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Women Framing their Journey from Interpersonal Violence to Positive Growth

by

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Dedication

To my Baba,
my grandmother.

You were a gardener,
planting the seeds of unconditional love within
each of your granddaughters to continue for generations.

You showed us how to love unwaveringly,

This work,

I dedicate to you.

Through you I am able to

tell new stories.

These stories I will remember always
as I reiterate your parting words back to you

“Thank you, thank you, thank you.”

Abstract

Many women and girls experience physical and sexual abuse in their lives and often are exposed to the abuse over a period of time. In this dissertation I explore the experiences of growth for women who have experienced interpersonal violence (IPV). Although underreported due to the associated stigma, girls and women are frequently victims of IPV. The powerful dynamic of secrecy surrounding IPV ensures it remains hidden in the private sphere, where victims are held hostage by fear and trauma, shame and isolation, denial and emotional manipulation. Statistics and research report mostly the negative after effects of IPV which often obscures the strength, insight or positive growth experienced by women exposed to IPV. The main purpose of this study was to highlight women's journey from IPV to positive growth answering the following research questions: How do women find strength and positive meaning in their lives after IPV? What helps them grow, what hinders them? Who was there for them? Who was not? A qualitative research study, using photovoice and a narrative inquiry approach, was undertaken with a group of eight women who had formed an advocacy group subsequent to their own experiences of IPV. By engaging in photography work, individual conversations and group discussions, important issues were brought forward highlighting participants experiences. As part of the research process I composed narrative accounts for each of the women and then looked across the accounts for resonant threads that spoke to my initial research questions. Using a weaving metaphor highlights the importance of the texture of the thread and the tension of the weave of diverse experiences. The warp threads can be seen as representing values and the influences of our families making up our core and are part of our intergenerational heritage. Hearing

women's journey of strength and growth following IPV helped to empower participants to talk about their experiences and lift the veil of silence on the topic of violence against women. This research helps to inform nurses and other healthcare provider's practice of how best to support and encourage positive growth alongside women who have been exposed to IPV.

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My family and dear friends who have helped me through the most difficult times in my life. Your unconditional love has given me the strength and courage to pursue my dreams.

“Thank you, thank you, thank you.”

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Chapter 1:

Coming to the Question

This inquiry is rooted in the world of my childhood where a dark presence hung like a menacing thundercloud over my whole family. No one ever acknowledged it and we certainly did not talk about it, but it was there and its effects were palpable, even to me. I was most aware of the dark presence when visits to my grandparents' home ended abruptly with my sisters and I being scooted into the car because "something" was "not good." No one ever told us what was happening, but we understood that it was something bad and it was a secret. It was not until I was a teenager that I understood that the dark presence—our family secret—was my grandfather's alcoholism and his abusive behaviour toward my grandmother. Many years later, when I asked her about her childbearing years, she informed me that she had more than the four pregnancies that I knew about. What I understood was that my mother had an older brother who died when he was 2 years old, and then there was my mom, a younger sister, and the baby of the family, all girls. What my grandmother was telling me was that she had three miscarriages, two between my mom and her next sister and one between her last two daughters. She was sure it had to do with the domestic violence she experienced. At the time I listened to my grandmother talk, I was in a serious relationship with a controlling young man who was later to become my abusive husband. Yet at that time I was not making the connection between my grandmother's experience and what I was going through. I was shocked and unable to respond. What I have come to know now is that our family secret continued through the stories I lived.

I was nervous to write about my family's history with domestic violence. I was not sure how my family, especially my mom, would feel about these *secrets* being put down on paper. It was as if I made the invisible threads tightly woven into my familial stories visible. Reluctantly I called my mom to talk about it and her response surprised me. After years of not talking about our family secret my mom had come to realize that the abuse needed to be talked about. She admitted that it is very difficult for her to see others caught in abusive relationships, continuing the violence present in our familial stories. She sees now that the silence is part of the problem. I still hear her voice saying "We need to talk about it! Get the issues out in the open! Talking openly is the only thing that will bring a stop to violence."

The need to understand my family secret drew me to nursing—I needed to know, to understand that which was not talked about, questioned, or discussed. Why are we secretive about violence? Why is violence so difficult to talk about? Along my journey to becoming a nurse I met people with secrets who were willing to share their stories with me—stories of secrets so awful I could hardly believe that anyone could live through such abuse and violence. I began to learn that violence is not limited to an unfortunate few; it is pervasive. Girls and women all around me live with or had lived through many different types violence including physical and sexual childhood abuse, date rape, and domestic violence in adulthood. What puzzled and disturbed me the most about what I heard was that many people seemed unconcerned about the alarming rates of violence against girls and women.

I got to the point where I did not want to know any more. There was simply too much violence, too much abuse, too much hurt to comprehend. And then I met Sarah. She was a nurse working on one of the units where I was placed during a student practicum. She had lived through many violence experiences, starting in her childhood, but she did not let that stop her. She had grown through her own tragedy and made a life for herself that showed me that violence does not have to hold one back. She was willing to speak up about the violence that she had faced during her lifetime and showed me that there was another way to live. Looking back, I can see now how much of my encounter with Sarah began to shape my current research question.

Violence against Women: A Significant Public Health Problem

“Around the world, millions of women and girls suffer from physical and sexual violence, with little recourse to justice and protection” (United Nations Children’s Fund [UNICEF], 2007, p. vii). Although underreported because of the associated stigma, girls and women are frequently victims of physical and sexual violence both inside and outside the home. The World Health Organization (WHO, 2011) revealed that between 15 and 71% of women experience physical or sexual assault from an intimate partner.

The World Bank (2011) estimates that violence against women and girls between the ages of 16 and 44 are responsible for more deaths and illness worldwide than are cancer, road traffic accidents, and malaria put together. The effect of violence imposes a heavy burden on society. In its report on the economic dimensions of interpersonal violence (IPV), the WHO (2004) considers the direct economic costs associated with medical and healthcare, legal services, perpetrator control and policing, incarceration,

foster care, and private security contracts. Some of the indirect economic costs of IPV include lost earnings and productivity, lost time, lost investments in human capital, indirect protection costs, insurance costs, psychological costs, and other non-monetary costs. A Canadian study (Barret & St. St. Pierre, 2011) showed that 30% of abused women give up work completely and 50% are temporarily unfit for work. Considering that women often spend their income on the survival, health, schooling, and vocational training of their children, a decrease or loss of income has a direct impact on their children (Baumgarten & Erdelmann, 2003). Even in industrialized countries, the home is a dangerous place for many women.

IPV: A Women's Health Problem across the Lifespan

Violence can and does occur across the lifespan of girls and women and includes childhood abuse and neglect, date rape, and/or domestic violence in adulthood. Because acts of violence against girls and women are generally committed by their own relatives, partners, or close friends, they are acts of IPV. The WHO (2002) defines IPV as violence perpetrated on one individual by another. They further subdivide IPV into *family and intimate partner violence* and *community violence*. The former category includes child maltreatment, intimate partner violence, and elder abuse, while the latter is broken down into *acquaintance* and *stranger* violence and includes youth violence, assault by strangers, violence related to property crimes, and violence in workplaces and other institutions.

Evidence shows that all forms of IPV are overwhelmingly perpetrated against women (Dobash, Dobash, Cavanagh, & Lewis, 2004) by their heterosexual male partners

(Dobash & Dobash, 1995; Johnson & Sacco, 1995; Moracco, Runyan, & Butts, 1998; Tjaden & Thoennes, 2000). Women exposed to violence tend to experience more physical injuries and poorer psychological outcomes than do men experiencing violence (Tjaden, & Thoennes, 2000). Males and females respond differently and attach diverse meaning to violence experiences. Hunnicutt (2009) purports that victimization falls along gendered lines with the level of violent victimization differing for males and females, and the *context* in which violence plays out differs for males and females. Men typically have greater physical strength, so when they perpetrate violence against women it often results in more injuries and death. Hunnicutt also suggests that the circumstances, relationships, and etiologies tend to be different when women are killed compared to men. “When women are victims of homicide, they are more likely to be killed by an intimate partner than are men, and the killing often follows a history of domestic violence” (Hunnicutt, 2009, p. 557).

Health Implications of IPV

Early research on IPV provides detailed information about the negative health consequences of IPV. According to the Center for Health and Gender Equity (2000), health consequences of violence against women include: reproductive health problems such as unwanted pregnancies, sexually transmitted diseases, and adverse pregnancy outcomes; psychological concerns, for example, anxiety and fear, low self-esteem/efficacy; physical injury related to battering and rape; re-victimization; and economic abuse. Youth experiencing violence in one domain of their life have an increased likelihood of violence in other domains (Herrenkohl & Hererenkohl, 2007; Slep

& O’Leary, 2005) with a wide-range of negative outcomes such as aggression and delinquency, emotional and mood disorders, post-traumatic stress symptoms, risk-taking behaviors, and compromised cognitive performance (Margolin, & Gordis, 2000). Other effects of violence and child abuse include depression, eating disorders, sleep disorders, substance misuse, sexual problems, low self-esteem, self-blame, suicidality, and posttraumatic stress disorder (PTSD) (Briere & Elliott, 2003; Gillespie & Nemeroff, 2005; van der Kolk, Bessel, Pelcovitz, Roth, Mandel, Francine, et al., 1996). There is a potential for children who have suffered maltreatment to show school performance problems, poor social skills, attention deficits, and physical aggression (National Research Council, 1993). Recent research has linked childhood trauma to PTSD and subsequent psychological and physical diseases such as depression, anxiety, somatization, eating disorders, alcohol and drug abuse, and suicide (Dube, Felitti, Dong, Chapman, Giles, & Anda, 2003; Hall, 1996). Arias (2004) documented sequelae of adult women survivors of child maltreatment to include PTSD, depression, anxiety, somatization, substance abuse, eating disorders, personality disorders, and suicidal behavior. The study by Arias in 2004 also identified poor social and academic outcomes among survivors of childhood victimization, as well as a greater number of sexual partners and an increased likelihood of unwanted first pregnancy. Women experiencing IPV suffer both acute physical injuries and long-term health problems (Bergman & Brismar, 1991; Campbell & Soeken, 1999). Crofford (2007) states, “There is no question that women exposed to emotional, physical, and sexual abuse suffer negative consequences with respect to health related quality of life” (Crofford, 2007, p. 308).

Although IPV clearly impairs the health of women and girls, it is difficult to understand its true impact due to the manner in which information is gathered. Medical reports do not always provide details about the causes of violence-related diseases and injuries. As well, women and girls may be reluctant to disclose current issues or histories of IPV and perpetrators rarely admit it. Persons close to the victims or perpetrators might suspect that violence occurs, but refrain from intervening out of fear or misplaced belief about the sanctity of the family. When nobody talks about it, it is as if the violence does not exist, even though it defines the reality for those who live with it. This too is part of my familial story; my grandmother was silenced.

Today, gender-based violence is acknowledged as a human rights violation and as a form of discrimination that prevents girls and women from participating fully in society and fulfilling their potential as human beings. While it is important to acknowledge all of the negative impacts of IPV on women and their families' lives, it only is one part of their lived experience. Remembering Sarah, I too have come to know that women hold the potential to grow from trauma and become empowered to change. This quest to understand women's experience of IPV is driven by my own story, the secrets that I have kept, and my desire to change our current response to violence against women. My research too comes from a desire to no longer be storied by the violence I experienced and that is part of my life, but also by stories of growth and possibility.

Despite increased knowledge of the incidence and negative effects of violence against women, nurses report feeling ill-equipped to deal with the after effects of IPV (Yonaka, Yoder, Darrow, & Sherck, 2007). At the same time, Ansara and Hindin (2010)

reported that women typically turn to health professionals for help following IPV. Health care providers are not taught about IPV or what to do if it is revealed. This points to a disconnect within the health care system, which often leaves women who experience IPV with no voice in their own health care. Health care providers offer essential resources and can benefit from research which engages women to explore their positive growth following IPV. Those working in health care are an essential source of expertise to stimulate educational, policy, and social change. Sharing the stories of these women with health and social care providers offers insights into the women's world from their own standpoint.

Missing Voices: IPV and the Silencing of Girls and Women

One of the most powerful dynamics of violence is secrecy. At the heart of every secret is the injunction to remain silent. This silence ensures that IPV remains hidden in the private sphere, where victims are held hostage by fear and trauma, shame and isolation, denial and emotional manipulation. The silence becomes a part of the violence, reinforcing its harm and adding to the isolation. At the same time, the silence does offer a kind of refuge for some because if they do not speak it into existence, it does not feel real. Silence can become a default position—no one wants to hear about violence anyway, because it may call forth responsibilities (real and perceived) to address these issues. Existing healthcare practices and policies can further silence those who have experienced violence.

Carol Gilligan (1982) was among the first to point out the critical difference between *silence* and *silencing*. An individual may freely choose not to speak, to remain

silent. Silencing however is a completely different matter. Silencing arises out of fear that renders an individual voiceless even when they want to speak. As Hardy and Laszloffy (cited in Crenshaw & Seymour, 2009) explain, the core dynamic of all oppression is the silencing of the subjugated. This means that who speaks and who is silenced is a direct function of power, a central issue in feminist research. Who has the right to author another's life? Are individuals allowed their own voice or are they subject to imposed silence? Do individuals choose not to disclose certain information or are they simply not heard by those they tell? Thus power may be expressed as voice or as silencing depending on who holds the authority to give (Griscom, 1992). By viewing IPV from a feminist standpoint we are challenged to see and understand the world through the eyes and experiences of women and apply this vision to social change.

While there is a growing literature on the health effects of IPV, the focus of that literature has been limited to specific violence situations such as child sexual abuse or rape experiences (Arias, 2004; Browne & Finkelhor, 1986; Polusny & Follette, 1995; Wekerle et al., 2001) and does not always reflect the voices of affected girls and women. What is missing in the literature are the accounts of women who have lived through violence experiences and made positive changes in their lives. Indeed, I know women who have lived through unthinkable violence as children, adolescents, or adults, yet have come to lead positive, meaningful, and personally fulfilling lives. This potential has not been well explored in a gender specific manner, nor as it relates to IPV across the lifespan.

Aim of this Inquiry

The violence in women's and girls' lives must be discussed to help move the issue from private to public arenas. We are gaining a clearer idea of the prevalence of IPV against women; however, existing studies provide little solace or hope to women. Questions remain, such as: What happens after the immediate and short term aftermath of survival, seeking safety, dealing with the physical and psychological consequences? Are women able to grow? Is there potential for positive change following IPV as in other trauma situations?

This study begins with the assumption that positive change following IPV is possible. The purpose of this study is to collaborate with women who have experienced IPV to gain an understanding of their experience of positive change. My specific objectives are to: (a) enable women who have experienced violence to record and reflect on their experience of positive change; (b) promote critical dialogue and develop knowledge about positive change following violence experiences through group discussion and photographs; and (c) offer this information in a format that is accessible to other women survivors of violence, health care practitioners, and decision makers. The research design involves using photovoice with a group of community-dwelling women who have had past experiences of IPV and are part of a community support program. My study is also guided by narrative inquiry, with a focus on experience over time in context and place (Clandinin & Connelly, 2000).

My study will move beyond a vulnerability/deficit model of health care and focus instead on strength in the face of adversity (O'Leary & Ickovics, 1995; Tedeschi &

Calhoun, 1995). The study uses photovoice and conversations to explore the positive changes made by women who have experienced IPV. I will consider IPV to be violence that occurs at any age, with an understanding that re-victimization is associated with childhood maltreatment. I will also take into consideration that the consequences of violence are often enduring, with the process of positive change likely lengthy and ongoing.

As a human rights and humanitarian concern, violence against girls and women demands responses at all levels: from individual and family through community and national and international levels. Nurses working in the healthcare system have an opportunity to advance the agenda of the third Millennium Development Goal: Promoting gender equality and empowering women (United Nations Millennium Declaration, 2000). Hearing women's experiences of positive growth following IPV will help to empower women to talk about their experience and perhaps shift the veil of silence.

This inquiry considers IPV in a gender specific manner and focuses on women who have experienced interpersonal trauma over their lifespan. As I reflect on my intentions I am reminded of Marie DeSantis (2005).

The most admired heroes of any culture are those who have stood up to tyranny and oppression and fought for liberty and justice. Yet rarely have these acclaimed heroes battled alone, without weapons or troops of any sort, with children in tow, and with the enemy entrenched in their home, in their hearts, and sleeping in their beds. Yet these are exactly the extreme and painful conditions under which

women all over the world set out to make their escapes from domestic violence.

And even so, right up until today, the bravery of women's struggles for freedom is still too often met with the cruelty of questions like 'Why don't you just get up and leave,' instead of being given the admiration and respect their struggles deserve. (p. 1)

Implications for Nursing

There is now a significant body of knowledge regarding the incidence and negative effects of IPV on women's health and well-being, yet the violence continues. The WHO has called for a public health approach in prevention and early intervention as part of their Global Campaign for Violence Prevention (2006). By definition, public health aims to provide the maximum benefit for the largest number of people. Programs for violence prevention based on the public health approach are designed to expose a broad segment of a population to prevention measures and to reduce and prevent violence at a population-level. Empowering women and giving them a voice to raise awareness that positive change is possible will serve as a strategy to prevent further violence. In addition, based on my own experience, once out of the cycle of violence, women are often better equipped to advocate for violence prevention for themselves and their children. This research also furthers nursing knowledge concerning the potential for positive change following IPV. In some ways my study is a response that "[s]ocial education and awareness programs and the creation of new norms continue to be a major need. Community attitudes can be changed through education" (Brandt, 2003, p. 12). This information can also be used to educate health care professionals and develop

strength-based nursing interventions that can support women along their journey towards positive change.

Despite efforts to prevent or decrease risk of occurrence, violence experiences remain a part of many women's lives. A promising area of exploration is to work alongside women reflecting on their journey following IPV and identify positive change as a real potential. Disseminating this information can communicate the possibilities to all women, educators, health care providers, and policy makers to promote an effective health focus which emphasizes a thriving community. Engaging in research that focuses on growth and enhanced health rather than illness will help nurses to move beyond a vulnerability/deficit model of care. Nurses are in positions to engage girls and women by advocating for and initiating support programs aimed at overcoming barriers in policy and social norms that discriminate against women.

The findings of this inquiry will inform a deeper understanding of positive growth following IPV in women's own words. Violence against women is a human rights violation and silence protects those who abuse girls and women. As health care providers we have an opportunity to empower women to break the silence of violence. At the same time,

Not only women, but also men, need liberation from violence—from patterns of thinking and action that devalue and destroy human life rather than nurture it, that undermines one's own ability to protect the weak, and that send ripples across society and into future generations. If humanity can be viewed as a fabric that is

knitted together, then one person inflicting or suffering violence, however subtle, stains and unravels that fabric. (Brandt, 2003, p. 52).

Throughout the inquiry I will hold close my own experiences, as I inquire into the positive growth of women who have experienced IPV.

Chapter 2: Literature Review

In this chapter I review relevant research literature in the fields of trauma, posttraumatic growth, and the potential for positive growth following IPV. Various types of crises and stressors can serve as the impetus for growth. Although research has uncovered the possibility of growth following the trauma of chronic illness, heart attack, military combat, plane crashes, tornadoes, shootings, and bereavement (Linley & Joseph, 2004) it remains unclear whether certain events are more likely to result in growth than others. Furthermore, the topic of girls' and women's positive growth following IPV has not been well explored and many questions remain unanswered.

It is estimated that one in every five women will experience some form of violence during her lifetime, making violence against women a major global public health problem and a violation of human rights. The increased attention to IPV means that there is a growing recognition of the harmful effects violence has on women's and children's physical and mental health. We have seen many advances in understanding the nature of child abuse and IPV against women; however the majority of research has taken a narrow focus. Different types of abuse have been studied in isolation. That is, child sexual abuse is studied separately from child physical abuse or spousal assault. Researchers have yet to look at the issue from a more complex understanding of the context and continuum of violence against women. Research on domestic violence has thoroughly addressed its negative consequences; however, this line of inquiry can be greatly enhanced by considering how women transform their struggles with adversity to

reveal a more complete picture of journey. Therefore my research will take a broad look at IPV against women whether occurring in childhood, adolescence, or for adulthood.

Researchers who focus on childhood IPV have discovered that chronic trauma interferes with ongoing adaptation and development, leaving the child with a lack of a positive sense of self, poorly modulated affect and impulse control, and uncertainty about the reliability and predictability of others. These reactions carry over into the teen years and adult life (Wekerle et al., 2001). Research also reveals a link between childhood sexual abuse and increased vulnerability for assault in adulthood (Browne & Finkelhor, 1986; Polusny & Follette, 1995). “The negative outcomes of adulthood victimization are especially pronounced when there is a history of childhood maltreatment” (Arias, 2004, p. 468). Studies of community-dwelling women reveal rates of re-victimization ranging from 37% to 68% (Wyatt, Guthrie, & Notgrass, 1992). Survivors of childhood sexual abuse were found to be 11 times more likely than those not abused to experience rape or attempted rape (Fergusson, Horwood, & Lynskey, 1997) and between 27% and 49% more likely to experience adult physical abuse (Briere & Runtz, 1987; Walker & Browne, 1985).

At the same time, encounters with violence may push some women to find the strength to grow and make positive life changes. This positive change has been described in terms of an “ability to cope with adversity, realization of an appreciation for the value of life [, and] a sense of accomplishment and resilience” (Dunning & Silva, 1981, p. 1). This chapter reviews selected literature on the related concepts of posttraumatic growth

(PTG), resilience, and thriving. It is my aim to establish that positive change can occur following IPV and review how this change has been conceptualized.

Positive changes following adversity have been considered for many years in domains such as literature, philosophy, and religion (Tedeschi & Calhoun, 1995; Tedeschi, Park, & Calhoun, 1998). Much philosophical inquiry has revolved around the notion that suffering can lead to positive outcomes. This idea is also found in the work of novelists, dramatists, and poets (Tedeschi & Calhoun, 1995). In the 20th century several clinicians and scientists in the domain of psychology addressed the ways in which life crises offered possibilities for positive personal change (e. g., Caplan, 1964; Frankl, 1963; Maslow, 1954). Caplan (1964) wrote at length about how individuals encountering major life crises may be helped to cope more effectively and develop psychologically as a result. Maslow (1970) consistently pointed out that psychologists should expand their views and study “people who are actually *healthy*” (p. 270) and the positive aspects of human nature. Seligman (as cited in Snyder & Lopez, 2001) takes the notion of studying the positive aspects of human nature to another level with the Positive Psychology movement with the aim to “catalyze a change in psychology from a preoccupation only with repairing the worst things in life to also building the best qualities in life” (p. 3). Positive psychology is primarily concerned with using psychological theory, research and intervention techniques to understand the positive, adaptive, creative and emotionally fulfilling aspects of human behavior. Seligman (2000) as well identifies the “need to call for massive research on human strength and virtue” (p. 8).

It was not until the 1980s and 1990s however, that scholars systematically began to study the possibility of growth arising from experiences of trauma and violence. The capacity for people to grow following experiences of adversity has been documented in diverse populations (Calhoun & Tedeschi, 2006). These positive changes have been variously labeled posttraumatic growth (Tedeschi & Calhoun, 1995, 1996), resilience (Fine, 1991; Rutter, 1985; Werner, & Smith, 1983), and thriving (Adler & Matthews, 1994; O’Leary & Ickovics, 1995; Tedeschi & Calhoun, 1995).

Posttraumatic Growth (PTG)

Posttraumatic (PTG) is defined as “positive psychological change experienced as a result of the struggle with highly challenging life circumstances” (Tedeschi & Calhoun, 2004, p. 1). PTG research has gained popularity in recent years as an important construct to consider in the domain of trauma and violence. Most theories of posttraumatic growth stem from Janoff-Bulman’s (1989) notion that victimization (i. e., trauma) shatters a person’s basic assumptions about the self and the world. This disequilibrium is thought to stimulate coping efforts and a search for meaning in the traumatic event. This breakdown of one’s existing worldview and the subsequent rebuilding of a more congruent perspective reflect the reorganization and redevelopment of cognitive structures which may be termed growth (Joseph & Linley, 2006). There is some debate whether the reports of PTG represent real change following trauma or distorted perceptions of change. Park, Cohen, and Murch (1996) contend that traumatic events lead to real changes such as increased psychological and social health and wellbeing, while others argue that perceptions of positive growth and change are not always based in

reality. For example, Taylor's (1983) *Cognitive Adaptation Theory* suggests that perceptions of positive change are actually cognitive "illusions" that assist an individual to find meaning in a traumatic event and raise self-esteem. Taylor (1983) believes that these positive illusions are exaggerated in a way that allows individuals to feel better about them. Other authors have suggested that positive illusions may also be created when self-enhancing temporal comparisons are made between one's current and past self-perceptions (Klauer & Filipp, 1997).

Others such as Albert (1977) believe that PTG inherently involves a comparison between one's current life and one's past. This *Temporal Comparison Theory* suggests that one's self-perceptions remain stable over time but can be challenged by large or rapid changes when the stable sense of self is threatened. When faced with an overwhelming threat to one's self-identity, individuals distort their self-perceptions to minimize losses, and highlight positive perceptions. This effort to adapt to the crisis provides the opportunity for restructuring one's attitudes, beliefs, and priorities leading to new coping skills and interpreting positive changes in one's life (Collins, Taylor, & Skokan, 1990).

Factors Related to PTG

Researchers have identified a number of different factors related to PTG, however there is not a consensus as to which of these things are necessary for PTG to occur. In the following section, I will discuss these factors.

Rate of growth following trauma

While the literature suggests that PTG occurs gradually as a person adjusts to the trauma (Saakvitne, Tennen & Affleck, 1998), -only a few studies empirically support this suggestion (Klauer et al., 1998; Polatinsky & Esprey, 2000). Most studies fail to find any clear-cut relationship between the passage of time and the degree of PTG (Abraido-Lanza, Guier, & Colon, 1998; Affleck & Tennen, 1996; Cordova, Cunningham, Carlson, & Andrykowski, 2001; Lehman et al., 1993; Mohr, Dick, Russo, Pinn, Boudewyn, Likosky, & Goodkin, 1999; Park, Cohen, & Murch, 1996; Schwartzberg, 1993; Tedeschi & Calhoun, 1996; Tennen, Affleck, Urrows, Higgins, & Mendola, 1992). This may be due to different aspects of PTG evolving at different rates (e.g., changes in relationships vs. spiritual change). As well, PTG characterized as sudden or cataclysmic (not related to the passage of time) has also been anecdotally reported. In the latter circumstances, it was shown that positive change was instigated by pivotal events (Massey, Cameron, Oullette, & Fine, 1998).

Characteristics of the traumatic event

In some studies characteristics of a traumatic event have been shown to influence both the amount and type of PTG. From this it has been suggested that the more severe the trauma, the greater the disruption in a person's life and the more opportunity for growth to occur (Park, 1998; Tedeschi & Calhoun, 1996). It is difficult, however, to draw definitive conclusions about this relationship as the degree of stress related to any given trauma is highly subjective (i. e., one person's deep laceration is another person's paper cut). The relationship between the magnitude of trauma and potential for PTG is

further complicated by the fact that different studies use different ways of measuring the severity of trauma. Research using self-rated measures of disease and symptom severity show no relationship between severity of trauma and PTG (Abraido-Lanza et al., 1998; Affleck & Tennen, 1996; Fromm, Andrykowski, & Hunt, 1996; Petrie, Buik, Weinman, & Booth, 1999). This stands in contrast to studies with cancer patients and other health populations, which also use self-reported perceptions of threat or severity of an event and have found that the greater the emotional trauma the greater the PTG (Cordova et al., 2001; Fontana & Rosenheck, 1998; McFarland & Alvaro, 2000; Park et al., 1996).

Age and gender

The notion of growth in the face of adversity has been noted in both males and females (e.g., Tedeschi & Calhoun, 1996) across the lifespan (e.g., Bellizzi, 2004). Some studies have found that younger people report greater amounts of PTG than do older people (Aldwin, Sutton & Lachman, 1996; Davis, Nolen-Hoeksmena, & Larson, 1998; Klauer & Filipp, 1997; Klauer, Ferring & Filipp, 1998; Powell, Rosner, Butollo, Tedeschi, & Calhoun, 2003; Thompson, 1991). This may be due to the fact that younger people are more flexible and open to life changes. However, other studies report no relationship between age and amount of PTG (Abraido-Lanza et al., 1998; Affleck & Tennen, 1996; Collins et al., 1990; Cordova et al., 2001, Fromm et al., 1996; Petrie et al., 1999; Tedeschi & Calhoun, 1996; Tennen et al., 1992).

A few studies (mostly including college students) suggest that women experience greater amounts of PTG than do men (Abbey & Halman, 1995; Park et al., 1996; Tedeschi & Calhoun, 1996). However, a number of other studies (mostly conducted with

cancer patients) found no difference between PTG reported by men and women (Affleck, Tennen, & Rowe, 1990; Collins et al., 1990; Klauer et al., 1998; Klauer & Filipp, 1997; Petrie et al., 1999). This may be due to the fact that the type of traumatic event or other characteristics of the population may be contributing factors.

Income

The relationship between income and amount of PTG has been considered in only a few studies. The findings of those studies suggest that higher income is associated with greater amounts of PTG (Carpenter, Brockopp, & Andrykowski, 1999; Cordova et al., 2001; Updegraff, Taylor, Kemeny, & Wyatt, 2002). These results are questionable as higher income is also related to other social determinants of health which could have led to this outcome.

Religiosity

Some researchers suggest that a person's religious and spiritual beliefs influence the degree of PTG, particularly as it relates to spiritual change. A number of studies have shown that religious participation, openness to religious change, and levels of intrinsic religiosity (when religious beliefs provide a framework that brings meaning and purpose to an individual's life) are significantly related to PTG (Calhoun, Cann, Tedeschi, & McMillan, 2000; Park & Cohen, 1993; Park et al., 1996; Tedeschi & Calhoun, 1996).

Personality

Some studies have looked at the relationship between personality traits and PTG. There is convincing evidence that dispositional optimism (the generalized expectancy for positive outcome; Scheier & Carver, 1985) has a small but significant correlation with

PTG (Affleck & Tennen, 1996; Curbow, Somerfield, Baker, Wingard, & Legro, 1993; Davis et al., 1998; Klauer & Filipp, 1997; Park et al., 1996; Tedeschi & Calhoun 1996; Updegraff et al., 2002). As well, extraversion was found to be significantly correlated to all domains of PTG in a study by Tedeschi and Calhoun (1996). The authors suggest that extraverts use social resources and social support more effectively than do individuals who are more introverted and are therefore more likely to experience growth.

Mood

The relationship between mood and PTG has been examined in a number of studies (Abraido-Lanza et al., 1998; Affleck & Tennen, 1996; Affleck, Tennen, & Gershman, 1985; Curbow et al., 1993; Klauer & Filipp, 1997; Park et al., 1996; Tennen et al., 1992). In some of that work, mood was used as both a predictor of PTG as well as an outcome measure, as a person's mood can change over time. In studies of people with cancer, Fromm et al. (1996) and Klauer and Filipp (1997) found that neither positive nor negative mood was significantly related to PTG. However studies with other populations (e.g., women with chronic illness and college students who had experienced a variety of traumas) report a significant relationship between positive mood and PTG (Abraido-Lanza et al., 1998; Park et al., 1996). Park et al. (1996) recommend that mood be controlled at the time of testing because it changes over time and may colour recall.

Social support

A number of studies have considered other factors such as the role of social support in PTG (Calhoun & Tedeschi, 1998; Jaffe, 1985; Lyons, 1991; O'Leary, 1998; Park, 1998). Social support is defined in many different ways but commonly falls into

one of three types—informational support, tangible support (e. g., assistance with practical tasks), and emotional support (Sarason, Sarason, & Gurung, 2001). Reportedly there is often overlap between and among different definitions of social support (e.g., tangible support can be perceived by some as emotional support), making it difficult to delineate types of support to some degree (Badr, Acitelli, Duck, & Carl, 2001). The size of a person’s support network may also reflect the magnitude of a person’s support (e.g., the number of people available to provide support) and it remains difficult to distinguish between the actual amount of support received and perceptions of support (i.e., ratings of perceived quality or satisfaction). There is evidence that perceptions of support, not absolute amounts of support, provide a better measure of whether a person’s needs are being met (Lyons, 1991; Pierce, Sarason, & Sarason, 1996; Sandler & Barrera, 1984; Sarason, Sarason, & Pierce, 1990). The relationship between social support and PTG remains unclear.

PTG Research in the Field of Women and Violence

As the majority of research involving women who have experienced violence has focused on negative sequelae, there is little research concerning women who have experienced IPV and subsequent PTG. Of the studies reported here, the focus was on measuring PTG and categorizing growth effects.

A study by McMillen, Zuravin, and Rideout (1995) examined the perceived benefits of child sexual abuse and found that 47% of the 160 women interviewed reported receiving some benefit as a result of their unwanted childhood sexual contact. However, perceived benefit was measured by only one item on a questionnaire. These perceived

benefits were described as falling into one of 4 main categories—protecting children from abuse, self-protection, increased knowledge of child sexual abuse, and having a stronger personality. McMillen et al. (1995) concede that the correlational nature of the study precluded conclusions about causation. Other research into perceived positive self-change following IPV demonstrates that a significant number of individuals grow as a result of a wide range of distressing events (O’Leary & Ickovics, 1995; Tedeschi, & Calhoun, 1995). Cobb, Tedeschi, Calhoun, and Cann (2006) investigated the possibility that some survivors of IPV may experience PTG. Women in their study reported higher growth scores than did a sample of breast cancer survivors (Weiss, 2002) and victims of violent crime (Peltzer, 2000). Cobb et al. (2006) also noted that women’s current relationship status (whether they were still in the abusive relationship or not) was related to overall growth. These results support the previously reported understanding that the most significant growth occurs after the primary resolution of the trauma (Tedeschi & Calhoun, 1995). A key finding from Cobb et al.’s (2006) study was the importance of an available role model. More than half of the women in that study reported knowing someone who had been in an abusive relationship and had grown in some way through the violence experience. Further, these women reported higher levels of growth than those who did not identify as having a role model. These findings are congruent with existing data (Weiss, 2002) and highlight the importance of considering individual’s social network and proximate culture (Calhoun & Tedeschi, 2004, 2006).

I was unable to find any study which used a critical feminist perspective to examine IPV from women’s own perspectives, considered the implications of patriarchy

and women's traditional role in Western society, or considered the effects of silencing women's voices.

Resilience

Resilience is a concept closely associated with PTG and has also been studied in relation to trauma. The terms PTG and resilience are sometimes used interchangeably to refer to coping well or adjusting after a distressful experience. It is, however, important to distinguish these terms because while they are related, they have distinct meanings and significance in the trauma process (Tedeschi, Calhoun, & Cann, 2007). Resilience is generally defined as one's ability to bounce back after a traumatic experience, returning to one's pre-trauma state. It has also been described as a protective factor against developing PTSD (Pietrzak, Johnson, Goldstein, Mallery, & Southwick, 2009). PTG, however, goes beyond resilience. PTG involves a paradigmatic shift in one's view of the trauma in order to make meaning out of it thereby creating significant growth in one's life (Tedeschi et al., 2007). Research in the area of resilience and PTG has identified an inverse relationship between the two (Levine, Laufer, Stein, Hamama-Raz, & Solomon, 2009). This inverse correlation in fact strengthens the notion that perceived distress is necessary for PTG to occur. Resilient individuals may fail to regard their traumatic experiences as a crisis; therefore no actual growth is exhibited beyond the bouncing back to previous levels of functioning. This implies that resilience and PTG are two distinct concepts.

Research on resilience extends from the 1800s and continues today. Over that time, resilience had variously been construed as a trajectory, a continuum, a system, a

trait, a process, a cycle, and a qualitative category (Bonanno, 2004; Flach, 1988; Jacelon, 1997; Rutter, 1985). Historically there have been two main streams of inquiry considering resilience; the physiological and psychological (Tusaie & Dyer, 2004). The study of physiology of resilience in medical literature began over 30 years ago, with epidemiologic studies on susceptibility to heart disease. Physiologically, human beings have homeostatic mechanisms to foster resilience in the event of adversity such as stress or hemorrhage (Rabkin, Remien, Katoff, & Williams, 1993). It is only within the past 20 years that concentrated efforts have been made to extricate the concept of resilience from a disease model and focus instead on “good psychosocial capacities such as competence, coping, creativity, and confidence” (Anthony & Cohler, 1987, p. 10). Psychological resilience has been defined as the capacity to move on in a positive way from negative, traumatic, or stressful experiences (Tugade & Fredrickson, 2004). In theories that define resilience as a trait, much consideration has been given to the idea that a combination of psychological and physical characteristics gives individuals the skills to be resilient (Jacelon, 1977). It is now understood that there is a clear relationship between psychological processes and physical health. Because this study focuses on psychosocial well-being of women following IPV, I will consider psychological resilience as the basis for further review.

