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Hearing Women's Voices: Understanding Women's Stories of Violence from the Perspective of Strength

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Graduate Program in Psychology
A thesis submitted in partial fulfillment of the requirements for the degree in Master of Education
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Hearing Women's Voices:
Understanding Women's Stories of Violence from the Perspective of Strength

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by

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Graduate Program in Education

A thesis submitted in partial fulfillment
Of the requirements for the degree of
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The School of Graduate and Postdoctoral Studies
The University of Western Ontario
London, Ontario, Canada

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Abstract

The purpose of this study was to understand women's experiences of violence from the perspective of strength. Women who had experienced woman abuse participated, identifying common themes that emerged relating to their strengths and resilience that helped them survive their traumatic experiences, as well as their posttraumatic growth. Interviews were conducted with women who were involved in an alternative adult education program for women who had experienced woman abuse. All of the women in this study were suffering distress and mental health concerns related to their experiences of violence; however all of them showed resilience and posttraumatic growth in areas of their life as well. Four themes emerged from the women's narratives that related to their resilience and posttraumatic growth: hope, ability to display vulnerability, a sense of identity, and a desire for a new life. These results are discussed in relation to the context of abuse these women endured, the theoretical frameworks used in this study (Relational Cultural Theory, Ecological Theory and the notion of self), and the implications for practice and future research.

Key Words: Woman Abuse, Resilience, Posttraumatic Growth

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Literature Review

Women abuse is a significant problem in Canada. In a recent survey it was found that 6.2% (1.2 million) of women have been abused by their current or former partner within the last five years. This statistic has remained relatively stable over the past decade (Statistics Canada, 2011). The topic of women abuse has been studied over many years, and its negative effects clearly established; e.g. Posttraumatic Stress Disorder (PTSD), depression, suicidal thoughts (Astin, Lawrence, & Foy, 1993; Golding, 1999). However, research remains in its infancy in focusing on strength-based, as compared to deficit-based, approaches to coping with the aftermath of violence.

It is important to investigate factors of resilience that help in the recovery and healing of individuals suffering from the effects of trauma. This study used a strengths-based approach to investigate what women say about the effects of woman abuse, and what was related to success in dealing with traumatic events. The study and approach were designed to add to the understanding of strength in the face of adversity, because with pain and suffering there is also strength and courage. Seligman believes that psychology is not just the study of weakness and damage; it is also the study of strength and virtue and emphasizes building on positive qualities such as optimism and courage (Seligman & Csikszentmihalyi, 2000). The current study examined those strengths possessed by women who have experienced woman abuse, how those strengths and resilience relate to positive outcomes and can help in the posttraumatic growth of abused women. More specifically, this study explored the women's developmental trajectory of violence from an ecological framework, which recognizes violence as multifaceted and

involving personal, situational, and sociocultural factors (Heise, 1998). This study is focused on resiliency in women who have been traumatized by woman abuse as well as the role of community in developing resilience.

The terms ‘woman abuse’ and ‘domestic violence’ will be used interchangeably in this paper, and encompasses any physical, sexual, or emotional maltreatment toward an intimate partner. Resilience is defined as an adaptive process that an individual has made or is in the process of making that has helped them survive their traumatic experiences. It can be seen as a dynamic process that changes over time and is influenced by the environment (Harvey, 1996). Posttraumatic growth is the positive change that is experienced because of the struggle to overcome significant trauma and adversity (Tedeschi & Calhoun, 1998). Resilience and posttraumatic growth will be discussed in further detail throughout this paper.

An ecological approach to violence against women conceptualizes violence as multifaceted and involving personal, situational, and sociocultural factors (Heise, 1998) (Appendix A). The different levels of influence related to the etiology of violence against women are individual, microsystemic, exosystemic, and macrosystemic. The individual system involves features in the individuals life that shape the way they view the other systems and their responses to stressors. Those features include stressors such as witnessing domestic violence and being abused as a child. The microsystem is the interactions with others in the context of violence, most frequently being the family environment. Microsystem (or situational) factors include male dominance in the family, wealth being controlled by the male, marital conflict, and alcohol use. Exosystem factors

are the formal and informal social factors that affect the current state of the individual and are often thought of as consequences of changes occurring in the larger social context. These factors include unemployment, low socioeconomic status, and isolation of the woman and her family. Lastly, the macrosystem is the cultural values and beliefs that influence society and all the lower systems. Factors in the macrosystem include the idea that masculinity is associated with dominance, toughness, and honour. As well, rigid gender roles and a sense of male entitlement are other factors (Heise, 1998). The ecological theory of violence against women incorporates psychological and sociological theories that aim to understand why certain individuals are more prone to violence than others, as well as encompassing the broader social context of violence against women that feminist theories include (Heise, 1998).

Childhood Maltreatment

To understand resilience and posttraumatic growth it is first important to recognize the developmental trajectory of violence through the lifetime. This allows a more complete appreciation of the experiences of women who have been abused. Childhood maltreatment can take many forms, including childhood sexual abuse. Research has demonstrated that childhood sexual abuse (CSA) increases the risk of physical and sexual re-victimization in adolescence, which is considered a time of self-identification and involves issues of intimacy, sexuality, and peer formation (Noll, 2005; Erdmans & Black, 2008). In a study investigating the victimization and mental health of children and adolescents, results showed that sexual abuse in females led to greater anxiety and PTSD, as well as lowered self-esteem (Turner et al, 2006). Shame and guilt

are common emotions by those who have experienced sexual abuse (Herman, 1992) and those emotions may also affect the self-worth females feel.

Social experiences help define young females' identity, and a sexually abused girl may think her role is to "fulfil the sexual desires of others" (Butler and Burton, 1990, p. 73). This belief that her value is inherent in her sexuality will then lead to increased sexual behaviour such as prostitution or promiscuous behaviour (Butler & Burton, 1990). Acoca (1998) found strong links between sexual, physical and emotional abuse with high risk behaviour. The use of multiple drugs was strongly correlated with abuse. It was said that the girls would use psychoactive drugs as a way to "self-medicate" and feel "normal" or desensitize themselves to the abuse (Acoca, 1998).

This is important in understanding woman abuse because CSA increases the risk of woman abuse, and the affects of childhood maltreatment are pervasive with women in abusive relationships. Briere & Runtz (1987) found that 49% of women who had been sexually abused had also experienced domestic violence, compared to 18% of women who had not been sexually abused. A study done by Follette, Polusny, Bechtle, and Naugle (1996), found that women who had been sexually abused as children were also more likely to have been physically abused, sexually assaulted, and to have experienced woman abuse. Early trauma leads to re-victimization and multiple traumas throughout life.

As well as women's childhood experiences of sexual abuse, witnessing domestic violence as a child has often been shown to be a leading risk factor for woman abuse as an adult. Children who witness domestic violence can begin to normalize the violence and

see it as inevitable. Girls may believe that women shouldn't expect happiness or they should have low expectations because all males abuse (Cunningham & Baker, 2007). They may also begin to believe the rationalizations they hear about the abuse: that the man is in charge, and that women are inferior, and therefore may grow up to accept abuse in their own relationships. Ehrensaft et al. (2003), in a longitudinal study examining risk factors for domestic violence in adult relationships, found that exposure to domestic violence between parents as a child was the leading risk factor to receiving violence from an intimate partner in adult relationships. Overall, woman abuse is often preceded by family violence in childhood and adolescence, through experiencing the violence themselves, or witnessing violence between parents (Noll, 2005; Briere & Runtz, 1987; Follete *et al.*, 1996; Ehrensaft *et al.*, 2003).

Trauma and Health

Mental health is a component of women's health that is often impacted by violence. In a meta-analysis examining the prevalence of mental health problems among women who have experienced woman abuse Golding (1999) found that about 18% of women suffered from depression, 64% met the criteria for PTSD, and the prevalence for suicidality was 18% of women (combined suicide ideation and attempts). As well, 18% had alcohol abuse problems and 9% of women had a drug dependency or abuse problem. These rates are significantly higher than rates of mental health problems in the general population, and demonstrate the high personal as well as societal cost of woman abuse (Golding, 1999). Similar results were found in a more recent study examining domestic violence and women's health in 10 countries. Women who had experienced domestic

violence self-reported poorer health, had significantly more suicidal thoughts and attempts, and increased emotional distress compared to those who had not been abused (Ellsberg, Jansen, Heise, Watts & Garcia-Moreno, 2008).

Psychological abuse is particularly detrimental to psychological functioning of women who have experienced woman abuse. Aria and Pape (1999) studied how psychological abuse contributes to PTSD and found that it was significantly related to PTSD symptoms as well as intentions to leave the abusive partner. These findings were still significant after controlling for physical violence, hence demonstrating the damaging effects of many different types of abuse.

Chronic health problems are experienced by survivors of woman abuse connected to fear, stress, and injuries resulting from the violence (Campbell, 2003). Campbell, in this article about the health consequences of woman abuse, describes the many health problems that include chronic pain (headaches, backaches), sexual pain and dysfunction, nervous system symptoms like fainting and seizures, gastrointestinal issues, and other symptoms that may be associated with chronic stress.

Given the lasting, often lifetime abuse that can carry through the developmental periods of women who experience woman abuse or childhood abuse, research has begun to focus on the effects of long-term pervasive abuse and how they differ from PTSD (Herman, 1992, Courtois, 2004, Courtois & Gold, 2009). The diagnosis of PTSD references exposure to single experiences in which a person's life and well-being, or that of others, was at risk, and was not developed to address childhood abuse or domestic violence, which is extensive, involves experiences of captivity, and occurs repeatedly

(Courtois, 2004). The symptoms of long term abuse are characterized by Courtois and others (see, for example, Herman 1997) and are wider ranging than those referenced within the diagnosis of PTSD. They include factors that have been described above but also include others, such as depression, dissociation, anxiety, substance abuse, re-victimization, self-loathing, shame and guilt. A proposed new diagnosis, termed complex trauma, or complex PTSD, includes in the diagnostic criteria the life-altering effects to an individual's sense of self, relations with others, and view of the world, that have occurred because of long-term, pervasive abuse (Herman, 1992, Courtois, 2004, Courtois & Gold, 2009). Although the detrimental effects of woman abuse are extensive, it is equally important to examine the strengths that these survivors possess. Using a strength based perspective may help individuals normalize their self-perceptions, and building on strengths could provide individuals with a positive focus for healing and growth (Hodges & Meyers, 2010). Recent research has noted that strengths such as resilience and social support are important to understand the growth and recovery from trauma (see, for example, Tedeschi & Calhoun, 2004).

Resilience

It is important to first understand the complexities of resiliency: how it is defined and with what type of instruments it can be measured. The definition of resilience has varied throughout the literature (Wingo, Fani, Bradley, & Ressler, 2010; Bonanno, 2004; Kennedy, 2005; Harvey, 1996; Dutton & Green 2010). The construct of resilience is wrought with ambiguities and a lack of a central definition, and the characteristics possessed by those considered resilient are unclear in the literature (Luthar, Cicchetti &

Becker, 2000). Wingo et al. (2010) investigated psychological resilience and neurocognitive performance in a traumatized community sample. The researchers in this study defined resilient individuals as those who had at least one early trauma in their lives and who exhibited no or very mild depressive or PTSD symptoms. This absence of mental health concerns represents a very narrow definition of resiliency, and does not explore resilient traits or behaviours that people may have, nor did the research acknowledge that people may be resilient in different areas despite having symptoms of depression or PTSD. Bonanno defined resilience as the ability to sustain a stable equilibrium and normal physical and psychological functioning following adverse or traumatic events (2004). This definition indicates resilience is a trait that is either present or absent in individuals. Wingo et al., (2010) and Bonanno (2004) perceive resilience as a global, absolute trait that is present in some individuals, and allows them to be protected by the effects of adverse experiences. Other definitions of resilience posit that resilience is relative, occurs along a spectrum, and can occur mutually with symptoms of trauma (Luther et al., 2000; Kennedy, 2005; Harvey, 1996; 2004; Brown, Kallivayalil, Mendelsohn, and Harvey, 2012).

Brown et al., (2012) also believed that distress and resilience may be “intertwined” with each other (pg. 103). They examined resiliency in individuals who had been considered by their clinician to be suffering from Complex PTSD. This study found that many of the participants had developed their resilience from maladaptive behaviours developed during childhood trauma, and that these behaviours had become resilient traits that helped adult functioning. As well, it was found that resilient behaviours that formed

during traumatic experiences from childhood had at times become maladaptive in adulthood. This is important because psychopathology that would be commonly viewed as maladaptive to clinicians may be a source of resilience that has helped an individual to survive their traumas. Clinicians may miss opportunities to build upon strengths through their focus on pathology (Brown et al., 2012).

Kennedy (2005) used a risk and resilience approach to explore adolescent girls' experiences of different forms of violence and their resilience factors. This study was of particular interest because it focused on the strengths and positive adaptations of the women. This study used a multicultural feminist approach to focus on the inequities; it examined young women of colour in urban environments and their experiences of violence and employed a cross-sectional, qualitative methodology. Resiliency was described as "a dynamic process encompassing positive adaptation within the context of significant adversity" (Luthar, Cicchetti & Becker, p. 543) and as a multidimensional, dynamic process that changes over time and interacts with the environment (Harvey, 1996).

This study found 4 of the 10 adolescents to be resilient, as these individuals had an ability to connect with others for support, they utilized problem solving and planfulness versus impulsivity, they had strong goal orientation coupled with motivation to succeed, insightfulness, and independence. Limitations of this study included reliability (low, as there was only one coder) and the small number of participants in the study and the resulting identification of only 4 resilient youth. Due to these limitations, some questions remain unanswered. For example, did the other 6 females have no positive adaptation

within their situation? Possibly, as adolescents were the population of interest in this study, their resilience had not fully developed and therefore not all participants showed resilience.

When examining resilience it is important to understand the context of the crime that was perpetrated against the victim (Dutton & Greene, 2010). This is especially true in cases of woman abuse, where the perpetrator is the intimate partner and there is often continued victimization. The victim's resilience is defined as adaptive processes (Dutton & Greene, 2010) and may be hard to examine empirically in the context of an ongoing abusive relationship. Due to the complexity of adaptive processes and outcomes, it is important to acknowledge that resilience is multidimensional, and can vary among different dimensions of life, thus promoting hope for those suffering from extensive trauma (Dutton & Greene, 2010; Harvey, 2007). Harvey (2007) discussed resilience and recovery from an ecological perspective of community psychology. People can be suffering from aspects of trauma, and yet be resilient in other ways. Research shows numerous pathways and factors present in the development of resiliency (Bonanno, 2004; Luthar, Doernberger & Zigler, 1993; Fredrickson & Levenson, 1998), but of importance here, resilience is not necessarily a rare trait (Harvey, 2007; Lynch, Keasler, Reaves, Rhiannon, Channer & Bukowski, 2007). Take for example an individual who has suffered sexual abuse as a child and has been in an abusive relationship. She is diagnosed with PTSD and has nightmares every night; however she still wakes up every morning and dresses her children, gets them ready for school and puts them on the bus. Or the woman who was sexually abused as a child, has anxiety and flashbacks, but is attending college.

