

Western  Graduate&PostdoctoralStudies

Western University
Scholarship@Western

Electronic Thesis and Dissertation Repository

12-12-2013 12:00 AM

Resilience as health promotion in action: University students who grew up amid violence directed towards their mothers

Tatiana Murkin (Zdyb)
The University of Western Ontario

Supervisor

Dr Helene Berman

The University of Western Ontario Joint Supervisor

Dr Susan Ray

The University of Western Ontario

Graduate Program in Health and Rehabilitation Sciences

A thesis submitted in partial fulfillment of the requirements for the degree in Doctor of Philosophy

© Tatiana Murkin (Zdyb) 2013

Follow this and additional works at: <https://ir.lib.uwo.ca/etd>



Part of the [Mental and Social Health Commons](#), [Psychological Phenomena and Processes Commons](#), and the [Public Health Education and Promotion Commons](#)

Recommended Citation

Murkin (Zdyb), Tatiana, "Resilience as health promotion in action: University students who grew up amid violence directed towards their mothers" (2013). *Electronic Thesis and Dissertation Repository*. 1847. <https://ir.lib.uwo.ca/etd/1847>

This Dissertation/Thesis is brought to you for free and open access by Scholarship@Western. It has been accepted for inclusion in Electronic Thesis and Dissertation Repository by an authorized administrator of Scholarship@Western. For more information, please contact wlsadmin@uwo.ca.

RESILIENCE AS HEALTH PROMOTION IN ACTION:
UNIVERSITY STUDENTS WHO GREW UP AMID VIOLENCE
DIRECTED TOWARDS THEIR MOTHERS

Monograph

by

Tatiana Zdyb

Graduate Program in Health & Rehabilitation Sciences

A thesis submitted in partial fulfillment
of the requirements for the degree of
Doctor of Philosophy

The School of Graduate and Postdoctoral Studies
The University of Western Ontario
London, Ontario, Canada

© Tatiana Zdyb 2013

Abstract

Violence against women is among the greatest threats to the health of our population. An estimated three hundred and sixty thousand children in Canada, and over two million worldwide are exposed to violence in their homes (UNICEF, 2006). Growing up amidst such violence seriously compromises children's capacities for healthy development. Violence against women is not limited by culture, geography or socioeconomic status. It constitutes one of the most pervasive and yet least openly discussed human rights violations and public health issues known today.

Researchers and allied health professionals generally agree that children whose development has been interfered with by exposure to violence against women experience more adjustment problems than non-exposed counterparts. Cognitive, emotional and behavioural mechanisms employed in children's adapting to such experiences are as varied as the children themselves. Children have incredible capacities for resilience but it is a social process that requires efficacy of person and of place. There is a need to understand the dynamic process of navigating a pathway to health promoting resources during and in the aftermath of exposure to violence against women during childhood.

This study utilized Charmaz's (2000) constructivist grounded theory to co-construct with participants a theory of resilience to childhood exposure to violence against women and subsequent transition to university. Based upon their own experiences of self-identified resilience to growing up amid such violence, the outcome of this research was that the basic social process of resilience to the aforementioned is resolving the dialectical tensions of tolerance and transformation. This process unifies the three core categories of assessing needs and accessing resources, experiencing solidarity despite isolation and oppression, and accepting

the present while dreaming of the future. At any given moment during the process of resilience participants oscillated between willingness to accept their experiences and willfulness to change them. The health promotion framework influenced generation of possible applications of findings including combating censorship, creating policy that protects and serves the needs of children, and enhanced social services that address the impact of growing up amidst violence against women on children.

Keywords: Resilience, Violence against Women, Childhood Exposure to Violence, Constructivist Grounded Theory

Dedication

For my nieces and their rights to lives full of promise and free from violence

Acknowledgements

This dissertation would not have been possible without the support, encouragement and guidance of so many people, in so many ways. From the bottom of my heart, dziękuję kochany – thank you to my Beloved, your love and ongoing patience and reassurances helped me to persevere.

I would like to express the deepest appreciation to my co-advisors Dr. Helene Berman and Dr. Susan Ray for your expertise and direction as well as for the research and teaching opportunities you provided me. I also wish to thank Dr. Susan Rodger for your willingness to join my committee and for all of the thoughtful feedback you gave throughout the writing process. I was fortunate to have a committee that comprises intelligent, inspiring women whose support and insights I was able to access and benefit from during this research.

I would not have gotten this far without the love, warmth and compassion of Dr. Benjamin and Mrs. Eleanore Singer, I am eternally grateful to you both. Thank you also to my parents, Pokój niech będzie z tobą tatuś. Lastly I wish to thank my brother and sister, resilience is a process and for me, that process started with you.

Table of Contents

Abstract.....	ii
Dedication.....	iv
Acknowledgments.....	v
Table of Contents.....	vi
1. Introduction.....	1
Childhood Exposure to Violence against Women.....	3
Resilience.....	5
Health Promotion.....	6
Location of Researcher.....	7
Purpose of Study.....	8
Research Questions.....	9
Significance of Research.....	10
Overview of Study Design.....	13
Findings.....	14
Conclusion.....	15
2. Literature Review.....	17
Exposure to Violence against Women.....	19
Neurodevelopmental impact of trauma.....	21
Mediators and moderators of emotional outcomes.....	22
Mediators and moderators of behavioural outcomes.....	25
Mediators and moderators of cognitive outcomes.....	28
Methodological issues and gaps.....	30

Summary.....	33
Resilience.....	36
Overview of the history of resilience research.....	37
Resilience and neural plasticity.....	39
Resilience-promoting person-centered variables.....	41
Resilience-promoting familial variables.....	48
Resilience-promoting social variables.....	52
Methodological issues and gaps.....	59
Summary.....	66
Conclusion.....	68
3. Methodology.....	72
Overview of Grounded Theory.....	75
Constructivist Grounded Theory as the appropriate Methodology.....	76
Influence of Feminist Theory.....	78
Methods.....	80
Study sample.....	81
Recruitment procedure.....	81
Research questions.....	81
Methods of data collection.....	81
Data management.....	87
Data analysis and interpretive procedures.....	88
Coding.....	88
Memo-writing.....	91

Theoretical sampling.....	94
Theoretical sorting and integration.....	94
Rigour.....	95
Ethical Considerations.....	104
Advantages and Limitations.....	106
Conclusion.....	108
4. Findings and Discussion.....	111
Resilience as the Process of Reconciling Tensions between Tolerance and Transformation.....	114
Assessing Needs and Accessing Resources.....	117
Striving for safety amid potential for violence.....	119
Striving for voice in the face of censorship.....	127
Experiencing Solidarity despite Isolation and Oppression.....	129
Needing guidance despite distrust of adults.....	129
Searching for connection within the context of isolation.....	132
Seeking support while cultivating independence.....	135
Accepting the Present while Dreaming of the Future.....	142
Acceptance and change.....	143
Respite from suffering.....	146
Constructing character in spite of identity constraints.....	150
Conclusion.....	155
5. Conclusion.....	158
Synopsis of the Present Study.....	159

Resilience as the process of reconciling tensions between tolerance and transformation.....	160
Rigour.....	161
Limitations.....	163
Applications of Findings.....	165
Combating censorship.....	166
Enforcement of child protection laws.....	167
Resilience-promoting supports.....	168
Directions for Future Research.....	169
Conclusion.....	170
References.....	172
Appendix A.....	182
Appendix B.....	183
Appendix C.....	184

Chapter 1

Violence against women threatens the health of our population; growing up amidst violence seriously compromises children's capacities for healthy development. Cognitive, emotional, and behavioural mechanisms employed in children's adapting to such experiences are as varied as the children themselves. Researchers and allied health professionals generally agree that children whose development has been interfered with by exposure to violence against women experience more adjustment problems than non-exposed counterparts (Rossman, Ho, & Joyce, 2000; Spilsbury et al, 2008). It would be a misrepresentation not to qualify this by stating that children have incredible capacities for resilience, and as such many children exposed to violence against women do not experience deleterious outcomes (Jaffe, Wolfe, & Wilson, 1990).

Why does so much variability exist across experiences of, and outcomes related to, exposure to violence against women during childhood? Why do some such children enjoy (socially constructed) successes during maturation, while others struggle to survive? According to Sartre (1976), violence against women is a ubiquitous characteristic of capitalist society – a society in which inequalities are inevitable, and requisites for overcoming such go beyond individual assets. Growing up amidst violence against women constitutes a social problem, which necessitates conceptualizing responses to this as collectively shaped. Resilience is a social process, not an individual characteristic; it requires efficacy of person and of place. This study endeavored to uncover the basic social process of resilience that is as difficult to define as it is to deconstruct. Resilience is arguably part of the broader process of health promotion: “the process of enabling people to increase control over, and to improve, their health” (ICHP, 1987, p.iii). Health, like housing, employment, education, and food, is a

resource differentially distributed across society. Violence against women is an indiscriminant social problem, the devastating consequences of which are experienced at individual, familial, and social levels. The general aim of this study was to ascertain the social process of resilience to childhood exposure to violence against women.

Despite the risk factors for health that interfere with development as a consequence of childhood exposure to violence against women, many individuals demonstrate, through engagement in the process of resilience, that health can be attained and maintained in the aftermath of exposure to this type of violence. Previous research on exposure to violence against women in childhood, carried out largely in the quantitative tradition, identified risk and protective factors operating at individual, social, and structural levels; similarly, resilience research has described the individual and environmental factors that promote it. The present study contributes to the extant literature in both fields, as well as the broader scholarship in the field of health promotion by delineating not only the processes supporting resilience to exposure to violence against women but also how these coalesce in promoting health. Few studies have focused on resilience in response to exposure to violence against women specifically and those that have were based upon the experiences of populations deemed to be at risk. The present study fills a gap in the literature by studying and creating a theory of how a comparatively privileged population of university students negotiated a path towards health despite growing up amid violence against women. Motivated by awe of and curiosity about the complex phenomenon of resilience, and utilizing grounded theory methodology, this study co-constructed, with participants, a theory about resilience to the aforementioned.

Resilience to childhood exposure to violence against women and subsequent transition to university is a process of reconciling the dialectic of tolerating and transforming thoughts,

feelings, actions, and circumstances. This basic social process is supported by assessing needs and accessing resources, experiencing solidarity despite isolation and oppression, and accepting the present while dreaming of the future. Dialectics are competing forces, theses and antitheses we synthesize in our daily lives, such as activity and passivity. The process of resilience is one of change through the conflict of opposing forces. Continuously throughout the ongoing process of resilience individuals who co-constructed this theory were negotiating compromises between the following dialectics of resilience to childhood exposure to violence against women and subsequent transition to university: striving for safety amid potential violence, compromising having voice due to censorship, receiving guidance despite distrust of adults, searching for connection within the context of isolation, seeking support while cultivating independence, acceptance and change, pursuing respite from reality by dreaming of better days, and constructing character in spite of identity constraints. These dialectics, captured by assessing needs and accessing resources, experiencing solidarity despite isolation and oppression, and accepting the present while dreaming of the future, operate on individual, familial, social, cultural, political, and legislative levels. Resolving the dialectic of tolerance and transformation constitutes a further abstraction of the above listed dialectical tensions - it captures the basic social process of resilience to growing up amidst violence against women and subsequent transition to university - reconciling opposing forces of willingness to accept the present and willfulness to change it such that health is promoted, acquired and maintained.

Childhood Exposure to Violence against Women

The United Nations defines violence against women as “any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether

occurring in public or in private life” (World Health Organization, 2012). Accurate figures of the number of children who bear witness to violence against women worldwide are difficult to ascertain. UNICEF (2006) states that between 133 and 275 million children witness violence against their mothers each year. Family Violence in Canada: A Statistical Profile 2010 reported that 23 percent of Canadians self-identify as having been emotionally, physically or and/or sexually abused by their partner. “Every year in Canada, up to 360,000 children are exposed to domestic violence” (UNICEF, 2006). These statistics have led to the recognition of violence against women as a public health issue. Research targeting resilience to childhood exposure to violence against women is important in part because “relative to the general population, families with documented incidents of domestic violence have a significantly higher number of children in the home, especially children younger than five” (Fantuzzo, Mohr, & Noone, 2000, p. 12). One can therefore assume that since violence against women is occurring there are children exposed to it, affected by it, and responding to it in various ways.

Consequences of childhood exposure to violence against women may include physical, psychological, and behavioural difficulties with the capacity for persisting into adolescence and adulthood. There is a lack of consistency about what is meant by exposure within literature on outcomes related to growing up amidst violence against women. Consensus is needed as to whether what is implied by exposure and witnessing (often used interchangeably) is direct or indirect experience; that is, whether exposure or witnessing necessarily mean being within visible range of the violence. Since much of the literature suggests that experiencing this violence indirectly through hearing or seeing injury to mothers can result in trauma symptomatology, the use of the term exposure is more appropriate in light of the connotation of witnessing. Implications of language used in research about growing up amidst violence

against women must be considered – words are approximations that may express or conceal thought and feelings and can be powerful weapons.

Resilience

Just as in the case of studies on exposure to violence against women, the language used in resilience research is not inconsequential. Words used to define the complex social phenomenon of resilience must capture its variable and interdependent nature. One of the challenges of researching resilience is that the term is used to describe outcomes as well as the processes facilitating them (Ungar, 2011). The present study, framing resilience as a process, focuses simultaneously on individuals and the environmental risk and protective factors operating at social and structural levels. Investigators must guard against pathologizing those outcomes characterized by hegemonic determinations of developmental deviance. Resilience is not constituted by a single set of socially acceptable outcomes in the aftermath of trauma and to frame it as such does injustice to the tenacity of the human spirit and the creative ways in which that is expressed. One of the roles of research is to challenge and change descriptions and understandings of phenomena. Domestic violence has become violence against women thus situating this problem in the social rather than the private realm. The social construct of resilience is best understood as the ability to acquire, in culturally meaningful ways, the psychological, social, and physical resources that sustain and promote health (Resilience Project, 2013). Such a definition moves beyond resilience as an individual characteristic in operationalizing resilience as a multidimensional process involving individual, relational, cultural, and physical factors therefore rendering this a more culturally and ecologically sensitive definition.

Health Promotion

Health promotion was an innovative perspective when introduced by the then Minister of Health Marc Lalonde in 1975. The Lalonde Report identified and explicated that causes of death and disease could be traced to inadequacies in current health care provision, lifestyles, behaviours, and environmental pollution. Health promotion “is a process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment...health promotion is not just the responsibility of the health sector, but goes beyond healthy lifestyles to well-being” (ICHHP, 1987, p.iii). This constituted a shift in emphasis in the Ministry of Health and in public policy from treatment to illness prevention and health promotion (Tudor, 1996). At the first International Conference on Health Promotion, whose action areas included creation of supportive environments, strengthening of community action, development of personal skills, and reorientation of health services, the Ottawa Charter was presented.

Since then the health promotion movement has progressed beyond prioritizing personal determinants of health to a focus on social determinants. Interestingly a similar shift in emphasis took place in resilience research whereby the field has moved away from framing resilience as an individual characteristic to conceptualizing it as the ability to overcome adversity without compromising healthy development is a complex social process dependent upon individuals’ interactions with school, family, community, and culture. Resilience is, therefore a part of the process of health promotion. Health has both individual and social dimensions, the field of health promotion has influenced the broadening of definitions of health and its determinants to include the social and economic contexts in which health or lack of, are created (Minkler, 1994). The WHO includes activities directly or indirectly related to mental

health in defining health as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity” (WHO, 2003).

In their summary report on promoting mental health, WHO stated that there is no health without mental health, that mental health is more than the absence of mental illness, that it is determined by socioeconomic and environmental factors and that it can be enhanced by effective public health interventions, and that “a climate that respects and protects basic civil, political, economic, social, and cultural rights is fundamental to the promotion of mental health” (Barry & Jenkins, 2007 p. 5). Mental health promotion focuses on improving the social, physical, and economic environments that determine the mental health of individuals and populations (Barry & Jenkins, 2007). Modes for understanding health and health behaviour change vary across a spectrum of focusing on the individual to environmental approaches, the main models and theories including but not limited to: the health belief model, transtheoretical model, prevention models, social learning theory, population health and social ecology. Despite variation in approaches, elements of promoting development of individuals coping, tension/stress management, self-concept/identity, self-esteem, autonomy, change, social support, and movement are common across theoretical frameworks (Tudor, 1996). Each of these capacities is an outcome of reconciling the aforementioned dialectical tensions. This study’s finding that the theory of resilience to childhood exposure to violence against women and subsequent transition to university is a process of reconciling the dialectic of tolerance and transformation is therefore a theory of resilience as health promotion in action.

Location of the researcher

I am the middle of three children born to Polish immigrants and grew up in an upper-middle class neighbourhood in Toronto, Ontario. My siblings and I grew up amidst violence,

often bearing witness to emotional and physical abuse perpetrated by our father against our mother. My brother, sister and I supported each other and our parents as best we could. I have reflected for years upon how it is that the three of us, having grown up in the same environment, had such different experiences of those violent years and how we coped with that in such diverse ways. There is no ‘right’ way to live amidst, and in the aftermath, of that kind of chaos, but that cultivating a sense of what one wants and needs in any given moment and how to ask for that is paramount to survival and health.

The emphasis I place upon my identity as having been shaped in part by exposure to violent events renders me an insider in conducting this research; however, I do not presume to know and understand the experiences of others simply by virtue of my own. I am acutely aware, based on conversations with and observations of my siblings, that even with shared experiences, the unique lenses through which we encounter those experiences shape our constructions of them. It is also noteworthy that I am a member of the College of Psychologists of Ontario and that my training and experience working in the field of Clinical Psychology influenced this work. I strove to continually interrogate the assumptions I made based on my position within this research and society, in order to undertake work that challenges the prevailing and potentially over-pathologizing beliefs about pathways to health promotion within the context of having grown up amidst violence against women.

Purpose of study

This study, rooted in relativism, subjectivism and an inherent appreciation of multiple realities and truths, utilized Charmaz’s (2000) constructivist grounded theory methodology to uncover the basic social processes underlying resilience to childhood exposure to violence against women and subsequent transition to university. The theory of resilience as the process

of reconciling tension between tolerance and transformation was the co-constructed outcome of this study. Previous research has identified the behavioural, cognitive, and emotional outcomes associated with exposure to violence against women as well as the mediating and moderating influences affecting them. There remains, however, a need to understand how all of the health-promoting and preventing variables come together throughout the process of resilience. The purpose of this study is to co-construct with participants a theory about the basic social process of resilience in response to childhood exposure to violence against women and subsequent transition to university. Decades of resilience research provided pieces of the puzzle, now theories are needed to put them together and in so doing, the theory produced by this study provides a picture of health promotion in action.

In contrast to majority of resilience research, this study's findings were co-constructed with participants. Concepts and ideas were shared with participants for their consideration, dispute and/or confirmation, during the simultaneous process of data generation and analysis. Meeting with participants repeatedly throughout the research project also facilitated identification of gaps in findings and allow for co-construction of data to elaborate categories and core categories. Efforts to collaborate with participants and understand their experiences, ideas and opinions of resilience to growing up amid violence against women from their perspectives, were made in part to guard against producing an exclusively researcher-driven theory. One of the advantages of qualitative projects is the flexibility to follow new leads and integrate new information while continuing to gather and analyze data.

Research Questions

The main research questions that guided this project were as follows: how are processes of resilience demonstrated by young adults transitioning to university who, as children were

exposed to violence against women; how are resilience promoting processes at familial, social, community, and cultural levels enacted by young adults transitioning to university who, as children were exposed to violence against women, what are these health-promoting processes, what aspects of social and physical ecologies are associated with resilience and how do these aspects promote resilience. These questions inspired the semi-structured interviews used for both individual exchanges as well as the focus group. Analyses of responses to these inquiries facilitated co-construction of an answer to the most important question this work sought to address – what is the process of resilience to growing up amid violence against women and subsequent transition to university.

Significance of the Research

With increasingly more children at risk of experiencing emotional, developmental, economic, and environmental adversity (Goldstein & Brooks, 2005), resilience research has never been more important. This research was not aimed at identification of broadly defined protective factors but, rather, at uncovering the mechanisms involved in the health-promotion process. Understanding the social process underlying resilience facilitates translation of knowledge about risk and protective factors and their functions into culturally relevant interventions aimed at increasing resilience. Childhood exposure to violence against women does not discriminate against any cultural, social, economic, racial or religious groups; however, research in this area has focused almost exclusively on at-risk populations. In addition to the aforementioned provision of a much-needed theory about the process of resilience to childhood exposure to violence against women, this study fills a gap in the extant literature by focusing on healing and health promotion in the aftermath of such adversity and in

targeting university students. Through inviting young adult university students' critical inquiry, dialog, and reflection this research created conditions to challenge dominant conceptualizations of resilience. This study created a space for participants to discuss resilience as a process rather than as a mind-set or innate characteristic of individuals.

Resilience research has been preoccupied with identification of factors correlated with positive outcomes while the processes through which such variables have their effects remains poorly understood. Be they risk or protective – identification of outcome measures is only as useful to prevention and intervention strategies as the level of understanding had of when, where, and how they coalesce in promoting health in the aftermath of exposure to violence against women. It is imperative for the health of our population that prevention and intervention strategies be developed based upon findings from studies such as this which seek to establish what constitutes the process of resilience to violence against women, rather than an outcome to be maintained, resilience is a process of tolerating and transforming dialectical tensions.

Additionally, this research aimed to shift the focus on outcomes in response to exposure to this type of violence and transition to university from solely an individual responsibility for the absence of psychopathology and achievement of developmental milestones, to understanding the genesis of aptitudes for resilience within the contexts of personal histories, social, and physical environments and accessible resources therein. This research also challenges the notion that resilience is synonymous with mental health. Mental distress is the norm, not mental health, as we all experience distressing thoughts and emotions. Mental health, like other aspects of health such as having a 'perfect' body, is aspirational. Resilience is

a process of tolerating and transforming mental distress in such ways that prevent this from becoming a mental illness.

What constitutes resilience is relative to current conceptualizations of mental health and adaptive functioning both of which are social constructions. Pathologization has, in part, led to a focus on what behaviours are good for society and which are bad. It is arguable that as a society we have become so preoccupied with maladaptive functioning that adaptive responses seem atypical. It is as though the expectation is that individuals will experience maladjustment (as defined by the most powerful mental health professionals). Socially desirable responses are situationally and contextually specific. Of course the identification of suffering in response to exposure to violence against women or transition is important; however, the trouble with looking for evidence of suffering is that one can miss seeing evidence of overcoming that. In research, in therapy, and in daily life, individuals often stop short of seeing how the human spirit triumphs over adversity and judge responses to such problems or challenges based upon dichotomous criteria of adaptive or maladaptive, controlled or uncontrolled and in so doing lose sight of the reality that at inception all responses are attempts at sustaining health when considered in the social and physical contexts within which they are embedded.

Part of challenging the way that resilience is conceptualized involves deconstructing what constitutes mental health and questioning the assumptions informing ideas about how people 'should' respond to traumatic experiences – in this case the experience of exposure to violence against women and subsequent transition to university. A great deal of what is pathologized is less about whether or not developmental milestones or social expectations are being met and more to do with how controlled an individual is – that is to say, more to do with social control. Why should a child who lives in a traumatic environment be able to focus in the

classroom? Why should they be able to regulate their emotions when their primary caregiver(s) cannot? It is deemed to be appropriate for a grieving individual to lose interest in formerly pleasurable activities, to feel hopeless and sad yet if the same response occurs following exposure to trauma, the individual is deemed to be depressed and not resilient.

Is there a right way to respond to the threat exposure to violence against women poses to health? Certainly not in the general sense, as such standards are shaped by cultural, social, economic, and gendered values. There are certain behaviours deemed to be infringements of human rights across cultures and as such are generally unacceptable. Generalizations however, are often challenged by exceptions arising from individuals surmising that justification for action contrary to the 'norm' exists. Resilience research must strike a balance between generalizations and specifics in order to uncover the nuances of adaptation - people do not respond the same way to different situations or to the same situation at different points in their lives.

Overview of Study Design

Guided by an interpretive research paradigm and the aforementioned research questions, this grounded theory study uncovered that the basic social process underlying resilience to childhood exposure to violence against women and subsequent transition to university is one of tolerating and transforming. The complexity of this phenomenon warranted methodological pluralism; this study therefore, utilized both a focus group and individual interviews as means of data collection. Simultaneous collection and analysis of university student's reifications of and beliefs about resilience to such conditions during their childhood culminated in construction of a theory about resilience to exposure to violence against women and subsequent transition to university as being a process of tolerating and transforming dialectical tensions at

emotional, behavioural, and cognitive levels across individual and social contexts supported by assessing needs and accessing resources, experiencing solidarity despite isolation and oppression, and accepting the present while dreaming of the future.

Data were first analyzed during the coding process, defining what the data are about. Coding began with line by line coding, identifying processes, actions and consequences, and by focused coding, using the most significant and/or frequent codes to examine larger amounts of data (Charmaz, 2006). In explicating the substantive processes identified through codes, the latter are raised to theoretical categories. Abductive reasoning about the categories facilitates development of the core categories. The core category is an abstraction representing the main theme of the categories and the interactions between them. The core categories are then united by a basic social process that captures the process individuals engage in to solve their social problem – in the case of this research, childhood exposure to violence against women.

Findings

The outcome of this grounded theory research is that the basic social process of resilience is one of tolerating and transforming dialectical tensions that arise in response to childhood exposure to violence against women and subsequent transition to university. This basic social process unifies the three core categories of assessing needs and accessing resources, experiencing solidarity despite isolation and oppression, and accepting the present while dreaming of the future. The process of tolerating and transforming is itself an expression of dialectical tension - the oscillation between willingness to accept the present situation and willfulness to affect change.

The individuals who co-constructed this theory confronted necessities and aspirations in opposition throughout the ongoing process of health promotion. The process of resilience to

childhood exposure to violence against women and subsequent transition to university is understood as a process of negotiating means for resolving these conflicts, typically making compromises, such that health is promoted, achieved, and maintained. The student's upon whose experiences, ideas, and opinions this study's findings are based, clearly communicated that resilience is a process of compromising certain wants and needs in service of acquiring others in an effort to promote health.

Participants, whose identities are protected by the use of pseudonyms, offered that resilience is "being very creative", "being able to emerge successfully despite all you've gone through, despite all of the difficulty and all the challenges", "knowing how to set boundaries and what your needs are", "carrying on", "rebuilding", "a gradual process", "a strong sense of identity", "being able to define a new hope", "realizing you have choices" and "the ability to keep coming back from stuff". Naomi referenced Victor Frankl in saying that resiliency is tied to goals and being able to envision a future. While some participants conceptualized resilience in terms of outcomes or individual characteristics, all agreed that, as Anna stated "it's not a thing, it's a process".

Conclusion

The high incidence of children growing up amid violence against women has instigated thirty-five years of research on outcomes associated with such exposure and the processes through which mitigating factors influence those outcomes. Much of the research in this area has focused on maladaptive responses in the form of internalizing and externalizing disorders, and mediating and moderating personal and contextual variables including gender, age, cognitive appraisal, maternal relationship, and socioeconomic status. There is a dearth of research on resilience demonstrated by children and adolescents exposed to this surreptitious

type of violence. Inquiries into violence against women may be especially difficult in light of factors such as under-reporting of abuse, difficulties with research participant recruitment, and issues of participant safety, including preventing further risk of participant abuse due to involvement in studies. While this study's findings were co-constructed with a privileged population, it nonetheless fills a gap in the extant literature given that most resilience research involves marginalized populations and focused on adversities other than childhood exposure to violence against women. This study's findings point to the need to create a society predicated upon meeting the needs of its citizens and to transform communities, schools, and families. This research adopted an ecological approach to health promotion, the underlying theme of which is that the most effective interventions occur on multiple levels and influence health behaviours, interpersonal and collective factors, intrapersonal variables, institutional elements, community actions, and public policy.

Health promotion is rooted in a salutogenic view of health and is aimed at whole populations across the life course and across settings. The salutogenic view means strengthening people's health potential. Health promotion focuses not only at the level of the individual but also on groups, communities, settings where people live their lives and on entire populations. Adopting a settings-based approach, health promotion emphasizes that health is created within the setting where people live their lives and as such these everyday contexts or settings, such as the home, school, workplace, community, are where health can be promoted' (Barry & Jenkins, 2007, p. 15).

This study and others like it, contribute to what will become a critical mass of scholarship that challenges the control and pathology-driven social policies and programs currently in place and

on offer. Research findings from studies such as this compliment the paradigm-shifting framework that defines health promotion as a social process.

Chapter 2

Literature Review

Researching resilience to growing up amid violence against women necessitates the examination of intersecting issues, and as such draws on literature from the interdisciplinary fields of exposure to violence against women and resilience, framed here within the discipline of health promotion. Resilience to exposure to violence against women, as it is framed in the present study, involves context first and child second – the child’s experience of their growing conditions and their inventories of culturally meaningful external resources precede concern with their internal attributes’ contribution to health promotion. “Individual qualities associated with coping under adversity are activated to the extent there is capacity in the child’s social and physical ecologies to facilitate processes that protect against risk and promote positive development” (Ungar, 2011, p. 4).

This literature review is presented in three sections: first, a discussion on the use of multiple definitions, second, an overview of the field of violence against women, focusing exclusively on children’s exposure, and finally, a discussion of contemporary literature addressing the outcomes associated with exposure to this type of violence. This is followed by an overview of the evolution of resilience research: from study of risk to study of resilience, highlighting current discussions of the conceptualization of resilience and its reification.

Two discourse-related issues have been raised in the literature on violence against women: the use of multiple terms in reference to such violence (Levedosky, 2007) and what it means to witness it (Meltzer et al., 2009). Definitional issues plague this field. Contextual factors such as culture, religion, gender and socialization influence perceptions about what constitutes this type of violence; whereas yelling may be considered an appropriate behavioural

response to anger in some families, it may be considered emotionally abusive in others. Terms used to discuss this violence include domestic violence, intimate partner violence, woman abuse and violence against women; the first two are the most commonly used. One of the difficulties with terms like domestic violence and intimate partner violence is the lack of reflection of the gendered experiences that mark these phenomena. Referring to violence against women with such language may serve to reinforce patriarchal ideologies through blaming the victim and excusing the perpetrator and situating violence in the home, thereby reinforcing notions that this type of violence is an individual matter, not a social problem.

Another definitional issue is that of witnessing violence against women. Since so much of the literature is concerned with child outcomes associated with exposure to violence against women, this is an important concern. Consistency is needed as to whether what is meant by these terms is direct or indirect experience; that is, whether exposure or witnessing necessarily mean being within visible range of the violence. Since much of the literature suggests that experiencing this violence indirectly through hearing or seeing injury to mothers can result in trauma symptomatology, the use of the term exposure is more appropriate.

Lastly, a discourse-related issue that, to my knowledge, has not been identified in the literature is the misuse of the word *effects* to describe the impact on feelings, behaviours and thoughts related to exposure to violence against women. Several studies use this term in reference to symptoms exhibited by children exposed to such violence. Kolbo (1996) writes of “the effects of exposure on children’s emotional and behavioural development” (Kolbo, 1996, p. 114). This is misleading as it implies a causal relationship between children’s exposure to such violence and child functioning. That this is not a causal relationship is evidenced by the fact that studies in the third generation of research have investigated both the mediating and

moderating effects impacting alterations in functioning. Furthermore, by virtue of methods of investigation, all findings are correlational at best, implying that a relationship exists between variables, including exposure to such violence and internalizing and externalizing behaviours, as an example. Correlation does not imply causation; it speaks to direction and magnitude of association. One of the dangers in implying causation is the potential to treat symptoms in isolation. Treating the symptoms alone jeopardizes initiatives aimed at treating the problem, since the former is based on the notion that the symptoms are the problem, and if these are remedied so is the epidemic.

Exposure to Violence against Women

The complexity of the social problem that violence against women represents translates into complicated social research. Prior research largely carried out in Positivist and Post-positivist traditions has made tremendous contributions to understandings of phenomena associated with violence against women. While the research carried out in this field has evolved and branched out into diverse directions, concern with how children who are exposed to this type of violence are impacted has been constant. Children and young adults exposed to violence against women have been characterized as having an array of psychological problems (Ford & Goodman, 2009; Jaffe, Wolfe & Wilson, 1990; Kolbo, 1996; Melzer, Doos, Vostanis, 2009). However, some studies have identified a great deal of resilience demonstrated by such individuals (Jaffe, Wolfe & Wilson, 1990; Kolbo, 1996); therefore no single clear pattern of responding to violence against women has emerged from the literature.

A researcher's relationship with knowledge creation and dissemination is organic; it is a dynamic process, a continuous evolution of ideas. Levine (1975) published the first, examining the impact of childhood exposure to violence against women, while the first empirical studies

began to appear in the early 1980s (Evan's et al., 2008; Jaffe, Wolfe & Wilson, 1990; Porter & O'Leary, 1980; Straus, Gelles & Steinmetz, 1980). The first generation of research focused largely on male-perpetrated violence against women and the resultant sub-clinical symptoms and psychopathologies evident in the children exposed to it (Evans et al., 2008; Porter & O'Leary, 1980; Straus et al., 1980). This research demonstrated that children's responses to exposure to violence against women are broad in scope and significant in magnitude.

Researchers agree that children who are exposed to violence against women experience more adjustment problems than children who are not exposed to such violence. Qualitative and quantitative reviews of this body of work have highlighted variations in findings and lack of analysis regarding moderating variables (Berman, H., 2011; Evans et al., 2008; Kitzman, Gaylord, Holt & Kenny, 2003; Onyskiw, 2003). Awareness of these methodological limitations resulted in a second generation of methodologically rigorous studies, published primarily since 1990, which investigated mediating effects (causality and explains relationships between variables), moderating effects (influence in strength of association between variables), and personal and ecological variables (Evans et al., 2008)

The third generation of research, presently underway, extended this practice through inquiries into multiple populations while continuing to build upon, challenge and confirm research undertaken in previous studies through consideration of these mediating and moderating variables within a broader context (Evans et al., 2008). Of the third generation studies reviewed, majority examined mediating and moderating variables influencing the impact of exposure to violence against women on children's internalizing behaviours. In order to understand the complex constructs of healthy maturation and functioning, and variation

therein, the competing assumptions of intersecting ecologies in which they occur must be accounted for.