Although the concept of resilience has been studied for years, a common definition has proved elusive. Some researchers describe resilience in terms of coping with adversity, which is consistent with Erikson’s (1968) belief that successful coping leads to an integrated sense of self efficacy and leads to increased efforts to overcome

complicated circumstances. Others link coping to Selye's (1950) work describing the general adaptation syndrome (GAS) and the disruption and reintegration of homeostasis. While most researchers agree resilience is the ability to grow and move forward in the face of adversity, there is still much uncertainty around the underlying processes that comprise resilience and there are calls for greater definitional clarity (Luthar, Cicchetti, & Becker, 2000; Polk, 1997). Rutter (1999) argues that the concept has been intentionally constructed broadly and that this is appropriate.

In an effort to reconcile the inconsistencies in conceptualizing resilience, Polk (1997) examined 26 published papers to identify characteristics and themes used to define and distinguish resilience. As a result she was able to identify four patterns of resilience: dispositional pattern, which encompasses psychosocial attributes; relational pattern, which refers to intrinsic and extrinsic roles and relationships influencing resilience; situational pattern, which captures the ability people have to assess and react to stressors or situations of adversity; and the philosophical pattern, which includes personal beliefs and principles. These patterns of resilience reflect the factors related to PTG reported above. For example, the dispositional pattern reflects the factors of personality, mood, age, and gender; the relational pattern includes the factors related to social support; the situational pattern includes the factors rate of growth and income; and the philosophical pattern can include the factors of religiosity and perception of the characteristics of the trauma. Although these conceptual similarities exist, the outcome of PTG differs from resilience. Work by Fine (1991) suggests the possibility that women who have experienced IPV may be resilient. More recently studies regarding resilience

have looked at women's ability to cope and revealed that some women can recover despite highly stressful environments including domestic abuse and sexual violence (Linley & Joseph, 2004; Kennedy, 2005; Almedom & Glandon, 2007; Reynolds & Shepherd, 2011). Other researchers such as Humphreys (2001) have looked at resilience from the perspective of daughters of battered women describing resilience as "a pattern of successful adaptation despite challenging or threatening circumstances" (p 245). Humphreys identified that daughters growing up in a home where their mothers were abused were able to experience difficult life circumstances and overcome them, however not without suffering, and recognized the challenges of coping with violence are lifelong. Humphreys (2003) also studied resilience and its relationship to psychological distress in 50 battered women residing in domestic violence shelters. In this study resilience was considered "a positive personality characteristic that enhances individual adaptation" (p. 142). This study found that battered women can exhibit resilience despite long term stressors such as leaving an abusive relationship or living in a shelter. In her research Humphreys identified resilience as a personality characteristic, yet other research on resiliency identifies a complex interaction among individual attributes such as intelligence, insight and safe secure connections (Masten, 2001).

That said the concept of resilience does not capture the full scope of growth that I am considering in this study for women following IPV. In this current study I consider growth beyond bouncing back to a previous level of functioning and consider growth from the perspective of the women themselves.

Thriving

The study of thriving grew out of the research on resilience (O’Leary, 1998) and has led to the recognition that thriving is more than resilience. Resilience has been described as one protective factor which may support individuals to thrive. Positive adaptation or the ability to thrive represents more than simply returning to pre-trauma homeostasis or resilience in the face of negative effects of a traumatic event. Positive adaptation has been likened to a springboard that propels the survivor to a higher level of functioning than they held previously (Linley & Joseph, 2004). This springboard effect is similar to O’Leary and Ickovics’ description of thriving which suggests a “value added” component where an individual may go beyond survival and recovery to thrive.

There are different ways of conceptualizing thriving or the ability of an individual to benefit from adversity. The first equates thriving with tolerance that develops as the result of exposure to a traumatic stressor. The individual is better able to endure future adversity without losing themselves in a downward spiral. Another possibility is that the individual experiences a quicker recovery time with each exposure to a stressor. The impact of the adverse event is not diminished, but the individual is able to return to their pre-functioning level more rapidly. Thirdly, the individual who thrives is able to function continuously at a higher level than prior to the adverse event. In this third view, something about the trauma actually propels the individual to a more advanced level of performance (Carver, 1998). This suggests the experience stimulates some advancement or growth. There are researchers who agree that thriving represents exceptionally successful performance after adversity (O’Leary, 1998; Saakvitne, Tennen, & Affleck,

1998). Ickovics and Park (1998) suggest that thriving may invite a more complete paradigmatic shift in the investigation of health. These authors caution that although an individual may be able to make sense of a traumatic experience this does not necessarily resolve the issue. Providing meaning does not necessarily provide psychological comfort. It allows the victim to coexist with the memory of a severe and painful life event by reducing searching for a satisfactory answer, the frequency, the intensity of ruminations, and the degree of psychological distress. However the event and its impact is certainly not forgotten (Silver & Wortman, 1980).

O'Leary and Ickovics (1995) offer three possible responses when an individual is confronted with a challenge. The person may survive the challenge, recover, or thrive, each of which represents a potential psychological outcome as a response to a health challenge. To survive suggests that the individual continues to function, albeit in an impaired manner. Recovery indicates the individual is able to return to baseline functioning, and thriving represents the ability to go beyond the original level of psychosocial functioning, to vigorously grow and flourish. This ability to move beyond the previous level of functioning suggests more than resilience. "Thriving is transformative. It is contingent on a fundamental cognitive shift in response to a challenge" (O'Leary & Ickovics, 1995, p. 128). There are other researchers who agree that thriving represents exceptionally successful performance after adversity (O'Leary, 1998; Saakvitne et al., 1998).

Thriving as a Response to Adversity

As noted above, O’Leary and Ickovics (1995) define thriving as a dynamic process of adaptation influenced by numerous individual and social factors. They suggest that thriving represents something more than returning to equilibrium (i.e., homeostasis) following a challenge; it is a “value added” state in which an individual has moved beyond survival to thrive and grow. Thriving is the result of the effective mobilization of resources to diminish the impact of risk. These resources include both individual and social resources. Individual resources include personality factors such as optimism; cognitive resources such as the way an individual perceives and respond to risk; and how one perceives the challenge. Social resources also have a large impact on thriving. According to O’Leary and Ickovics, social support is the ability to obtain and effectively utilize organization or institutional resources (e.g., social services, schools, faith communities, banks, government agencies). In their study of women with metastatic breast cancer, Spiegel, Kraemer, Bloom, and Gottheil (1989) demonstrated that individuals with higher levels of social support are less affected by stressful events and are better able to maintain positive mental and physical health. Women randomized into weekly support groups reported a higher quality of life and lived significantly longer than did women in the control condition. Gilligan (1982), and more recently Taylor (2004), found that social relationships may be a key to women’s resilience as women are encouraged to value close relationships. Throughout the life cycle Taylor (2004) suggests that women show a greater inclination to access social support in times of stress than men.

The importance of individual and social resources following stress or trauma was confirmed in Taylor's (2004) study of survivorship-thriving in African American women recovering from intimate male partner abuse. Taylor approached this research from a survivor-focused stance centering in on women's strengths rather than looking for pathology. This ethnographic study identified six themes that reflect O'Leary and Ickovics (1995) notion of thriving as a dynamic process of adaptation influenced by numerous individual and social factors. The themes identified were: (a) Sharing secrets/Shattering silences—sharing information about the abuse with others; (b) Reclaiming the self—defining oneself separate from abuser and society; (c) Renewing the spirit—nurturing and restoring the spiritual and emotional self; (d) Self-healing through forgiveness—forgiving their partners for the abuse and violence; (e) Finding Inspiration in the future—looking to the future with optimism; and (f) Self-generativity by engaging in social activism—participating in pro-social activities to promote social change. Taylor concluded that these things represent more than just a return to homeostasis, but rather show how women were transformed.

Poorman (2002) wanted to move beyond the study of problems and examine positive post-trauma health. The term thriving was chosen as it shifts the focus from the absence of problems and connotes more than the bouncing back of resilience. Employing a grounded theory design and focus group interviews, Poorman, along with the participants (21 women who had experienced abuse or status-related oppression) cultivated a model that defined and described properties that contribute to thriving. They describe thriving as a specific type of energy characterized by complex interconnections

between and cycles of activity, rest, and stasis. Three factors defined the structure and process of thriving: (a) individual perceptions, motives, and resources; (b) the nature of the relationship a woman has with her adversity; and (c) properties of the environment vis-à-vis interpersonal relationships. Poorman's (2002) findings support O'Leary and Ickovics' (1995) notion of thriving as a dynamic process of adaptation influenced by numerous individual and social factors. The findings also answered the call by Ickovics and Park (1998) to shift the focus of women's studies from illness to an investigation of health.

Thriving as an Outcome of Growth and Development

O'Leary and Ickovics (1995) described thriving as a dynamic process of adaptation influenced by numerous individual and social factors that emerged and changed over time. The potential to thrive depends on the type of threat or challenge faced and the developmental stage of study participants. From a developmental perspective, O'Leary and Ickovics hypothesized that the inherent features of the individual and the environment evolve and change each other over time.

Benson (1990), a researcher in the area of positive youth development, used the term thriving in his research to identify a set of positive *vital signs* (e. g., academic success, caring for others and their communities, the affirmation of cultural and ethnic diversity, commitment to healthy lifestyles). Further analyses with a larger sample of adolescents confirmed that these indicators of thriving were linked to or co-varied both with the number (Benson, Scales, Leffert, & Roehlkepartain, 1999) and explicit clusters of developmental assets (Scales, Benson, Leffert, & Blyth, 2000). These developmental

assets are key relationships, opportunities, values, skills, and self-perceptions that assist young people to limit their engagement in high-risk behaviours, enjoy resilience in the face of adversity, and thrive (Benson, 2006).

In his study of America's youth, Lerner (2004) conceptualized thriving as an ideal process of human development. Lerner described the following six Cs as indicators of thriving in adolescence—competence, confidence, connections, caring, character, and contribution. A qualitative analysis of youth workers, adolescents, and parents found that self-esteem, future orientation, connections with others, communication skills, external supports, and social and academic success were some of the most commonly identified factors associated with youth thriving (King et al., 2005).

While acknowledging that identifying factors associated with thriving is important, Benson and Scales (2009) propose that thriving goes beyond an individual's current state of being. They use the term thriving to refer both to current well-being as well as an upward developmental trajectory. This is congruent with other work identifying thriving as growing out of an applied developmental systems theory. Benson and Scales' conceptualization of thriving includes ideals of personal well-being and maximum personal fulfillment reflected in Maslow's (1970) theory of self-actualization. It further describes a greater role for the influence of the ecology in personal actualization (Bronfenbrenner & Morris, 1998) and a bi-directional fusing of self and context that promotes well-being in both the person and the environment (Lerner, Brentano, Dowling, & Anderson, 2002).

In their 2009 paper, Benson and Scales conclude that thriving is a developmental process and advance Moshman's (2005) four criteria that describe processes of change as developmental or non-developmental. The criteria for developmental changes include (1) extended over time, (2) directed or regulated from within, (3) qualitative and not just quantitative, and (4) systematically progressive over time, which Benson and Scales contend the concept of thriving meets.

Development is not a simple or linear process. Langer (1989) proposed an alternative view, suggesting that the approach to life is more like a "series of goal-directed mini-trajectories" (p. 96). Although past experience influences the present, each mini-trajectory may also be seen as relatively independent. Individuals may have setbacks along their life trajectory and development may not proceed evenly through life in all domains. This highlights the need for researchers to see beyond any particular moment of thriving and to observe progression across the lifespan.

Thriving has also been described as a response to developmental changes through life. Transitions like marriage, divorce, parenthood, retirement, and widowhood are, by nature, challenging and may threaten one's personal identity, bringing added responsibilities and drawing on personal resources for effective adaptation (Walker & Grobe, 1999). This view supports O'Leary and Ickovics' (1995) description of thriving as a dynamic process of adaptation influenced by numerous individual and social factors which emerge and change over time.

Thriving Following Violence and Abuse

There has been some research on thriving with girls and women who have experienced violence or abuse. The ethnographic study by Taylor (2004), cited earlier, contributed to the development of a model defining properties of thriving. The core construct indicated that thriving is a specific type of energy (internal energy, inherent power, or capacity for vigorous activity). Taylor identified that for participants recovery was a non-linear process in which women moved back and forth along the path from surviving to thriving. Taylor also recognized the importance of the process of thriving and the need for educating nurses, health care providers, and advocates working with women around issues of abuse focusing on opportunities for growth beyond surviving.

Thomas and Hall (2008) studied female survivors of childhood maltreatment who exhibited psychosocial well-being in adulthood. The authors equated thriving with success and, while they built on ideas about thriving and PTG (Carver, 1998; O'Leary, 1998; Tedeschi et al., 1998), they did not differentiate the two. The focus of Thomas and Hall's study was to describe after-effects of surviving and thriving following childhood maltreatment, with a focus on strengths and strategies, key relationships, and analysis of social and political contexts. The researchers discovered that the onset and pace of the healing trajectories were quite variable amongst participants. Some exhibited a roller-coaster pattern while others took a path of slow, steady progress. Four types of redemption narratives were delineated: redemption by counseling or psychotherapy, redemption by a loving relationship, redemption by God, and self-redemption. The researchers noted that extra-familial support was often lacking for these participants

when they reported childhood maltreatment as children and support was deficient.

Thomas and Hall noted that the women who thrived were not spared negative sequelae such as depression and anxiety-related illnesses, but in their narratives they described persistence and competence in solving problems. The authors concluded that clinicians and policy makers ought to use this information to enhance available interventions and support to allow for earlier and more efficacious interventions and mitigate years of suffering.

Roman, Hall, and Bolton (2008) looked at childhood maltreatment from a public health perspective and described thriving as representing exceptional successful performance after adversity (O’Leary, 1998; O’Leary & Ickovics, 1995). Using narrative analysis, the team’s core finding was the process of *becoming resolute*. “Becoming resolute is a transitional process demonstrating a steely will for decentering abuse in one’s life trajectory and achieving success in work and relationships” (Roman et al., 2008, p. 187). One of the main findings of the study was that positive key relationships and interactions were central to participants becoming resolute. Whether the interactions were brief encounters with strangers or enduring relationships, the women confirmed that the care, respect, and concern shown by others helped them in their transition to a positive self-image. Roman et al. highlight the importance of all of us to contribute to the thriving of maltreated children (and adults) through recognizing unique talents and value in the other.

In a related study of women thriving following childhood maltreatment, Hall and her colleagues (2009) characterized becoming resolute as determined decisiveness,

counter framing perceptions, facing down death, redefining abusers and family of origin, quest for learning, moving beyond, treatment, self-strategies, and adult disclosures. In this narrative study the authors found that becoming resolute reflected tenacity, happiness, achievement, and relational and environmental safety, as opposed to daily struggle and isolation. Like resilience, “becoming resolute is also a process, but in narrative context the emphasis is on decisiveness and *steadfastness* versus *adaptation and flexibility*” (Hall et al., 2009, p. 381).

Conclusion

The literature reviewed here indicates that although there is a wealth of literature outlining negative health outcomes associated with IPV, there is definitely the potential for positive change following trauma or violence. I have chosen to use the more generic term positive growth rather than the concepts reviewed above as these concepts remain ill-defined with some overlap in their description. This direction of considering positive growth will help to shift the focus to look for the possibilities of the positive following IPV. Research thus far suggests that positive growth potential may be an outcome worth encouraging, as there is a great possibility of reducing the long-term aversive experiences of those who have undergone stress and trauma (Tedeschi & Calhoun, 2004). Tedeschi and Calhoun (2004) caution never to underestimate the pain, despair, suffering, and loss people may experience in the midst of their stressors. However, it is just as important to convey to survivors the idea that there is hope for the transformation of difficult and violent life-altering experiences, that individuals have choice within their life trajectory and that coming to identify the potential for positive growth can be a viable option. The

literature shows there is a potential for growth for women following IPV, however the potential for positive change has not been explored from women's own perspective.

Chapter 3: Philosophical Approach and Methodology

Although research in the area of PTG has uncovered the possibility of growth following many traumatic circumstances (Linley & Joseph, 2004), the experience of PTG among girls and women following IPV is less well documented and remains a topic area for exploration. As I reflect on my own experience and that of my grandmother, I wonder: What would support the positive growth of women who experience violence? What would help them move from surviving adversity to growing beyond it? What would hinder them? Are there particular situations, people, social or environmental influences that might help to move them along this trajectory? For me this is difficult work for no one has wanted to hear my story of IPV. I have never put it into words or discussed it with anyone. Like many other women, I have been afraid and hidden in the margins. How will others see me once they know my “secret”? As bell hooks (2004) wrote:

Silenced. We fear those who speak about us, who do not speak to us and with us. We know what it is like to be silenced. We know that the forces that silence us, because they never want us to speak, differ from the forces that say speak, tell me your story. Only do not speak in a voice of resistance. Only speak from that space in the margin that is a sign of deprivation, a wound, an unfulfilled longing. Only speak your pain. (p. 159)

The aim of this study is to move beyond *speaking the pain* of IPV and to explore and describe the experiences of women who have lived with IPV and used that

experience as an impetus for growth. By engaging in this photovoice research, women will have an opportunity to inquire into their experiences.

Underlying Philosophical Assumptions

My understanding of girls' and women's lives in the context of IPV is based on several underlying assumptions. The first assumption is that throughout history women and children are frequently victims of violence. From prehistoric times and in every recorded civilization, scholars have described the abuse or subordination of women and children (Martin, 1978). Gender differences have historically been the basis of inequality, with men often holding greater social power. This gender difference is supported in social and political institutions created by and for men. One example in Canadian history is that women were not even deemed persons in the law until 1929 when they were given the right to vote. Even more shocking is that aboriginal women did not receive this right until 1969.

My second assumption is that there exist social, cultural, and political pressures to not speak about IPV. As Pleck (1987) observed, this silence and the concomitant response of non-involvement reflects a pervasive belief in the sanctity of the traditional nuclear family as a societal ideal. "The single most consistent barrier to reform against domestic violence has been the Family Ideal—that is, unrelated but nonetheless distinct ideas about family privacy, conjugal and parental rights, and family stability" (p. 57). Interference in family matters, even in the face of violence, is still seen as a violation of this sacred privacy. What is often unacknowledged is that family is a social construction and that its definition and character are influenced by the prevailing social order—a

social order in which men have typically had more power and where the family is seen as an ideal and a fixed entity.

Humankind's long history of violence against girls and women is a testament that gender and power are centrally defining factors in the lives of women and girls. Most, if not all, contemporary feminists view the world as having been defined by men for men, with women and children existing in that world as property. Women have often been "marginal to the fundamental issues of historical struggle and change" (Levine, 1985, p. 66) and thus unacknowledged in the political and social development of the world. As de Beauvoir (1989) explains, "Representation of the world, like the world itself, is the work of men; they describe it from their own point of view, which they confuse with the absolute truth" (p. 143). In providing women with an opportunity to represent their own world, I hope to counteract the lack of women's ways of representing their own experiences and views of the world.

Critical Theory

Critical theory is important to this study because its central tenet is the analysis and exposure of social, cultural, political, and economic conditions of modern society that restrict human activity. Habermas (1971) purported that an individual's reality is historically constituted, produced, and reproduced through human interaction. Habermas also maintained that the ability to act consciously is constrained by various forms of social, cultural, and political domination. We humans construct our reality through social engagement where our interactions are located in particular times and places and mediated by social and cultural forces. IPV is situated within particular contexts or social

groups, which in turn shape how members define themselves and others. The lack of interference in IPV implicitly condones it and conveys an acceptance of *the way it is* rather than challenging it and its influence on women and children. As Ray (1992) contends, the “main task of critical research is seen as being one of social critique, whereby the restrictive and alienating conditions of the status quo are brought to light” (p. 98). The broad aim of critical theory is to emancipate people from conscious or unconscious constraints, to decrease domination, and increase freedom in all forms (Browne, 2000). Unless we take a stand against it, we are all complicit in perpetuating IPV. By employing a critical perspective, this study enables the exploration of positive change from the point of view of women who have experienced IPV. It supported and encouraged participants to employ words and images to create emancipatory narratives about their ability to change their lives.

Feminist Epistemology

Like critical theory, feminist epistemologies assume that all knowledge is situated and that gender influences beliefs about what is *knowable* (truth), the subject as *knower*, as well as inquiry practices. As Anderson (2011) explains, feminist epistemology is attentive to the ways that dominant systems of knowing systematically disadvantage women and aim to restructure these things to serve the interests of girls and women. Feminist theory is not a unitary ideology but encompasses a spectrum of theories that range from those that advocate adaptation of a traditional positivistic scientific model to promote women’s interests to those that espouse the radical separatist feminist position (Bunting & Campbell, 1990; Donovan, 1985).

An epistemological assumption of feminist research is that there is no rigid boundary separating the knower and the natural object of that knowledge. This acknowledges women's subjective knowledge as valid and views women as the experts on their own lives' (Stanley & Wise, 1990). The ability to see beyond the genderization of the world and the dichotomies between object and subject and between expert and non-expert allows the feminist researcher to use knowledge as a tool of liberation rather than of domination (Fee, 1986).

While traditional social science research is often seen as being *owned* by the researcher, feminist research aims to right this inequality and dismisses the notion of ownership of knowledge (Wolf, 1996). Feminist researchers do not see themselves as impersonal authorities but rather as co-creators of knowledge and as persons whose thoughts and feelings, logic and intuitions are all relevant and involved in the process of discovery (Fee, 1986). In this study, knowledge was co-created by all of the participants.

Other tenets of feminist research include respecting and valuing women's experiences, ideas, and needs; endeavoring to understand and represent the experiences of the participants and the conditions that oppress them; maintaining a critical perspective; and using the findings to improve the lot of women and all persons (Hall & Stevens, 1991; Lengermann & Niebrugge-Brantley, 1988).

For this study I sought out a group of women who have experienced IPV but who are not currently experiencing violence and who were willing to talk about their experience of positive growth. My goal was to "give voice to people who have not been heard because their points of view are believed to be unimportant or difficult to access by

those in power” (Tierney & Lincoln, 1997, p. 25). In asking women about positive growth, I validated their experiences as they have lived them and as they wish to represent them. I have chosen to use the more generic term “positive growth” rather than limiting the women with preconceived models of PTG, resilience, or thriving. Asking about positive growth freed the women to name their own processes as they occurred.

Secondly, by embracing a feminist standpoint perspective, the participants’ experience was the basis for generating knowledge. Feminist standpoint theorists (e. g., Harding, 2004) claim that research, particularly research that focuses on power relations, should begin with the lives of marginalized persons (Zalta, Nodelman, & Allen, 2010). The women in this study lived in a society where the violence perpetrated against them and the subsequent silencing of their voices is often rooted in paternalism. I recognize the participants as the experts on their own lives which legitimates them as sources of knowledge. I also ensured that every woman had an opportunity to speak and reflect upon theirs and our story in this research. To ensure accuracy I returned the narrative accounts whenever possible to the participants. I demonstrated my respect for the women’s time and family obligations and met them at a time and place that was convenient for them. Third, feminist research is a critique aimed at defining alternative understandings of everyday experiences to bring about change (Webb, 1984). The current research critiqued women’s experiences of being silenced following IPV and focused on their subsequent positive change, rather than the more traditional focus on negative sequelae. This shift in focus helped us (the participants and me) to identify the participants’ strengths.

Insider/Outsider

Undoubtedly, my own history with IPV has drawn me to this area of study.

However, I do not presume that my experience will reflect that of all women who have lived with IPV. In this research I informed the participants that I too had a background of IPV but that my primary role was as a researcher and my intent was to hear their voices. I did not come to this research as the *expert*, although it was important to identify myself to the participants as a woman who has experienced IPV. This put me in the precarious position of being both an *insider* and an *outsider* (Collins, 1986). As Collins explains, sharing a common experience can be beneficial in allowing access to a particular group, but cautions that it may also impede the research as it progresses. For example, participants may assume a similarity that does not exist, leading them to not fully explain their experiences. The insider is considered to possess insider knowledge which an outsider does not necessarily have. I had partial insider knowledge since I too have experienced IPV, but there are other factors that limit my insider potential such as race, ethnicity, socio/economic status, and education. Throughout the study I remained attentive to my position and felt that it helped me to build relationships through common experience and to look at my field texts and interim research texts with different eyes. The questions that were brought forth were often personal in nature.

As the researcher, I guarded against the risk of over-emphasizing my own experience to the detriment of the participants' stories. Through continuous checking with my participants I was able to minimize this risk which allowed me to minimize the hierarchical relationship between myself and the participants (Harding, 1987). In

addition, Dr. Hegadoren attended the group meetings to further decrease the risk of the overemphasis of my own experience. As well Dr. Hegadoren was familiar to this group of women and thus her presence initially served as a “bridge” between me and the individual participants. Traditionally, a hierarchy has existed between the researcher and the researched with the researchers being the expert with access to all the information about the study. To help address this dynamic Oakley (1988) suggested “creating non-hierarchical relationships between researchers and participants where both parties invest their personal identities by sharing experiences and information” (p. 35). I believe that acknowledging our common experience assisted us in building trust among group members and re-emphasized that I was not there to do research *on* women but *with* women who have experienced IPV. As a way of sharing power with the participants, my point of view as the researcher became part of the data. I kept field notes and a detailed journal of my journey throughout this research endeavor and share some of these notes with the group to provide insight or clarify their experiences. The overarching goal of my research endeavor was to respect, understand, and empower women while embodying an ethics of care (Noddings, 2002).

Research Questions

As I composed my research questions, I wondered: What is women’s experience of positive change following IPV? What made the difference for girls and women to be able to find positive meaning in their lives? What helped and hindered their growth? Were their particular situations, people, social, or familial influences that moved them

along this trajectory? My aim was to provide women who have experienced IPV the opportunity to consider and talk about the possibility of positive change.

Photovoice

Photovoice is a participatory research methodology developed by Wang and Burris (1994). The theoretical and practical roots of photovoice are located within the literature on education for critical consciousness, feminist theory, and a community-based approach to documentary photography (Wang, 1999; Wang, Morrel-Samuels, Hutchinson, Bell, & Pestronk, 2004). Photovoice is influenced by Freire's (1970) work on empowerment education with oppressed communities in Brazil and emphasizes the importance of structured dialogue around common community themes, lived experiences, praxis, and increasing critical consciousness leading to transformation and liberation. "In Freirian terms, photographs serve as one kind of 'code' that reflect the community back upon itself, mirroring the everyday social and political realities that influence people's lives" (Wang & Burris, 1994, p. 172). Freire (1993) asserted that through critical reflection, certain kinds of knowledge of marginalized people can be illuminated. Freire's approach is consistent with feminist research methods in that they both stress the importance of inter-subjective knowing, respect for diversity, partnership in research and issues of power, representation, and voice in relation to gender (Speziale & Carpenter, 2007; Wang, 1999). Wang and Burris (1994) reiterate the feminist focus of photovoice as, "the choice to promote empowerment through an educational practice that revolves around women's documentary images" (Wang & Burris, 1994, p. 174).

In photovoice, cameras are put into the hands of the participants which encourages them to be recorders and potential catalysts of change in their own communities (Wang & Burris, 1994), a practice counter to conventional documentary photography. In her exploration of the politics of representation, Rosler (1989) argued that “the exposé, the compassion and outrage, of documentary photography fuelled by the dedication to reform has shaded over into combinations of exoticism, tourism, voyeurism, psychologism and metaphysics, trophy hunting – and careerism” (p. 121). When utilized in photovoice, the cameras encourage recording of important issues and lead to discussions and reflections on the meaning of the images. The photos also serve to bring issues to light and make them visible to participants (Wang, 1999). Pairing the images with stories about their experiences developed through group dialogue assists participants to share their expertise. As Harper (2002) suggests, “pictures evoke deeper elements of the human consciousness and stimulate a greater cognitive response than words alone” (p. 859).

Photovoice is well-suited in collaborative research as it provides a process for participatory data collection and analysis as well as using the findings to bring about change through action. The process allows cohesiveness among participants and “the goal of the large and small group dialogues is to cultivate people’s ability to take individual and collective action for social change” (Wang & Burris, 1994, p. 177). Photovoice also provides a means of working with women to identify, articulate, and analyze the meaning of their experiences as shown in doctoral dissertations completed by Walker (2008), Flickinger (1999), and Salas (2007).

Consistent with other feminist and emancipatory approaches, photovoice acknowledges participants as essential sources of expertise. This alleviates the problem of the researcher presuming to hold the knowledge. In addition, the images produced and issues discussed by the participants helped to stimulate social change. The use of photos allowed participants to engage dialectically during the research process whether using photos as data or stimulus for discussion. In this way, photovoice becomes “a process by which people can identify, represent, and enhance their community through a specific photographic technique” (Wang & Burris, 1997, p. 369). This process engages community participants to photograph their everyday realities and emphasizes the goals of involving community members in taking pictures, telling stories, and informing policymakers about issues of concern at the grassroots level (Wang & Burris, 1994).

The photovoice methodology was chosen because of its critical foundations and because it is a methodology that has been used for participatory research, educational processes, and health promotion strategies (Riley & Manius, 2004; Wang, 1999; Wang & Burris, 1994, 1997). It provides a means for participants to document their perceptions and experiences (Wang, 1999) and offers a means for participants to express their experience of growth following IPV. The purpose of this research was to move from an illness emphasis to focus on strengths and women’s ability to grow despite the violence they have encountered in their lives. “Knowledge of the factors that promote growth can provide an important foundation for a paradigm shift away from a focus on illness and pathology toward one that understands, explains and nurtures health” (O’Leary & Ickovics, 1995, p. 121).

Since there is no single prescribed format for photovoice projects, “cautions are made that in each case, the actual model must evolve out of and in response to the unique conditions and context of the specific situation” (Grossi, Tapia & Pascal, as cited in Maguire, 1987, p. 40). Using photovoice methodology, I developed the steps below and also highlight how these steps were lived during this research project.

1. From ‘me’ to ‘we’: Coming Together

The women had previously agreed to participate and the project had been introduced to them by Dr. K. Hegadoren. I met with the women to reaffirm their interest and commitment to work as co-researchers. During this research I worked with seven women intensely.

2. Conceptualising the problem

While I conceptualised the project in particular ways the women helped me reconceptualise their experiences. One of the most significant changes was to understand their lives as ongoing, embedded in multiple storied lives, and most of all as being composed as fabric with no beginning or end.

3. Defining broader goals and objectives

Questions or ideas that guided the image-taking process were agreed upon by the group. From the first meeting, participants were engaged in the decision-making process including how many and what photo assignments they engage in to depict their journey of growth. Some participants chose to display their work publically and engage with policy makers, health care providers, and the general public. While our intent was to negotiate a group project, at the end the women discussed their individual work with each other, but they each developed a poster with their images.

4. Conducting photovoice training

For this research, the participants were given digital cameras to take photographs. We also engaged in a conversation regarding ethical issues

involved in photography. The discussion included: when picture-taking is appropriate, respecting people's choices about being in a photograph, and clarifying reasons for taking particular photographs.

5. Devising the initial themes for taking pictures

As a group, we engaged in conversations about positive growth, what it meant to the participants, and how they experienced this.

6. Taking pictures

Time frames and photo assignments were decided by the group; yet they too were negotiated on an individual basis.

7. Individual Conversations

Each photo-assignment was followed up with a one-on-one conversation. During group sessions some photos were also shared and discussed. It is important to note that several of these photos remain unpublished and while they are part of the field text, they are not part of the interim or final research text. Over the duration of this study, I had two to four individual conversations with each participant. Individual conversations were held in diverse places including coffee shops, homes, or at support services.

8. Facilitating conversation groups

Common themes were identified by the participants during the discussion groups and involved a process of:

- a. Critical reflection and dialogue
- b. Contextualising and storytelling
- c. Identifying issues and themes

As a large group we met four times over a period of 4 months. In this way, I stayed closely connected, and as a group we had an on-going and intense research environment to collaborate in.

9. Documenting the stories

Individual and group conversations were audio recorded with the permission of the participants. The audio recordings, my field notes, and the photographs formed the basis of writing this dissertation.

10. Identifying policymakers, service providers, donors, media, researchers and others who may be mobilised to create change

Mobilizing remains an on-going process and is done in collaboration with participants.

11. Dissemination of information

All of the various dissemination strategies suggested by the group goes beyond my PhD dissertation however publications in scholarly journals, conference presentations, and public exhibitions of the photographs will be components of my PhD program.

Study Participants

Photovoice typically relies on purposive sampling (Denzin & Lincoln, 2000).

Wang (1999), one of the developers of the photovoice method, recommends a sample of 6 to 10 participants for each photovoice project. Purposive sampling is a type of non-probability sampling commonly used in qualitative research and relies on the researcher's knowledge of a topic to select participants who can inform an understanding of the topic. My aim in selecting participants was to gain insight and understanding by listening to individuals in order to generate the most productive discussion for that group (Morgan, 1998). I worked closely with seven women during this study. As Wang and Burris (1997) describe, photovoice is based upon Freire's empowerment education philosophy and according to Freire (1993) when using discussion groups participants engage in a higher level of critical thinking allowing insight into the social and historical roots of the problems. This too was affirmed in my study.

A convenience sample was drawn from a community-based support program for women who have experienced violence in their intimate relationships. The program, run by the City of Edmonton, involves three 10-week phases that focus on understanding abuse, addressing the impact of abuse, and advocacy for self and others. Inclusion criteria for this research included women 18 years or older who had experienced IPV at any point in their lives and who participated in the phased program offered by the City of Edmonton. All participants were willing to talk about their experience of IPV as well as their subsequent life path towards growth. All of the participants were comfortable with basic photography and able to understand and communicate verbally and in writing in the English language.

Data Analysis

The primary goal of this research was to explore and represent participants' experiences of positive change following violence experiences using photovoice. Secondary goals were to inform women who have experienced IPV about the potential for positive growth, and to educate health care providers and policy makers about enhanced health as an outcome for women who have experienced IPV. During the first part of the study, I talked with each participant to gain an understanding of her personal perceptions about IPV and the potential to grow (See Appendix A for guided questions). Once the group was underway, the focus of the photo assignments was determined by the group through brainstorming and discussion.

Throughout the data collection and analysis, I immersed myself in the data and began to write narrative accounts (Clandinin, Lessard, & Caine, 2012) of each woman's

experience. The narrative accounts reflect the lives of the participants in relation to the research focus, but also reflects my relationship with them. This process was helpful as it acknowledged the diversity of women I was privileged to work with. Once the narrative accounts were completed, I shared them with the participants. After this stage I began to look across the accounts to identify common threads. The process of identifying emergent threads and resonances occurred over time and each phase took me and the participants to a deeper level of understanding of our individual and shared experiences (Maguire, 1987).

Ongoing meetings with my Supervisory Committee and the co-participants ensured methodological congruity. The sources of data included were diverse and comprised of: participant photographs, participants' written reflections, transcripts of group conversations, as well as my field notes. These diverse sources of data allowed for exploration of the complex and multi-layered experiences of growth. As described by Wang and Burris (1994) researchers typically do not analyze the photographs themselves. Wang and Burris (1994) attribute this to the roots of photovoice in feminist theory, critical pedagogy, and action research.

Photovoice is not intended to be a methodology in which an entire body of visual data is exhaustively analyzed in the social scientific sense. [. . .] As a participatory methodology, photovoice requires a new framework and paradigm in which participants drive the analysis—from the selection of their own photographs that they feel are most important, or simply like best, to the

“decoding” or descriptive interpretation of the images. (Wang & Pies, 2004, pp. 100–101)

Once data collection and analysis was complete, the women and I worked together to develop a final public presentation of the findings. The presentation format was decided by the group and included a poster presentation and a small book in the future. When engaging in feminist research it is vital to disseminate the information back to the social group from which the research originated in a language that is easily understood by the public. Currently, the participants and I are planning a presentation specifically for healthcare practitioners, policy makers, and community leaders.