These women are clearly suffering as well as displaying resilience in other ways.

Resilience is the process of adaptation following trauma, and can be operationalized in many ways including coping, optimism, or self-efficacy (Dutton & Greene, 2010).

Individual differences in trauma, trauma recovery, and resiliency are the result of interdependent interactions in the environment (e.g., between person and event) and that treatment interventions with trauma survivors should focus on aiding them to embrace their resilient capabilities (Harvey, 2007). Therefore, when focusing on treatment and developing survivors' resilience, the prevalence and sequelae of violence (Noll, 2005; Briere & Runtz, 1987; Follete *et al.*, 1996; Ehrensaft *et al.*, 2003), as well as the mental health concerns (Golding, 1999; Campbell, 2003) among survivors are important to consider. As has been mentioned, psychopathology that would be commonly viewed as maladaptive to clinicians may be a source of resilience that has helped an individual to survive their traumas (Brown *et al.*, 2012). Although it has been shown that individuals may experience trauma and have little or no adverse effects of their trauma (Bonanno, 2004; Wingo *et al.*, 2010), the current study examined individuals who had mental health concerns and were experiencing distress due to their traumatic experiences.

The ecological view of resiliency as it relates to trauma survivors was investigated by Lynch *et al.*, (2007). This study investigated trauma survivors who were still symptomatic and recovering from posttraumatic stress, in order to explore their strengths and resiliency factors. Elements of resilience were adaptive choices individuals either made or were in the process of making. Their methodology involved recruiting 18 participants, who met diagnostic criteria for both PTSD and Major Depressive Disorder,

from a centre for trauma-focused treatment. Violence ranged from childhood sexual, physical, adult sexual violence, intimate partner violence, or a combination of all. The instruments used were the Multi-Dimensional Trauma Recovery and Resiliency Scale (MTRR-99) and Interview (MTRR-I), which involves approximately 90 minutes of standardized questions that encouraged participants to elaborate on their answers. Data was analyzed using the grounded theory approach.

The themes that the researchers identified reflecting resilience were: *ability to make positive connections*, which most participants described as being either with peers or a family member etc.; *utilize aspects to be successful and recognize their skills and competencies*, for example, most had been successful in school or work or sports at some point. It was also found that most of the participants had returned to school at some time in their lives and obtained degrees. Also, they could all describe a *process of self-change* that involved coping strategies and holding onto hope. Most participants had some aspect of self-worth; they either thought that they were intelligent or had a good sense of humour. Limitations of the study include that the participants were all seeking treatment at time of interview and all of the women in this study had to have a diagnosis to participate, possibly creating a response bias. The qualitative data allows for further in-depth exploration and can be more authentic than quantitative data. It is important to understand the recovery process of people who have experienced trauma, and this study begins to examine that. Following these studies, the current study examined factors related to resilience in survivors of woman abuse. As well, the current study focused on

women who did not necessarily have mental health diagnoses, and were not necessarily utilizing crisis services or seeking treatment for their mental health concerns.

The notion of self often emerges from the literature. The idea of a self-concept and a sense of self is an important component and numerous schools of thought and scientists throughout history attempt to understand it, such as Mead, Rogers, James, and Cooley (Epstien, 1977). As described above by Lynch et al. (2007), themes such as a process of self change, recognizing strengths, and self-worth were identified as important for resilience. The self guides acuity, memory, and assumptions concerning the views of both the self as well as others (Cross & Madson, 1997). It allows individuals to function in his or her social world and regulates behaviour, and is constructed through interactions with others as well as the self (Cross & Madson, 1997). An individual's sense of self may be particularly important in understanding how women see their strengths and resources. For example, being independent or unique in some way may be a strength women view in themselves, and this is captured through this view of the self.

Rogers postulates that individuals are striving toward self-actualization and that incongruence occurs when there are discrepancies between the real self and the ideal self (as cited in Hill, 2009). Self-discrepancy theory proposes people are driven to reach a match between their conflicting views about themselves (Higgins, 1987). This theory claims there are three different domains of the self: actual (the kind of person you perceive yourself as, or how you perceive significant others view you), ideal (the attributes you would ideally possess, or think significant others would like you to possess), and ought (the attributes you or significant others else think you should

possess). The actual self (as viewed by you or other) is considered to be your self-concept, and the ideal and ought selves are viewed as guides for the actual self, and we are aiming to match our self-concepts and self-guides (Higgins, 1987). When our selves are conflicting it creates discomfort and emotional vulnerability, therefore individuals strive to self-actualize, or close the gap between our views of self.

Rogers claimed that self-concept includes only those aspects that the individual is aware of and felt they had some control over (as cited in Epstein, 1973). It is clear that a sense of self is important and emerges throughout the literature. This study will use this notion of self as a structural framework when exploring themes that may emerge from the interviews with the women in terms of strengths, resiliencies, or self-growth.

Posttraumatic Growth

The relationship between resilience and posttraumatic growth is still unclear (Dutton & Greene, 2010). However, posttraumatic growth is becoming a concept more readily studied in the literature (Tedeschi & Calhoun, 1998; 2004; Cobb, Tedeschi, Calhoun & Cann, 2006). Posttraumatic growth is the positive change that is experienced because of the struggle to overcome significant trauma and adversity. It can develop in a variety of ways such as an increased appreciation for life, a sense of personal strength, more meaningful interpersonal relationships, and a more spiritual life (Tedeschi & Calhoun, 2004). Posttraumatic growth refers to an increase in well-being, however, does not necessarily mean an absence of distress, and growth and distress can occur mutually (Tedeschi & Calhoun, 1998). For example, an individual may be suffering from depression and anxiety due to their traumatic experiences, however they may also have a

deeper sense of spirituality, which has been shown in previous research (Senter & Caldwell, 2002; Tedeschi & Calhoun, 1998; Cobb *et al.*, 2006). Therefore, it is important to recognize when examining posttraumatic growth and resilience that an absence of symptoms is not necessary, and that trauma symptoms and distress, as well as resilience and growth can occur.

Linley and Joseph (2004) reviewed studies that examined factors associated with adversarial growth, which was a term used interchangeably with posttraumatic growth. Problem-focused coping, emotion-focused coping, and acceptance were all factors associated with posttraumatic growth. Satisfaction with social supports was also related to growth. Rumination, intrusions and avoidance were also significantly related to posttraumatic growth which is indicative of the cognitive processing required to change one's worldview after trauma (Linley & Joseph, 2004; Tedeschi & Calhoun, 2004). This is where the difference between resilience and posttraumatic growth is demonstrated. Although avoidance, rumination and intrusions would be considered factors associated with negative symptoms and not with resilience (Krause, Kaltman, Goodman & Dutton, 2008), they can lead to posttraumatic growth.

Recently, Cobb, Tedeschi, Calhoun and Cann (2006) quantitatively investigated posttraumatic growth as it occurs specifically within survivors of woman abuse. They found that overall, posttraumatic growth was quite high within this sample. More specifically, it was found that the more severe the abuse, the greater the women's appreciation of life. Growth was higher among women who had left the abusive relationship in comparison to those still in the abusive relationship, however growth was

still reported with those still in abusive relationships. This study found posttraumatic growth co-occurring with depression, which demonstrates that distress and growth can occur mutually (Tedeschi & Calhoun, 1998; Cobb *et al.*, 2006). As well, having a role model that had experienced growth after an abusive relationship was identified as being related to posttraumatic growth in the women. This indicates the importance of social support in posttraumatic growth and resilience in women who have experienced woman abuse.

Community & Social Support

The social support perceived by women to be available to them can also influence how abuse and trauma affect emotional health in areas such as self-esteem, loneliness, and socialization (Fry & Barker, 2002), and also through such factors as seeking help (Sabina & Tindale, 2008). In a quantitative study that examined the structural properties and quality of relationships of abused women, Fry and Barker (2002) found that close friends were considered the strongest social supports for women who had experienced domestic violence. They also found that the more satisfied the women were with their supports, the less depression and loneliness they reported, along with greater self-esteem and more positive perceptions of their emotional health. Interestingly, the 145 participants named 840 members in their social supports, and reported that 102 (12%) of their supports had also been victims of violence. It may be that women who have been through similar experiences find support in each other. This study showed the positive aspects that social support can bring to women that have suffered from domestic violence; however there are some limitations. The study relied on self-reports which may have

been misleading due to negative feelings such as shame, which is commonly associated with domestic violence, as well as a response bias regarding those who chose to be participants.

Education is an important part of future success in today's society. Wagner and Magnusson (2005) wrote a paper exploring the impact of violence on learning in sites of higher education. They described how women's experiences of violence are largely ignored, and thus many women will never see a university classroom due to their lack of belief in their own abilities. To build on their arguments, these authors included journal segments from women who were in a specialized social work curriculum within the university to learn about their experiences. The journals had been written to document the academic journey and challenges of women who were in a specialized program and who would not have normally been able to attend university. The women had low SES and had all indicated that they had experienced some form of violence. Some of the topics the women focused on were their difficulties in balancing taking care of their children and school, financial struggles, as well as their alluding to how discussing topics such as sexual abuse and domestic violence triggered their own experiences. They also talked about the women's coping strategies; for example, telling themselves they are fine, trying to act normal in front of their classmates and at school. These coping strategies are socially encouraged, and thus cause difficulties for the women (Wagner & Magnusson, 2005).

Overall, this paper was powerful in that it demonstrated real people's experiences in the classroom, and how violence and victims of violence feel the need to keep quiet,

and be “fine” which, in turn, causes them difficulties. Although it was not an empirical study, and instead focused on the experiences of only a few people, it allowed for thought about areas that should be investigated. The current study therefore examined the experiences of women within a specialized educational program that was available for women who had experienced woman abuse.

Community-based advocacy for helping to reduce the impact of violence for women with abusive partners is an important focus for community intervention, and was investigated by Sullivan and Bybee (1999). They recruited women from shelters and assigned them to either a control condition or an experimental condition. In the control condition, participants were interviewed six times over the course of two years and given measures examining their experiences of violence, depression, quality of life and effectiveness obtaining resources. In the experimental condition, participants were matched with an advocate who worked with them for 10 weeks to help them in numerous ways. These advocates would establish a safety plan; help the participant achieve goals such as employment, child care, or placing restraining orders against their partners if desired. Participants in the experimental condition were also interviewed 6 times over two years with the same measures as the controls.

In their first interview, 75% of participants wanted to end their relationships with their abuser, by the 24 month follow-up, 96% of those in the advocacy had left the abusive relationships compared to 87% in the control group. As well, women in the advocacy condition reported being more effective in reaching their goals, obtaining resources, as well as increased quality of life, more social support and fewer depressive

symptoms. Although both conditions reported less violence over time, the advocacy condition experienced less woman abuse at each time except the 6-month follow up, which may have been due to the loss of the advocate as a protective source, or an increase in violence as the women were trying to leave (Sullivan & Bybee, 1999).

This study had a 95% retention rate for participants. It is a promising study for future research into ways in which community interventions can help reduce domestic violence. However some of the limitations include that all the participants had been recruited from shelter programs and, therefore, were already motivated and had sought help and thus there may have been a response bias. Also, this study used only self-report and mainly utilized a deficit approach and did not investigate measures such as self-advocacy, self-esteem, or coping strategies that could contribute to the resilience of the women.

Thus, the current study explored the narratives of women who have experienced woman abuse and sought to identify common themes that emerged that helped women survive their experiences. Factors that have previously been linked with resilience and posttraumatic growth include social support (Fry and Barker, 2002; Kennedy, 2005), aspects of self-efficacy and self-worth (Lynch *et al.*, 2007), help-seeking (Sabina & Tindale, 2008) and coping strategies (Wagner & Magnusson, 2005; Lynch, *et al.*, 2007). These factors were expected to emerge from the narratives of the women, however, by seeking to understand how the women view their experiences, new/alternative themes emerged.

Relational-Cultural Theory (RCT) states that women are driven towards growth-fostering relationships throughout their lives and that chronic disconnections in relationships are a main reason for challenges in their lives (Jordan, 2010). When women develop growth-fostering relationships, they have a greater sense of self-worth and a desire for more connections. RCT also posits that empathy is crucial in re-establishing connections. Mutual empathy allows both people in the relationship to see the impact they have on each other, and self-empathy occurs when an individual can develop empathy for their own experiences. One way empathy could be developed is by developing relationships and connections with people who have had the same experiences because empathy for others can help develop self-empathy (Jordan, 2010). The current study used the framework of RCT to guide the exploration of women's narratives and to understand the themes related to resilience and posttraumatic growth that emerged.

It is believed that trauma will affect an individual forever, and the individual will never be fully healed or cured (Wagner & Magnusson, 2005). The trauma will transform the individual, however; growth after trauma can occur, and individuals all possess strengths to help them function and overcome their violent experiences. The purpose of this research was to distill the women's experiences and determine common strengths that they possess. It was investigating common themes that assist women's survival and daily functioning such as the resources they rely on, the strengths they identify, and the positive factors in their lives. Identifying the positive themes that emerge from their narratives is necessary when establishing programs and interventions to help these women overcome their violent experiences.

Methodology

The purpose of this study was to determine the common themes that emerge from the narratives of women who have survived intimate partner violence, in terms of the strengths and coping mechanisms that allow them to survive their traumatic experiences. What does a lifetime of violence look like from the perspective of strength and resilience? The literature on the strengths of women who have survived woman abuse is still scarce, and more commonly, researchers examine deficits in women including depression, anxiety, and Post Traumatic Stress Disorder, and from those deficits it is inferred what the women should be doing such as seeking treatment (Sherman, 1998; Brier & Runtz, 1987; Briere & Jordan, 2004) or taking medication (Anda *et al.*, 2007; Padala *et al.*, 2006). Rarely is the focus of research on what are the women doing that help them in their life. This study will seek to capture their story and experiences, from a strength-based perspective.

For the purpose of this study, data was utilized from a previously collected criterion-referenced sample of adults who were enrolled in an adult education program in a large city in Ontario. The methodology of data collection is described below. A phenomenological research approach was utilized to fully understand the essence of these women's violent experiences, as described by Creswell, Hanson, Clark Plano and Morales (2007). The research questions that motivated this research included:

- What are the strengths that emerge from the women's narrative?
- Under what circumstances do these women seek help, and from whom do they seek it?
- In what areas of their life do they see themselves as having self-efficacy?

- What/if any strengths do the women perceive they have?
- How do they cope with the abusive situation and with life's difficult times?