Neurodevelopmental impact of psychological trauma. While guarding against a reductionist approach to such complex phenomena as healthy development under stressful growing conditions, it is important to acknowledge that behaviours, thoughts and emotions cannot be examined without consideration of the brain's influence. The development of the human brain is dependent upon a complex interaction between environmental and genetic potential. Though experience shapes the activity of the brain and the strength of neuronal connections throughout life, experiences in the first years of life have been shown to be especially crucial in the organization of basic structures in the developing brain (Siegel, 1999). The developing brain is well known to be affected by psychological trauma; therefore an understanding of this must precede discussion of related behavioural, cognitive and emotional outcomes. Literature from the field of developmental traumatology demonstrates the extent to which emotional, behavioural and cognitive responses of individuals exposed to trauma become dysregulated relative to pre-trauma states (Bremner, 2006). Extreme stressors, such as the trauma of witnessing violence against women, set into motion a cascade of hormonal and biochemical events that has evolved to restore homeostasis and promote survival. The primary system involved in this stress response in humans is the hypothalamic-pituitary-adrenocortical (HPA) axis (Gunnar & Cheatham, 2003). Put simply, once a stressor is perceived, a corticotropin-releasing hormone (CRH) is secreted by the hypothalamus. CRH stimulates the pituitary gland to release an adrenocorticotrophic hormone (ACTH), which stimulates the adrenal glands to release glucocorticoids. Glucocorticoids are steroid hormones; the most dominant form released in humans is cortisol (Sapolsky, 2002).

Research has established that traumatic events are associated with harmful effects on the developing brain; more specifically, due to the plasticity of the brain during the first years of life, exposure to trauma may cause neural degeneration. Prolonged activation of the HPA axis and exposure to cortisol toxicity contribute to neurochemical abnormalities. Since the brain organizes in a use-dependent pattern, continued activation and re-activation of adaptive responses, including the activation of the HPA axis, could cause sensitization, exaggerated responses and maladaptive traits (Perry, 1995). Use- or overuse-dependent transformation of the HPA axis occurs when the normally adaptive response to a stressful or traumatic event persists beyond the time required to respond to the event, and subsequently becomes maladaptive. In effect the limbic system becomes hyper-aroused. Behavioural manifestations of this are extensive, including aggression, cognitive delays, developmental delays, an increased risk of illness and infectious disease, anxiety, hyperactivity, hypertension, dysphoria, sleep problems and tachycardia (Weber & Reynolds, 2004).

Such complex phenomena as outcomes related to exposure to violence against women cannot be reduced to neurological processes; the psychological trauma of growing up amid such violence however, changes the brain. While such changes are not necessarily permanent they nevertheless have implications for emotional, behavioural and cognitive processes. Little is known about the long-term effects on the functioning of the brain and nervous systems of psychological trauma in particular and exposure to violence against women specifically.

Mediators and moderators of emotional outcomes. Current research on children's exposure to violence against women dichotomizes findings into two dimensions of psychopathology, expressed as either internalizing or externalizing behaviours. Studies consistently demonstrate that children exposed to this type of violence manifest more

internalizing behaviours than their counterparts from non-violent homes (El-Sheikh & Harger, 2000; Grych et al., 2000; Jouriles, Spiller, Stephens, McDonald & Swank, 2000). Children exposed to violence against women are described as being more sad, anxious, worried, fearful, ashamed, withdrawn, and depressed, and as having low self esteem (El-Sheikh & Harger, 2000; Ford & Goodman, 2009; Graham-Bermann, Gruber, Howell & Girz, 2009; Grych et al., 2000; Israel & Stover, 2009; Jouriles et al., 2000; Meltzer, Doos, Vostanis, Spilsbury, et al., 2008).

Beyond identifying children exposed to violence against women as experiencing more internalizing problems than their unexposed counterparts, contemporary scholars in this field of research raised important questions about the diversity of outcomes related to exposure to such violence. Researchers have investigated the mediating and moderating roles of child-centered variables including age, gender, appraisals of violence against women, and means of outcome assessment. In their meta-analytic review Kitzman, Gaylord, Holt and Kenny (2003) examined child age and gender, as well as interactions between these and outcomes, as potential moderators of effect size: no interactions between age and outcomes were identified across outcome types, which include negative affects and cognitions, withdrawal, intervention, aggression and positive coping. In contrast, Jouriles et al. (2000) found child age moderates relations between individual's appraisals and their mother's reports of adjustment problems. Reports of age as a moderator of outcomes associated with children's exposure to violence against women are inconsistent in the literature.

Through examination of gender as a moderator, Kitzman et al. (2003) found that "study-level effect sizes for all female samples compared to all male samples were not significantly different" (p. 344). When used synonymously with sex, gender is both an individual and an ecological variable – at the individual level influenced by genetics and at the ecological level

by the family, society and culture shaping of gender norms. Gender did not interact with outcome type in any of the study designs that were examined (Kitzman et al., 2003). Reynolds, Wallace, Hill, Weist and Nabors (2001) investigated whether measurable gender differences in self-esteem and depression could be identified in elementary school-aged children who were exposed to violence against women. Results indicated that higher levels of PTSD were correlated with greater numbers of depressive symptoms and lower self-esteem for boys who had witnessed such violence (Reynolds et al., 2001). In terms of qualitative research in this area, in an ethnographic study, Phillips and Phillips (2010) investigated meaning and intersections of gender and violence against women in children's responses to such. These researchers interacted with and observed twenty victims of violence against women, as well as their children, and concluded that these children draw on their experiences and understandings of gender norms to inform their responses to witnessing violence against their mothers. They found, for example, that girls experience a difference between "sharing sad or painful feelings and sharing angry and assertive feelings, the former feeling much more natural and comfortable than the latter" (p. 300). Taken together, results from these inquiries suggest that gender moderates children's outcomes, and may do so by influencing the lens through which these children interpret such violence, as well as via the influential role of gender-based assumptions in informing responses.

In addition to age and gender, children's appraisals of violence against women are assumed to play a moderating role in their experiences of emotional outcomes. Some studies have found support for the belief that child appraisals are affected by their domestic environments, and that these in turn affect child outcomes related to exposure to violence against women in that environment. In a quantitative study utilizing cluster analysis Grych,

Jouriles, Swank, McDonald and Norwood (2000) distinguished between five patterns of adjustment in children exposed to violence against women: multi-problem externalizing, multi-problem internalizing, externalizing, mild distress and no problems. More specifically they investigated the role of children's self-blame and appraisals of threat in understanding the link between violence against women and adjustment problems. They found domestic environments marked by conflict to be positively correlated with increased levels of self-blame and perceived threat in children which in turn, may be associated with the aetiology of depression and anxiety in these children. Their results indicate that perceived threat moderates the association between violence against women and internalized problems for both boys and girls, and that self-blame moderates the association for both boys and girls drawn from community samples and in girls drawn from shelter samples.

Mediators and moderators of behavioural outcomes. In contrast to internalizing problems such as fears, which are characterized as being related to problems with the self, externalizing problems are characterized as behaviours directed outward, such as towards other people. In the aforementioned quantitative study by Grych et al. (2000) cluster analysis determined that 21% percent of their sample demonstrated only externalizing problems, which constituted a distinct pattern of adjustment. The most widely studied behavioural outcome associated with children exposed to violence against women is aggression. Interestingly, in their meta-analysis Kitzman et al. (2003) found effect sizes for aggression were significantly lower than those for other forms of externalizing behaviours. This suggests that the most studied outcomes may have more to do with assumptions made by researchers than with magnitude of problems.

Of related note, a recurring question in the literature is whether children exposed to violence against women engage in more violent behaviours than children who do not witness such violence. The cycle of violence theory hypothesizes that children learn to use violence as a form of conflict resolution; some support for this assertion has been found. While research also shows that many children do not suffer from harmful effects, the vast majority of studies of outcomes related to exposure to violence against women report child witnesses exhibit more externalizing behaviours, including aggression, non-compliance, and disruption, than their non-witnessing counterparts (Onyskiw, 2003).

The third generation of scholarship in this field examined mediating and moderating factors related to behavioural outcomes including gender, appraisals of violence, and the means by which externalizing behaviours are assessed. As previously noted, gender differences are frequently cited in the literature (Onyskiw & Hayduk, 2001) but are not consistently related to the same types of externalizing problems. Several scholars have found gender-related differences in the types of problems experienced, with boys displaying more externalizing problems and girls displaying more internalizing problems; other scholars have found no such differences (Onyskiw, 2003). Evans et al. (2008) employed meta-analysis to examine the relationships between witnessing violence against women and externalizing problems, finding a modest relationship between exposure to violence against women and externalizing problems. They also conducted a moderator analysis of these results, in which the mean weighted effect size for boys was $d=0.46$ whereas the mean weighted effect size for girls was $d=0.23$. These significantly different effect sizes indicate that boys exposed to violence against women exhibit significantly more externalizing symptoms than girls with a similar history.

Research on gender differences in this area may be influenced by the supposition that boys are at increased risk of experiencing these problems. While some support for gender-based diversity in these outcomes has been found in the literature, this may be mediated or moderated by socially constructed notions of gender. Phillips and Phillips (2010), for example, found health professionals working with victims of violence against women view this type of violence as learned and as cycling from one generation to another, the implication being that sons of victims of violence against women are future perpetrators. When viewed through such a lens, behaviours that may be predictive of future aggression become labelled as risk factors. Associated with this is another assumption influenced by discourses constituting heteronormative masculinity: namely that boys do not and should not talk about their feelings. This may result in boys endorsing items used to assess outcomes that are consistent with the heteronormative masculine stereotypes that are projected onto them.

In much the same way that discourses on gender and children's experiences of practicing gender influence perception and by extension experiences, appraisals of violence against women have also been shown to influence behavioural outcomes. In their aforementioned investigations into the mediating and moderating role appraisals play in the relationship between children's exposure to violence against women and adjustment problems, El-Sheikh and Harger (2001), Grych et al. (2000), and Jouriles et al. (2000) arrived at conflicting conclusions. Whereas Grych et al. (2000) found no evidence of either mediating or moderating effects on externalizing problems, El-Sheikh and Harger (2001) found increased levels of perceived threat to have a mediating effect on behavioural outcomes, and Jouriles et al. (2000) found children blaming themselves for the violence that ensued to correlate

positively with their mother's reports of behavioural problems. These discrepancies may be due in part to differences in sampling and in assessment across these studies.

Sampling and means by which reactions to exposure to violence against women are assessed impact evaluations of behavioural outcomes in much the same ways as they do assessment of emotional responses. As noted above, the vast majority of studies exploring mediating and moderating effects did so from a child-centered perspective utilizing the Child Behavior Checklist (CBCL), while others have employed such assessment tools as the Self-Blame subscale of the Children's Perception of Interpersonal Conflict Scale (CPIC-SB, Grych et al., 1992; Jouriles et al., 2000) and a modified version of the Self-Blame subscale of the Children's Beliefs about Parental Separation Scale (CBAPS-SB, Kurdek & Berg, 1987; Jouriles et al., 2000). All of these measures have excellent psychometric properties; however, these scales are limited by problems with adaptation to different populations. In this context, attention must be given to variations in individuals' abilities to accurately respond to questionnaire items, including cultural, developmental, and bio psychosocial issues in the development and implementation of assessment tools. While these measurement tools provide useful information, they may not be as sensitive to subtle individual differences and the influence of ecological subsystems as qualitative methods such as interviews utilizing open-ended questions about children's experiences of exposure to violence against women.

Mediators and moderators of cognitive outcomes. Comparatively speaking, much less attention has been paid to the assessment of children's cognitive functioning than to their emotional and behavioural functioning. An important rationale for exploring the potential for cognitive impairments related to exposure to violence against women is that such deficits may hinder children's abilities to convey information about their experiences for treatment, research

or other purposes. Furthermore, cognitive impairments may play mediating or moderating roles in children's coping responses. In her review of the research from 1981 to 2001 Onyskiw (2003) found only 23.4% of studies provided any assessment of children's cognitive functioning. Findings from those studies indicate that children exposed to violence against women are at risk for cognitive delays and have lower developmental skills relative to standardized norms. The lack of investigation into cognitive outcomes related to exposure to violence against women in general, and therefore mediating and moderating variables of these, constitutes a gap in this field of research, which seems to have focused, especially so for the past decade, primarily on mediators and moderators of internalized and externalized outcomes. The present study, in contrast, creates a space for young adults to speak about their experiences in a way broad enough to convey information about their cognitive functioning, through discussing such considerations as ability to focus when studying or in classes, academic performance and social competency.

The experience of exposure to violence against women is a complex phenomenon. Scholars and allied health professionals studying this must acknowledge that such work is influenced by discourses constituting what violence against women is, what it means to be a victim, what it means to be a witness and what it means to be a perpetrator. Cultural discourses on normative and marginalized identities based on socially constructed notions of gender, race, socioeconomic status, ability and sexuality play a fundamental role in shaping how work in this area is approached and applied. Given the influential role played by ecological subsystems, their scarcity in the literature constitutes a gap that the present study aims to fill. The language used to describe these phenomena goes beyond influencing the way violence against women is

perceived; these cultural constructs interfere with capacities to shift perspectives and transcend the limitations imposed by these discourses.

Methodological issues and gaps. For years it was assumed that violence against women was not a problem, and therefore children's exposure to such was unimportant. Once recognition of violence against women as a social problem began and research on it was undertaken, approaches to assessment were devoid of various forms of violence as well as considerations of the contexts in which they occurred. As scholars furthered their understandings of such violence and its effects on children, research tools were, and continue to be honed and developed to better fit the inquiries being made. In discussing methodological issues, it is reasonable to assume some variations in findings are related to how outcomes associated with children exposed to violence against women and outcomes in response to adverse life events in general are assessed. The vast majority of studies on outcomes related to exposure to violence against women use the Conflict Tactic Scale (CTS; Straus, 1979; in Kitzman et al., 2003). This is both the most widely used and criticized method for assessing violence against women (Kimmel, 2002). The CTS is arguably not an appropriate measure to be used in research on outcomes associated with exposure to such violence since it only quantifies certain types of violence, to the exclusion of economic abuse, intimidation, isolation and sexual assault, and does not examine in any way, the effects on children of exposure to such violence (Langhinrichsen, 2005). Kitzman et al. (2003) examined whether results from studies that used the CTS differed significantly from those assessing violence against women via other means, and found effect sizes in correlational studies were larger than in those employing other methods of assessment.

The Child Behaviour Checklist (CBCL, Achenbach, 1991) was utilized in 80% of studies investigating mediating and moderating factors, to measure children's behavioural and emotional adjustment (El-Sheikh & Harger, 2000; Graham-Bermann, 2000; Gruber, Howell & Girz, 2009; Israel & Stover, 2009; Grych et al., 2000; Israel & Stover, 2009; Jouriles et al., 2000). The CBCL is a parent-report measure of children's behavioural and emotional problems consisting of 113 items rated on the 3-point scale. The CBCL is a well-researched and widely used measure with demonstrated internal consistency, test-retest reliability and construct validity for both internalizing and externalizing behaviours (Jouriles et al., 2000). The overreliance on the CBCL in this domain of research does, however, present problems. This measure was designed as a rough gauge of general functioning; it was not developed with the aim of measuring the unique impacts of exposure to violence against women (Edleson, 1999). This speaks to the need for development and implementation of more sensitive measures of experiences of this type of violence and associated impacts from cross-cultural perspectives.

Also related to assessment is the habit of relying, in some studies exclusively, on mothers to provide information about both children's experiences of exposure to violence against women and children's emotional and behavioural responses to such. Kitzman et al. (2003) assessed variation in outcome effect sizes on the basis of mothers' reports of child outcomes, children's self-reports and assessments based on other's reports; results showed a moderating effect for studies employing mothers' reports. Jaffe et al. (1990) found that parents often underestimate the degree to which their children are exposed to the violence occurring in their homes. Some researchers believe that "obtaining information from the children themselves may provide a different perspective of the difficulties they are experiencing" (Onyskiw, 2003, p. 34). In general few studies ask the children themselves about their

experiences of exposure to violence against women, although the fourth wave of both the field of childhood exposure to violence against women and resilience have seen an increase in first person accounts of experiences of exposure to trauma and responses to such.

There is a need to expand the types of populations under investigation. Research on exposure to violence against women is marked by a predominance of convenience samples of children recruited from shelters (Onyskiw, 2003). This practice constitutes problems of bias related to the reality that many abused women do not seek refuge in shelters, and women who do tend to differ from other abused women in terms of socioeconomic status, severity of abuse suffered and availability of support systems (Onyskiw, 2003). By extension, their children also differ in these ways, so findings from shelter populations may therefore not generalize to all children exposed violence against women. Scholarship in this area suggests that children residing in shelters exhibit more adjustment problems relative to children in the community exposed to comparable levels of such violence (Fantuzzo & Lindquist, 1989, in Kitzman, et al., 2003); this may be due to the experience of multiple stressors associated with moving out of their home (Kitzman et al., 2003).

Research on outcomes related to exposure to violence against women has focused largely on child-centered mediators and moderators of responses as opposed to emphasizing resources available in schools, access to social supports, and participation in organized religious or cultural activities. It is typical for research on outcomes related to exposure to violence against women to take a variable-centred approach; however, for the purposes of defining and explaining mediating and moderating variables of such outcomes, it may be more fruitful to use this in tandem with a process-oriented approach. A more thorough

understanding of how the factors identified by quantitative, variable-focused research would be achieved through undertaking qualitative, process-oriented investigations.

“The variable-centred approach aggregates information across individuals and then generalizes the findings to populations” (Levendosky, Bogat, von Eye, 2007, p. 42). In contrast, a process-oriented approach is concerned with the dynamics of human action as a “sequence of individual and collective events, actions and activities unfolding over time” in social contexts (Pettigrew, 1997, p. 338) allowing researchers to interpret and conceptualize social units. The combination of these two approaches would best serve investigations into individual differences in experiences and related outcomes associated with children’s exposure to violence against women, because the variable-oriented approach may bring to light nuances of personal experience that may be overlooked in a process-centred analysis, while the former may further development understanding of the variables that influence person-centered factors.

Summary. Much work has been done in this field of research to explore and explain the mechanisms by which diversity in outcomes related to children exposed to violence against women occurs. While both mediational and moderational relationships have been considered within the literature, the significance of moderators seems to have more support. The distinction between mediational and moderational effects is conceptually important in understanding the processes that influence the relationships between exposure to this type of violence and child adjustment, and they may have important practical implications as well. For example, a great deal of the literature in the third generation of scholarship has explored the relationship of mediators and moderators to adjustment. Since appraisals including self-blame, threat, and fear of abandonment are emotional responses influencing cognitive appraisals, it may be appropriate to re-frame these as referring to emotional outcomes as mediators or

moderators of behavioural or cognitive outcomes. This work may help inform the development of more effective interventions for children, perhaps those aimed at countering self-blame. Additionally, findings from studies exploring gender-based differences in outcomes provide some support for the development of gender-sensitive interventions, for example countering depressogenic thinking in girls and anger management in boys.

Knowledge pertaining to outcomes related to children's experiences of violence against women is still developing, and while significant progress has been made, challenges remain within this important but difficult area of inquiry. In addition to being an aspect of research, the context in which children are exposed to violence against women is first and foremost a social problem this field must address. Despite the WHO entering the dialogue in offering their definition of violence against women, this phenomenon is culturally relative and the study of outcomes related to exposure to it need to better account for the productive force of culture on psychosocial health and its contribution to both acts of such violence and to processes related to resilient outcomes. Research on outcomes related to exposure to violence against women needs to question why this kind of behaviour occurs in a particular family environment and why this type of family occurs in a particular context.

Previous research comprised predominantly of variable-focused, quantitative studies, identified factors correlated with or resulting from exposure to violence against women but fell short of explaining how, when, where and why they are or do. That being said, regardless of methodological preference, researchers only get answers to the questions they pose. Few studies in either tradition have made inquiries into the processes underlying factors associated with outcomes of childhood exposure to violence against women. This knowledge gap can be bridged by a grounded theory such as this one that not only identifies actions, ideas, and

feelings expressed by individuals exposed to such violence in childhood but also explains how these coalesce in the process of resilience culminating in health promotion. The creation of a theoretical framework will better inform policies and programs related to childhood exposure to violence against women than awareness of relevant factors alone. An understanding of how such variables interact to produce health-promoting effects is essential to reaping all of the benefits from our knowledge of these. Just as a list of ingredients is not sufficient to produce a loaf of bread, a summary of variables associated with mediating and moderating the effects of exposure to such violence in childhood is not enough to create a successful health-promoting initiative in the aftermath of such.

In keeping with the starting point of research in this field, individuals' experiences are the edifice upon which the findings of this study will be built. Given that much research in this area focuses on outcomes related to experiences of violence against women, we must strive to attain an in-depth understanding of these experiences. Outcomes reviewed above exemplify attempts to increase control over and to improve health. Arguably outcomes deemed maladaptive by those creating the dominant mental health discourse may in fact be examples of behaviors motivated by a desire for well-being. Such a reformation of approaches to resilience research serves to broaden understandings and therefore applications of this phenomenon as well as to critique the pathologization of individuals' efforts aimed at health promotion. Additionally, the focus is shifted away from outcomes to processes, suggesting that at inception these behaviours can be viewed as adaptive despite hegemonic conceptualizations of mental health (Herman, 1992). Uncovering pathways to healthful adaptation and appreciating children and young adults' conceptions and perceptions of the construct of resilience and demonstrations of resiliency are a means to that end.

Resilience

The notion that many of the children exposed to stressful environments (such as growing up amid violence against women) will succeed despite the odds against them, was borne out of divergent research efforts beginning with Werner and Smith's (1982, 2001) multi-method longitudinal cohort study of babies from marginalized Hawaiian families. Even those who did not set out to research resilience or to uncover healthy developmental pathways found that children from the most impoverished environments succeeded at remarkable rates.

Resilience was also identified through researching coping amongst children living in orphanages, children exposed to violence, and children residing in disadvantaged neighbourhoods (Levin, 1975; Porter & O'Leary, 1980; Straus, Gelles, Steinmetz, 1980).

These early studies were largely epidemiology-driven, having identification of vulnerability and protective factors from the perspective of primary prevention of deleterious outcomes and psychopathology as their aim.

Resilience research was initially conducted from a person-centered conceptualization of this phenomenon, which burdens the individual with the expectation and prescribed responsibility to increase their 'resilience'. Person-centered research, predominantly quantitative in approach, is concerned with understanding complex processes that are thought to characterize the individual as opposed to variable-centered approaches that emphasize differences between individuals (Magnusson, 1998). Person-centered approaches assume that constellations of variables contribute to emotional, behavioural and cognitive outcomes via the dynamic role they play within the individuals' functioning, whereas variable-centered research seeks to explain outcomes in terms of concepts representing the relationships between variables. It is not a case of one approach being better than another but rather of goodness of fit

between research question and method. Both methods analyze variability, thus at a basic level there is a basis for integrating person-centered and variable-centered research. Much like research on outcomes associated with exposure to violence against women, the development of resilience research has occurred in waves characterized by ideational, theoretical, methodological and aspirational shifts. Results of these pioneering works continue to shape research in this field.

Overview of the history of the resilience research. The first wave of research was undertaken from the position of resilience as an innate characteristic of certain individuals, those deemed invulnerable based upon their capacities for coping with adversity (Anthony, 1987). This was followed in the second wave by a move towards examination of protective mechanisms that are predictive of resilience, which was aimed at understanding the means by which such mechanisms buffered the effects of risk on children and young adults (Rutter, 1987). Resilience as a product of dynamic interactions within and between individuals and environments was an assumption in which this generation of scholarship was embedded. At this point in the history of resilience research, systematic study of patterns, profiles and pathways was in a nascent stage. A third wave of scholarship investigated resilience-related individual and community variables (Ungar, 2008). Masten (2001) and others (Cicchetti & Blender, 2006) began to frame resilience as a common phenomenon resulting from the functions of basic human adaptational systems. The central objective of this wave of research was the identification of factors modifying the negative effects of adverse life circumstances and mechanisms underlying these. Unger (2008), Lerner and Benson (2003), and Donnon and Hammond (2007) are contributing to a fourth wave of research in this field motivated by “the need to understand resilience as an artifact of both individuals’ capacities to navigate their way

to health resources and their communities' capacity to provide those resources in culturally meaningful ways" (Ungar, 2008, p. 3). Not unlike research on outcomes associated with exposure to violence against women, much of what is known about resilience was arrived at through the use of standardized measures of mental health applied in quantitative methodologies. In spite of this, shifts have taken place and continue to develop whereby researchers employ critical, interpretive, ecological, integrative and intersectional approaches to resilience research.

Such variation in approaches to the study of resilience can be framed as having evolved, in a non-linear sense, as divergent research was occurring concurrently, with research focused on the individual child in addition to environmental/contextual factors, and eventually, in the fourth wave of research, on culture and laws. More recently resilience research has focused on, at the level of the individual; neural plasticity and genetics, at the level of society; personal and social resources; and cultural variation in resilience-related processes. Kimayer et al. (2009) have also advanced the field in examining resilience as applied to families, communities and larger social systems. In taking a community/system approach, Kimayer et al. (2009) discussed links between resilience and social capital and potential interventions based upon such. Undeterred by the diversity of avenues taken in the pursuit of health, researchers routinely work towards explaining the variability of resilience processes through accounting for both individual and environmental variables in the same model and are typically undertaking these efforts from a quantitative perspective.

Not unlike those who study exposure to violence against women and in so doing have identified variables associated with negative outcomes, resilience researchers have identified ecological factors associated with positive outcomes at individual, family, community and

cultural levels, and sought to identify the processes by which they occur. Several systems have been identified as being implicated in resilience: learning systems, including problem solving and information processing; attachment systems; mastery motivation systems involving self-efficacy processes and reward systems; stress response systems; self-regulation systems including emotion regulation and executive functioning; family system; school system; peer system; and cultural and societal systems (Masten & Obradovic, 2006). While for organizational purposes it is useful to discriminate amongst categories of variables, ultimately the interconnectedness of such must be acknowledged. Recognition of the interactional processes involved in positive developmental outcomes under adversity is consistent with framing resilience as “a process in complex environments that interact to foster good developmental outcomes of relevance to culturally diverse communities” (Ungar, 2011, p. 4).

Resilience and neural plasticity. Healthy neurodevelopment is dependent upon complex interactions between genes and environment. The brain, being a use-dependent organ, has arguably infinite potential yet the actualization of this relies upon growth-promoting environmental factors, thus, the person-centered variable of development is tied to ecological factors. The identification of the role played by adaptational systems related to attentional control and emotion regulation has spurred interdisciplinary resilience research linking biology and neuroscience to behavioural adaptation in development (Masten & Obradovic, 2006). Adaptational systems have neurological correlates, and while self-regulation and information processing cannot and should not be reduced to neural activity, the brain’s role in perception, experience and action must be acknowledged as contributing to the reification of resilience. Cicchetti and Blender (2006) identify several neurological processes related to resilience. In taking a multiple-levels-of-analysis perspective, Cicchetti and Blender (2006) describe how

principles derived from research on neural plasticity may inform resilience theory and research. “Neural plasticity is viewed as a dynamic nervous system process that orchestrates nearly constant neurochemical, structural and functional central nervous system (CNS) alterations in response to experience” (p. 252). An in-depth discussion of fundamental processes undergirding neural plasticity is beyond the scope of this study; suffice it to say that the processes involved, at all levels of analysis of neural plasticity, are believed to be two mechanisms underlying the modulating effects of neurotransmitters – protein phosphorylation and the regulation of gene expression (Cicchetti & Blender, 2006).

In attempting to understand how principles of neural plasticity apply to resilience without reducing this complex phenomenon to neural or biological processes, and considering the impact of environmental adversity as well as that of positive environments and the child’s active attempts at coping, Cicchetti and Blender (2006) sought to understand structural and functional differences between the brains of people deemed to have demonstrated resiliency and their less demonstratively adaptive counterparts using neuroimaging methodologies. Investigations into neural plasticity as one of the underlying mechanisms of the process of resilience could lead to the inclusion of assessments of biological systems, allowing researchers, parents, children, teachers, and allied health professionals to determine the extent to which the nervous system has been modified by experience. It would be easy to misinterpret such research as equating resilience with biology; however, theories of developmental neuroscience are compatible with those from developmental psychology and psychopathology (Cicchetti & Blender, 2006), and in some cases expand upon extant theories. It is essential at this point in resilience research to include biological, psychological and environmental-

contextual domains: the adaptation of interdisciplinary levels of analyses is imperative to grasping the processes of resilience in its full complexity.

Resilience-promoting person-centered variables. The connection between resilience and psychopathology is another example of the inter-relatedness discussed above. A belief that the study of those who thrive within a context of risk or adversity could inform theories of aetiology in psychopathology motivated much of the early resilience research (Masten, 2001). Identification of factors that positively impact children at risk has inspired three decades of predominantly quantitative research, yielding models and theories and guiding intervention and policies. Programs, protocols and procedures based upon personal propensities towards positive development account, however, for less than half of the variability in outcomes related to growing up under stressful conditions (Ungar, 2011). As such, a sole focus on the individual is problematic, in order to fully capture the complexity of the process of resilience and account for variation in outcomes enacted by children and young adults, researchers must consider the influence of family, school, peers, mass media, school board, parent's work environment, neighbourhoods, social conditions, culture, laws, and the economic system.

Notwithstanding criticisms of the subject-centered approach, significant associations have been found between individual variables and resilience outcomes. One of the most important early contributions of these pioneering researchers was the confutation of the deficit models and assumptions made about the development and functioning of children growing up amid disadvantage and adversity. Much of the early research in this field portrayed children as resilient – implying that there was something, some personal attribute that was remarkable or special. The notion of resilience, invulnerability or invincibility permeated the literature and related media during the first wave of this field of scholarship. Despite critiques of person-

centered approaches to this work, the idea of resilient young people as being unique individuals possessing extraordinary strength or inner resiliency has lingered throughout the subsequent waves of scholarship.

Perhaps in an effort to refute this, Masten (2001) argued that resilience is a common phenomenon resulting in most cases from the operation of adaptational systems. She referred to these systems as being protected and functional, and as ‘ordinary magic’ – dispelling, or at least attempting to dispel the belief in some extraordinary power possessed by certain individuals. She defined resilience as “a class of phenomena characterized by good outcomes in spite of serious threats to adaptation or development” (Masten, 2001, p. 228). Masten (2001) concluded that resilience is more ordinary and common than expected based upon findings by and framings of this phenomenon by earlier researchers, due in part to trauma being more common than scholars once thought possible. She points to the endangerment of systems underlying these adaptational processes as among the greatest threats to healthy development. Masten (2001) fails, however, to explain such underlying processes, stating only that future research should move towards “integrative studies of adaptive systems in human development, how they work and how these systems develop and respond to variations in the environment” (p. 234). While much promise lies in understanding these processes at multiple levels, the focus cannot be solely on the individual but rather the individual interacting with the systems in which she or he is embedded.

Also focused on the concept of self-regulation as a measure of resilience in young adults, Dishion and Connell (2006) assessed adolescent attention control using parent and youth reports and measured self-regulation using teacher ratings, concluding that these composite measures of self-regulation moderated the impact of peer deviance on adolescent

anti-social behavior. These researchers approached the study of resilience in youth as a process which can be measured using statistical techniques that emphasize continuous distributions, and while their finding of a moderating effect of effortful, attentive control has promise with respect to uncovering another piece of this puzzling process, it would be useful to add analyses of how other, less individualistic dynamics promote positive outcomes in conjunction with self-regulatory capacities. Continuing along the lines of person-centered research, Martinez-Torteya, Bogat, von Gye and Levendosky (2009) examined individual and family (maternal depression) factors predictive of resilience amongst children exposed to violence against women. These researchers assessed 190 mother-child dyads when children were 3, 4, and 5 years of age and found children exposed to violence against women to be 3.7 times more likely than their non-exposed counterparts to develop either internalizing or externalizing problems. Nevertheless, over half (54%) of exposed children maintained health. Other, similarly oriented research has reported rates of positive adaptation ranging from 31% (Grych, Jouriles, Swank, McDonald & Norwood, 2000) to 65% (Hughes & Luke, 1998) amongst children exposed to violence against women. Advocating the adoption of an individual risk model, one that explores the contribution of one risk factor to negative outcomes as opposed to a cumulative risk model which focuses on the accumulation of adversity in resultant maladaptation, Martinez-Torteya et al. (2009) explored temperament, cognitive ability, positive parenting, maternal depression, stressful life events, low income and minority status. Not unlike much of the research on outcomes related to exposure to violence against women, the Conflict Tactics Scale was used to assess experiences of violence, and the Child Behavior Checklist was used to measure children's behavioral adaptation.

Consistent with their expectations, Martinez-Torteya et al. (2009) were able to identify a group of children resilient to exposure to this type of violence. They identified three additional groups characterized as non-resilient (those exposed to violence and displaying negative adaptation), competent (non-exposed and displaying positive adaptation), and vulnerable (non-exposed and displaying negative adaptation). These researchers further hypothesized that longer duration and higher frequency of exposure to violence against their mothers would result in more internalizing and externalizing symptoms, yet this did not significantly increase the likelihood of negative adaptation. This finding suggests that resilience is not a direct result of exposure to lower levels of adversity – an important finding indeed. Interestingly “ exploration of domestic violence trajectories as predictors of resilience revealed that constant exposure to domestic violence predicted the development of internalizing or externalizing problems, whereas no specific configuration of exposure was associated with resilience” (Martinez-Torteya et al., 2009, p. 573). The only significant predictors of resilience that emerged from this study were mentally healthy mothers and children with a temperament characterized as easy. These researchers cite Masten (2001) in agreement with her sense of resilience as ordinary and common, yet also make reference to children faced with continuous and severe environmental stressors as being unlikely to sustain resilient adaptation over time. Their accord with the conceptualization of ordinary magic, coupled with their finding that frequency and duration seem not to predict outcomes, appears to disprove their assumption that sustained resilience is unlikely in the face of unrelenting adversity. The definition of resilience informing this work was based upon behavioural and emotional outcomes which are not representative of the breadth of demonstrations of resilience. Such a narrow view of this

phenomenon blinds researchers and other interested parties to the extraordinary tenacity displayed by youth characterized as having shown resilience.