Ethical Considerations

When engaging in research related to women who have experienced abuse or adverse events it is essential that they be protected from further harm. It is vital when working with vulnerable populations that one does not engage in research for the sake of research; there must be a balance between women’s rights and furthering knowledge in this area. Austin (2007) identifies “for nurses and others who inhabit ‘the trenches’ of healthcare, the *ordinariness* of everyday ethical issues can mean that their moral significance goes unrecognized. They are viewed rather as clinical/logistical problems to be solved” (p. 81). This attention to the ordinariness of everyday ethical issues is relevant for researchers as well. I was diligent in ensuring that ethical considerations remained a priority throughout the project. There were ethical practices that were put in place before research began to safeguard participants as well as researchers. Due to the

nature of the topic steps had to be taken to safeguard the privacy and content the participants disclosed. Confidentiality, boundaries, and trust were specifically important.

All researchers must obtain consent from their participants. This consent includes the right to privacy however; there may be instances when the privacy of an individual cannot fully be maintained. This includes revelations of current abuse of children or elders and/or the intent to harm oneself or another. Complete disclosure regarding the limits to confidentiality was discussed with participants before they consented to be part of this project. I was also clear with the participants that I could not guarantee confidentiality in the group, as all members were able to hear what each of them was saying. However, at every meeting I requested that information revealed during the group not be shared with others. The consent form outlined this specifically. Another issue of concern in terms of consent was the reading level of participants. According to Silva (as cited in Haggerty & Hawkins, 2000), a fundamental element of informed consent is language that is understandable to the participant. Therefore I was mindful that any written material used in this project was prepared at a reading level consistent with that of the participants' understanding (approximate reading level of Grade 9). Only the photos that the participants agreed to were shared in any public forum. Participants were asked to gain written consent from other persons if they wished to depict them in their photos, particularly in photos that were made public. There were also times when participants shared photos with the intent to illicit conversation and they were not made public. Participants were asked to choose a pseudonym for themselves to be used in any publications or public presentations and in this dissertation.

Trust is the other main consideration. Trust means believing that our good will be taken care of (Pask, 1995). However when working with vulnerable populations this trust may not come easily as it is the violation of trust, the abuse these women have endured, which has led in great part to their vulnerability. Full disclosure as to the intention of my interaction with the participants as a researcher was essential. Due to the nature of the information shared I worried that there may be a tendency to see me as a therapeutic presence. However, this was never a problem in my study. I made provisions to refer participants to counseling services or other support/information services on request (Cutcliffe & Ramcharan, 2002). The women who participated in this study remained involved in counseling and group support, which provided an independent safety net if required. The professionals involved in the phased group program offered the same group room, thus making the study setting one of familiarity and likely comfort. This study received ethical approval from the Health Research Ethics Board (HREB), University of Alberta.

I was sensitive to the women's situations and valued the information women entrusted to me; I continue to carry these responsibilities far beyond the writing of this dissertation (Caine & Estefan, 2011). I remain committed to work collaboratively with the participants to disseminate the research findings; we have composed a photographic exhibition for the Diverse Voices conference (2012) and are currently working to publish a book featuring the women's stories and photographs.

Quality of Research

Issues of reliability and validity are important in any research endeavor, yet I remain aware of the fact that both terms have been highly debated in qualitative research. The empiricist view of reliability is akin to repeatability, which is not the goal of my research. When engaging in feminist research, the emphasis is on the uniqueness and contextualized nature of women's experiences rather than standardization and repeatability. Therefore, in feminist research the essence of reliability is conceptualized as dependability of the research processes (Hall & Stevens, 1991). Morse, Barrett, Mayan, Olson, and Spiers (2002) suggest the most effective way to verify qualitative research is to attend to the dependability of the endeavor during the process of research. In feminist research, an important aspect of rigor includes documenting the rationale, outcome, and evaluation of all actions related to data collection, sampling, analysis, and dissemination of results. To that end, I kept field notes and a journal throughout the research process, which was part of my data analysis and central to many discussions with my Supervisory Committee. In my journal, I also paid close attention to shifts in my relationships with the women and the findings of this research. It is interesting to me to read my journals and field texts over time to appreciate how deeply I have been affected by my relationships with the women. The women helped me see how important it was to represent their experiences of growth and their lives as filled with possibilities, hope, and courage. The participants made visible the complexity of the phenomenon under consideration. In the following chapter, I will introduce readers to my participants and make visible their lives, as well as my relationship with each one of them.

Chapter 4: Entering Into the Women's Lives

Meeting the Women

In this chapter I will introduce each one of the women and present aspects of their lives, their histories, as well as imagined stories. I have presented their quotes in an italicized font to distinguish them from the rest of my text.

Jacqueline

I remember the first time I saw Jacqueline. I met her at a meeting of the Advocacy group of which she was a member. I was nervous because I was pitching my research idea to a group of women I did not know, hoping that some of them would be interested in being part of a study about women's strengths following IPV. I did not know the women and there I was asking them to share some of the most intimate and difficult times of their lives with me. I did not want to presume that I knew exactly what it was like for them, but I did want them to know that I had also experienced IPV. I also did not want to appear pretentious, as a PhD student talking all about this important research. Truth be told, I was feeling more tired than smart and my belief was that the authenticity of this research was in the hands of the women, dependent on their willingness to share their life experiences with me.

Jacqueline was the last to join the group after settling her children with the childcare workers in another room. She appeared shy as her eyes quickly scanned the room and she made her way to an empty seat. As I got to know Jacqueline I learned that she was far from shy. She had a quiet confidence and a serene presence while she listened to others speak, but when she had something to say, she took the stage—not in an

overbearing way, but sure of herself. What she said came from a very deep part of Jacqueline. She spoke of what was important and meaningful to her and wanted my undivided attention so that I did not miss a word. Jacqueline was pregnant then with her fifth child, yet she was determined to be a part of this research as soon as she could after her baby was born.

In our first group meeting Jacqueline arrived, kids in tow, handing her new baby girl to the eager arms of the other women anxious to cuddle and smell the new baby. There is nothing like the smell of a new baby. We settled in and introduced ourselves and after we discussed the project and everyone consented to participate, the women began to share their stories. These were not necessarily new revelations as the women had known each other for some time, but their willingness to share with me as part of a larger research agenda astounded me. Jacqueline openly shared her struggles in her own relationship. She blamed herself, she felt desperate.

At that time I was totally dependent on him financially. I stayed home with the kids and I just had a baby and I knew something was wrong. He was getting more mean with me, more physical. And then I found out he was like cheating on me with 6 different girls and (sigh) to me it was like really devastating um and that's when the escalation went bad and he was more physically abusive. And my son was only 1 month old when I found all this out and it was very hard for me. Plus I couldn't understand at the point, at the time like what's wrong with me. I kept asking myself what's wrong with me, you just can't be happy. And of course it didn't help that he was blaming me too. . . . And I remember, it got to the point

where I was suicidal. Like, I knew I wasn't going to do something to myself although sometimes I felt like it. But I couldn't care if a bus hit me. I was like please let a bus hit me. (Jacqueline, Group Conversation, March 13, 2012)

I find it curious that women take on the responsibility of a relationship breaking up, as if the abuse is somehow their fault. Jacqueline described how she fell deeper and deeper into depression:

I didn't want to be alone. There was just too much for me to carry on my shoulders. And so I started drinking. I drank quite a bit. And I did a lot of binge drinking. And that didn't help because it got even more physical. Because he would drink, I would drink. It would end up with the cops at my house, (Jacqueline, Group Conversation, March 13, 2012)

As Jacqueline continued with her story the group was silent, she had our attention yet I felt no judgment as she openly talked about her drinking. I felt only an acceptance and an understanding from other members of the group of being in that very low place. One of the other participants talked about when she was at her lowest; all she could do was curl up in the fetal position on the floor and cry. Jacqueline could relate. As she continued with her story, she nearly brought me to tears.

When I hear you speak I could relate to a lot of things you said [in response to another participant talking]. [The] thing about curling up in a ball on the floor. I've done that many times too. I think for me the lowest point was after my son Donny was born. I was drinking a lot, he [husband] was being very mean to me . . . I would lock myself in the bedroom for days . . . and I didn't care about myself

or anything. And then I got pregnant again. That was my little girl and she was actually destined to happen to me at that time. Because uh, it forced me to stop drinking. Like, I was ready to have an abortion. I had set up the date and everything and I was like I can't do this again. My son was only like a few months old you know and like, I can't do this again. I had it all set up and what not and then I decided right at the last minute like to hell with this, I'm not doing it. If I'm going to live with something for the rest of my life it will be with a baby. So here she is. But um I carried a lot of guilt for the drinking and stuff, but she was the best thing. It kind of forced me to look at things soberly. (Jacqueline, Group Conversation, March 13, 2012)

Jacqueline's salvation was her unborn child. She described her children as her hope. It happened that all of the women in this group were mothers and they too described their children as paramount in the decisions they made. Children play a huge role in the reasons why women stay in violent relationships and why they leave. Sitting and talking with Jacqueline I was thinking that a woman is never in a relationship alone when there are children involved. The women's decisions are complex and more significant because the children are also affected.

Jacqueline was the first participant who engaged in an individual conversation with me. As I prepared for my first meeting with her I recalled her openness when sharing with the group. I was nervous though. She already knew the women from their advocacy group and was open with them; would she be as open when we were talking one on one? I was putting a lot of pressure on myself to do this right but what if she

didn't want to talk. As I drove to her home I could feel a knot in my stomach. How would this go? I was in an unfamiliar city navigating roads and traffic that I was not used to, glancing nervously from street signs to the map on the seat next to me. As I approached Jacqueline's home however I felt a certain comfort. Her neighborhood reminded me of a place I once lived when my children were young. There were children's toys scattered across different yards but the properties were well cared for with no garbage strewn around. My fears disappeared when I was warmly greeted by Jacqueline and two of her curious younger children who popped their heads out from behind her to see who was at the door. Jacqueline was relaxed as she showed me around her place, which she described as small but a real home. She reminisced about leaving the home she shared with her ex.

I left my place because he kept breaking into my house and I had no way to pay my rent because he was paying me child support. And what happened was he quit 1 month and welfare took out the money from the month before so I didn't have money to pay the rent. And I'm like you know what? I'm out of here and it was almost really . . . call it my leap of faith. 'Cause I just said, I'm moving out of here, I don't know where I'm going or how I'm going to do this but I'm getting out of this mess. I hated that house, I was so glad to get out. (Jacqueline, Individual Conversation, March 31, 2012)

When Jacqueline first left her ex she had nowhere to go. Like so many mothers, she was on her own with her kids and did not know what to do next. She explained that

she actually went to a motel for a couple of weeks before she could find a more permanent place to rent with her kids.

I wanted out of there and it was such a great feeling, even though I was in this motel. Like I remember being in this, it was an old motel and I thought you know what, I have my kids with me. And I remember we had two beds. The girls would sleep in the other room and me and the little ones, and I was pregnant too, were sleeping on the other one. And all we had were some clothes there and I put whatever I could into some storage. And I remember I was amazed once 'cause I was on the floor [playing with the kids and] I started laughing so hard in that motel. You know and it amazed me because I'm like wow, even in the midst of this, living in a motel, only having garbage bags of clothes you know. I'm like we can still laugh and find joy. And so that's all, like those are the kind of moments that just inspire me to keep going. And it was a real laughter, it was like something real that I didn't experience even like years before. (Jacqueline, Individual Conversation, March 31, 2012)

Her optimism astounded me. How could she laugh in the midst of all this chaos? I thought perhaps it was easier now because she was in the present, a better place, looking back. But when I asked her about this she attributed at least some of this outlook to one very special person: Amy, the social worker who stepped up to the plate to help her along with her first steps.

[A]ctually, it's kind of a funny story because well at [the agency] they have so many intakes that come in that they have to have a meeting and go through each

case and kind of prioritize like who has the most needs and stuff. And she had come in to fill in—because one of the ladies was on maternity leave. Yeah, so they like kind of put me lower down because they didn't think I was high priority. Yeah, but uh she said, she told me that for some reason when I heard your story she's like I knew I had to have it. She was like oh I feel so bad for this woman, like she's got 5 kids and another on the way at the time you know, and she was like I'll take it, I'll take this case. So they gave it to her and I got . . . 'cause they told me it might be a wait and I was surprised when I got a call a couple days later. I wasn't expecting it that fast and she told me that so I was just like wow, it's funny how it just was . . . meant to be. She went through it herself, she left an unhealthy relationship and abusive relationship. And she's like a really thriving woman and she was quite an inspiration and she's like a mentor to me.

(Jacqueline, Individual Conversation, March 31, 2012)

For Jacqueline this was an amazing connection, someone to believe in her. It saddened me to hear from some of the participants that when they were seeking help in relation to the interpersonal violence they were experiencing that they were not believed or told “That’s just the way men are.” Research has shown that women turn to health professionals for help following IPV yet many professionals feel poorly equipped to manage these situations (Yonaka, Yoder, Darrow, & Sherck, 2007). The authors state the reason for feeling ill equipped is they are not taught about IPV or how to effectively encourage positive change. This reminded me how insidious abuse can be, happening slowly over time so you don’t really recognize it as outright abuse; it too reminded me

that others might not understand the abuse women encounter. I remember thinking “How bad does it have to get? Does one of the kids have to end up in the hospital for me to say this is abuse?” Abuse occurs in different forms in different families, from childhood abuse and neglect to domestic violence in adulthood. Jacqueline described her home life growing up as very restrictive and controlling.

I grew up in a really strict almost cult-like church . . . they call themselves Christians. It was through the World Wide Church of God and uh my dad had found it He came across this church by chance through flyers and um it turned out as we learned, it turned out to be a really, really strict church. I remember being isolated and we weren't allowed to be around other like normal people. I was only allowed to socialize with other church members' kids and I wasn't allowed to associate much with the school kids. Yeah, so it was like a cult, there were so many rules so many like . . . it was suffocating. Like we weren't allowed to play outside at certain times, Friday sundown to Saturday sundown we couldn't go play outside, we couldn't watch TV. I was about my daughter's age, 9 or 10. I grew up in that til I was about 16 when I got rebellious. (Jacqueline, Individual Conversation, March 31, 2012)

I gasped inwardly as Jacqueline shared her cult-like experience. I share this connection to an extreme, cult-like religious group—not as a child but a vulnerable adult. I was envious of Jacqueline as she sat with all of her children around her, yet I was in awe of her. Over time I came to know that she came through her own struggles to a place where she could truly enjoy her life and her children. To me, this showed her strength.

True to her optimistic nature, as Jacqueline spoke of her younger self, she talked about what she could see as the benefits of being raised within this cult.

[We] resorted to kind of like having to be more creative . . . I think at that time I had the closest relationship with God. Because at night that's who I would pray to right. (Jacqueline, Individual Conversation, March 31, 2012)

However, as she grew older Jacqueline described feeling different from the other kids at school.

[W]hen I was in the church I didn't do much, [I] stay[ed] at home, I was very isolated like I said. I remember even in junior high the teacher had made me stand up in front of the class to explain my religion because they wanted to know why I didn't want to participate in Christmas or birthdays. We weren't allowed to do any of that, so I kind of felt like a freak, and they treated me like a freak. Nobody really wanted to hang out with me, I couldn't do nothing. And I guess from that I turned into, I turned 17 or 16, I got rebellious. I got to the point where I had enough of this shit. You know, I'm like screw this, I would go out and I would run away from home. I was like practically living on the street. And I was living on the streets and I would live at friend's house. Their parents didn't care at the time 'cause I made sure I chose those kind of friends. Then I'd drink and try smoking and all that stuff. And so that's how I met my ex too, 'cause um when I met him he was like the total opposite of my life you know. His family was like, they would drink and they would just let their kids do whatever. They welcomed

me just like that. And I just thought wow, this is great, (Jacqueline, Individual Conversation, March 31, 2012)

Jacqueline, as so many of us, fell into the trappings of the fairy tale dream.

Yeah I thought this is great, he was the greatest guy ever. And it was the total opposite of my life and he really liked kids and stuff and that was something I always wanted, a big family. So I had this idea in my head that oh this guy loves kids, he's exciting, we're going to do all these things and we're going to get married and have a big house and have a lot of kids and a nice dog (giggle). (Jacqueline, Individual Conversation, March 31, 2012)

We talked in the larger group about wishing for the fairy tale life, the knight in shining armor that would carry us away and fulfill all of our dreams. Not one of us was able to find this mythical knight which led us to question why this fairy tale existed and how and why the myth was perpetuated in society. I have my own belief that the myth is born of misogynistic roots, meant to keep girls and women down. Searching outside of themselves to the strength of the knight rather than cultivating our own strength from within.

Jacqueline and I began looking at the pictures she had taken for their first photo-assignment. The group decided together that they would like to focus on first steps. I had downloaded Jacqueline's pictures onto a laptop that I'd brought with me. When I opened the first picture, my breath was taken away and I actually said "Did you take this?"



Figure 4-J1.

The picture of the sun shining through the branches of a tree was beautiful, like it was taken by a professional photographer. Jacqueline beamed when I commented about her obvious talent.

Yeah. I took it because I wanted to represent when I first started out, what I reached for, a kind of spirituality. It was like you know reaching out for your higher power so to speak and for me that's God, so I don't want to go and take a picture of a church or anything like that. Because to me I wasn't at the time thinking religion, I was thinking spiritual guidance and help . . . I remember when I spoke earlier at the meeting about being in the like fetal position and feeling the worst pain ever. Like it was, like I would rather get punched in the face than

feeling that kind of pain inside you know? 'Cause like that was, it was to the point where you don't even want to live. And when you're that rock bottom and there is nothing that seems to, that can fix it, I think that's when you have nowhere else to go but to look up. I think that's when I had to start to really pray. It wasn't like oh please God let me win the lottery. Laughing. (Jacqueline, Individual Conversation, March 31, 2012)

As Jacqueline spoke I became aware of her intense intrinsic spirituality, something she had developed as a child, a deep and real connection with God that she was connecting to again. I felt so fortunate to be able to sit with this young woman and not only hear, but actually feel her come alive with her own spirituality.

So now I see things different. That's how I see God (looking at the picture of the sun through the tree branches). I would have never taken pictures like this before. (Jacqueline, Individual Conversation, March 31, 2012)

Jacqueline pointed to the next set of pictures that she had taken, pictures of hands. She explained these pictures were actually of her and Amy, that first social worker who took on Jacqueline's case.

So we kept in touch after her thing was done and um she actually, 'cause she went through it herself she left an unhealthy relationship and abusive relationship. And she's like a really thriving woman and she was quite an inspiration and she's like a mentor to me. And she actually helped me to tap into like being creative and with plants. And like I talked about calling her the cookie lady at first because she was like very, I don't know how to explain her, she's like you know

into reiki and energy healing and all that . . . we keep in touch and stuff. Actually she's the woman in the picture . . . [T]hese ones I've titled "Helping Hands."

(Jacqueline, Individual Conversation, March 31, 2012)



Figure 4-J2.



Figure 4-J3.

I wanted something that spoke to me you know. And I wanted to show that like after reaching out to God and stuff like he kind of led me to other people and opened some doors. (Jacqueline, Individual Conversation, March 31, 2012)

I noted that Jacqueline obviously maintained a friendship with Amy as she explained the pictures were of herself and Amy, no longer her social worker but a friend. The pictures depict equilibrium in the relationship, not one person giving and the other taking but a balance between the two. These women appear as equal partners sharing what each has to offer in a kind of harmony flooded in light, as if sharing the positive energy.

When we looked at the next pictures Jacqueline remembered back to when she was with her spouse.

'Cause I remember even when I was living in that place every morning I would pack up the kids, it was almost like a panicky feeling, like anxiety and I guess it was like that fight or flight feeling. So I would just go and sit at my mom's just to get out of that house, it was so suffocating in there, I think it was just the energy. But once I moved out of there the possibilities were endless you know. I could do whatever I wanted. It was exciting. I didn't feel like that at the time though (giggle). Like sometimes I would feel bad and I just wanted to like just show that feeling, like there was something to look forward to and so when I got this place to rent it was a miracle. I used to get up every morning in the motel and there's a dirt road that goes straight up and there's a road here and a road here . . . it's not a real clear picture on here but I kind of wanted like the sun and light sort of like

at the end of the road 'cause I wanted to just kind of show like, you know like there is something bright at the end of the tunnel. (Jacqueline, Individual Conversation, March 31, 2012)

The light at the end of the road drew Jacqueline in, not that she knew what was at the end of the road but she now understood that it was her choice which fork she would take. She was able to recover her own personhood and allow herself the opportunity to make decisions based on what was good for her.



Figure 4-J4.

And also there's a crossroad, like there's a road coming there, a road going there, and there's a dirt road over there. So it's so nice realizing there's still life ahead of me. There's still so much I can do. If I want to I can move to Ontario. It felt like nothing at that point could hold me back. But I did for some reason

choose to stay. I don't know why but I chose to stay and I'm like I'm going to deal with it here. (Jacqueline, Individual Conversation, March 31, 2012)

Jacqueline was able to understand that although one part of her life was ending there was still life ahead. This freed her to consider possibilities that she had previously closed off to herself such as travelling with her children.



Figure 4-J5.

For Jacqueline the road also depicts freedom, the freedom to pack up her children into the van and go where the road led to encounter whatever opportunities lay ahead.

The next pictures Jacqueline showed me were of her children.

I actually took these off my computer, like I took the picture at it. But I like this picture too because I took the kids for a walk and even when I was in a crappy mood. I remember like this is when we first moved here. I remember taking them to the lake just a few blocks over and I took them. And I was depressed and I was

going through severe depression too and I'm like um, you know what I need? To get out of this house, I need to go for a walk. And I told the kids get your coats on. They're like where are we going? And I'm like we're going for a walk. And they were all happy and stuff. We went to the lake and I took a picture of them but I wanted to show that because they, my kids were my inspiration. Even though I was depressed and could have easily just stayed in bed. (Jacqueline, Individual Conversation, March 31, 2012)



Figure 4-J6.

I want to show that even for us the times that weren't great I could still do these things where I could have just as easily popped in front of the television . . . my

kids were also my inspiration and I just wanted a picture of them. (Jacqueline, Individual Conversation, March 31, 2012)

Many of the participants agreed. As mothers we would do anything for our children and our children were often times what gave us the courage to finally leave the abusive relationship. I could relate to what Jacqueline was saying about feeling depressed but still gathering up my energy for the sake of my children. At various times during our conversation Jacqueline's kids would pop into the kitchen where we were sitting and talking with questions or concerns because someone was playing with their toys. Without skipping a beat Jacqueline would talk to her children, kindly ask them to share their toys, or deal with whatever situation was concerning them and then continue on with our conversation. I loved seeing her kids curiously poking their heads into the kitchen and the relaxed way that Jacqueline interacted with them. It reminded me of when my own children were young and the times we shared in our tiny chaotic household. There were always kids (mine and their neighborhood friends) coming and going enjoying the day. Good memories.

Jacqueline came to life when she shared with me a pivotal experience for her, when she packed up her kids and took them on a trip to Ontario. She was very proud of this and saw it as a huge accomplishment for a mother of five on welfare. Others in her life really thought she couldn't do it.

For years I kept like convincing myself that I couldn't make any trips because I didn't have the money, I'm low income right. So I always made excuses as to why I couldn't go. So I went for a year straight, I went to these support helping

groups. And then I told them, I'm going to go to Ontario for a visit. And they were like; you do that and we're going to cheer for you. And so what happened was I decided you know that we're going to go. We're going to go for a week or two. I said I don't know how I'm going to do it but we're just going to go and do it you know. I'm not going to make any huge plans. Like back in the day I would say Oh I have to cost this, this is going to cost. I'm just going to take my last cheque and we're going to go. You know the rent's paid and so that's what I did. I didn't pay the bills, (laughing), but I went. (Jacqueline, Individual Conversation, March 31, 2012)

I could see the determination in her eyes as Jacqueline talked about this trip.

I packed up my van and the five kids, Sue was just a baby. We just had enough seats and I drove all the way to Winnipeg, got a motel, stayed there for the night, then continued on for another 6 hours, 6, 7 hours until I got to um a reserve. And then I ended up staying there and . . . I have family there. And actually I stayed there for the whole summer. We ended up staying . . . I didn't just stay on the reserve. I went all over Ontario. I just said ok kids were going to go to Red Lake for a few days. And that's what I did. We just up and left. Went to Red Lake and stayed there for a few days with my aunt, came back, and I'm like I'm going to see my sister. I haven't seen my sister in years, she was in Thunder Bay. So I drove 6 hours. I just said one day and I just love that feeling of just up and leaving. (Jacqueline, Individual Conversation, March 31, 2012)

I could relate to her sense of freedom. That feeling of not having to make up excuses for where I was going, just taking the kids and driving into the mountains with our tent in tow. At one point I took my three kids to Australia for 6 months, I home schooled them at the time and it was great to have that sovereignty and time alone with my children. I remember feeling “Yeah, I am a good mom, look what I can do.”

Jacqueline also felt like she had something to prove.

Also, to me that was the biggest test because people kept telling me, you're crazy for coming out here like this with all these kids. I think I inspired them too because if you can do this, actually inspired a lot of people, a lot of women too. And they were like if you can do it with five kids I can do it too. So you know it was great. Like I have, I have these wonderful pictures from there and just totally love it. I took a lot of nature shots because it's around the lake, it's an island and very spiritual. To me it was a spiritual journey as well. (Jacqueline, Individual Conversation, March 31, 2012)



Figure 4-J8.

There is a sense of sovereignty in this picture. Unlike her experience of the controlling religion from her past, the opportunities appear endless as Jacqueline looks to the horizon here. Jacqueline also talked about books as being a source of inspiration for her. She shared a story with me where her frustration led her to just the book she needed to read.

I lost so much of myself I didn't even know who I was anymore . . . I had to figure out what was wrong with me. So the next day I go to the book store, like going to these self-help books. I'm looking at Dr. Phil, I'm looking at all this, everything I was looking at didn't seem to help, this isn't what I'm looking for, it's not going to help me you know. And I was just ready to give up and just as I was walking

out, out of the corner of my eye for some reason this book just kind of, I saw a book and it was a Melody Beattie book. And it was “Codependent No More” and so I picked it up. And see to me I still, to me this was God working with me you know. (Jacqueline, Individual Conversation, May 7, 2012)

Jacqueline realized, with Melody Beattie’s help, a woman she could relate to, that the reason she couldn’t make decisions about her life was because she was so focused on what her children needed and what her husband would want. She had erased herself from the equation. She realized at that moment she needed to put the focus back on herself.

Yes, and it wasn’t overnight, it was all small. But little by little I started learning more. One door led to another door to another door to another door. You know that’s how I see my journey. Like, I kind of open it. It’s better that way and that book; it led me to find more of her books. And then I would start looking into other books and I would talk to people. Some of my best friends are books. (Jacqueline, Individual Conversation, May 7, 2012)

This fascinated me as many women, not just those participating in this research project, but others that I have talked to along my own journey have identified with reading books. This rings true for me as well. I do not know if it is because we can’t find the answers by talking to others or that we are not asking the right questions. For me I think it had a lot to do with the fact that a book cannot judge me. I could look into the pages of a self-help book and pull out of it what I needed to learn and there was no exchange with someone on the other side that I needed to explain myself to. This book especially touched Jacqueline’s heart because of the spirituality she gleaned from it.

I love how Melody Beattie talks about God. Letting go and just letting God do his work. And some of those things even stick with me, like even now when I want to go out of control and stuff. I just realize, sometimes it's not in your control. You just have to let God do his thing and I take care of me. So a lot of repetition I find and pulling out quotes and whatnot . . . it's just like a snowball effect, you know? Just going that way and I've learned so much along the way and I could go on and on and just how all these little stories just pile up . . . And that's the thing, it never ends, it just keeps going and you know you might go back a couple of steps, you might move one forward, it doesn't matter. (Jacqueline, Individual Conversation, May 7, 2012)

Jacqueline explained how she felt grateful for the books that did not judge her, as she felt that at times friends and family had a hard time seeing life from her perspective.

What matters is just moving forward. I don't like that term move on, I just don't like it. I don't know how many times I've heard it from people. Like what's going through my head is "you need to leave him and move on." I detest that word. If I hear that one more time I'm going to punch somebody (laughing). 'Cause it's, I just find that it's degrading, like I loved this man. I had a vision; I had a life (teary). (Jacqueline, Individual Conversation, May 7, 2012)

It was getting late; we had been talking for almost 2 hours. We wrapped up by talking about which pictures Jacqueline wanted to show at the next group meeting. We talked about so many things. The time just flew by. I was really enjoying Jacqueline's stories and appreciated her sharing so much of her life with me. There were many

commonalities in our stories and I left feeling connected and encouraged to continue with my research.

Angelica

Angelica attended the meeting of the advocacy group where I first presented the idea for my research. I still remember thinking that she was not shy; indeed she immediately volunteered and explained.

I think that's it's important through this journey that the negative that has impacted my life so strongly can be turned into a positive by changing someone else's life. And the whole process of when I went through the community resource groups and that kind of stuff was what can I do for someone else and so um you know, I think that it's, it's a process that's good for me and for somebody who can glean from my experiences how to rise above the water. (Angelica, Group Conversation, March 13, 2012)

Angelica was very open and obviously felt comfortable with the other women in the group. I recall my excitement to at the time: what did it mean for Angelica to rise above the water? How did she envision our work together could help others? and I too was thinking how important it will be for me to attend to the community resources. Angelica went on to share how hurt she had been both emotionally and physically by her former husband. During our first group conversation she introduced herself by saying:

My name is Angelica. It's been seventeen years since I separated from my abuser. I have gone through quite the process of recovering from the emotional [...] the

damage that's done and you know I have struggled with some relapses of depression and what not ... I do this roller coaster thing with my depression because I was born with this disorder. That was not diagnosed until I was 26 years old. And so I yo yo with my depression. (Angelica, Group Conversation, March 13, 2012)

She was very aware that the emotional turmoil and stress of her life caused by living in an abusive marriage had taken its toll, but she was not willing to become stuck in that rut and simply watch her life go by. Angelica, made me wonder about how much we define our life through others; through the relationships we have been a part of. I wondered how others storied their past abuser in their lives and in relation to their strength.

Angelica was the second co-participant who I met with for an individual conversation. My first meeting was with Jacqueline and it had gone so well that I was looking forward to meeting with Angelica although I did wonder if she would be as open with me as she had been with the group. I started off full of energy, my trusty map at my side for the drive to Angelica's house. She had given me her address but I had declined instructions as I had mapped the route out on the internet and thought I knew where I was going. After driving in circles for an hour and hitting more than one roadblock due to construction I finally called Angelica. "I'm completely lost" I told her. I apologized as I was now late but she assured me that with her instructions I could find her house and that she would still have time to meet with me. Relieved I carried on my way following the instructions Angelica had given me and found her house without trouble. I arrived hot

and tired, but determined to focus on my work alongside Angelica. She had seen my car pull up and greeted me at the door to her place and welcomed me in apologizing for the clutter. She appeared relaxed, dressed casually and not overly concerned about the clutter in her house. I wonder if she notices my facial expression as I was trying to make sense of all of things in her house, as Angelica explained that her daughter and new grandbaby were staying with her and that babies need allot of stuff. As I glanced around noticing the diapers, baby swing, and baby chair, I wondered what it was like for Angelica to live with her grown daughter and grandbaby. I recalled my own stories of being a mother and how I had turned to my own mother for help at times. Did Angelica take her daughter and grandchild in willingly, or did she feel obligated as a mother to provide a place for her daughter to live. Had the daughter asked her father to move in with him? Is there an unwritten rule that mothers are caretakers of the children no matter what age they are? And I too wonder about the joys babies and daughters can bring to the house.

Angelica brought me a glass of water while I set up the audio recorder in her living room. It was a hot summer day as we sat on the sofa with a fan in the corner blowing warm air around the room. My earlier wonder if Angelica's would be open with me was soon quelled as she was excited to get the conversation going and explained how important it was to her to help other women. I can still remember how she was shaking her head slowly back and forth and laughing as she said:

*I can't believe how young and naïve I was when I got married (Angelica
Individual Conversation March 28, 2012)*

Drawing forth my own memories, she went on to describe her wedding.

On the day I was married, the man who was to love me and be my life partner became my owner instead. It was just as if our marriage certificate was in fact a bill of sale. I became his property to do with as he pleased. No longer a human being, with feelings or needs, just a possession. (Angelica Individual Conversation March 28, 2012)

I had never considered myself as the property of my husband, however I am aware that historically in most cultures, married women had very few rights of their own, being considered, along with the family's children, the property of the husband; as such, they could not own or inherit property, or represent themselves legally (Pierson & Castles, Eds, 2006). I remember feeling this incredible sadness as I listened to Angelica, recounting her impressions of her wedding day. Looking back Angelica clearly felt that she had no rights in her marriage, not even the right over her own body. She describes getting pregnant with her second child as one of these instances.

That night was not the first, or the last time my husband raped me. There was never any foreplay in our marriage, even if I was a willing participant. It was just as easy for him to help himself when I was asleep. (Angelica, Individual Conversation, March 28, 2012)

Later during a therapy session Angelica's therapist described this behavior as sexual abuse.

I guess I just convinced myself it was a wife's duty. (Angelica, Individual Conversation March 28, 2012)

As Angelica speaks of a wife's "duty" I pause remembering distinctly asking myself what my "wifely duties" encompassed. I recall other women talking about engaging in intercourse with their husband's as a duty and I wonder if the historical context of women as property was still present today? How did women resist this sense of duty, obligation, and ownership? As I wondered about my sense of duty, I wondered most what had shifted Angelica's sense of this.

I remember feeling so overwhelmed! I was expected to have a perfect home, perfect children, earn more money than he did, and cook gourmet meals. He was always angry. I could never please him. Nothing I did was ever right. He always tried to enforce his expectations by screaming and swearing, by threats, or by physical violence. No one could live up to his expectations. The crazy thing is that I actually tried! I would always tell myself that if I had just done this, or if I had not done that, that he would not have been angry. (Angelica, Individual Conversation, March 28, 2012)

Was this again part of what Angelica saw as her duty, living up to her husband's expectations? Why is it that she found it so easy to put someone else's needs ahead of her own? Was this a lingering expectation of her from her childhood? When I asked about her childhood Angelica paused and then explained:

I have reminders of being used and abused and um not just by my partners... but by my family. And um I had a recent reminder of what my childhood was like when I went to visit with my parents and I took 3 of my grandsons and my youngest daughter. And in the process of getting ready to leave the 2 year old was um playing with some framed pictures, and I said OK don't touch and he knocked one over. And my dad was on the other side of the room yelling don't touch that. And after he knocked it down, my dad is screaming at him from across the room and then my dad freaks on him, he's screaming at him, he's "You need to do what your told" and this kind of stuff and then he's yelling at my mom cause she's telling him to calm down. And he's yelling at me and he's yelling at you know everybody and then we leave the room and my poor little one. As were driving home I just looked at [my daughter] and said I had a stressed childhood.

(Angelica, Individual Conversation, May 5, 2012)

I can see how the intergenerational influences have affected Angelica in her own life, and I wonder how much these remain present today for Angelica herself. When asked, Angelica does recognize how growing up in a violent and abusive household has affected her life. I wonder if she can see the longer range implications for her own children and grandchildren; how does she shift these family patterns?

For Angelica it seemed that leaving the abusive relationship was fraught with uncertainty. There was a time in their marriage Angelica explained where her husband

had gone back to school in another town, during the week he lived there and came home only on weekends.

When my husband went away to school, he decided he liked being on his own. He would come home on weekends, demand sex, tell me what a lousy human being I was, that I was fat, and ugly, and a lousy mother, a lousy house keeper... Eventually my husband told me the only way he would be moving home permanently was if he decided he was willing to be miserable for the rest of his life, in order to live with his children... that was all it took. If he was going to be miserable with me, he was going to be miserable to me as well. I, packed his bike in the back seat of my car, and told him to get in. I was taking him back to his apartment. The following Monday I contacted a lawyer to file for divorce.