Participants

The sample of participants was obtained from a SSHRC funded adult education program, "Bridges: Women's Links to Learning and Success". Women were self-referred into the program; however, enrolment in this program was limited to those who met the entrance criteria. Entrance criteria included that the women had not obtained their high school diploma, and they had to have experienced woman abuse. One of the unique qualities of this sample is that women were not necessarily residing in shelters or utilizing other crisis services, which is often the case with samples used in domestic violence research. There were 41 women who took part in the Bridges Program. The participants for this study were selected because each of them was involved in the Bridges Project for at least 2 years. They all had three consecutive interviews discussing their lives and their experience in the Bridges Project, which were conducted approximately three months apart. This allowed for consistency in the data as all the women had been involved in the research and education project for approximately the same amount of time. This would decrease the possibility of extraneous factors influencing the results, such as differences occurring due to the amount of time women spent involved with the Bridges Program. However, these women are representative of all the women who took part in the Bridges Program

Participant information. Five women between the ages of 30 to 48 years participated in this study. Three of the five women identified themselves Euro- Canadian,

one identified herself as Euro-Canadian and First Nations; and one identified herself a permanent resident of Latin descent. All of the women had children ranging from 2.5 to 30 years old. All of the women were experiencing symptoms related to their traumatic experience. The women were assessed with a variety of measures. All women were severely abused, as was assessed through their stories and their scores on the Conflict Tactics Scale (Straus, 1979). As well, they completed the Trauma Symptom Checklist (TSC-33) (Briere & Runtz, 1988) and all the women scored in the clinical range for trauma. The women completed the Self-Efficacy Scale for Abused Women (May & Limandri, 2004) and it was found that their self-efficacy was generally low in some areas, such as decision making, but higher for others, such as help-seeking. Four of the five women stated they had been diagnosed with mental illnesses in the past, including Post Traumatic Stress Disorder, Depression, and Bi-Polar Disorder; all were receiving ODSP, because they had been declared mentally unable to work.

Procedure

Women who chose to participate in the study were provided with a letter of information and informed consent (Appendix B). Given the ongoing nature of consent, informed consent was obtained from the women at the beginning of each interview. Ethics approval was obtained from the Non-Medical Research Ethics Board at the University of Western Ontario (Appendix C).

Intake interviews were conducted with women who had taken part in the Bridges Project, with follow up interviews that took place approximately every three months for as long as the participant was involved with the Bridges Project. Trained graduate

student research assistants utilized a semi-structure interview format to administer questionnaires to participants. As well, given the complex nature of domestic violence and the unique narratives of women who have experienced woman abuse, participants could expand on their responses to the surveys if they chose. For example, a participant could give an example of what happened when they talked to someone about their abuse. The questionnaires were read aloud to participants to ensure comprehension, as participants in this study had not obtained their high school diploma. As well, by allowing participants to expand on their responses, this contributed to breaking the silence of abuse, and allowing the women's stories to be heard. Each interview lasted about one hour and took place within the confines of the school, beside the Bridges classroom. All interviews were audio-recorded and transcribed. This researcher combined three consecutive interviews with each of the women to form each woman's narrative throughout the Bridges project. All the women in this study had been involved in the Bridges Program for over 2 years, and had three consecutive interviews. Therefore there was a more consistent and comprehensive record of the women's resilience, strengths and post-traumatic growth that occurred in the women's life and through their time with the Bridges Project.

Data Collection and Analysis

Demographic information was collected (Appendix D) from each participant to track participants' background and histories. Participants filled out questionnaires regarding their experiences of violence (Appendix E) and the trauma they suffered (Appendix F). To target their resilience and post-traumatic growth, participants

responded to questionnaires regarding their self-efficacy, help seeking, coping strategies, social supports (Appendix G). Although quantitative questionnaires were administered, participants were able to elaborate on their numerical responses. The current study used a phenomenological methodology. This method seeks to investigate the essence of a phenomenon, such as the strengths, resilience, and posttraumatic growth in the survival and functioning of women who have experienced woman abuse. The views of numerous individuals are collected and participant's statements and narratives are used to understand the similarities of their experiences (Creswell *et al.*, 2007). This approach allows the women's voices and stories to be heard and understood as it aims to understand the lived, everyday experience. It seeks to explore the emotional, psychological, social and physical aspects of the women's lives from the perspective of resilience and strength (Creswell *et al.*, 2007). Unlike grounded theory, phenomenological methodology does not attempt to generate a new theoretical model; rather, the phenomenological approach describes the commonalities of an experience in terms of what has already been discovered about women, their strengths, and intimate partner violence.

As well as using a phenomenological methodology, this study also used a narrative approach. A narrative methodology is used "when detailed stories help understand the problem" and often involves a chronological story about an event or an individual's life (Creswell *et al.*, 2007). In this study interviews were collected from all of the women. Three interviews, conducted approximately three months apart, were used to create each woman's story. This data was then organized into a chronological story,

following the women's experience through the Bridges Program. These chronological narratives were used to get a richer, more in depth understanding of their experiences, including their strengths, resilience, and posttraumatic growth.

The data was analyzed using Creswell et al., (2007) six steps for qualitative analysis. All the recorded interviews were transcribed verbatim. All of the data was then thoroughly read by three researchers to understand the information and to extract its meaning, getting a general sense of what was there. The third step was to code the data into meaning units based on significant statements made by the participants. Sentences, passages and phrases that were important were all highlighted and there meaning units were coded by the three researchers. QSR Nvivo 7 was used for this step of analysis. More specifically, the researchers developed a preliminary coding structure that was used to code the interviews (Appendix H). The researchers discussed their coding of the data to ensure a consensus of the codes was reached. The coding framework was merged, modified and altered as necessary. The codes generated a description of what's been learned and all the meaning unites were grouped with codes, which the primary researcher then organized into broader themes that emerged from the descriptions that had been identified. The themes that emerged were then interpreted in terms of the theoretical frameworks used in this study: Ecological Theory of Violence against Women (Heise, 1998), Relational Cultural Theory (Jordan, 2010), and Sense of Self (Epstien, 1977; Cross & Madison, 1997; Higgins,1987), checking for similarities and differences. These themes were then discussed in terms of counselling practice, policy, and implications for future research.

The following is an example of a statement from one of the women that would be coded under the factor “desire for more relationships.” The woman was discussing her social support, and how she wished she was in a relationship:

Yeah, definitely a partner (laughs) I would say, a partner, and,and a babysitter, that would be awesome, I could really...it is hard though, because you have to trust, you know, for both...(laughs)...so, these are definitely two things that I can, well, I'm being patient and you know, and I need to make this bond back with the kids, and I know where my priorities are right now and, but there's always room for more, with time, so there's no rush for me, but I, I know what I want, so I'm okay.

In this statement, the woman was discussing her desire for a partner, as well as babysitter. However, she also discussed her fear of trusting people, and her disconnection with people, including her children. This statement could have been coded as disconnection or fear, however, this study is strength based, and uses RCT as a framework. This woman showed a desire for connection and relationships with others, such as a partner, a babysitter, and her children, therefore this was coded as “desire for more relationships”. The strength the woman displayed was coded, as opposed to her deficits, such as her fear of relationships and trust.

Throughout the analysis, ongoing collaboration with the project supervisor helped to achieve agreement on the thematic development and interpretation of the data. This collaboration create(s) space for alternative interpretations and contributes to the trustworthiness of the study. To promote trustworthiness, direct quotes from the

participants were used frequently, which increased confidence in the results. The themes were described using direct quotes and statements to illustrate their meaning and to keep the author's interpretation grounded in the original data. The use of direct quotes from the participants in the write-up of the study increases confidence in the findings of the study. Finally, the themes were interpreted, explored, and discussed through referral to the literature. As well, three readers went through the interview transcripts and selected and coded quotes and passages into the initial themes. The coding was then re-checked to enhance certainty that there were not alternate explanations, and checks were conducted with the thesis supervisor to ensure coding consensus and enhance trustworthiness. As well, all the names mentioned in the woman's quotes have been changed to ensure confidentiality and the women's privacy.

This study examined the narratives of women who have experienced woman abuse and sought to identify common themes that emerged that helped the women survive their experiences. Data was collected from five women who were involved in the Bridges Program, an educational program for women who have experienced woman abuse. Semi-structured interviews were conducted with each of the women, and three consecutive interviews were combined to make up the women's narrative while she was taking part in the Bridges program.

Personal Perspective

It is important to understand my own position within this study. My perspective and conceptualization of this study is rooted in my own experiences, childhood upbringing, and educational training. I grew up in a Caucasian, educated family within a

small town. Westernized cultural ideologies regarding sense of self and being unique were valued within my household. My drive to be the best I can be and push myself as an aim at self-actualization has always been encouraged and has become a part of my identity. However, I was raised in a very tight-knit family, within a small town and I developed an interconnectedness within the community during my childhood. That interdependence has continued with me into adulthood, and my relationships and supports are now a strong part of who I am and what I value. The notion of self-enhancing through relationships as RCT promotes really speaks to my beliefs.

Being a counsellor in training has certainly influenced my perspective. I am of the view that every individual has strength within them, no matter what their circumstance. Therefore I was disturbed by the amount of research focused on the deficits of women who have experienced woman abuse. This strength perspective has guided this study.

Results

Four themes emerged from the data as helping the women survive their experience: 1) *hope*, 2) *ability to display vulnerability*, 3) *sense of identity*, and 4) *desire for a new life*. Hope was an overarching theme that was displayed throughout all the other themes and factors as the women talked about their experiences. These themes are discussed in further detail below.

The different factors that fell under the broader themes were classified as General-Factors that every woman identified; and Typical- which were factors that four out of the five women identified. This classification is based on Strauss and Corbin (Heppner, 2004)

as a way to categorize themes that every participant indicated, as opposed to those that not every participant indicated (See Table 1). Although this study examined strengths that all the women identified, Strauss and Corbin's framework allows other important factors to be discussed. This framework allows for the differentiation between strengths that were identified by all the women, and those identified by four of the five women. Discussion of these important factors could provide further information about how to enhance resilience and post-traumatic growth in survivors of woman abuse.

Table 1- Factor Frequencies

Theme	Factors	Number of Women	General	Typical
Hope (overarching theme)	All (Ability to Display Vulnerability, Sense of Identity, Desire for a new life)	5	•	•
Ability to Display Vulnerability	Support	5	•	
	Love & Mattering	5	•	
	Gratitude	5	•	
	Help-Seeking	5	•	
	Empathy	4		•
	Desire for more relationships	4		•
Sense of Identity	Motherhood	5	•	
	Independence	5	•	
	Self	5	•	
	Faith	4		•
	Self-acceptance	4		•
Desire for a New Life	Making new choices	5	•	
	Motivation	5	•	
	Goal-setting	5	•	
	Coping Strategies	5	•	
	Tenacity	4		•
	Resolve	4		•

General: Factors that all women discussed

Typical: Factors that almost all women discussed

Hope

Hope was an overarching theme that was demonstrated by all the women through their narratives. Stephensen (1991) wrote a review on the definition of hope, and succinctly defined it as “a process of anticipation that involves the interaction of thinking, acting, feeling, and relating, and is directed towards a future fulfillment that is personally meaningful” (p.1459). Hope has often been identified as a necessary to life, and that without hope, life loses purpose (Larsen, Edey, & Lemay, 2007; Morse & Doberneck, 1995). The women showed hope in their ability to display vulnerability, their sense of identity, as well as their desire for a new life. Hope was clearly important for the women as they struggled through their abusive experiences, left their relationships, and returned to school. Their hope showed in all areas of their life. Many of the women discussed the Bridges Program, stated that it had given them hope, for the future, themselves, and their children. One woman discussed the Bridges Program, stating:

That kind of really gave me hope, and it's really helping me a lot, because I um, really feel more, kind of like, I have a little bit freedom, you know, of myself, my body and my soul and my mind, you know.

Another woman talked about her fears about returning to school, her expectations and her hope, saying:

Well, just is, I really didn't have any, I just kind of jumped in, you know, not knowing, just kind of saying, you know, I'm just going to go in and you know, hope for the best. I didn't, because I mean, I didn't, ahh, being in school, you know, and coming back and all those fears and um, and um having low self-esteem, just to get through one day was like a good thing, right? Um, and then

everything else just kind of fell, so um, my expectations were just um, keeping it simple, you know and just kind of one day at a time and that worked for me.

The women would also discuss their hopes for the future and what they wanted for their lives, which tied into the theme desire for a new life. One woman discussed her desire for love, and her hope for it, stating:

That, like, I can love and he can love me, and respect me as a mother, as a partner, as a wife, and respect my feelings. And not make me do things that I don't like to do. I am really looking forward to that - to have a partner that really support me.

Another woman discussed her future and her hope for more supports and security, which related to an ability to display vulnerability and a desire for a new life, stating “Maybe not fantasies, but, um, just, just hopes, you know, that, that I'm going to get the balance that I need and just build stronger supports and um, the security, I guess I strive for that security.”

The women would often discuss their children and what they have done so far. This demonstrated the hope they had for themselves and their children, and related to the theme a sense of self identity. One woman discussed the miracles of her life and what she had accomplished, saying:

I guess I dream about it but I know it's not realistic, but if, for...do I...a miracle would happen...I, I love being a mom, so, I think the miracles already happened I mean, me being on my own, me being independent, me having my life back and my kids, so that's a miracle. I never thought I could ever leave him and uh, and be where I'm at today, so it's already happened for me.

Another woman discussed how she frequently has migraine headaches but that she has changed a lot since when she had attempted suicide. She discussed her children and demonstrated her hope for them and the future:

So excited to wake up every morning migraine headaches. But now, no way in the world would I think to take my life again. No way. And now that I see my children, you know, they're just growing and growing, it's like I want to be there for them.

Ability to Display Vulnerability

An ability to display vulnerability was demonstrated through the women's relationships with family, friends, and the greater community. The women were able to take risks that involved allowing themselves to be vulnerable and open with others. The general factors that emerged under this theme were receiving or giving support (emotional, material), love and mattering, gratitude, and help-seeking. The typical factors that emerged under this theme were empathy for self and others, and a desire for more relationships.

Support. Support included being able to both give, as well as receive support and from others and included both emotional support and/or material support. It was demonstrated through relationships with friends, family, and the greater community. All of the women discussed receiving and giving support to their children. For example one woman described receiving support from her children:

Now I just have that from my boys. When they see me dressing up, and they say, "You really dressed up nice, Mommy. I like when you do that." And they're the

ones that tell me all the time “I love you,” “You’re beautiful,” “You’re the best mom.” They always say, “You’re the bestest mom in the world.”

Other women discussed the support they received from their family. One woman discussed the encouragement she received from her family about being back in school, “My sister says you know, no matter how long you take, you’re going to do it, cause I know you’re smart and intelligent, you can do it.” Another woman discussed the support she received from her parents, stating:

They always told me you know take it a step at a time, don’t go two steps when you have to take one step, so just focus on keeping forward, don’t go backwards, so that’s what I’m doing, focusing like you know, one step at a time.

Another woman spoke of wanting others to feel comfortable and welcoming around her. She discussed her sister, who was going through a difficult time. She shared she was trying to support her sister and understand what her sister was going through.

As well as receiving support from family, the women would talk about support with friends and peers. One woman discussed the support of other women within a support group for single moms in the community stating:

Well, all my supports are very comforting and, and other women, and they just suggest that you know, you talk with other single moms and um, I was in this support group and, and, uh, it was great, so I would say yes, I mean, we would just talk about everyday living and our struggles and our strengths and you know, just kind of bounce things off of each other and whether it was single moms or single

dads, and it was just a great group session and uh, always left feeling good, feeling positive, healthy and uh, it was nice.