Individual difference in intelligence, temperamental regulation, and self-compassion have been found to be related to maladjustment, leading some researchers to explore the links between these personal characteristics and resiliency (Eisenberg, Hayden, Spinrad, Hofer, Chassin et al., 2009; Hammen & Brocque, 2010; Malvar Pargas, Brennan, Neff & McGehee, 2009). The interconnectedness of regulation-related, temperamentally-based dispositions – including effortful control, impulsivity and approach /avoidance – with externalizing problems and resiliency was examined by Eisenberg et al. (2009) in a sample of 467 children, 227 of whom were children of alcoholics and as such were believed to be at risk for problems in their socio-emotional development. These scholars were interested in whether and the extent to which temperamental regulation is related to maladjustment and/or resiliency, and moderated by gender and/or being a child of an alcoholic. Eisenberg et al. (2009) found that children capable of modulating their attention and behaviour could be expected to regulate themselves when necessary, yet be flexible and spontaneous when appropriate. With respect to adversity as a moderator of the relation between temperament and adjustment, findings showed that being a child of an alcoholic moderated some of the relations; however, with respect to gender, this moderating effect was especially true for sons of alcoholics resiliency was positively correlated with high approach-oriented coping for boys who were not sons of alcoholics. While these findings lend support to the argument that at-risk status can moderate the strength of relations between temperament and adjustment the correlational nature of the data limits inferences about causality.

In another correlational study of factors associated with resilience in at-risk youth, in this case, children of depressed mothers, Malvar Pargas et al. (2010) operationalized resilience in young adult children of such women as the absence of depression or other Axis I psychopathology, and found low levels of perceived maternal psychological control and high IQ to be protective factors within this context of risk. These researchers also sought to identify resources drawn upon by these young adults in service of higher functioning, including high maternal warmth, high self-esteem and healthy social functioning. In this person-centered longitudinal study “high child IQ acted as a protective factor predicting resilient outcomes that persisted from adolescence to adulthood and low maternal psychological control (maternal psychological control has also been referred to as psychologically controlling parenting style) acted as a protective factor predictive of resilient outcomes that emerged in early adulthood” (p. 805). With respect to temporal stability of resilience, 49% of youth who were characterized as resilient at age 15 maintained that status 5 years later. In identifying IQ as a protective factor it is important to note that this is not merely a product of genetic endowment but rather a product of genetics and environmental factors. Pertaining to parental contribution to protective factors, specific behaviours on the part of parents contributing to conveying warmth and/or low levels of control to the child remain unclear. Therefore, future studies are needed to uncover the processes mediating these relationships among such personal variables.

Also interested in identifying predictors of individual differences in resilience, Neff and McGehee (2010) examined self-compassion among adolescents and young adults, and its relation to their sense of well-being. Self-compassion, believed by these researchers to promote resilience, was defined as “the ability to hold one’s feelings of suffering with a sense of warmth, connection and concern” (p. 226): compassion turned inward. Further unpacking this

construct, Neff and McGehee (2010) identify self-kindness, a sense of common humanity and mindfulness as being major components of self-compassion. Interestingly, no operationalization of resilience is offered; however, well-being is defined as “increased happiness, optimism, personal initiative, and connectedness, as well as decreased anxiety, depression, neurotic perfectionism, and rumination” (p. 226). Also noteworthy is the absence of a measure of exposure to adversity, beyond implementation of the Index of Family Relations self-report scale assessing family functioning but not experiences of threats to well-being. While results indicated that self-compassion is strongly associated with well-being among adolescents (high school students) and young adults (college students), these findings should be interpreted with caution in terms of their contribution to the literature on risk and resilience, as it is not clear that any of the children in this study could be characterized as being at risk or vulnerable.

In a study comparing a normative sample to a clinical population, Prince-Embury and Steer (2010) sought to identify and quantify core personal qualities of resiliency in youth for the purpose of creating profiles of resiliency for samples of such populations. This study employed the Resiliency Scale for Children and Adolescents (RSCA) to measure the degree to which an individual experiences a sense of mastery, relatedness and emotional reactivity – based upon the assumption that these are underlying factors of resilience. The RSCA “allows for the creation of a profile of personal resiliency that visually reflects the relative strength and vulnerability unique to each child” (p. 304). Again taking a narrow view of resilience in framing it as a personal characteristic, these researchers view resilience as a result of relationships among individual attributes. Three profiles were identified for the normative sample, indicating high resiliency (31%), average resiliency (44%) and low resource

vulnerability (25%). These were compared with the four profiles identified in the outpatient sample, consisting of average resiliency (23%), low resource vulnerability (26%), high vulnerability (31%) and very high vulnerability (20%). Comparisons between samples yielded indications of similarities, including resilient groups tending to be more than half comprised of females and having parents with some higher education. Arguably, the most important finding of this study was confirmation of the notion that resiliency is expressed in different ways in both normative and clinical samples.

Though resilience research has broadened, these studies reinforce discourse situating the locus of control as residing in the child when in fact researchers and other cultural elites must acknowledge that healthy development under adverse growing conditions is dependent upon processes by which the environment provides resources that children and young adults can draw on in promoting their own health. “The child’s own individual resources (e.g. a sense of humor, optimism, above average IQ, or musical talents) are only as good as the capacity of his or her social and physical ecologies that facilitate their expression and application to developmental tasks” (Ungar, 2011, p. 6). Resilience research began under the erroneous assumption that child-specific tendencies towards healthy development are paramount to resilient outcomes; when individual factors were found to account only for aspects of the variation in resilient outcomes, investigations were broadened. At this point in the history of this field, investigations should target social and physical ecologies first, followed by interactional processes between the environment and the individual.

Resilience-promoting familial variables. Up to this point, reviewed studies have focused primarily on uncovering dispositional attributes of the child, which act as protective mechanisms in response to adverse life events. The following provides examples of research

undertaken which shifts the focus to the role played by use of external support systems accessed by both parents and children in resilient responses. The importance of familial factors in resilience has been pointed out by several studies (Block, 1971; Masten, 1988; Rutter, 1979) indicating that children demonstrating resilience have competent, loving, patient parents. It is important to note, however, in keeping with the ecological perspective, that parents' abilities to provide the emotional and material conditions necessary for healthy development are as dependent upon the resources available within their family, society and culture as children's demonstrations of resilience are on accessible assets within their social and physical ecologies. Comprehensive reviews of research on resilience illustrate that across different risks, ranging from parental divorce and bereavement to maltreatment and community violence, "close, supportive family relationships are salient in children's lives and remain so for two decades or longer, are amenable to change via interventions, and can generate other assets such as feelings of confidence, security and self-efficacy" (Luthar, Sawyer & Brown, 2006, p. 11). "Qualitative studies of children in high-risk, disadvantaged settings have characterized resilient children as having, in effect, resilient families" (Smith & Carlson, 1997, p. 239). While quantitative studies have identified resilience-related familial variables there remains a need to understand the means by which such factors produce their health-promoting ends. Analysis of the mechanisms underlying how factors identified as playing a role in resilience coalesce to create such outcomes is well-suited for a process oriented methodology such as grounded theory.

In a similar vein, informed by knowledge that exposure to adverse conditions, such as those associated with poverty, places adolescents at risk for poor psychosocial adjustment, and that African American families are especially inclined to have insufficient material resources, the moderating effects of kinship social support on risk and resilience in low income African

American families was investigated in a quantitative study by Taylor (2010) utilizing 5-step hierarchical regression analysis. Influenced by family stress models which “suggest that adverse economic conditions operate as risk factors through their influence on the family environment, creating stress that affects parent-adolescent relations and, in turn adolescents’ psychosocial functioning” (p. 344), Taylor predicted that kinship social support would act as a protective factor in moderating the relationship between mother-child communication difficulties and mothers’ psychological control over adolescents’ internalizing and externalizing problems. As expected, findings demonstrated that kinship support was negatively correlated with mothers’ reports of adolescents’ internalizing and externalizing problems. The role played by the support of extended kin in the family life of African Americans appears to be an important protective factor in moderating negative outcomes in children caused by familial hostility, conflict or intrusive parenting. While the moderating effect of supportive extended family is an important finding, it is equally important to examine factors affecting availability of such support – for example, those living in isolated neighbourhoods would conceivably have less access to social support.

Some data have been collected illustrating the protective mechanisms associated with familial support within the context of violence in addition to other types of adversity. Mullender, Hague, Iman, Kelly, Malos et al. (2003) characterized the relationship between children and their parents in which children have been exposed to violence against their mothers as very complicated, differing for children within the same family, and within the individual relative to changing circumstances. It is not uncommon for children to feel caught in the middle, responsible for the violence, and protective of members of their families. In their study of adolescents’ experiences of coping with violence against women, Lepisto, Astedt-

Kurki, Joronen, Luukkaala and Paavilainen (2010) found that girls were more likely than boys to seek social support or professional help. While many children living in homes characterized by violence keep to themselves, in part due to feelings of shame (Buckley, Holt & Whelan, 2007), a number of adolescents experiencing exposure to this type of violence covet someone to talk to and share their feelings with. Social supports can strengthen positive adaptation; therefore, attention should be paid to developing interventions that foster a sense in these children of being understood, of their experiences being taken seriously, and of having a sense of control over how they respond to adverse experiences.

Research has noted that mothers' ability to parent under distress serves to protect their children from suffering additional stress and more adverse problems in adjustment (Graham-Bermann, Gruber, Howell & Griz, 2009). Graham-Bermann et al. (2009) evaluated the social and emotional adjustment of children in families experiencing varying degrees of violence against women to identify variables related to individual differences between poorly adjusted children and those deemed to be resilient. Their findings show that within the construct of parenting ability, parental warmth was a distinguishing factor between children who were characterized as struggling and those labeled as resilient. This suggests that parental warmth plays a protective role through helping children manage their own behavior, perhaps by providing positive models.

In addition to warmth, effective parenting behaviours, such as using appropriate discipline and setting limits, have a protective effect through creating structure and a sense of safety through boundaries (Graham-Bermann et al., 2009). "Parental monitoring and supervision are critical in violence-prone inner-city settings" (Luthar et al., 2006, p.111). While

a supportive parent or family member is ideal, what seems most critical is an enduring, stable relationship with at least one caring adult.

Ungar (2004) has confronted dominant discourse pertaining to teens in demonstrating the fallacy of the stereotype that teens resent parental involvement. He uncovers the contribution made by parents through ongoing relationships with their teens to identity constructions. Employing techniques related to a grounded theory approach, Ungar examined young adults' complex interactions with caregivers within the context in which they occur and found that new identities are created for these adolescents "through their ongoing relationships with caregivers, just as much, if not more, than from interactions with their peers" (p. 37). Ever open to accepting data as opposed to trying to make data fit with existing theory, Ungar identified a caveat to this pattern: "youth who are accepted by peers or adults only if they demonstrate deviant behaviours will choose to behave in socially non-normative ways if that's the most powerful identity available" (p. 37). Nevertheless, participants in this study maintained that it is principally primary caregivers who create a framework in which young adults ascertain means of guarding against and coping with risk by constructing an identity as healthy. This has implications for policy in that while a case can be made for adolescent removal from the home to prevent further risk, so doing may interfere with development of the attachment required to create a space for youth to practice the skills needed to voice their opinions about how they are known to others. Furthermore, Ungar speaks to the need to include family sessions (even street families) in working with teens struggling to author an identity as healthy.

Resilience-promoting social variables. The influential roles played by parents in shaping child outcomes in the aftermath of adversity led to research on interactions between

individuals growing up under stress and their friends, peers, teachers and other important figures as well as on interactions between these. Notwithstanding the strong support for the protective association between supportive relationships and positive outcomes, in a qualitative study utilizing focus group data analyzed using Nvivo qualitative data analysis software Buckley et al. (2007) found children's relationships with classmates to be affected by their exposure to violence against women. The children they interviewed spoke of being wary of becoming close to peers for fear of their familial circumstances being revealed. This speaks to the need for discussion of such experiences of violence, in service of increasing awareness so that child victims feel less isolated and different from other students.

Fortunately for at-risk youth in North American society, there are a number of adults, including teachers, who could potentially act as buffers against the deleterious outcomes associated with experiences of adversity (Luthar et al, 2006). Literature demonstrates that healthy relationships are essential to resilient adaptation; less, however, is known about the mechanisms underlying this phenomenon, how to foster such attachments in vulnerable children and how to develop interventions designed to harness the resources available through these relationships. These external resources provide the edifice upon which closeness and relatedness are built: "such a foundation may facilitate a strong bond, a protective factor that buffers against stress" (Aymer, 2008, p. 656).

Additional resources potentially available to adolescents faced with adversity in general, and exposure to violence against women specifically, are those within their communities. Granted, some communities offer more services and supports than others, remote communities typically having fewer social resources than those provided in larger cities. Nevertheless, access to such resources may have a protective function in moderating the relationship between

exposure to adversity and related outcomes. Utilizing qualitative methodology Aymer (2008) explored the coping strategies of ten adolescent males who were exposed to male-perpetrated violence against women. Recognizing that the phenomenon of exposure to such violence should not be considered out of the context in which it occurs, this study also examined how the young men were affected by poverty, poor parenting, social injustice, maltreatment and parental psychopathology. Few social and recreational programs existed in the communities these young men were living in; however 60% of participants took part in either an after school activity or the local Police Athletic League. Playing sports and lifting weights allowed these adolescents to feel good about themselves and to develop a sense of mastery in that skill area. Aymer surmised that participation in athletics helped them to deal with the stress of their familial contexts and provide temporary respite from their families and their problems.

In addition to participation in sports programs, the young men in Aymer's study found attending church and school moderated the impact of exposure to violence against women. One adolescent's mother encouraged patronage of the neighbourhood church, which he understood as her effort to keep him from becoming involved with the 'wrong crowd'. This young man was quoted as saying "I liked church 'cause I learned a lot and stayed out of trouble when I was young" (p. 661). Another research participant explained how going to school, because it was a safe place, provided some relief from his parent's problems. It is not that the individuals interviewed did not engage in less healthful ways of coping, including fighting with peers and drug use; many did, but they also drew upon health-promoting resources available to them within their communities. The coping strategies deemed most adaptive in this study included reading, weightlifting, drawing, playing sports and getting counseling.

Another quantitative study of adolescents' experiences of coping with violence against women was undertaken with 1393 ninth grade adolescents. It was determined, using logistic regression analysis, that of these, sixty-seven percent had experienced what Lepisto et al. (2010) referred to as parental symbolic aggression. An interesting result of this self-report based study was finding that 80% of those from violent homes were as satisfied with their lives as those who were not exposed to violence. With respect to coping methods, 36% sought participation in physical recreation programs offered in their communities; while with respect to social resources, 24% relied on seeking social support. Variation in health-promoting resources drawn upon in this study was accounted for in part by gender, boys engaging in more social activities and girls seeking more social support. Adolescents' use of different strategies in different situations necessitates holistic assessment of risks and available resources in families, schools, neighbourhoods and communities to better inform interventions at these levels.

Moving beyond emphasis of individual characteristics, these studies acknowledge the value to youth faced with adversity of resources within their communities. Access to individual psychotherapy through educational systems or community mental health clinics, as well as involvement in sports programs and religious practice; provide examples of healthy, adaptive strategies which have been shown to mitigate young adults' experiences of exposure to such adversity as violence against women. More qualitative research is required to understand why and how those who access such services do so, and what interferes with others' abilities to navigate a pathway towards community-based resources. A qualitative approach to the study of resilience that takes ecological contributions into account proposes that the fit between

individual assets and external supports is more indicative of how likely resilient outcomes are than children's personal strengths or the environmental con

text alone (Jaffee et al, 2007). Resilience in this sense is tied to availability of health promoting resources.

Research in this field is moving towards multiple levels of analysis, approaching the study of resilience from a range of perspectives, focusing on the interaction of various environmental influences, with the aim of identifying the mechanisms or processes underlying factors previously identified as being related to positive outcomes. The focus on individuals in the first three waves of resilience research contributed compelling concepts, methods and a fairly consistent body of findings to inform interventions and future research. These largely behavioural and quantitative investigations honed definitions, assessment of risk and resilience, and generally speaking sought to know how and why some children are able to overcome adversity while others are not. The implementation of multiple levels of analysis produces possibilities of uncovering multiple pathways to resilient outcomes. Increased attention is being paid to discovering processes through which individuals at high risk do not develop maladaptively. This field of research is being advanced through consideration of psychological, biological and environmental-contextual processes from which pathways to resilience may eventuate and those that result in diverse outcomes among those who have achieved resilient functioning (Cicchetti & Blender, 2006).

Broadening understandings of processes underlying resilience, Ungar et al. (2008) frame resilience as a reflection of levels of access to health-promoting experiences within various domains. Findings from an 11-country grounded theory methodological study of resilience among youth (mean age = 16 years) deemed to be at risk suggest that individuals'

resilience reflects various degrees of access to seven mental health-enhancing experiences. These include access to the following: material resources such as financial assistance, education, food, shelter, clothing, medical care and employment; supportive relationships with family, teachers, mentors, community members, peers, and intimate partners; development of a desirable personal identity; experiences of power and control; self-reliance and capacities for self-care; adherence to cultural traditions; experiences of social justice and experiences of a sense of cohesion with others; and balance of personal interests with a sense of responsibility to one's community. These findings challenge prevailing understandings of resilience as a conventional set of processes and positive outcomes in response to adversity, as well as pointing to the important role of variables including those listed above in facilitating resilient outcomes.

Scholars are increasingly creating a space for the inclusion of youth's voices in research pursuing identification of processes underlying health promotion. Using an exploratory grounded theory method, Aronowitz (2005) explored the process by which at-risk teens develop resilience and alter potentially harmful responses to multiple environmental stressors. Impoverished, inner city neighbourhoods teeming with biological, psychological, economic and social stressors constitute an environment in which inhabitants are considered to be at risk. Based on findings suggesting that exposure to multiple stressors increases the likelihood of engaging in risk behaviours, defined as including unprotected sex, alcohol and drug abuse, and withdrawing from school, participants were asked what helped them 'turn things around' for themselves "after experiencing a crisis resulting from a negative risk taking behavior" (p. 202). Aronowitz identified envisioning the future as the basic social process that emerged from their responses. This is comprised of feeling competent and elevating expectations. The theoretical

construct of being able to dream of better days, coupled with the personal belief in one's capacity to realize this, serves to challenge the prevailing attitude towards teens as inherently deviant by promoting an asset-focused view of at risk youth. The ability to turn one's vision of the future into reality is contingent upon individual's interactions with peers, teachers, schools and social development organizations, as these provide opportunities for children and young adults' positive development under stress.

Jaffee, Caspi, Moffitt, Polo-Tomas and Taylor (2007) investigated individual, family and neighbourhood factors distinguishing resilient from non-resilient outcomes amongst maltreated children. Multinomial logistic regression analyses were conducted to compare non-maltreated, resilient and non-resilient children's adaptive functioning to determine which, if any, individual, family or neighbourhood factors distinguished resilient from non-resilient children. Neighbourhood characteristics under consideration included informal social control, defined as the likelihood of neighbours intervening against threats such as community violence, and social cohesion, defined as the extent to which neighbours trust and help one another. These researchers found that "children who lived in lower-crime neighbourhoods characterized by higher levels of social cohesion and informed social control were more likely to be resilient than non-resilient to maltreatment" (p. 245). Research identifying ecological variables related to resilience is fundamental to the growth of this field and thorough comprehension of this phenomenon. Scholarly efforts must continue to focus on the nature of developmentally supportive resources and the mechanisms through which they enhance capacities to thrive.

In keeping with an ecological approach to the study of resilience and the multiple levels of analysis characterizing the most recent wave of work in this field, Zahradnik, et al. (2010) calculated bivariate correlations using questionnaire data to examine how resilience acts as a

positive factor, buffering young adults from the negative mental health consequences of exposure to violence. Resilience, measured by the Child and Youth Resiliency Measure (CYRM), was found to have a moderating impact on the relationship between exposure to emotional, physical and sexual violence and symptoms of Post-Traumatic Stress Disorder (PTSD), such that resilience protects against the development of more severe PTSD. The CYRM examines three aspects of resilience - individual, familial and community. Zahradnik et al. performed an analysis to determine which of these acted as the strongest buffer(s) of the impact of exposure to violence or PTSD re-experiencing symptoms. They found all three to be related to reduction of severity of PTSD re-experiencing symptoms but “community and family in particular appear to play important roles in guarding against the relationship between exposure to violence and PTSD re-experiencing symptoms” (p. 416). These results have important implications for programming related to intervention in that multiple factors shown to be protective translate into multiple possible avenues through which service providers can foster resilience in communities, families and individuals.

Methodological issues and gaps. Resilience to adversity in general and to exposure to violence against women in particular is a process inextricably tied to both the individual experience of crisis and the context in which it occurred and is responded to. Efforts to define and study resilience are complicated by the fact that the word is used to describe both a process and an outcome: Masten (1994) draws a useful distinction between resiliency, focused on individual traits, and resilience, which is process-oriented. Research on such a convoluted process as resilience is shaped in part by discourse comprising what resilience is, and what it means to be resilient. Resilience research, like investigations into outcomes related to growing up amid violence against women, is rife with definitional issues. Definitional ambiguity,

resulting from too narrow a conceptualization of resilience, is due in large part to the dynamic nature of this process, originally conceived as a uni-dimensional construct representing a personality trait, and later as a two-dimensional concept including exposure to significant adversity and the manifestation of positive adjustment outcomes (Luthar & Cicchetti, 2000). This was followed by a multidimensional understanding consisting of exposure to adversity, the actualization of inner resources, the acquisition of external ones and the execution of these in service of health promotion in culturally and personally meaningful ways.

As evidenced by the shifts in research focus across this field's history, how resilience is defined influences how it is determined. The next generation of research in the fields of exposure to violence against women and resilience must take discourse into consideration. Discourse and power are intimately related and power involves control. Discourse is created by those with power to control those whose power is limited, and in so doing can be framed as a form of social control (Foucault, 1991). Such control pertains to action as well as cognition in that discourse can be used to limit freedom of action and at the same time influence thoughts. Contemporary discourses about exposure to violence against women and resilience frame the former as being an individual problem and the latter as being within the individual; this misrepresents the basis of positive development and healthy relationships both of which are much more a function of family, society and culture. Discourse informs the ways violence against women and what constitutes resilience are perceived, the implications of which are far reaching and include research, treatment and policy.

Resilience has been conceptualized in various ways. It has been equated with personal attributes, coping, positive adaptation, recovery from trauma, and the presence of protective factors. The construct and phenomenon of resilience encompass all of these but are

simultaneously so much more. Resilience is more than intelligence, self-compassionate cognitive appraisals of events, efforts to restore or maintain internal or external equilibrium under threat, access to mentally healthy caregivers, provision of basic needs, and access to fundamental human rights. Resilience is not an outcome ascribed to an individual; it is a process and a result instigated by an individual accessing culturally meaningful resources within the contexts of their realities, in response to self-identified adversity culminating in eventualities the successful navigation of which fosters a sense of achievement.

Resilience must be approached from an “ecological perspective which implicates those mandated to help as well as those expected to provide support in the process of intervening to provide a child opportunity to realize his or her potential” (www.resilienceresearchcentre.org). Resilience research must begin with a clear operational definition that emphasizes processes not persons. The word ‘resilient’ should be applied to profiles of adaptation, not used as an adjective to characterize individuals (Pargas, Brennan, Hamman & LeBrocque, 2010). Definitions such as “personal resiliency reflects the degree to which a child experiences sense of mastery, sense of relatedness and emotional reactivity” (Prince-Embury & Steer, p. 304, 2010) should be rejected in favour of those capturing the dynamic nature of this phenomenon, for example, “a process of, capacity for, or outcome of successful adaptation despite challenging or threatening circumstances” (Masten, Best & Garmezy, 1990 cited in Graham-Bermann, Gruber, Howell & Girz, 2009, p. 426) dependent upon both individual and ecological variables. Discussions of the two-dimensional nature of resilience – exposure to significant adversity and manifestations of positive outcomes – abound in the literature. There is, however, no acknowledgement of the subjective nature of both adversity and adaptation.

Positive adaptation is often used synonymously with resilience (Martinez-Torteya et al., 2009, Taylor, 2010) yet it is taken to mean “the absence of psychopathology,” “behavioural and cognitive competence,” (while reference to emotional functioning is noticeably absent), and “mastery of appropriate developmental tasks” (Martinez-Torteya et al., 2009, p. 563) which does not capture the aforementioned fundamental aspects of resilience. Smith and Carlson (1997) noted that children’s evaluation of an event or situation is a critical factor related to well-being. Resilience researchers must advance this thinking further by challenging the assumption that successful adaptation and what constitutes a threat to that are agreed upon. The social relativity of both violence against women and resilience necessitate cross-cultural research in these areas. The existence of a mutual understanding of these phenomena is taken for granted in the literature; such naivety and bias interfere with understanding the unique processes involved in individual reifications of resilience. Resilience research cannot be based upon presuming to know the meaning individuals ascribe to themselves and their situations. Such assumptions result in the projection of dominant assumptions about adversity and success onto the individuals from whom researchers seek to learn.

In order to grant participants the freedom to teach, researchers must adopt a perspective consistent with such a definition of resilience as “the capacity of individuals to navigate their way to resources that sustain well-being, the capacity of individuals’ physical and social ecologies to provide those resources, the capacity of individuals, their families and communities to negotiate culturally meaningful ways for resources to be shared” (www.resilienceresearch.org). With this as the point of departure comes recognition that attributes of individuals, families and communities associated with resilient outcomes are not indelibly implanted in them, but rather are strongly influenced by life circumstances (Pargas,

Brennan, Hammen & LaBrocque, 2010). Researchers need to better understand the conditions that promote resiliency and how they do so. That cannot happen absent operationalization of resilience reflecting the dynamic process that it is.

Moving beyond definitional debate, resilience research must broaden the population from whom narratives about reifications of resilience are drawn. Research on resilience has focused almost exclusively on investigating at-risk North American populations categorized as such, in large part based upon economic indices of vulnerability. If resilience is to be understood in its entirety, resilience researchers must acknowledge that position in the upper echelons of economic endowment does not preclude resilience, as socio-economic status (SES) effects stress qualitatively, not quantitatively. The investigation of social variables related to resilience to exposure to violence against women, including SES and cultural factors, is essential for the development of policies and programs of multicultural relevance. Another sampling issue pertains to research participants' age in that there is a dearth of research on demonstrations of resilience by college or university students in general, and no qualitative data in general or grounded theory studies specifically, on resilience reified by such individuals in response to exposure to violence against women.

Just as the individuals under investigation influence the research findings, so too does the means of assessing resilient outcomes. Variations in study findings are relative in part to the method of analysis. It is important to assess not only the presence, but also magnitude and frequency of whatever type of adversity is experienced. Resilience research has relied heavily upon measures constructed under the influence of Western conceptualizations of health. This is due largely to the fact that studies have been carried out almost exclusively in parts of the developed world (Ungar & Liebenberg, 2011). Thus resilience as it has been measured in the

majority of studies represents a Western concept more so than a universal construct (Ungar & Liebenberg, 2011). Given that context influences the assets drawn upon in the process of resilience, measures should also be contextualized. Ungar and Liebenberg (2011) convincingly argue for the development of measures through conference within and between cultures, ensuring that unique aspects of functioning related to healthy development under stress are not overlooked due to cultural bias.

Working in partnership with over a dozen countries on six continents, scholars at The Resilience Research Centre have been developing measures tapping into novel concepts that, while relevant to resilience, do not appear to be common among populations characterized as having Western heritages. Such measures include the Child and Youth Resilience Measure (CYRM-28, Ungar & Liebenberg, 2011) and the Pathways to Resilience Youth Measure. Collaboration among researchers from diverse academic and cultural backgrounds has culminated in the production of tools sensitive to the social ecologies in which children reside, the rites of passage (in addition to developmental tasks) they experience, and ethnicity and race, in conjunction with personal qualities including perseverance, amiability and problem-solving capabilities.

This team of researchers responded to the need for a more sensitive measure of resilience. Prior to the development of the CYRM-28, studies employed standardized measures designed to assess the prevalence of behavioural, cognitive and emotional responses believed to correspond to healthy development. In addition to the problem of bias, assessment tools such as the Resilience and Youth Development Module (WestEd, 2011) and the Resilience Scale (Prince-Embury & Steer, 2010) measure strengths that are relevant to all youth regardless of the degree of hardship they face (Ungar & Liebenberg, 2011). Exposure to significant adversity is

a fundamental component of the construct of resilience and therefore must also be an element of resilience measures.

Another approach to the assessment of resilience has been the use of tools designed to measure Western elements of resilience including absence of psychopathology, high self-esteem, intelligence and supportive parental and peer relationships. Pargas et al. (2010) for example, employed the Weschler Intelligence Scale for Children (WISC-III), the Self-Perception Profile for Adolescents, the Children's Report of Parental Behavior Inventory and the UCLA Life Stress Inventory to assess resilience via IQ, self-esteem, and parental and peer relationship quality respectively. This approach is consistent across multiple studies of resilience and is problematic because while such factors may be related to the construct of resilience in North American society, tests designed to measure them do so devoid of contexts of culture and adversity. Assets such as high IQ, close relationships and healthy self-esteem foster positive outcomes for individuals in general, not for individuals exposed to adversity in particular. Furthermore, individual gains in personal variables have more to do with the magnitude of risk in relation to ecological assets. There is a need for more sensitive measures of resilience, the CYRM-28 being an example of such.

Not unlike research undertaken within the field of violence against women, resilience researchers draw upon both qualitative and quantitative methods. Qualitative methods have included thematic, structured and semi-structured interviews as well as focus groups. Quantitative measures have included the Teacher Report Form, Adolescent Coping Scale, Strengths and Difficulties Questionnaire and the Self-Report Coping Survey. Additionally, a number of studies on outcomes associated with experience of adverse life events has, despite claiming to focus on coping generally, assessed negative coping specifically through the

omission of measures of such positive forms of coping as solution-focused and approach oriented. Resilience research must move beyond focusing on psychopathology associated with exposure to adversity, towards concentrating on positive responses to difficult life events. So doing is more likely to capture the breadth and depth of this complex process, the alternative being analogous to conceptualizing cold as the absence of warmth. Studying the absence of a phenomenon is arguably not the most effective way to understand it.

The combination of variable and person-centered approaches, with an emphasis on the latter, has been used in a number of studies on resilience, many of which constituted important contributions to the literature; however, there is a need to move beyond this to a focus on resilience-related ecological subsystems. Exploration of processes underlying protective and/or vulnerability factors is needed to advance both fields of research. This study represents an example of a move from focusing on describing individuals to a focus on elucidating questions, aimed at understanding the process of resilience among youth who have been exposed to violence against women.

Summary. Early resilience research focused on the individual differences distinguishing children who overcome adversity from those who do not. Largely guided by a developmental task approach, these studies defined resilience in terms of successful adaptation to their environment, in age appropriate developmental tasks (Masten & Obradovic, 2006). Defining criteria began to broaden to include the ability to access external resources, in service of improving the health of self or others and acknowledgment that what constitutes reification of resilience is context specific.

This definitional shift coincided with novel research endeavors aimed at understanding the mechanisms by which the protective factors identified in earlier research have their

buffering effects. Such protective factors included: within the individual, problem-solving skills; within the family, parenting quality and perceptions of family coherence; within the social world, high quality peer relations, high quality scholastic environment, and involvement in structured extra-curricular activities. Overall, greater attention has been paid to individual assets than to attributes of the environment (Masten & Obradovic, 2006).

Researchers at the forefront of the fourth wave of research are breaking conceptual ground in re-framing resilience within the post-modern context, which challenges an essential self-structure, favoring instead the view that identity is constructed through use of language and narrative. This has resulted in situating what constitutes resiliency within individual, community, societal and cultural definitions of health (Ungar, Liebenberg, Cheung and Levine, 2008). Whereas early research in this field promoted the goal of understanding resilience in terms of linear, causal processes and/or a set of unchanging indicators, the fourth wave of resilience research suggests that youth find creative ways to adapt to experiences they have, which often involve “compromising to find a balance between the resources that sustain resilience” (Ungar et al., 2008, p. 10). Therefore the goals of earlier work, while not without value, by their nature give way to cross-cultural research aimed at the development of substantive theories that go on to inform programs and policies.

Given the preponderance of quantitative resilience research focused on uncovering variables related to resilient outcomes at individual, family and community levels, a need remains for more process-oriented studies explaining the links between these variables and the mechanisms underlying their outcomes at the aforementioned levels. Few resilience studies to date have utilized grounded theory methodology, an approach well-suited to understanding and theorizing social processes such as health promotion. In addition to the dearth of qualitative

studies of resilience generally, and grounded theory research specifically, there is a need to explore the process of resilience within the context of more optimal material conditions in contrast to the present focus on resilience research with economically disadvantaged groups. The present study therefore fills an important gap in existing research by providing a theory – as opposed to a data set of related factors – about resilience to childhood exposure to violence against women and subsequent transition to university - an understudied population in this field.

Conclusion

This study contributes to the increasingly interdisciplinary research on outcomes related to exposure to violence against women and the processes underlying demonstrations of resilience by focusing on an under-researched population from broad conceptualizations of the above phenomena for development of a substantive theory with the potential to affect policies and interventions. Understanding the multiple trajectories of adaptation demonstrated by children exposed to violence against women, and the processes that move them from risk to resilience, continues to expand and to inspire future research. Growing up amid violence against women constitutes a priority health issue, annual prevalence rates of this type of violence in Canada range from 0.4% to 23% (Clark & DuMont, 2003). Living with violence is in fundamental opposition to health-sustaining conditions. The starting point of research on resilience to such violence must be the context in which children either survive or thrive; investigators must strive to learn from these individuals how they experienced the environments in which they matured, what ecological assets they drew upon in promoting their health, and which resources they wish they had access to. This study seeks to thoroughly

understand the experiences to which participants responded in self-identified resilient ways and the ecological capital drawn upon in that process.