(Angelica, Individual Conversation May 5, 2012)

This makes me think about the question “why don’t you just leave” that women living in abusive relationships are confronted with by others who are on the outside of the relationship looking in. Angelica’s story shows only a glimpse of the complicated matters that she had to contend with while also contemplating leaving the relationship. The situation is so much more than one decision to stay or to go as Angelica helps me to understand; it too is intertwined with our own beliefs and expectations of ourselves. Her beliefs about marriage “*I didn’t get married to get divorced*”, her health “*my health went steadily downhill*” and her faith all become and are important elements of Angelica’s identity. Despite recognising her own health and faith as important, Angelica explained

her husband's reaction to receiving the divorce papers and the hopeful response it triggered in her.

Because he was clearly so upset by the divorce documents, I started believing that we could fix our marriage. After all, he'd had a wake-up call. He was seeing what he was losing. He would treat me, and the children better now. (Angelica Individual Conversation May 5, 2012)

Angelica had hope that somehow the relationship would work. In their 1995 study Marden and Rice found that women saw hope as somewhat of an emotional survival mechanism, if they had hope, things would work out. This is what Angelica thought as well, however the change that she hoped for did not occur.

He didn't change. [At that time] he lived a block away from us with his sister for eleven months. The children never saw him. He would come over every night around 11:00. He was looking for sex some nights, and a fight on other nights. The insanity just got worse. (Angelica, Individual Conversation May 5, 2012)

I wonder: is this hope that women hold on to, a hope for normalcy in their relationships, or the anticipation that their fairy tale will eventually come true? Angelica came to realize there was no "Happy ever after" for her marriage. As we continued to talk she told me,

You somehow get used to it. I mean, the whole life of living in fear and thinking that's normal It's tough tough stuff and it throws you in to, Oh why try?(Angelica Individual Conversation May 5, 2012)

I was curious and asked her “So why try... what do you do?” As Angelica answered I remember thinking how brave she was to continue on and not allow herself to be swallowed up by self-pity or let herself be defined by her relationship.

I have to, the real me is not just depressed, angry or hurt. I am awesome; I am a happy, loving person. I am bubbly I am silly I am fun. I'm very loving. (Angelica Individual Conversation May 5, 2012)

Angelica agreed that getting in touch with what she feels is the real her, helps her to move on from a bad place. This makes me wonder why we lose touch with the “real self”, when does this occur in one’s life?

For the first photo assignment the group decided to take pictures representing their first steps toward growth. Angelica showed a photo that she had taken of a picture that I had seen prominently displayed in her living room.



Figure 4-A1.

I don't know the artists name but I know the title of the painting is "Jesus the Christ". Throughout my life, my church has always been important to me and my dad always wanted to take it away from me. When I was married, I went through the motions of being at church and that kind of stuff but we didn't live it. We didn't live it at home ... and I just felt like this was one of my first steps was to lean harder on the members of the church and just get back into that for me, my whole community is wrapped up in [my church]. My friends are members of the same church. You know, the church community becomes your family and so that's what I felt like I needed to portray was getting back to that spiritual part of me and that part of my community being more important in my daily life. And I think there is kind of a similar theme where we all had to get back to a place you know leaning on our higher power....(Angelica, Group Conversation, April 3, 2012)

I found it interesting that Angelica mentioned earlier that her father was always trying to keep her away from church. Was this a control issue? Where did she learn to trust in her faith and faith community? Did this come from her mother? How did Angelica feel when her husband who was a member of her church turned out to be abusive, how did she reconcile this within her own faith?

I always would try to bring it [spirituality] into my home. Like I had hymns on a CD or the children's hymns, they're very tender. So during the years I was being abused, if I was not working, I had the children's hymns playing. Children singing and it brought peace that I needed in my home because there was no peace. Um, so just for a few minutes, for while I was there I could pretend. (Angelica, Individual Conversation, May 26, 2012)

Just as participants in Marden and Rice's 1995 study, Angelica was holding on to a false hope in an attempt to rationalize some of the severe anxiety associated with the violence in her life. However, Angelica described other times and places where she felt legitimate support and caring which helped her to move forward toward her own goals and dreams. Angelica took a picture of a community agency that had supported her to show how important it was to her to have programs where she could meet other women experiencing similar violence and difficulties in their lives and learn and be supported by a community of women.

Community services has been such a huge, I think probably for all of us, it's been a huge resource of positive direction. (Angelica, Group Conversation, March 13, 2012).

Support from others who have been in a similar situation was mentioned by many of the other co-participants. Angelica and I discussed life as a journey with many ups and downs and I could sense the conviction in her voice as she talked about finding people in her life who were supportive of her.

Yeah, yeah. And you know I mean some of the ups were finding people to help me. Having therapists who would congratulate me on, on finalizing my divorce. (Laughs) and things like having a therapist being able to tell me OK, from the experiences that you have told me I am going to define this as sexual abuse. I'm kind of like Oohhh. Hah. To be able to label some of the things and then go, Ok so that's not normal and it's not OK you know right. And I'm not crazy... (Angelica, Group Conversation, March 13, 2012).

Angelica's view of "normal" was skewed as a result of the intergenerational violence that she experienced as a child. It was so invigorating for Angelica to encounter people she could trust outside of her family to help to explain and reframe some of her violence experiences.

And I think everyone in the room has had experiences with the City community services that have been a driving force in getting safe and getting healthy, and getting free. And getting your esteem back, your self-esteem. They have resources for any problem you can come up with, if they don't have the answer they say I'm going to ask my associate for advice and OK guess what we're going to help you solve this problem. That was my experience ... we went through so many things together. Um it started off with um actually a child welfare worker telling me that I had to go to the drop in group. And uh that was such an amazing experience for me. (Angelica, Group Conversation, March 13, 2012).

Angelica explained that through attending these community support groups she slowly began to understand how important it was to take care of herself. I recall being told by a therapist that I needed to take care of myself and the complete sense of helplessness at that moment. Taking care of myself seemed such a foreign concept. I replied to the therapist at the time “I don’t know how to do that”. I wondered if Angelica too had a similar reaction at the time.

I finally knew I had done everything that could possibly be expected of me and I accepted that that was done and what comes next. (Angelica, Group Conversation, March 13, 2012)



Figure 4-A2.

I thought about first steps, first steps, first steps, well one of my first steps was I had to get stinking healthy. You know, what kind of things did I do to make myself healthy? I still get those guilty feelings for taking care of myself, when there are so many things that my adult children, and my grandchildren need from me. I

often have to remind myself that I can't take care of anybody if I can't even move!
(Angelica, Individual Conversation, May 26, 2012)

For Angelica reaching a state of acceptance was freeing. And I too think about the pride I could hear in her voice as she talked about looking after her own body and mental well-being.

After you reach acceptance it's like Oh crap, at the same time you get to the point where you realize it is what it is and you have choice. The choice, OK I can accept this is how it is, this is how the relationship is, how he is, this is how I am. I can choose to continue in a circle or I can choose to do something different. And I think that is like what acceptance is for me. Because before that it was like, oh no, he can change. (Angelica, Individual Conversation, May 26, 2012)

Life is an ongoing process or journey, but reaching acceptance seemed to be a turning point for Angelica. It helped her to see herself as an individual who had the right to be happy in her own life and it was OK for her to move on.



Figure 4-A3.

Moving on for Angelica also meant finding a safe place to raise her children. She needed help with this step and found assistance through her family and faith community. This notion of stepping forward Angelica raised made me think about the many ways in which we move through life, how our lives are so often shaped by the possible paths that open up to us. Angelica helped me see that each path needed to be supported by others; that we never in many ways walk alone. Sometimes our choices involve leaving familiar places.



Figure 4-A3.

This symbolizes to me getting away. My cousins drove up from [a nearby town] and they rented a truck and wouldn't let me pay them back. Um because when I told my ex-husband that I was going to move, he assaulted me in front of the children and my family, my mom and dad came immediately. Um and my brother and my cousins and um my parents all came and loaded up this truck and you know they came from all the corners of the province, laughing, and that took me 500 miles away. (Angelica, Individual Conversation, May 26, 2012)

It was important for Angelica to maintain a physical distance from her ex-husband, she describes feeling afraid and felt physically threatened by him; in fact she remains concerned for her physical safety to this day. Her willingness to help other women however takes precedence over her worries; she remains diligent and uses a pseudonym when engaging in public activities so her identity remains private; she feels it

is very important to speak out on issues of violence against women. I wonder how Angelica is able to leave this secret, yet public life.

It is encouraging to meet other women who are further ahead along the process... who have come out the other end... I can be that role model for other women (Angelica, Individual Conversation, May 26, 2012)

As our research relationship came to a close Angelica and I shared one last lunch. We met at a local restaurant for a quiet lunch. We reminisced like old friends about the times we had shared together just the two of us and with the rest of the group. Sitting together Angelica expressed her appreciation for the other women in the advocacy group and how she had learned so much from these awesome women. I recall asking Angelica during a previous conversation how she carried on in spite of all of the hardships that she faced. She replied,

I have to be the real me...not just depressed, angry or hurt. I am awesome, I am a happy, loving person.... The women in the advocacy group see that in me and I have learned to be more than just another abused wife. (Angelica, Individual Conversation, May 26, 2012)

Angelica has come to a point where she accepts her life for what it is and knows she has done everything she can to make it work. She avidly rejects the stereotype of being ‘damaged goods’ and looks forward to her future life as a creation of her own.

Pam

Pam has got to be the most energetic mother that I've ever met. When I first met her, she was very eager to participate in this research project. She listened most intently to my explanation of the research initiative and was the first one to volunteer to be a part of the photovoice project. This is how she introduced herself in our first group.

My name is Pam and I was very excited about the project to look at what happened, go through it, and write a story about it, and do different things with it. But this is the first time I was asked to do something positive with it. Here, showcase your growth as to not that you are damaged goods any more but as to, "Hey this happened, I've come out of this, I'm doing good. My family and I are moving on," and that intrigued me that people actually wanted to hear it. Because I have felt that a lot of times, like was said, people don't want to hear it so you end up not talking about it because of the stigmatism about it so the chance to do it and do it in such a positive manner and to showcase all of our strength I think it's awesome, I really do. (Pam, Group Conversation, March 13, 2012)

Pam was never shy. When she had something to share in the group, she would listen intently when others spoke and then energetically offer her opinion. It was hard not to be inspired by her energy. During our first group meeting I led the group in an exercise in which they brought a picture of themselves from the past and one in the present and they were to use three words to describe themselves past and present. She was first to volunteer to speak about her picture and what three words she would use to describe herself in the past.

I said devalued, enraged, a lot of guilt . . . and I said W-T-F- because that pretty much sums it up for me, like I didn't even know like what? (Pam, Group Conversation, March 13, 2012)

This comment particularly resonated with me; I remember thinking in the past why didn't anyone say anything and Pam's *W-T-F* reminded me of this. If they suspected there was abuse going on why didn't others at least talk to me about it? When you're in the middle of it and when it comes on gradually you don't necessarily recognize how bad the abuse has become. That was my family legacy though. My grandmother kept her abuse a secret and so I didn't talk about it and the secrecy continued. Pam then went on to describe herself in the present.

It was harder to do for me with one word, less guilty and I'm on my way. (Pam, Group Conversation, March 13, 2012)

As I continue to engage with Pam, I wondered, how am I going to contain Pam's story to a mere two-dimensional writing of words on paper? This was going to be a challenge. Her understanding of the way she lived life on this fast track was due to the fact that she had been diagnosed with ADHD as an adult. She explained that growing up she was often left to her own devices. Sitting in school was not a priority for Pam, yet she always managed to get her work done. She would go to class to find out what the assignments were and then complete them on her own at home and show up for the tests. The teachers did not complain as she maintained very good grades.

Pam's life was not a straight path and so the unfolding of her story was not direct. When something moved her or someone in the group made a comment that resonated

with her, her own story would pour forth. I sometimes wondered when she had time to take a breath as her words tumbled forth.

For our first individual meeting Pam chose to meet at her local library. I was concerned about the lack of privacy in a public space and wondered if that would hamper our exchange. This did not prove to be an impediment as Pam felt very comfortable at the library. She explained that she had spent many hours there taking any class they offered. Pam described herself as someone who loves to learn and wanted her young son to appreciate reading and learning as well, so together they made regular trips to their community library.

Once we met at the library Pam found a quiet spot where we could sit and not disturb others by our conversation. I set up my tape recorder and Pam's life story gushed forth. We started the conversation where Pam felt comfortable. She showed me the pictures that she had taken for that week's photo assignment with the theme being, "The roller coaster of life." The first picture which she showed me on the viewer of her camera was of a pinball machine. We laughed as she described the process of taking the picture.

Well I was using my foot and trying to get the ball to shoot at the same time as taking the picture. (Pam, Individual Conversation, April 11, 2012)

Pam was trying to depict the movement of the pin ball being batted around out of control. That is how life felt to her in the midst of the turmoil of abuse.



Figure 4-P1.

While Pam described the motion of the ball in the pin ball machine I could relate to the expression of her feeling that life can become at once out of control and controlled at the same time; a sense of not being able to assert your own power and becoming an object of a game that determines its outcomes through your helpless victimization until through some lucky stroke the game tilts and you are given reprieve for a short time. The hopelessness is palpable. There is no way of predetermining the direction you would be sent in.

Similar to the pinball metaphor, Pam used the symbol of the roller coaster to describe the feelings she had towards how professionals in the health care system treated her. They thought they knew what she needed better than she knew herself.

Just like with professionals, there's a guy I talked to who diagnosed my ADHD and I still see him, and uh, inevitably he'll ask questions about my relationships. Now he is a psychologist. He's got all kinds of doctorates, he does hypnotherapy and everything else. I don't like talking to him about it because he's completely untrained in it, not in a facetious, conceited way but I have more education and training than he does (referring to abuse). (Pam, Individual Conversation, April 11, 2012)

Once again Pam felt that her authentic experiences were demeaned because she couldn't have the control she wanted to express herself.

I go to see him to discuss the ADHD stuff and managing it. 'Cause I didn't find out I had it until my son was like almost 3. And I was reading a child adolescent article and I was like, sounds oddly familiar. And actually it was a women's magazine. I took it to my doctor and said, I'm pretty sure I have this, she had no idea what to do with me so I went to U of A. I phoned there actually and I just said, I'm an adult, I'm pretty sure I have this, how do I know if I do or not. So they sent me to their testing clinic, tested me, like they're like yeah, you have it. (Pam, Individual Conversation, April 11, 2012)

Pam then went back in her life and started to talk about how she came to know she was in an abusive relationship.

I initially went to my doctor . . . Well I guess what I could say was I initially had phoned in to the Health region to say, “I missed a truck payment” I was having . . . something’s really wrong. And I was like, I don’t know what’s wrong with me. And my dad had died. (Pam, Individual Conversation, April 11, 2012)

Like so many other women I have spoken to, Pam did not realize how abusive her own situation had become and she was reacting to what she thought were other stressors in her life. She recognized her behavior was off. Pam was used to a very structured life that she had constructed for herself. I wondered if this was Pam’s way of self-managing her ADHD. Looking back she is now able to recognize this as the beginning of her realization that there was something more going on than day-to-day stress.

Like academically nobody had a clue, it didn’t affect me one iota. So I graduated with honors, I had the worst attendance record in my district. I never got in trouble for not going to school. Um I would regularly take weeks off at Christmas and Spring break. I’d get all the material they planned to teach in that week and I’d complete it, had it to them and say, “You can’t force me to be here, I’m already done, bye,” and I’d leave. And my parents were divorced, so it was the only time I got . . . the rules of the world didn’t really fit well for me (chuckle) so I kind of made my own way. But initially I had phoned in and I said, I don’t know what’s going on, and the lady I talked to said that um she knew about this woman who actually counseled for post-partum depression. (Pam, Individual Conversation, April 11, 2012)

Pam explained that her little boy was only a couple of months old at that point and she could have been suffering from post-partum depression so she went to see a health care worker. At first they were not seeing eye to eye.

This is another person getting mad at me and I was like ohhhh nooo, I'm trying my best . . . So it was really confusing and she said, she just flat out said, "You DO NOT have post-partum depression 'cause I've seen you with your kid there is absolutely nothing there, you're being abused." Um and she broke the rules completely and she allowed me to come see her for a year under the guise of that's what she's helping me for, 'cause if she would have come out and said that, no, that isn't the case she would no longer . . . she would no longer be able to counsel me. So she did that and it worked out. (Pam, Individual Conversation, April 11, 2012)

There was relief in Pam's voice as she shared her experience with the counselor who kept seeing her, even though she was employed to work with women who had post-partum depression. We went on to talk about how Pam felt when she was told that she was in an abusive relationship.

Sigh . . . It was a shock, it was a big shock because I had grew up watching my grandma being abused and I had grown up watching my mother being abused, I barely dated in my life. (Pam, Individual Conversation, April 11, 2012)

Pam was very matter of fact as she spoke about the domestic violence in her past. For her it seemed to be a given, something that she grew up with that she was not invited to question. That is just the way it was.

Uhh, I was very picky and choosy about who I would date, and about who I would interact with and all kinds of things. So it was really shocking for me. I purposely picked someone to be with that I was friends with for 2 years. I had worked with this person; I thought I knew what I was doing and uh whose personality that would seem to be almost impossible to end up this way. Um, I can tell you this right now, we worked together for 2 years before we dated. People that worked with both of us, if they were to find out what happened, they would wonder what I had done to him to make him like that. (Pam, Individual Conversation, April 11, 2012)

This comment struck me and I wondered why others were so ready to put the blame on the woman. Was this somehow an easier paradigm for people to live with? Perhaps in their mind women are asking for it in some way—she is getting what she deserves, why doesn't she just leave? It is frustrating that there is still such a blind spot in our society towards violence against women. This failure to recognize the extent of the problem of violence against women leaves women with little recourse or resources available to them.

The will is there, but what do I do? Like hello. I need a plan here, like somebody, I'll do anything! Just tell me what to do next because I already tried everything. (Pam, Group Conversation, April 3, 2012)

Pam's disappointment was palpable as she expressed the lack of direction offered to her by those who she thought were supposed to help. Her frustration continued as she described her views related to the gaps in the system related to helping the perpetrators

I fully agree that the men need just as much help as we do, if not more, and that absolutely NOTHING is going to change until people recognize that. My dad was a hideously abusive man to my mother. Who um, anything that's happened to me is nothing compared to what went on in her life. And I could tell you he's my daddy, he never raised a finger to me, he was THE most positive self-esteem influence in my life. Um and I had a very different relationship with him. So to think that a person is an abuser is a monster, it doesn't work for me, 'cause it's not true. It's a facet of a person's personality and when you get down to it and deal with the nitty gritty and all the different layers of it there is usually a lot more at work than that. And let's be honest, how are you going to get somebody to agree to go get help if they're a monster? (Pam, Individual Conversation, April 11, 2012)

Was it because of her past experience growing up with domestic violence that Pam was able to see that men need help too? Her relationship with her own father definitely influenced how she was raising her son and it too shaped her son's relationship with his own father. Once she was aware of the domestic violence in her own relationship Pam spent a lot of time considering all the aspects of the issue. Primarily in her thoughts is her son.

People don't think about the cost to the children. Ok not only the kids growing up in this environment but exactly like you said, try as hard as you can when there is this GIANT elephant in the room you can't ignore it, it's there. It is. Like I often say, my son was cheated. He didn't get either one of the parents he should have

had because we were too busy fighting and freaking out and trying to recuperate to be good parents. Like I'm not saying I was a horrible parent and he was mistreated or abused. By lots of standards I was a really good mom. But it's not ¼ of what I could have been if hadn't been distracted the whole time with all this crap. And the unfortunate thing, you can't hit rewind and go back and play that over for him. (Pam, Group Conversation, April 3, 2012)

When Pam utters these words *you can't hit rewind and go back* I wonder if she is referring in part to her own childhood. How different life would have been for her and her family if they were able to go back with an awareness of the effects of domestic violence and do it all differently. Pam recalls one Halloween where she was feeling particularly harried while at the same time trying to provide some sense of normalcy to her son's life.

So I wrapped him in [a costume] and drove down to the mall. It wasn't until we were at the mall when people thought I was dressed up too, 'cause my hair is sticking out sideways and I think I had fuzzy socks on and I don't think I even had shoes on. It was unbelievable and I caught a reflection of myself in the thing and I thought, Oh my g-d. Look at that baggy lady. That was me and I'm like WoW. You're so caught up in like what's going on that you're not even there, in reality, like your, and that's what I feel bad about. (Pam, Group Conversation, April 3, 2012)

Pam's insight caught me off guard as she talked about the crazy lives we live.

Like I don't always want to be the drama queen . . . what happened now, do you know what I mean? I hate that, and for so many years my life was this little retarded circus that it's just insane. Like that part of it I don't think people understand. Like you might be doing the best you can to move forward and act natural and you've got all kinds of weird crazy stuff going on behind the curtain. Do we take pride in being able to manage it all? (Pam, Individual Interview, May 7, 2012)

I wonder at the pace of life at times, feeling the crazy circus in my own life and ask myself: Have we been conditioned to believe this is the way life should be? Do we in fact take pride in being able to manage it all? Pam came to the point where she realized that the life she was living was not making sense to her, that she was living her life for others.

For so many years I couldn't trust my instincts 'cause everything was my fault and I was always walking on egg shells and like g-d forbid I couldn't read his mind and everyone else's and make sure everything was perfect all the time. So yeah! I kept trying to reconcile my outer existence with how I was feeling inside, that something wasn't right and I could fool myself for a time, but that nagging feeling of it's just not right was always there. (Pam, Individual Conversation, May 7, 2012)

I thought about the notion of learning to trust ourselves again. We are born with an innate ability to react to our own feeling state. When we are hungry or wet we cry for attention. However if our needs continue not to be met we begin to distrust those

feelings. Somehow we need to learn to trust in these feelings once again and live life for ourselves.

Yeah, it was actually the day I was driving around my neighborhood and thinking about how much my life sucked and thinking and these people drove by looking at me and they had that look on their face like, Gee, damn I wish I had her life. And I just started laughing hysterically because I'm like oh my god. And then I realized that's what I do, drive around and I'm like I wish I had that and that and I was like oh my god! No people! (Pam, Individual Conversation, May 7, 2012)



Figure 4-P2.

It looked good but that is when I realized that all this crap that I spent all my life thinking was going to keep me safe and happy and comfortable and warm, which is like a complete and total fabrication, it's a joke, and like it meant nothing. Absolutely nothing. It was really freeing because, who cares. I didn't need the fancy house, I didn't need the clothes, none of that. I needed freedom, I needed to

be peaceful. No more fighting with people. (Pam, Individual Conversation, May 7, 2012)

Pam is one insightful young woman. She was able to bring an energy to the group that was all her own. In the end freedom and peace are her core values.

Sabrina

When I first met Sabrina a poem came to mind that I had recently read “Courageous Woman” (Joana Ukali, 2006). This poem talks about a woman who has reached the depths of hardship yet continues on with life, giving of herself, not asking anything in return. Sabrina truly is a courageous woman. With everything that she has been through she walks with grace and humility. She is a woman of integrity who returned to a country where her abusive husband lived, despite her fears, to offer her daughter the opportunity to know her father. With integrity and courage not often acknowledged by family and friends she set her own course and continued on with life despite hardships.

Sabrina comes from a traditional culture and hers was an arranged marriage. She went into it with all the hopes and dreams of a new bride.

Like all young women I had dreams. You know. And when I saw women who were married and happily married I thought you know, one day I will be too. My marriage was arranged by my aunt and a friend of hers and I did not know the guy. As is our tradition within a week of meeting him we were married. It was a traditional wedding, it was traditional and a happy wedding, because I knew I would be staying with my family for a while after I wasn't too too sad, you know.

After 2 weeks staying together in my family's home, he had to return to Canada. I was delayed for 6 months because of immigration. (Sabrina, Individual Conversation, March 28, 2012)

Sabrina felt the security of staying back in her home country with the comfort of her family all around her yet she looked forward to the life that was to come for her as a married woman.

When Sabrina arrived in Canada to live with her new husband she was full of expectations. Like a young girl she hoped he would be her knight in shining armour. How must it have been for Sabrina leaving everything she knew to start a new life in another country? Sabrina found there were many adjustments she had to make in this new married life.

I was young and naive so when things didn't go the way I believed they should in the marriage I thought, what do I know? I wasn't sure because I had never even dated a guy. I was in a new country with no family and I had not had a chance to make friends so I didn't have anyone to really talk to about how I was feeling. I couldn't talk to my husband because we didn't really know each other yet either. (Sabrina, Individual Conversation, March 28, 2012)

As she got to know her husband things just did not feel right to Sabrina. She grew up in a loving household with her sisters around her and supportive parents. She found her husband's behavior to be oddly controlling, at times he did not even allow her to talk to her family on the phone.

'Cause you know it takes time to adjust and my family were my only support and they were so far away. He also had expectations from me that I thought were unreasonable. He didn't care about me and I was not used to that. I was just to run the household and plan the meals and do the laundry and do the cleaning. Make it spic and span and if I requested his help it was like, "I go to work," why can't you just do this, all women do that. (Sabrina, Individual Conversation, March 28, 2012)

While listening to Sabrina tell her story I began to wonder; where do our expectations come from? Why do we strive for particular ideals in life? While sitting with Sabrina in her home decorated with art and furniture that reminded her of her home country I had a strong sense that culture was a significant influence in her life and the decisions she made. I wrongly assumed that because she was from an Eastern and perhaps more traditional country that her culture affected her more strongly than those of us who grew up in a Western culture. This was not true. Every woman in this study described this "ideal" life that they strived for at times to the exclusion of their own wellbeing.

It kind of started with him being very controlling and as time went on it turned into verbal abuse. At first it was very little, then more and more aggressive. And then intimidation by punching walls and making holes, that would scare the hell out of me. It was nothing I'd ever experienced before [as I was] growing up. Being a newlywed I thought it would have [been] more of a honeymoon time at first, and I was waiting for that but it never came. I found that I was blaming

myself; I made him mad to do that. And um one time he fainted, he banged his head against the wall and he fainted and I was scared and I called the police. But when they came he says it was just a misunderstanding. And I didn't say anything and they went. I didn't know what was really happening. I was like OK, what's going on? Is this normal? (Sabrina, Individual Conversation, March 28, 2012)

Where does one turn for help when living as a foreigner in a new country?

Sabrina felt uncomfortable in her situation but she felt she couldn't talk to anyone.

I had no friends, no neighbors I could talk to. (Sabrina, Individual Conversation, March 28, 2012)

Sabrina's voice becomes very quiet as she explains how she inevitably reached out for help. She is very soft spoken as she talks about her mother-in-law, as if she did not want to be heard speaking badly of her.

And then one time I did write a letter to his mom explaining some of it and feeling this was not right and that we are not meant for each other. But you know, she never responded and just ignored it. I thought she was supposed to be an educated woman and I think she was very conniving you know? She was the one to have deceived my aunt and um, she just wanted a good match for her son. She knew about, but she kept it under covers you know. So I didn't really have a voice to explain what was happening. (Sabrina, Individual Conversation, March 28, 2012)

I could feel a sense of helplessness and inescapability as Sabrina talked about not knowing where to turn. It is hard to reach out for help when you don't know where to

reach to. The silence that violence and abuse impose is such a deterrent to seeking help. I recall that when I was going through difficult times I had no one to talk to. The abuse that went on behind closed doors was such a big secret, and I had learned to be a great secret keeper. I thought it was obvious to my family and I didn't need to explain it all, but they didn't or couldn't see what was going on, and they blamed me too. As Sabrina explained, her husband's behavior was not unknown to his mother.

I think his mom knew what was going on all along, 'cause when she met me the first time, within weeks she would complain about him. And she said he's not this, he didn't do this for me, and he's not a good son. And I was shocked; I felt that's not very nice of a mom to be talking about, and I never knew moms would talk like that, like bad about their sons behind their back. So . . . and I didn't tell him that but it was quite an eye opener for me to have a conversation like that. Later she took me to her house in Saskatchewan and she told me a lot of stories about his childhood. Not good stories. He was running away from home since he was 12 years old because he couldn't get along with her. And all that was a surprise, everything, you know? So there was a lot that she didn't tell me and he didn't tell me. I felt sorry for him; he didn't have a good childhood. (Sabrina, Individual Conversation, March 28, 2012)

Sabrina intimated that all of this negativity from her mother-in-law made her feel like defending her husband. She found out for the first time, after 2 years of marriage, that her husband was brought into the world out of wedlock in a culture where that is not acceptable. He never knew his father. Sabrina felt sorry for him as she was very aware

of the cultural disapproval attached to such a story. She shared with me her awareness of how this must have affected her husband growing up and influenced his personality as an adult. However she did not see this as an excuse for his behavior toward her. As I listened to Sabrina I felt as frustrated as she was. Why didn't anyone say anything? Why did they leave her to work this out all on her own? Does society have such a strong influence that we bury our problems and pretend they don't exist? It's horrible; it makes us feel we are the responsible ones.

Like so many other women I have talked to, Sabrina also felt it was up to her to make the marriage work. For Sabrina this meant a family and after 7 years her daughter was born.

I think I was trying for a long time to make it work and I thought having a child would help. I really thought having a child together would make it better, would bring us closer. We'd be a family like other married people who had cute little kids and were happy. I wanted that. (Sabrina, Individual Conversation, March 28, 2012)

Sabrina was the one who worked hard to put a down payment on a nice house, thinking this would be the happy home where she would bring her beautiful child and give her the best of everything.

But within the first year and a half I realized; "Oh my goodness. He's not just like that with me; he's like that with her too." I feel kind of stupid; I should have realized and walked out after the first year. How could I work at it for 13 years and not know? I really wanted it to work and I just kept hoping. I wanted the

best for my partner too. And I kind of thought that things would change and he would be a better person and he deserves to have this family, this happy family. It's sad that he contributed in a big way to the split. It's like you know your dreams are all shattered, (Sabrina, Individual Conversation, March 28, 2012)

I have found “making it work” a very common theme for women who stayed in abusive relationships. I was married for 11 years. Why did I stay for that long? I find it fascinating that almost every woman I have talked to about this has said the same thing; it was their responsibility to make it work and almost feeling guilty if they couldn't. I have, at times, felt stupid, looking back over the 11 years and hearing many times from people around me “Why didn't you just leave? Why did you have children with *him*?” But when I really look back, I was trying to make it work, and for me having children was to create this happy family. Like Sabrina, I carried the hope that this would turn out or somehow change for the better.

Unfortunately things did not change for the better despite all of Sabrina's hopes. She described an incident that occurred when their daughter was not even 2 years old.

He lost his temper over a very, very minor thing and he broke the wall . . . within a matter of days he did it twice. And I'm thinking “My goodness, I cannot be here and my daughter cannot witness this, she doesn't deserve this.” I went and saw a lawyer, but I was so scared, this is such a big thing. And it's such a cold place where we lived. Just the thought of leaving and going where? It's cold out there and I have a baby. It was very frightening to me. I was not experienced enough

to know about any resources. (Sabrina, Individual Conversation, March 28, 2012)

It occurred to me that when Sabrina was talking about living in a cold climate and acknowledging “It’s cold out there” that this could be seen as a metaphor for the lack of support she was feeling “out there.” A true conflict arose when she recognized that this was not a good environment for her child to grow up in, yet felt she had nowhere to turn for help. Sabrina explained that the friends she had at the time were only superficial; she didn’t feel comfortable sharing this with them. She also informed me that she was only part of a church through her mother-in-law and she felt judged by that community.

I thought they would judge me there and blame me. She would tell her side of the story and who would believe me? She knows them, she volunteers there, and the people at the church hold her in high regard. (Sabrina, Individual Conversation, March 28, 2012)

The thought of leaving the relationship was never far from Sabrina’s mind. She now had her little girl to think of and protect. Sabrina went with her daughter on a vacation to see her parents back home.

I was intending to go back to Canada, but a cousin convinced me. He said “What foolishness, don’t go back. Leave him everything” and I thought that was the best because really, I was thinking and thinking and not doing anything. What he said sort of gave me permission. I don’t know if I was looking for it but it was on my mind all the time, how to leave, how to leave. This would give me the support that I needed. You know? And a place to live, really basically. The only way I got the

strength to leave was to be with them, and that's when I had known for a long time it was a bad marriage and I didn't need to put up with all that. (Sabrina, Individual Conversation, March 28, 2012)

Sabrina felt that she did not have the strength to leave when she was in Canada as she truly felt alone there. Her family provided her with the care and support that she needed to face a difficult decision. I found it interesting that Sabrina's family rallied 'round her even though their very traditional culture may have dictated otherwise.

When I was with my family I had that love and support and everything that I needed that I didn't have with my ex. So that made it better for me to heal. Because it was still traumatic, even though my family was with me, it was very big . . . you know? And I would be afraid living in the same place doing what I did 'cause I was really afraid of him. I was away for 3 years. (Sabrina, Individual Conversation, March 28, 2012)

While she was safe back home with her family her husband got a lawyer. He claimed that she had run away and deprived him of his daughter.

And then back home with my family, it was a mess, it was a big, big mess. I didn't realize that. I didn't know, when I left him, I thought, "Oh poor guy. I'll let him have my house, our house. Everything in there and he could have lived happily ever after. He never cared about me or the child you know, it was always me." (Sabrina, Individual Conversation, March 28, 2012)

I began to think about my own experience of leaving an abusive relationship and remember feeling judged. Why is it that at times the woman is looked at as the one

abandoning the marriage when the husband faces little social judgment, even though he played a large role in the abuse occurring? This hits home for me as my previous spouse never really owned up to his actions and left me to take the blame. As Sabrina talks about her supportive family I can see the importance of having someone to believe in you, someone to trust who will support you no matter what.

I wondered why Sabrina would choose to return to Canada after everything she had been through with her spouse. Sabrina explained that when she went to visit her parents for vacation she was not intending to leave, her plan was always to return. As well, she remembered how her husband grew up without a father and worried how this would affect her own daughter.

Why did I come back? I think one reason I came back most was it was not that I had wanted to take his daughter away from him. It was to leave him; for me, for my safety, for my wellbeing, and for my respect. And I didn't realize that it would mean that. And while we were married he had talked a lot about not knowing his dad and wanting to find who his dad was. And it had shaped his personality. And even though I had not wanted to separate his child from him I had. And then I thought that she would have the same conflicting emotions when she grows up.

(Sabrina, Individual Conversation, March 28, 2012)

It was very clear in her mind that when she returned to Canada that she was going to be on her own, and she was proud of the fact that she had accomplished this. She had gained a stronger sense of self while she was away and was determined to be true to herself and be a good role model for her daughter.

The 3 years I had to myself made me strong, made me the way I am. I had that love and support and everything that I needed that I didn't have here. So that made it better for me to heal. Because it was still traumatic, even though my family was with me, it was very big . . . you know? When I came back I knew what I wanted. And from then on I wanted what was best for my daughter and me, and my focus was going to be that. I thought of my life as an adventure, I was not going to take the abuse; I was focused on being a successful person so I could provide for my child. (Sabrina, Individual Conversation, March 28, 2012)

I admire Sabrina's ability to stand up for herself, not in an aggressive way, but in her calm, assertive manner. She is filled with self-respect, no longer a victim. Her strength echoes the verses of Joana Ukali's (2006) poem:

You Have Heard Others Call Your Name In Vain
And Still You Know What You Know
...Courageous Woman
You Walk With The Eyes Of A Soul Seer
Courageous Woman In The Desert, Mountains
Or In The City With Luxury Abound
Go On With Integrity
Walk On With Grace
You Courageous Woman You
Make This World A Better Place... (p. 1)

When talking about the past, Sabrina described herself as naive, very willing to sacrifice herself for this other person.

I thought I was rescuing or giving love. When I look back with the strength I have right now and confidence, looking back and I was so young, so immature. And when I think that all the young women going into relationships and marriages would think the same like me and experience that [it] is so disheartening. Isn't it?

But we need to get this message out to them. It doesn't have to be that way. It's a red flag. You know, all these things. When you feel you need to take care of him it's a red flag. (Sabrina, Individual Conversation, May 26, 2012)

For Sabrina, getting the message out to other girls and women was paramount.

When asked why she wanted to be part of this initiative she answered without hesitation;

To make a difference for the other women. You know. To make this so that other women don't fear leaving like I did. To know when they are experiencing a bad situation or family violence or abuse, that there is hope, that they can leave without a doubt. They don't have to wait 13 years. (Sabrina, Group Conversation, March 13, 2012)



Figure 4-S1.

This is a picture of my daughter. You can't see her face, that's why I picked it, so this is part of the journey. I think I chose this because it shows her and many choices and I want her to see that relationships are not always like mine and her dad. (Sabrina, Group Conversation, April 3, 2012)

Sabrina wrote the following text to accompany this picture for a display at a domestic violence conference. This is one way she has begun to get her message out.