Another woman spoke of the support she received from her friends, when she was going through a difficult time and suffering through depression:

Yes, and they really helped me to clean my poor house because of my depression, it's just like I leave it and leave it and I didn't care, but I say, no this is not the way I have to live with my boys, you know?[...] So they really took everything out! They took everything out the door and they said 'there, don't bring nothing else in ok? It's out!' So they're really pushing me, you know, 'we're doing this you know because we want to help you'. And I said no, but maybe I needed that, some support.

The women would also discuss enjoying spending time with and supporting other women, saying "we all support each other." One woman discussed enjoying the opportunity to provide support to other women:

That I see them here, [the] women, and I'm so proud that we can be able to be here all together, express our feelings, and just[...]Say what we feel and what's going on, and what we accomplished so far. And that put me on a really, on a high standard that 'oh, I'm so proud that all she went through, and she's still alive'.

Another woman discussed the importance of being involved in the community and providing support to others. She said "I don't know, but, but I think it is important to get out into the community and get involved." She discussed how she had been involved in volunteering to provide support to others before she became involved in the Bridges

Program.

Love and Mattering. Another general factor was love and mattering. The women often discussed being unsure about what love is after their experience of woman abuse, although all discussed their experiences of feeling they were loved, loving themselves, or expressing their love to others. For example one woman stated: “And [I] really want a man that is very lovable. Because I'm a very loving person.” Another woman discussed her abusive relationship, but that her relationship resulted in her child, stating:

I would not change having John, not for a moment. I don't give a heck if I spend the rest of my life alone. I have John. I would never make that choice different. I don't care that much for men, to have a second thought about that anyway. You know. Because look at the partners I have picked.

Love and mattering was also shown through the relationships that had developed with other women and the community. The women would describe feeling cared for and understood. For example one woman talked about her relationship with another woman in the Bridges Program, stating:

It's great that that I feel comfortable and I can speak about anything about everything, you know, even though she's not a counselor or whatever, but we feel great and trusting, you know, like trustworthy, you know can tell everything you know, how you feel you know, and she's like if I'm not there or whoever's not there, like you know, like she would understand, you know, she would you know, she has to be there like, to be in the classroom, you know she wants us to improve,

so ah, she's a great person and I've learned a lot from her.

Gratitude. All the women expressed gratitude for things or people in their life, or with what others have provided them. Gratitude made people look at the positives in their life and what they had to be thankful for. In particular, all women described gratitude toward the Bridges program and how it had helped them heal and work toward their goals. For example, one woman stated:

Yeah, very, yeah and this was in September last year September when I started the Bridges program, and it makes me feel like, you know, very special because that was the first time they ever, they came up with this program, it is great [...] Yeah, I'm very happy. I feel very special and grateful.

Another women stated: "Hey, if I ever win the lottery, it's \$15 million next Friday. If I win it, I'm donating \$3 million to the Bridges project."

Women would also display gratitude for other things in their lives, such as their family or God. One woman discussed her parents stating:

No, there's one thing I will never feel like that because my father and my mother. I have this strength from my mother and speech from my father, so combine them together, it's amazing. Yeah, and I spoke with them last week, and I said thank you very much, you know, for creating me, and yeah.

Another woman discussed God, saying "I thank god every day, and when I do something I'm always thanking God, like I, I can feel that I accomplished, really a lot, yep, yep, I'm proud of myself."

Help Seeking. All women were actively involved in help-seeking, as all of them had taken part in the Bridges Program. As well, all women had sought help from social services, friends, family and the community at some point during their lives. For example, one woman spoke of accepting help from local food banks and churches to feed her children:

Um, well I had talked to my mom about that because sometimes I get frustrated because sometimes I don't have lunch for the boys but you know, I know I'm struggling, but I say no I have to keep on focusing and there's a church and some places I can ask for food right?[...] And I already called yesterday for tomorrow, and they said ok come in tomorrow and they'll give me eggs and milk and cereal and stuff like that, so I think that's great, you know, I have something for the boys, you know, and I can, you know, keep me going, you know because there's a lot of good places that can help us.

Another woman discussed the obstacles for obtaining childcare for her to return to school, and her how she had to seek help, stating:

I am able to reach out and ask community or Ontario Works to help me and stuff, it's okay. But if it wasn't for them, it would definitely, like if I didn't have that support through them, it would be a concern [...] so that was one of my obstacles, but because I reached out to my, my social worker and you know, checked my resources and those kind of things, it made it possible, to, to get daycare funding.

As well, women would discuss their help-seeking behaviour while they were experiencing woman abuse such as calling the police, going to a women's shelter, or

using crisis lines. One woman discussed her experience of feeling suicidal and needing help, stating:

You know, I was calling the crisis line, and everything, and then they told me ‘Well, if you think you’re going to hurt yourself, it’s better for you to go in the hospital.’ And they told me where to go, and I went.

Another woman discussed to ability to talk to someone and reach out for help during difficult times in her life, stating:

I wouldn’t say I was always so quick to reach out or felt confident sometimes but I think eventually, I would definitely reach out. It might not be as quick as others. Um, only because my own feelings about myself or maybe the situation or whatever. Um, it would be hard. Um, but in the end I would definitely reach out to someone for whatever the circumstances.

Empathy. Empathy for self and others was a typical factor that emerged. Four of the five women indicated they had empathy, either for themselves, others, or both. They often talked about how the Bridges program allowed them to gain understanding of other women, or their children and families. One woman shared that she had a better understanding of her daughter and that she can relate and “figure out what is going on with her.” Another woman was discussing what she contributes to her relationship with her friend and she stated “we are like therapy for each other”. While discussing what she believed the Bridges program could use to be more beneficial, one woman talked about a women’s wellness group she had taken in the past, stating:

Yeah, yeah like a focus. I’m, I’m referring more to the women’s wellness because

that was great, so I don't know if we can maybe do something like that, but yeah, I think it would be really a positive thing for all of us. We've all had our struggles and we all have our doubts and distrusts and I think it would just reinforce, I think would just be a beautiful thing, it was for me, so[...] if I can give that to the women in my class, I would love that.

Desire for More Relationships. Another typical trait that arose was a desire for more relationships. All of the women discussed feeling isolated and lonely when they were in their abusive relationships, as well as afterward. Many discussed a desire for more relationships which increased throughout being involved with the Bridges Program. One woman stated "I want someone there for me. [...] To hug me, and give me a kiss, and say 'I love you' and 'everything's going to be fine'. So, I haven't had that, so... That would make a big difference." During a discussion about feeling isolated, another woman described her desire to stop isolating herself:

That was part, when we were answering questions about the isolation with the kids was for me, was to get out of that isolation and not feel sorry about myself being a single mom and it can be stressful but to turn it around into something positive and to find the balance knowing that I can do it, but just bringing to the table that these are my obstacles and this is what I need to do, because I didn't want to stay isolated and I didn't want to feel sorry for myself and I need to get out of that and it's helped me.

The women would often talk about how the Bridges Program have helped them become less isolated, and work toward having more relationships, such as one woman who said:

Yeah, in some way, like now I'm more open, you know like, I can talk to people, you know like strangers because you know I had a hard time with, with dealing with that, and I just wanted to be away from everyone. And, and being in there, you know, it's just, just trying, you know being the person you are and it really speak your mind, and you know, go with the flow.

A Sense of Identity

A sense of identity was another theme that emerged from the women's narratives. Having their own identity and discovering who they were as women and individuals emerged throughout the narratives. This was demonstrated as the way the women viewed themselves and the traits they identified as possessing. The general factors that emerged under this theme were motherhood, independence, and aspects of self (self-awareness, changing-awareness, self-efficacy, and self-worth). Typical factors included under this theme were their faith and self-acceptance.

Motherhood. All of the women identified themselves as mothers, and often their children were one of the major strengths in their life. Motherhood was portrayed through the women's ability to display vulnerability, as well as their desire for a new life. However, it was a part of their identity, and was demonstrated by how they survived through their struggles, left their abusive relationships, and who they were as a person. For example, one woman stated "Yes, I have two wonderful boys. They keep me alive." Another woman discussed her suicidal ideation and how her children prevented her from following through, "I've stood on the edge of a bridge thinking about jumping, but I had my kids to think about and I was pregnant with my daughter, so it kept me from doing it."

Being a mother and wanting to set a good example for their children were motivating factors for the women:

I'm really looking forward to have a diploma so I can, you know, show it to my boys and say, you know, 'it's never too late,' you know? Even if I'm near forties [...] I can show my boys and show them that 'this is my diploma', you know.

And I'm going to be big, and I'm going to have a good job. And I can support you and give you what you need.

This was stated by one of the woman, however, all of them discussed wanting their children to be proud, and that they were finishing their education for their children saying things such as "I always try to encourage them" or "I want to give them a better life."

Another woman stated,

My main goal is to make sure Johnny has a good life. My main goal is to make sure that, I don't want to make him bitter because I am bitter over men. And I don't want to raise him that way. You know. And that is why I am here.

Their love and protectiveness for their children was also often a major factor in them leaving their abusive relationship. One woman discussed her abusive relationship with her partner, stating he would send the children to bed without eating, which caused her to call the police. She stated:

He started getting all aggressive and you know? And then started yelling, and sent them to bed. And they started saying 'Oh – I'm hungry, I'm hungry. I need to eat something.' And I said 'What do you mean? Why did you not give them something to eat?' He said 'It's your responsibility.' [...] I was stressing that 'I

can't do two things at the same time, and if you're here, you know, you're the father, so you would think that you gotta give them something to eat.' We started arguing, and that's when I called the police, because he wanted to send them to bed without eating. And then that's when he started getting aggressive.

Motherhood was a major part of all of the women's sense of identity as demonstrated through the women's narratives.

Independence. Independence was another general trait that all the women identified, and made up their sense of identity. The women discussed their strive for independence after leaving their abusive relationship. One woman stated:

Now thinking back, and I said 'No way am I going to put myself in that situation again.' I have two wonderful boys to live for, and I know I can do it on my own [...] I'm going to do it on my own. If I did it once already, I left him for a year, I can do it again. And I didn't have no help from nobody. Just did it myself.

When discussing her leaving her abusive relationship another woman stated:

Um, no, I think it's just making me a stronger woman, and um, you know, and, and I'm getting my independence back, so I'm, you know, it's just, it's just a matter of balance and uh, and I'm sure I'm not going to be alone for the rest of my life, so that's comforting.

The women would often discuss their pride at their independence and leaving their abusive relationship. One woman said:

Well, in all fairness, I, I've been out of my relationship for over two and a half years, now, when I was in my, my past relationship I would have had some of

these feelings and things would have been different but I've been on my own and been independent and been out of that relationship, so I've grown and I've been a lot healthier.

Another woman discussed her excitement at being able to be independent after leaving her abusive relationship, how she can go back to school and make her own choices:

To calm down, to be myself, do be independent, and uh, to know which, whatever I want, you know whatever program [I] might like. You know, whatever I can, I wanted to take, you know, it's me, me me, so that's what I'm doing.

As well as being independent after leaving an abusive relationship, the women would often discuss wanting independence from family members, or other people whom they considered to be negative influences in their life. One woman stated:

I kind of broke away from all the influences in my life and um including family and not just my partner um they have been a really big impact on um my thinking and just needing to be independent and on my own for once.

Many women discussed their desire for independence but how they feared it as well. One woman shared:

Yes, and I'm going to be soon on my own. It's just, I've been procrastinating, because I don't want to. [...] I don't want to be by myself, and yet I do. I'm kind of torn right now. [...] I've just been taking it on my own. My own little strides.

Self. Another general trait that emerged through the narrative was Self. This was demonstrated through the women displaying self-awareness as well as a changing awareness, self-worth, and self-efficacy. The women would often talk about self-

awareness in terms of their abusive relationship. For example one woman discussed her awareness of becoming abusive while she was involved in her relationship but discovering it was a defense mechanism and coping strategy, stating:

I wasn't afraid of him. Even, even the fights, like I fought back, you know, I'd become abusive myself. Um and carry a lot of guilt in that, but um, but I'm okay today, now I know, you know, it was just I guess my, my own self defense or my own mental way to, I don't know, I don't know what words I'm looking for.

Women would also talk about their self-awareness and discovering things about themselves that would help them in their life growth. One woman shared:

Well honesty helped. I think being honest with myself in these interviews just comes a sense of growth and seeing where I've come, so.[...] before, when I, when I answered something like this, I would never really be that honest, I would probably just want to get through it and get it done. And now, I answer honestly so it affects me more.

Another woman talked about the people in her life saying, "I think I am just, um, hanging around with more positive people 'cause of the past influences, um, I have been very cautious of who I hang around with and know my boundaries today".

Women would often talk about being able to recognize their limits. One woman discussed her idea of success, which she identified as attending school regularly. She said "that is success for me. If I can get something completed by the end of the day, that good for me right now." Another woman, when discussing whether she feels inferior, stated,

I don't want to say no, because sometimes, I, I can feel like, like I'm not doing enough or um, I could be doing more, but, but I know I have a lot on my plate right now, and you know, being a single mom, and, you know, realistically, there is only so much you can do, but I tend to push myself really hard, so um, it's not feelings of inferiority, it's not, I'm not overzealous in that area, but I can, it does come up sometimes.

All women also discussed having feelings of self-worth, and increasing self-esteem, as well as self-efficacy in certain areas of their life. One woman discussed always knowing that she could do whatever she wanted with her life, however she cared a lot what other people thought, she discussed this change, stating:

I know, like I said, I'm an intelligent person and I know everybody tells me that, you know, 'you have a lot in you, so you have to explore it.' You know?[but] find it for yourself. Because nobody, just you, knows better. I have had like major, major changes um and um a lot of growth and um a lot more confidence in myself in making decisions.

Often throughout the Bridges Program the woman would become more confident in their abilities, and develop greater self-esteem. One woman stated:

It's been great, and my confidence is a lot better today and um, I, I just think everything kind of goes hand in hand, so, I have a nice balance with myself and with the kids, and I think it is because I have a positive attitude and I feel good about, being in school and so that shows at home, which is good.

Another woman discussed her life since being out of her abusive relationship, and being involved in the Bridges program, stating,

Yeah. Because now I can say that I'm a lot smarter. And I'm very proud. When I could say that, you know, like coming to school. Oh yeah. I come a long ways. I could see it. I can look around in my apartment, look around at you know, how much, how far I've come.

The general factors included under the sense of identity theme were motherhood, independence and self. However, there were two typical factors: faith and self-acceptance which emerged as well.

Faith. Four of the five women indicated that they had faith or had found a new faith because of their struggles and trauma's in their abusive relationship. One women stated, "Believe me, I pray every day and night". Forgiveness was also a recurring theme for women who had faith. One woman stated that she "asked God for forgiveness" after her experiences. Another woman discussed her addiction, stating,

I even went to a priest. I just have to pray. But then, in my addiction, I completed the 5th step. And at Christmas time, I had to send them a letter, just to get it off.

To forgive, that is the hardest thing.

As well, some women discussed their desire for a new faith, and how they believed that a faith may help them through their struggle.