Contemporary resilience research can advance work related to exposure to this type of adversity through investigating ecological factors, through individuals giving voice to their experiences, their ways of making sense of them and their attempts at responding to exposure to violence against women, thus growing research in the fields of both violence against women and resilience.

This study fills an important gap in the literature through the inclusion of individuals from affluent contexts and young adult university students from various countries as research participants. It is often assumed that access to material resources is a contraindication of resilience; however resilience is more than having financial means. An individual is not resilient because they have means and therefore more opportunities than those without (although this certainly helps), as individuals must choose to take advantage of the resources available to them when faced with adversity, in this case violence against women. Moving away from the predominant subject-centered approach, this is not to say that resilience is measured by how well an individual is personally able to use environmental resources but rather by how rich in material and non-material ecological resources inventories are. Part of resilience is the ability to draw upon health promoting resources and to use them in concert; therefore having access to resources is, while not a guarantee of resilient outcomes, paramount. In this sense, the study of affluence in relation to resilience is as important as examining how poverty impacts health promotion – in either case researchers are interested in the processes of navigating pathways to resilience-promoting assets obtained in culturally meaningful ways.

Researching resilience at different points in human development is also valuable given that this phenomenon can be experienced at any point across the life span. Researching individuals in transition who have been exposed to additional and extraordinary stressors creates a space to acknowledge examples of resilience that appear to be delayed in onset. Up to this point the literature has failed to address the reality that outcomes do not conform to expectations. That is, that resilience is reified in the immediate aftermath of exposure to adversity and consists of adhering to societal standards about what constitutes high functioning at any given point along the life span continuum. As they grow up individuals migrate between various contexts, such as moving to a new city and/or attending a new school as in the case of the population targeted by this research, and many health promoting factors are variable across social and personal ecologies. Based upon results of both person and process-oriented studies, better resourced individuals are more likely to experience resilient outcomes. This research provides an outlet for expressions of resilience that may deviate from preconceived ideas about what the reified qualities of this phenomenon look like and is interested in understanding the fundamental roles access to culturally relevant health promoting resources plays in the process of resilience.

Continued research on resilience to childhood exposure to violence against women is necessary to advance programs and policies at multiple contextual levels including individual, familial, community and cultural. This research creates an opportunity to investigate an understudied population and to learn from participants about the assets they accessed within and between various contexts allowing them to create and sustain their healthy identities. With the focus of research on resilience to exposure to violence against women being on children and adolescents, extant theories are predominantly based upon their experiences. Resilience-

promoting resources required are relative to, among others things, age. Such theories have influenced the development of interventions targeting the vulnerable child and adolescent demographic, thus there is a need for a theory about young adults who grew up amid such violence to inform programs and policies designed in service of promoting health in young adulthood. With a more process-oriented, less child – focused understanding of the resilience construct, this research aims to develop a substantive theory about the dual processes of navigation and negotiation by young adults' within their social and physical ecologies that underlie their resilience to growing up amid violence, and as such fills an important gap in the extant literature.

Chapter 3

Methodology

There is a dearth of qualitative research on resilience to childhood exposure to violence against women; the focus largely has been on quantitative inquiry into identifying deleterious outcomes and their mediators and moderators. A mediating variable is one that explains the relationship between other variables whereas a moderating variable is one that influences the strength of the relationship between those variables. Gradually, quantitative investigations have shifted attention towards a point of convergence with resilience research that has been questioning what ecological variables (including the individual) promote healthy development during and after exposure to this type of violence. Most contemporary resilience research strives to identify variable and consistent adaptive processes while guarding against focusing on individual characteristics beyond an individual's control. Influenced by Lerner and Overton (2008), Ungar (2011) echoes the need to learn how social and characterological processes interact at certain developmental points within specific contexts and cultures to foster immediate and sustained aspects of resilience.

Consistent with this, resilience is defined as “the capacity of individuals to navigate their way to the psychological, social, cultural and physical resources that sustain their well-being and their capacity individually and collectively to negotiate for these resources to be provided and experienced in culturally meaningful ways” (Ungar, 2008, p. 225). Variability in outcomes related to violence against women likely has more to do with the quality and characteristics of a child's social and physical ecologies than their individual characteristics (Ungar, 2008). Resilience to growing up amidst this type of violence is, in this study,

conceptualized as a process, necessitating the adoption of ecological principles in order to account for personal and environmental factors interacting over time.

This qualitative research is located within an interpretive paradigm which is rooted in relativism and subjectivism and which strives for an analysis of social processes, going beyond ostensive and predominant conceptual frames, in order to uncover the underlying practices, their context and their structural manifestations. Ontologically, the interpretive paradigm is characterized by relativism. There is a cadre of forms of relativism; one understanding therein is that the essence of relativism contends that no perspective is uniquely privileged over all others. Mosteller (2008) defines relativism as a dynamic in which the “nature and existence of items of knowledge, qualities, values and logical entities non-trivially obtain their nature and/or existence from certain languages, etc” (Mosteller, 2008, p. 3). That relativism acknowledges, at the outset, equanimity among truth claims, does not preclude examination of evidence to support those. Critical relativist ontology, characterized by skepticism of all claims to knowledge, informs this work.

Critical relativism, influenced by the work of Kuhn (1996), asserts that there exists no single scientific method, and recognizes that knowledge is not produced in a vacuum, it is “impacted by the broader cultural milieu in which it is embedded” (Anderson, 1986). In this sense critical relativism implies that the criteria used to appraise research are relative to a particular epoch and epistemic community. Proponents of critical relativism accept competing research projects for what they are – different means of exploring, describing and analyzing phenomena, each having its own strengths and limitations. Critical relativist ontology recognizes the socially constructed nature of reality, and acknowledges that those possessing power are most likely to have their construction of reality accepted and imposed on other less

powerful individuals, societies, cultures, genders and races. In this research socially constructed identity markers (such as gender and socio-economic status) were analyzed to identify their material effects and influences upon young adults' aims towards health promotion. Understandings of the participants' 'realities' were developed in relation to their contexts – for instance, questioning the social, political, economical and personal factors influencing their decision to leave a formerly or presently violent environment, to come to university. Thus, findings were not taken at 'face value' as a reflection of a single reality. Rather, data were located within the current socio-historical context and analyzed in relation to it in order to explain this particular group of young adults' experiences of resilience.

Epistemologically, this study understands research findings to be transactional, subjectivist and value-mediated, as they are the product of interactions between the researcher and the participants (Guba & Lincoln, 2003). Social knowledge is viewed as inter-subjective and actively co-constructed (Guba & Lincoln, 2003). Interpretive epistemology and ontology are not entirely distinct, as what can be known is inextricably entwined with the interaction between the researcher and the researched (Guba & Lincoln, 2003). The exchanges between investigators and participants, and the knowledge these produce, are affected by the physical and social ecologies that shape these individual's thoughts, feelings and behaviours.

Recognizing that ecological subsystems influence perception, this approach to research adheres to a belief in multiple realities. It also has additional emancipatory and transformative goals in line with the conviction that constructed lived experiences are socially and historically situated, and are mediated by power relations. Rather than accept objective truths, the foundations of truths are understood to be located within potentially oppressive, unjust or marginalizing substratum. This epistemological position does not view individuals as separate

from reality, but rather as placed within a continuum based on their level of awareness in reading the historical reality of their contexts (Guba & Lincoln, 2003). The axiology of the researcher is therefore central to the research, which in the case of the present study, seeks to empower marginalized individuals and groups by producing knowledge that is practical and relevant within particular socio-cultural contexts and that may be used to enable praxis or action. It should further be noted that this research does not solely seek to inform participants and to make them more aware of their situation; it critiques and aims to transform the exploiting structures maintaining hegemonic conceptualizations of resilience (Ponterotto, 2005). This research sought to learn from participants their experiences of resilience in order to challenge prevailing assumptions about this phenomenon and to raise awareness about the challenges and barriers faced by these young adults so that society can recognize its injustices and work to dismantle them.

Overview of Grounded Theory

Going forward, the effectiveness of resilience research necessitates the addition of quantitative, experimental studies with more qualitative, process-oriented methodologies, as research utilizing the latter is under-represented in the literature (Weissberg & Greenberg, 1998; Luthar & Cicchetti, 2000). Furthermore, the addition of qualitative methodological studies fosters a more nuanced understanding of the phenomenon of interest (Lambert & Loiselle, 2007), provided consideration is given to the goodness of fit between methods and study aims, as well as the paradigmatic consistency across methods. Grounded Theory method was developed by Glaser and Strauss (1967) as a means for generating theory. These sociologists were at the forefront of what is referred to in the literature as ‘the qualitative revolution’ (Polkinghorne, 2006). In *The Discovery of Grounded Theory* Glaser and Strauss

(1967) defended qualitative research by countering the prevailing argument that only quantitative research methods are useful and valid modes of inquiry (Charmaz, 2006). The central aim of their ‘classic’ Grounded Theory method is to develop innovative theory grounded in data collected from participants (Bryant & Charmaz, 2007).

Glaser and Strauss never explicitly stated their ontological or epistemological position(s); however, Grounded Theory method is rooted in symbolic interactionism, social processes and pragmatism, which are based in part upon the ontological assumptions that meaning is constructed and influenced by social interactions and that individuals’ behaviour is in turn influenced by the meaning that they ascribe to what they experience (Hallber, 2006). Additionally, this version of Grounded Theory is founded on the post-positivist premise of critical realism - the belief that there is a *real* reality that can only be imperfectly perceived. Since its inception Grounded Theory has evolved to account for a range of ontological and epistemological underpinnings (Mills, Bonner & Francis, 2006), as evidenced by various alternatives to this classic Grounded Theory method, including those developed by Strauss and Corbin (1990), Charmaz (2006), and Clarke (2003). Researchers continue to use the Grounded Theory method under various philosophical perspectives, and while there is much debate in the field of Grounded Theory research specifically and qualitative research generally, “overall, there is a sense that the underlying philosophy and method are dynamic and open to change, and are likely to reflect shifts in current philosophies of science” (Reed & Runquist, 2007, p. 119).

Constructivist Grounded Theory as the Appropriate Methodology

The version of Grounded Theory utilized in this study is constructivist (Charmaz, 2006), which is rooted in relativism, subjectivism and an inherent appreciation of multiple

realities and truths. In addition to debate over the legitimacy and utility of versions of Grounded Theory, there is controversy around labels of methodology versus method. Arguably Grounded Theory can be thought of and implemented as both; however it was conceived predominantly as a methodology for the purposes of this study. Ontologically relativist and epistemologically subjectivist, constructivist Grounded Theory both acknowledges the interpretive nature of reality as a process by which reality is created in the mind through words and actions, and simultaneously recognizes the mutual creation of knowledge (Bryant & Charmaz, 2007). I share Charmaz's view of Grounded Theory as a "set of principles and practices, not as prescriptions and packages" (Charmaz, 2006, p. 9). A constructivist approach has been characterized as requiring co-creation of meaning and theory, grounded in the experiences of participants, and the co-creation of a relationship that attempts to alter power imbalances (Mills, Bonner & Francis, 2006). This study's conceptualization of resilience as a process necessitates the use of Constructivist Grounded Theory – an approach for uncovering the social and structural process of a phenomenon at ecological levels. While there have been other Grounded Theory and Grounded Theory-inspired studies of resilience, to my knowledge, this is the first Constructivist Grounded Theory investigation of pathways to resilience forged by those exposed to violence against women who have subsequently transitioned to university.

In line with Crotty (1998), this study employed an epistemological use of methodology, which as demarcated by Greckhamer and Koro-Ljungber (2005), assumes that the epistemological position of the researcher, as well as the epistemological underpinnings and theoretical presuppositions embedded in a methodology, are taken into account in choosing and utilizing it, as well as methods of data collection. Consistency across epistemology, theoretical perspective, methodology and methods fosters knowledge production that remains embedded in

the discourse in which these operate (Greckhamer & Koro-Ljungberg, 2005). This study was not undertaken from a position of neutrality; on the contrary, it was political in participating in a system of inquiry that values constant questioning and challenging of prevailing assumptions, policies and practices aiming to change these.

Constructivist Grounded Theory moves beyond scholasticism in producing a theory about a process experienced by a group of people via speaking with those individuals. Where 'data' as the ground for classical Grounded Theory attempts to ensure scientific credibility, experience as the ground for interpretive Grounded Theory seeks to understand and create theory that considers the multiple contexts that shape and influence the processes under investigation. (Bryant & Charmaz, 2007). While those at the positivist end of the paradigmatic spectrum may critique experience as being a poor foundation upon which to build a theory (Bryant & Charmaz, 2007), they do so on the basis of it being subjective and therefore interpretive. This does not pose a problem for interpretive versions of Grounded Theory such as that put forth by Charmaz (2006). Tensions will arise whenever researchers move away from purist approaches to the application of methods, but this should not dissuade even novice researchers from attempting to incorporate perspectives from various traditions into a unified mode of inquiry. Methods need not be static; data are dynamic and would be well served by exploration using flexible means of investigation.

Influence of Feminist Theory

This study was also influenced by feminist theory. The application of a feminist perspective to Constructivist Grounded Theory methodology offers an approach to knowledge creation that incorporates and accounts for diversity and change (Wuest, 1995). While some disagreement exists pertaining to the existence of a feminist methodology, Harding (1987)

asserts that feminist research is characterized by distinct methodological features and epistemological implications (as cited in Wuest, 1995). Feminist research considers how race, class, gender, age, sexual orientation and material conditions produce oppressive ideologies, policies and practices. There have been several feminist critiques of Grounded Theory, chief among them being that most versions of Grounded Theory are inductive and positivistic in promoting objectivity and the notion of the distanced inquirer, as well as a failure to recognize the subjectivity and embeddedness of the researcher in data construction and interpretation (Bryant & Charmaz, 2007). Olesen (Bryant & Charmaz, 2007) argues that “the work of grounded theorists will be enhanced with a return to the recognition, so deeply rooted in the symbolic interactionist frame of Grounded Theory, that researcher and participant are mutually embedded in the social context of the research and that data are co-created” (Bryant & Charmaz, 2007, p. 42). Such recognizance shifts the ontological position away from objectivist understandings of reality towards interpretive comprehensions.

Wuest (1995) creates a compelling argument in framing feminist theory and Grounded Theory as having similar ontological and epistemological underpinnings, as well as comparable research and political aims. As such, feminist theory can be purposively and meaningfully integrated into a Grounded Theory approach, especially constructivist (Charmaz, 2006) or postmodern (Clarke, 2005), without violating the underlying research paradigms of either. Wuest (1995) illuminates consistencies across these disparate traditions, including the ontological stance allowing for multiple experiences and explanations of reality and the epistemological belief in contextual and relational nature of knowledge.

Both feminist theory and constructivist Grounded Theory value collaborative views of research participants, and share as their aim the uncovering of underlying social processes,

biases informing research questions themselves, and emergent research designs. Yet another commonality of these traditions is the explanation and integration of diverse perspectives in service of enriching either data or theory. Many scholars seem to adhere to a notion that Grounded Theory cannot or should not be contaminated by additional theoretical lenses; researchers using constructivist Grounded Theory, however, need not engage in phenomenological bracketing of other theoretical frameworks, but rather may incorporate these with other data in emerging theory that can be applied and engaged in practical and effective ways.

Methods

University students were recruited from a university located in South West Ontario. The student population has grown to approximately 33,000. It is a diverse community, including roughly 2000 international students from over 100 countries. This community is served by individuals, faculties, departments and student organizations that support personal, physical, social and academic growth. The university recognizes that students need to be supported financially, emotionally and physically in order to excel academically.

Study sample. Interested in the aspects of social and physical ecologies associated with resilience, and how these aspects shape the transition to post-secondary school, this research was conducted with twenty-two university students who were exposed to violence against women in their homes (or families) prior to commencing post-secondary studies. The participants included both women and men to allow for a gender-based analysis of collected data. The sample was not restricted to students exposed to a certain type, magnitude, frequency or duration of violence; the inclusion criterion was student self-identification of having grown up amidst violence against women. Participants ranged in age from 18-28. Of the 22 students

who took part, one was Indigenous, one was African, one was from the United Arab Emirates, one was Columbian, one Mexican, two were Asian, four were Iranian and the remaining 11 were North American. All participants except 3 who were in graduate school, were enrolled in undergraduate programs. Six participants were international students.

Recruitment procedure. Posters advertizing this study were distributed across campus. Students exposed to violence against women as children and interested in participating in resilience research were asked to email resilienceresearchstudy@gmail.com. Twenty-six students responded to the advertisement, four of whom did not grow up amid such violence and therefore were ineligible to participate.

Research questions. Data are paramount in the creation of a substantive theory. The co- construction with participants of the rich data upon which such theories are built is affected by the means of data collection: consideration therefore must be given to a method's utility in addressing research questions. The starting point for achieving this study's ultimate aim of uncovering the basic social process underlying resilience to exposure to violence against women and subsequent transition to university, and developing a substantive theory about such, was consideration of the following research questions:

- 1). How are processes of resilience to the aforementioned experiences enacted?
- 2). What are the resilience-promoting processes at familial, social, community and cultural levels? By what mechanisms do they have their promotive effects?

Methods of data collection. The research questions are best addressed through the implementation of a process-oriented methodology and socially and individually-oriented modes of data collection. Qualitative research data is collected in various ways, intensive interviewing and focus groups being among the most popular. In order to uncover different

representations of such resilience, thus providing a more complete understanding of this phenomenon, focus groups and interviews were combined as methods of data collection (data sets having equal value) in this study.

In keeping with the paradigmatic perspectives informing this work, intensive interviews provided individual level ideas, opinions and experiences of resilience to the phenomenon of interest while focus groups captured the socio-historical dimension of such resilience. The philosophical assumptions underlying use of intensive interviews and focus groups are consistent with the ontological and epistemological underpinnings of constructivist Grounded Theory.

Consonant with critical relativism, transactionalism, subjectivism and constructivism, both methods of data collection exemplified the ecologically interdependent relationships between the social construct of resilience and the social embeddedness of resilient outcomes. Grounded Theory seeks to understand - not necessarily through reproduction, but rather, through interpretation (Charmaz, 2006), what is happening within a certain context, to a certain group of people, at a certain point in time. Non-hierarchical comparison of interview and focus group data revealed both convergent and complementary findings contributing to a more refined theory of resilience to childhood exposure to violence against women and subsequent transition to university. Grounded Theory studies draw upon various elicited and extant sources of information in the creation of theory while keeping in mind the importance of goodness of fit not only between research topic or question and method, but between researcher and method.

Accentuating the similarities and differences between health-promoting ecological subsystems and how individuals experience and utilize these is important to uncovering the

social processes underlying resilience. Intensive interviewing is designed to elicit participants' perspectives on the research topic, in this case resilience. Through intensive interviewing researchers gain insight into individuals' *weltanschauung* – the influential role played by appraisals of events and resources in responses requires understanding the world views of those who experience resilient outcomes. My training and practice as a psychotherapist also renders intensive interviewing (Charmaz, 2006) an appropriate choice of method. In the same way that qualitative research strives to surpass depiction, intensive interviewing goes beyond description through encouraging individuals to reflect upon their interpretation of experiences (Charmaz, 2006) and their efforts to increase control over and improve their health.

Intensive interviews facilitate thorough exploration and validation of participant's appraisals, affects and actions while maintaining the utmost respect for their well-being. Charmaz (2006) maintains that such interviews empower individuals by treating them as experts while they give voice to their experiences, and receive affirmation and understanding. In short, interviews (within the context of this study) created a space for many students to share their experiences of childhood exposure to violence against women and subsequent transition to university for the first time. Eighteen of the twenty-two participants were interviewed at the university for up to an hour and a half; half of these took part in additional interviews lasting from thirty to sixty minutes. In accordance with Constructivist Grounded Theory's commitment to the co-construction of data and the theory upon which it is substantiated, half of the participants were interviewed a second time to facilitate further development of categories that emerged during analysis or to explore relationships between categories through the use of diagrams. This proved useful in uncovering the positions and processes implicit in categories. One approach to interrogating categories is dialogic, that is, asking and responding to questions

posed about the data in order to stimulate critical thinking and to illuminate ideas. Follow-up interviews were conducted in order to facilitate theoretical sampling and saturation. During these interviews students were presented with either the focused codes of the categories, depending upon the point during simultaneous data collection and analysis that these second interviews took place. Student's co-constructed categories, and core categories by drawing diagrams, and/or speaking about which focused codes or categories were related. They also commented about the extent to which focused codes, categories, and core categories captured their experiences and resonated with them. This is reminiscent of the Socratic Method, albeit devoid of the dialectical nature of such, however no less collaborative or effective in its undertaking to reveal embedded assumptions. Participants were interviewed until saturation, the point at which no new material can be drawn out, was reached.

Moving beyond individuals' own accounts of reality, focus groups uncover their negotiations of these accounts with others via the interactive context. Focus groups are well-suited to Constructivist Grounded Theory studies as they facilitate theory-building by virtue of their inductive nature and exemplify the social construction of knowledge. The researchers' ability to effectively employ the chosen methods of data collection is as essential to a study's success. My six years experience as a psychotherapist providing individual as well as group therapy has afforded me the opportunity to hone rapport building, active listening, observational and other group process skills, including the ability to foster dialogue among participants, and sensitivity to gender, cultural and power issues.

Following the first eight interviews and preliminary analysis of these, a focus group was conducted to explore emerging (emergent) trends. Guarding against focusing exclusively on individual lived experiences of health promotion in response to exposure to violence against

women and subsequent transition to university, an additional effort to uncover the basic social process underlying such resilience was undertaken in having four participants take part in a focus group. “A focus group is a group of individuals selected and assembled by researchers to discuss and comment on, from personal experience, the topic that is the subject of the research” (Powell & Single, 1996, p. 499). This technique generates details of and rationale for individuals’ beliefs and behaviours through guided, interactive discussion (Powell & Single, 1996). Within the context of Grounded Theory, a focus group compiled using theoretical sampling facilitates the construct/category – generation process (Byers & Wilcox, 1991) and provides another basis from which researchers can develop theory. Powell and Single (1996) suggest that “a focus group is especially useful when the subject under investigation is complex and comprises a number of variables (p. 500). In order to uncover a basic social process underlying the multi-factorial phenomenon of resilience, the four focus group participants were asked to provide examples of language/words/expressions related to resilience, resiliency at individual and community levels, both resilience-promoting programs/services and aspects of physical and social ecologies. After obtaining informed consent one male and three female students responded to these inquiries over the course of an hour and a half.

^ The interview questions used in this study were influenced in part by the interview guide developed by scholars at the Resilience Research Centre (RRC). The RRC is comprised of scholars trained in such disciplines as social work, sociology, education, psychiatry, medicine, medical anthropology, child and youth studies and epidemiology (Resilience Project, 2013). These researchers study “social and physical ecologies that make resilience more likely to occur” (Resilience Project, 2013). RRC affiliates are seeking to understand variations and

commonalities across cultures and contexts in conceptualizations of resilience (Resilience Project, 2013).

A semi-structured interview guide (Appendix A) was used to address the following questions:

- 1). Please describe the challenges you faced having been exposed to violence against women
- 2). Explain how you cultivated a sense of safety and security growing up
- 3). Discuss what you do when you're faced with challenges in your life
- 4). Define what being healthy means to you and others in your family, community, culture;
- 5). Describe the challenges you faced leaving home and coming to Western. This same information was requested from each participant in addition to unscripted questions; however, the order and emphasis varied.

The focus group and interviews focused on the aforementioned questions in order to gather data specific to the development of a theoretical framework (Charmaz, 2006). An appropriate fit between methodology and method is important: Grounded Theory methodology, intensive interviews and focus groups are unrestricted yet directive, and creative yet emergent (Charmaz, 2006). There is a combination of flexibility and control inherent in the methodology and methods utilized in this study; such a synthesis increases the analytic integrity of the interpretation and resultant substantive theory. Taking a constructivist approach to the application of Grounded Theory techniques, and doing so from a feminist perspective, there was an emphasis on evocation of individuals' definitions of terms, situations and events, as well as their assumptions, implicit meanings, and tacit rules while simultaneously maintaining

attunement to the participant's perception of the researcher and awareness of power dynamics, so as to guard against oppression and exploitation throughout the research process.

The utilization of two methods of data collection in this study, focus groups and intensive interviews, allowed students to clarify and expand upon responses to comments made and points raised by other participants in the focus group as well as to fill in gaps identified through the analysis of that data. Intensive interviewing complements focus group data in that students elaborated in the group on responses provided during interviews, thus creating knowledge that would otherwise have been left under-developed. The addition of the intensive interviews created an opportunity to clarify ambiguous aspects of the complex social process that resilience to exposure to violence against women and subsequent transition to post-secondary school represents.

While anything can be treated as data, researchers must guard against treating data as facts, because regardless of type, data are constructed by individuals. The interests guiding this resilience research led to using concepts including health, self-concept, identity, and social support as points of departure in the formation of focus group and interview questions. In keeping with all Grounded Theory studies, the aim is to understand and analyze not only what is happening in the context of young adults transitioning to post-secondary school, who were exposed as children to violence against women, but also the basic social-psychological processes underlying them.

Data management. The interviews and focus group were audio-recorded and transcribed verbatim. Identifying information was removed and pseudonyms were used to protect the participants' identities. All numerical, written and audio data was stored in a locked filing cabinet within a locked office. Participants were invited to review the transcript

of the focus group or their interview, in order to add or remove information or to offer further insight.

Data analysis and interpretative procedures. Transitioning from the study of pathology to the study of health necessitates an equally dramatic shift in analysis. In my review of contemporary research on resilience to growing up amid violence against women, a number of methodological issues and gaps were identified – this is not to say that there is a right way to conduct resilience research but rather, that there are important aspects of this social process that have not been investigated thoroughly enough. Ultimately, methods are merely tools; some tools, however, are more useful than others. Intensive interviewing, focus group, coding, memo-writing, theoretical sampling and saturation were employed in this study's co-construction with participants of a substantive theory about the processes of resilience demonstrated by young adults who, having been exposed to violence against women, subsequently transitioned to university. In this study data were collected and analyzed simultaneously.

Charmaz (2006) offers the following questions as starting points in simultaneous data collection and analysis:

From whose point of view is a given process fundamental? From whose view is it marginal? How do the observed social processes emerge? How do participants' actions construct them? Who exerts control over these processes? Under what conditions? What meanings do different participants attribute to the process? How do they talk about it? What do they emphasize? What do they leave out? How and when do their meanings and actions concerning the process change?

(Charmaz, 2006, p. 20)

Coding. The process of synthesizing focus group and interview data for the development of a grounded theory began with responding to the aforementioned questions raised by Charmaz (2006). Coding, the process of defining what the data are about, is the first analytic step in a Constructivist Grounded Theory study (Charmaz, 2006). Coding can be understood as querying the gathered data so as to influence subsequent data collection in furthering understanding of the studied experiential processes (Charmaz, 2006). “Coding means naming segments of data with a label that simultaneously categorizes, summarizes and accounts for each piece of data” (Charmaz, 2006, p. 43). Capturing the category that represents part of an interview or focus group in a label is a step towards moving beyond concrete statements to abstract interpretation (Charmaz, 2006). Grounded Theory coding is comprised of initial and focused coding. Initial coding began with an exploration of theoretical possibilities in questioning the process of resilience to childhood exposure to violence against women and subsequent transition to university – how to define it, how it develops, how participants behaved while involved in the process, how they think and feel about it as well as when, how and why the process changes. (Charmaz, 2006).

Early codes developed in this study demonstrate an attunement to participants’ fundamental insecurity – poverty of emotional and physical safety and interpersonal security. Initial codes were predominantly action-based and were by definition, optimistic – for example, a recent immigrant participating in Ontario Works was coded as resourcefulness and access to available resources, such an interpretation is influenced by a focus on survival mechanisms. A critical interpretation would be to code this as struggle, oppression or lack of material resources and action in opposition to these.

The initial phase of coding was followed by focused coding: the use of the most significant or frequent codes developed during the preceding process, to sift through large amounts of data (Charmaz, 2006). Moving from integrating small pieces (initial codes derived from line by line coding) of interview and focus group text to synthesizing larger chunks represents an active interpretation of the data and initial codes. It is important to note that this was not a linear process but rather was in keeping with the emergent process inherent in Grounded Theory, that new ideas to be acted upon emerge throughout the course of coding. Many versions of Grounded Theory advocate the use of axial coding to relate categories to subcategories (Draucker, Martsolf, Ross and Rusk, 2007); however Glaser (1992, in Charmaz, 2006) argues that theoretical codes preclude a need for this because they re-assemble the fractured data of the initial coding to provide coherence to emerging analyses (Charmaz, 2006).

In following codes selected during focused coding, theoretical coding explicates potential relationships between categories developed in the focused coding. These integrative codes further delineate and expand upon the focused codes in weaving together a coherent analytic story. Theoretical codes play the fundamental role of moving data beyond conceptualization, or in this case, beyond the process underlying resilience to the aforementioned experiences, to theorization about that process. In understanding the data collected, analytic terms – including, for example, context and conditions – focus and clarify the data. Given that novice researchers especially are prone to the allure of making data fit with codes, as opposed to ensuring that codes earn their way into a grounded theory, the rationale for enlistment of relevant concepts was examined prior to their incorporation through asking how the codes and categories aid in understanding what the data indicate, how they help, whether what is happening in a segment of data is explicated by the code/category and whether

that segment could be adequately interpreted without it (Charmaz, 2006). This interrogation of concepts was influenced by a feminist framework, in order to safeguard against the preclusion of uncovering oppression and misrepresentation.

Not unlike scholarship in other fields, resilience research can be enslaved to hegemonic understandings of adaptation that keep people trapped in a rigid dichotomy of mentally healthy and ill in the same spirit with which “disorder prevents researchers from seeing alternative social structural forms” (Charmaz, 2006, p. 64). The mark aimed at in resilience research is grossly missed when pathology frames the target. In the same way that Grounded Theory researchers are advised to avoid engaging data via extant theories, we must also refrain from forcing our preconceptions onto the data being coded (Charmaz, 2006). This was guarded against through firstly acknowledging that I have preconceptions about experiences of exposure to violence against women that could permeate my analysis, perhaps without my realization. Secondly, through having maintained awareness (to the best of my ability) of those assumptions, for instance questioning, in the face of challenges in data collection and analysis, how those may be related to presuppositions about what data mean. Coding plots the analytic course of the study in moving towards theoretical possibilities – this process is furthered by the next stage of data analysis, memo-writing.

Memo- writing. Memo-writing constitutes the pivotal step between data collection and drafting the research paper, that being analysis of data and codes early in the research process. As Charmaz (2006) advises, memo-writing was used to construct analytic notes which clarified and expanded codes and categories. In addition to conceptualizing the data, memo-writing, which in this study commenced after the first interview, also helped reveal presuppositions about the data. There is no prescribed way of producing memos; memo-writing is spontaneous,

not mechanical. Memos were written after interviews and the focus group as well as throughout the various levels of coding. Charmaz (2006) encourages researchers to do what is possible with the material they have, beginning with using codes to title memos, explicating the contributing properties and thinking about where it leads. The influence of a feminist framework motivated my search for the assumptions, power dynamics and hegemonic influences embedded in the categories developed.

Pieces of data were compared with each other, as were data with codes, codes with each other, codes with categories and categories with each other. Doing so interrogated data, codes and categories to ensure their appropriateness and to identify gaps (Charmaz, 2006). Memo-writing clarified what was happening with respect to the processes of resilience to growing up amid violence against women and subsequent transition to university. Memos facilitated the construction of conceptual categories out of data and focused codes. This was done by defining a category, specifying the conditions under which the phenomenon represented by the category arose, changed and was maintained, as well as by considering categories in relation to each other. Memo-writing pushed the development of this grounded theory forward as memos were reflected upon throughout the research process in service of furthering ideas, continuing to question what the data were saying and identifying gaps to be addressed through theoretical sampling until saturation was reached.

Theoretical sampling. Memo-writing enables theoretical sampling which is used to elaborate and refine theoretical categories (Charmaz, 2006). Memos led to the construction of categories which were used as abstract tools for rendering analysis of intriguing concepts that warranted thickening via additional data. Theoretical sampling is designed to develop the properties of categories until no new properties emerge. Categories were saturated with data

and were subsequently sorted and integrated into the emerging theory. Initial sampling in Grounded Theory studies represents the point of departure but perhaps more importantly, theoretical sampling directs movement towards theory construction. An aim of Grounded Theory studies is the creation of a theory that fully (or as fully as possible) reflects characteristics of participants' experiences and provides an analytic tool for understanding them (Charmaz, 2006). Additionally, theoretical possibility does not imply practical possibility as such: beyond being a means of understanding a process, theory must, in keeping with Grounded Theory's pragmatic roots, and this study's paradigmatic location, be useful to the individuals whose experiences it is grounded in.

Theoretical sampling is a kind of analytic dance, moving back and forth between data collection, various levels of analysis, expanding upon the products of that analysis and returning to data collection, to further develop theoretical categories (Charmaz, 2006). Within the domain of psychodynamically oriented clinical psychology it is widely understood that any dynamic formulation created in reference to an individual's intra-psychic conflict is a working hypothesis at best. As such, additional information is required to fill out and substantiate the formulation before a treatment plan can be based upon it. Similarly, categories must be expanded and examined to the point of saturation, before they can be used to construct a substantive theory. Theoretical sampling provided material which furthered comparisons of theoretical categories, subsequently deepening understanding of the phenomena of resilience to growing up amid violence against women and subsequent transition to university – moving beyond immediately apparent qualities to gathering data that have relevance for similar processes or phenomena (Charmaz, 2006).