Life is about the experiences we have and the choices we make. Some experiences like domestic violence we don't choose but they do change the lives of women and children. Dreams are broken and shattered. I left my violent relationship because I had to. It was tough to come to that decision because I wanted the best for my daughter, an ideal life with two parents. It took me 5 years to have enough guts to take that risk, but I couldn't pretend any more. I wanted my daughter to know that relationships are not always like mine and her dad's, it was so fake, I didn't feel nice at all because I got no respect. I want her to know there are many choices she can make.

From now on I want what is best for my daughter and me. Having a positive attitude despite the hardships we face, learning from it and making the right choices, one baby step at a time, to help the family that is broken rewrite their dreams. To move along, this [is] the message I want to give my daughter. It is not easy, but make the choice that is right for you, because I believe the universe is there to take care of you. (Sabrina, Individual Conversation, May 26, 2012)

Sabrina's dedication brings me strength. By speaking up Sabrina has shared the message that we do not have to accept abuse. She is lending her voice to the fight to abolish violence against women. She exemplifies the possibility of gaining strength and growing through adversity.

Ellen

Ellen is the oldest member of our group but she does not lack for energy. Despite awaiting heart valve replacement surgery she meets faithfully with the group biweekly. Many others in the group see Ellen as an inspiration and the embodiment of "it's never too late." She was not able to attend our first group gathering so I made arrangements to meet with her at her home the following week. I had briefly met Ellen at the recruitment meeting a month earlier and remembered her as a quiet, soft-spoken woman. I wondered about our first face-to-face meeting. Given her unobtrusive nature would Ellen feel comfortable talking with me about her experience? I reminded myself to gauge Ellen's energy level as I was aware she was awaiting heart valve replacement surgery and I did not want my visit to be too taxing on her. When I rang the bell Ellen came to the door and she appeared in good spirits, was well groomed with her makeup and hair done, but I did notice her complexion was a bit pale. I assumed this was a result of her awaiting surgery. When I arrived she welcomed me warmly and introduced me to her cat Zorro who had come to the door, curious to see who had arrived. Ellen was thrilled to have me over to her place. She is a petite woman but stood tall and smiled proudly as she explained that she owned her own condo. Ellen's home was tidy and well kept. I could see that she valued her ability to provide herself with a home as she looked around,

placed her hands over her heart, and stated “*I never thought I would ever be able to own my own property.*” She was eager to show me around and pointed out how she had set up the living room with space for her office. We sat comfortably at the kitchen table to begin our talk.



Figure 4-E1.

Ellen brought this picture to one of the group discussions which highlighted her capability for being able to afford a condo “*on her own.*”

She had a ready smile as she showed me a local magazine article she was featured in. The article told her story of past experiences of IPV but the focus was more on how she was able to rebuild her life. Starting with nothing, Ellen made sure she got the education she needed to work in the financial industry and was now helping others to sort out their finances and save for their children’s school and future retirement.

Ellen began to tell me about her past. She described herself as a shy girl growing up. I could see that shy little girl lingering in her mannerisms even today as she sat properly at her kitchen table, glancing over at me reticently as she spoke. She described growing up at a time when, as a girl, you were expected to grow up and get married, end of story.

How many times we're told that we're stupid and we're not worthy enough of anything. I think sometimes that's why we get in to the abusive relationships because somebody, somewhere in our upbringing, made us feel like we were stupid or worthless or whatever so why not just carry on the tradition? (Ellen, Group Conversation, March 13, 2012)

As Ellen reflected back, she was not surprised that she ended up with a domineering husband. When I look back on my own life I wonder what influence gender had on the choices I made. Unlike Ellen, there were many more opportunities available to me other than getting married and being a housewife.

Ellen describes meeting her husband on a blind date and she was completely taken by his good looks, charm, and charisma.

And I was like, he's so handsome, he just swept me off my feet. And I thought I'm so lucky, I've got this handsome man, and he really, really likes me. (Ellen, Individual Conversation, March, 15, 2012)

They lived together for 3 years before getting married. I find it interesting that Ellen lived together with her husband before they got married as that was not traditionally acceptable at the time. I am curious if that was in fact her decision or perhaps his. She

explained that although she didn't see it at the time, looking back there was verbal abuse from the beginning. At the time she thought that was part of a normal relationship. I wonder about women's self-esteem in these relationships. Perhaps Ellen didn't recognize the verbal assaults as abuse because she felt she did not deserve better and it is only from a place of strength and greater self-confidence that she can look back and recognize the abuse.

Like people just think it's, well, he's not hitting me so it's OK . . . Well those words hurt more than silence anyways . . . and he used to tell me—don't you dare cry. And I'd sit there and I just, I felt like a hollow log at times where I couldn't show emotion or anything. (Ellen, Individual Conversation, March, 15, 2012)

After being married for 2 years Ellen and her then husband adopted a beautiful baby boy, Scott. Ellen was not able to have children of her own and ached to be a mother. For her, adopting a baby was a dream come true and she treasured her role as mother.

My ex, he was a loving father at first and then as Scott got older, I think Scott was about 6 years old and I can't remember if he'd [my husband] been drinking or what, but he told Scott he was lucky to have a roof over his head and we took him off the street and he had no place to go. . . and I didn't speak up, I always felt bad about not speaking up, but I was afraid to do that. (Ellen, Individual Conversation, March, 15, 2012)

Ellen's demeanor changed as she spoke of this regret. Her voice was quieter and she had tears in her eyes. For Ellen her inability to speak up for her son put her mothering abilities to question, and she saw herself again as "less than" because of this.

*My only saving grace was that Scott and I were very close as he was growing up.
(Ellen, Individual Conversation, March, 15, 2012)*

I recall other co-participants talking about the support their children were able to give them, almost like a role reversal where the children become the caretaker of the parent. This thought has me questioning how this role reversal affects the children as they grow up amidst the backdrop of abuse.

I don't know [what] life would have been like without him [Scott]. All the times he would say, "Mom, don't worry, it will get better. Just remember you have a son that loves you." (Ellen, Individual Conversation, March, 15, 2012)

This must have been a confusing time for Ellen, first being so thankful for the gift of a son while trying to balance her husband's tirades and growing negative feelings towards their son. Ellen explained that by the time their son was 6 years old the physical violence had begun. Ellen described feeling like she was walking on egg shells, never knowing what might set Bob off. She kept thinking if she just tried harder to be more perfect that things would get better. Unfortunately it was never good enough. Later Ellen acknowledged that it was not until she attended some drop in groups that she realized the extent of the abuse.

I started doing the drop in groups and I just, those women there are going through the same thing as me all connecting, it was like we were all married to

the same guy (we both laughed at this comment). All their similar personalities . . . Yeah, and I started to realize I wasn't alone and uh . . . that was a big thing, just realizing you weren't alone and you're not the freak weirdo. (Ellen, Individual Conversation, March, 15, 2012)

Ellen suffered physical, verbal, and financial abuse during her 30 year marriage. While sitting together at her kitchen table she recalled a time when she wasn't working and she was getting the silent treatment from Bob and had to beg him for grocery money. She explained how he dug out all his change, \$30 in total, and she remembered how embarrassed she was when she had to pay the store in little bits of change. I had a moment of recognition as Ellen recounted this story as I remember having to justify money to buy toilet paper and toothpaste. For the longest time I never questioned this action, it was simply part of my marriage.

Ellen explained how she persevered through the years and she smiled as she talked about the beautiful acreage they bought where she could take solace in working in her flowerbeds and garden. They lived there for about 12 years when her husband decided to sell everything because he wanted to retire and travel. Ellen was not consulted about this decision. It was what Bob wanted to do and she was expected as the "good wife" to go along with the decision without question. Bob bought a 5th wheel and they began travelling around the country. However, being in a small space together day after day, 24 hours a day wasn't easy. Ellen explained that things would escalate until there was an explosion of physical violence and verbal put downs of herself and her family. No apology was forthcoming and Bob never acknowledged what was going on. The

cycle of violence (which Ellen later learned about in support groups) repeated again and again. She began to recognize the honeymoon phase where everything was wonderful then slowly deteriorate until the big explosion. Ellen recalled feeling trapped when travelling with her husband as she had no place to go and nobody to confide in. I wonder if this was not a hidden agenda that her husband had, knowing that travelling would keep her away from family and friends.

Ellen described one trip in particular which is highlighted in her mind as *“the beginning of the end of the marriage but the beginning of something new for me.”* Ellen and her husband were travelling down to the United States and parked their 5th wheel outside a small town. Ellen stated that was when *“things really fell apart.”* Bob started calling her and her family down, saying that she might as well just kill herself because she was a *“waste of life.”* Ellen got up the courage to ask to be taken to a local store so she could purchase a duffel bag for her belongings so she could go back home. After returning from the store Bob dropped her off and left for the bar. Ellen had checked the bus schedule and was told nothing was leaving until the next morning so her husband fully expected her to leave the next morning. She knew she couldn't stay another night in the 5th wheel trailer so she checked the flight schedule and found a flight that would get her back home that left within an hour. Ellen called a cab and headed for the airport. Her son picked her up at the airport and she moved in with him until she could get on her feet again. Things really changed for Ellen following a phone conversation she had with her husband while she was still living with her son.

I was still conversing with my ex, even after the big explosion that happened in the States and I went back to live with my son and we were still talking on the phone. And I still wore my wedding rings 'cause in the back of my mind I kept thinking it's going to work out because we'd been together so long . . . And I had a conversation with him on the phone and I can't remember exactly how it went but he said, "I've found someone and you should find someone too," and when I got off the phone I cried and cried and I ripped the wedding ring off my finger and I said that's it. That was my first baby step to stepping out of that relationship. And I moved on from there. (Ellen, Group Conversation, April 3, 2012)



Figure 4-E2.

Ellen brought this picture to one of the group discussions. For her this symbolic gesture of removing her wedding rings signified the start of her new life. This made me wonder about rings as markings, symbols of ownership and commitment. Removing one's wedding rings can itself be a symbol of freedom and sovereignty.

Ellen knew she had to go back to school so she could support herself so she began with some upgrading courses. She had a little money in the bank and with the help of family, bursaries, and student loans she completed her upgrading. She had to work wherever she could to just get by, constantly worrying about where the next dollar was coming from.

Um I guess when I left the relationship I knew I had to improve myself somehow and I knew I had to forge forward. And I knew, I can be really stubborn when I put my mind to something. Nothing can deter me, I'm going to do it and that's all there is to it. Yeah, I did whatever I could, go to groups, get whatever jobs I could pick up. (Ellen, Group Conversation, April 3, 2012)

At times she described having no income and found herself applying for welfare and going to the food bank. It is interesting how this resonates with other women, sliding into poverty after leaving an abusive relationship. Is this an inevitability that women and their children must face? What can we change in the current system to prevent poverty as a foregone conclusion for women once they leave an abusive relationship? Finding herself in such dire circumstances Ellen began attending a drop in group with other women who were going through a lot of the same things that she was. She found out about other groups and attended classes on employment preparation and personal growth. Ellen explained that the counselors were wonderful and instrumental in helping her find employment. She says;

I was finally able to move out on my own. (Ellen, Individual Conversation, March 15, 2012)

The path was not an easy one with many roadblocks along the way. At one point Ellen explained that she was still in contact with Bob and she allowed him to move in with her only to find that he had not changed and started accusing her of having affairs with people she met on the internet. She described this incident as the worst physical abuse she suffered at his hands, but she somehow felt in control and told him to get out. When he tore the phones from the wall so she was unable to call for help, Ellen quickly put on her coat and grabbed her purse and woke up the landlady to call her son. Bob spent the night in jail and a restraining order was put in place. He was sentenced to 1 year probation and Ellen never spoke to him again.

Ellen continued to discover different community services and groups that helped her to gain strength and become an advocate for other women. She was part of a group that helped women and children financially, assisting with rent deposits, personal needs, and providing furniture for women fleeing domestic violence. She too continued along her path of personal development and found a financial literacy group that helped her to understand personal budgeting, tracking expenses, and even learning how to save. Ellen found that she was good with finances when equipped with the proper tools and began saving money. She was able to land better and better jobs that included pay raises.

When I asked about her dreams and goals Ellen answered:

I never really thought much about it. As long as I had enough money to pay the rent and expenses with a little left over for entertainment, life was OK. (Ellen, Individual Conversation, May 14, 2012)

It was at this time that she began to think about what it would mean to have her own place and dreamed of owning a condo or a house. When she went to the bank she was actually pre-approved for a mortgage. With the assistance of a Home Program and a great realtor Ellen found a condo that she loved, she bought it, and moved in. That was only 3½ years ago.



Figure 4-E3.

My hope in sharing my journey with you is that it will inspire others. Keep learning and growing every day. Life is now full of hope for me and every day is a new adventure for me. I am currently in a position that I absolutely love, teaching and mentoring individuals and families to reach their financial goals and dreams. I am learning more every day. (Ellen, Individual Conversation, May 14, 2012)

Ellen is very humble as she recounts stories of helping other women but smiles as she recalls a particular incident.

And it feels so good because when that one person in the group she said she connected with that article (written about Ellen) she thanked me for giving her hope, that was sooo, you know you can't describe how that makes you feel.
(Ellen, Individual Conversation, May 14, 2012)

Ellen saw her journey and the hardships she faced as something she could share to help others and to help her act as a kind of a role model to others. There are so many people out there that don't know where to turn and may feel that they used up all their options. Ellen sat up straight and looked me straight in the eyes. No lingering shyness existed as she said:

I just want to sit down with as many families as possible to show them there is hope. (Ellen, Individual Conversation, May 14, 2012)

Knowing Ellen has taught me so much. I love the way she celebrates life and she has shown me that there is still so much life to live as we get older. She shared this poem with the group at the end of one of our discussions.

This poem just reminds me of my journey [Ellen reads the poem]. The contest lasts for moments through the training and years. It wasn't the winning alone that was worth the work and the tears. The applause will be forgotten, the prize will be misplaced. But the long hard hours of practice will never be a waste. For in trying to win you build a skill. We learn that winning depends on growth. You never grow by how much you win, you only grow by how much you put in. So any

new challenge you've just begun put forth your best and you've already won.
(Ellen, Group Conversation, April 24, 2012)

As I reflect on knowing Ellen I realize that the journey is never over. We can have many rebirths along the way. There is an ageism within our society that says at 50 why bother trying something new, let alone embark on a whole new life as Ellen has. Yet to Ellen, age never mattered.

Janice.

Janice is a nurse and I feel a certain kinship with her as a result. I have noticed this with other women I have met who are nurses. To me it feels as though with some, those who have gone through what I would call some rough or difficult times that we have an unspoken common understanding of the world around us and our place in it, as if we have a common goal of healing or righting the wrongs that we see in the world. That's often what I get. You don't look like someone who's been abused as if there is a particular look that one must have as a woman who has experienced domestic violence. What does that mean? I don't fit the profile of what you think a woman who has experienced IPV should look like.

The image that comes to mind when I think of Janice is a strong tree. I first met Janice at a meeting of the advocacy group where I introduced the women to this research and where I wanted to recruit participants. Janice was one of the first to arrive and was obviously comfortable with the other participants as she chatted with them as they arrived. I could see that Janice really cared about the women in the group. As she listened to them as they spoke and often offered some of her own insights to the group as

a way of encouraging them along their journey. Through our conversations Janice talked many times of her connection to trees. One of the first images she shared with me in our individual interviews was that of a tree. She called it the gnarly tree.

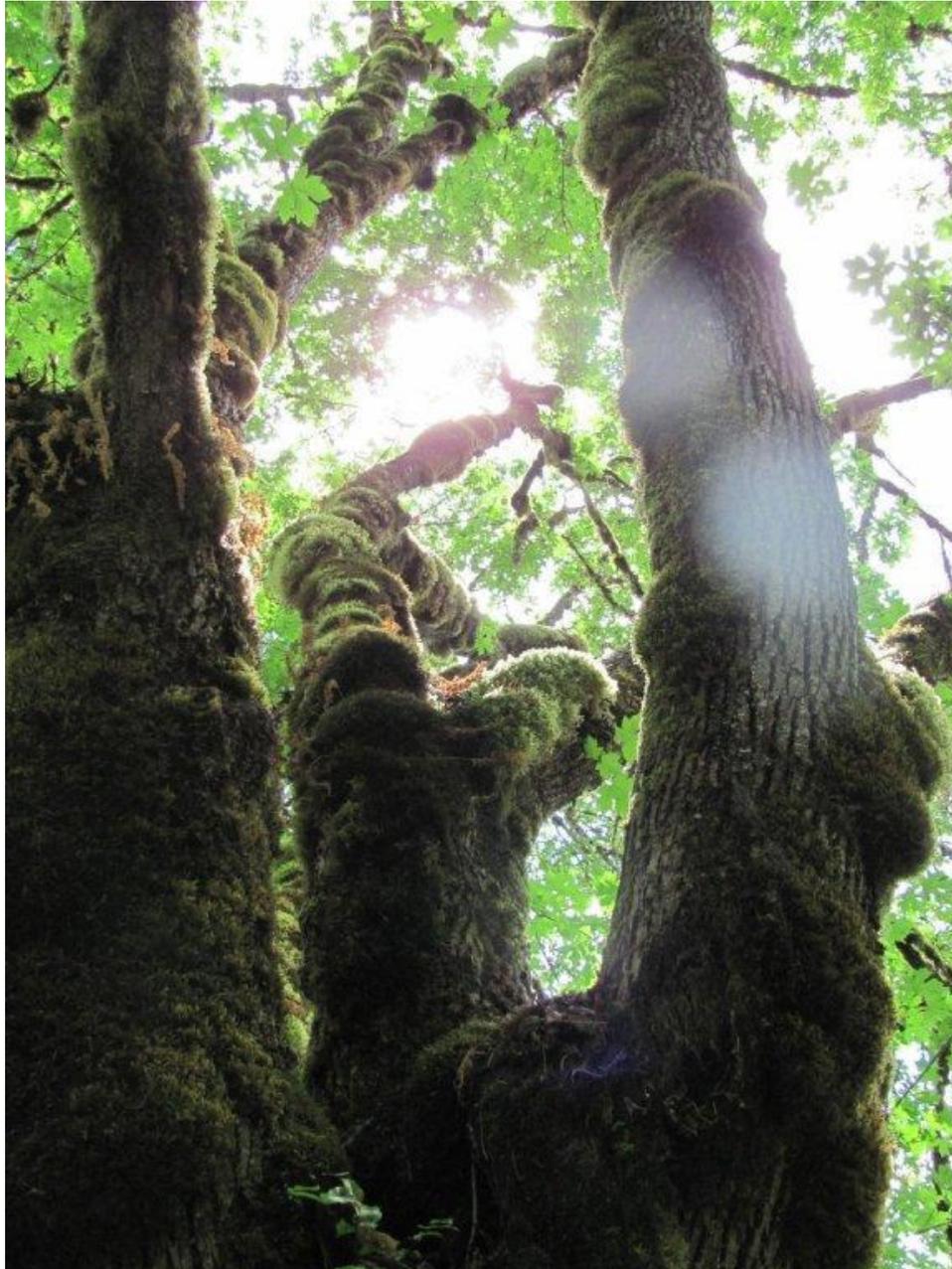


Figure 4-J1.

I actually took this picture last summer. I was on Vancouver Island and I went kayaking and then after the kayak trip we were running around and we went into a park and it was full of trees, which I love (laughs). And I was like, “Oh my gosh, what an amazing tree, I just love this tree” (giggling). And it’s just like so secure looking and . . . Even though it’s gnarly. [P - So it’s lived through some stuff.] I found a fridge magnet in a store after I saw the tree and it said something about the strength of an oak during the storm . . . Like there’s just nothing like it. And I can’t remember the exact wording of it, it was like Wow, that’s exactly it. (Janice, Individual Conversation, April 9, 2012)

Later, Janice brought the quote in to share with me, “Storms make the oak grow deeper roots.” As I got to know her I could see that the metaphor of this gnarly tree could be used to describe Janice herself. She has lived through some difficult times and she may look a little gnarly, but that is what has made her stronger.

The best way I can describe Janice is that she is the cheerleader of the group. She has been through a lot and acknowledges that at the time it was very difficult. Yet she does not wear the experience as some kind of badge of honor seeking sympathy. No, she simply lives her life, but never forgetting. This is how Janice introduced herself during our first group meeting.

My name is Janice. I’ve been out of that relationship for a really, really long time, but it is really important to come here and be part of a community that cares about what happens to others and the impact of those things. So I think just being part of the big picture and helping other people grow and learn that this is an

experience that many people go through, it is nothing to be ashamed of. In fact we become very strong and even more giving into our communities, and so that is important to me and so I do love the positive experience. It really is, because I mean I am today who I am because of everything I've lived and I find it extremely powerful. Every day in my life, whether it's through work or friendships or somewhere, there is somebody who is touching with me who is going through some rough stuff. (Janice, Group Conversation, March 13, 2012)

Her nonjudgmental nature shone through in all her interactions. She listened intently to the other members of the group offering commendations frequently and reminding us all to think of ourselves in a positive light. Janice's view was that we become stronger as a result of what we have been through. It could be said that her motto was "We are not damaged goods." Like the "gnarly" tree, there may be some evidence of the trials and tribulations that we have gone through, but that has made the tree stronger and able to withstand more. When asked in the group to describe herself in the past and present she said:

My past I put depressed, lost, and unfocussed and just all over the place, my thoughts. Trapped is a good word. My current I wrote, I kind of put like a slash belief / faith / contentment / and I put strength and love. (Janice, Group Conversation, March 13, 2012)

When asked about her past Janice acknowledged the strength that it took for her to leave her abusive relationship and help her children manage.

A lot of hard work. I used to honestly crawl on the floor in my house after I put my kids to bed crying and weeping, crawling on the floor, laying in a little ball finally in a fetal position going where do I go from here? I don't know where to go, I don't know who to talk to. I don't know how I get out of this. (Janice, Group Conversation, March 13, 2012)

The image of lying on the floor in the fetal position resonated with everyone in the group—that feeling of not knowing what to do, feeling like you do not have the energy to go on but at the same time knowing you have to for your children's sake. I remember very well being in this very position. Feeling completely helpless, not even having the energy to stand or walk, curled up in the fetal position on the cold, hard floor, my mind racing . . . crying . . . thinking frantically . . . thoughts jumping from one idea to another; I need help . . . who can I call . . . I don't have time, I have to get the kids to school tomorrow and go to work . . .oh no, do I have milk for their breakfast? Who can I call . . . my sister, no she is busy with her own kids . . . my friend, she won't understand . . .who can help? Who? Who? Who?...there is No One!

The images that Janice chose to depict her journey were photos that she had taken in the past and it was astounding how she found such relevance within them.



Figure 4-J2.

I knew that when I left there was going to be so much that I was going to need to do to stay safe and be healthy. And so . . . I was so terrified of you know what was going to happen to all of us kind of thing and uh, so I know that even this picture, when I took this picture it had a little bit of a different reason for me. But it really is about how I felt is that you know you never think you're going to get through the trees. You're like Wow, there's just like one thing after another. One thing after another and then it seems to multiply and then all of a sudden there are all these trees in front of you. (Janice, Group Conversation, April 3, 2012)

A sense of feeling trapped came over me as Janice described this picture, so many obstacles in the way. The feeling of being trapped with nowhere to turn is still very real to me. Trapped and suffocating as if someone were physically grabbing me, their hand over my mouth so I could not speak or question. I did not see a path through the trees—I mentioned this to Janice and she replied:

No there wasn't a path and you're trying to invent your own path. And you're trying to figure out your path and your destiny of where you're going to go and how you're going to get there. (Janice, Group Conversation, April 3, 2012)

Janice really felt that this picture *said it all* and was such an accurate depiction of how she felt when she left the abusive relationship for the last time. She told me that for her trees are symbolic.

They feel like a grounding to me. Even though there are so many trees, um, growing up trees . . . I always spent a lot of time in nature. Camping was my happiest moments growing up. My dad and I would go do some winter camping and I just always felt safe . . . And so trees always feel like a safe place. Even if that path seems hard, it symbolized that I could get through it. Because I could hang on whenever I needed to along the way. (Janice, Individual Conversation, April 9, 2012)

What an interesting analogy Janice makes. At the same time that the trees were obstacles, she was also able to use them for support. I could picture her picking her way through the forest, grabbing hold of one tree then another as she made her way through this unknown territory. As Janice continued with her story it started to become clear how low and forsaken she felt at times.

The lows for me, I guess the key word is I felt abandonment because as I was going through things and unfolding and sharing and telling people my story Uh my story got scary and scarier all the time and when a big event happened when I finally one day recognized that my ex had AIDS. Everybody around me dropped

me because they were afraid that they were going to get sick by me. (Janice, Group Conversation, April 3, 2012)

Janice explained that not only did she feel alone but her friends actually turned away from her and her children. I shiver as she describes this and a picture flashes through my mind. A scene of a mother dressed in rags holding her children close to her as the cold wind blows the snow up all around them.

It was low. Because I was shunned by the community my kids were kept off soccer teams, everybody was worried that this family was all sick and so it was like a nightmare and there was nobody who could help . . . It was like I was on my own, trying to figure it out for my kids' sake. Going through hell, physicians not listening to me, wanting to be tested and they were like . . . What? They didn't believe it, they thought I was over exaggerating. (Janice, Group Conversation, March 13, 2012)

How does one go on when faced with so many obstacles? To me it felt like flailing around in the dark, wandering in circles, trying to continue the façade of a normal life when underneath everything was falling apart.

And during that process, other things are also going on; I was involved in a car accident. A guy rear ended me . . . through discovery they got my medical files where I had gone to the doctor and I had found the medications that my husband was on and I knew now that he had HIV . . . and I knew now for sure I had to be tested. I had to convince her [the doctor] to test me . . . And uh they used all of that in my legal case for my car accident, to say that my pain that I was having

from my whiplash injury really wasn't a whiplash injury, it probably was from a battering relationship that I had had in the past. It was quite daunting. So it was like everywhere you turn around it was like being pummeled. So the low parts are you leave the relationship, you're trying to do all the right things, and there is nobody there. Nobody is helping you, the legal system is not working, healthcare is not working for you, the school system wasn't working, nothing's working.

(Janice, Individual Conversation, April 9, 2012)

Janice faced so many barriers. How discouraging it must have been to repeatedly be turned away by those she thought were there to help. I wonder, do these barriers reinforce the silencing of women's voices? How will policy makers and health care professionals know what women need in the aftermath of leaving a violent relationship if they are not listening? Janice shared with me her thoughts on why it was so difficult to leave a bad relationship:

And that is why people don't act because there is so much . . . and you sometimes choose to go back 'cause I left and went back, left and went back, you know several times. Yeah, it took a lot of leavings to actually finally leave. And when you finally do leave, and you don't get any help . . . There is another part to it, you know, I was living on my own with 3 kids. Then he called me, he was living on the coast, he was terribly afraid. He was afraid of being alone. He asked um, you know I miss the kids so much and I'm going to die. And I'm all alone; would you please consider taking me back? And I did. And it was very very tough, because I did it out of many reasons. Out of fear that he had nothing to lose, out

of compassion for him as a human being, and compassion for my children because I knew that . . . they were going to lose their father completely. And always praying that we could have some peace, some closure and so I took him back. And the whole cycle started all over. First it was Ok, then the verbal abuse started, then the pushing and shoving, then the whole thing, and I had to kick him out and finally, after I kicked him out he came back and he broke my door down and I called the police. And they were not helpful. They told me I was a woman without compassion because my husband was dying and I wouldn't take care of him. As my kids are screaming and yelling because all of this stuff had gone on. So there were so many lows, and so many hard times. (Janice, Individual Conversation, April 9, 2012)

It seemed a miracle to me that Janice was even sitting there talking to me in such a composed manner. I asked her how she made it through such turmoil.

By having a few really good friends. By sharing things by having my mom who didn't live here. She lived in Montreal. I just started to build a team of really incredible people . . . and then I started realizing Wow! Silence does not protect us! I am going to tell the people who I trust and I am going to build a team around me. And that's exactly what happened. I found a huge family of people who believed in me and wanted to be part of our life. (Janice, Individual Conversation, April 9, 2012)

Janice went on to tell me how much the support from those around her meant to her and helped her along the way. This touched me as I recall when I left my abusive

relationship I was living in a very remote small town and there was no one I could talk to. I felt very alone and to be honest the reasons why I had to leave remained largely a secret.

Um but I think the more support that we have in our lives that is healthy support the easier challenges are in our lives. Because we know that we are believed in, we know there is somebody to fall back on if we need that comfort and that's really the way to get through life . . . When you are living this the only way to grow and learn and blossom is to have the right people, the right people can help you to understand this. And then once that little flame kicks in it has to grow and grow and grow. (Janice, Individual Conversation, April 9, 2012)

Janice's way of being within the group and in many other aspects of her life made me think of her as the one fanning those little flames of the fire in others' lives, helping them to grow and grow. Janice shared a passage with the group, something that she had read from a book that was recommended to her in one of the groups she found to help women from abusive relationships. There was one paragraph in a daily meditation book that really stuck with Janice. So much so that she chose one of the pictures to share.



Figure 4-J3.

[T]his little paragraph said, Sometimes you feel like you are standing on the edge of a cliff and all you see is darkness all around. And if you focus and look forward there is light, and if you work towards going toward that light a bridge will appear. And you can work your way across that bridge to the light where there is love and wholeness and . . . that's not how it's all written but that's what I got from it. And then the next part was that, once you get over there and you turn around and you look across the bridge, there's still people that you love back

there and one of them was my ex-husband who I really cared for as a human being. (Janice, Group Conversation, April 3, 2012)

Then, as Janice showed me the next picture, her eyes lowered and her voice became very soft as she explained:

But I couldn't fix him . . . all I could do was mentor. And I couldn't pull him across the bridge, that was his own journey . . . And it was strange because when I took the picture that day, it was just, the whole meaning of the weekend became kind of spiritual and cathartic and I was like WOW. I don't need to pull anybody across that bridge. I'm where I am and everybody else is where they are and that's the way it was meant to be. Wow! (Janice, Individual Conversation, April 9, 2012)

As Janice spoke about not being able to “fix” her then husband, I was forced to stop in my tracks and evaluate how often, as a nurse, I thought it was my job to “fix” someone’s life for them. I realized that in doing that I was missing the point and robbing them of the opportunity to grow in whatever way was best for them and this was not something that was going to happen overnight. One of the beliefs Janice shared with me was that to become healthy was a process. It took going to support groups with people who understood and it took self-care. I remembered back to when a counselor said something similar to me, “You know you have to take care of yourself” and I wondered: what does that look like? I have no idea. Now I wondered how taking care of one’s self could be so foreign to women as it was becoming apparent to me that other women struggled with self-care as well.

It seems to me in my experience that society would like to take a simplistic view of interpersonal violence, “Just leave.” However, what I was hearing over and over again from Janice and the other co-participants was “There is no quick fix.” You don’t just leave and it’s over. That is just the beginning of putting your life back together and helping your kids through it all.

I like our group because like even though I know, I know that I am a mentor and inspiration to many people, but I feel very humbled and remember and never forget by being involved with other people who have the same kind of struggles. I am so proud to be part of a group of women like this. All the kind of the things that they are doing to take care of themselves and their families to have a better life. (Janice, Individual Conversation, April 9, 2012)

Janice shared with the group her view on needing help following an abusive relationship. I was not surprised that she chose a medical explanation to get her point across.

It’s like if you have a heart attack you need to see a cardiologist and a heart surgeon, whatever. For me too a sense of forgiveness for myself came. Because I started reading and everything, going to group (for 2 years). Like doing all the things that I needed to do finding what worked for me. So it was reading, it was doing so many things. And I remember that one day actually I was driving and it was spring and I was driving across the bridge and I saw a tree and the tree was starting to bud and all of a sudden I just started thinking about a book that I read. Like Kubler-Ross about death and dying and stages of grief and all that kind of

stuff and it was like Wow. I realized that those stages were not stages of only death and dying, they were stages of living. (Janice, Group Conversation, April 3, 2012)

Janice had a very unique way of looking at her life.

And I recognized for myself that with each experience and each bump in the road that I hit that it would be that same little cycle of [Kubler-Ross's stages of death and dying]. Oops, this can't be real and then it was like, shit it is. Now what do I do? Then it's that bargaining—Maybe if I really do this and something good will come out of that. Then it would be like Oh my g-d no. This is really, really, really, Tough and it's so depressing and I'm on the floor crawling. And then I would have to believe, Ok, Ok. You're going to keep going through this, and you're going to get to this acceptance. And then you will deal with that little tiny piece, that little nick and then Ok I'm better and then I would be like the next day and it would be like over and over . . . forgive yourself. I think it's important to know that it is a process, it's not going to take forever and as shitty and depressed, as frightened and dead on the ground, when I started to experience joy I was like Wow. If I can feel this low, I have to believe that one day I'm going to feel this high. And that kept me going. (Janice, Group Conversation, April 3, 2012)

Janice relayed some of the myths and societal beliefs that she had come across along her journey of life that she felt limited her in her own experience of life and leaving an abusive relationship.

I was thinking now too of all the myths. Women can't leave because of the man and all this kind of stuff. And you know, I remember one day after I had finally left, in my bathroom standing in front of my mirror, I looked up and I was like, who the F is that. Oh my g-d. And I realized for me the myth for me wasn't about that I couldn't move forward with my life because I couldn't live without a man. I realized I didn't know who that person was in the mirror looking back at me. And I couldn't live missing that truth. And then I started to know that I had to do something. (Janice, Individual Conversation, April 3, 2012)

This last statement resonated with me in particular. I could recall that same feeling of disconnectedness from my own life as I looked in the mirror. Janice captured my feeling extremely well *"I couldn't live missing that truth."*

Lana

In the depths of winter I finally learned there was in me an invincible summer.

Albert Camus, (1913-1960)



Figure 4-L1.

I was experiencing the worst agony I had ever felt during a winter season in my life. My world had broken into a million razor sharp shards that stabbed at my heart. So much of me was vested in my love for my husband, the house in which my children had so many “firsts,” and my hopes and dreams for the future. I had to leave it all because I was losing myself in useless attempts to be the wife that wouldn’t solicit attacks from her husband. I didn’t feel like I deserved to leave and find myself again, but I knew my children deserved the real me for their mom.

The long, cold, dark nights were a fitting backdrop for my despair. There was stillness that wouldn’t allow me to hide from reality, and for many nights my raging thoughts pounded with extraordinary intensity. I didn’t know it at the time

but there was acceptance growing inside of me. One night, my head was quiet. I was overtaken by the serenity of winter. The coolness of the air magnified the warmth in my body and the darkness drew a sense of mystery and awe. I felt a strength in acceptance that dissipated all adversity, and a beacon that shone more brightly because of the darkness. (Lana, Group Conversation, April 3, 2012)

I met Lana at the same time as the other women of the advocacy group. Lana had a quiet presence in the group, but there was an intensity about her that I often still think about. She was dressed casually in jeans with long flowing hair and listened keenly as I explained the research project. Getting to know Lana was a joy for me. We shared the same nonconventional way of thinking and expressing ourselves. I sensed right away that she had a deep-rooted authenticity which radiated kindness and an acceptance of people for who they are.

For our first one-on-one meeting Lana chose to meet at her workplace. She gave me careful directions on how to find the building, where to park, and where to meet her. Being unfamiliar with the city I appreciated her thoughtfulness in ensuring I knew where to go. We set up in Lana's office and began our conversation. When I asked her why she was interested in being a part of this research her artistic nature came to the fore.

Um I like the idea of visual images and were really going in that direction and away from the words and um and working with images. I thought that was a really, really good way to research. And I obviously had the history and um with domestic violence and so that's the biggest reason why. (Lana, Individual Conversation, March 10, 2012)

Lana expressed appreciation for the opportunity to express herself in a different way—through pictures. I noticed there were times when we were discussing different issues, whether in the group or during our individual conversations, that Lana would sometimes struggle to explain what she was trying to say. At the same time, I could see that when we discussed her photos and the meaning behind them that she was more able to express her thoughts and who she was. Looking around her office I saw pictures of her children and art work that they had created for her. Through Lana I learned the importance of attending to different ways of telling.