Self-Acceptance. The women often talked about feeling shame and guilt while being in their abusive relationships, as well as after. However, many of them

demonstrated self-acceptance about who they are, their experiences, and how they have changed. One woman stated,

Yes, it's like I don't feel more guilt on myself you know, like my self-esteem is a lot higher. And I would think it was always my fault like or 'I can't do this' or 'I cannot do that' or things like, and now I focus and like 'yeah I can do it' cause this is helping me a lot and it's flexible you know, like so everything is good in a good way.

Another women discussed taking part in group therapy, stating "it was so relaxing and just um, comforting and it felt good to be a woman, and I haven't felt that in a long time, but, but being in that group was good." One woman also demonstrated her self-acceptance while talking about returning to school and the struggles she has experienced, saying,

That it's ok I'm mean if I'm older it's ok that I can still, ya know, learn and that I was doing math again. I'm still trying to work on fractions though (laughing) yeah I just don't recall them so I learned that that there is a way to do them, you just have to practice, everything takes practice.

Desire for a New Life

A desire for a new life was another theme that emerged from the women's narratives. All the women discussed wanting to make a better life for themselves and their children. The general factors that emerged under this theme were making new choices, motivation, goal setting, and their coping strategies. The typical factors that emerged under this theme were tenacity, and resolve.

Making New Choices. All the women talked about making different choices, and positive change throughout their life, and things they had done, or would like to do to help themselves have a different life. The women would also talk about making new choices in terms of their children and parenting. One woman discussed trying to change her behaviour when she became angry with her children:

See even with my children, I just have patience, like you know what, leave me alone now don't talk to me now, when your calm then we can talk cause I don't want it getting too much [...] yeah cause that's what I'm trying to lower, that I don't want to scream you know I don't want to have the same life I use to have before, so it's best you go over there and I come over there, eat a piece of chocolate (laughing) [...] A walk just go for a walk and I say I'll be back I'm going for a coffee so that's it, so ya know, clear your mind.

Another woman discussed making new choices that would best benefit her children, stating:

I have a certain area I want to move into for John to go to school. And, I have made a goal of when I move there, I have to stay there so he can finish elementary school and not be moved around so much. So I have to make sure where I move to, is going to be adequate for me and John for the next 10 years.

The women often talked about their previous or current relationships, and their attempts to make different choices. One woman discussed the decision to leave her abusive relationship, saying:

It took a lot to leave him. and I didn't want to leave him and I always hoped that

he would change and you know, we had children together so, um, I stayed a lot longer than I should have and uh, when I left I still loved him, but I knew, that he wasn't going to change and it was a very unhealthy relationship so I had to, make that healthy decision for me and the kids.

Other woman discussed their current relationship, and making new choices within their current relationship. One woman discussed her decision to leave her current partner:

I know that I have been giving a lot of thought about how Dan treats me. Like he has never hit me or anything. But I have noticed that, in talking since this program and also with the abused women place, that there are things that he says that are not very nice [...] and that relationship is going to come to an end very soon, him and I.

By deciding to return to school, all of the women were making new choices in their desire for a different life. One woman discussed the Bridges Program, as well as her own power and choices that brought her to this point in changing her life:

It's not, like I mean, the building bridges program is just part of it, there's just so many different things that I've done that's got me where, where I'm at today, but it's definitely been a part of, part of um, of everything. I just don't know what to say about it (laughs).

Motivation. Another general factor was motivation. All of the women showed motivation in different areas of their life. They all used their motivation to make changes and a new life for themselves and their children. Some of the women discussed being motivated to start the Bridges program and return to school. One woman said “And I just

don't know how this came across. I don't know how I found this number, or whatever, and I just called and I said, 'I know I can do it', you know?" Other women discussed always knowing they had wanted to finish high school, as one woman stated "I have always known that I wanted to get my grade 12." As well as being motivated to get their high school education and attend the Bridges Program, the women were motivated to see the Bridges program through. One woman stated:

I'd like to see it keep going cause I'd like to keep coming cause it does help, like in small little steps, and that's what we need just the small little steps we may not see it right away, but eventually we do. But yeah I'd like the program to keep going for sure because I would like to come back next year.

Many women spoke of struggling, and at times feeling too old to be back at school, or worried about the courses. One woman spoke of her difficulties and needing flexibility, however still being motivated to continue with her education, saying,

I have difficulties you know, and uh, obstacles and needing the flexibility and I'm only able to come two days a week, um, so, I, myself, I want to put a little more effort into it, to get better outcome. So I think that what I'm doing okay, is okay for now, but looking later to just do more work at home or I was asking thinking about asking Barb to maybe give me some notes and things the days I'm not there and I can work at home.

As well as being motivated by the Bridges Program and getting their education, women were motivated to be able to care for themselves and their children, and a desire to get a good job or get off social assistance. One woman stated,

Yeah, like I said, I don't like the system, like, I mean, only now because I need it, you know, because out there I know there's a lot of people who take advantage of the system and I've used the system and I, I used to, every time I talk about this, I don't like being on the system because I know I have my two legs and two arms, my brains, I can do better, you know.

Another woman discussed her motivation while struggling to get a job with her lack of experience, stating,

Uh, some... it's some true, it's somewhat true because every time I go and I drop off a resume and then I have, um, few interviews and they always ask for do you have any experience? And I say, 'well, this is not dealing with what I have experience in, but I'm willing to – to learn.'

Goal Setting. All the women had goals they had set for themselves and for the future. These goals were part of their desire for a new life. Goal setting was often inter-related with motivation, as the women were motivated to meet their goals. Often women discussed their long term goals for their future, and what they would like to achieve, for themselves and their children. For example, one woman discussed her career choice for the future:

I really want to study. I love studying and my dream is always to become a doctor. I like medical stuff, and I always read a lot. I like to read about nutrition and everything like that. I like books about medical stuff and nutrition. I like to be very healthy, and I want my boys to have the best, because they deserve that.

When asked about fantasies, another woman discussed her goals for the future, saying:

Um, well, maybe things like goals like owning my own home and having a good job, and um, you know just being able to support them financially and send them to college and those kind of, but I wouldn't say those are like fantasies, I would say those are more like goals and accomplishments, so...

Women would also talk about short term goals, such as going to college after finishing, or finding a better job. One woman said “Uh I just want to get to Fanshawe, my goal is to go to Fanshawe next year so I have to buckle my belt actually get my last two credits”

Women would also talk about completing their goals, or being excited or scared when they had almost achieved one of their goals. For example, one woman stated, “Well, that is the only way to get some help. I am starting a new way of living. I got one of my goals. I am going to school.” Another woman said, “And my main, you know, my main path right now is to focus, finish my schooling, you know and this, I'm really looking forward to finish, and go on.”

Coping Strategies. The women all used coping strategies to help them deal with their experiences, and heal from them. Often the women would talk about strategies they used when they felt overwhelmed, or were thinking about their past trauma's and abusive relationships. One woman discussed her strategy, saying:

I have a working technique that I'm doing now, so [...] Uh like to stick around it, you know, like look around me, and look at my boys, and if I'm not with my boys, I just look outside and look at the sky, and the smell and everything that keeps me grounded, and my nice calm breathing. That's what I, think I feel my hands, you know, my hands, pull my hands and my feet.

Many of the women discussed crying, and how crying helped them to release their grief and anxiety, one woman said “But it’s good, I feel good to cry and um, before I just held a lot of it in, so today, it’s better.” Another woman stated “I cry a lot because that’s the way that I can you know, take out everything that is bothering me inside, and for me that is the way that I do it.”

One of the woman discussed how she volunteered at Habitat for Humanity which she enjoyed and helped her cope with her experiences, and another talked about her experiences while watching movies, and seeing herself in them, which empowers her. She stated:

Yeah, well sometimes, especially, I’m laughing because when I’m watching a movie, oh my gosh, like I’m in there you know, like I’m in the scene, you know, this is me, this is when it happened, this is going to happen to me, I’m going to do it you know? And I know I can do it because I’m strong, you know? And I’m empowered, this is me now, this is me controlling now, this is me.

Many of the women discussed journaling their thoughts, feelings, and experiences as a way to help them heal. One woman stated “journaling was a good one to help me.” Another woman talked about her growth and the coping strategies she has found have helped her, stating:

I think more confident, more confident and strong, and asking for help, and you know like writing down on a piece of paper and discussing you know with someone in the Bridges ya know. I can feel ya know I can go to somebody or whatever, and, and daily routines, and shopping like more confident in myself and

what I can do and accepting where I'm at. I gotta nice apartment like, I think Bridges has done wonders for me, it's been really good, yeah. Outside in the world oh yeah, I'm ready to take on.

Making new choices, motivation, goal setting, and coping strategies emerged as General factors under a Desire for a new life. The Typical Factors included tenacity and resolve.

Tenacity. Tenacity was a typical factor shown by four out of the five women. They demonstrated tenacity through different areas of their life, however particularly discussing being a mother, and their education. They often talked about how they knew they just had to "keep going." One woman discussed her struggles with her abusive relationship being a single mother, and her drive to keep going.

Yep and I have worked very, very hard. And um, it is not easy being a single mom with 3 kids but um just getting over the emotional part um with the relationship with the father and stuff um it has been a big toll on me but, but being able to um move on and um and do what I have to do for me and my kids, I think, makes a strong person.

Another woman discussed her growth, and her knowledge that she can handle whatever struggles she encounters, stating:

I just feel now that I'm a stronger woman and that no matter what's thrown on my plate there isn't anything that I can't do or can't accomplish, and uh, if I don't know, ask, you know it's available, um, so I feel yeah, I feel that anything's possible today, so that's changed, you know, I don't have such a, I think there is a

wider range for me than it used to be, it used to be kind of small and narrow thinking you know, but now it's opened up more possibilities and more hopes and uh, so...

One woman talked about her schooling, stating she had been registered in an adult education program over twenty times, and that she had dropped out that many times as well. However, that demonstrated her determination to keep trying and not allow her previous attempts prevent her from trying again.

Resolve. Resolve was another typical factor demonstrated by four out of the five women. It was often demonstrated while discussing their abusive relationships. Most of the women discussed never accepting that treatment again. One woman stated "I would *never* take what I took from the kids' dad from anybody ever again." Another woman said "I know that I will never go back to that again." Other women would talk about being able to manage on their own, and stating that they were currently doing that.

As well, the women would discuss their previous isolation and previous experiences, and their resolve to change that. One woman stated:

To get out of that isolation and not feel sorry about myself being a single mom and it can be stressful but to turn it around into something positive and to find the balance knowing that I can do it, but just bringing to the table that these are my obstacles and this is what I need to do, because I didn't want to stay isolated and I didn't want to feel sorry for myself and I need to get out of that and it's helped me.

One woman talked about her suicidal ideation and her experience in the hospital saying:

No. After that time that I was hospitalized, and the way that I went through there, the way that they treated me and everything, um, I'm saying, yes, like, I'm saying that I've gone – going insane, really insane. Yeah, because it was horrible just being there. [...] They insulated me from everybody. It was just four rooms where I was staying. It was locked up [...] And I say "No way I'm going to need that in my life again." Never again.

Discussion

Overview

The purpose of this qualitative study was to understand women's experiences of violence within a strength perspective. The negative mental health effects of woman abuse have been clearly identified and include PTSD, anxiety, and depression (Astin, Lawrence, & Foy, 1993; Golding, 1999). Research is still in the early stages exploring strength-based, as compared to deficit-based, perspectives on coping with the sequelae of woman abuse. It is important to examine factors of resilience that help in the recovery and healing of individuals suffering from the effects of trauma. Trauma is believed to be everlasting, and the individual will never be fully healed or cured (Wagner & Magnusson, 2005). However, trauma will change the individual, and it is thought that growth can occur after trauma, and individuals all possess strengths that help them survive and cope with their violent experiences.

This study examined the strengths possessed by women who have experienced woman abuse, and how those strengths can help in the posttraumatic growth of abused women. Previous studies have often determined resilience as a trait that is either present

or absent (Wingo *et al.*, 2010; Carver, 1998). This strength based study focused on determining factors of resilience that all the women demonstrated through their narratives that helped them survive their abuse. The themes that emerged from this study that related to the resilience and posttraumatic growth of these women were: hope, an ability to display vulnerability, a sense of identity, and a desire for a new life. It is important to understand these themes in relation to the context of abuse these women endured. This study followed an ecological framework for violence against women. This ecological theory will be discussed further, to better understand these women's experiences of abuse. As well, the resilient themes that emerged will be discussed in terms of their relation to the theoretical frameworks used in this study (Relational Cultural Theory, and the notion of self), their implication for practice and future research, and the strengths and limitations of this study.

An Ecological Approach to Violence Against Women

Although this study examined the resilience and posttraumatic growth of women who had experienced woman abuse, it is important to look at the context of their abusive relationships. This study uses an ecological framework of violence against women. It identifies woman abuse as being multifaceted, involving personal, situational and multicultural factors in the etiology of woman abuse. All the women in this study demonstrated this multifaceted nature of woman abuse through their narratives. Childhood and historical factors of abuse can influence the way women view their situations and their responses to their domestic abuse (Heise, 1998). All the women discussed their childhoods, and indicated feeling a lack of encouragement and support

from their families in terms of returning to school or in their abusive relationships. As well, they often discussed abuse they had experienced as a child. One woman discussed being abused as a child, stating:

When I was maybe 11 or 12 years old, I got sexually abused. Back in Mexico. Like, I got it two times. And he had things, too. And that's when the doctor said that when you are over 30 years old, like we have like flashbacks. So I started getting all these, because of what he was doing to me, and all the stress. And everything together. Then I started having these nightmares again, and everything. And that's when I asked for help, and I went to the assault centre.

This childhood event may have shaped this woman's perspective of the world. However, despite this, she showed resilience as she reached out and sought help, indicating her ability to display vulnerability. Another woman also spoke of the abuse she experienced when she was younger, and the betrayal she felt towards her parents by their reaction to the abuse:

I think the most stressful thing I'm dealing with right now, was before my ex-husband, um, I was a teenager and I was sexually assaulted for 3 years. And, it wasn't really the sexual assault that got me really stressed; it was that my parents chose his side over mine. And I've got to live with that, and it's hard for me. You know like, they chose, they made me drop the charges because they wanted to stay friends with him for the gossip.

As well, another woman discussed wishing her father was dead for what he had done to her, however, she did not expand on her experiences.

One woman discussed witnessing a traumatic experience between her parents when she was younger, which resulted in her being in psychiatric care, stating:

When my father and mother separated, my father left Christmas Eve and my mom took it very bad. Anyways, my father came back long enough to do something very horrible to my mom that I witnessed. And I had a break down, when I was 11 years old, my first nervous breakdown.

These individual stressors that the women experienced as children influence their responses to microsystem and exosystem stressors. These individual factors are related to the etiology of woman abuse according to the ecological theory of violence against women (Heise, 1998). It is important to acknowledge that these women all showed resilience and posttraumatic growth, despite these challenging histories.

The microsystem may be described as the interactions with others in the context of violence, most frequently in the context of the family environment. These stressors include male dominance in the family, wealth being controlled by the male, marital conflict, and alcohol use. All of the women in this study discussed the context of violence within the family home, mentioning male dominance, finance management, and marital conflict. One woman stated:

Oh – every time we had an argument, he get all aggressive and violent, and screaming and yelling and crying. And even my boys notice that he say he about to punch my face. Because he was doing like this, and they saw his face, and he even say that. It looked like he wanted to punch me.