Methods for conducting theoretical sampling vary; they are strategic as opposed to procedural and “consistent with the logic of Grounded Theory, theoretical sampling is emergent” (Charmaz, 2006, p. 108). Theoretical sampling involves being selective about the data being sought, where it is sought and how it is collected. The gathering of additional data was framed by the gaps identified during memo-writing and coding. Gaps constituted categories that had not accounted for the full extent of the relevant experiential processes of resilience identified in the study. Gaps were addressed in this study through observation of non-verbal communication, a focus group and interviewing to the point of saturation. “Categories are saturated when gathering fresh data no longer sparks new theoretical insights, nor reveals new properties of your core theoretical categories” (Charmaz, 2006, p. 113). The need for saturation formed part of the rationale for the combination of methods in this study through the use of a focus group and interviews. Saturation was not aimed at identification of repeated events or stories but rather was attained through observation of the same patterns repeatedly (Charmaz, 2006).

Charmaz (2006) offers the consideration of the following questions as a basis for assessment of saturation:

Which comparisons do you make between data within and between categories? What sense do you make of these comparisons? Where do they lead you? How do your comparisons illuminate your theoretical categories? In what other directions, if any, do they take you? What new conceptual relationships, if any, might you see?

(Charmaz, 2006, p. 114).

Theoretical sorting and integration. Theoretical sorting and integration are used to organize analysis upon completion of data collection. Theoretical sorting involved a return to

the memos and the categories developed therein. While memo-writing compared codes with codes, categories with categories and variations thereof, sorting involved the comparison of categories at an abstract level, leading to their synthesis into this grounded theory about the process of resilience of interest in this study. Holding several processes and multiple categories in mind simultaneously rendered theoretical sorting complicated work; Charmaz (2006) advises that sorting, comparing and integrating memos be carried out as a reflection of the studied phenomena, thinking about how this order fits the logic of the categories and theoretical ideals about them. I immersed myself in sorting the same way that I plunged myself into data collection: through the formation of an intimate, as opposed to objectively distant, relationship with data. I surrounded myself with the data and products of analysis during the sorting as theoretical ideas continued to emerge organically as opposed to being forced into an existing framework. The subsequent interpretation of data and analysis explicated tacit theoretical codes and categories that may have been created and incorporated without in-depth awareness and reflection. The aforementioned strategies facilitated examination of theoretical links amongst categories that may otherwise have remained implicit. Contiguous with coding and memo-writing, theoretical sampling played a fundamental role in this Grounded Theory study. “By engaging in theoretical sampling, saturation and sorting you create robust categories and penetrating analysis” (Charmaz, 2006, p. 121). The above delineations of data collection and analysis provided the foundation and content of the substantive grounded theory of resilience to being exposed to violence against women in childhood and transitioning to university.

Collecting and creating data in Grounded Theory studies in service of constructing a substantive theory grounded in experiences of young adults transitioning to university entailed a process culminating in the transcendence of the personal to the social. Grounded Theory

studies require the capacity to understand a phenomenon from multiple perspectives and to fuse these into a unified conceptualization of the process underlying the phenomenon under investigation, in this case, resilience to the aforementioned experiences. This study examined resilience to childhood exposure to violence against women and later transition to university from the perspectives of female and male foreign and domestic students. Furthermore, the process of resilience was considered at individual, familial and community levels so as to create a more nuanced theory upon which interventions for these populations can be based. The process of creating a substantive grounded theory achieves its aim in constructing the initial analytic frame upon which the preliminary report for this study is written.

Rigour

The design outlined above highlights a clear connection between the ontological and epistemological positions guiding the work, and the methodology and methods used to carry out the study. The methods of data collection, analysis and interpretation are dialogical, reflecting a belief in the co-construction of knowledge. Further to adoption of the stance that reality is constructed over time (i.e. historical realism) and that people experience reality differently according to their physical and social ecologies, the theoretical framework informing this study also serves to ensure that the research was conducted in a way that is consistent with the aim of uncovering implicit assumptions about the process of resilience.

Quality and credibility of research outcomes start with data. There exists no standard of quality for Grounded Theory research; rather proponents of its differing versions offered various delineations of criteria specific to their methods. Glaser and Strauss (1967), Glaser (1978, 1992), Strauss and Corbin (1990, 1998, 2008) and Charmaz (2006) have offered approaches to evaluating Grounded Theory studies. Charmaz (2006) provides credibility,

originality, resonance and usefulness as evaluative criteria for Grounded Theory studies.

Credibility reflects the degree of intimate familiarity with the topic; collection of sufficient data upon which to base claims; creation of categories covering a wide breadth of observations; use of strong logic in drawing connections between data, analysis and theory; and presentation of evidence allowing for agreement with claims via independent assessment (Charmaz, 2006).

Originality speaks to the extent to which categories and the theory of which they are a part offer novel insights and new conceptual interpretations of processes under investigation, to which research is socially or theoretically significant, and to which the grounded theory challenges, extends or refines dominant understandings and practices (Charmaz, 2006).

Resonance is concerned with the grounded theory's ability to capture and portray the fullness of individuals' experiences, and reveal taken-for-granted meanings, in making sense of and offering deeper insights to participants and the individuals whose experiences they approximate (Charmaz, 2006). Usefulness pertains to the contribution made by this research to the creation of knowledge, to inspiring future research, to improving the lives of individuals and to "making a better world" (Charmaz, 2006, p. 183). "A strong combination of originality and credibility increases resonance, usefulness and the subsequent value of the contribution" (Charmaz, 2006, p. 183). Taken together, these criteria go beyond those used to judge face validity and can be further expanded upon in emphasizing researcher expertise, methodological congruence and procedural precision (Birk & Mills, 2011) in addition to the processes used to create a theory and its applicability.

Birks and Mills (2011) propose a comprehensive evaluation focusing on factors influencing the quality of a grounded theory study including: the thoroughness of the researchers' understanding of grounded theory methods, their writing skills; goodness of fit

between paradigmatic location and research questions and methodology; and level of adherence to grounded theory methods. When grounded in well-thought out reflections and principles, a theory that conceptualizes and conveys what is meaningful about a phenomenon can make a valuable contribution (Charmaz, 2006) to scholarship, programs and policies.

Evaluating research is essential to research skill development. With the aim of self-assessment, ways in which this study met or failed to meet quality criteria will be addressed here, in addition to in Chapter 5. The processes employed in this study served to protect the integrity of this research and its influence on future investigations, services and polity. This study implemented two methods of co-constructing data with 22 participants resulting in 27 interviews (18 participants having taken part in one interview, 9 of whom took part in two interviews), and the focus group. Early analysis identified 85 experiences related to exposure to violence against women and subsequent transition to university, 51 of which constituted the most frequently occurring and were developed into categories. Memo-writing, theoretical sorting, diagramming, and theoretical sampling advanced these to the basic social processes upon which this grounded theory is founded. The following memo raising focused codes to conceptual categories provides an example of the substantive process of using codes to analyze data and begin to explain ideas, events or processes therein.

Being in solidarity: connecting with others, in the case of participants in this study, through the shared experience of, or concern about, exposure to violence against women. Being in solidarity involves significant others - mothers, teachers, friends, siblings, grandparents, romantic partners - bearing witness to truths about participants' experience of suffering through and in the aftermath of exposure to violence against women. Solidarity emerges in response to the social health problem constituted by exposure to violence against

women, and to the shared interest in those exposed to this surviving and thriving despite such threats to health. Being in solidarity was expressed as being supported, as feeling connected to family/friends/community/culture/gender and as having positive/supportive contact with family. The kinship participants felt was maintained in part by beliefs that they had people upon whom they could rely. One student stated, “we knew that we had each other’s backs;” others’ spoke about siblings, friends and partners “being there” when they needed them. Receiving and providing support are central to solidarity within the context of exposure to violence against women. One participant commented that having support motivated her and gave her the “strength to be resilient”. Another explained how her experiences of exposure to this type of violence fostered a desire and sense of obligation to “help people who struggle with the same struggles that I had”. Many participants spoke about being connected to their mothers and siblings through shared suffering and how concern for their families’ situation exacerbated feelings of worry and guilt after they had left home to attend university. One participant said “I check on them. This is the only thing I can do. I try to convince myself that I am doing something by being in touch with them every day.” Another student spoke about how she knew that her mother was lying to her when she would call home to check in because she and her mother did the same thing to her sister when she left for university. The latter in part demonstrates mothers’ wanting to protect their children from feelings of worry and guilt after leaving home. Both male and female participants experienced solidarity with their mothers and siblings and none felt they had such a connection with their fathers.

Women seemed to experience solidarity differently than men in that some of the female participants could not feel close to men, one going as far as describing feelings of hatred and anger towards all men. All but two female participants describe experiencing relational discord

with men stemming from their early childhood experience of male perpetrated violence against their mothers. Two noted having had “abusive boyfriends” in high school and linked this to the environment they grew up in having normalized or “desensitized” them to interpersonal violence. Male participants were much more likely than female participants to withdraw socially, or create a “shell” as one male student described it, and as such, male experiences of solidarity differed in kind and in degree in comparison to the female participants. Women expressed solidarity more directly with their mothers than male participants; male participants gravitated towards experiencing that sense of connection through more general knowledge of others’ suffering than specifically their mothers’ pain. For example, one male participant said that it helped “just knowing that other people have experienced something similar and that everyone has their own hardship and that’s just mine.”

While participants were most often in solidarity with people they interacted with on a regular basis, one participant spoke about how one can feel and know solidarity through music. This student’s boyfriend acquainted her with music that fostered a connection with people she had not met. “The music he introduced me to helped a lot because they were able to vocalize some of the anger I was feeling and definitely music, having that instead of smashing things or doing bad things to myself, hearing it being like a shared community of people from Norway with really long beards who also feel the same anger I feel. It’s interesting because right now if I listen to that sometimes I would feel like it was a shared community of people who are angry and I wouldn’t feel alone”. Not being alone is a common theme involved in the construct of solidarity.

Using suffering as a way of connecting contributed to security in that those in solidarity no longer felt alone - they had people they could relate to, confide in, depend upon, and trust.

Having such essentials increased the likelihood that those who grew up amidst violence would engage in health promoting behaviours such as attending school and cessation of self-injurious actions. The notion that there is strength in numbers was a reality for the students who took part in this study – “when I could no longer push myself, my family pushed me in the right direction”. Being in solidarity helped to maintain the students’ drive to live healthfully and move beyond the emotional pain caused by exposure to violence against their mothers.

The category of being in solidarity was created through examining how focused codes – being/feeling connected to culture/community, having positive contact with family and being/feeling supported – are related. The focused code of being/feeling connected to culture/community, based on remarks including “people give me strength, relationships with people, feeling connected,” is related to the focused code of being/feeling supported, which captured acts of seeking and receiving support. An early memo about the latter reveals the process of getting support as involving feeling connected. The process of being supported resulted in people feeling safe enough to focus energies on other needs and aspirations, which speaks to the facilitative role the data that inspired these codes play in resilience to exposure to violence against women and subsequent transition to university. Both codes describe movement towards affiliation. The third focused code, having positive contact with family, highlights affiliation within a more intimate context. The credibility of this category is established in part by the consistency among codes used to co-construct it – no concept or code contradicts another. These three codes identify events, thoughts and feelings broad enough to reflect divergence and narrow enough to construct meaning from moments of lived experience, and do so at multiple levels with various individual, social and political implications.

Constructivists explore implicit statements and actions, “we knew we had each other’s backs” being an example of such. The process of being in solidarity was derived from observations and interpretations including: how the process develops, in this case from connection based upon shared experience or concern about exposure to violence against women, acts of “being there”, and senses of community and affiliation; how people acted while involved in the process, including grateful, enabled, hopeful, more secure; and the consequences of the process - being in solidarity facilitated pursuits of dreams of better days through cultivating feelings of security and empowerment. The process of grounding generalizations in observations results not in certainty of inferences but in degrees of probability.

In addition to the strength of the premises and of the logical bases for the theorized connections, originality of research contributes to the rigor of the study. This is the first Grounded Theory study examining the process of resilience to childhood exposure to violence against women and subsequent transition to university. While concepts of future focus (Aronowitz, 2005), importance of family (Ungar, 2004) and being supported (Ungar et al, 2008) have been identified by other scholars, the core category of being in solidarity adds to these the validating experience of another bearing witness to a truth about personal, familial and/or social realities. Being in solidarity represents the novel integration of support (often mutual), connection to others at individual, community and cultural levels and recognition. Expanding upon well-established psychosocial buffers such as support from relatives and members of the local community, this category also accounts for experiences of solidarity ranging in proximity, such as “it’s interesting because right now if I listen to that sometimes I would feel like it was a shared community of people who are angry and I wouldn’t feel alone”.

Being in solidarity with another/others involves knowing that a social problem for those experiencing it is not merely a challenge, it is a catastrophe.

Accentuating the tragic and triumphant resonated with participants. They emphasized how their thoughts, feelings and behaviours were a response to something - exposure to violence against women - and how much this affected who and how they were and are. Well-developed core categories grounded in participants' perspectives capture the complexity of the experiences that shaped these. Focus group participants, for example, related very well to premises of solidarity including being/feeling safe, connected and supported. Connectedness is intrinsic to solidarity and facilitates feelings of safety, which is related to another core category – assessing needs and accessing resources. Having a voice, a premise of accessing resources, is related to and resonates with experiences of feeling known and felt – a premise of being/feeling in solidarity with another/others.

Related to assessing the degree to which new knowledge was created in the evaluation of originality, examining the utility of prospective applications appraises the usefulness of findings and in so doing considers knowledge as significant to policies and programs in addition to doing so for its own sake. This study sought to inductively extract processes of importance to resilience via the co-construction of core categories of willingness and willfulness, assessing needs and accessing resources and being in solidarity. In so doing, this research expanded upon existing knowledge about, and understandings of resilience to childhood exposure to violence against women and subsequent transition to university. Given that more attention will be paid in the following two chapters to explications of possible interventions and investigations based upon the co-constructed knowledge arrived at via this study, suffice it to say that findings reassert the needs for prevention, de-stigmatization and

intervention. Analyses of barriers to accessing health-promoting resources identified such consequences of soliciting help in response to exposure to violence against women as paternal incarceration and diminished marital prospects. The theory co-constructed through this study considers how stigma and repercussions of enforcing child protection laws contribute to maintaining such threats to health as invisibility and insecurity, and compromise opportunities for experiencing being in solidarity. The co-creation of the core category – being in solidarity – incorporates multiple health-promoting connections including attachments to people, as exemplified by “the close bond with my mom”; to music, including “helped a lot because they were able to vocalize some of the anger I was feeling”; to ideas, such as “when I could no longer push myself, my family pushed me in the right direction”; and to values, for instance to “help people struggling with the same struggles I had”. The breadth of systems identified via this study through which an individual can feel/be in solidarity with another, translates into opportunities for prevention and intervention.

Ethical Considerations

Prior to beginning this Grounded Theory resilience research, ethics approval was solicited and granted from the Research Ethics Review Board of Western University. The feminist nature of this research gave rise to additional ethical considerations. For instance, awareness of the real and perceived power differentials between the study participants and the researcher was crucial, and issues of representation were also essential to consider. Research itself can be a colonizing force, as people have been inaccurately represented by outsiders throughout history. As an insider, the respect I have for the participants in this study pervaded how data were collected and co-constructed. A demonstrable aspect of that respect was apparent in the efforts to understand negotiations for health-promoting resources and styles of

living amid violence against women from participant's perspectives. Allowing participants to self-identify within this study and enabling them to co-construct not only the data, but its analysis and presentation, promoted a form of shared ownership. Reciprocity was emphasized throughout this research, to ensure that the students benefited from the time they spent participating in the study.

The very nature of resilience research demands researchers ensure that the investigative process itself does not serve to re-victimize participants. By definition, resilience requires that individuals have been exposed to "a significant threat or severe adversity" (Luthar, Cicchetti and Becker, 2000, p. 543), rendering them some of the most vulnerable individuals' scholars may study (Liebenberg & Ungar, 2009). Regardless of the form of trauma experienced, research involving vulnerable populations necessitates complex ethical considerations beyond the standard Canadian Tri-Council policy statement regarding ethical conduct for research involving humans. This policy identifies the following guiding principles for researchers: respect for human dignity, free and informed consent, privacy and confidentiality, justice and inclusiveness, balancing harm and benefit, minimizing harm and maximizing benefit (Liebenberg & Ungar, 2009). In targeting these vulnerable students, this research implemented protections against exploitation by making it clear that they were free to refuse to speak about or address aspects of and outcomes related to any experiences brought up.

When researching vulnerable young adults, emphasis must be placed on the importance of avoiding the harm of exploitation while simultaneously raising concern for the harm caused by protecting such young adults so much that they are silenced (Liebenberg & Ungar, 2009). With respect to the risk-benefit ratio, I believe that silencing young adults and excluding them from the benefits of participation in research outweighs the risk of asking them to share their

responses to, feelings about, and thoughts on their exposure to violence against women and subsequent transition to university. Awareness that excluding young adults had the potential to maintain biases in knowledge about resilience and also to contribute to misrepresentations of youth imposed upon them by adults (Liebenberg & Ungar, 2009) was maintained throughout the research process. As a psychotherapist I agree with Boothroyd and Best (2003), who assert that being asked sensitive questions puts participants at risk of psychological harm (such as anxiety and stress). Nevertheless, the assumptions made not only about capacity to participate but about what people can tolerate are determined by the dominant constructions of young adults in our society, and may not reflect young adults' experiences of themselves. As such, students were provided sample questions via email prior to consenting to participate, allowing for a more informed decision to be made. Participants were also encouraged to seek support, if necessary, from Psychological Services at Western, as every student is entitled to individual psychotherapy sessions as part of their student activity fees.

With respect to confidentiality during the focus group, participants were asked to sign a confidentiality agreement. The necessity of respecting other participant's rights to privacy was discussed prior to commencing the focus group discussion. It was explained to the students with whom the focus group was formed that confidentiality could not be guaranteed in spite of signed confidentiality agreements as fellow participants are under no legal obligation to adhere to it. It was however, stressed to participants that they have an ethical obligation to maintain confidentiality.

Advantages and Limitations

Grounded theorists using different variants of the methodology have examined and critiqued each other's approaches and findings (Charmaz, 2000; Clark, 2005; Corbin, 1998).

Debate continues as to what constitutes a Grounded Theory study and how it should be carried out. General criticisms have concerned the lack of substantive theories produced by researchers using this methodology and shallow descriptions leading to general explanations (Burawoy, 1991). Grounded theory has also been criticized as tedious. Allen (2003) found himself doubting what he was looking for when immersed in the data during coding and noted how time-consuming it is to do research using this methodology.

Simultaneous data collection and analysis is emotionally and cognitively demanding. Interviewing, the dominant method of data collection in Grounded Theory research, brings with it the added burden of transcription. While incredibly useful, the methodological maps provided to researchers using Grounded Theory are not the theoretical territory. This is a complicated methodology challenging researchers to respond to the data on multiple levels throughout co-constructions, theorizations and applications. Grounded Theory is arduous in its expectation that the researcher maintain footing in both the objective and subjective realms. Grounded Theory requires excellent organizational skills on the part of the researcher and the constant questioning and reflection through memo-writing can foster confusion and anxiety about whether what is being co-constructed will culminate in a substantive theory.

Theory generation is both a “promise and potential of Grounded Theory” (Charmaz, 2006). Developed as a qualitative counterpart to quantitative research, Grounded Theory constitutes a systematic and rigorous procedure for researching social processes like resilience. Constructivist Grounded Theory retains the flexibility of pragmatism while incorporating the perspectives and experiences of all those involved in the research, including the researcher (Charmaz, 2006). Concurrent data collection and analysis shaped co-construction of codes, concepts and categories and facilitated saturation. This methodology fosters clarity and

transparency about how the theory was co-constructed, which in turn helps others to more easily identify its usefulness and potential applications or modifications (Charmaz, 2006).

Being a novice researcher, I found it advantageous to follow a protocol. Feeling overwhelmed by the notion that everything is data can be offset by adhering to a framework advising the data's organization and analysis. Having multiple opportunities for data collection and construction, often involving multiple interviews with the same participant, afforded an opportunity to explore and expand the data, resulting in thorough analyses of the process of resilience to childhood exposure to violence against women and subsequent transition to university. Grounded Theory requires the researcher reflect upon the assumptions they have about the phenomenon/a under investigation, a useful practice that hones analytic skills. Acknowledging a starting point in relation to the phenomenon/a helps identify and explain connections between personal and emotional responses to data in addition to intellectual operations of logic and reason. Developing an aptitude for tracing the co-creation of a category from initial codes and nascent ideas fosters confidence in the data and therefore the theory it substantiates.

Conclusion

By virtue of the mechanisms underlying resilience to childhood exposure to violence against women and subsequent transition to university being social processes participated in by individuals, the methods of data collection in this resilience research involved both social and personal elements. This is not to say that resilience is a bipolar phenomenon; it is much more complex than that as both the individual and the social are dynamic and interdependent. The combination of data sets constructed with participants via disparate methods revealed different aspects of resilience, thus contributing to a more comprehensive, substantiated theory about the

basic social processes underlying it. Focus groups epitomize, albeit on a small scale, the social construction of reality and of ideas about the processes of resilience. Interviews facilitated understanding of individual participants' 'realities' in relation to the physical and the social contexts in which they are embedded. The methods of data collection implemented in this study were a natural extension of its interpretive research paradigm and its contiguous constructivist Grounded Theory.

As with all methodologies, Grounded Theory has strengths and weaknesses. Grounded Theory is complicated by the application of both inductive and deductive reasoning and the need to be simultaneously objective and subjective in conducting research. Adhering to the principles of constructivist Grounded Theory required a degree of objectivity to uncover biases in my own and students' perceptions of experiences of resilience to growing up amid violence against women and subsequent transition to university. Tension arose as I tried to maintain a degree of detachment from the study and its participants while at the same time establishing a rapport that allowed me to generate rich data with them. This was accomplished by demonstrating a respect for their control over what was shared, and enable students to help me uncover the processes at the heart of their experiences of resilience in order to inform development of preventative and therapeutic measures.

Chapter 4

Findings and Discussion

In this chapter, the findings from this research will be presented and discussed, will be discussed. Understanding how the theory, Resilience as the Process of Reconciling Tensions between Tolerance and Transformation was co-constructed with participants based upon their experiences of self-identified resiliency will be facilitated by presentation of the three core categories. These core categories are unified by the process of resolving the dialectical tension of tolerating exposure to violence against women and all of its consequences while transforming ideas, emotions, views, selves and situations. A discussion of the relationships between the categories, including the processes supporting them, the contexts in which they occur, and modes for understanding health-promoting actions and outcomes, will help situate the simultaneous presentation of findings. Explication of the processes captured by each of the three core categories will be followed by a discussion of how these findings extend, support or challenge the extant literature on resilience in the face of childhood exposure to violence against women. The following chapter addresses the implications of this study's findings and examines how they may be applied to inform programs and policies.

The purpose of this study was to co-construct a theory that accounts for multiple health-promoting processes in response to childhood exposure to violence against women and subsequent transition to university, with particular attention to the individual, familial, social, community and cultural contexts. This research sought answers to the following questions: how are processes of resilience demonstrated by young adults transitioning to university who as children were exposed to violence against women? What aspects of social and physical ecologies are associated with resilience? How are resilience-promoting processes at familial,

social, community and cultural levels enacted by these young adults? How do these aspects promote resilience? Constructivist grounded theory methodology was applied in the simultaneous co-construction and analysis of data generated from twenty-two participants via interviews and a focus group. The result of grounded theory research is a substantive theory about the studied phenomena. Theorization within an interpretive paradigm “assumes emergent, multiple realities; indeterminacy; facts and values as inextricably linked; truth as provisional; and social life as processual” (Charmaz, 2006, p. 127). Interpretive theories are constructed with an awareness of the inescapable influence of the researcher and of knowledge as situated in subjective positions, perspectives and experiences (Charmaz, 2006).

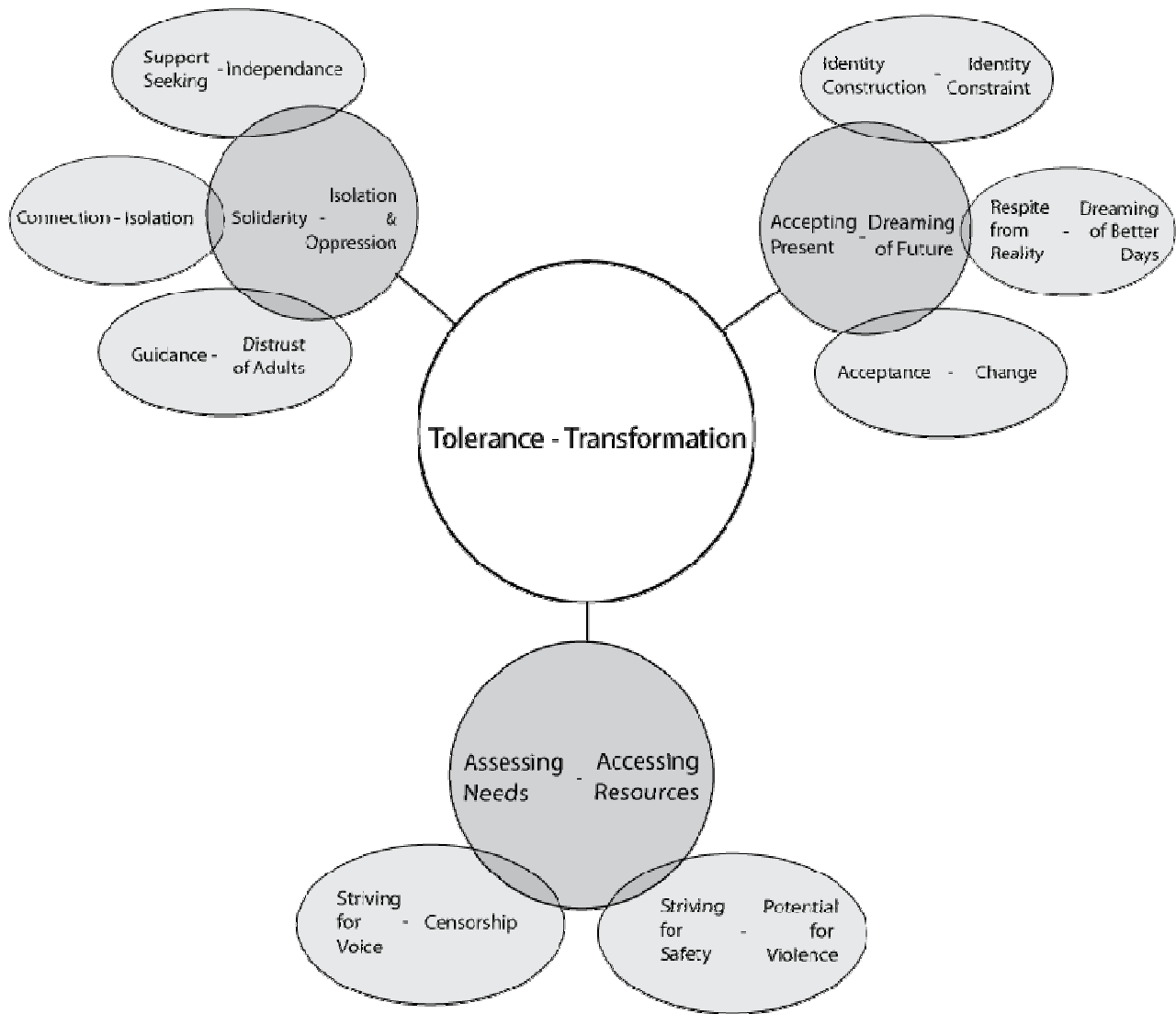
Resilience as the Process of Reconciling Tensions between Tolerance and Transformation

An outcome of a grounded theory study is identification of a basic social process linked to the core categories. In this research, the grounded theory *Resilience as the Process of Reconciling Tensions between Tolerance and Transformation* explains how participants responded, in health-promoting ways, to the social problem constituted by childhood exposure to violence against women. This theory postulates that participants’ experiences of childhood exposure to violence against women and the subsequent transition to university are best understood as an interaction between three core categories – Assessing Needs and Accessing Resources, Experiencing Solidarity despite Isolation and Oppression, and Accepting the Present While Dreaming of the Future – bound together by the unifying basic social process of reconciling the dialectical tension between tolerance and transformation. The processes captured by each of the core categories are not discrete; as such there is overlap between them. Decisions were therefore made about which core category best captures the processes which were relevant to all of them.

At any given moment during the ongoing process of resilience, participants were resolving tensions caused by competing needs and wants. While multifaceted processes cannot be reduced to dichotomous variables, dialectics provide a useful framework for examining participants' experiences of opposing forces such as safety and threat awareness, connection and isolation, and hopefulness and despair. The process of negotiating compromises between needs to tolerate and transform captures oscillation within the context of exposure to violence against women, between willingness to accept the present and willfulness to affect change.

The core category of Assessing Needs and Accessing Resources captures the processes of resolving tensions arising between striving for safety amid potential violence and striving for voice in the face of censorship. The core category of Experiencing Solidarity despite Isolation and Oppression represents processes of receiving guidance despite distrust of adults, searching for connection within the context of isolation, and seeking support while cultivating independence. The core category of Accepting the Present While Dreaming of the Future is comprised of processes of negotiating balance between acceptance and change, pursuing respite from reality by dreaming of better days, and constructing character in spite of identity constraints. Reconciling the dialectic of tolerance and transformation represents a further abstraction of the aforementioned processes of trying to satisfy the competing wants and needs that make up the three core categories listed above. It captures the vacillation between suffering and respite, and reconciliation of tension between wants and needs for acceptance and change. The process of resilience is understood as negotiating means for resolving these conflicts such that health is promoted, attained and sustained.

Figure 1: Dialectics of Resilience



Assessing Needs and Accessing Resources

The erosion of safety and security are among violence against women's greatest threats to health; the core category of Assessing Needs and Accessing Resources represents processes pertinent to restoring these. The most fundamental health-promoting resource in the aftermath of a traumatic event is reestablishment of a sense of safety. The inclusion of safety in health promotion is essential; it is necessary for physical, mental, and social well-being. Safety promotion is integral to health protection. Safety "contributes to health in securing the population's basic needs for peace, protection against environmental hazards and respect for the physical and mental integrity of the individuals (WHO, 2012). This core category captures how participants negotiated feeling secure and how this process facilitated navigation of pathways to other resources.

Assessing Needs and Accessing Resources is comprised of the categories that captured processes of striving for safety amid potential violence, and striving for voice in the face of censorship. These categories are grounded in focused codes corresponding to participants' seeking protection, avoiding being at home, experiencing school as a safe place, belief in a higher power, feeling empowered, and keeping the abuse a secret; and sharing thoughts and feelings about exposure to violence against women with friends, family, school officials, and health professionals.

Striving for safety amid potential violence. The childhoods of those whose development was interfered with by exposure to violence against women can be characterized as lacking stability; recreating the sense of safety and security were therefore common starting points in the processes of resilience to living in a violent home. Participants described their childhood exposure to violence against women as resulting in feelings of hypervigilance,

vulnerability and “walking on eggshells”. Re-establishing a sense of safety within the context of intermittent and therefore unpredictable violence was complicated by the need to continually survey one’s environment and the people in it for any signs of imminent danger. While threat awareness and resultant increased arousal are essential to survival, heightened arousal can and did feel like anxiety to many participants. In order to feel safe participants were hypervigilant and since awareness of potential for danger incites distress, this created a feedback loop in which moments of safety were interrupted by fear caused by assessing the probability of exposure to violence against women. Students therefore had to reconcile competing needs to feel safe and to be on alert. Participants accomplished this by striving for safety in the following ways: seeking protection, avoiding being at home, experiencing school as a safe place, believing in a higher power, and feeling empowered through access to community resources.

The need for protection is a response to perceived danger. It results from a lack of safety and security and is especially important within the context of threat to the health of children. Participants spoke about how the constant tension when the perpetrator of violence against their mothers was present and knowledge that the tension could at any moment be broken by a violent outburst, interfered with their abilities to feel safe. Michelle recalled “I was always scared to do what I liked to do because I would be judged or maybe I would be in trouble or my mom would get into trouble. Mostly I was scared and never felt safe”. In reference to visiting her mother after her parent’s divorce and mother’s remarriage, Paria said “in her house I always felt scared, like anything could happen at any moment. When he (step-father) would go out and come home I would feel bad, very scared when he unlocked the door”. Additionally, Emily shared that “I had to tiptoe and be aware of what was going on, I was

basically walking through a battlefield”. It was this lack of safety that almost all participants identified as being the biggest challenge to growing up amidst violence.

Receiving and providing protection was important to all participants. Male and female participants spoke similarly about feeling protected by siblings. Amira said “my brothers would protect me when I was afraid or my sisters were afraid. I did the same thing for my sisters. When my parents were fighting they (my sisters) were so afraid and crying, I tried to comfort them the way that my brothers comforted me”. Michael described his sister as “really protective” of him. Protection involved not being alone. When violence erupted participants would find their siblings and go to one of their bedrooms, another room in the home or outside to, as Michael said, “wait out the fight”. In addition to being soothed by the presence of their siblings, participants were soothed by reassurances that they are not to blame for the violence and that one day they would leave home. Participants’ and their siblings protected each other from feelings of blame and fear.

Avoidance, within the context of exposure to violence against women, was a reaction aimed at reducing fear. In actively seeking reasons to be out of the house participants were using avoidance as a coping mechanism. Participants avoided being at home through participation in extracurricular activities and sports, by going to friends and relatives houses and by staying at school. The amount of time spent at home changed with age such that the older they became, the less time they spent at home, some going as far as running away in their mid to late teens.

Almost all participants echoed Jennifer’s statement “I did not spend much time at home”. “Out of sight, out of mind, being out of the house helped a lot” according to Ruth. Michael “used to do sports to stay out of the house”. Paria “played volleyball after school to

avoid going home right away”. Francesca enjoyed close relationships with many of her relatives and said “I knew I could always go to my grandparents’ house or to my aunt’s place. I would take my brother with me. We did that a lot, especially on the weekends”. School became a “safe place” and a “second home” to many participants as they sought refuge from aspects of their domestic dynamics. Jennifer shared “I would stay at school until the evening. Sometimes teachers would ask why I didn’t want to go home. So it was my safe place”. Emily “ran away several times, sometimes to a friend’s, sometimes to the woods”. Naomi stated “I left home because I felt like the things I witnessed as a kid and heard as a kid, really got to me. Moving out made me feel better about everything”.