During our first group meeting we engaged in an exercise where I asked the women to bring pictures that depicted them in the past and present and we discussed the feelings that these photos elicited. I recognized Lana's creative way of thinking when she presented her photos and the feelings that went along with them. The majority of the group presented pictures from their past that depicted their frustrations or negative feelings about the situations they were then in. For example, some said "naïve, property" or "depressed, lost and unfocussed." For her picture of the past Lana chose a picture of her son. She explained that she took a different view of the past and what was important to her then.

Um I have, it's a little bit off, I have "maternal." Blessed and saved, like my picture is of my son when he was a baby, like you know my salvation . . . and I have a picture of him after and I picked shyness, and my feelings to it found and I put down unfolding, 'cause I felt like there was an unfolding part of me. (Lana, Group Conversation, March 13, 2012)

I was curious that Lana identified so strongly with her maternal role and depicted her past and present in relation to her son. I pondered, how do we live along-side of our children as mothers in these situations? Lana went on to describe her relationship with her previous spouse and how she came to understand that she was living in an abusive situation. I was not surprised to hear that for Lana her own awareness of her situation revolved around the birth of her son, her second child.

it was my second child, if I remember this correctly (laughing). It becomes a blurr, little babies . . . My second child and I was going through the Health For Two program and you know and I really felt like the nurses that were supporting me were my peers because I was getting in to a lot of volunteer work. I was a stay-at-home mom, but I really wanted not to be home when he was home. It was just you know, there was a lot of days when he missed work and stuff like that, so I found other things to do. And I felt I needed to use my brain in some other capacity . . . And um, and I got involved in stuff with the community with young families, with families with young kids and um and so you know became a facilitator for Rhymes That Bind and um you know promoted books for babies. A lot of stuff, and it was through the connection of meeting these nurses and working and then you know, calling her up afterwards and you know, I think I've got you know post-partum depression. You know 'cause there isn't anything, I just feel like I'm nagging and nagging and nagging uh my husband and she, I was describing the situation. And I really took the responsibility for whatever is going on and she's like that sounds like a hell of a lot of crazy making. And she said

please call community services. (Lana, Individual Conversation, March 10, 2012)

I realized that Lana was trying to make sense of her situation and like many other women accepted themselves as the problem, finding it easier to assume “I must have postpartum depression” rather than thinking the problem could be that Lana is living in an abusive relationship. It concerns me that women feel they alone need to take responsibility for keeping the family intact and making the relationship work. Lana explained that she convinced her husband to go to couples counseling.

And so we walked into community services and boom we were instantly separated and . . . [I asked why?] Because well I think like within a half an hour you could tell I was in an abusive relationship and I knew if any type of counselling was going to go on it obviously wasn't going to start off with us as couples anyway. And um, and so um . . . [I asked if they then went to individual counselling.] No, he didn't go back, he didn't go back, no but then I got to go to the women's group and got to learn a lot more about it and um, and it was probably a one or 2-year process . . . a year and a half.

It did escalate to physical violence and I still didn't leave at that point in time but the more empowered I got and the more um you know I would stand my ground. That's when he got more frustrated and/or it was me wanting him to have some sort of accountability. And I think that's what frustrated him the most, what got him so angry. And uh, so then one physical attack, I ended up getting the police involved and went to my doctors, but it wasn't 'til 9 months after that

where I could feel the same things happening. And I'm like I'm going to do this, I'd done all my research and I'm just getting out of here. Before something happens. (Lana, Individual Conversation, March 10, 2012)

When I asked if she thought she might go back after the initial leaving Lana answered:

It probably would have been the case where I went back but obviously he had an affair going on. And that was a deal breaker. Um and I really think he took the fact when I left then OK then I'm really going to pursue this. That was it. I'm not only leaving and going back to what I left, I would be going back to this additional uh mess. (Lana, Individual Conversation, March 10, 2012)

Lana talked about her own childhood and what it was like for her growing up with alcoholic parents.

Lots of drinking. I remember . . . being in that environment because I can, I can, I remember the fights between my mom and dad . . . And just being so hyper-vigilant you know. Like watching my mom fall out of the car, hitting her head against the cement garage floor, vomiting . . . And my dad "saying ah just leave her" . . . And I'm like, my mom could be dying. (Lana, Individual Conversation, May 5, 2012)

I could feel the anxiety and uncertainty of a young child and being faced with such a scene. The uncertainty of not being able to count on one's parent and her father's dismissal of the mother "ah just leave her," signifying the lack of importance of the female in the mother role. Lana is a smart, intuitive woman with a university degree.

She helps me understand that those early years had an impact on her and her siblings later on in life.

Hypervigilance runs rampant in our family, especially the last two [siblings]. You know alcohol, drug abuse. . . . [My mom] was pretty absent you know, emotionally absent. Um she was a fighter, but you know nothing really proactive, you know just reactive all the time. It was like that drama was a buzz for her. Um not much of a role model there. Love her to death, but not much of a role model, she was an alcoholic, well both my parents were alcoholics. But I think we all handled it differently . . . my sisters seemed to fair a lot better when it comes to relationships. (Lana, Individual Conversation, May 5, 2012)

The intergenerational influence is strong. Sometimes I forget this. I know some people say you should just close that door and move on, but it is not that straight forward. We continue to live out the story that was given to us long before we are born. I did not question this intergenerational story until I began to see the influence it was having on my own children. Believing perhaps that I was not worthy enough to change things for myself but more than willing to try to change things for my children. Lana portrayed an understanding that her life, a life that has been shaped by her father's opinion of her, the vulnerability of her younger self, still lives within her.

But my dad, to this day (sniffle), what did he call me . . . selfish. And like I go, I bent over backwards to . . . this is his game you know and I'm not selfish. I mean, everything about my life . . . My work, um and you know that's how I've always been trying to prove that I'm not these things, you know and . . . That's what I did

in my marriage, I was trying to prove that I wasn't an idiot, that I wasn't you know a bad housekeeper, I was a good mother. I would like whatever, go to the ends of the earth to prove that. And it still wasn't good enough. (Lana, Individual Conversation, May 5, 2012)

The first photo assignment for the group was about First Steps. The group came up with this idea after brainstorming at the end of our first meeting and wanted to depict what were some of the first steps that got them on to the path towards growth. Some identified with an individual who helped them along the way, others identified reaching for their higher power. Lana mentioned that she was not big on dredging up the past.

It's also really strongly motivated by the fact that I don't, I'm not very big on thinking about the past. You know sometimes it can um, it can drag me down but, the other thing is you know you avoid, you avoid, you avoid, and boom it's right in your face and you don't know what to do with it. (Lana, Group Conversation, April 3, 2012)

Over the time that I came to know Lana, she slowly decided she was ready to take another step. Lana wanted to challenge herself and deal with some of her past. I wonder what this meant for Lana. Had she done this before? How far backwards was she willing to go? How could we support Lana?

my challenge of my first step was to . . . I love the night, I loved the night before I met my ex. And um you know I've just been on vacation and . . . just feeling the night is so different. And it is something that I really kept myself away from because it became something to fear. You know there is dangers out there, you

don't know who is around the corner. And that kind of like the way I felt living with my ex. I just didn't know what mood was going to be around the corner, and uh I was so excited to do it yet I was so fearful of it at the same time. My kids are 9 and 12 and I have my partner with me but I just kind of took that leap and I wanted to enjoy the night. And for me to go see those totem poles um we talk about "Mooshie" all the time. They are like Japanese spirits and you can't see them and like kids are the ones who are more in tune and know that they are there. And um just I don't know, it just felt like a total drug induced high (chuckle), I don't know what other way to describe it. Like um, there was such a presence there that I don't think I would have been able to see because I was too scared. And um that is why that one is there. Yeah, I was still scared, I was scared for safety um . . . Yeah, but I could not ignore how awe inspiring they were really. (Lana, Group Conversation, April 3, 2012)



Figure 4-L2.

I always loved the night. And when I was a kid I was out on my own and that was one of my favorite times of the day. And it changed when I met “T” and he really was suspicious and cynical about the world. And it just kind of grows on you after a while. And you know I don’t like to think about it, you, when we were talking about what happened and you know in the past but I can’t ignore the fact that I still carry that baggage around with me and you know so whenever I get feeling a certain way and I know it’s related to my relationship uh with him I shouldn’t just turn a blind eye and go in another direction. Go straight on.

(Lana, Group Conversation, April 3, 2012)

The photo helped Lana to reconnect to her past. Some of the positive things about her childhood were brought forward. I loved the way that Lana was able to bring out her positive experiences. She was able to find strength in her past and her relationship with her memories became somehow different; the image allowed her to embrace echoes from the past, echoes she doesn’t need to shy away from. I kept thinking that people somehow hold on to what sustains them. Looking at the photo with Lana, I wonder if remembering her past allowed Lana to deal with the fears that she felt with her previous spouse, to not let the fear dominate her life. Somehow there was a sense that in this way he was no longer able to control her life in the present.

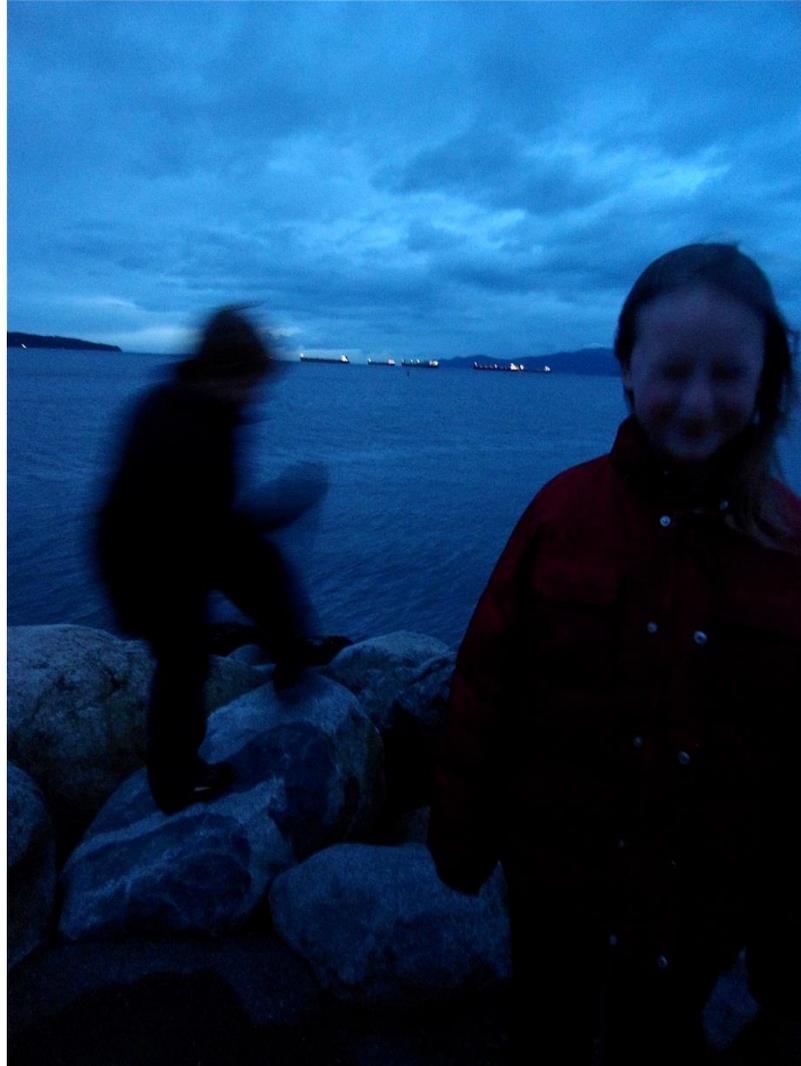


Figure 4-L3.

Lana also shared picture 4-L3 with me which she took on the same night, out on the beach with her children. I wonder if not letting the fear dominate her allows Lana to live differently with her children. Will she be able to disrupt her family story that included violence?

... it is part of the first step. It's more of a twilight picture. That's my kids, those are my kids by the beach. And we went every night after that night. Um [my son]

was just like motoring and I snapped the picture. The twilight there and it's just waiting, welcoming that time of night coming around too . . . I had forgotten that evil was something I never knew when I was younger. I only felt it when I was married to [my ex] and I'm kind of get[ting] back to the dark isn't evil. (Lana, Individual Conversation, May 5, 2012)

Watching her children and their carefree way reminded Lana of her younger self, a time when there was no fear of the dark. As we continued to talk Lana identified with the notion of putting the past in its place and moving on. It was interesting to listen to Lana as she recounted the time when she recognized that she could not be the only woman leaving a domestic violence situation. Once she realized that others too were leaving, she found help with some groups she attended through community services. She found this time with other women invaluable.

[Attending these groups] was instrumental. I don't think I had um any others where I felt, because everybody had their opinions about everything and um being able to you know I guess have that professional guidance it was really important to me. Ummm and just being able to wrap my head around, with other women in the same thing and the things they struggle with and um you know it really helped me get that understanding, and a way to get it. (Lana, Individual Conversation, May 5, 2012)

I wonder how my life and my children's lives may have been different following IPV if there had been some community supports available to us. I was not aware of these supports at the time and felt that I was left to struggle not only on my own, but to also

support my children and us as a family in our struggles. Given how difficult I had found that time in my life, I began to understand Lana as carrying a hopeful story—a story that began to be shaped by possibilities.

For our second one-to-one conversation Lana chose to meet at her house. When I arrived she made tea and showed me around her place. I immediately was drawn to a painting on the wall and was in awe, but not surprised to hear, that Lana had painted it herself. She explained it was one of her most prized pieces. It was a beautiful painting of a young child sitting at the beach. We started talking about how the painting came to be and Lana paused and looked away momentarily before explaining that she had wanted to take a painting class but her then husband insisted that he come along. She was looking forward to some time to herself to enjoy a creative endeavor on her own, but she found herself unable to say no to him. She explained her hesitation about talking about it.

I should probably take more opportunities to think about [the past] and well that's the hardest thing about this project and this rollercoaster one sigh . . . The roller coaster pictures sure brought up a lot of memories. (Lana, Individual Conversation, May 5, 2012)

The roller coaster pictures were the latest photo assignment the group had decided to work on. The task was to take pictures depicting the rollercoaster moments of their lives, the ups and downs, what helped and what hindered their growth. When Lana shared with the group the pictures that depicted her rollercoaster moments she explained that some of the feelings they evoked surprised her.

It's not out of choice, it's, sometimes I'm really surprised when something happens and it all sort of bubbles up. Oh wow (laugh), been here before. Or this reminds me this so much of when I was there, so it's like it's there. It's there when I need it but not something that you consciously make any effort to remember. (Lana, Group Conversation, April 3, 2012)



Figure 4-L4.

Lana explained that the picture she took of the bank evoked conflicting feelings for her. Lana remembered how they had gotten a mortgage for their first house together there, but she also remembered that through the break up her feelings changed.

It was exciting because it was a partnership and we were together and it ended up I was stripped of any savings I had, so I think . . . I originally had pictures in the sunlight you know because I lived in this area right. And this is just so symbolic (picture is a cloudy day). (Lana, Group Conversation, April 24, 2012)

Lana felt like she could do nothing right in the eyes of her then husband.

I remember him always ridiculing me about the choices I made with RRSPs and the mutual funds. And he was like it would be better if you just sell them off and invest in other things, right. And he just made it so that when we come to tax time on our house and Oh we don't have any money. Where are we going to get the money from? Are we going to pay huge interest rates or are we going to use the money that's not making any money like the mutual funds. (Lana, Group Conversation, April 24, 2012)

I recall thinking when Lana shared her photo that as women we can be taken advantage of in so many ways, not only sexually and physically but financially as well. Lana explained that she felt taken advantage of financially both by her previous spouse and the financial institution. The next picture Lana shared was of the home that she shared with her previous spouse and her children. In the group we showed the pictures on the wall screen, and as this picture flashed up Lana was taken aback, she sucked in her breath and quietly said,

Wow . . . that's my old house . . . It's hard, you know, I had to take it from a distance right, just in case or whatever but. Um there's a beautiful ornamental crab apple tree in the front and there's this . . . sigh, just so many memories there. (Lana, Group Conversation, April 24, 2012)

Lana was showing us all that even good memories and growth can be hard to look back on. For years after my own IPV experience I found it difficult to look back at past photo albums. We all looked happy in the photos, but no one really knew what was going on when the camera was put away.

Really, honest to god, when I see that house I don't think about the bad (teary). I think about my kids as being little you know and making sure they don't tumble down the stairs you know (sniffle), just how much we did. I remember the good times and when we were, 'cause we did so much in the community too right. And we, you know, we would plan our days and he came home a lot of times we were out, ha. Feeling like I've got a home base, but not being able to be in that home base. So, um, yeah a lot of again just the whole thing, like feeling so proud you know, because I felt like I was the one that had the savings to start the house right. I got half in with my sister and then bought her out and felt like you know live there and I was a force behind it. And then not be able to kick him out . . .

[Lana cried quietly as she explained. He's still there. (Lana, Group Conversation, April 24, 2012)]

Losing her house was hard for Lana as it symbolized so much more to her than just a building. As I listened to Lana, I recognized that each leaving brings with it so much loss . . . the loss of a house, a home, a sense of belonging, as sense of future . . . memories.

You know for me it was the home, it was the, my kids were born in that home you know? You know the back yard, the fire pit, the celebrations we had back there and you know, just all those first steps and uh, and just having that flashback.

(Lana, Group Conversation, April 24, 2012)

Lana has moved a long way from her days of lamenting her losses, they are a part of her life, but now she chooses to focus on the now. I wonder how do we live in the

now without our past? How does Lana go on? Can we choose to remember some things and not others?

So I always think about my kids and how they don't really ask that much about their dad. They just went with the flow. I know that was something that I learned after I left him about going with the flow and being in the now. Being in the now was huge for me, and you know, and shedding all those labels. 'Cause um it's the expectations, it's the um what you think people should think of you is what kills you. (Lana, Group Conversation, April 24, 2012)

Lana explained that this was the way she knew how to be the best role model for her children, focusing on the now and not putting control of her life into someone else's hands. She is focused now on how their lives are unfolding in the here and now, every day.

Chapter 5: Exploring the Tapestry

In this chapter I look across the women's narrative accounts to identify resonances that are visible across their stories. As I examined these resonances I also kept my research questions close by. The resonances are structured around my aim to provide women who have experienced IPV the opportunity to consider and talk about the possibility of positive change. These resonances are reiterations of threads that hold significant meaning for the participants and me. Like Clandinin (2013),

[b]y intentionally focusing on what we called *threads* we were interested in following particular plotlines that threaded or wove over time and place through an individual's narrative account. Then when we laid the accounts metaphorically alongside one another, we searched for [. . .] resonances or echoes that reverberated across accounts. (p. 132)

Over the duration of my close relationship with each of the women I began to see how complex their lives were. This complexity also echoed through their images and I was left with a sense of tapestry. The etymology of the word tapestry suggests an elaborate design created by twists and turns of warp and weft. According to the Oxford English Dictionary, tapestry refers to

[a] textile fabric decorated with designs of ornament or pictorial subjects [. . .] in which a weft containing ornamental designs in colored wool or silk, gold or silver thread, etc., is worked with bobbins or broaches, and pressed close with a comb, on a warp of hemp or flax stretched in a frame. (accessed 2013).

In this chapter I will highlight the resonances that make visible the twists and turns in the women's lives, as I attend to my original research questions. In many ways this chapter allows me to lay all of our experiences alongside each other, to draw forth the resonance and to integrate some of the existing literature.

As I think about the notion of tapestry, I am reminded also of the historical context of weaving. In Greek mythology, Philomela was the daughter of Pandion, a legendary king of Athens. Her sister Procne married Tereus, King of Thrace, and went to live with him in Thrace. After 5 years, Procne wanted to see her sister. Tereus agreed to go to Athens and bring Philomela back for a visit. However, Tereus found Philomela so beautiful that he raped her. Then he cut out her tongue so she could not tell what had happened and hid her. He told Procne that her sister was dead. Unable to speak, Philomela wove a tapestry depicting the story and arranged for an old woman to take it to Procne. When Procne saw the weaving, she asked the woman to lead her to Philomela. After rescuing her sister, Procne took revenge on her husband. (Myths Encyclopedia, 2013).

She transforms weaving from an insignificant (female) activity into an act of (female) signification. Her forbidden tapestry speaks what her tongue cannot. And the "safe, feminine, domestic craft of weaving" becomes in her hands a channel for "art as a new means of resistance." (Kruger, 2001, pp. 50–51).

As I reflect on the women's stories I am struck by the similarities that resonate across their experiences and these reverberations inform my understanding of the women's ability to grow in spite of experiencing IPV. Through joint reflection I began to

see the complexity of their stories and growth following IPV and because of this experience, I too have come to better understand my own life experiences. This shared journey, the back and forth movement from past to present and future, revealed experiences of growth through words and images.

The women, in the words of Clandinin and Connelly (1994), moved simultaneously -in four directions: inward (inside self) by sharing their inner beliefs through metaphors and photographs; outward (toward community) by engaging in this research activity and sharing in conversation with the group; backward (in time) by revisiting photographs from their past and reframing their context and thus re-storying them with the group; and forward (also in time) by envisioning their future by recognizing the accomplishments of those around them and weaving those possibilities into their own stories. What I came to realize is that Jacqueline, Angelica, Pam, Sabrina, Ellen, Janice, and Lana were not stuck in the stories of their past, but are actively living, re-living, telling, and re-telling their present experiences in light of their past experience. They reimaged their lives as they worked the shuttle through the warp and waft, creating their life's tapestries.

Experience of Positive Change

Understanding growth as embedded in life: Weaving her story.

As we live we grow, all the while weaving together the threads of our life. We do not know at the outset what pattern(s) will emerge as we make choices in our lives. It is in the act of weaving our past, present, and future into a coherent story, that our lives become and are made visible, as we seek narrative coherence. To weave, to live, to grow

is not a simple linear process with a beginning and end. The participants in this study described growth as a journey, moving back and forth along a path. This reminds me of Gardiner's understanding of "female identity is a process" (Gardiner, 2013). The co-participants implicitly understood that growth occurs across our lifespan and across the experience of our lives. In many ways they made visible to me that peoples and places are always becoming (Clandinin & Connelly, 2000).

Humans have an endless capacity for growth. While growth is always a possibility, there are some circumstances in our lives which encourage positive growth and some, such as trauma and violence experiences, which were traditionally thought to hamper growth. Pearlin (1980) describes these hampering experiences as non-scheduled events. These events, which are not predictable, usually "involve crises, eruptive circumstances and other unexpected occurrences that are not the consequence of life-cycle transitions" (Pearlin, 1980, p. 179). These are the events within our lives that are not expected, and stand in contrast to the scheduled events involving transitions normally experienced in the course of the life cycle, "gains and losses or major alterations of roles that predictably occur in the course of the unfolding life cycle" (Pearlin & Liberman, 1979, p. 220). Yet despite, and perhaps because of, these negative encounters the women in this study experienced positive growth. Jacqueline, Angelica, Pam, Sabrina, Ellen, Janice, and Lana did not consciously set upon their journey of life, seeking out opportunities for growth. When these unscheduled events happened, the women responded to them and the events became part of their stories. They had assumptions, expectations, hopes, and dreams about how they thought their lives would be and how

their lives would unfold in the future. The experience of IPV was the unexpected event that altered their lives. There is something in their lives about discontinuity and continuity. While a part of their story shifted and was strongly shaped by their experience of IPV, their lives did not end. Instead, the women's stories took unexpected turns and twists which allowed them to move in a different direction.

I mean I am today who I am because of everything I've lived and I find it extremely powerful. (Janice, Group Conversation, March 13, 2012)

Janice's words echo Caplan's view that individuals who encounter major life crises may be helped to cope more effectively; once helped they develop psychologically resulting in "positive psychological change experienced as a result of the struggle with highly challenging life circumstances" (Tedeschi & Calhoun, 2004, p. 1).

Changing expectations

Most theories of posttraumatic growth stem from Janoff-Bulman's notion that victimization (i.e., trauma) shatters a person's basic assumptions about the self and the world (Janoff-Bulman, 1989). The disequilibrium experienced in a person's life is thought to stimulate coping efforts and a search for meaning in the traumatic event. This breakdown of one's existing worldview and the subsequent rebuilding of a more congruent perspective, reflects the reorganization and redevelopment of cognitive structures which may be termed growth (Joseph & Linley, 2006). Perhaps as the weaver reflects on the tapestry, the future of the design is contemplated, pulling forward and building upon the weave that has been set down. This rebuilding pulls forward the history of the cloth; it is not forgotten, it is woven into the tapestry of the women's lives.

Tedeschi and Calhoun (1995, 2004; Calhoun & Tedeschi, 1998, 1999) offer the most comprehensive theoretical description of posttraumatic growth. Their functional-descriptive model grew out of theoretical work around post-traumatic stress, their own and others' empirical work on growth (Tedeschi et al., 1998) and their clinical experience highlighting the importance of appraisal processes (e. g., Janoff-Bulman, 1992). Their model proposes that highly stressful events challenge the individual's assumptive world, thus shattering prior goals, beliefs, and existing coping strategies. Janoff-Bulman and Frieze (1983) propose three types of assumptions shared by most people, which are called to question when one is a victim of violence; "1) the belief in personal invulnerability; 2) the perception of the world as meaningful and comprehensible; 3) the view of ourselves in a positive light" (p. 3). This leaves the individual out of balance and questioning the safety of their world. I would like to point out that a single traumatic event was not recognized by most of the participants. For them it was a gradual realization that all is not right and that the trauma was part of their ongoing lives over time.

Well all of us have expressed we knew something wasn't right. But you're so into it, because it doesn't just happen overnight. You're into it and it gets blurred because you actually have an emotional attachment. Through love, companionship whatever it is. (Janice, Group Conversation, April 3, 2012)

Although the realization may have been more gradual, participants clearly indicated that previous ways of being and thinking needed to be looked at.

I remember just spinning in circles, just trying to figure out after something happened . . . I didn't understand what was happening, that it was abuse, the

verbal abuse, the shoving, the pushing, the name calling. Just everything, I didn't actually connect. (Janice, Group Conversation, April 3, 2012)

Once the assumptive world is altered individuals often try to make sense of what has happened by engaging in a ruminative process. Cobb et al., (2006) describe this ruminative process as “cognitive engagement with the event, its meaning, and the personal changes the individual is experiencing” (p. 896). The participants each made sense of their lives in different ways.

I was just thinking about everything . . . why am I so affected by all of this, why do I have to keep thinking about this jerk. [T]hen I started processing all the different emotions I was having and recognized for myself the stages of grief and death and dying. And I started going wow [. . .]. These 5 stages of death and dying are to me actually now 5 stages of living life . . . if I don't go through all of these emotions and get to a place where I accept it I can't move on. (Janice, Individual Conversation, April 9, 2012)

Carver (1979) defines rumination as self-focus, that is, self-directed attention that can take on several forms, such as focus on internal perceptual events, increased awareness of present or past behavior, attitudes, or memories of previous events. The rumination occurs as an automatic rather than deliberate process and can be distressing or disorienting to the individual as they attempt to rebuild pre-trauma schemas. As the rumination becomes more deliberate the individual is able to re-evaluate goals and beliefs that no longer function in the post-trauma environment and is often able to consciously engage in this reflective process.

*I can choose to continue in a circle or I can choose to do something different.
And I think that is like what acceptance is for me. (Angelica, Individual
Conversation, May 5, 2012)*

As Angelica speaks, I am reminded of one of the photos that Jacqueline had shared with the group. The photo depicts a fork in the road, a choice as Angelica mentions above to no longer move through life in the same way, but to choose something different.



Figure 5-J5

I too chose something different; I knew I could not continue to go through the motions any longer. The pretending that everything was OK when family came to visit, the explanations to the children “I don’t know why daddy hits me, he does love me” and watching my then husband run around the house closing the windows when we would fight because I refused to “be quiet” any longer. Marden and Rice (1995) describe what I

experienced as cognitive dissonance; what I was experiencing was in conflict with what I wanted to believe could happen. “Abused women know cognitively that their experiences are in conflict with what they believe of themselves and their desired relationships. The attempt to reduce the cognitive dissonance makes them realize that they cannot stay in the relationships or continue to hope for change” (Marden & Rice, 1995 p. 72). I chose to ask for a divorce. The co-participants in the study considered many alternatives as well and over time began to see ways to shift their lives.

Influences on Positive Change

I felt no sense of expectation from Jacqueline, Angelica, Pam, Sabrina, Ellen, Janice, or Lana that there were simple answers, or that they expected that someone else would deal with the IPV for them. However, like me, they were searching for assistance along the way. Joseph and Linley (2006) have identified the deeper the rumination or reflection the more important it is to have support networks available for emotional expression, comfort, and relief. Sarason et al. (2001) agree that the belief that there are people available who care about an individual and would try to help if needed may be a key factor in the efficacy of social support in promoting physical and psychological health. It remains critical to link hope to human change processes (Yohani & Larsen, 2012) and to engage in hope-focused practices (Larsen & Stege, 2010, 2012). Flesaker and Larsen reiterate that “A counselor who genuinely believes in the client and can communicate this belief both holds and offers hope to the client” (Flesaker, & Larsen, 2013, p 64).

Jacqueline found this emotional support from a social worker who chose to take on her case after she left her abusive situation.

Um and it's with the woman that first acknowledged like my real situation . . . validating me that I wasn't crazy and what I felt was real and my situation was real. And it felt great to have that. (Jacqueline, Group Conversation, April 3, 2012)

The sociocultural context can shape the appraisal of the event, act as a support, and potentially influence rumination and emotional expression (Joseph & Linley, 2005). When one's assumptive world begins to fray, it is de-stabilizing and disorienting. One may feel crazy. In fact, oppressed women have often been labeled as mentally ill. Somehow women are “expected to live in a world made for men and be healthy” (Caplan, 1992, p. 5). Sometimes having validation from others helps one to realize that they are not crazy but that the world has been turned upside down. Others have shown how deeply the experience of IPV is entrenched in a socio-cultural context (Kanagaratnam et al., 2012).

While the world *turned upside down* for the participants, they continued to weave their life stories. The events did not become distant but rather they became and remained embedded in their lives and through creating forward-looking and hopeful stories they were able to continue to see themselves as becoming and being important.

Societal influences

Ellen explained that she came from a generation where a woman was defined by her marriage and divorce was not acceptable. Further, her abusive relationship left her

with very low self-esteem and she needed to muster all of the courage she had to return to school at the age of 50. To accomplish so much for herself was a great source of pride and a positive example to all the women who were part of Ellen's journey. With Ellen as a strong example, other women identified with the idea, as one of Hall et al.'s (2009) participants stated, "to learn to captain my own ship" (p. 378). For Jacqueline it was about taking back control.

I went all the way to Ontario, I packed up my six kids and drove out there. And to me that was total freedom, and people thought I was crazy and thought wow I wish I could do stuff like that you know. And I'm like why can't you! (Jacqueline, Group Conversation, April 24, 2012)

Jacqueline had developed her life story as a young girl. She fantasized about having the perfect family. She imagined a big house with a large family, with a loving husband and father to their children. When her reality did not unfold as she imagined and she found herself at home alone with a new baby and four other children to look after while her then husband was off having affairs, she was faced with some life altering decisions to make. She had a story about how her life would be but was forced to change it when her life took a different turn.

Wuest and Merritt Gray (2001) describes a process of *taking on a new image* as part of the pursuits some women who have left abusive relationships encounter and are able to move on. As Jacqueline was able to do "they let go of shattered dreams and are actually aware that their views of the world have changed" (Wuest & Merritt-Gray, 2001, p. 89). These dreams and the ability to change their views of the world was often

influenced by society's views of women's roles. The influence often led to tensions within the women's lives and at times hindered or delayed their decisions. I recall questions about being a *good* mother, a *good* wife, or reconciling expectations, that violence was part of women's lives. It is difficult to escape the societal views that we live with every day. That women and children continue to experience violence in such high percentages speaks perhaps to society's unwillingness to challenge the current status quo which tends to objectify rather than value women.

Familial influence

Many theories have been postulated trying to understand the cause and effect of the intergenerational cycle of IPV with particular emphasis placed on: "a focus on early relations, person-environment interactions, and multiple intervention points" (McMillen & Rideout, 1996, p.391). Each theory reflects an interaction between the individual and their environment. All of the participants in this study were aware, to different degrees and at different times, of how their own family experience colored the tapestry of their own and their children's lives.

Several participants spoke of their realization of the impact the abuse was having on their own children. Childhood is often thought of as a period of innocence, a time to be carefree and content. This is not always the case, "The reality is that many children throughout the world are not happy, and that multiple forms of violence are woven into the fabric of everyday life for millions of young people [...]" (Berman, 2013 p. 105). The co-participants in this study discerned that their children were not passive or unable to make sense out of what was going on and in fact in many cases encouraged them to voice

their own thoughts, in a way allowing them to story their own lives. The women realized that this was a way to shift intergenerational influences for their children.

Recognizing that not all the threads of the weave have equal strength and power, the warp of the family influence is dominant like a backbone of one's story. This backbone forces women to make some very hard decisions; decisions that made them question their existing values and beliefs because they were very aware that these experiences would be intertwined through their children's lives.

all I ever wished was to have a family that was a good family, so that my kids could grow up in a good loving family. And I think that a husband is a good husband if they are a good father and they treat the wife with respect in a loving way. And [the life we were living] just went against everything that I believed in. (Janice, Individual Conversation, May 14, 2012)

Having a good family is not an unrealistic expectation. Janice grew up in a loving and nurturing environment and wanted the same for her children. As her life unfolded however she felt conflicted within herself and was forced to admit that the *good loving family* that she so desired was unavailable to her and her children. As I sat with her, her anguish remained palpable.

For some, the intergenerational influences steered them in the direction of repeating parental behaviors; an influence that has been explored by others (Berman, Hardesty, Lewis-O'Connor, & Humphreys, 2011). In an attempt to make things better for her son Pam states:

My dad abused my mom horribly, it's one of the earliest memories I have. But he was my daddy and he loved me and he never lifted a finger to me and in all honesty part of the reason I got through was because of that man and how he loved me. And my mom was a big enough person that she let me have that . . . She didn't have to, but she did and I am so grateful for it and for me that's why I trip over myself to give my son a relationship with his dad because that idiot might have some connection with that kid that he needs to have that I don't understand but he might need to have it. (Pam, Group Conversation, April 24, 2012)

There is an unusual juxtaposition between the love she has for her father and for her mother. Her father personifies both a monster and a caring individual, *he was my daddy and he loved me*, and yet he horribly beat her mother. For some reason Pam's mother was able to step back and allow her children to be loved by their father. This act of unselfishness is echoed by Pam in her relationship with her own son. Pam found however that there was no right decision to be made and she talked about the guilt she felt for not providing her son with the ideal family. Her story embodies the pressure for women to fulfill their traditional gender roles within the family: to protect their children, partner, and above all keeping the family together.

I wonder about the many ways in which mothers might carry an inordinate amount of guilt over the crumbling of the ideal family structure and how this impacts their responses to IPV. It too raises other questions: Are women alone obligated to ensure the family remains intact and functioning? Some participants like Angelica identified the influence that her family of origin had on her life. At times, unraveling her

tapestry and exposing the underlying warp threads of her family influences, she explained to me that she didn't want her children to have to go through what she went through growing up.

Although some of the participants did not grow up in a family where abuse occurred, they remained very concerned for the wellbeing of their own children. Sabrina's love and devotion to her own daughter is mirrored by her parent's love for her and her eventual decision to leave is rooted in that knowing that she as an adult deserved that same love and respect.

My parents gave me everything, and most of all love and values. And so I want the same thing for my daughter. (Sabrina, Individual Conversation, March 28, 2012)

These stories represent the pulling back, the tension. Her children are at the forefront, guiding the choices that she makes in weaving her cloth, forcing her as a mother to rethink the situation in light of the strong influence of her own children; yet these were never easy stories.

[D]uring a big fight that happened my husband was so angry and he was throwing things around, he walked out of the house and he slammed his fist against the glass pane window giving us the finger and then he left. And my son was like 6 years old sitting at the dining room table and he looked at me and he went, "If you're ready to leave now Mommy I am too." And I was like wow! It gave me permission to actually start mobilizing and doing what I needed to do. Even though when it actually happened my son was so upset, he was crying in the

car, “where are we going Mommy, are we going to one of those shelters? ’Cause who’s going to take care of my daddy now?” (Janice, Group Conversation, April 3, 2012)

I remain curious: why did Janice wait for her son to give her permission to leave? Is this when she realized the impact that the actions of her husband were having on the children? Why do I think that it is brave for a 6-year-old boy to stand up against his father? Perhaps it wasn’t permission that he was giving but he had a clarity that Janice potentially didn’t have. When was he actually ready to leave? Yet the child is still clearly conflicted as he wonders “who is going to take care of my daddy?”