Another woman discussed the marital conflict that occurred in her abusive relationship, and using male dominance to control the family saying “depending on the situation, so it's really hard to say, like if we were arguing about something, he might throw something in my face, or say something, you know ah, or try to get the kids on his side.” Alcohol often influenced aggressive behaviour, in the abusive relationship these women experienced with their partners. One woman stated:

My ex-partner. We were fine for the first while. It was after my son was born he started changing and drinking more, he hurt me every time I said the wrong thing or something, stuff like that. I'd tell my mom or tell my dad, and they'd say to stick it out, he'll change. I stayed with him for over 7 years. 'till I just couldn't take it anymore.

This describes the often slow changes, and the power and control that occurs within abusive relationships. This also indicates individual stressors that can influence how the woman may respond to her abusive relationship, as her parents were unsupportive and encouraged her to stay in the relationship.

All of the women in this study identified not having access to finances while in their abusive relationship, and many discussed not being to have jobs, or go to school in order to be able to provide for themselves. One woman shared “Oh my God, he used get, Fred would go into my work. My boss had to kick him out so many times. And school - like, everything, I swear to God.”

The Exosystem stressors refer to the formal and informal social structures that influence the environment and affect what occurs within the situation. These include

factors such as low socioeconomic status, isolation of the women and family, and delinquent peers. The women in this study discussed their financial struggles, and their isolation as well as the peers of their abusive partners. One woman said,

He was very insecure, he had to know where I was going, why I took so long, who was I with and if I was on the phone, he was like, 'who are you talking to?', wasn't really allowed to have guys as friends, you know if I did, then I must be sleeping with them.

Another woman discussed being held unable to leave her house and living in an area with nothing around them, saying "Yeah. I would have liked to go to work. It is hard because I was made to be at home. The doors were locked and I could not get out."

The women also discussed the peers of their abusive partners and being unaware of what their abusers lives were like. One woman stated:

He was definitely isolating me. He didn't want me to, he didn't want me to know what was going on with him. Like when he was with, around me and the kids, his life was separate, his social life was separate from his home life, and I didn't know that [...] He didn't want me around his friends, or people that he hung around with because then I would know, about the cheating and the lying and the other stuff.

Another woman discussed her partner being in trouble with the law, stating:

He gets in trouble with the law a lot. Like, recently he's still up on charges against another girl. I was away - this was before we separated [...] and I come home and find out that my husband had been arrested and I had no idea what was going on or anything. so I went to the court date and found out he's being charged with

sexual assault of a minor, serving alcohol and drugs to a minor, forceful confinement and bribing her.

Macrosystem stressors are the cultural values and beliefs that influence society and all the lower systems. The factors in the macrosystem include the notion masculinity, rigid gender roles and a sense of male entitlement (Heise, 1998). These factors permeated the women's narratives. Many of the women shared that their abusers made them feel as though they were bad mothers if they worked or attended school. Women would also discuss feeling judged by people in the community. One woman took custody of a relative's child, and she discussed her experience, and feeling negative about her life, saying:

What were you thinking? What are you thinking? You know, you are not ever going to find someone and then you took on this kid, and no one wants to get involved with someone at this age, at this stage in our lives with a new child, a new baby. What were you thinking? I get that all the time. All the time. Both from female and male.

Another woman discussed sharing her experiences with abuse with her psychiatrists, and that her psychiatrist told her she was asking for the abuse, since she had become used to it. As well as feeling judged by people in society about experiencing woman abuse, the women would also discuss the disabilities they had acquired from their abuse, and their feelings and experiences of being discriminated against. One woman discussed her worries about getting an education, and whether she feels it would help her find work. She stated:

But hey, society looks down on people who are on disability. And it does not matter if you have an education or not. That would be all the more reason for them to say, why is she not out working, she has an education.

The macrosystem stressors associated with male entitlement was also demonstrated with the women's struggles they faced as mothers. All women discussed struggling to return to school or find employment because of transportation and childcare. One woman discussed her difficulty taking the bus, stating:

Because sometimes it is very hard for me, well not sometimes, a lot of times, to take the bus. A huge anxiety problem with that. And I don't and I have a germ thing. And I have a huge problem taking the bus. And I would rather walk and I have. But not now, it is too cold.

Another woman discussed her worries about returning to school and losing her childcare, saying, "that was definitely a concern of mine now [...] Because if I lose my daycare, I am SOL".

The ecological theory applied to violence against women was found to be helpful in examining the narratives of the women in this study. These women experienced the individual, microsystem, exosystem, and macrosystem stressors that are associated with the etiology of violence against women. However, as their narratives indicated, all of these women also showed resilience and posttraumatic growth that have helped them survive during and after their traumas.

Understanding the context of these women's experiences of violence is important in order to appreciate the resilience that these women have. This study understood

resilience as an adaptive process. Individuals can be suffering from their traumas and yet show resilience in other aspects of their life (Harvey, 1997). Due to the complexity of adaptive processes and outcomes when examining woman abuse, it is important to acknowledge that resilience is multidimensional, and can vary among different dimensions of life, thus promoting hope for those suffering from extensive trauma (Dutton & Greene, 2010). All of the women in this study were suffering symptoms from the traumas they had experienced, however were able to show resilience through other ways.

Resilience and Hope

Hope was an overarching resilient trait and was demonstrated through the women's narratives, and permeated all of the other resilient themes in this study. Given the nature of these women's experiences of violence, and their experiences demonstrating that the world is a dangerous place, that all these women displayed hope was quite remarkable.

Hope is generally seen to be related to health and general well-being, which is now widely recognized. Many organizations such as the World Health Organization have recognized that one of the foundations of recovery from mental health problems is having hope (Cutcliffe, 2009). Hope could be viewed as a resilient trait that helped the women survive, as well as helping the women heal and transform from their trauma, and therefore may also be related to posttraumatic growth. Hope has been said to give individuals a sense of temporary relief during trying times, and the power to endure when dealing with continuous stress (Korner, 1970). This can be related to the power of hope when

individuals are experiencing woman abuse. All of the women in this present study indicated their hope in many areas of their life, such as for the future, for their children, and for themselves.

Although there is not a lot of literature on hope as a strength in women who have experienced woman abuse, Lynch *et al.* (2007) found that hope was related to resilience in individuals who had experienced trauma. Erikson stated that hope was involved in infant development, and believed that hope was a part of our evolutionary structure (1964). Given this belief, hope could be a resilient trait that all individuals possess.

Resilience and Ability to Display Vulnerability

As was demonstrated, many women discussed feeling isolated, either having isolation imposed upon them through their abusive relationships, or isolating themselves due to their traumas. Relational Cultural Theory proposes that disconnection and isolation from others are the main reasons for psychological distress and suffering in individuals. People who have experienced repeated disconnection throughout their life have stronger feelings of isolation (Jordan, 2010). Woman abuse creates repeated disconnection as these women's ability to relate and connect to others may be compromised, and they may have experienced a constant disconnect from their abuser.

The ability to display vulnerability is identified as a considerable strength in the RCT literature as it demonstrates an openness and authenticity, which is essential for growth and connection (Duffey & Somody, 2011; Jordan, 2010). RCT believes that throughout life people are driven to connect and will experience personal growth through growth fostering relationships (Jordan, 2010). All the women in this study showed

resilience in their ability to display vulnerability. When an individual allows themselves to be vulnerable, they are open to emotional injury such as being betrayed or rejected. This then is an extremely resilient trait, as it is an adaptive process that these women possess. This is important in terms of the context of violence that these women endured in their childhood and in their abusive relationships. An ability to display vulnerability relates strongly to RCT, as it demonstrates this strive to be connected to others. RCT states that even after experiencing disconnection, rejection and betrayal, individuals have an innate growth to attempt to reconnect with others, and this reconnection leads to healing and growth (Jordan, 2010).

The positioning of this ability to display vulnerability as a strength is also supported by previous studies, indicating that social support and relationships with others are resilience traits (Fry and Barker, 2002; Kennedy, 2005, Lynch et al., 2007). Help-seeking, which was another general trait encompassed under an ability to display vulnerability has also been demonstrated in previous studies as a resilient factor (Sabina & Tindale, 2008).

By becoming involved with the Bridges Program, the women became part of a community. This educational program was specialized and focused on meeting the needs of women who have experienced abuse. This sense of community and the women's ability to display vulnerability is an attribute that, although present, may not have been able to develop had the women been in a regular classroom. Wagner & Magnusson (2005) in their paper exploring the impact of violence on learning in sites of higher education discussed women's experiences of violence being ignored within the

classroom. It also discussed how when journaling, the women would cope by telling themselves they were fine and trying to act normal. Women involved in the Bridges program were allowed to discuss their thoughts and emotions, and often discussed how this was a normalizing experience for them. The Bridges program encouraged and promoted this resilient trait. This sense of community has been demonstrated to be effective for healing, and is supported by RCT. Women who felt as though they were understood and not alone in their emotions and thoughts could begin to reconnect to others, and thus have a desire for more connections.

This community approach to healing has been examined and demonstrated to be effective in previous studies. McWhirter (2006) examined a community based group intervention program for women in life transition residing in shelter services, compared to women in transition who were not residing in a shelter. Researchers found that participants in both community based interventions reported increased social networks, and decreased isolation and financial stress. As well, for participants who were residing in shelters, there was an increase in self-efficacy.

Resilience and a Sense of Identity

A sense of identity was a theme that emerged from the women's narratives and was understood as the women's views of themselves and the traits they identified as possessing. A sense of identity is a strong resilience factor for women who have experienced abuse. The self directs insight, memory and beliefs regarding perception of the self as well as others (Cross & Madson, 1997). It allows individuals to perform in their community and guides behaviour, and is developed through relations with others as

well as the self (Cross & Madson, 1997). Experiences of violence can affect a woman's view of her self, others, and the world. All the women discussed feeling responsible for the abuse at some point, or guilty or ashamed for not leaving sooner. However, all of them demonstrated a sense of identity in certain areas of their life. This fits with the sense of self that often emerges within the literature. This sense of identity appeared to be important to help the women identify and understand the strengths and the resources they possess. As postulated by Rogers, self-concept includes traits that individuals have some control over, and are aware of (as cited in Epstein, 1973). The women in this study demonstrated their sense of identity, and self-concept throughout their narratives, which were considered resilient factors that helped them survive their experiences.

Themes such as a process of self change, independence, and self-worth were identified as resilient factors in previous studies (Lynch et al., 2007; Kennedy, 2005), which supported the results of the current study. This notion of an independent self, and self-concept seems contradictory to RCT, as RCT states that growth occurs in relation to others. However, after experiencing woman abuse and isolation in their relationships, the women may see independence as being able to "stand on their own two feet" and "make it on their own", which was discussed by many of the women in this study. Living in Western society, this strive to be independent is paramount in people's lives. This belief of independence and autonomy is often linked with self-actualization (Cangemi, 1976; Chang, 1991). This study used the women's narratives to determine strengths they identified as possessing, and independence emerged as part of their sense of identity. Using this phenomenological approach, this sense of self emerged from the women's

narratives, and the notion of self as a structural framework, and RCT, are complimentary in this instance. The women felt they needed to experience their independence after their abuse, and independence is valued in western society. At the same time the women were moving towards growth-fostering relationships.

Motherhood was a factor that all the women identified as being a part of their identity, and was a resilient trait for them. There is a lack of research on motherhood in the context of abuse (Lapierre, 2010; Irwin, Thorne & Varcoe, 2002). Most research tends to focus on children's exposure to woman abuse and the detrimental effects of witnessing woman abuse (Heise, 1998, Cunningham & Baker, 2004; 2007). Although some studies have examined motherhood in the context of leaving abusive relationships, it often focuses on the challenges and difficulties of motherhood within the context of woman abuse (Lapierre, 2010).

Irwin, *et al.* (2002) examined the motherhood experience from the context of woman abuse. One of the findings in this qualitative study was motherhood as a strength for women, and that the women in the study managed to use motherhood to maintain their sense of self. These researchers discussed that the women drew resilience and growth from their view of themselves as mothers, despite their self-esteem being eroded from their abuse. The results from the current study, motherhood as a factor of a sense of identity, were supported by Irwin's *et al.* (2002) study on the motherhood experience from the context of abuse. This demonstrates the importance of examining motherhood as a strength for women and a part of their identity, in contrast to focusing on the women's struggles, and the negative impact of abuse for mothers and children.

Resilience and a Desire for a New Life

A desire for a new life emerged as a resilient factor for all the women in this study. This desire for a new life can be understood by the notion of self and being driven towards self-actualization. This self-guide, as outlined by Higgins (1987), was demonstrated by these women, as they were driven to close the gap between their actual self (as viewed by themselves or others) and their ideal and ought selves (the attributes they would ideally possess, or believe they ought to possess). All of the women had returned to school, which was often considered their first step in their drive for a new life, and most had left their abusive relationships. They all discussed setting goals for themselves and being motivated to succeed. As well as desiring a new life for themselves, they all discussed wanting to make a better life for their children. This drive to be the best mothers they can be, and wanting their children to be proud of them can also be considered as a strive towards self-actualization, as was discussed by Rogers (as cited in Hill, 2009).

This desire for a new life and the factors that emerged under that theme have been demonstrated as resilience factors in previous studies as well. Kennedy (2005) found that goal orientation was considered resilient in his study examining resilience in adolescent girls who had experienced violence. In another study, ability to be successful and recognize their skills and competencies, as well as coping strategies emerged as resilient factors for trauma survivors (Lynch *et al.*, 2007). These are similar to the theme a desire for a new life, and the same factors emerged in this study as well. A qualitative study by Senter and Caldwell (2002) examined spirituality and women who left abusive

relationships. One of the themes that emerged in that study was making adjustments and a new way of living. The women in that study discussed the feeling of empowerment after leaving, as well as the fear and challenges involved with leaving and how the women turned to God to help them during this change. The theme of a desire for a new life, which emerged in the current study, is thus similar to the theme that emerged in the Senter and Caldwell study.

Posttraumatic Growth

Posttraumatic growth is still a relatively new concept in the literature; however it is beginning to emerge more readily (Tedeschi & Calhoun, 1998; 2004; Cobb *et al.*, 2006). Posttraumatic growth is the positive change in an individual that occurs because of the struggle to overcome their adverse or traumatic experiences. Posttraumatic growth and distress can occur mutually, and an individual does not have to experience an absence of distress to increase their well-being (Tedeschi & Calhoun, 1998). Although the relationship between posttraumatic growth and resilience is not clearly defined (Levine *et al.*, 2009), posttraumatic growth appears to extend beyond the notion of resilience. It is a stage that encompasses five positive changes that occur in different areas of a person's life: 1) emergence of new opportunities and possibilities, 2) deeper relationships and greater compassion for others, 3) feeling strengthened to meet future life challenges, 4) reordered priorities and a new appreciation for life, 5) and deepening spirituality (Calhoun & Tedeschi, 2004).