Developing in part out of a need and/or desire to feel protected, belief in a “higher power” fostered feelings of safety and of hope for the future. Such belief is related to family and culture; participants described being encouraged to engage in religious rituals like prayer by their mothers and/or grandparents. Others noted that belief in a power greater than them fostered feeling connected to their culture. Beliefs and practices changed as the participants aged but all still held those beliefs at the time this study was conducted. The role of these beliefs and practices changed over time such that participants’ faith in God waned as faith in their own tenacity further developed.

A number of the participants believed that God would protect them. Francois described a sense of God as providing paternal protection, helping him to deal with exposure to violence against his mother - “God is the father who loves you unconditionally and you know, that sort of like, there’s somebody out there who can control everything and has got your back and is watching over you.” When asked what gave her a sense of safety growing up, Naomi said “my image of God”. Jacqueline said she held “belief that God would protect me”. Participants

repeatedly described trusting that someone, some force more powerful than themselves, was “watching over” them and had a life plan for them which supported both feeling safer and dreaming of better days to come. Michelle saying “you know God always finds a way of making things work out” is another example of how such beliefs are related to hopefulness about the future. Francois said, “I believe in God 100% and I credit him for everything that has happened in my life”. In addition to a sense of protection, belief in a power greater than them was motivating. When asked how her religious beliefs helped in tolerating distressing experiences, Vanessa said “it gives me believing in something that makes me feel life is worth living”.

Individuals also described participating in familial and cultural rituals such as prayer. Naomi recalled soothing herself with prayer, “when I was upset at night in the room, I would pray, but differently than my mom. I just had a different perspective of God”. Francesca recalled “my grandparents encouraged me to pray, not to lose faith, to trust in God”. Francois said “I remember my mom used to encourage us to pray, just seek God and everything will work out, just open up your heart to him and share your challenges and troubles with him”. Francois had faith that “he makes a way where there seems to be no way and he always finds a way of making things work out. He has a master plan and you will be successful if you trust in God”.

Beliefs changed as participants changed; for example, Vanessa described rejecting the image of God that she was taught by her family in favour of what she referred to as “my own version of God”. Similarly, Michelle shared that as she got older she abandoned her mother’s conceptualization of God as “all about ritual, going to the priest and not being able to connect to God directly but through the priest.” She went on to explain that as a teen “I just, for some

strange reason, knew that was baloney and I just talked to God like a friend...I was very close to God". Dynamic beliefs in a higher power/god influenced participants, their families and their cultures. These beliefs were soothing and supported participants' experiences of feeling safe and hopeful about the future.

The process of feeling empowered developed in part through accessing community-based resources such as child protection services and a hotline for youth. Michael said, "I had more power knowing I could use those services". When describing how child protection services helped her, Francesca said "I felt powerful with them". She shared her experience of her family's involvement with the Children's Aid Society. She explained that "we had a Children's Aid file opened and once a week she would come by and I had her phone number and I could call her if I felt threatened. I feel like those resources really helped me." Having had a similar experience, Vanessa stated "I had more power over my dad with those resources". Empowerment fostered self-assertion, allowing many participants to further develop the ability to ask for what they need and receive it.

Striving for voice in the face of censorship. Assessing the need for and accessing resources to promote health within the context of exposure to violence against women involved reconciling the dialectical tension of having voice and censorship. Participants had to negotiate competing inclinations toward silence and sharing, often striving for voice in the face of censorship. Students resolved this tension by alternating between self-disclosure and keeping their exposure to violence against women a secret.

Multiple concerns contributed to self-censorship amongst these students – most often for domestic students (in contrast to international students) it developed out of anxiety about enforcement of the Child and Family Services Act, section 72 (1). This Ontario legislation

protects children from mistreatment by their parents by setting out conditions warranting intervention and authorizing the Children's Aid Society to become involved with families in which children are deemed to be at high risk of exposure to harm. Exposure to violence against women is one such condition.

A sense of safety was both a product and facilitator of having voice – the social process of self-disclosure. Having voice aided assessment of short and long term needs and procurement of the resources required to meet those. Participants' violence against women-related self-disclosures furthered identification of needs and access to resources. Variances in degrees of disclosure were relative to the influence of the power structures that serve to negate disclosure. Students simultaneously needed to be able to talk about the violence they were exposed to in order to access health-promoting resources and needed to keep it a secret in order to prevent negative consequences of sharing. Within the context of exposure to violence against women, repercussions of not keeping it a secret varied environmentally and temporally. Many participants described self-censorship as a barrier to accessing resources as minors. Censorship lost some of its power to silence when students transitioned to university.

Jacqueline shared that when someone from the Children's Aid Society came to her home "as a family we all looked at each other like, keep the secret." Michael said "I couldn't talk about it at school 'cause I was worried that you know, somebody might come and take us away". It is unfortunately the case that laws intended to protect our most vulnerable end up, at times, silencing them. Participants described feeling as though they had to protect their father's from arrest and their mother's from further abuse; they also felt responsible for keeping the family intact. This interfered with their speaking about the violence occurring in their homes. International students described being silenced by shame and the cultural expectation of

maintaining the status quo, projecting images of a “perfect family”. Paria spoke about being afraid that awareness of the violence perpetrated against her mother would negatively impact her prospects for marriage; Amira also worried about being judged and said that “even when I got married, I didn’t have the courage to tell my husband because he would judge me, or part of me thought it.” Self-censoring interfered with being able to access available resources: “I could never go to them; it’s just that perfect picture. You could never go to a counsellor and say, I have this problem. I mean I just couldn’t” recalled Naomi. Amira stated “even though there were counsellors you couldn’t talk to anybody”.

Culture and related social norms became apparent through discussions about help-seeking behaviours, available resources, and resilience-promotion. Naomi shared that “in the community, my family was seen as like, oh, we’re cultural and oh, we’re perfect and whatever...it was just the most frustrating ‘cause it’s like, we’re not, and I just wanted someone to talk to. That’s what made me angry because what happened in the home had to stay in the home and it was hurting me.” Paria echoed this in stating that “there are all other people dealing with these things because in my country nobody talks about it, everyone just shows the perfect picture of their family and we, I mean, to be able to know, it’s okay, it happens to everyone, would have helped.” As Francesca noted, “you can’t access services or supports without explaining what’s going on, why you need them and once you share that...the situation is out of your hands and that could make things worse.” People felt ashamed and alienated by cultural, legal, social and familial obligations to censor information about their exposure to violence against women; these pressures contravene the basic social process of personal information disclosure.

Men and women spoke in very similar ways about having to hide a truth about their violent, insecure domestic realities. Michael said “I was so afraid of other people knowing”. An example of such commonality is the shared reality (of all except one student) of self-censorship changing at university. Amira said “I was so afraid of other people knowing, because of what they would say and think about me, my family;” Ahmad spoke about being “ashamed of it”. The consensus arrived at by participants is that “nobody really talks about it” (violence against women). Almost all students indicated that they did not speak about their exposure to violence against women until they came to university. Sophie remarked that “nobody knew, even my closest friend, until I came to university.” At university they told a friend, a roommate or a mental health professional. This study created an opportunity for half of the male participants to speak about their exposure to such violence for the first time outside of immediate family. Many students explained that being out of the home, in some cases out of the country, alleviated fears about negative consequences, thus removing some barriers to sharing. In attempting to reconcile competing needs to keep their exposure to violence against women a secret and to talk about it in order to promote their health, students engaged in the social process of self-disclosure with siblings, friends, school faculty, and mental health professionals and through artistic expression. Sharing thoughts and negative feelings related to exposure to such violence was helpful and was done so tactfully in effort to guard against the aforementioned consequences of disclosure. In addition to being soothing, talking about the violence also facilitated provision of other services, such as psychotherapy.

In response to being asked what is it about being around others that helps in the aftermath of exposure to violence against women, Sam said “it’s communication, if something is bothering you, we can talk”. Naomi said “just wanting to talk about it but not wanting to get

CAS involved that was my biggest worry, being separated from my sisters, getting the family separated”. When asked about resisting censorship Michael said “it was the realization that other people experience it. That helped me to open myself up more”. Censorship seemed to be less of a barrier to self-disclosure between siblings because the risk of child protection services involvement or stigma posed little threat. Almost all participants shared their experiences of, thoughts about and feelings in response to the exposure to violence with their siblings in an effort to soothe themselves as well as their brothers and sisters. Michael stated “I talked to my sister” and Amira remembered that “we were there for each other, we listened to each other”.

Participants also enacted the process of self-disclosure with friends. For example Michelle shared that she “had a lot of friends I spoke to”, Francesca said “I talk, I talk with my friends”, Ahmad said “I talked to people, mostly to my best friend”, and Naomi and Paria echoed these statements in recalling that “talking with friends” helped them to feel better. This changed over time: Amira explained that she’s “opening up to friends now, and it helps a lot” and Francois stated “I talk to my friends a lot now”. Emily said “I usually let myself complain about it to a friend”.

In addition to family and friends, participants confided in school officials. Paria noted “I remember a teacher, talking to her just a bit, but you know, I have never opened myself up and spoken to anyone in detail about what I went through”. The self-censorship Paria engaged in despite wanting to share captures the dialectic of striving for voice in the face of censorship. Denise explained how talking helped her maintain hope for the future through trusting that violence would not always be a part of her reality at home

“a lot of it came from talking with adults and professionals. Psychiatrists when I was in high school, a social worker when I was in high school and also a Principal when I was

in grade 6 or 7. Hearing it (that it would not always be like this) from an authority figure, because I wasn't able to have that same authoritative close relationship with my parents, who should have been the first people in my orbit to talk to. I wasn't able to form a close relationship with them. I owe a lot of gratitude to the adults in my life who took that first step".

Talking about the violence they were being exposed to with trusted others helped sustain other health-promoting behaviours such as dreaming of a violence-free future. Another trusted adult who supported self-disclosure and did so in a culturally meaningful way was described by Naomi who said "I'm First Nations so I was able to find an elder to talk to".

Self-disclosure was not limited to literally talking with siblings, friends, teachers/principals, health professionals and others; students also expressed themselves through art. Emily said that is felt "safer to express myself through writing. Write it out in a poem, you create the imagery without sharing the whole story". Alice said that "with art you're not coming right and saying to people, 'this is the situation I'm dealing with at' but they can see through what you're trying to express in art that things aren't okay". This and the aforementioned quotations capture the need participants had to express thoughts and feelings related to exposure to violence against women within the context of also being mindful not to share information in ways that could end up harming them or their families. Few studies to date have examined and explicated processes supporting children's and young adults' health-promoting responses to exposure to violence against women. Consistent with results from studies conducted by Aymer (2000) and Masten and Obradovic (2006) students who participated in this project identified school as being a safe place. Aymer also found that, just as for students who took part in the present study, participation in sports/extracurriculars and

beliefs in a higher power were related to health despite exposure to violence against women. In accordance with findings from El-Sheikh and Harger (2000), Ford and Goodman (2009), Graham-Bermann et al. (2009), Grych et al. (2000), Jouriles et al. (2000) and Melzer et al. (2008) participants in this study reported feeling fearful and shamed. This study's findings complement existing knowledge in this field, a process-oriented approach to researching resilience to exposure to violence against women and subsequent transition to university reinvigorates mediating and moderating variables identified by previous works.

The present study understands seeking protection, avoiding being at home, school as a safe place, beliefs in a higher power and participation in sports/extracurricular activities to be components that individually and collaboratively contribute to cultivating a sense of safety amid potential for violence. This study expands existing literature to include elucidation of the health-promoting interactions between individuals and the above-listed resilience-related factors. Understanding why – what it is about school that is safe – is of equal importance to knowing that school is experienced as such. One reason for school's moderating effect on negative outcomes associated with exposure to violence against women is that it facilitates a sense of safety by allowing an individual to avoid being at home for prolonged periods of time. It was similarly the case for participation in sports/extracurricular activities. Avoiding being at home via attending school and playing sports/engaging in other activities and feeling protected by family as well as beliefs in a higher power are the 'how's' and , in some cases, also the 'where's' of cultivating a sense of safety within the context of childhood exposure to violence against women.

Access to resources such as the Kid's Help Phone and the Children's Aid Society were both anxiety-provoking and contributed to a sense of safety for participants in this study. In

spite of their reservations, some participants experienced access to such services as empowering and as fostering a sense of being protected. I was unable to find any other studies of resilience to childhood exposure to violence against women that inquired about the use of such resources in the face of barriers to doing so, including enforcement of child protection legislation. In addition to the hesitation participants felt in utilizing services that could put them at risk of their own or other family members' removal from the home, they were also inhibited by feelings of shame.

Consistent with findings of Buckley, Holt and Whelan (2007) who reported that numerous children living in violent homes kept to themselves, in part due to feelings of shame, students in the present study compromised having voice due to censorship imposed partially by such feelings. Shame is social and cultural, whereas guilt stems from an internal appraisal of having done something wrong. Shame is a product of awareness of having breached a culturally relative, socially mediated moral code. El-Sheikh and Harger (2000), Ford and Goodman (2009), Graham-Bermann et al. (2009), Grych et al. (2000), and Meltzer et al. (2008) also reported shame as being among the negative outcomes associated with childhood exposure to violence against women as well as being correlated with internalizing and externalizing problems. Additionally, "as children rely increasingly more on influences outside the family as role models and as indicators of their own worth, most children will hide their 'secret' from everyone because if others found out, the shame would be devastating, further compounding the imbuing sense of sadness and vulnerability" (Holt, et al, 2008, p. 803). The emergent theory that resilience in the context of growing up amid violence against women and subsequent transition to university is a process of reconciling the dialectic of tolerance and transformation; of which the conflicting needs to censor and share a part, offers a mode for

understanding how shame contributes to health issues. Buckley, Holt and Whelan (2007) reported that participants in their study wanted and needed someone to talk to about their exposure to violence against women. Similarly the present study identified that students who grew up amidst violence against their mothers compromised having voice due to censorship. Silencing seriously compromises individuals' abilities to share their reactions to exposure to such violence.

Processes of feeling secure within the context of ongoing potential for violence against women and striving for voice in the face of censorship are inherently social. Assessing Needs and Accessing Resources within the context of childhood exposure to violence against women and subsequent transition to university involved surveying health deficits - typically secondary to lack of security - and determining means of overcoming barriers to accessing services to reduce these. Knowing what they needed did not necessarily translate into gratification; often, the risks associated with accessing certain health-promoting resources interfered with provision of even the most basic needs. Participants described needing to feel safe and secure in the aftermath of exposure to violence against women, and university was almost unanimously experienced as being "the way out." Needs and resources are in flux; assessing needs at this point in participants' lives – transitioning from childhood to adolescence and from adolescence to young adulthood – within the context of exposure to violence against women, is particularly complex. Assessing needs and surmising how to get them met were supported by cultivating environmental security and by utilizing social resources.

Experiencing Solidarity despite Isolation and Oppression

The core category of Experiencing Solidarity despite Oppression captures the sense of connection participants described feeling to family members, friends, partners, teachers,

communities and cultures in spite of their exposure to violence against women. This category unifies the processes used to reconcile the dialectical tensions of needing guidance despite distrust of adults, searching for a connection within the context of isolation and seeking support while cultivating Independence. These categories were co-constructed based upon focused codes capturing participants' experiences of needing/wanting guidance, having a role model; relationships to culture and community, having positive contact with family; being/feeling encouraged, connection with others as a source of support and feeling loved, corresponding to the aforementioned categories respectively.

Of course violence against women affects communities, cultures and societies but its outcomes are quantitatively and qualitatively different for the individuals and families exposed to such violence. Those with lived experience are the greatest authority on the health deficits associated with, and the resources required to achieve and sustain, health in the aftermath of childhood exposure to violence against women. Participants in this study believed health promotion to be inextricably tied to relationships with others. Positive contact with compassionate mothers, teachers, friends, siblings, grandparents and romantic partners resulted in participants feeling a sense of solidarity through shared experiences of, or concerns about, exposure to violence against women.

Responses to other catastrophes such as natural and other disasters have taught that human resources are as essential to recovery as material support. Forging connections within the context of childhood exposure to violence against women is complicated by the aforementioned shame and fear-based reactions leading individuals to withdraw socially. Solidarity emerged as a way for participants to protect themselves and their families. Solidarity and oppression are related – some argue that solidarity is the only way to resist all forms of

oppression (West, 2013; Williams, 2013, www.rabble.ca/toolkit/guide/solidarity-activism).

The process of being in solidarity involved others bearing witness to truths about participants' experiences of suffering during and in the aftermath of exposure to violence against women. In the case of this study solidarity developed in response to the health problem of participants' exposure to such violence, and to the shared interest in those affected by it surviving and thriving despite such threats to health. Ultimately the core category of Experiencing Solidarity despite Isolation and Oppression captures participants' attempts at reconciling competing instincts to withdraw from others and move towards them. Those efforts involved negotiating how to acquire

Needing guidance despite distrust of adults. Growing up amid violence perpetrated by one parent or parent's partner against the other interferes with children's abilities to trust adults in general and one's parents specifically. In addition to distrust of the assailant, participants explained that knowing their mothers were being abused compromised their trust in them. Maturation involves fluctuations in receiving and resisting guidance from adults. Within the context of childhood exposure to violence against women, individuals simultaneously wanted guidance and were reluctant to trust its source. Distrust of adults in response to childhood exposure to violence against women perverts the healthy developmental process of variations in degrees to guidance relative to age, into a tedious negotiation for a compass with which to navigate a path towards health.

All participants described having diminished abilities to trust others as a result of growing up amid violence against women. Estella said "I have a hard time trusting people" and "I don't want to trust people". She went on to share "I completely stopped my relationship with my dad". None of the students who took part in this study felt close to their fathers. In all

except one case, participants' fathers were the perpetrators of the violence against their mothers. Naomi, Paria, Francesca, Israr, Raj, Michael, Anna and Michelle echoed each other in saying "I have trust issues". Jordana said "I cannot trust people just like that". Participants in this study, like all children and young adults, need guidance – especially during transitions such as from secondary to post-secondary schools and from living at home to living independently. Children need and trust their parents, that trust is betrayed by the perpetration of violence against one another. As a result of that trust being broken, participants' abilities to receive guidance were compromised. The participants who co-constructed this theory of resilience to growing up amidst violence against women and subsequent transition to university unanimously expressed wanting and needing someone they could trust, someone they could talk to and someone from whom to get advice.

Naomi captured the tension between needing guidance and distrust in sharing "I have a very close relationship with my mom so even though I look down on her concerning this (being in an abusive relationship), I still look up to her in many other ways, I need to, I need someone to look up to". Anna and Francesca, like Naomi, were uncertain about how and why their mothers remained in abusive relationships with their fathers. That ambiguity also interfered with trust. Francesca described how "I quickly realized that she (mother) couldn't protect or take care of herself so how, I mean, she obviously can't protect me either so, I learned that I had to protect and take care of myself as much as possible". Michelle described that "there was this confusion, they'd (parents) be like, don't be scared, no one's getting hurt, we love you, but then the next day they'd have a fight again, so it seemed you couldn't make sense of either". Participants coveted a relationship with someone they could trust to make sense of the violence they were being exposed to.

Students also wanted someone to guide them the way that they imagined parents should or would. Feeling disoriented and overwhelmed is common in response to navigating treacherous, unfamiliar territory. Many turned to teachers, extended family and other adults, seeking the direction that they could not trust getting from their parents. Michelle said “I just wanted someone that I could trust and talk to”. Like Naomi, in describing her need for “someone to look up to”, all participants wanted a role model. Estella said that “reading about role models, reading about feminism of course, those things helped”. Zhang added “it helps to see how other people handled similar situations and overcame adversity”. Cora remembered how social modeling worked for her: “I could participate in observations and learn how to be strong”. Anna recalled that “spending more time around couples who didn’t fight” was helpful in sustaining her hopes of having a happy and healthy relationship one day. Zhang explained “I noticed people who have it together, and thought I should hang around them and try to be like them”. Francois had a similar point of view in stating that “seeing people in positions you hold in high regards who had to struggle to overcome things to get there was helpful”.

Many participants described having someone whose behaviour, values or philosophy they wanted to model themselves after – sometimes it was aspects of their mothers, someone they read about or, in Ruth’s case, her church group members. Ruth shared that “I was confirmed when I was 13, the end of grade eight and then, at the beginning of grade 9, the leaders of my confirmation class started a youth group at my church. I felt quite strongly connected to them, I looked up to them. They had a strong, positive influence on my life”. Regardless of where it came from, students successfully reconciled needing guidance within the context of distrust by outsourcing their needs beyond immediate family. Contiguous with

solidarity – guidance and having a role model involves a sense of being supported and encouraged.

Searching for connection within the context of isolation. Being in solidarity despite isolation and oppression is about connection - feeling connected to and having positive contact with family, friends, teachers, community, and culture. Participants experienced competing urges to withdraw from others and to seek connections with them. The positive contact they enjoyed with others reinforced the importance and benefit of relationships and helped them to resist the temptation to, as Israr put it, “turtle”, or pull away from others and retreat to a safe place within himself. The most difficult aspect of this tension to resolve was that of competing wants to have and to avoid contact with immediate family. Participants described negotiating compromises by limiting the contact they had with their parents to short periods of time. So doing alleviated the feelings of guilt that came from not meeting their parents’ expectations of contact and meet their needs for distance and differentiation from their families of origin.

Participants described efforts to avoid family and needing their own space well before leaving home to attend university. Vanessa recalled “I definitely needed to have my own space to be alone in the house”. Michael shared that “it’s just hard avoiding it, always bickering back and forth. I would always just go into the basement and watch television”. For other participants it was not simply about needing physical distance from the violence and those associated with it; as Paria stated, it was about being “emotionally distant”. Anna shared how “I created emotional distance from them (parents) by imagining them happy together, by not sharing anything about my life with them and by creating boundaries when they tried to share with me”. Michelle said that she started out just “having time to myself” but then over time, “I did start to become more antisocial and I isolated myself a lot”. Zhang said that he would “only

call home once a week for a brief check - in but that's about it. I keep the calls really short so that it can't distract me". Once they arrived at university, many students feared that constant worry about the violence in their homes would interfere with their abilities to perform to their potentials academically. Many participants spoke about feeling connected to their mothers and siblings through shared suffering and how concern for their families' situations exacerbated feelings of worry and guilt after they had left home to attend university. Jennifer said "I check on them. This is the only thing I can do. I try to convince myself that I am doing something by being in touch with them every day." Naomi spoke about how she knew that her mother was lying to her when she would call home to check in because she and her mother did the same thing to her older sister when she left for university. The latter demonstrates mothers and siblings wanting to protect their children, brothers and sisters from feelings of worry and guilt after leaving home. It also exemplifies silencing, and the power it has.

When they were not actively engaged in avoiding their families, some students experienced positive contact with them. Anna for example described that "my mom, my sister and I stood by each other during those violent years". The kinship participants felt was maintained in part by beliefs that they had people upon whom they could rely. Ruth stated "we knew that we had each other's backs," Francois added "I think it comes back to helping each other," and Vanessa shared that "I really try to put myself in people's shoes and try to feel what they are feeling," while others spoke about siblings, friends and partners "being there" when they needed them.

Estella shared that her experience of exposure to violence against women fostered a desire and sense of obligation to "help people who struggle with the same struggles" that she had. Amira described feeling in solidarity as being "the close bond with my mom, knowing

that she was always there for me.” Both male and female participants experienced solidarity with their mothers and siblings and none felt they had such a connection with their fathers.

Women seemed to experience connection differently than men; some female participants described difficulty connecting with/feeling close to men. Estella described feelings of hatred and anger towards all men. All except two female participants described experiencing relational discord with men stemming from their early childhood experiences of male perpetrated violence against their mothers. Two noted having had “abusive boyfriends” in high school and linked this to the environments they grew up in having normalized or “desensitized” them to interpersonal violence. Male participants were much more likely than female participants to withdraw socially, or to create a “shell” as Raj described it, and therefore experienced less or limited support and solidarity in comparison to the female participants. Women expressed solidarity more directly with their mothers than male participants; male participants gravitated towards experiencing that sense of connection through more general knowledge of others’ suffering than their mothers’ pain specifically. For example, Francois said that it helped “just knowing that other people have experienced something similar and that everyone has their own hardship and that’s just mine.”

While participants were most often connected with people they interacted with on a regular basis, Vanessa spoke about how one can feel and know connection and solidarity through music. Vanessa’s boyfriend acquainted her with music that fostered a connection with people she had not met. “The music he introduced me to helped a lot because they were able to vocalize some of the anger I was feeling and definitely music, having that instead of smashing things or doing bad things to myself, hearing it being like a shared community of people who also feel the same anger I feel really helped. It’s interesting because right now if I listen to that

sometimes I would feel like it was a shared community of people who are angry and I wouldn't feel alone." Not being alone is a common theme involved in the construct of solidarity.

The tension between wanting connection within the context of inclination towards isolation was also resolved for some participants through the relationships they had to their cultures. Estella spoke about how attending the Latin festival after leaving home helped her: "I didn't necessarily want to have much contact with my family and friends back in Columbia but I still wanted to feel connected to my culture. I did that by going to the Latin festival here". Naomi spoke about how smudging was soothing and allowed her to feel connected to her First Nations heritage: "I just felt more connected to my people through smudging. I learned that it cleanses. I ask to see good things and to hear good things when I smudge". Francois also got connected with fellow Kenyans upon arrival at university. In addition to joining the African Students Association, he shared "I remember when I was getting here this lady helped me to get set up here, She's Kenyan too, she's a nun, she was really helpful". These students reconciled the tension caused by competing needs for closeness and isolation by connecting with their culture in ways that simultaneously allowed them to maintain physical and emotional boundaries with their families.

Seeking support while cultivating independence. Receiving and providing support are central to experiencing solidarity within the context of exposure to violence against women. At the same time as wanting support, students wanted to foster independence by demonstrating self-sufficiency. Female participants expressed commitment to independence as being a way to ensure that they do not have to stay in unhealthy relationships. Material security was also identified by female participants as a buffer against staying in an abusive relationship. Participants believed that material security and independence could be acquired through

attending university. Students described being encouraged to pursue post-secondary education by family and teachers. Connection with caring others and feeling loved were experienced as sources of ongoing support. Participants' instincts not to let themselves need anyone created dissonance when they sought support. They reconciled this by focusing on the support as something that would generate other resources, resources that would ultimately lead to their independence.

Incongruous beliefs and actions, such as valuing independence and seeking support, caused by cognitive dissonance that participants tolerated and reconciled at different moments during the process of resilience, based upon the short and long term goals they prioritized. All participants resolved dissonance by conceptualizing support as scaffolding allowing them to build independence. They sacrificed feeling independent temporarily in order to meet the short term goal of acquiring support, which facilitated achieving the long term goal of sustained feelings of independence. That "independence became really important" was unanimous. Vanessa shared that "feeling independent helped me feel hopeful about the future and safe in the present". Paria and Anna both stated "I really value independence". Estella recognized that "coming here helped me to become more independent".

Valuing independence was in part a response to participants' beliefs that dependence necessitates remaining in an abusive relationship. Education was seen as facilitating such self-sufficiency, as captured by Paria's statement "education is a pathway to an independent life. If my mom could support herself and be independent I don't think she would be in this". Amira felt the same way: "education makes a huge change, a huge difference because if I am educated and have my degree I won't have to be stuck with someone for the rest of my life because I can depend on myself". Independence was also linked to material resources, for example Francesca

noted “I think also the problem in their relationship is financial problems. If any of them had a higher degree and higher education they wouldn’t have this problem”. Francois was the only male participant to discuss striving for independence – “I love my family but I also wanted to make sure that I always have enough resources to take care of myself so that I would never be in this situation, like my mom was, in being dependent on another person financially, and not being able to leave a relationship like that”. Amira’s remark that “I concluded many years ago that I don’t need a man. I don’t think any woman needs a man, or any other person. You’re just you. You don’t need anyone. It’s just you need yourself,” depicts the commitment to independence expressed by the majority of participants.

Participants reconciled the tension caused by valuing independence while seeking support, in part through justifying the latter as being in service of the former. Paria commented that “having support motivated me and gave me the strength to be resilient”. One of the mechanisms by which support enhances feeling motivated and strong is being encouraged to pursue health-promoting opportunities, such as attending post-secondary school. Solidarity is about connection, about bearing witness to the moments that make up our lives, and many of the same people with whom participants were in solidarity also provided the direction and encouragement associated with feeling supported. It was empowering for students to experience closeness to teachers who believed in their capacities for healthful futures. One such relationship was described by Francesca as having a teacher “push me to study and encourage me to do better and stuff. I did well in her subjects because she was supporting me. When I get someone who actually cares about me, who supports me, I do better.” Israr recalled that “they (his parents and grandparents) encouraged all of the children of the family to move further, to get the higher education, get the better job or something”. Anna remembered having

teachers who encouraged her to go to medical school; she said “I had high school teachers who were like; if you’re not in university next year I’m going to hunt you down”. Participants also shared experiences of being supported and encouraged to engage in non-academic health-promoting activities like producing and experiencing art. Naomi shared that “the elder encouraged me to make dream catchers, they helped me to feel calmer and connected to my culture” and Vanessa recollected that her art teacher provided a lot of positive reinforcement of her artistic endeavours, “Mrs. Bennett could tell that I was hurting and upset, she didn’t pry or anything, but she could see in my art that I was expressing that things were not okay. She told me that when I couldn’t find the words to share my feelings that I could tell the world through pictures. Having that outlet and encouragement to use it helped”. In addition to family and teachers, participants felt supported and encouraged by friends, sometimes feeling as close or closer to them than to their families as captured by Michael’s comment that “sometimes I felt more connected, had more positive contact and got more support from my friends than my family”.

Feeling loved and loving also supported Experiencing Solidarity despite Isolation and Oppression. Love was described by Jacqueline as “powerful enough to compete with, and override the inkling to withdraw and not let myself need anyone”. Love was embodied as reassurance from family, Michelle remembered: “if we were crying or something she’d (Mom) be like, it’s not your fault, we still love you”. For other participants, love was experienced as togetherness. Michael shared not liking being alone, observing “people are social animals and feeling alone is something I don’t like so whenever I find myself in a situation like that I will call a friend and say, let’s go and do something, anything, I don’t care what, and that helps”. Naomi iterated how “just getting in touch with my culture and believing in something again

really helped”. For others, like Francesca and Raj, it was “I learned to love myself” and “I learned to love myself more, learned to love people around me, love my family. Being more loving was really making that more internalized ever since I came to university and it was from social modeling and from what I’ve seen of people”, respectively.

For Raj and many other participants, support seeking behaviours changed when they arrived at university. This was due in large part to removal of barriers such as enforcement of child protection laws, a fear expressed by Jacqueline who said “it was really hard for me to find someone to talk to ‘cause I couldn’t talk about it at school ‘cause I was worried that, you know, somebody might come and take us away. That changed when I came here (to university). I’m old enough now that there’s no mandatory reporting”. Almost all participants experienced attending university as a fresh start. Part of that involved reconciling the tension caused by wanting to reinvent themselves and deny their history of exposure to violence against women and seeking help to facilitate integrating those experiences into their identities as healthy young adults. Being in relation constituted a powerful health-promoting resource that generated feeling hopeful, feeling supported and feeling solidarity despite the oppressive experience of childhood exposure to violence against women.

Where previously children exposed to violence against their mothers were conceived of as largely disconnected witnesses, the findings of the present study support what more recent research has found to dispute this opinion, namely that “children are dynamic in their efforts to make sense of their experiences, while navigating their way around the complexity and terror intrinsic to domestic violence” (Holt et al., 2008, p. 798). The present study’s findings are consistent with the well-documented crucial role played by a social support system in resilience (Block, 1971; Luthar, Sawyer & Brown, 2006; Masten, 1988, Rutter, 1979; Taylor, 2010). The

finding that having a social support system of friends, family, teachers, and caring others played a health-promoting role in the process of resilience is consistent with Kashani and Allen's (1998) and Ullman's (2003) conclusion that the social support systems of exposed children and young adults is critical in determining the impact of the violence on their health. Levendosky (2002) and Taylor (2010) also found kinship-based social support to be a protective factor. Receiving such support was not straightforward. Individuals had to resist competing urges that compromised their openness to having guidance, relationships with others, and support.

Reconciling the competing needs to engage with and withdraw from others such that solidarity was experienced despite oppression facilitates resolution of the broader dialectic of toleration and transformation of the health deficits caused by childhood exposure to violence against women and subsequent transition to university. The present study's finding that exposed children want guidance and distrust adults, search for connection despite feeling isolated and seek support while valuing independence expands upon Levendosky's (2002) results that adolescents no longer feel trust in relationships with others as well as that a supportive relationship with an adult family member served as a protective factor. The current study's findings go beyond identifying health-promoting assets supporting the process of resilience in highlighting barriers to accessing resources and how those impediments were overcome. While other studies (Fugate, Landis & Riordan, 2005, Holt, Buckley & Whelan, 2008, Rodriguez, Quiroga & Bauer, 1996) established lack of trust in others as an outcome associated with exposure to violence against women, the present study determined that diminished capacities for trust are related to striving for independence. In the face of needing support and guidance, striving for self-sufficiency created dissonance that necessitated

resolution in order for individuals to navigate a path towards health. One of the ways that was accomplished by participants was conceiving of support and guidance as not undermining but rather facilitating sustained independence in the future.

Discussing the interaction between these seemingly paradoxical outcomes builds upon the extant knowledge that these experiences co-exist. This study's understanding of such contradictory experiences as stemming from competing wants and/or needs deepens and broadens knowledge about outcomes related to childhood exposure to violence against women to include actions and processes affected individuals engage in to reconcile tensions caused by opposing instincts such that health was approximated, attained, and sustained. Compromises in response to prioritizing some needs/wants in service of meeting others were influenced by pursuit of short term and long term emotional and strategic goals. For example, the long term emotional goal of feeling loved and connected was often compromised for the strategic goal of protection through isolation. Consistent with Cunningham and Baker's (2004) belief that children become preoccupied with fear for their own safety and engage in mental and behavioural disengagement as a means of coping with distress, as well as with Hester et al.'s (2000) finding that young people become increasingly concerned with preventing or intervening in abuse as they get older, this study found that participants withdrew in response to distressing emotions and strove for independence in part because of its associated freedom to leave an abusive relationship. Just as Luthar, Sawyer and Brown (2006) found that close, supportive relationships with others were amenable to change and generated other assets such as feeling confident, secure and competent, this study identified that participants negotiate competing needs and instincts in order to acquire guidance, connection and support which in

turn have their health-promoting effects by way of cultivating feelings of safety, hope, strength, and self-efficacy.