As our children come into our life, it is like adding another thread into the weave, adding complexity but also beauty in the color and texture that they bring. They often are a strong influence, as we integrate them into the weave of our cloth. As the women talked, I could see that children often become a dominant piece of our tapestry, forcing us to view life from perhaps a different perspective than we had before they were born.

Yeah, if it wasn’t for my kids I would have laid in bed, I wouldn’t have gotten up, I probably wouldn’t have showered for like weeks. I wouldn’t give a dam. I would have kept drinking and be dead or something right now, or gotten worse and they gave me a reason to get up in the morning. (Jacqueline, Group Conversation, April 3, 2012)

Where did Jacqueline’s dedication to her kids originate? Was it modeled by her parents or was she trying to do the opposite of what her parents did. She talked of her mother as she was growing up as more on the sidelines, her father was the disciplinarian,

he got them involved with the church/cult. Now did she see mom as the safe person, the one who was there for her when she needed her? Her mother was the one who did not let her give up her children to welfare; instead she took them in to give Jacqueline time to figure things out.

Making a Difference

Across the lifespan.

It is important to point out that the experience of growth was not a one-time occurrence, but growth was a process that occurred across the lifespan of each participant; the sense of over time resonated throughout their accounts. In her book *Weaving the Word* Kathryn Sullivan Kruger (2001) explains for the weavers, the loom can be seen as a symbol for harnessed, focused attention. “By concentrating on the present, these weavers influence the future and thereby shape and determine their own destinies” (Kruger, 2001, pp. 130–131). It is this motion in our lives, across time, which is important and imparts a particular kind of freedom. Needleman (as cited in Barber, 1994, p. 148) calls this kind of freedom “the choice to be aware of the life you’re living and the self-that’s living it.” Janice related her understanding that the way she lives her life now was influenced by what came before.

I don't walk around never forgetting. You know I live my life, I have a wonderful life. But I know where I've been and so sometimes I just know through interactions, rapport, relationships with colleagues, people who work for me, friends you know . . . I remember how hard it was, how many baby steps you need to take to get to a place. (Janice, Group Conversation, April 3, 2012)

For Janice, living an aware life, living life consciously, became a way of being, not something she questioned but it was now part of her day-to-day existence. As she reflected she shared with the other women and myself her realization that she had been trying to live a fairy tale existence then came to the realization that it was just a fantasy.

I have often wondered “where does this fairy tale come from?” Is it part of our socialization in becoming a woman that we are encouraged to believe that life really will end with a “Happy ever after?” Indeed, studies on feminism and fairy tales elucidate the role of fairy tales as contributing to cultural stability. Unconsciously women “transfer from fairy talks into real life those fantasies which exalt acquiescence to male power and make marriage not simply one ideal, but the only estate toward which women should aspire” (Rowe, 1979, p. 239). Viewed in this light, fairy tales are more than entertaining fantasies, but powerful cultural communication of myths which urge women to internalize only ideals deemed acceptable to our place as sexual objects within a patriarchal society (Rowe, 1979). This fairy tale ideal is often shaped early on in women’s lives and it is important to understand that this ideal is visible across the lifespan, in the play of girls and the life of adolescents, young adults, and women as they make sense of their lives in their later years.

Living growth

As the weaver toils, the pattern emerges, the configuration is not always preconceived. It depends on the colors that we choose or are available, the texture of the thread, the tension of the weave. Just as the women’s stories emerge as they live and tell them and as Connelly and Clandinin (1990) describe “[a] person is at once, engaged in

living, telling, retelling and reliving stories” (p. 4). As a researcher, I am mindful that I do not enter these women’s lives at the beginning of their story or that I leave upon its culmination; I am part of their lives in the midst, of their lives being lived. Each story is alive and some too exist before we are born into the world and we continue to engage with the story throughout our lives. The women often re-told and revisited their past stories. There is no defined beginning or end to our stories.

In the midst of her life, Janice came to realize that her ideal family life was not something she and her children were living. She felt she was not able to fulfill her responsibility as a mother, with part of this responsibility being to instill self-worth in her children. Janice saw it as her mission to renegotiate her relationship with her husband; she had to leave to fulfill a greater purpose for herself and her children. This brings to mind a favorite quote: *If I am not for myself, who will be for me? And if I am for myself alone, then what am I? And, if not now, when?* (Talmud, Avot 1:14).

Life did not stop or even slow down to give Janice time to transform her life or way of thinking. Janice was forced to survive in ways that she had never considered before—declaring bankruptcy, relying on welfare. And it didn’t matter. She trusted in her higher purpose and that things would fall into place. Yet, like others she came to understand that perhaps “it is in recognizing that whichever path I walk in life, the path will unavoidably begin where I am now and always be in relation to where I have been” (Caine, 2002, p. 72).

What Hindered?

Intergenerational / familial influences.

What matters is that lives do not serve as models; only stories do that. And it is a hard thing to make up stories to live by. We can only retell and live by the stories we have read or heard. We live our lives through texts. They may be read, or chanted, or experienced electronically, or come to us, like the murmurings of our mothers, telling us what conventions demand. Whatever their form or medium, these stories have formed us all; they are what we must use to make new fictions, new narratives (Heilbrun 1988, p. 37).

As I recall first beginning to weave, I think about how the loom must be set up. The first thread on the warp or the vertical axis is the center thread, the core, with all other threads which can be seen as values and influences of our lives lying alongside it. What is so interesting about the warp threads is that they are not seen in the finished pieces, but they make up the inner core of the intertwining parts. I can see self as the center thread with the values and influences of our families making up the remaining warp threads. Just as the warp threads are not seen in the tapestry, the influence of our families are not necessarily seen in our lives by those outside of our world, yet, individually we know they are what make up a part of our core and are part of our intergenerational heritage. Many research studies have shown that experiencing or witnessing violence in one's family increases the likelihood of experiencing violence in one's future intimate relationships (Kwong, Bartholomew, Henderson, &Trinke, 2003; Berman, Hardesty, Lewis-O'Connor, & Humphreys, as cited in Humphreys & Campbell,

2011). As Shields (2005) explains “[we] therefore see through a lens established before we know we are looking and we carry the epistemological stance of our families and the culture we know into our lives as a basis for living” (p. 180). For some of the participants this influence played a significant role in the textile of their lives.

Yeah and how many times we're told that we're stupid and we're not worthy enough of anything. I think sometimes that's why we get into the abusive relationships because somebody somewhere in our upbringing made us feel like we were stupid or worthless or whatever so why not just carry on the tradition? (Ellen, Group Conversation, April 3, 2012)

As Ellen spoke I was filled with anger that a young girl must endure these feelings of worthlessness as she grows. As I listened to Ellen I could see her—small, so quiet, mind racing, trying to sort out the world around her as she internalized feelings of insignificance. Embedded in her textile, her shawl, was this thread of self-doubt which still affected Ellen’s life in many ways. How must it have felt for a young girl growing up knowing that her existence as a girl did not really matter? It is not surprising, in some ways, that she was then swept away by a man she perceived as perfect, good looking, and charming. She felt flattered that he chose to marry her. However, the happy ever after ending that we are taught to expect as girls never materialized for Ellen as her already low self-esteem was further minimalized by her husband’s condescending and patronizing treatment of her.

What Helped?

Reflection.

Tedeschi and Calhoun's (2004) functional descriptive model of growth suggests that as the individual disengages from beliefs that are no longer justifiable in the post-trauma environment, they begin a more reflective way that can be characterized by "narrative development, part of which may be the search for meaning" and identification of growth (p. 1044). *Unexpectedly, like you would find joy in something small and, they say that adversity brings strength (Pam, Group Conversation, April 24, 2012)*

The idea that adversity can bring strength has been described by Rutter (1985), who refers to the ability of an individual to "bounce back" following adversity. As Pam stated adversity brought her strength and helped to demonstrate her ability to try different things and discover new tools that helped her along the way. I can see the determination with which Pam lives her life, not letting her past story dictate her future as she weaves a new story for herself and her son.

Becoming resolute.

In 2009 Hall et al. completed a study looking at women who, despite childhood maltreatment, were able to thrive in their lives. Through narrative analysis they were able to identify a process of *becoming resolute*.

Becoming resolute was a process of developing decisive agency and a steely willfulness in refusing to be defined by or focused on one's abuse history. It develops through social interactions; discovering, increasing and exerting one's

self-determination; and recognizing the abusive past as deadly. (Hall et al., 2009, p. 378)

Ellen, the oldest and perhaps quietest member of our research group, was able to shed the abused woman persona and with self-determination create a life for herself.

I ripped the wedding ring off my finger and I said that's it. That was my first baby step to stepping out of that relationship. And I moved on from there. (Ellen, Group Conversation, April 3, 2012))



Figure 5-E1.

Looking at this photo, which Ellen labeled her *wall of achievements*; I think how often we do not celebrate our accomplishments. I wonder if this an influence of our gendered upbringing? After accomplishing a good grade at school as a young girl, I recall hearing, “You don’t want to get a swelled head over that.” Yet, over time I have learned that it is fine to be proud of our accomplishments and that it is acceptable to show others. I wonder if this sense to keep things hidden, to not point out accomplishments, influences why I hold on so tight to the family secret? I recall being unsure about how

much of my home life to share with friends, for fear that I would let the family secret out. It was far easier and safer to say nothing.

Taking up mentorship.

Stories have a place in composing our collective affairs. Jacqueline, Angelica, Pam, Sabrina, Ellen, Janice, and Lana came together because of the common elements of their stories, yet individually they are very different. Clandinin and Connelly (2000) write “[p]eople are individuals and need to be understood as such, but they cannot be understood only as individuals. They are always in relation, always in a social context” (p. 2). The women found strength in each other and yet have shared a collective story of possibility and hope. It may be that some are further along the path, weaving a different part of their tapestry which serves as a role model to others not as far along, resulting in a collection of tapestries forming a possible community quilt. Some feel a responsibility to the generation of women yet to come. Angelica saw an opportunity to use her experience to help other women.

But I think that it's important through this journey that the negative that has impacted my life so strongly can be turned into a positive by changing someone else's life . . . I think that it's, it's a process that's good for me and for somebody who can glean from my experiences how to rise above the water. (Angelica, Group Conversation, March 13, 2012)

As I finish this chapter I am reminded of how unknowingly our actions as courageous women can serve as a beacon to others. I recall an encounter with another woman just after I had left my abusive marriage. I was surprised as I saw Mrs. G.

rushing over to me in the parking lot at the local swimming pool. I did not know her well but our children were taking swimming lessons together and attended the same elementary school so I had seen her around. She asked if I had a minute to talk and we moved into my mini-van to have a quiet conversation. “How did you do it?” she said. I was bewildered as to what she was referring to. “How did you find the courage to leave him?” Here I was sitting in my mini-van in a parking lot with a woman I barely knew, yet she knew me. She was aware that I had left my husband. She went on to say “I could tell that he was abusive like my husband and I when I saw that you had left him and you were on your own with your kids I just had to talk to you. I don’t know what I’m going to do.” While we talked about what had gone on for me and the decisions that I had made to leave my marriage, I could see her glancing out the window to see if she was being watched, perhaps by her husband. She thanked me, gave me an abrupt hug, and scurried off just as quickly as she had arrived. I was left sitting in my vehicle somewhat shocked at what had just occurred. I recall I was feeling particularly alone in my situation, trying to cope from day to day, living in a small town after leaving an abusive marriage, not really having anyone to confide in, thinking that my life didn’t really matter to anyone. This encounter changed my thinking. I realized that I was being seen, and in my own way I was acting as a role model to other women living with IPV. That realization was huge for me; it filled me with a strength I never knew I had, to stay resolute in my decision not to go back. I don’t know that Mrs. G. ever knew how she had touched my life and gave me the strength to go on that day. I moved from that small town shortly after our encounter and I never did find out what had happened to her but I think that day

I was a flicker of hope to her and she reflected the light back to me and we shared a moment of strength together, woman-to-woman in a parking lot in my mini-van.

Chapter 6: Implications

In this chapter I will look for the personal, social, and practical implications of this research as a way to respond to the questions of *so what?* and *who cares?* These are important questions; questions that make me wonder about the methodological and research implications of this research. As I worked alongside the women I began to notice how my life shifted; I did not anticipate being so deeply affected. What I have learned I owe to the women who agreed to walk this journey with me as co-participants sharing their life stories, as well as the joint inquiry into our experiences. As we moved through this project together our stories interlaced; they become entwined as if we were weaving our tapestries together to form yet a new blanket.

Weaving together is so powerful—it is a literal act of weaving together the community. In this simple and ancient art, we connect with others whose fingers have touched the same threads to create the same fabric with the same purpose. It is a deep-rooted bond in the heart that can change the way we define our neighborhood. (Kruger, 2001, p. 129)

While it was our inquiry that shifted my understanding and that helped us form a community, I too was reminded that this inquiry began with images the women shared with me. The photos were a starting point to focus on the story of growth following IPV; they made visible important parts that brought to the forefront the threads of the blankets that may have otherwise been hidden from view. What followed was a process of discovery as we wove in and out of each other's stories, forming our own community blanket. As Clandinin and Connelly (2000) attest, this process is a collaboration between

researcher and participants over time, in a place or series of places, and in social interaction with milieus. As I fold and refold the blanket and look at the threads, I reflect on where our stories hold resonances. Yet, folded differently, some of our experiences stand on their own, and what became apparent was the uniqueness's of each one of us and our stories to live by.

I realized a new found sense of solidarity as I came to know that the silence I have lived so long does not exist everywhere. As I journeyed alongside Jacqueline, Angelica, Pam, Sabrina, Ellen, Janice, and Lana I began to see my own life differently. This group of women had come through a 3-phase educational program learning about their IPV experience and had formed an advocacy group following completion of the program. They were comfortable talking in front of each other, yet this was not an easy journey for me to embark on and I recall what Mair (1988) wrote about stories: "All this babble of stories around and through us may suggest they are readily available to us. I want to suggest instead that stories are not easy to tell. Stories that speak a fresh word are not easy to compose" (p. 134).

I found for myself that indeed my stories are not easy to tell. I was concerned about what my colleagues would think if they knew about my IPV experience and I worried more about what my family would think for I had chosen to talk about our family secret in more public ways. With the help of the co-participants I learned over time to speak fresh words and re-story my grandmother's narrative; I recognized this shift within myself only over time. This shift too raised many questions for me about who I, as a researcher, was and was becoming alongside the women.

Personal Significance

From birth we are told stories of the world we are being introduced into, stories of many kinds, in many ways of telling. We read the stories of our worlds in what is said to us in actions and expression of all kinds. Almost everything is enacted, not directly stated. We are led to enter the enactments of our tribe so that we become their kind of being, the only way of being human that they really know (Mair, 1988).

As with all of us, my grandmother lived a story that she inherited. It was not a story of choice. Had she been able to choose I know she would not have wished upon her husband, my grandfather, such a difficult childhood. Both my grandmother and I knew that his difficult childhood was part of the reason he consumed alcohol in his adulthood. My grandmother found herself married to an alcoholic who, at times, would beat her when he had been drinking. I used to think of my grandmother as weak, “why did she put up with the drinking and the beatings?” It took me many years and the research that I undertook during my doctoral program to begin to re-tell this story of my grandmother and my response to her experiences. It is only now that I can look at her life from a new place. I am beginning to see her strength and the important role she played as a role model to my mother and their other daughters, me, my sisters, and her granddaughters. I recall Jacqueline relating a story to me about when she was at one of her lowest points. She told her mother to call social services and have them take her children away, she just could not cope on her own any longer. Jacqueline’s mother, however, offered another solution. Without judging, she became a role model of caring and compassion and told

Jacqueline that instead she would take the children, to give her some time to sort things out. I remember weeks later writing a note to myself.

Through this story I have been able to see my grandmother in a whole new light. I have come to know my grandmother was not weak. I realized that I had been judging my grandmother and that I was not able to see her strength and her way of caring and faith that in many ways sustained her. When someone was in need, especially one of her own family, she would never question how they got themselves into such a mess, she would simply be there and offer her assistance in any way she could. At various times in her life my grandmother babysat all of us grandchildren. I know this was not always an easy task for her and at times took her away from her own loves such as gardening but that was one way she could show her love. My grandmother held a special place in her heart for her grandchildren and we returned this love unconditionally. I did not think about this bond, perhaps taking her love for granted until she lay in her bed in the nursing home at the end of her life. I vividly remember this time in her life and my own. My grandmother's bed was lowered, as low as possible to the ground, as she had fallen out of bed when she tried to get herself up. My mother and I had gone in to spend some time with my grandmother and I simply knelt on the ground next to her and offered her a sip of water. She was at a point where she was not able to recognize me but brought my face closer to hers and whispered, "thank you, thank you, thank you" and gave me a kiss. These are the last words that I shared with my grandmother . . . she lay dying and she was thanking me. I

cupped her face in my hands and through my tears I kissed her goodbye. There was a steady stream of family coming in to see her in those last few hours and front and center were her three daughters and her granddaughters. I know it was an important time for all us, but I only realize now that it was not the legacy of domestic violence that my grandmother had left to us, but that she had woven us into a story of unconditional love. Her story lives on in her daughters, their daughters, and theirs, as her youngest granddaughter gave birth to her first daughter only a few days ago. My grandmother's unconditional love is alive for this new baby girl as it is woven into all of us in the blanket of our family and the christening gown the new baby girl will wear that was once my grandmother's wedding dress. As I listened to my participants, I could see how my grandmother's and our family secret became less visible and I could see her as a strong woman who embedded in our lives a thread of love and gentleness.

My grandmother was a gardener, planting the seeds of unconditional love within each of her granddaughters to continue for generations. Seeing my grandmother as a gardener shifted my attention to the growth and possibilities. It affirmed and made possible the telling of new stories. For a long time I kept asking why does IPV still happen? Why is it that so many women and girls are still affected by this? But that is not the question I need to answer. As I look backwards through the journey of my doctoral research, I can see that the question of why was strong at the beginning and continued to surface at different times during my field work. However over time and with the help of my participants I began to see that my research puzzle was really about how women

came through this experience. The shift, while it occurred over time, was a dramatic shift for me that helped me to learn and retell my own life. There is no doubt that violence against women needs to stop, but I see now that the co-participants are not only re-storying their lives but LIVING in new possible and hopeful ways.

Shifting stories.

Through my grandmother's story I am able to step back and recognize the judgment that I was imposing upon her, my mother, and myself. I was imposing a silence by continuing to ask why did this happen rather than how do we shift this story. By closely listening to the participants in this story, I could see and feel my own ground shifting—they allowed me to name parts of my fabric that I had not been able to name. The colors of my blanket had become faded and grey. I allowed myself to remain stuck and for the family secret to continue. As I worked alongside the co-participants I learned that stories of growth are not only possible, but that they must be told, that it was important for us, as a community, to advocate and to engage with our lives and experiences in ways that we could re-tell and re-live our stories.

As Huber, Caine, Huber, and Steeves (2013), who draw on King's words, remind us, if we want a different future, we must tell a different story. Jacqueline, Angelica, Pam, Sabrina, Ellen, Janice, Lana, and I are asking to be viewed in a new way—not with the old lens of judgment, but a new focus encompassing the past, present, and future tellings. They were asking me to let go of a story that was so often told about IPV. As I began to think about the possible stories I could tell, retell, live, and relieve, I was reminded of Mair (1988) who pointed out that,

[w]e are not only shaped by our embeddedness in the stories of our time. We are also shaped through the hidden rules of storytelling that we also inherit. There are powerful structures built through our culture, in language, custom, convention, brick and stone. These institutional ways of being and doing give different rights to different people as regards speaking and being worthy of being listened to.

(Mair, 1988, p. 130)

Social Significance

Attending to silences.

Earlier I described the Myth of Philomela. In the violent tale, when Philomela was raped by her sister's husband and her tongue was cut out so she could not speak about her ordeal, her loom became her voice and her story was told in the design of the weave so that her sister Procne could understand. Although a myth, this account embodies the story of so many women still today. The silencing of women in relation to IPV remains. Several sociocultural influences contribute to the incidence and prevalence of sexual assault including increased acceptance of interpersonal violence, adversarial stereotypes of male-female relationships, and sex-role stereotyping.

In this way it remains important to listen to the story of IPV. Through this inquiry I learned that it is important to acknowledge that IPV is considered within the tapestry of life and that this life and tapestry is situated within a social context. It does not take the physical act of cutting a woman's tongue out to silence her. Women can and have been silenced in many ways. As I think about this and the implications of our research, I can see that a focus on strength not only creates new possible stories, but it also lifts the

silence. It takes away the power of silence, of deficits, of issues, and problems. It allows us to become otherwise.

Throughout this project in many different ways many of the women told the story that they are not *damaged goods*. The women's voices I listened to were clear and loud and reminded me that they do not want to be seen in the light of an old story or metaphor. Jacqueline, Angelica, Pam, Sabrina, Ellen, Janice, and Lana challenged the view that has dominated western society depicting women who have experienced IPV as less than or somehow damaged because of their experience of IPV.

Looking to others.

We often make sense of the world through stories and we recount our experiences in ways that help us make meaning. As I wrote the narrative accounts of the co-participants I was struck by how important this way of understanding their lives and the experiences of IPV had been to the women. It is part of how we actively engage in the weaving of our tapestry. Our own stories however are influenced by those around us swaying us to live our stories in a particular way or keeping us silent. "This silence can represent *the unspoken agreement* between battered woman and other members of society to not disclose or address their battering" (Rodriguez, Quiroga, & Bauer, 1996, p. 155). The influence of others is clearly depicted in Sabrina's story. I can still hear Sabrina's struggle as she tried to fulfill her role of wife, caught in the middle between a culture and mother-in-law and what felt right and feeling sorry for the husband who did not grow up with a father or have much of a childhood. *She (the mother-in-law) knew but still left me with the blame, with the mess to clean up. Now she was off the hook but I was on.* This

was heartbreaking to hear and is similar to my story as I recall the unspoken reality that I lived, as I walked down the aisle to be married to my abusive partner, the feeling emanating from his mother with almost a sense of relief; “He’s your problem now.” An overwhelming feeling of being trapped engulfed me as I re-read Sabrina’s story and remembered my own. It was as if the decisions of our lives had been made for us, imprisoning us in a reality not of our own making.

This memory reminds me of Denzin’s (1969) concept that people do not develop in isolation. Each individual is shaped by interactions they have with other people, therefore it is the social environment that we live within that shapes and shifts a person’s identity. Consequently, we must consider reshaping such an environment starting with the self and being aware of how we choose to interact with women who have experienced IPV. I learned early in my life to live secret stories, secret stories that were reinforced, re-lived, and remained unchallenged throughout much of my life. I too could see this in the stories I heard from my participants. Families that are governed by such rules as “don’t talk or don’t feel” create dishonest stories that bind the family in confusion, chaos, and growth-inhibiting relations, all perpetuated by shame (Mason, 1993). I continue to wonder about the role of families, communities, and health care providers in creating new possible stories, stories of strength, growth, and potential.

Practical Significance

Implications for nursing.

As I reflect on the women’s stories and my own learning I am reminded that:

We make sense of the world in stories when we are confronted with a situation we story it, that is our perception, we may be incorrect—we need to ask, to verify, Is this what you are going through? not assume we have all the answers.

My thoughts have shifted and what I know now will impact my own life story but will also affect my practice as a nurse and an educator as I contemplate how I will practice differently.

The purpose of this study was to gain an understanding of women's experiences of positive change following IPV. With the use of photovoice the potential for positive growth was explored in the everyday lives of seven women. Through the exploration of these women's journeys we came to understand that growth is embedded in life across the lifespan. The women came to appreciate the intergenerational influences that have influenced their life stories and the very real possibility of reframing their context and thus re-storying their own lives. Taken together, these results have moved the inquiry beyond a vulnerability/deficit perspective to focus instead on strength in the face of adversity (O'Leary & Ickovics, 1995; Tedeschi & Calhoun, 1995).

I have come to know that there is no cookie cutter approach when working with women who have experienced IPV. Many nurses have been taught to “ask the question,” check the box, and move on with their care either not allowing the answer to impact care or judging/stereotyping women with a history of IPV. Others receive little to no formal training related to IPV and appropriate interventions, despite accessible educational materials including text books (Humphreys & Campbell, 2010). Nurses are in a unique position within the health care system and undoubtedly have the opportunity if not the

responsibility to counter the story of women as *less than*. Nurses must challenge the grand narrative that women are *less than* and women who have experienced IPV are even less than that or damaged goods. What I have learned from the co-participants in this research is that their stories cannot be over simplified with a one size fits all response; disclose the abuse then leave. The tapestry of these women's lives is complex and requires thoughtful interventions. Not every story is the same. Women need to be understood from their own frame of reference. They are asking for someone to walk with them, show support, and not just tell them what to do. As Huber, Caine, Huber, and Steeves, (2013) suggest "It is through relationship that the co-composing of new lives [...] becomes possible" (p. 220).

What has become significantly apparent is that healthcare provider responses are varied and largely ineffective. The key to providing help is to understand that IPV is not a singular event. It is lived and addressed in the weave of each woman's life. Understanding can only be realized collaboratively with one another in the development of "relational knowing, knowing that evolves over time through sustained conversation and relationships" (Huber, Caine, Huber & Steeves, 2013, p. 219).

It was shown in this research that positive growth is not achieved by following a list of activities or steps. Although this study is not about specific steps that nurses can take to influence women's capacity for growth following IPV, the results of this research can be applied to nursing practice. It is important, then, for nurses to know about women's capacity for growth and how they can help to encourage this potential. Nurses can accomplish and perhaps world travel in Lugones' sense (as cited in Huber, Caine,

Huber & Steeves, p. 219); in which case “we inhabit ‘worlds’ and travel across them and keep all the memories” and engage with each other in loving ways, rather than with an arrogant perception. This would allow nurses to work relationally with women who have experienced violence and gain a “deeper understanding of ourselves, of others, and of the contexts in which we live” (Huber, Caine, Huber & Steeves, p. 219) leading to a mutual understanding of the potential for growth following IPV...

Looking back to the weaving metaphor I liken the response by many health care professionals to seeing only the knot in the weave that they believe they must fix, viewing IPV as the knot and perceiving the situation as a disconnected happening in a woman’s life. However, focusing only on that piece eliminates the view of the entire tapestry and misses the understanding that the knot is only part of the whole and to snip it out would leave the cloth to fray and become undone. As Wuest, Merritt-Gray, Bergen and Ford-Gilboe describe in their 2002 study, “women become frayed by daily struggles with caring work, relationships, and adversity with helping systems” (p. 800). Women’s lives cannot be reduced to a single problem or knot in their cloth ; we must begin to see the whole tapestry, interwoven with the intergenerational strands that influence our story leading us in a particular direction, adapting particular styles of weave, and being shaped by the frame that is available to us when we are born. It is then that health care professionals might see the hope of new and re-told stories, to help women weave new threads into the tapestry, to shift patterns, and to help women and families see new possibilities of re-storying their lives.

As I discovered early on in this research endeavor, to date much of the research with women who have experienced IPV has been focused on the negative sequelae, leaving health care professionals working within a deficit model. This research helps to move women's health research "beyond traditional science and epidemiology to questioning previously unquestioned societal norms and structures that influence women's health" (Wuest, Merritt-Gray, Bergen and Ford-Gilboe, 2002, p. 795). What the participants in this study have shown, is that there is great potential for growth following IPV and therefore a responsibility and an opportunity for health care providers to embrace a new way of thinking and working. As Flesaker and Larsen (2001) identified, health care providers who embraced and maintained a hope informed way of thinking were able to sustain a more meaningful practice. This hopeful view can encourage both health care professionals and women who have been abused to see the potential for growth following IPV.

It is only when nurses recognize the need for different types of knowledge that come from many sources that they are equipped to deal with patients' vulnerabilities and frailties and to work with them and their families to restore and recreate a new sense and level of wholeness. (Gottlieb, 2013, p. xxiii)

Engaging in narrative research I have "intentionally come into relation with participants . . . to think narratively about our experiences that become visible as we live alongside, telling our own stories, hearing another's stories, moving in and acting in the places—the contexts—in which our lives meet" (Clandinin, 2013, p. 23). I have come to

know that society is based on relationships. “While we humans observe and count separate selves, and pay a great deal of attention to the differences that seem to divide us, in fact we survive only as we learn how to participate in a web of relationships” (Wheatley 2006. P. 20). This type of relational practice and the ability to inquire into the lives of those we work with rather than assuming we know what their lives entail will help nurses to move forward in relationship with their clients. The implications for women who have experienced positive growth can be vast and can be accomplished in concert with health care professionals willing to look beyond existing narratives of deficit and open up to the potential of change for amazing women such as Jacqueline, Angelica, Pam, Sabrina, Ellen, Janice and Lana.

Research implications.

Methodological contributions.

Caroline Wang and Mary Ann Burris developed the photovoice methodology in the early 1990s as a means to engage people from marginalized communities to actively engage in research to discuss issues that directly impact their community. Via the medium of photography, photovoice participants document and represent their strengths and concerns from their own perspective. Photovoice follows in the tradition of including visual representation in research because of its ability to transmit messages (Wang et al., 2004) and to ignite social critique (Stanczak, 2007). As Stanczk states, visual “images help us to ask what we know about the social world and how we know it” (p. 9).

Photovoice as a research method proved to be a powerful tool to address the research questions I posed. An example of the power of the images women shared is image 6-L1. For participants the image of a bank touched all of them inciting much dialogue and we could feel the room vibrate in response.



Figure 6-L1.

Lana took a picture of a bank in response to one of the photo assignments depicting the roller coaster of life.

That is so smart Lana that you thought to take a picture of the bank, because I was going through my brain “rollercoaster, rollercoaster” like honestly, how could it be any more clear than the bank and it never occurred to me to go there. (Pam, Group Conversation, April 24, 2012)

The financial rape. (Janice, Group Conversation, April 24, 2012)

Yeah, yes, mm hmm. (General agreement, Group Conversation, April 24, 2012)

Yeah, like the finances afterwards was like, whew, really tough. (Jacqueline, Group Conversation, April 24, 2012)

Using cameras as sensory tools allowed participants to see their unique, complex, and diverse lives through a new lens, and to act as recorders and potential catalysts of

change. As stated previously, photovoice is a participatory photographic process by which participants can share their perspective and document their own experience of positive growth. The use of photographs resonated with the co-participants in a significant way that added vigor and strength to the research endeavor.

One thing I noticed right off the bat when we talked about processing the photos and . . . when we started looking at this, and then everybody else would bring up their ideas and start talking about stuff, it actually made me think of ways where I'm like Ohh, I don't know if I've really dealt with that, or I never thought of using that picture. And then you start thinking about it and . . . it would really, really make me think, not in a bad way. (Pam, Group Conversation, April 24, 2012)

As Berman, Ford-Gilboe, Moutrey and Cekic (2001) describe “the photograph constitutes an interpretive text that reveals the meaning of phenomena of interest” (p 26). The use of photos was a catalyst for the group to see their lives metaphorically and bring another layer of depth to the discussion.

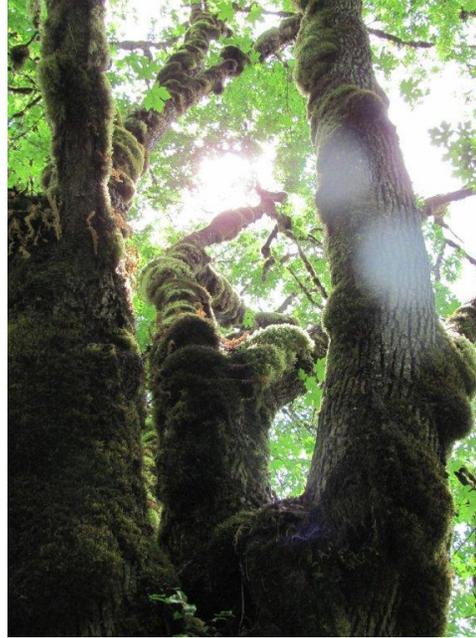


Figure 6-J1.

I (Interviewer): Is that what the gnarliness of that tree represents to you?

Janice: Mm hmm. It just, there's so much and it's a bumpy road, but there's light

I: There's light.

Janice: There's light. I always knew there was light, I believed. I was telling you that this powerful meditation that I read in a book about how basically it was sometimes you feel like you're standing on the edge of a cliff and it's so painful. And then if you look forward you can see a light further in the distance.

(Group Conversation, April 3, 2012)

The tone of the research project, that is, using photovoice to focus on positive change, was greatly valued by the co-participants as revealed in an e-mail Pam sent to me shortly after starting the project: *Thanks for coming up with such a cool research project,*

I am really looking forward to this process and can't wait to read your report at the end. Thanks for giving me the opportunity to be part of something so big. Have a great two weeks (E-mail sent March 13, 2012).

Photovoice in concert with narrative inquiry.

Morton-Cooper (2000) has suggested that data collection methods need to be practical, feasible, flexible, straightforward to record and collate, and open to collaborative analysis. With this particular group of co-participants using photovoice helped our conversations flowed naturally in the form of stories. Perhaps it was as Baldwin (2005) has noted, that “[i]n the midst of overwhelming noise and distraction, the voice of story is calling us to remember our true selves” (p. 11). We live “storied lives on storied landscapes” (Clandinin & Connelly, 2000, p. 8) and I see no better way to understand experiences and provide significance and visibility to the photos of women’s lives and meaning to my own than through narrative. Generally speaking we think about many issues in terms of metaphor which is a narrative element as well as being depicted in the photos taken by the participants. Metaphors have proven a conduit for the co-participants to widen their and my view of the potential for women to grow following IPV. Through narrative inquiry (Clandinin & Connelly, 2000) knowledge is constructed and interpreted within a relational space which is where I situate myself in my nursing practice and as a researcher. Engaging relationally in concert with other narrative elements such as telling, listening, hearing, feeling, and being are useful in constructing and interpreting knowledge; language contains the power of description and definition and exposes “what human beings see and can know” (Charon & Montello, 2002, p. x.).

Opening up New Questions and Research Puzzles

There is a dearth of research on women experiencing IPV and in the research that has been done, the focus has often been on the negative outcomes following leaving an abusive relationship or counting incidences of IPV. More studies like this one, showing women's potential for positive growth, will help to further story the experience in a way that captures the impact of IPV experiences and projections about the future of women's lives and the possibility of growth following IPV. While there are many studies related to measuring the incidence of IPV and health care professionals asking "the question" as part of their assessment, I was unable to find any nursing studies focused on what happens after the question is asked or interventions are implemented to encourage positive growth. This calls forth for the identification of possible interventions, as well as intervention research studies that do focus on supporting women's development of their journey towards identifying their own strengths.

At the same time, I believe the issue of stigma and labeling must be addressed in collaborative research studies including health care professionals and the women themselves who have experienced IPV. This too, as I have shown in my current work, needs to consider intergenerational patterns. I believe research in the area of educating health care professionals from a strength-based perspective is crucial. These educational endeavors must be evidence informed.

When working with women who have been abused difficult questions must be asked: Are we intentionally or unintentionally labeling or stereotyping women we encounter who experience IPV? Why? What exists within our own life stories that may

affect how we care for women who have experienced IPV? How do personal values and attitudes of those within our established institutions affect their response to women experiencing IPV? Do health care professionals realize how they are coming across to women and families affected by IPV and the effect this has on women? Some practitioners have identified concerns about a lack of training in IPV and the fear of opening “Pandora’s box” as barriers to asking women about abuse (Garcia-Moreno, 2002).

As well, gaining a fuller understanding of intergenerational impacts will help those who continue to be affected by violence in their lives. The women participating in this study were able to tell and show us what works to assist women to grow. Programs do exist that see this potential and encourage women to move in this direction. These programs should be studied in relation to format, content, and outcomes and can serve as exemplars in future program designs. As researchers, practitioners, and community members there is a need to come alongside women and families who experience IPV as part of their lives, to be open to our own vulnerabilities, and most of all to engage in hopeful practices that encourage new and possible stories.