These areas of posttraumatic growth can be supported by both RCT and the notion of self. Women developing deeper relationships and a greater compassion for others, can

be viewed as developing growth-fostering relationships, which is a hallmark of RCT (Jordan, 2010). As well, these growth fostering relationships may contribute to feeling strengthened to meet future life challenges, as well as reordered priorities and a new appreciation for life. Also, the notion of self-concept, and a strive to self-actualization could also be contributed to the women feeling strengthened to meet future life challenges, having reordered priorities and a new appreciation for life, as well as deepening spirituality.

In this current study, all the women's narratives indicated that they had experienced posttraumatic growth throughout their life, and particularly through being involved in the Bridges Program (See Table 2). Most of the women indicated experiencing posttraumatic growth through all of the five areas indicated by Calhoun and Tedeschi (2004). As well, throughout the women's narratives, their posttraumatic growth became more pronounced. Although posttraumatic growth can occur naturally, in this study it can be seen as an outcome of treatment. All the women in the study were involved with the Bridges Program, an alternative education program for women who had experienced woman abuse. This program also involved treatment programs such as group therapy and individual therapy, and the education program was designed to meet the needs of women who had experienced abuse. This study followed the narratives of the women as they went through the Bridges Program. Their posttraumatic growth emerged the longer they were in treatment. The next sections will discuss each of the five positive changes included in post-traumatic growth, and how the women in this study demonstrated their post-traumatic growth

Emergence of new opportunities and possibilities. All of the women in this study demonstrated an emergence of new opportunities and possibilities. A desire for a new life, a sense of identity, and hope are the themes that best exemplify emergence of new opportunities and possibilities. All of the women in this study were returning to school to get their high school diploma. This indicates that they were seeking new opportunities in their life. The longer the women were in the Bridges program, the more they indicated new opportunities and possibilities. As has been indicated, they often discussed the possibility of obtaining jobs, and creating a better life for their children. As well, many women began to discuss attending postsecondary education, and the possibility of entering professional jobs such as social work. All the women discussed their motivation and goal setting, which indicated their posttraumatic growth in this area of their life.

As well as new opportunities and possibilities for themselves, the women often discussed the emergence of new opportunities and possibilities for their children. They would discuss wanting stability for their children in their homes and school. As well, they discussed wanting to give their children hope for the future in terms of education and careers, and felt they could provide this to them by obtaining their high school diploma.

Deeper relationships and greater compassion for others. All of the women involved in this study displayed deeper relationships and greater compassion for others. This was displayed through their ability to display vulnerability. They all discussed giving and receiving support, love and mattering, and discussed the important people in their life, and their connection to the other women involved in the Bridges Program. The

women often discussed the program and how it had helped them in terms of their educational requirements and personal growth. As well, all the women talked about feeling connected to the Bridges Program, the women involved and the teachers and support staff (counsellors, research assistant's). The Bridges Program became a community for many of the women, where they could work on their healing and growth. This sense of community emerged as an extremely important factor for their development. This sense of community and the connection these women felt to others in the Bridges program, and other important people in their life, could be considered an area of posttraumatic growth.

As has been stated, RCT posits that empathy is vital in re-establishing connections. When people are able to see the impact they have on each other in a relationship, mutual empathy develops (Jordan, 2010). By developing relationships with women who have shared similar experiences could increase mutual empathy. This can lead to self-empathy when an individual can begin to have empathy for their own experiences. This mutual and self-empathy was demonstrated by most of the women in this study.

Feeling strengthened to meet future life challenges. This was another area that all the women demonstrated posttraumatic growth. This was demonstrated through all of the themes that emerged in this study including an ability to display vulnerability, a sense of self identity, a desire for a new life, and hope. The women all discussed their help-seeking, which would enhance their strength to meet future life challenges. Their ability to turn to others, or the community in order to obtain help when needed could increase

their strength to meet future challenges. As well, their independence and identity as mothers added to their strength to meet future life challenges.

The women often discussed the hardships they had overcome, and that these hardships allowed them to know that they could make it on their own. As well, they would discuss how obtaining their high school education and being involved in the bridges program had enhanced their self-efficacy about their abilities. Their goal setting and motivation to make a better life also could enhance their self-efficacy in meeting life challenges as they arose. As well, when it involved their children, the women often stated that they would do whatever was needed to protect their children.

Reordered priorities and a new appreciation for life. Another area of post-traumatic growth that was demonstrated by the women was reordered priorities and a new appreciation for life. In the themes a desire for a new life, a sense of identity, and hope, the women often discussed how their priorities have changed, and demonstrate their new appreciation of life. All of the women discussed that their education was a priority for them, and that they were determined to finish their high school education in order to make a better life for themselves and their children. Although children had always been a priority for the women in this study, their children's future, and being a good role-model for their children was a priority that emerged through the women's narratives.

The women would discuss how happy they were that they had their life back, and often would talk about how they would never consider suicide again, as they had in the past. These demonstrate the women's new appreciation for life. All of the women involved in this study had been severely abused: physically, emotionally, and financially.

The results of the current study are supported by Cobb et al. (2006), which found that the more severe the abuse, the greater the women's appreciation for life.

Deepening spirituality. The fifth area of post-traumatic growth is deepening spirituality, which was demonstrated through the theme a desire for a new life. Most of the women in this study discussed posttraumatic growth in the area of faith and spirituality. The women in this study were asked about their coping strategies, such as praying, which lent support to their faith and spirituality, and many of them discussed praying, or a belief in god. As well, other women who claimed they did not have a faith stated they would like to find one. However, this study did not ask women about their spirituality, which may have been identified differently than faith or praying. Spirituality is often a broader concept than that of faith or religion, and may have promoted different responses in the women. Senter and Caldwell (2002) examined spirituality and women leaving abusive relationships. They found that the women had strong ties to spirituality, and that spirituality influenced their belief about themselves, their relationship, and the world, and was tied to their experience of leaving their abusive relationship. Deepening spirituality, although demonstrated by most women in this study, may not have been properly captured in the women's narratives.

Table 2: 5 Areas of Posttraumatic Growth

When Post-traumatic Growth Occurs	Present in Results	Themes and factors	Examples from Interviews
Emergence of new opportunities and possibilities	Yes	A desire for a new life (making new choices, motivation, goal setting); A sense of identity (independence, motherhood, self-concept); hope	<p>“I don't like being on the system because I know I have my two legs and two arms, my brains, I can do better, you know.”</p> <p>“I love studying and my dream is always to become a doctor. I like medical stuff, and I always read a lot. I like to read about nutrition and everything like that. I like books about medical stuff and nutrition.[...] healthy, and I want my boys to have the best, because they deserve that.”</p>
Deeper relationships and greater compassion for others	Yes	An ability to display vulnerability (support, love and mattering, empathy)	<p>“we are like therapy for each other”</p> <p>“I'm so proud that we can be able to be here all together, express our feelings, and just[...]Say what we feel and what's going on, and what we accomplished so far. [...]‘oh, I'm so proud that all she went through, and she's still alive’.”</p>
Feeling strengthened to meet future life challenges	Yes	A sense of identity (independence, motherhood, self-concept); a desire for a new life (motivation, goal setting); An ability to display vulnerability (help-seeking); hope	<p>“No way am I going to put myself in that situation again. I have two wonderful boys to live for, and I know I can do it on my own [...] I'm going to do it on my own. If I did it once already, I left him for a year, I can do it again. And I didn't have no help from nobody. Just did it myself.”</p> <p>“Because now I can say that I'm a lot smarter. And I'm very proud. When I could say that, you know, like coming to school. Oh yeah. I come a long ways. I could see it. I can look around in my apartment, look around at you know, how much, how far I've come.”</p>

Reordered priorities and a new appreciation for life	Yes	A sense of identity (independence, motherhood, self-concept); a desire for a new life (motivation,goal setting); hope	<p>“My main goal is to make sure Johnny has a good life. My main goal is to make sure that, I don't want to make him bitter because I am bitter over men. And I don't want to raise him that way.”</p> <p>“Well, that is the only way to get some help. I am starting a new way of living. I got one of my goals. I am going to school.”</p>
Deepening spirituality	Yes	A desire for a new Life (Faith)	“Believe me, I pray every day and night.”

Limitations

This study has several limitations. The qualitative, phenomenological design does not allow the study to be generalizable to the greater population. As well, this study used a sample of participants that had taken part in an alternative education program for women who had experienced abuse. This program required participants to be motivated to get their high school education. The participants therefore may have been more resilient, and had more posttraumatic growth when entering the program than other women who are in, or have been in, abusive relationships in the general population. In addition, all of the women in this study were of low socioeconomic status, and therefore do not include the experiences of middle or high socioeconomic status women who have experienced woman abuse. This is understandable given the direct correlation between income and education, and all of the women in this study did not have their high school diploma.

A second limitation of this study was that the questionnaires used for this study were from quantitative measures, such as self-report measures examining self-efficacy, help-seeking, coping strategies, social supports and self-esteem, and therefore the women were not prompted to expand on their responses, and the questions did not particularly focus on resilience and posttraumatic growth. For example, questions further exploring spirituality may have indicated that the women had experienced posttraumatic growth through deepening spirituality; however questions of this nature were not explored. Although quantitative measures were used, this study shows how often the women needed to expand on their responses and share their story of abuse and survival,

indicating the usefulness of qualitative research to understand the lived experiences. The women in this study did not feel comfortable responding with a numerical response without explaining why they chose that response.

Strengths

Most research examining woman abuse draws their sample from individuals residing in abused women's shelters or utilizing other crisis services. This study was unique in that it used women who were residing in the community and were not necessarily using other crisis services, thus broadening the scope of research when examining woman abuse. As well, the women involved in this study were in varying states of transition regarding their abusive relationships. Some women had been out of their abusive relationship for over 5 years, whereas other women were still currently involved in an abusive relationship. However, all the women showed resilience in certain aspects of their life, lending support to the notion that individuals are resilient, which has not been demonstrated by most previous research.

Although this study was qualitative in nature, it is uncertain whether quantitative research that properly captures resilience is available. When investigating resilience through quantitative measures, such as the Resilience Scale by Wagnild and Young (1993), the questionnaires often pose statements such as "my life has meaning", "my belief in myself gets me through hard times" and "when I make plans I follow through with the plans." When a woman reads such statements, their automatic response may be negative, as they have experience significant abuse and have often been told they are "bad", "stupid", "worthless". It is important to examine the nuances of what the women

are stating to determine their strengths. Questions such as the ones above look at the overall individual, and do not separate different areas of an individual's life. However resilience can be viewed as an adaptive process, whereby individuals may show resilience in certain areas, as opposed to an umbrella approach to resilience (Harvey, 2007).

Therefore, although an individual may not answer that they believe their life has meaning, they may discuss their children and how their children are what keep them alive. This is an example of an area where the women in this study demonstrated their resilience.

This study used the previous literature to predict what factors of resilience may emerge from the data. This informed approach helps identify and makes this study more generalizable to the population. Factors such as social support (Fry and Barker, 2002; Kennedy, 2005), aspects of self-efficacy and self-worth (Lynch *et al.*, 2007), help-seeking (Sabina & Tindale, 2008), and coping strategies (Wagner & Magnusson, 2005; Lynch, *et al.*, 2007) had all emerged from previous literature on resilience and posttraumatic growth. Therefore, as these factors emerged within this study, it lends further support that these are factors that may be commonly associated with resilience and post-traumatic growth.

Implications for the Counselling Profession

It is always important when conducting research to indicate how the research can help in the profession. Identifying the positive themes that emerge from their narratives is necessary when establishing programs and interventions to help these women overcome their violent experiences. As has been stated, woman abuse is a prevalent problem in Canada, and that 1.2 million women have been abused by their current or

former partner within the last 5 years (Statistics Canada, 2011). Given those high rates, it is important to understand how to best treat these women and help them cope with the aftermath of violence. Treatment approaches suggested for individuals who have experienced woman abuse are often focused on the trauma experienced, and aim at reducing negative symptoms such as depression, suicidal ideation, and symptoms associated with PTSD (Sherman, 1998; Brier & Runtz, 1987; Briere & Jordan, 2004; Anda *et al.*, 2007; Padala *et al.*, 2006). By centering in on the trauma, counsellors can often neglect the positive aspects that occur with posttraumatic growth, and the growth potential of the individual (Tedeschi & Calhoun, 1998).

This study indicates that women who experience abuse have resilience. Therefore, from a strength-based perspective, it may be beneficial for clinicians to build upon this resilience to encourage them to grow and enhance their posttraumatic growth after abuse. This study found that women who experienced abuse had hope, the ability to display vulnerability, a sense of self-identity, and a desire for a new life. These are all strengths that counsellors can explore and build upon within the counselling setting. By examining factors related to resilience that all women possessed, it lends support to the notion that all individuals are resilient, and have strengths. Recognizing and building on these strengths can increase an individual's self-efficacy and self-worth, increase their hope, and encourage posttraumatic growth.

The women in this study connected with each other in the Bridges Program, and responded well to the community that was developed within the Bridges Program. This sense of community emerged in the narratives as a strength and resource for the women

in this study. This lends support to the idea that group counselling, and developing programs that allow women to connect with others who have shared their experience may promote healing and posttraumatic growth. This group counselling approach has been shown to be effective in previous studies with women who have experienced trauma and woman abuse. It led to decreased social isolation and stress, helped individuals establish a support network, and increased self-esteem and self-efficacy (Harwood, 2003; McWhirter, 2006, Tutty, Bidgood & Rothery, 1993). By allowing women to connect with others who share their experiences may encourage them to do build their resilience, and enhance their posttraumatic growth.

Further Research

Examining woman abuse from a strength based perspective is still in its infancy. It would be beneficial for future research to continue to examine resilience and strength from the perspective that all individuals possess aspects of strength and resilience, and that it is possible for individuals to be suffering from their traumatic experiences and still demonstrate resilience. As well, further research should investigate motherhood as a resilient aspect for women in abusive relationships, instead of solely focusing on the challenges of motherhood in abusive relationships (Lapierre, 2010). Examining the role of hope in relation to woman abuse would be an advantageous area of study, as hope has been shown to be an extremely positive trait when suffering mental health problems (Cutcliffe, 2009).

Posttraumatic growth is also a new area of research, and little research has examined posttraumatic growth of women who have experienced woman abuse. Further

research should aim to investigate the posttraumatic growth that may occur naturally after women have left their abusive relationships. As well, future research should examine posttraumatic growth as an outcome variable, following treatment approaches such as group therapy. This may lead to further evidence of treatment modalities that may increase the posttraumatic growth of women who have experienced abuse.

Finally, this study examined the experiences of woman abuse of women who were residing in the community, and not currently in crisis. It may be helpful to have future research focus on women living in the community, which may be more generalizable to the larger population of women who have experienced abuse.

Conclusion

It is understood that woman abuse continues to be a significant problem in Canada. Given this problem, it is important to understand ways in which to work with women who have experienced woman abuse. This study sought to examine the resilience possessed by women who have experienced woman abuse, and how those strengths can help in the posttraumatic growth of abused women. Understanding the developmental trajectory of violence from an ecological perspective, this study explored the narratives of women who have experienced woman abuse and identified common themes that emerged that helped the women survive their experiences as well as grow from them.