Participants spoke about resiliency as involving fortitude and as having a social element; as Michael said, “people give me strength, relationships with people.” Feeling connected to others and to the broader community and culture despite inclinations to disengage, as well as having guidance in spite of distrust, promoted resilience. Establishing a sense of belonging with/to family in the context of childhood exposure to violence against women was complicated by instincts to approach and to avoid. Participants described, for example, desires to feel positively about or proud of their families and simultaneously feeling ashamed of the violent dynamics characterizing their domestic environments. Using suffering as a way of connecting contributed to security in that those in solidarity could relate to, confide in, depend upon, and trust others. Having such essentials increased the likelihood that those who grew up amidst violence against women would engage in health-promoting behaviours such as attending post-secondary school. The notion that there is strength in numbers was a reality for the students who took part in this study – Michelle said “when I could no longer push myself, my family pushed me in the right direction”. Being in solidarity helped to maintain the students’ drive to live healthfully and move beyond the emotional pain caused by exposure to violence against their mothers.

Accepting the Present while Dreaming of the Future

The core category of Accepting the Present while Dreaming of the Future is comprised of categories that captured how tensions caused by needs for acceptance and change, opposing forces of respite and suffering, and identity construction in the face of identity constraints, were reconciled in service of resolving the dialectic of toleration and transformation. Participants’

positions along the acceptance and change continuum varied throughout the process of resilience. Acceptance does not connote approval; it is an acknowledgement of, in this case, exposure to violence against women in childhood/adolescence and validation (by self or another) of its consequences. Tensions caused by competing willingness to accept, and willfulness to change self and/or circumstances were resolved by students constructing attending university as emancipatory. Offering additional support to the basic social processes of tolerating and transforming ramifications of childhood exposure to violence against women, respite from suffering was achieved through the hope-sustaining role of perceptual volition and the related refuge from violent realities via fantasizing about escape to a healthy adulthood.

Accepting the Present while Dreaming of the Future also involved participants' awareness of the constraints on identity imposed by their belonging to a family whose parental dynamics are characterized by violence against women and a simultaneous need to create a new identity. Participants reconciled themselves to the socio-historical restrictions on selfhood by focusing attention on re-inventing themselves at university. Participants' dreams were not informed by hopefulness; by contrast, at inception they were desperate and all-consuming. Dreams were of escape and while emancipation is a hopeful thought, the fantasy of freedom was a response to the urgency characteristic of the need for extrication from a violent situation.

Acceptance and change. One of the most salient dialectics of childhood exposure to violence against women is that of acceptance and change. During the process of developing resilience to such violence individuals are torn between what feels to them like paradoxical needs to accept what is outside of their realm of control and to affect change where/when possible. Acceptance was described as challenging and necessary; the former because it felt like "giving up", "acceptance was like saying it's okay", "passivity" and "acting as though it

didn't affect everything" and the latter on account of not doing so being "a waste of energy", "only hurting me", "a waste of time that could be spent doing other things that feel good, instead of insisting on not accepting the circumstances of your family life". Acceptance is not neutrality or approval of the problem; it is recognition of the violence. Participants resolved the tension resulting from compromising either acceptance or change in service of the other by conceiving of them as related and by focusing on what they have control over. Student's accomplished this in different ways: by trying to let go of emotional pain, through belief in a higher power and through imagining how changed they and their lives would be one day.

Vanessa's statement that "the sense of accepting that they can't control me and at the same time, I can't control them. Realizing that helped me to focus more on the positive, the future, instead of on the hurt in the past and present" captures one of the ways she and other participants reconciled competing needs for acceptance and change – awareness of limits of control were tempered by that of capabilities to change themselves and their lives. Francesca took steps towards letting go of the anger she felt, which supported the process of acceptance and change. She said "even though I will feel angry about it, about all the things that I can't change about my family, it won't last forever and there's no use feeling angry about it". Not only is this contiguous with participants' experiences of coming to terms with what they can and cannot control, it points to experiencing feelings as transient.

Ruth shared "I can be accepting as long as I remember that things change, that nothing lasts forever. Well, maybe things won't change for my mom but I can't control her life, her choices. I know I won't always feel scared, angry, depressed, ashamed, and whatever".

Michael stated "I can be accepting, I was accepting. It freed up energy for me to focus on getting outta here". Francois spoke about how his belief in a higher power helped him resolve

the tension cause by difficulty accepting what his father did to his mother and his valuing acceptance and forgiveness. He said “forgiveness isn’t for my father. God encourages forgiveness and that is important to me but something in me makes it hard for me to forgive him, to accept him. I am moving towards accepting that he abused my mother. I will never accept him as my father though. God is my only father now”. He went on to say “I have to live by my principles, I will still have the pain of what my father did, whether I accept it or not, but I remember that we are free of him now and that is a blessing. I will prioritize my principles over feeling angry and acting angry all the time. I don’t want to be an angry person. That is not how I am. That is how he is (father)”. Prolonged or repeated exposure to emotions led to participants integrating these into their identities. Over time experiencing anger becomes, as it did for Francois, equated with character: he feared that feeling angry would result in being an “angry person”. A belief that feelings overwhelm to the point of engulfment and characterological change interferes with individuals’ abilities to accept their emotional responses to traumatic events, such as growing up amid violence against women.

Participants shifted efforts between engagement in strategies to promote acceptance of their domestic realities (and their responses to the violent dynamics of their families) and those that support changing circumstances and by extension selves. The journey towards health within the context of growing up amid violence against women and subsequent transition to university involved meditating the contraindications for acceptance by way of focusing on the associated gains. This is not to reduce resilience to a process of analyzing pros and cons or costs and benefits but rather to highlight the compromises that participants made throughout the processes of health promotion in the aftermath of childhood exposure to violence against women. Among the strategies utilized by participants as they made concessions to/for

acceptance or change was the process of perceptual volition. Focusing their attention on the future for example, helped participants accept the present. Belief that their feelings/circumstances in the present do not define them, which is related to creating an identity despite constraints based upon history and heritage, was supported by concentrating on the future, which also supported respite within the context of suffering.

Respite from suffering. Accepting the Present while Dreaming of the Future involved experiencing moments of respite within the context of ongoing suffering. Suffering of any kind necessitates respite and finding refuge when traumatized is challenging. Participants pursued respite from the pain they felt in the present by dreaming of better days to come. Dreaming of better days was supported by perceptual volition, distress tolerance, and emancipation through education. These processes resulted in hope, respite and change. Perceptual volition: choosing the focus of one's attention, sustained happiness in the present about life in the future. While no perspective renders childhood exposure to violence against women innocuous, the capacity for healing fostered by "staying positive" cannot be overemphasized. Traumatic experiences such as growing up amidst violence rob individuals of the sense of power and control over both their circumstances and themselves (Herman, 1992). Participants' realizations that they could choose to focus on positive thoughts and feelings was empowering; they regained a sense of control (even if illusory) and had renewed feelings of safety and security which, in addition to generating other health-promoting resources, helped participants negotiate Accepting the Present while Dreaming of the Future.

The process of perceptual volition was hope-sustaining and is comprised of focused codes representing participants' experiences of attempting to focus on the positive, feeling in control and being hopeful. Paria acknowledged that "it was very hard to stay positive" and that

“I was preoccupied with my own fears and anxieties all the time”. Israr said that he felt he had “to try to adjust and cope with stuff.” One way of coping involved “positive thinking”, as Paria described: “I think this is what I was doing when I was thinking that there is another life out there for me and that violence wasn’t going to be a part of my life”. Francesca said “positive thinking is how I kept trying to maintain optimism, which was another thing I told myself – you don’t want to be pessimistic, you don’t want to feel depressed and suicidal anymore so now is the chance to make the change and be happier”. Anna recalled that “having an overly optimistic mindset is something that got really internalized within me and that does really help strengthen understanding and patience and the other skills I developed”. Many hopeful ideas were brought forth by friends and family; hope was instilled through the convictions and reassurances of others that this individual’s life would improve.

Francesca’s grandparents imagined a life without violence for her and their communicating this motivated her to strive to attend university and live the life that they helped her to envision. In addition to perceptual shifts occurring as a result of the hopeful assurances of friends, family, coaches, and teachers, the adoption of a positive outlook developed through social modeling. Jordana conceptualized the process of perceptual volition that sustains hope as having developed through social learning; she said “I have a lot of friends who are optimistic so that rubbed off on me.” Interestingly, focusing on the positive did not mean denying the negative: for example, Jordana remarked “I might ruminate about it but when I look back on it I would do that with a positive light”. The ability to focus on the positive changed over time; most students identified that maturation and education supported shifts in perspective. Shifting one’s perspective indicates a sense of control over thoughts, attention, and perspectives.

Participants identified “knowing what you have control over” as fundamental to perceptual volition and more abstractly to both accepting the present and dreaming of the future as well as Assessing Needs and Accessing Resources. Estella stated “recognizing that I had the right to choose, if I didn’t have that, to be completely honest, I don’t think I would have survived”. Raj said “I held onto choice” and “I could still be like, I can choose to move on, and I feel like that was the most important thing to hold on to”. A sense of control and using that to choose the focus of attention when possible, facilitated feelings of hopefulness – which at a broader level is related to all three core categories. Participants shifted their perspectives on aspects of their past, present, and/or future – some did this through learning (from friends, family, social norms, school) that violence is a transgression, whereas others did so through focusing on comparisons between their lives and the lives of people in worse situations, be they historical or fictional. Regardless of the mechanism of its emergence, the realization and application of perceptual volition is a social process that helped participants sustain feelings of hopefulness which allowed individuals to both endure and experience respite from distress.

Resilience to childhood exposure to violence against women and subsequent transition to university involved navigating respite from distress in ways that did not also require soothing. For example Naomi recalled how “using drugs and alcohol to tolerate the pain, to numb it, just created other problems”. Students developed ways of responding to mental, physical and emotional suffering in ways that, in contrast to the above example, did not exacerbate it. Many participants identified acceptance as being a property of distress tolerance and were clear in asserting that acceptance does not connote approval. Mechanisms of self-soothing and of being soothed by others involved occupying attention in ways that interfered with the maintenance of distress. Participants shared experiences of decreasing arousal through

creative arts, scholastics, sports, and exercise. An example of self-soothing via arts was articulated by Vanessa who said “I wrote a lot of stories and did poetry and the lovely artsy type things that kind of get everything out of my head”. Michael shared that “sports helped a lot; mentally it really helped just push through it all every time”. Learning to soothe and to be soothed allowed participant’s to experience positive emotions including hopefulness despite hypervigilance. Goal-oriented distractions soothed distressing emotions, as captured by Anna’s comment that “I would distract myself with school pressure by telling myself that I can’t allow myself to be in this (emotional) state because I’m not going to be able to get good grades or get into university or get anywhere in life.” Suffering was endured and individuals experienced temporary transformations of circumstances, feelings, thoughts, and sensations providing respite which supported reconciling the tension caused by competing needs for acceptance of the present and focus on the future.

In addition to perceptual volition and distress tolerance, respite from suffering was achieved through both the dream and the subsequent reality of emancipation through attending university. Dreaming of better days involved fantasies about leaving home and how different they and their lives would be at university. Aspirations to escape to university facilitated acceptance of the present by reinforcing its finitude. Vanessa spoke about knowing “it’s not going to last forever” and that “helped me accept my home life”. She added that “I studied a lot; school was my go to thing, to just escape”. Raj noted that “I think a lot of it came down to school as the gateway to moving on”. Francesca remembered thinking “all of my bad habits, all of my problems would be gone when I went to university.” Anna said, “I would see myself doing better, being better and university being the place for that. I associated university with ending the suffering.” All participants spoke about the health-promoting properties of

dreaming about better days and were consistent in describing attending university as a means to hopeful ends. Israr said “I had other worlds for myself. Every night I would dream about a happy future. I was accepted to university and I would stay there.” Naomi remembered “we went on trips to powwows and stuff and we’d always get to see universities and be like, we can go here. My mom would be like, if you do good in school you can go here and I thought, that’s how I will have a better life”.

Realizing dreams of emancipation through attending university was tied to participants’ steadfast belief that education, especially for women, is a pathway to a better, healthier life. Pursuit of a university degree was perceived as a way of escaping their homes – “I was going to university; I was free” said Anna. Educational institutions are political structures with the power, as observed by Paria, to elevate one’s status, and to promote, as noted by Jordana, independence via increased likelihood of getting a well-paying job upon graduation. Jordana’s remark that “you just have to believe that there’s a light at the end of the tunnel, although it seems to be dark and difficult now, it can only get better, it can’t get worse than it is so just have hope and positive ways of channeling negative energy” captures how attending to aspirations and fantasies for healthful futures provided temporary respite from suffering and in so doing promoted resolving the dialectic of tolerating and transforming health problems resultant of exposure to violence against women. The hopefulness that participants tied to their futures helped them to tolerate the suffering inflicted upon them by violence in the present.

Constructing character in spite of identity constraints. Tolerating distressing thoughts, feelings and physical sensations fostered in participants senses of being healthy and capable but prolonged exposure to negative emotions also interfered with their abilities to distinguish these from their senses of self. How individuals thought, felt and behaved in

response to their experiences had profound influences on their constructions of self. At no point along the maturational continuum is exposure to violence against women innocuous but experiencing such as a child or young adult renders them especially susceptible to fusion of trauma and self by virtue of not having met the developmental milestone of what James Marcia called identity achievement – the state of having developed an internal locus of self-definition. Accepting the Present while Dreaming of the Future involved negotiating compromises between the constraints placed on identity consolidation by patrimony and past and, the freedom to create an identity based upon values and capabilities. Participants made accommodations in constructing their ideas and opinions of themselves by determining that their pasts would not dictate their futures (this determination was supported in part by dreaming of better days) and by focusing on extracting the positive – that exposure to violence against women in childhood made them stronger – when reconciling their histories with their identities.

Participants became so accustomed to experiencing negative emotions that these became associated with who they are. For example Jacqueline shared “for the longest time I remember being overwhelmed by fear, anger and, I guess dread would be the best word for it, I started to feel like a scared, angry, negative person”. Michael said “feeling shitty all the time makes you feel like a shitty person”. Michelle echoed these sentiments in saying “I had to have outlets for my negative energy otherwise it would consume me, it would define me and how I approached life”. Paria captured the desire to reconcile the tensions caused by history and heritage-based identities and values and capabilities-based characterizations in her statement that “this isn’t who I am. This is what I was born into, but I don’t have to settle for that, I can be who I want to be”. Students described constructing strength-based identities as a buffer against the constraints imposed on them by growing up amid violence throughout adolescence

and young adulthood; these young people believed their suffering had utility: that growing up in such environments made them to strive for health and also made them tenacious. In addition to something to be tolerated, suffering was experienced as transformative, as changing character, as forcing tenacity. Strength of character was implicit: as Raj noted, “I never really felt like I had the option to be weak”. Many spoke with confidence about being able to handle anything, and demonstrated unyielding commitment to creating secure, happy lives for themselves. Additionally, all participants associated going to university with an opportunity, as Estella said, “to reinvent myself”. Paria experienced actualizing dreams to attend university as a “chance to change things, to move in a different direction, to be healthier”. Israr had a similar experience as evidenced by his remarking that “I very much came to university with a fantasy, I’d be able to completely reinvent myself, shed the past”. Imagining being someone or somewhere else supported tolerance of distressing emotions – for example, Vanessa noted, “I simulated emotions that I wish I’d been experiencing” – and transformation through suffering, for example the focus group consensus that “growing up in a harder environment makes us stronger.” In gaining control of their self-definitions participants identified themselves as being strong, resilient, and healthy. In so doing they were empowered to accept their present circumstances while dreaming of their futures in support of resolving the dialectic of toleration and transformation.

Dreaming of the future provided participants respite, as well as reason to endure, the present. Anticipating happy, healthful futures facilitated acceptance of the violent and volatile present by creating mental and emotional distractions in addition to determining when the shift in domestic realities would transpire. The finding that dreaming of the future supports resiliency is consistent with the results of Aronowitz’s (2005) grounded theory study of at-risk

youth, that the basic social process of envisioning the future helped participants engage less in risk behaviours. Aronowitz (2005) conceptualized this as being comprised of two categories: feeling competent and elevating expectations. Like those in the present study, these processes were facilitated by relationships with caring others upon whom at risk youth could rely. Like participants in this research, the youth who contributed to Aronowitz (2005) study experienced receiving support and guidance as confidence-building and hope-sustaining, both of which supported participants focusing on the future. The findings of this study extend Aronowitz's (2005) result that participants "became resilient despite environmental stressors by setting higher expectations for themselves and feeling self-confident", (p. 200) in constructing focus on the future as being part of the broader basic social process of reconciling the dialectic of tolerance and transformation.

Constructing identities of strength and capability not only helped participants in the present study to accept what they could not change about their realities, thus supporting the process of tolerance, so doing also facilitated change of circumstances and self, supporting the process of transformation. While not framing it as a process of resolving tensions caused by identity constraints and identity construction, Miller and MacIntosh (1999) and Ungar (2001) linked the creation of new identities to resilience. Contiguous with Ungar's (2001) finding that new identities are created in part through ongoing relationships with adults and peers, participants overcame the constraints imposed by growing up amid violence against women on how they felt about and saw themselves with the support of others who characterized them as being strong and capable of accomplishing goals leading to a healthy future. Caring others reinforced participants' values and capabilities-based identity constructions, as opposed to those based upon their own or family members' past behaviours. Such installations of hope are

essential to reconciling the tensions caused by needs for tolerance and transformation of the health deficits caused by childhood exposure to violence against women.

The core category of Accepting the Present while Dreaming of the Future is comprised of the processes used to resolve the tensions caused by competing needs for acceptance and change, respite despite suffering and identity construction in the face of identity constraints. These processes included perceptual volition, awareness of limits of control, experiencing suffering as transformative and actualizing ambition for emancipation through education. Jouriles et al. (2000) also noted that perception plays a role in outcomes related to growing up amid violence against women. They found that appraisals of the violence mediated problems such that self-blame was positively correlated with deleterious outcomes. Self-blame, related to the category of striving for voice in the face of censorship, is also associated with control and has an adaptive quality. Growing up amid violence is terrifying and necessitates creation of feelings of safety with parents despite being afraid of one or both of them. If, for example, the child conceives the violence as being caused by one or both parents' badness, they are unable to feel safe with them. Participants in this study arrived at feeling safe in part through taking responsibility for the violence and for keeping it a secret. When appraisals are characterized by self-blame, the child is afforded a sense of control over the violence through self control and in so doing experiences transient security.

Also related to awareness of limits of control was this study's finding that perceptual volition is hope sustaining. Dishion and Connell (2006) also found a moderating effect for effortful attentive control. Students in this study actively attended to positive personal qualities, events, ideas, opinions, and feelings as well as fixated on fantasies and aspiration for the future. Projecting oneself into the future when dreaming of better days supported abilities

to tolerate distressing moments in the present, to create identities of being strong, safe, and independent and to pursue the emancipatory goal of attending university. Education was associated with health and transformation – going to university would free and change them. While I was unable to find any other studies of resilience to childhood exposure to violence against women highlighting the role of aspiring to attend university, high IQ has been identified as a protective factor (Pargas et al., 2010). Tolerating distress in the present by focusing their attention on the future contributed to participants' constructing identities based upon values and capabilities. Assurances from others helped them maintain convictions about their abilities to live differently than their parents. The processes engaged in to create compromises to support acceptance and change, respite, hope, and capabilities-based identities came together to allow for acceptance of the present while dreaming of the future; despair was tempered by daydreams.

Conclusion

The emergent theory of resilience to childhood exposure to violence against women and subsequent transition to university is that processes of Assessing Needs and Accessing Resources, Experiencing Solidarity despite Oppression and Accepting the Present while Dreaming of the Future, coalesce in complex politically, socially and individually mediated ways to reconcile the dialectical tension between tolerance and transformation. This is the first grounded theory study of resilience to the aforementioned to co-construct a theory about resilience as negotiating compromises between competing needs within chaotic contexts. There may be predictable responses to traumatic events, but the vast variability in how these are experienced with respect to magnitude and meaning precludes calculable outcomes. Individual and collective means of acquiring safety amid ongoing potential for violence against

women, having voice despite censorship, receiving guidance despite distrust of adults, feeling connected within the context of isolation, seeking support while cultivating independence, accepting and changing, experiencing respite from suffering and constructing character in spite of constraints, each differed but all compromises served to support simultaneous tolerance and transformation of the health problems caused by childhood exposure to violence against women.

This study fills a gap in the extant literature by creating a process-oriented framework for understanding resilience to childhood exposure to violence against women and subsequent transition to university as it was experienced by an understudied, privileged population of university students. This is in line with Ungar's (2004) review of the literature and appeal to resilience researchers to undertake studies from constructionist, as opposed to ecological perspectives, stating that the former finds nonsystematic, nonhierarchical relationships between risk and protective factors across diverse cultural, social, and political settings and the latter is inadequate due to its preoccupation with seeking predictable relationships between such variables.

Returning to the research questions addressed by this study, university students who as children were exposed to violence against women demonstrated that resilience to such is a process of tolerating and transforming experiences of opposing forces of safety and threat awareness, having voice and censorship, guidance and distrust of adults, connectedness and isolation, support and independence, dream and reality, and identity construction and identity constraint. Aspects of social and physical ecologies associated with resilience to the aforementioned include relationships with family, friends, partners, teachers and higher powers and other's homes, schools, churches, and community centres. These young adults engaged in

resilience-promoting processes of Assessing Needs and Accessing Resources, social interest, and accepting the present and dreaming of the future through resolving tensions to the opposing health-related forces listed above in ways that resulted in feeling safe, self-compassionate, heard, guided, connected, supported, hopeful, strong, and efficacious. These experiences supported cultivation of the edifice upon which resilience is built – safety, connection, and hope. Resilience to childhood exposure to violence against women and subsequent transition to university is a process involving reconciling tensions caused by simultaneous needs for tolerance and transformation.

Chapter 5

Conclusion

This chapter provides a brief overview of the importance of research on resilience to growing up amid violence against women, a synopsis of the present study as well as a discussion of limitations and applications of its findings. Beyond being a violation of human rights, violence against women is a threat to world health generally and jeopardizes the health of women and their children specifically. Research on childhood exposure to violence against women consistently reports that while individuals' experiences and responses vary, those who grew up amid such violence experience more emotional, behavioural and cognitive difficulties than their unexposed counterparts (Edleson et al., 2007, El-Sheikh & Harger, 2001, Evans et al., 2008, Gewirtz & Edleson, 2007, Grych, 2000, Kernic, 2002, Kolar & Davey, 2007). In contrast to the abundance of studies of deleterious outcomes, there is a paucity of research on resilience within the context of child development in the face of exposure to violence against women. After reviewing the literature I was unable to find any published grounded theory studies that examined resilience as experienced by university students who grew up in the midst of violence against their mothers. The study of resilience requires simultaneous focus on the individual and changes within them, and interactions between risk and protective factors operating within their environments (Ungar, 2004). The aims of Constructivist Grounded theory - to uncover the social and structural process of a phenomenon and to develop a theory, grounded in individual's experiences of it – makes this methodology especially well-suited to resilience research.

In their nascent stages the focus of research on childhood exposure to violence against women and resilience was the individual; as those fields evolved scholarship increasingly

examined, using both quantitative and qualitative methodologies, mediating and moderating/risk and protective variables within affected individuals' physical and social environments. A need remains to explore and explicate why, when, where and how factors identified as being associated with resilience to exposure to violence against women in childhood culminate in health promotion. Health promotion, "the process of enabling people to increase control over, and improve their health" (ICHHP, 1987, piii) shifted the focus away from an individual, disease prevention approach to the health behaviours and wider social determinants that sustain health (Barry & Jenkins, 2007).

One way of framing resilience is as a health-promoting social process. In keeping with research carried out by scholars affiliated with the Resilience Research Centre (Armstrong et al., 2005, Liebenberg, & Ungar, 2009, Ungar, 2008, Ungar et al., 2007) this study understands that individuals can only engage in health-promoting activities to the extent that such are supported by their physical and social ecologies. Approaches to understanding sources of health and illness as emanating from individual dispositions and actions rather than resulting from the influences of societal structures, are problematic and depoliticize health (Raphael, 2004). Resilience, as part of the larger process of health promotion, therefore is not framed in this study as a character trait; rather, it is the process of mobilizing – through negotiating compromises between competing wants and needs – internal and external health-promoting resources.

Synopsis of the Present Study

Utilizing Charmaz's (2006) grounded theory methodology, this feminist-informed research brought young adults voices into the examination of experiences of exposure to violence against their mothers. The aim of this study was to co-construct, with participants, in

contrast to researcher-driven scholarship a theory about the process of resilience to growing up amid violence against women and subsequent transition to university. Data were co-constructed during interviews and a focus group. Participants contributed to the analytic process by providing feedback throughout it. The finding of this study was that the basic social process underlying resilience to the aforementioned is resolving the dialectical tension between tolerance and transformation.

Resilience as the process of reconciling tensions between tolerance and transformation. The basic social process of resolving dialectical tensions between tolerance and transformation unifies the three core categories of assessing needs and accessing resources, experiencing solidarity despite isolation and oppression, and accepting the present while dreaming of the future. This emergent theory - *Resilience as the Process of Reconciling Tensions between Tolerance and Transformation* - delineates the health-promoting compromises individuals made when confronted with having to resolve the tensions arising from: striving for safety amid potential violence, striving for voice in the face of censorship, receiving guidance despite distrust of adults, searching for connection within the context of isolation, seeking support while cultivating independence, acceptance and change, pursuing respite from reality by dreaming of better days, and constructing character in spite of identity constraints.

Means of reducing the tensions between competing forces captured by the three core categories resulted in feelings of enhanced security, connection and hope. Participants, for example, experienced dreaming of better days, emancipation through attending university, feeling connected to others and to their cultures, identity construction and love as sources of strength. Dreaming of the future and leaving home to attend university also fostered hope, as

did perceptual volition, guidance and respite. Feelings of hope allowed participants to transform their beliefs, feelings and actions while strength facilitated tolerance of distressing circumstances and experiences.

Rigour

Proponents of qualitative methodologies and differing versions of grounded theory offer various delineations of criteria specific to their approaches. While there is no universally agreed upon set of criteria for evaluating qualitative research scholars seem to agree that the quality and credibility of research findings are contingent upon that of the data. The quality of the data used to co-construct the theory of resilience as the process of reconciling the tensions between tolerance and transformation, is predominantly a product of the contributions participants made throughout simultaneous data collection and analyses. Regardless of the study design and its paradigmatic location, researchers only get responses to the inquiries we make. Arguably, findings are as important/useful as the questions posed. I was able to make inquiries that facilitated co-construction of data meeting the standards of credibility, originality, resonance and usefulness offered by Charmaz (2006) as evaluative criteria for grounded theory studies.

Credibility reflects the depth of knowledge about the topic, the breadth of data upon which claims were based and the strength of logic used in analyses and theory construction (Charmaz, 2006). Both participants and the researcher have lived experience of growing up amid violence against women rendering them credible source of knowledge about resilience to such. The use of semi-structured interviews and a focus group facilitated in depth discussions of how these individuals promoted their health despite ongoing threats to such basics as safety and security. Initial and follow-up interviews also allowed for clarifications, disputes and

confirmations of findings. Originality represents the novelty and significance of the study's findings (Charmaz, 2006). As mentioned above, I was unable to find another published grounded theory study of resilience to growing up amid violence against women. The conceptualization of resilience as a process of synthesizing dialectics also speaks to the novelty of this work. The finding of this study refines understanding of resilience as a multi-faceted, dynamic, socially-constructed process and extends knowledge about how factors supporting and hindering that process are related and coalesce in promoting health.

Resonance is the extent to which the theory captures the fullness of individuals' experiences (Charmaz, 2006). Member-checking as part of the ongoing process of co-constructing the theory confirmed that it is based upon and portrays participants' experiences of negotiating compromises between competing needs and wants in ways that promoted and sustained health. Usefulness refers to the contribution made by this theory to the creation of knowledge, to inspiring future research and to improving the lives of affected individuals. Participation in this research constituted the first time many individuals shared their experiences of growing up amid violence against their mothers and their ideas and opinions about resilience to such. Many participants expressed gratitude for having voice and for having been included in the processes of data collection and analyses. Part of the utility of this study's finding lies in conceptualizing resilience as a social process. Our understanding of resilience as a response to social/political/economic structures and the dialectics they create lessens the burden to individuals for resolving them.

The thoroughness of the researcher's and participants' understandings of the process of resilience to growing up amid violence against women and subsequent transition to university, coupled with adherence to Charmaz's (2006) methodology and the fit between paradigmatic

location, methodology, methods and research questions enhance the value of the contribution made by the theory of resilience as a process of resolving tensions between tolerance and transformation.

Limitations

This research was informed by the interpretive paradigm, which is characterized by relativism and subjectivism. Relativist ontology “assumes that reality as we know it is constructed intersubjectively through meaning and understanding developed socially and experientially” (Cohen & Crabtree, 2006). Contiguous with this, a transactional/subjectivist epistemology “assumes that we cannot separate ourselves from what we know” (Cohen & Crabtree, 2006). In response to my inability to approach the study of resilience to childhood exposure to violence against women devoid of my experience and understanding of how growing up in such conditions affected me, I was tasked with maintaining awareness of how this, coupled with my training in psychology, influenced the study generally, and data collection and analysis specifically.

Consistent with Corbin Dwyer and Buckle (2009), rather than considering the issue of whether or not researchers should be members of the population they are studying from a dichotomous perspective, I embraced the ambiguity of the “space between that allows researchers to occupy the position of both insider and outsider rather than insider or outsider” (Corbin Dwyer & Buckle, 2009, p. 54). While this dual role can cause confusion compromising the quality of findings, some of the benefits to being a member of the group I was studying were access and acceptance. Stigma interferes with individuals’ sharing their experiences of growing up amid violence against their mothers, knowing, as all participants did, that I have shared status weakened the power that stigma has to silence or shape responses.

Of course this also had the potential to impede the research. It is possible that participants made assumptions of similarity of experiences and understanding, and did not explain their experiences and ideas about resilience fully. It is also possible that my perceptions were influenced by my personal experiences and that this shaped and guided the interviews and focus group. In an effort to guard against this, I reflected, throughout the research process, on how my experiences influenced the study. During data collection and analysis I shifted focus between self and others in order to sustain awareness of bias.

More specifically, with respect to methodological issues, coding of interview and focus group data was optimistic and influenced by psychological and feminist lenses within the context of my status as an insider and outsider. For example a recent immigrant going on Ontario Works was coded as 'available resources'. The focus of my coding was on actions that helped individuals to survive and eventually thrive. While this study's findings paint an optimistic picture of health promotion in response to childhood exposure to violence against women, resilience research is, by definition, positive. In terms of method, focus groups can easily be misused, such as in analyzing transcripts for the content of individual discussion (Lambert & Loiselle, 2008). I focused on the interaction between participants by analyzing the intersectional data using the guide put forth (and explained in Chapter 3) by Le Houx et al. (2006). Another limitation of the study has to do with the sample. By virtue of the privileged population upon whose experiences the findings of this study were based, certain forms of oppression were not discussed because participants were not affected by them. While having recruited participants from advantaged socioeconomic circumstances rather than sampling a population deemed to be at risk fills a gap in the extant literature, having done so limits the generalizability of the study's findings.

Applications of Findings

The utility of the theory that this research produced is tied to the creation of knowledge and understanding that facilitates mental health promotion. An ecological approach to health promotion influenced the generation of applications of findings. One of the underlying themes of the ecological perspective is that the most effective interventions occur on multiple levels (Tudor, 1996). According to Tudor (1996) health promotion programs and policies should encompass several contexts that influence health including interpersonal, intrapersonal, group, community, institutional and public policy factors. Interventions that simultaneously affect these various levels and settings may be expected to lead to greater and longer lasting changes and maintenance of existing health-promoting actions (Tudor, 1996).

In light of the deleterious self-esteem, emotional, cognitive and behavioural outcomes associated with childhood exposure to violence against women identified by the research reviewed in Chapter 2, it is important to consider elements of mental health promotion. “Mental health promotion is concerned with achieving positive mental health and quality of life. The focus of this multidisciplinary area of practice is on enhancing strengths and competencies of individuals and communities, thereby promoting positive emotional and mental well-being” (Barry & Jenkins, 2007). The health promotion framework locates mental health within a holistic definition of health based upon a social model of well-being. This also involves addressing the social, physical and socioeconomic environments that determine mental health of populations and individuals.

Combating censorship. Consistent with constructivist grounded theory, resilience as a process of resolving tensions caused by tolerance and transformation is contextually situated in participants’ experiences of time, place, culture and circumstances. Participant’s thoughts,

feelings and behaviours do not develop and occur in a social vacuum; as such inquiries were made into what aspects of their physical and social ecologies were prohibitive and facilitative of health promotion. Participants consistently shared how stigma and its implications, such as compromised opportunities for marriage, constituted the greatest barrier to accessing school/community-based health promoting resources regardless of the racial, ethnic or national groups with which they identified. Many students commented on the reality of knowing about resources yet not being able to access them because the consequences of so doing outweighed any potential benefits. Knowing that self-censoring prevents access to many health-promoting resources motivates the creation of policies aimed at ameliorating the causes of censorship.

