uncontrollable crying	0	1	2	3
Anxiety attacks	0	1	2	3
Trouble controlling your temper	0	1	2	3

Trouble getting along with others	0	1	2	3
Dizziness	0	1	2	3
Passing out	0	1	2	3
Desire to physically hurt yourself	0	1	2	3
Desire to physically hurt others	0	1	2	3
Sexual problems	0	1	2	3
Sexual overactivity	0	1	2	3
Fear of men	0	1	2	3
Fear of women	0	1	2	3
Unnecessary or over-frequent washing	0	1	2	3
Feelings of inferiority	0	1	2	3
Feelings of guilt	0	1	2	3
Feelings that things are “unreal”	0	1	2	3
Memory problems	0	1	2	3
Feelings that you are not always in your body	0	1	2	3
Feeling tense all the time	0	1	2	3
Having trouble breathing	0	1	2	3

Appendix F
Help Seeking Checklist

The next questions are about whom you have talked to concerning the abuse. Please circle 'yes' or 'no' to the following questions.

In terms of the abuse have you ever:

Called the police	Yes No
Sought help from a religious leader	Yes No
Gone to an individual counselor/therapist/psychiatrist	Yes No
Attended couples counselling	Yes No
Told a doctor	Yes No
Told a teacher	Yes No
Told family or friends	Yes No
Gone for medical attention or Emergency services	Yes No
Sought a lawyer or legal aid	Yes No
Called a crisis telephone line	Yes No
Gone to a child/family counselor or treatment center	Yes No
Sought ministry of community and social services (social assistance or welfare worker)	Yes No
Used shelter services	Yes No
Tried to leave the abuser	Yes No

Appendix G
Ethics

COUNSELLING PSYCHOLOGY PROGRAM

TO: BOB MACMILLIAN

FROM: SUSAN RODGER

SUBJECT: THESIS PROPOSAL AND ETHICAL REVIEW

DATE: 3/15/2010

Hello Bob,
This is to verify that Jessica Wilkins, a student in the Master's of Education in Counselling Psychology, has permission to use data collected by me for her thesis. I am attaching a copy of the original ethical approval for the study, entitled "The Bridges Project: Women's Links to Learning and Success,", NMREB #12468S
If I can provide any further information or rationale for the decisions outlined above, I would be most happy to do so, at your convenience.

Regards

Susan Rodger, Ph.D., C. Psych.
Assistant Professor,
Faculty of Education