The women in this study all demonstrated resilience through their hope, their ability to display vulnerability, their sense of identity, and their desire for a new life. Relational Cultural Theory helped these results be understood, adding further support that women strive towards growth-fostering relationships, and that connection with others can

promote healing and growth. The notion of self and self-actualization helped these results be understood in that the women's strive for independence and self-actualization motivated and encouraged their resilience and growth.

It is my hope that the voices of the women in this study epitomize the phrase "strength in the face of adversity" and that this study contributes to the insight of resilience and posttraumatic growth of survivors of women abuse.

I feel better. I just feel better about myself. I guess I can't say that enough, I'm just very proud of myself and how far I've come, you know, and that I didn't give up and that I'm here.

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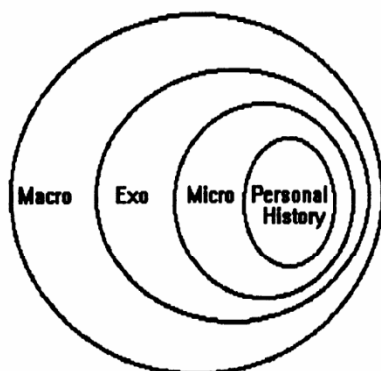
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Appendix A
Ecological Theory of Violence against Women (Heise, 1998)



Personal History

- o Witnessing marital violence as a child
- o Being abused oneself as a child
- o Absent or rejecting father

Microsystem

- o Male dominance in the family
- o Male control of wealth in the family
- o Use of alcohol
- o Marital/verbal conflict

Exosystem

- o Low socioeconomic status/unemployment
- o Isolation of woman and family
- o Delinquent peer associations

Macrosystem

- o Male entitlement/ownership of women
- o Masculinity linked to aggression and dominance
- o Rigid gender roles
- o Acceptance of interpersonal violence
- o Acceptance of physical chastisement

Appendix B
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. It will be at two different locations, either at G.A. Wheable Adult Education Centre or Second Stage Housing. Women in Bridges will be in a class with women only and have access to resources such as free counselling, free daycare for preschool children, bus tickets to get to and from school, and school supplies. Everyone will create a safety plan with a counselor.

If you decide to participate you will first be interviewed about your educational history, family responsibilities, and your experiences with violence, poverty and health. The interview will be audiotaped and typed onto paper. You will be asked to complete surveys that measure the type and frequency of the violence you have 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.

Once you have completed all these interviews and surveys, you will be randomly (that is, by chance) assigned to either the regular school program or Bridges. You will have an equal chance of being assigned to either program. Once you are in the program, you will be asked to complete the same interviews and surveys approximately every 6 or 7 weeks months (about 5 times), until the research project is over (summer of 2009). If you are in the regular program at Wheable, no one will know you are part of the research study except you and the researchers. 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. 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 report 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. 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 research team may require access to your records for the purposes of monitoring the research, and the Research Ethics Board of the University of Western Ontario 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, at the University of Western Ontario.

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, please ask the researcher to hold it for you. Thank you.

Dr. Susan Rodger

Dr. Alan Leschied

Dr. Anne Cummings

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	Signature	Date

If applicable:


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

Printed Name of Person Translating Document

Signature

Date

Appendix C Ethics Approval

 Faculty of Education Graduate Programs & Research Office		FORM A
		<input type="button" value="Print Form"/> <input type="button" value="Reset Form"/>
APPROVAL OF M.Ed. THESIS PROPOSAL		
<p>If the proposed research does not involve human subjects or the direct use of their written records, video-tapes, recordings, tests, etc., this signature form, along with ONE copy of the research proposal should be delivered directly to the Graduate Programs & Research Office for final approval.</p>	<p>If the proposed research involves human subjects, this signature form, along with ONE copy of the research proposal and Ethical Review Form signature pages (Section 1.1 to 1.7) must be submitted to the Graduate Programs & Research Office for final approval.</p>	
IT IS THE STUDENT'S RESPONSIBILITY TO PROVIDE A COPY OF THE RESEARCH PROPOSAL (INCLUDING REVISIONS) TO THE THESIS SUPERVISOR AND ALL MEMBERS OF THE ADVISORY COMMITTEE.		
Student's Name: <u>Kayla Janes</u>	Student #: <u>250274649</u>	
Field of Study: <u>Counselling Psychology</u>		
Title of Thesis: <u>Hearing Women's Voices: Understanding Women's Story of Violence from the perspective of Strength</u>		
Name of Thesis Supervisor: <u>Dr. Susan Rodger</u>	<i>(Using pre-existing, approved ethical clearance for Susan's project.)</i>	
Name of Thesis Advisory Committee Member: <u>Dr. Alan Leschied and Dr. Jesse Brown</u>		
DOES THIS RESEARCH INVOLVE THE USE OF HUMAN SUBJECTS: <input checked="" type="radio"/> Yes <input type="radio"/> No		
APPROVAL SIGNATURES:		
Graduate Student: <u>Kayla Janes</u>	Date: <u>June 28/11</u>	
Thesis Supervisor: <u>Susan Rodger</u>	Date: <u>May 4/11</u>	
Advisory Committee: <u>Alan Leschied</u>	Date: <u>May 4/2011</u>	
Ethical Review Clearance: _____	Date: _____	
Ethical Review Number: _____		
Associate Dean Graduate Programs & Research: <u>Bob Macmillan</u>	Date: <u>26/05/2011</u>	
A STUDENT MAY PROCEED WITH RESEARCH WHEN A COPY OF THIS FORM CONTAINING ALL APPROVAL SIGNATURES HAS BEEN RECEIVED. <i>A copy of this proposal may be made public and kept on a two-hour reserve in the Faculty of Education Library.</i>		
Version Date: January 2010		

Appendix D
Demographic Information

1.	How old are you? (in years)	_____	
2.	What is your sex? (circle one)	Female	Male
3.	Is English your first language? (circle one)	Yes	No
4.	Were you born in Canada?(circle one)	Yes	No
5.	If no, where were you born? (Please write the country of your birth)	_____	
6.	What is your citizenship status? (circle one)	Canadian Citizen	Visa Refugee Landed Immigrant Other
7.	How long have you been living in Canada? (in years)	_____ years	
8.	To which ethnic or racial group do you belong? (circle one)	Asian	Indo-Canadian African-Canadian Hispanic Caribbean-Canadian Other Euro-Canadian Metis First Nation Inuit
9.	Are you currently involved in an intimate relationship?(circle one)	Yes	No
10.	If yes, how long have you been with this partner?	_____	
11.	Do you currently live with this partner? (circle one)	Yes	No
12.	Is your partner male or female? (circle one)	Male	Female
13.	Do you have any children?	Yes	No
14.	If yes, how many? (write in the number)	_____	
15.	What are their ages? (please provide the	_____	

	age of each of your children)	
16.	Do your children live with you?(circle one)	Yes No
17.	What is the main source of your income? (circle one)	Job(s) Partner's income Government assistance Other_____
18.	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
19.	Are you currently employed? (circle one)	Yes No
20.	If yes, are you employed part- or full-time?	Part-time Full-time
21.	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 E
Experience with Violence

22.	Called you names or put you down to make you feel bad	1	2	3	4	5
23.	Treated you like an inferior	1	2	3	4	5
24.	Tried to limit your contact with friends or family	1	2	3	4	5
25.	Insisted on knowing where you are at all times	1	2	3	4	5
26.	Prevented you from attending work or school	1	2	3	4	5
27.	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
28.	Accused you of flirting or being involved with someone else	1	2	3	4	5
29.	Stalked you (followed you in a frightening manner)	1	2	3	4	5
30.	Prevented you from knowing about or having access to family income	1	2	3	4	5
31.	Tried to turn your children against you	1	2	3	4	5
32.	Threatened to hurt someone you love (excluding children)	1	2	3	4	5
33.	Threatened to harm your children	1	2	3	4	5
34.	Threatened to take your children away from you	1	2	3	4	5
35.	Threatened to physically hurt you	1	2	3	4	5
36.	Threatened to kill you	1	2	3	4	5
37.	Threatened to hurt/kill themself	1	2	3	4	5
38.	Threatened to have you committed to an institution	1	2	3	4	5
39.	Threatened that if you leave, he or she will do something drastic	1	2	3	4	5
40.	Slapped you	1	2	3	4	5
41.	Kicked, bit, or hit you	1	2	3	4	5
42.	Pushed, shoved, or choked you	1	2	3	4	5
43.	Thrown something at you	1	2	3	4	5
44.	Choked or burned you	1	2	3	4	5
45.	Used a knife or gun against you	1	2	3	4	5
46.	Forced you into unwanted sexual activity	1	2	3	4	5
47.	Made you fear for your life	1	2	3	4	5
48.	Caused you injury that required medical attention	1	2	3	4	5

Appendix F
Trauma Symptom Checklist (TSC-33)

		Never	Occasionally	Fairly often	Very Often
1.	Insomnia (trouble getting to sleep)	0	1	2	3
2.	Restless sleep	0	1	2	3
3.	Nightmares	0	1	2	3
4.	Waking up early in the morning and can't get back to sleep	0	1	2	3
5.	Weight loss (without dieting)	0	1	2	3
6.	Feeling isolated from others	0	1	2	3
7.	Loneliness	0	1	2	3
8.	Low sex drive	0	1	2	3
9.	Sadness	0	1	2	3
10.	"Flashbacks" (sudden, vivid, distracting memories)	0	1	2	3
11.	"Spacing out" (going away in your mind)	0	1	2	3
12.	Headaches	0	1	2	3
13.	Stomach problems	0	1	2	3
14.	Uncontrollable crying	0	1	2	3
15.	Anxiety attacks	0	1	2	3
16.	Trouble controlling your temper	0	1	2	3
17.	Trouble getting along with others	0	1	2	3
18.	Dizziness	0	1	2	3
19.	Passing out	0	1	2	3
20.	Desire to physically hurt yourself	0	1	2	3
21.	Desire to physically hurt others	0	1	2	3
22.	Sexual problems	0	1	2	3
23.	Sexual overactivity	0	1	2	3
24.	Fear of men	0	1	2	3

25.	Fear of women	0	1	2	3
26.	Unnecessary or over-frequent washing	0	1	2	3
27.	Feelings of inferiority	0	1	2	3
28.	Feelings of guilt	0	1	2	3
29.	Feelings that things are “unreal”	0	1	2	3
30.	Memory problems	0	1	2	3
31.	Feelings that you are not always in your body	0	1	2	3
32.	Feeling tense all the time	0	1	2	3
33.	Having trouble breathing	0	1	2	3

Appendix G
Resilience and Posttraumatic Growth

Help-seeking:

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:

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

Self-Efficacy:

Directions: We would like to know how sure you are that you can do the following behaviors. Please note that you may leave blank any question you do not wish to answer. To indicate how sure you are, mark an **X** on the line that best reflects your level of sureness for each question. If the item does not apply to you, use an **X** on the line next to **NA** (Not Applicable)

NA

Couldn't
do it at all

Completely
sure I could do it

1. Can further my education if I choose to
2. Can get transportation when I need to travel for meeting my basic needs
3. Can seek financial help if I need to.
4. Can seek legal assistance (such as lawyer, victim advocate, temporary restraining order) if I choose to.
5. Can seek health services if I need to.
6. Can get a job if I choose to.

7. Can provide own housing if I choose to.
8. Can tell someone the facts about my abusive situation if I choose to.
9. Can plan ahead to ensure safety if I choose to leave the abusive relationship.
10. Can do things I normally enjoy without fear of being abused.
11. Can accept the fact that abuse is not my fault.
12. Can spend money the way I choose to.
13. Can make up my own mind about choosing changes in my life (such as choosing an appropriate wardrobe, getting a job).
14. Can carry on normal activities of daily living if I choose to.
15. Can say what I think and feel without fear if I choose to.
16. Can use skills to deal effectively with conflict instead of arguing or yelling.
17. Can express my needs and wishes clearly without fear of being abused.
18. Can use community resources (such as shelter, social services and police) to meet my needs.
19. Can choose my friends and other social supports.

Coping-Strategies:

To answer the statements in this questionnaire, think about the most stressful issue you are dealing with in your life. By “stressful” we mean an issue that is difficult or troubling for you, either because you feel distressed about what happened, or because you have to use considerable effort to deal with it. Please note that you may leave blank any question you do not wish to answer

Please briefly describe the stressful issue you are dealing with now in the space below:

As you respond to each of the statements below, please keep this stressful issue in mind. Read each statement carefully and circle the number showing how much you used it with your issue..

0	1	2	3
Does not apply or not used	Used somewhat	Used quite a bit	Used a great deal

1	I talked to someone to find out more about the issue.	0 1 2 3
2	I wished that the issue would go away or somehow be over with.	0 1 2 3
3	I knew what had to be done, so I doubled my efforts to make	0 1 2 3

	things work.	
4	I changed or grew as a person in a good way.	0 1 2 3
5	I talked to someone who could do something concrete about the problem.	0 1 2 3
6	I hoped a miracle would happen.	0 1 2 3
7	I made a plan of action and followed it.	0 1 2 3
8	I came out of the experience better than when I went in.	0 1 2 3
9	I asked a relative or friend I respected for advice.	0 1 2 3
10	I had fantasies or wishes about how things might turn out next.	0 1 2 3
11	I just concentrated on what I had to do next – the next step.	0 1 2 3
12	I found new faith.	0 1 2 3
13	I talked to someone about how I was feeling.	0 1 2 3
14	I tried to make myself feel better by eating, drinking, smoking, using drugs or medication, etc.	0 1 2 3
15	I rediscovered what is important in life.	0 1 2 3
16	I accepted sympathy and understanding from someone.	0 1 2 3
17	I avoided being with people in general.	0 1 2 3
18	I changed something so things would turn out all right.	0 1 2 3
19	I got professional help.	0 1 2 3
20	I refused to believe that it had happened.	0 1 2 3
21	I drew on my past experiences; I was in a similar position before.	0 1 2 3
22	I prayed.	0 1 2 3
23	I took it out on other people.	0 1 2 3
24	I came up with a couple of different solutions to the problem.	0 1 2 3
25	I slept more than usual.	0 1 2 3
26	I changed something about myself.	0 1 2 3
27	I was inspired to do something creative.	0 1 2 3

Appendix H

Initial Strengths/Resilience Coding Structure	
• Time management	• Mattering
• Spirituality	• Love
• Skills	• Caretaking
• Problem solving	• Authenticity
• Empowerment	• Hope
• Coping strategy	• Help-seeking
• Conflict management	• Desire for more relationships
• Vulnerability	• Empathy
• Trust	• Stability
• Self-worth	• Respect
• Self-efficacy	• Mutuality
• Self-awareness	• Gratitude
• Resilience	• Parenting ability
• Changing awareness	• Protection
• Self-advocacy	• Goal setting
• Self-acceptance	• Motivation
• Independence	• Tenacity
• Strength	• Resolve
• Community	• Positive change
• Encouragement	• Making new choices
• Support	• Achievement and success
○ Emotional	• Faith
○ Financial/material/logistical	• Recognition
• Stability	• Forgiveness
• Safety	• Relational courage
• Relational resilience	• Relational images

Curriculum Vitae

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