Programs and policies aimed at supporting the processes of tolerance and transformation, and resolving the tensions arising from that dialectic, will be most effective if barriers to accessing them, the greatest of which is stigma, are removed. Stigma keeps individuals from accessing resources that can improve their health. One of this study's findings was that the stigma of growing up amid violence against women led to voicelessness, which interfered with individuals' abilities to access health-promoting services. While campaigns such as "Shine a Light on Domestic Violence" and "Walk a Mile in Her Shoes" raise awareness of the social problem constituted by violence against women and children's exposure to it, these events do not specifically highlight childhood exposure. Raising awareness may be part of an anti-stigma campaign but stigma reduction requires a collective effort across multiple contexts. "Reducing stigma requires a change in behaviour and attitudes towards acceptance, respect and equitable treatment of people" (Mental Health Commission of Canada, 2013). Similar to resilience, stigma reduction is not something an individual can accomplish; stigma and its reduction are social processes. Just as this study's findings were co-constructed with

participants, individuals with lived experience should be included in the process of developing solutions and executing programs to combat the stigma of exposure to violence against women. Their inclusion may also serve to address internalized (self) stigma. Combating stigma facilitates increased access to health resources. Stigma reduction is therefore essential to resilience promotion.

Enforcement of child protection laws. In addition to stigma, Canadian participants identified that fear of the consequences of enforcement of the Child and Family Services Act, section 72(1) contributed to self-censorship. Services are of no use to those who are too afraid of potential effects of accessing them to do so. While child safety is paramount, the laws that protect them also silence them. Participants expressed feeling responsible for maintaining silence in service of keeping their families together. As complicated an endeavor as it would be, this research points to a need to alter or create policy that both protects and gives voice to children and youth growing up amidst violence against women. As outlined by Miller (2003), there is a need to create meaningful access to rights and advocacy services for children and youth. In addition to raising awareness about advocacy services for children, issues of child protection should be discussed openly. Open communication both internally and externally, within and between organizations may improve awareness and implementation of child protection policies practices and services (Child to Child, 2009).

Since participants described feeling too fearful of removal from their homes, or their fathers (or step-father's), to disclose information about their exposure to violence against their mothers, the kinship services through the Children's Aid Society are one way of keeping children safe by entrusting their care to other family members. In their study of the effectiveness of kinship services with children exposed to partner violence, Raghunandan and

Leschied (2010) found that children in kinship care demonstrate significantly more positive adjustment, stability and reunification. One implication of these findings is that kinship care should be considered in cases of childhood exposure to violence against women.

Resilience-promoting supports. Children have little to no control over their living conditions; their abilities to promote their own health are dependent upon the resources available within their physical and social ecologies. Equipping them with the tools to affect change where they are able - promotes resilience. At the level of the individual, the process of resolving the tensions caused by the dialectic of tolerance and transformation can be fostered through teaching those exposed to violence against women emotion regulation and distress tolerance skills. Emotion regulation skills involve understanding what triggers and maintains emotions, and how to change them or their intensity (Linehan, 1993). Distress tolerance skills refer to developing capacities for tolerating distressing emotions in ways that promote health (Linehan, 1993). Access to psychotherapy for the treatment of trauma symptoms would also promote health both during and in the aftermath of exposure to violence against women.

Participants spoke about wanting to be able to share their experiences of exposure to violence against their mothers but, for the reasons mentioned above, struggled to do so. One way of overcoming this would be the creation of a mediating level of services, perhaps in partnership with the Offices of the Children's Lawyer or the Office of the Provincial Advocate for Children and Youth. Supplementary ways of helping children, such as participation in a support group in which they do not feel they have to censor information to protect their parents from arrest, would promote resolution of dialectical tensions.

Consistent with the recommendations put forth by Berman, Hardesty, Lewis-O'Connor & Humpreys (2010) to promote health in response to childhood exposure to violence against

women, at the level of primary prevention of course first and foremost is ending violence against women. Until that happens there is a need for education in schools about family violence, community-based interventions and programs. In terms of secondary prevention, developmentally appropriate support for affected individuals, including psychotherapy (Berman, 2010). With respect to tertiary prevention, support services to assist in marital disputes and advocacy are essential (Berman, 2010).

Related to combating censorship, participants noted how comforting it would have been to know that theirs was not the only family experiencing violence against women. A support group or a network of support services could provide information about alternate pathways to graduating high school as well as guide children and youth to health-promoting extracurricular activities in partnership with other community-based resources. Creating a safe space for affected youth to share experiences of their domestic realities while simultaneously helping them navigate pathways to other health-promoting resources supports processes of assessing needs and accessing resources, experiencing oppression despite isolation and oppression and accepting the present while dreaming of the future.

Directions for Future Research

The researchers whose work precedes this were of a different generation, they were pioneers in the fields of research on exposure to violence against women and resilience. It is easy in hindsight to criticize these authors but it is upon, even when in opposition to, their scholarship that the present study was designed and executed. As evidenced by the definitional discrepancies within these fields, what constitutes exposure to violence against women and resilience are inherently subjective. In pursuing quantity, generalizability and predictability researchers compromise generation of knowledge about the sociocultural contexts in which

resilience to childhood exposure to violence against women occurs and unique localized constructions therein. Since research is influenced by the researcher, future studies should, as the present study did, create opportunities for co-construction of data with those who have lived experience. Ungar (2004) advocates for resilience research to be undertaken with the inclusion of the voices of those deemed to demonstrate resilience.

“Avoiding bias in how resilience is understood and interventions are designed to promote it, Researchers and interveners will need to be more participatory and culturally embedded to capture the nuances of culture and context. The better documented youth’s own constructions of resilience, the more likely it will be that those intervening identify specific aspects of resilience most relevant to health outcomes as defined by a particular population” (Ungar, 2008, p. 234).

Just as there is no definitive, generalizable set of factors and processes supporting resilience, there cannot be a one-size-fits-all approach to the creation of programs and policies that promote it. Future research on resilience to growing up amid violence against women should focus on development and evaluation of interventions aimed at promoting health. These interventions should include all contexts of affected individual’s lives; focus should be on modifying environments such that they contribute to individual’s resilience.

Conclusion

Because violence against women and children worldwide is the most pervasive human rights violation known today (UNIFEM, 2012), research on resilience in the face of growing up amidst violence against women has never been more relevant. This study contributes to a growing body of research on resilience informed by the experiences of youth whose development was interfered with by exposure to such violence. One of the main criticisms of

qualitative research is that it produces shallow descriptions and that many grounded theory studies fail to produce a substantive theory (Buraway, 1991). Adherence to Charmaz's methodology in tandem with participant's involvement in both data and theory construction resulted in the substantive theory that resilience to growing up amid violence against women and subsequent transition to university is a process of reconciling the dialectic of tolerance and transformation.

Health promotion provides a useful framework to inform applications of findings from this and other studies whose aims are to solicit ideas and opinions about resilience to childhood exposure to violence against women, and programs and policies that promote it. Resiliency is contingent upon the individual, familial, institutional, community, cultural and legislative contexts in which compromises between competing wants and needs are made. The individuals whose experiences this theory is grounded in benefited from the privilege inherent in attending university. Tolerating and transforming thoughts, feelings, behaviours, circumstances and selves represents a further abstraction of the negotiations participants made in pursuing health during, and in the aftermath of exposure to violence against their mothers. Individuals who self-identify or who are identified by others as demonstrating resilience are in the best position to guide and inspire future research, and advise and educate policy makers and health professionals about the practice of resilience promotion.

Feminist research strives to improve the lives of those within vulnerable positions in society; this is often done by recognizing that vulnerability is not an individual problem. People are made powerless by dominant social forces. This study situated resilience to growing up amid violence against women within the context of social determinants of health. The theory of resilience to childhood exposure to violence against women and subsequent transition

to university integrated the voices of those with lived experience of exposure to this insidious form of violence while emphasizing the reality that resilience necessitates the accessibility of culturally meaningful health-promoting resources. The basic social process of tolerance and transformation does not dichotomize participants' experiences of resilience to the social epidemic of childhood exposure to violence against women; it captures that vacillation between willingness to accept and willfulness to change inherent to the process of resilience.

References

- Allan, G. (2003, July). A critique of using grounded theory as a research method. *Electronic Journal of Business Research Methods*, 2(1), Retrieved from <http://www.ejbrm.com>
- Attala, J., Bauza, K., Pratt, H., & Viera, D. (1995). Integrative review of effects on children of witnessing domestic violence. *Issues in Comprehensive Pediatric Nursing*, 18(3), 163-172.
- Aymer, S. (2008). Adolescents males' coping responses to domestic violence: A qualitative study. *Children and Youth Services Review*, 30(6), 654-664.
- Berman, H., Hardesty, J., Lewis-O'Connor, A. & Humphreys, J. (2000). The relevance of narrative research with children who witness war and children who witness woman abuse. *Journal of Aggression, Maltreatment & Trauma*, 3(1), 107-125.
- Berman, H. (2010). Exposure to abuse during childhood: Current understandings and implications for programs and policy in J Humphrey & S. Campbell (Eds.), *Family Violence and Nursing Practice* (pp. 279-318). New York, NY: Springer Publishing.
- Block, J. (1971). *Lives through time*. Berkeley, CA: Bancroft Books.
- Boxer, P., Morris, A., Terranova, A., Kithakye, M., Savoy, S. & McFaul, A. (2008). Coping with exposure to violence: Relations to aggression and emotional symptoms in three urban samples. *Journal of Child and Family Studies*, 17(3), 81-893.
- Bronfenbrenner, U. (1994). Ecological modes of human development. In T.N. Postlethwaite, T. Husen (Eds.), *International Encyclopedia of Education* (2nd ed., vol 3, 1643-1647). Oxford: Elsevier.
- Buckley, H., Holt, S., & Whelan, S. (2007). Listen to me! Children's experiences of domestic violence. *Child Abuse Review*, 16(5), 296-310.
- Byers, P. and Wilcox, S. (1991). Focus groups: A qualitative opportunity for researchers. *The Journal of Business Communication*, 28(1), 63-78.
- Caetano R., Field C., & Nelson S. (2003). Association between physical abuse, exposure to parental violence, and alcohol problems in adulthood. *Journal of InterpersonalViolence*, 18, 240.
- Campbell, J., & Humphreys, J. (2011). *Family Violence and Nursing Practice*. (2nd ed.). New York: Springer Publishing Company.
- Cannon E., Bonomi A., Anderson M., Rivara F. (2009). The intergenerational transmission of witnessing intimate partner violence. *Archives of Pediatric & Adolescent Medicine*, 163, 706-708.

- Charmaz, K. (2006). *Constructing Grounded Theory*. Los Angeles, CA: Sage.
- Cicchetti, D., & Blender, J. (2006). A multi-levels-of-analysis perspective on resilience: Implications for the developing brain, neural plasticity, and preventive interventions. *Annals of the New York Academy of Science*, 1094, 248-258.
- Cohen, D., & Crabtree, B. "Qualitative Research Guidelines Project" July 2006
<http://www.qualres.org>
- Corbin Dwyer, S. and Buckle, J. (2009). The space between: on being an insider-outsider in qualitative research. *International Journal of Qualitative Methods*, 8, 1, 54-63.
- Cox, C., Kotch, J., & Everson, M. (2003). A longitudinal study of modifying influences in the relationship between domestic violence and child maltreatment. *Journal of Family Violence*, 18(5), 5-17
- Crotty, M. (1998). *The Foundations of Social Research*. London: Sage Publications.
- Dishion, T., & Connell, A., (2006). Adolescents' resilience as a self-regulatory process. Promising themes for linking intervention with development science. *Annals of New York Academy of Sciences*. 1094, 125-138.
- DeBeauvoir, S. (1949). *The Second Sex*. New York, NY: Knopf.
- Dutton, D. (2000). Witnessing parental violence as a traumatic experience shaping the abusive personality. *Journal of Aggression, Maltreatment & Trauma*. 3(1), 59-67.
- Edleson, J. (1999). Children's witnessing of adult domestic violence. *Journal of Interpersonal Violence*, 14(8), 839-870.
- Edleson, J., Ellerton, A., Seagren, E., Kirchberg, S., Schmidt, S., & Ambrose A. (2007). Assessing child exposure to adult domestic violence. *Children and Youth Services Review*. 29, 961-971.
- Edwards V., Holden G., Felitti V., & Anda R. (2003). Relationship between multiple forms of childhood maltreatment and adult mental health in community respondents: Results from the adverse childhood experiences study. *The American Journal of Psychiatry*, 160, 1453-1460.
- Ehrensaft M., Cohen P., Brown J., Smailes, E., Chen H., & Johnson J. (2003). Intergenerational transmission of partner violence: A 20-year prospective study. *Journal of Consulting and Clinical Psychology*, 71(4), 741-753.

- Eisenberg, N., Haugen, R., Spinrad, T., Hofer, C., Chassin, L., Zhou, Q.,... Liew, J. (2010). Relations of temperament to maladjustment and ego resiliency in at-risk children. *Social Development, 19*(3), 577.
- Ellis, A. & Griger, R. (1977). *Handbook of Rational Emotive Therapy*. New York: Guildford Press.
- El-Sheikh, M., & Harger, J. (2001). Appraisals of marital conflict and children's adjustment, health, and physiological reactivity. *Developmental Psychology, 37*(6), 875-885.
- Eriksson, M. (2009). Girls and boys and victims: social workers approaches to children exposed to violence. *Child Abuse Review, 18*(6), 428-445.
- Evans, S., Davies, C., & DiLillo, D. (2008). Exposure to domestic violence: A meta-analysis of child and adolescent outcomes. *Aggression and Violent Behavior, 13*, 131-140.
- Fantuzzo, J., Boruch, R., Beriama, A., Atkins, M., & Marcus, S. (1997). Domestic violence and children : prevalence and risk in five major U.S. cities. *American Academy of Child and Adolescent Psychiatry, 36*, 116-122.
- Fantuzzo, J., Mohr, W., & Noone, M. (2000). Making the invisible victims of violence against women visible through university/community partnerships. *Journal of Aggression, Maltreatment & Trauma, 3*(1), 9-23.
- Finlay, L., & Ballinger, C. (2006). *Qualitative Research for Allied Health Professionals: Challenging Choices*. New York: John Wiley and Sons.
- Fosco, G., DeBoard, R., Grych, J. (2007). Making sense of family violence. *European Psychologist, 12*(1), 6-16.
- Foucault, M. (1991). *Discipline and Punish: the birth of a prison*. London, Penguin.
- Geffner, R., Griffin, D., & Lewis, J. (2008). Children exposed to violence: An often neglected social, mental health and public health problem. *Journal of Emotional Abuse, 8*, 3-29
- Gewirtz, A. & Edleson, J. (2007). Young children's exposure to intimate partner violence: Towards a developmental risk and resilience framework for research and intervention. *Journal of Family Violence, 22*, 151-163.
- Goldstein, S. and Brooks, R. (2005). *Handbook of Resilience in Children*. doi: 1007/0-306 48542-9_1
- Graham-Bermann, S., DeVoe E., Mattis J., Lynch S., & Thomas S. (2006). Ecological predictors of traumatic stress symptoms in Caucasian and ethnic minority children exposed to intimate partner violence. *Violence against Women, 12*(7), 662-692.

- Graham-Bermann, S., Gruber, G., Howell, K., & Girz, L. (2007). Factors discriminating among profiles of resilience and psychopathology in children exposed to intimate partner violence. *Child Abuse & Neglect, 33*(9), 648-660.
- Greene, R., Galambos, C. & Lee, Y. (2003). Resilience theory: Theoretical and professional Conceptualizations. *Journal of Human Behaviour in the Social Environment, 8*(4), 75-91.
- Grych, J., Fincham, F., Jouriles, E., & McDonald, R. (2000). Interparental conflict and child adjustment: testing the mediational role of appraisals in the cognitive-contextual framework. *Child Development, 71*(6), 1648-1661.
- Grych, J., Jouriles, E., Swank, P., McDonald, R., & Norwood, W. (2000). Patterns of adjustment among children of battered women. *Journal of Counseling and Clinical Psychology, 68*(1), 84-94.
- Gunnar, M.R. & Cheatham, C.L. (2003). Brain and behavior interface: Stress and the developing brain. *Journal of Infant Mental Health, 24*, 195-211.
- Haskett, M., Nears, K., Ward, C & McPherson, A. (2006). Diversity in adjustment of Maltreated children: Factors associated with resilient functioning. *Clinical Psychology Review, 26*(6), 796-812.
- Henderson, N. (2007). *Resiliency in Action: Practical ideas for overcoming risks and building strengths in youth, families and communities*. California: Resiliency in Action.
- Henry, D. (2001). Resilient children: What they tell about coping with maltreatment. *Social Work Health and Mental Health 34*(3-4), 283-298.
- Hernandez, B., Vigna, J., & Kelley, M. (2010). The youth coping responses inventory: Development and initial validation. *Journal of Clinical Psychology, 66*(9), 1008-1025.
- Holden, G. (2003). Children exposed to domestic violence and child abuse: Terminology and taxonomy. *Clinical Child and Family Psychology Review, 6*, 151.
- Holt S., Buckley H., & Whelan S. (2008). The impact of exposure to domestic violence on children and young people: A review of the literature. *Child Abuse & Neglect, 32*(8), 797-810.
- Howard, S., Dryden, J. & Johnson, B. (1999). Childhood resilience: Review and critique of Literature. *Oxford Review of Education, 25*(3), 307-323.
- Huth-Bocks A., Levendosky A., Theran S., & Bogat G. (2004). The impact of domestic violence on mothers' prenatal representations of their infants. *Infant Mental Health Journal, 25*(2), 79-78.

- Huth-Bocks A., Levendosky A., & Semel M. (2001) The direct and indirect effects of domestic violence on young children's intellectual functioning. *Journal of Family Violence*, 16(3), 269-290.
- Israel, E., & Stover, C. (2009). Intimate partner violence: the role of the relationship between perpetrators and children who witness violence. *Journal of Interpersonal Violence*, 24(10), 1755-1764.
- Jaffe, P., Wolfe, D., & Wilson, K. (1990). *Children of Battered Women*. London: Sage Publications.
- Jaffee, S., Caspi, A., Moffitt, T., Polo-Tomas, M & Taylor, A. (2007). Individual, family, and Neighbourhood factors distinguishing resilient from non-resilient maltreated children: A Cumulative stressors model. *Child Abuse & Neglect*, 31(3), 231-2543.
- Joseph, S., Govender, K., & Bhagwanjee, A. (2006). "I can't see him hit her again, I just want to run away. . . hide and block my ears": A phenomenological analysis of a sample of children's coping responses to exposure to domestic violence. *Journal of Emotional Abuse*, 6, 23-45.
- Jouriles, E., Spiller, L., Stephens, N., McDonald, R., & Swank, P. (2000). Variability in adjustment of children of battered women: the role of child appraisals of interparent conflict. *Cognitive Therapy and Research*, 24, 233-249.
- Kerig P., Fedorowicz A., Brown C., Warren M. (2000). Assessment and Intervention for PTSD in children exposed to violence. *Journal of Aggression, Maltreatment & Trauma*, 5(3), 161-184.
- Kerley K., Xu X., Sirisunyaluck B., & Alley J. (2010). Exposure to family violence in childhood and intimate partner perpetration or victimization in adulthood: Exploring intergenerational transmission in urban Thailand. *Journal of Family Violence*, 25, 337-347.
- Kernic M., Wolf M., Holt V., McKnight B., Huebner C., & Rivara F. (2002). Behavioral problems among children whose mothers are abused by an intimate partner, *Child Abuse & Neglect*, 27(11), 1231-1246.
- Kincheloe, J., L., & McLaren, P. (1994), Rethinking Critical Theory and Qualitative Research. (pp. 138-157). In *Handbook of Qualitative Research*. Norman K. Denzin and Yvonna S. Lincoln (Eds.). Thousand Oaks: Sage.
- Kirchner, T., Forns, M., Amador, J., & Munoz, D. (2010). Stability and consistency of coping in adolescence: A longitudinal study. *Psicothema*, 22, 382-388.

- Kirmayer, L., Sehdev, M., Whitley, R., Dandeneau, S. & Isaac, C. (2009). Community resilience: models, metaphors and measures. *Journal de la Sante Autochtone*, 5(1), 62-117.
- Kitzmann, K., Gaylord, N., Holt, A., & Kenny, E. (2003). Child witnesses to domestic violence: A meta-analytic review. *Journal of Consulting and Clinical Psychology*, 71(2), 339-352.
- Kolar, K. & Davey, D. (2007). Silent victims: children exposed to family violence. *The Journal of School Nursing*, 23(2), 86-91.
- Kolbo, J. (1996). Risk and resilience among children exposed to family violence. *Violence and Victims*, 11(2), 113-128.
- Kracke, K., & Cohen, E. (2008). The safe start initiative: building and disseminating knowledge to support children exposed to violence. *Journal of Emotional Abuse*, 8, 155-171.
- Lambert, S., & Loiselle, C.G. (2008). Combining individual interviews and focus groups to enhance data richness. *Journal of Advanced Nursing*, 62(2), 228-237.
- Lepisto, S., Astedt-Kurki, P., Joronen, K., Luukkaala, T., & Paavilainen, E. (2010). Adolescents' experiences of coping with domestic violence. *Journal of Advanced Nursing*, 66(6), 1232-1245.
- Levendosky, A., Huth-Bock, A., Semel, M., & Sharpiro, D. (2002). Trauma symptoms in preschool-age children exposed to domestic violence. *Journal of Interpersonal Violence*, 17(2), 150-164.
- Levendosky, A., Leahy, K., Bogat, A., Davidson, W., & von Eye, A. (2006). Domestic violence, maternal parenting, maternal mental health, and infant externalizing behavior. *Journal of Family Psychology*, 20(4), 544-552.
- Levendosky, A., Bogat, A., & vonEye, A. (2007). New directions for research on intimate partner violence and children. *European Psychologist*, 12, 1-5.
- Levine, M.D. (1975). Interpersonal violence and its effects on the children: A study of 50 families in general practice. *Medicine, Science & Law*, 15, 172-176.
- Liebenberg, L. & Ungar, M. (2009). *Researching Resilience*. Toronto: University of Toronto Press.
- Lieberman, A., Van Horn, P., & Ozer, E. (2005). Preschooler witness of marital violence: Predictors and mediators of child behavior problems. *Development and Psychopathology*, 17(2), 385-396.

- Linehan, M. (1993). *Cognitive Behavioural Treatment of Borderline Personality Disorder*. New York: Guilford Press.
- Luthar, S., Sawyer, J., & Brown, P. (2006). Conceptual issues in studies of resilience: Past, present, and future research. *Annals of New York Academy of Science*, 1094, 105-115.
- Luthar, S., Cicchetti, D. & Becker, B. (2000). The construct of resilience: A critical evaluation and guidelines for future work. *Child Development*, 71(3), 543-562.
- Luthar, S. & Becker, B. (2002). Privileged but pressured? A study affluent youth. *Child Development*, 73(5), 1593-1610.
- Luthar, S. (1991). Vulnerability and resilience: A study of high-risk adolescents. *Child Development*, 62(3), 600-616.
- Luthar, S., & Cicchetti, D. (2000). The construct of resilience: Implications for interventions and social policies. *Development and Psychopathology*, 12(4), 857-885.
- Luthar, S., & Zigler, E. (1991). Vulnerability and competence. *American Journal of Orthopsychiatry*, 61(3), 327-338.
- Magnusson, D. (1998). The logic and implications of a person-oriented approach, in *Methods and Models for Studying the Individual*. California: Sage Publications 33-62.
- Malvar Pargas, R., Brennan, P., Hammen, C., & Le Brocque, R. (2010). Resilience to maternal depression in young adulthood. *Developmental Psychology*, 46(4), 805-814.
- Martin, S. (2002). Children exposed to domestic violence: Psychological considerations for health care practitioners. *Holistic Nursing Practice*, 16(2), 7-15.
- Martinez-Torteya, C., Bogat, G., von Eye, A., & Levendosky A. (2009). Resilience among children exposed to domestic violence: The role of risk and protective factors. *Child Development*, 80(2), 562-577.
- Masten, A. (2001). Resilience processes in development. *American Psychologist*, 56, 227-268.
- Masten, A., Garmezy, N., Tellegen, A., Pellegrinin, D., Larkin, K. & Larsen, A. (1998). Competence and stress in school children: The moderating effects of individual and family qualities. *Journal of Child Psychology and Psychiatry*, 29(6), 745-764.
- Masten, A., & Obradovic, J., (2006). Competence and resilience in development. *Annals of the New York Academy of Science*, 1094, 13-27.
- McCallin, A. M. (2003). Designing a grounded theory study: Some practicalities. *Nursing in Critical Care* 8(5), 203-208.

- McDonald, R., Jouriles, E., Ramisetty-Mikler, S., Caetano, R., & Green, C., (2006). Estimating the number of American children living in partner-violent families. *Journal of Family Psychology, 20*(1), 137-142.
- Meltzer, H., Doos, L., Vostanis, P., Ford, T. & Goodman, R. (2009). The mental health of children who witness domestic violence. *Child and Family Social Work, 14*(4), 491-501.
- Miller, D. B., & MacIntosh, R. (2009). Promoting resilience in urban African American adolescents: racial socialization and identity as protective factors. *Social Work Research, 23*(3), 159-169.
- Mullener, A., Hague, G., Iman, U., Kelly, L., Malos, E., & Regan, L. (2003). *Children's Perspectives on Domestic Violence*. London: Sage.
- Neff, K., & McGehee, P. (2010). Self-compassion and psychological resilience among adolescents and young adults, self and identity. *Self and Identity, 9*(3), 225-240.
- Nelson, C., & Carver, L. (1998). *The effects of stress and trauma on brain and memory: A view from developmental cognitive neuroscience*. *Development and Psychopathology, 10*(4), 93-809.
- Onyskiw, J. (2003). *Adjustment in children exposed to intimate partner violence: clinical research*. *Journal of Emotional Abuse, 6*(2-3), 11-45.
- Perry, B. D., & Pollard, R. (1998). Homeostasis, stress, and adaptation: A neurodevelopmental view of childhood trauma. *Child and Adolescent Psychiatric Clinics of North America, 7*(1), 33-51.
- Phillips, B. & Phillips, D. (2010). Learning from youth exposed to domestic violence. *Violence against Women, 16*(3), 291-312.
- Polkki, p., Ervast, S. & Huupponen, M. (2010). Coping and resilience of children of a mentally ill parent. *Social Work in Health Care, 39*(1), 151-163.
- Porter, B., & O'Leary, K.D. (1980). Marital discord and childhood behavior problems. *Journal of Abnormal Child Psychology, 8*(3), 287-295.
- Powell, R. & Single, H. (1996). Methodology matters – V: focus groups. *International Encyclopedia of Education, 3*(5), 499-504.
- Prince-Embury, S., Steer, R., (2010). Profiles of personal resiliency for normative and clinical samples of youth assessed by the resiliency scales for children and adolescents. *Journal of Psychoeducational Assessment, 28*(4), 303-314.

- Raghunandan, S., & Lescied, A. (2010). The effectiveness of kinship services with children exposed to partner violence: Exploring a dual victim treatment approach. *Family in Society: The Journal of Contemporary Social Services*, 52-59.
- Raphael, D. (2004). *Social Determinants of Health*. Toronto: Canadian Scholars Press.
- Reynolds, M., Wallace, J., Hill, T., Weist, M., & Nabors, L. (2001). The relationship between gender, depression, and self-esteem in children who have witnessed domestic violence. *Child Abuse & Neglect*, 25(9), 1201-1206.
- Rutter, M. (1979). Protective factors in children's responses to stress and disadvantage. In M.W. Kent & J.E. Rolf (Eds.), *Primary Prevention of Psychopathology: Vol 3, Social Competence in Children* (pp. 49-74). Hanover: University Press in New England.
- Rossmann, B.B., Ho, J., & Joyce, R. (2000). Posttraumatic response and children exposed to parental violence. *Journal of Aggression, Maltreatment & Trauma*, 3(1), 85-106.
- Sartre, J.P. (1976). *Critique of Dialectical Reason*. London: New Left Books.
- Sameroff, A., & Rosenblum, K. (2006). Psychosocial constraints on the development of Resilience. *Annals of the New York Academy of Science*, 1094, 116-124.
- Siegel, D. (1999). *The Developing Mind: How relationships and the brain interact to shape who we are*. New York: Guilford Press.
- Skopp, N., McDonald, R., Manke, B., & Jouriles, E. (2005). Siblings in domestically violent families : Experiences of Interparent conflict and adjustment problems. *Journal of Family Psychology*, 19, 324-333
- Smith, C., & Carlson, B. (1997). Stress, coping and resilience in children and youth. *Social Service Review*, 27(3), 207-221.
- Spilsbury, J., Kahana, S., Drotar, D., Creedon, R., Flannery, D., & Friedman, S. (2008). Profiles of behavioral problems in children who witness domestic violence. *Violence and Victims*, 23(1), 3-17.
- Straus, M., Gelles, R., & Steinmetz, S. (1980). *Behind Closed Doors*. Garden City: Anchor Press.
- Taylor, R. (2010). Risk and resilience in low-income African American families: Moderating effects of kinship social support. *Cultural Diversity and Ethnic Minority Psychology*, 16(3), 344-351.
- Tong, R. (1995). *Feminism and Philosophy*. Boulder: Westview Press.

- Ungar, M. (2004). A constructivist discourse on resilience: Multiple contexts, multiple realities among at-risk children and youth. *Youth & Society*, 35(3), 341-365.
- Vallone, R., Addona, F., D'Elia, L., & Vicari, S. (2009). Child abuse: A multidisciplinary approach. *Pediatrics and Child Health*, 19(3), 207-210.
- Weber, D., Reynolds, R. (2004). Clinical perspectives on neurobiological effects of psychological trauma. *Neuropsychological Review*, 14(2) 115-129.
- WestEd (2011, August). *California Healthy Kids Survey*. Retrieved from http://www.chks.wested.org/resources/rydm_flyer08.pdf.
- Wuest, J. (1995). Feminist Grounded theory: An exploration of the congruencies tension between two traditions in knowledge discovery. *Qualitative Health Research* 5(1), 125-137.
- Whitfield C., Anda R., Dube S. & Felitti V. (2003). Violent childhood experiences and the risk of intimate partner violence in adults: Assessment in a large health maintenance organization. *Journal of Interpersonal Violence*. 18(2), 166-185.
- World Health Organization (2009, July). *Violence against Women* (Fact Sheet No.239). Retrieved from <http://www.who.int/mediacentre/factsheets/fs239/en/>.

Appendix A

Semi-Structured Interview Guide

Please describe the challenges you faced growing up.

What gave you a sense of safety and security growing up?

What interfered with your sense of safety and security growing up?

- Who did you talk with about your thoughts and feelings?
- Who stood by you during difficult times?
- What are some of the strengths of your family?
- What are some of the strengths of your community?

What would I need to know in order to grow up well under the conditions you grew up in?

- How do you describe people who grow up well despite exposure to violence?

What do you do when you're faced with challenges in your life?

- From whom did/do you seek support during such times?
- Where do you seek respite/relief during stressful times?

What does being healthy mean to you and others in your family, community and culture?

- What do you do to sustain health

What sorts of things provide a source of strength for you?

- Do you participate in community activities?
- Do you participate in organized cultural events?
- Do you participate in organized religious activities?
- What are some of your strengths?

Please describe the challenges you faced leaving home and coming to college/university

- How did/do you respond to these?
- How did/do you establish a sense of safety and security here?
- How do you maintain health here? What gets in the way of maintaining your health?
- What resources are available to you in this context/environment/community?
- What resources have you accessed?
- What resources would you have liked to have, that were not available to you?

Appendix B

Focus Group Interview Guide

What words are related to resilience?

What are some examples of resilience in individuals, families, communities and institutions?

What programs/services should be available to individuals who grew up in conditions like yours (amid violence against women)?

What aspects of family, community and scholastic environments promote resilience? How? How do those aspects shape the transition to university?

CIRRICULUM VITAE

TATIANA MURKIN, Ph.D., M.A., C. Psych. Assoc.

EDUCATION

Western University
Ph.D. Health Promotion 2009-2013
Dissertation: Resilience as Health promotion in action: university students who grew up amid violence against directed towards their mothers

Adler School of Professional Psychology 2007-2009
Psy.D. in Clinical Psychology (all but dissertation and internship)

Adler School of Professional Psychology 2004-2007
M.A. in Counselling Psychology
Thesis: Clinical implications of the neurodevelopmental effects of psychological trauma

Western University 1998-2003
B.A. in Psychology and Philosophy
Areas of Concentration: clinical psychology, neuropsychology and theoretical physics
Honors Thesis: Love and the opponent process theory of acquired motivation

PROFESSIONAL & RESEARCH EXPERIENCE

Archways Centre for CBT August 2013 –
Present
Psychological Associate
Individual psychotherapy, psychological assessment

Scarth & McKillop August 2012 - Present
Psychological Associate
Individual Psychotherapy, psychological assessment, psychological report writing

Western University – Student Development Centre: Psychological Services May 2007 – July 2012
Psychological Associate (supervised practice)
Individual psychotherapy, psychological assessment, group psychotherapy, crisis intervention, group psychotherapy program coordinator

Western University - Centre for Research and Education on Violence against Women and Children Sept. 2010 - June 2011
Research Assistant
Participant recruitment and data collection on “Violence in the Lives of Youth”

Western University – Student Development Centre: Psychological Services Sept. 2006 – April 2007
Clinical Intern
Individual psychotherapy, psycho-educational lectures, crisis intervention, psychological assessment

Western University – Psychology Department 2004 - 2006
Research Assistant
Participant recruitment, data collection, data analysis

Child and Parent Resource Institute 2003 - 2004
Research Assistant

Scoring the Social Skills Rating Questionnaire (SSRQ) and Parent Stress Inventory (PSI)

AWARDS

Best Poster Health and Rehabilitation Science (HRS) Graduate Research Forum	February 2012
Western Graduate Scholarship	2009 – 2013
Western Scholarship of Distinction	1998 – 1999

PRESENTATIONS & GUEST LECTURES

International Institute for Qualitative Methodology Poster Presentation: Resilience as Health Promotion in Action	June 2011
Western University HRS Graduate Research Forum Poster Presentation: Resilience as Health Promotion in Action	February 2012
Western University – Faculty of Nursing Guest lecture for Interpretive and Critical Research Methods “Qualitative Data Analysis Strategies”	March 2013