References

- Abbey, A., & Halman, J. (1995). The role of perceived control, attributions, and meaning in members' of infertile couples' well-being. *Journal of Social and Clinical Psychology, 14*(3), 271–296. doi: 10.1521/jscp.1995.14.3.271
- Abbot, D. A., & Meredith, W. H. (1986). Strengths of parents with retarded children. *Family Relations, 35*, 371–375.
- Abraido-Lanza, A. F., Guier, C., & Colon, R. M. (1998). Psychological thriving among Latinas with chronic illness. *Journal of Social Issues, 54*(2), 405–424. doi: 10.1111/j.1540-4560.1998.tb01227.x
- Adler, N. E., & Matthews, K. (1994). Health psychology: Why do some people get sick and some stay well? *Annual Review of Psychology, 45*, 229–259. doi: 10.1146/annurev.ps.45.020194.001305
- Affleck, G., & Tennen, H. (1996). Construing benefits from adversity: Adaptational significance and dispositional

- underpinnings. *Journal of Personality*, 64(4), 899–922. doi: 10.1111/j.1467-6494.1996.tb00948.x
- Affleck, G., Tennen, H., & Gershman, K. (1985). Cognitive adaptations to high-risk infants: The search for mastery, meaning and protection from future harm. *American Journal of Mental Deficiency*, 89(6), 653–656.
- Affleck, G., Tennen, H., & Rowe, J. (1990). Mothers, fathers, and the crisis of newborn intensive care. *Infant Mental Health Journal*, 11(1), 12–24. doi: 10.1002/1097-0355(199021)11:1<12::AID-IMHJ2280110103>3.0.CO;2-P
- Ai, A. L., & Park, C. L. (2005). Possibilities of the positive following violence and trauma: Informing the coming decade of research. *Journal of Interpersonal Violence*, 20(2), 242–250. doi: 10.1177/0886260504267746
- Albert, S. (1977). Temporal comparison theory. *Psychological Review*, 84(6), 485–503. doi: 10.1037/0033-295X.84.6.485
- Aldwin, C. M., Sutton, K., & Lachman, M. (1996). Development of coping resources in adulthood. *Journal of Personality*, 64(4), 837–871. doi: 10.1111/j.1467-6494.1996.tb00946.x
- Allen, K. N., & Wozniak, D. F. (2011). The language of healing: Women’s voices in healing and recovering from domestic violence. *Social Work in Mental Health*, 9(1), 37–55. doi:10.1080/15332985.2010.494540
- Almedon, A. M., & Glandon, D. (2007). Resilience is not the absence of PTSD any more than health is the absence of disease. *Journal of Loss and Trauma*, 12, 127-143. doi: 10.1080/15325020600945962
- Anderson, E. (2011). *Feminist epistemology and philosophy of science*. Retrieved from <http://plato.stanford.edu/entries/feminism-epistemology/>

- Anderson, T. R., DeCarlo, A., Voisin, D., & Bell C. C. (2003). Trauma and violence in childhood: A U. S. perspective. *Psychiatric Times*, 20(10), 91–95.
- Ansara, D. L., & Hindin, M. J. (2010). Exploring gender differences in the patterns of intimate partner violence in Canada: A latent class approach. *Journal of Epidemiology & Community Health*, 64(10), 849–854. doi: 10.1136/jech.2009.095208. Epub 2009 Oct 15.
- Anthony, E. J., & Cohler, B. J. (Eds.) (1987). *The invulnerable child*. New York, NY: Guilford Press.
- Arias, I. (2004). The legacy of child maltreatment: Long-term health consequences for women. *Journal of Women's Health*, 13(4), 468-73.
- Austin, W. (2007). The ethics of everyday practice The ethics of everyday practice. *Advances in Nursing Science*, 30(1), 81–88.
- Badr, H., Acitelli, L. K., Duck, S., & Carl, W. J. (2001). Weaving social support and relationships together. In B. R. Sarason & S. Duck (Eds.), *Personal relationships: Implications for clinical and community psychology* (pp. 1–14). Chichester, West Sussex: John Wiley & Sons, Ltd.
- Baldwin, C. (2005). *Story catching: Making sense of our lives through the power and practice of story*. San Francisco, CA: Berrett-Koehler.
- Barber, E. W. (1994). *Women's work. The first 20,000 years: Women, cloth, and society in early times*. New York, NY and London: W. W. Norton & Company.

- Barrett, B. J., & St. Pierre, M. (2011). Variations in women's help seeking in response to intimate partner violence: Findings from a Canadian population-based study. *Violence Against Women, 17*(1), 47–70. doi: 10.1177/1077801210394273
- Baumgarten, I., & Erdelmann, A. (2003). Ending violence against women and girls. *Report From the Promotion of initiatives to end Female Genital Mutilation (Division 1000) & Legal and Social Policy Services for Women (Division 4200). Africa*. Retrieved from <http://www2.gtz.de/dokumente/bib/02-0473.pdf>
- Beauvoir, S. de. (1989). *The second sex*. New York, NY: Alfred A. Knopf.
- Bellizzi, K. M. (2004). Expressions of generativity and posttraumatic growth in adult cancer survivors. *International Journal of Aging and Human Development, 58*(8), 267–287. doi: 10.2190/DC07-CPVW-4UVE-5GK0
- Benson, P.L. (1990). *Profiles of student life: Attitude and behaviors*, Minneapolis, MN: Search Institute.
- Benson, P. L. (2006). *All kids are our kids: What communities must do to raise caring and responsible children and adolescents* (2nd ed.). San Francisco, CA: Jossey-Bass.
- Benson, P. L., & Scales, P. C. (2009). The definition and preliminary measurement of thriving in adolescence. *The Journal of Positive Psychology, 4*(1), 85-104. doi:10.1080/17439760802399240
- Benson, P. L., Scales, P. C., Leffert, N., & Roehlkepartain, E. R. (1999). *A fragile foundation: The state of developmental assets among American youth*. Minneapolis, MN: Search Institute.

- Bergland, A., & Kirkevold, M. (2001). Thriving—a useful theoretical perspective to capture the experience of well-being among frail elderly in nursing homes? *Journal of Advanced Nursing*, 36(3), 426–432.
- Bergland, A., & Kirkevold, M. (2007). The significance of peer relationships to thriving in nursing homes. *Journal of Clinical Nursing*, 17(10), 1295–1302.
- Bergman, B., & Brismar, B. (1991). A 5-year follow-up study of 117 battered women. *American Journal of Public Health*, 81(11), 1486–1488.
- Berman, H., Ford-Gilboe, M., Moutrey, B., & Cekic, S. (2001). Portraits of pain and promise: A photographic study of Bosnian youth. *Canadian Journal of Nursing Research*, Vol. 32(4), 21-41.
- Berman, H., Hardesty, J.L., Lewis-O'Connor, A., & Humphries, J. (2011). Childhood exposure to intimate partner violence. In J. Humphreys, & J. Campbell (Ed.). *Family violence and nursing practice* (pp. 279-317). New York, NY: Springer Publishing Company.
- Bleir, R. (Ed). (1991). *Feminist approaches to science*. New York, NY: Teachers College Press.
- Bonanno, G. A. (2004). Loss, trauma, and human resilience. *American Psychologist*, 59(1), 20–28.
- Brandt, D. (Ed). (2003). *Violence against women: From silence to empowerment*. Monrovia, CA: World Vision International.
- Braun, J. V., Wykle, M. H., & Cowling, W. R. (1988). Failure to thrive in older persons: A concept derived. *The Gerontologist*, 28(6), 809–812.

- Briere, J., & Elliott, D.M. (2003). Prevalence and psychological sequelae of self-reported childhood physical and sexual abuse in a general population sample of men and women. *Child Abuse and Neglect*, 27(10), 1205-1222.
- Briere, J., & Runtz, M. (1987). Post sexual abuse trauma: Data and implications for clinical practice. *Journal of Interpersonal Violence*, 2(4), 367–379. doi: 10.1177/088626058700200403
- Brofennbrenner, U., & Morris, P. (1998). The ecology of developmental processes. In R. M. Lerner (Ed.), *Handbook of child psychology. Vol. 1: Theoretical models of human development* (5th ed.), (pp. 993–1028). New York, NY: Wiley.
- Browne, A. (2000). The potential contributions of critical social theory to nursing science. *Canadian Journal of Nursing Research*, 32(2), 35–55.
- Browne, A., & Finkelhor, D. (1986). Impact of child sexual abuse: A review of the research. *Psychological Bulletin*, 99(1), 66–77. doi: 10.1037/0033-2909.99.1.66
- Brzuzy, S., Ault, A., & Segal, E. A. (1997). Conducting qualitative interviews with women survivors of trauma. *Affilia*, 12(1), 76–83. doi: 10.1177/088610999701200105
- Buchbinder, E., & Eisikovits, E. (2003). Battered women’s entrapment in shame: A phenomenological study. *American Journal of Orthopsychiatry*, 73(4), 355–366.
- Bullard, D. M., Glaser, H. H., Heagarty, M. C., & Pivchik, E. C. (1967). Failure to thrive in the “neglected” child. *American Journal of Orthopsychiatry*, 37(4), 680–690.
- Bunting, S., & Campbell, J. (1990). Feminism and nursing: Historical perspectives. *Advances in Nursing Science*, 12(4), 11–24.

- Burt, M. R., & Katz, B. L. (1987). Dimensions of recovery from rape: Focus on growth outcomes. *Journal of Interpersonal Violence, 2*(1), 57–81. doi: 10.1177/088626087002001004
- Caine, V. (2002). *Storied moments: A visual narrative inquiry of aboriginal women living with HIV* (Unpublished Masters Thesis). University of Alberta, Edmonton, Canada.
- Caine, V., & Estefan, A. (2011). The experience of waiting: Inquiry into the long-term relational responsibilities in narrative inquiry. *Qualitative Inquiry, 17*(10), 965–971. doi: 10.1177/1077800411425152
- Calhoun, L. G., Cann, S., Tedeschi, R. G., & McMillan, J. (2000). A correlational test of the relationship between posttraumatic growth, religion, and cognitive processing. *Journal of Traumatic Stress, 13*(3), 521–525.
- Calhoun, L. G., & Tedeschi, R. G. (1998). Beyond recovery from trauma: Implications for clinical practice and research. *Journal of Social Issues, 54*(2), 357–371. doi: 10.1111/j.1540-4560.1998.tb01223.x
- Calhoun, L. G., & Tedeschi, R. G. (1999). *Facilitating posttraumatic growth: A clinicians guide*. Mahwah, NJ: Lawrence Erlbaum Associates, Inc.
- Calhoun, L. G., & Tedeschi, R. G. (2004). The foundations of posttraumatic growth: New considerations. *Psychological Inquiry, 15*(1), 93–102.
- Calhoun, L. G., & Tedeschi, R. G. (2006). The foundations of posttraumatic growth: An expanded framework. In L. G. Calhoun & R. G. Tedeschi (Eds.), *Handbook of posttraumatic growth – Research and practice* (pp. 1–23). Mahwah, NJ: Erlbaum.

- Campbell, J. C., & Soeken, K. L. (1999). Women's responses to battering: A test of the model. *Research in Nursing & Health*, 22(1), 49–58. doi: 10.1002/(SICI)1098-240X(199902)22:1<49::AID-NUR6>3.0.CO;2-F
- Caplan, G. (1964). *Principles of preventive psychiatry*. New York, NY: Basic Books.
- Caplan, P. J. (1992). Driving us crazy: How oppression damages women's mental health and what we can do about it. *Women and Therapy*, 12(3), 5–28.
doi:10.1300/J015V12N03_02
- Carpenter, J. S., Brockopp, D. Y., & Andrykowski, M. A. (1999). Self-transformation as a factor in the self-esteem and well-being of breast cancer survivors. *Journal of Advanced Nursing*, 29(6), 1402–1411. doi: 10.1046/j.1365-2648.1999.01027.x
- Carver, C. S. (1979). A cybernetic model of self-attention processes. *Journal of Personality and Social Psychology*, 37(8), 1186–1963. doi: 10.1037/0022-3514.37.8.1251
- Carver, C. S. (1998). Resilience and thriving: Issues, models, and linkages. *Journal of Social Issues*, 54(2), 245-266. doi: 10.1111/j.1540-4560.1998.tb01217.x
- Centre for Health and Gender Equity (2000). Gender Based Violence Fact Sheet. *Raise Initiative*. Retrieved from http://www.raiseinitiative.org/library/pdf/fs_gbv.pdf.
- Charon, R., & Montello, M. (2002). *Stories Matter: The Role of Narrative in Medical Ethics*. New York, NY: Routledge.
- Chinn, P. L. (Ed.). (1981). Women's health. *Advances in Nursing Science*, 1(1), 1–25.
- Clandinin, D. J. (2013). *Engaging in Narrative Inquiry*. San Francisco, California: Left Coast Press.

- Clandinin, D.J., Lessard, S., & Caine, V. (2012). Reverberations of narrative inquiry: How resonant echoes of an inquiry with early school leavers shaped further inquiries. *Educacao, Societe & Culturas*, 36, 7-24.
- Clandinin, D. J., & Connelly, F. M., (1994). Telling teaching stories. *Teacher Education Quarterly*, 21(1), 145-158.
- Clandinin, D. J., & Connelly, F. M. (2000). *Narrative inquiry: Experience and story in qualitative research*. San Francisco, CA: Jossey-Bass.
- Cobb, A. R., Tedeschi, R. G., Calhoun, L. G., & Cann, A. (2006). Correlates of posttraumatic growth in survivors of intimate partner violence. *Journal of Traumatic Stress*, 19(6), 895–903. doi: 10.1002/jts.2017
- Cohn, F., Salmon, M. E., & Stobo, J. D. (Eds.). (2002). *Confronting chronic neglect: The education and training of health professionals on family violence*. Washington, DC: National Academies Press.
- Collins, P. H. (1986). Learning from the outsider within. *Social Problems*, 33(6), S14–S32. doi: 10.2307/800672
- Collins, R. L., Taylor, S. E., & Skokan, L. A. (1990). A better world or a shattered vision? Changes in life perspectives following victimization. *Social Cognition*, 8(3), 263–285. doi: 10.1521/soco.1990.8.3.263
- Connelly, F. M., & Clandinin, D. J. (1990). Stories of experience and narrative inquiry. *Educational Researcher*, 19(5), 2-14.

- Coopedrider, D. L. (1996). Introduction to appreciative inquiry. In W. French & C. Bell (Eds.), *Organization development* (5th ed.) (pp. 129-169). Englewood Cliffs, NJ: Prentice Hall.
- Cordova, M. J., Cunningham, L. L. C., Carlson, C. R., & Andrykowski, M. A. (2001). Posttraumatic growth following breast cancer: A controlled comparison study. *Health Psychology, 20*, 176–185. doi: 10.1037/0278-6133.20.3.176
- Crenshaw, D. A. & Seymour, J. (2009). The resounding sounds of silence in play therapy. *Play Therapy, 4* (1), 10-12.
- Crofford, L. (2007). Violence, stress, and somatic syndromes. *Trauma, Violence, and Abuse, 8*(3), 299–313. doi: 10.1177/1524838007303196
- Curbow, B., Somerfield, R., Baker, F., Wingard, J. R., & Legro, M. W. (1993). Personal changes, dispositional optimism, and psychological adjustment to bone marrow transplantation. *Journal of Behavioral Medicine, 16*(5), 423–443.
- Cutcliffe, J. R., & Ramcharan, P. (2002). Levelling the playing field? Exploring the merits of the ethics-as-process approach for judging qualitative research proposals. *Qualitative Health Research, 12*(7), 1000–1010. doi: 10.1177/104973202129120313
- Davis, C. G., Nolen-Hoeksmena, S., & Larson, J. (1998). Making sense of loss and growing from the experience: Two construals of meaning. *Journal of Personality and Social Psychology, 75*(2), 561–574. doi: 10.1037/0022-3514.75.2.561
- de Beauvoir, S. (1989) (Borde, C. & Malovany-Chevalier, S., Trans.). *The second sex*. New York, NY: Vintage Books.

- Denzin, N. K. (1969). Symbolic interactionism and ethnomethodology: A proposed synthesis. *American Sociological Association*, 34(6), 922-934.
- DeSantis, M. (2005). The Greatest Escape. Social for Victims of Domestic Violence. Women's Justice Centre. http://justicewomen.com/tips_index.html Accessed June 2011.
- Dickinson, L. M., deGruy, F. V., Dickinson, W. P., & Candib, L. M. (1999). Health-related quality of life and symptom profiles of female survivors of sexual abuse. *Archives of Family Medicine*, 8(1), 35-43.
- Dietz, P. M., Seitz, A. M., Anda, R. F., Williamson, D.F., McMahon, P.M., Santelli, J.S., ... Kendrick, J. S. (1999). Unintended pregnancy among adult women exposed to abuse or household dysfunction during their childhood. *Journal of the American Medical Association*, 282(14), 1652. doi:10.1001/jama.282.14.1359
- Dobash, R. P., & Dobash, R. E. (1995). Reflections on findings from the Violence Against Women Survey. *Canadian Journal of Criminology*, 37(3), 457-484.
- Dobash, R. E., Dobash, R. P., Cavanagh, K., & Lewis, R. (2004). Not an ordinaryk: Just an ordinary guy. *Violence Against Women*, 10(6), 577-605. doi: 10.1177/1077801204265015
- Dong, M., Giles, W. H., Felitti, V. J., Dube, S. R., Williams, J. E., Chapman, D. P., & Anda, R. F. (2004). Insights into causal pathways for ischemic heart disease: Adverse childhood experiences study. *Journal of the American Heart Association*. 110(13), 1761-1766. doi: 10.1161/01.CIR.0000143074.54995.7F

- Donovan, J. (1985). *Feminist Theory: The Intellectual Traditions of American Feminism*. New York, NY: Ungar.
- Draucker, C. (1992). Construing benefit from a negative experience of incest. *Western Journal of Nursing Research*, *14*(3), 343–357. doi: 10.1177/019394599201400306
- Dube, S. R., Felitti, V. J., Dong, M., Chapman, D. P., Giles, W. H., & Anda, R. F. (2003). Childhood abuse, neglect, and household dysfunction and the risk of illicit drug use: The adverse childhood experiences study. *Pediatrics*, *111*(3), 564–572. doi: 10.1542/peds.111.3.564
- Dubowitz, H., Black, M. M., Kerr, M. A., Hussey, J. M., Morrel, T. M., Everson, M. D., & Starr, R. H. (2003). Type and timing of mothers' victimization: Effects on mothers and children. *Pediatrics*, *107*(4), 728–735.
- Dunning, C., & Silva, M. (1980). Disaster-induced trauma in rescue workers. *Victimology: An International Journal*, *5*(2-4), 287-297..
- Epel, E. S., McEwen, B. S., & Ickovics, J. R. (1998). Embodying psychological thriving: Physical thriving in response to stress. *Journal of Social Issues*, *54*(2), 301–322. doi: 10.1111/j.1540-4560.1998.tb01220.x
- Erikson, E. H. (1968). *Identity: Youth and crisis*. New York, NY: Norton.
- Fee, E. (1986). Critiques of modern science: The relationship of feminism to other radical epistemologies. In R. Bleier (Ed.), *Feminist approaches to science* (pp. 42–56). Elmsford, NY: Pergamon Press.

- Feletti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V... Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine, 1*(4), 245–258.
- Fergusson, D. M., Horwood, L. J., & Lynskey, M. T. (1997). Childhood sexual abuse, adolescent sexual behaviours, and revictimization. *Child Abuse & Neglect, 21*(8), 789–802.
- Fine, S. G. (1991). Resilience and human adaptability: Who rises above adversity? 1990 Eleanor Clarke Slage Lecture. *American Journal of Occupational Therapy, 45*(6), 493–503. doi: 10.5014/ajot.45.6.493
- Flach, F. (1988). *Resilience: Discovering a new strength at times of stress*. New York, NY: Fawcett Columbine.
- Flickinger, A. (1999). *The experience of remembering childhood sexual abuse* (Doctoral dissertation). Retrieved from ProQuest. (NQ39526).
- Fontana, A., & Rosenheck, R. (1998). Psychological benefits and liabilities of traumatic exposure in the war zone. *Journal of Traumatic Stress, 11*(3), 485–503.
- Fook, J. (1999). Critical reflexivity in education and practice. In B. Pease and J. Fook (Eds.), *Transforming social work practice: Postmodern critical perspectives* (pp. 195–208). New York, NY: Routledge.
- Frankl, V. (1963). *Man's search for meaning: An introduction to logotherapy*. New York, NY: Pocket Books.

- Freidman, M., & Schnurr, P.P. (1995). The relationship between trauma, posttraumatic stress disorder and physical health. In M. Freidman, D. Charney, & A. Deutch (Eds.), *Neurological and clinical consequences of stress: From normal adaption to post traumatic stress disorder* (pp. 507–524). Philadelphia, PA: Lippincott-Raven.
- Freire, P. (1970). *Pedagogy of the oppressed*. New York, NY: Seabury.
- Freire, P. (1993). *Pedagogy of the oppressed (new revised 20th anniversary ed.)*. New York, NY: Continuum Publishing Company.
- Fromm, K., Andrykowski, M. A., & Hunt, J. (1996). Positive and negative psychosocial sequelae of bone marrow transplantation: Implications for quality of life assessment. *Journal of Behavioural Medicine*, 19(3), 221–240.
- Garcia-Moreno, C. (2000). Violence against women: International perspectives. *American Journal of Preventive Medicine*, 19(4), 330–333.
Doi:org/10.1016/S0749-3797(00)00246-4,
- Gillespie, C.F. & Nemeroff, C.B. (2005). Hypercortisolemia and Depression. *Psychosomatic Medicine: Journal of Biobehavioral Medicine*.67, S26-S28.
- Gilligan, C. (1982). *In a different voice: Psychological theory and women's development*. Cambridge, MA: Harvard University Press.
- Global Campaign for Violence Prevention. (2006). Accessed, June, 2012.
http://www.who.int/violence_injury_prevention/violence/global_campaign/en/
- Gottlieb, L. N. (2013). *Strengths-based nursing care: Health and healing for person and family*. New York, NY: Springer Publishing Company.

- Griscom, J. L. (1992). Women and power: Definitions, dualism and difference. *Psychology of Women Quarterly, 16*, 389–414. doi: 10.1111/j.1471-6402.1992.tb00264.x
- Guba, E. (1981). Criteria for assessing the trustworthiness of naturalistic inquiries. *ECTJ Annual Review Paper, 29*(2), 75–91.
- Habermas, J. (1971). (J. Shapiro, Trans.) *Knowledge and human interests*. Boston, Massachusetts: Beacon Press.
- Haggerty, L. A., & Hawkins, J. (2000). Informed consent and the limits of confidentiality. *Western Journal of Nursing Research, 22*(4), 508–514. doi: 10.1177/01939450022044557
- Haight, B. K., Barba, B. E., Tesh, A. S., & Courts N. F. (2002). Thriving – a life span theory. *Journal of Gerontological Nursing 28*, 14–22.
- Hall, B. (1975). Participatory research: An approach for change. *Convergence, 8*(2), 24–32.
- Hall, B. (1981). Participatory research, popular knowledge and power: A personal reflection. *Convergence, 3*, 6–19.
- Hall, J. M. (1996). Geography of childhood sexual abuse: Women's narratives of their childhood environments. *Advances in Nursing Science, 18*(4), 29–47.
- Hall, J. M., Roman, M. W., Thomas, S. P., Travis, C. B., Powell, J., Tennison, C. R., . . . & McArthur, P. M. (2009). Thriving as becoming resolute in narratives of women surviving childhood maltreatment. *American Journal of Orthopsychiatry, 79*(3), 375–386. doi: 10.1037/a0016531

- Hall, M. M., & Stevens, P. E. (1991). Rigor in feminist research. *Advances in Nursing Science, 13*(3), 16–29.
- Hamera, E. K., & Shontz, F. C. (1978). Perceived positive and negative effects of life-threatening illness. *Journal of Psychosomatic Medicine, 22*(5), 419–424. doi: /10.1016/0022-3999(78)90064-8
- Harding, S. (1987). *Feminism and methodology*. Bloomington: Indiana University Press.
- Harding, S. (1991). *Whose science/ whose knowledge?* Milton Keynes, Buckinghamshire: Open University Press.
- Harding, S. (Ed). (2004). *The feminist standpoint theory reader: Intellectual and political controversies*. New York, NY:: Routledge.
- Harper, D. (2002). Talking about pictures: A case for photo elicitation. *Visual Studies, 17*(1), 13–26. doi:10.1080/14725860220137345
- Harvey, J. H., Barnette, K., & Overstreet, A. (2004). Trauma growth and other outcomes attendant to loss. *Psychological Inquiry, 15*(1), 26–29.
- Heilbrun, C. G., (1988). *Writing a woman's life*. New York, NY: Norton.
- Henderson, A. (2001). Factors influencing nurses' responses to abused women: What they say they do and why they say they do it. *Journal of InterpersonalViolence, 16*(12), 1284–1306. doi: 10.1177/088626001016012004
- Herrenkohl, T.I, & Hererenkohl, R.C. (2007). Examining the overlap and prediction of multiple forms of child maltreatment, stressors, and socioeconomic status: A longitudinal analysis of youth outcomes. *Journal of Family Violence, 22*, 553-562.

- Hildebrand, J. K., Joos, S. K., & Lee, M. A. (1997). Use of the diagnosis 'failure to thrive' in older veterans. *Journal of the American Geriatrics Society* 45(9), 1113–1117.
- hooks, b. (2004). *A woman's mourning song*. New York, NY: Harlem River Press.
- Horkeimer, M. (1982). *Critical theory*. New York: NY: Seabury Press.
- Houston, S., & Campbell, J. (2001). Using critical social theory to develop a conceptual framework for comparative social work. *International Journal of Social Welfare*, 10(1), 66-73. doi: 10.1111/1468-2397.00153
- Huber, J., Caine, V., Huber, M., & Steeves, P. (2013). Narrative inquiry as pedagogy in education: The extraordinary potential of living, telling, retelling, and reliving stories of experience. *Review of Research in Education*, 37, 212–242. doi: 10.3102/0091732X12458885
- Hunnicut, G. (2009). Varieties of patriarchy and violence against women: Resurrecting “patriarchy” as a theoretical tool. *Violence Against Women*, 15(5), 553–573. doi: 10.1177/1077801208331246
- Ickovics, J. R., & Park, C. L. (1998). Paradigm shift: Why a focus on health is important *Journal of Social Issues*, 54(2), 237-244. doi: 10.1111/j.1540-4560.1998.tb01216.x
- Israel, B. A., Parker, E., & Becker, A. (1998). Review of community-based research: Assessing partnership approaches to improve public health. *Annual Review Public Health*, 19, 173–202. doi: 10.1146/annurev.publhealth.19.1.173

- Jacelon, C. S. (1997). The trait and process of resilience. *Journal of Advanced Nursing* 25(1), 123–129. doi: 10.1046/j.1365-2648.1997.1997025123.x
- Jaffe, D. (1985). Self-renewal: Personal transformation following extreme trauma. *Journal of Humanistic Psychology*, 25(4), 99–124. doi: 10.1177/0022167885254012
- Janoff-Bulman, R. (1992). *Shattered assumptions*. New York, NY: Free Press.
- Janoff-Bulman, R. (1999). Rebuilding shattered assumptions after traumatic life events: Coping processes and outcomes. In C. R. Snyder (Ed.). *Coping: The psychology of what works* (pp. 305–323). New York, NY: Oxford University Press.
- Janoff-Bulman, R., & Frieze, I. (1983). A theoretical perspective for understanding reactions to victimization. *Journal of Social Issues*, 39(2), 1–17. doi: 10.1111/j.1540-4560.1983.tb00138.x
- Johnson, H., & Sacco, V. F. (1995). Researching violence against women: Statistics Canada's national survey. *Canadian Journal of Criminology*, 3 (3), 281–304.
- Joseph, S., & Linley, P. A. (2005). Understanding positive change following trauma and adversity: Structural clarification. *Journal of Loss and Trauma*, 10(1), 83–96. doi:10.1080/15325020490890741
- Joseph, S., & Linley, P. A. (2006). Growth following adversity: Theoretical perspectives and implications for clinical practice. *Clinical Psychology Review*, 26(8), 1041–1053. doi :org/10.1016/j.cpr.2005.12.006
- Kaplan, S. J., Pelcovitz, D., & Labruna, V. (1999). Child and adolescent abuse and neglect research: A review of the past 10 years. Part I: Physical and emotional

- abuse and neglect. *Journal of the American Academy of Child Psychiatry*, 38(10), 1214. Doi: org/10.1097/00004583-199910000-00009
- Keenan, E. (2004). From sociocultural categories to socially located relations: Using critical theory in social work practice. *Families in Society*, 85(4), 539–548.
- Kennedy, A.C.. (2005). Resilience Among Urban Adolescent Mothers Living with Violence. *Violence Against Women*, 11(12). 1490-1514. Doi: 10.1177/1077801205280274
- King, P. E., Dowling, E. M., Mueller, R. A., White, K., Schultz, W., & Osborn, P. (2005). Thriving in adolescence: The voices of youth-serving practitioners, parents and early and late adolescents. *Journal of Early Adolescence*, 25(1), 94–112. doi: 10.1177/0272431604272459
- Klauer, T. I., & Filipp, S. H. (1997). Life-change perceptions in cognitive adaptation to life threatening illness. *European Review of Applied Psychology*, 47(3), 181–188.
- Klauer, T. I., & Filipp, S. H. (1998). “Still stable after all this...?” Temporal comparison in coping with severe and chronic disease. *International Journal of Behavioural Development*, 22(2), 339–355. doi: 10.1080/016502598384405
- Klauer T., Ferring, D., & Filipp, S.H. (1998). “Still stable after all this...?” Temporal comparison in coping with severe and chronic disease. *International Journal of Behavioural Development*, 22, 339-355.
- Krueger, R. A., & Casey, M. A. (2110). *Focus groups: A practical guide for applied research* (3rd ed.). London: Sage.

- Krug, E. G., Dahlberg, L. L., Mercy, J. A., Zwi, A. B., & Lozano, R. (Eds.) (2002). *World report on violence and health*. Geneva: World Health Organization.
- Retrieved from <http://www.who.int/violenceprevention/en/>
- Kruger, K. S. (2001). *Weaving the word*. London: Associated University Presses.
- Kwong, M. J., Bartholomew, K., Henderson, A. J., & Trinke, S. J. (2003). The intergenerational transmission of relationship violence. *Journal of Family Psychology, 17*(3), 288–301. doi: 10.1037/0893-3200.17.3.288
- Laerum, E., Johnsen, N., Smith, P., & Larsen, S. (1987). Can myocardial infarction induce positive changes in family relationships? *Family Practice, 4*(4), 302–325. doi: 10.1093/fampra/4.4.302
- Langer E. (1989). *Mindfulness*. Reading, MA: Addison-Wesley.
- Larsen, D.J., & Stege, R. (2010). Hope-Focused Practices During Early Psychotherapy Sessions: Part I: Implicit Approaches. *Journal of Psychotherapy Integration, 20*(3), 271-292.
- Larsen, D.J., & Stege, R. (2012). To Offer Hope You Must Have Hope. *Qualitative Social Work, 11*(1), 61-79.
- Le Boterf, G. (1983). Reformulating participatory research. *Assignment Children, 63/64*, 167–192.
- Lee, R. M., & Renzetti, C. M. (1993). *The problems of researching sensitive topics: An overview and introduction*. In C. M. Renzetti & R. M. Lee (Eds.), *Researching sensitive topics* (pp. 3–13). Newbury Park, CA: Sage.

- Lehman, D. R., Davis, C. G., DeLongis, A., Wortman, C., Bluck, S., Mandel, D. R., Ellard, J. H. (1993). Positive and negative life changes following bereavement and their relations to adjustment. *Journal of Social and Clinical Psychology, 12*(1), 90–112. doi: 10.1521/jscp.1993.12.1.90
- Lengermann, P. M., & Niebrugge-Brantley J. (1988). Contemporary feminist theory. In G. Ritzer (Ed.), *Contemporary sociological theory* (2nd ed.) (pp. 357-372). New York, NY: Knopf.
- Lerner, R. M. (2004). *Liberty: Thriving and civic engagement among America's youth*. Thousand Oaks, CA: Sage.
- Lerner, R. M., Brentano, C., Dowling, E. J., & Anderson, P. M. (2002). Positive youth development: Thriving as the basis of personhood and civil society. *New Directions for Youth Development, 95*, 11–33. doi: 10.1002/yd.14
- Levine, D. N. (1985). *The Flight from Ambiguity: Essays in Social and Cultural Theory*. Chicago: University of Chicago Press.
- Levine, P. (2003). *Feminist lives in Victorian England: Private roles and public commitment*, Los Angeles, CA: Figuero Press.
- Levine, S. Z., Laufer, A., Stein, E., Hamama-Raz, Y., & Solomon, Z. (2009). Examining the relationship between resilience and posttraumatic growth. *Journal of Traumatic Stress, 22*(4), 282–286. doi: 10.1002/jts.20409.
- Linley, P. A., & Joseph, S. (2004). Positive change following trauma and adversity: A review. *Journal of Traumatic Stress, 17*(1), 11–21.

- Luther, S. S., Cicchetti, D., & Becker, B. (2000). The construct of resilience: A critical evaluation and guidelines for future work. *Child Development, 71*(3), 543–562. doi: 10.1111/1467-8624.00164
- Luther, S. S., Cicchetti, D., & Becker, B. (2003). Research on resilience: Response to commentaries. *Child Development, 71*(3), 573–575. doi: 10.1111/1467-8624.00168
- Lyons, J. A. (1991). Strategies for assessing the potential for positive adjustment following trauma. *Journal of Traumatic Stress, 4*(1), 93–111. doi 10.1007/BF00976011
- MacPherson, K. (1983). Feminist methods: A new paradigm for nursing research. *Advances in Nursing Science, 5*(2), 17–25.
- Maguire, P. (1987). *Doing participatory research: A feminist approach*. Amherst, MA: The Center for International Education.
- Mair, M. (1988). Psychology as Storytelling. *International Journal of Personal Construct Psychology, 1*(2), 125-137.
- Marden, M.O., & Rice, M. J., (1995). The use of hope as a coping mechanism in abused women. *Journal of Holistic Nursing, 13*(1), 70-82. doi: 10.1177/089801019501300108
- Margolin, G., & Gordis, E.B. (2000). The effects of family and community violence on children. *Annual Review of Psychology, 51*, 445-479.
- Martin, J. P. (1978). *Violence and the Family*. New York, NY: John Wiley and Sons.
- Maslow, A. H. (1954, 1970). *Motivation and personality*. New York, NY: Harper.

- Mason, M.J. (1993). Shame: Reservoir for family secrets. In Iber-Black, Evan (Ed), *Secrets in families and family therapy* (pp. 29-43. New York, NY: WW Norton & Co.
- Massey, S., Cameron, A., Ouellette, S., & Fine, M. (1998). Qualitative approaches to the study of thriving: What can be learned? *Journal of Social Issues, 54*(2), 337–355. doi: 10.1111/j.1540-4560.1998.tb01222.x
- McBride, A. B. (1984). Editorial: Nursing and the women's movement. *IMAGE: The Journal of Nursing Scholarship, 16*(1), 66. doi: 10.1111/j.1547-5069.1984.tb01389.x
- McFarland, C., & Alvaro, C.(2000). The impact of motivation on temporal comparisons: Coping with traumatic events by perceiving personal growth. *Journal of Personality and Social Psychology, 79*(3), 327–343. doi: 10.1037/0022-3514.79.3.327
- McFarland, C., & Alvaro, C.(2000). The impact of motivation on temporal comparisons: Coping with traumatic events by perceiving personal growth. *Journal of Personality and Social Psychology, 79*(3), 327–343.
- McMillen, C., & Rideout, G. (1996). Breaking intergenerational cycles: Theoretical tools for social workers. *Social Service Review, 70*(3), 378–399.
- McMillen, C., Zuravin, N. J., & Rideout, G. (1995). Perceiving benefits from child sexual abuse. *Journal of Consulting and Clinical Psychology, 63*(6), 1037–1043. doi: 10.1037/0022-006X.63.6.1037

- Miles, M. B., & Huberman, A. M. (1994). *Qualitative data analysis* (2nd ed.). Thousand Oaks, CA: Sage.
- Mohr, D. C., Dick, L. P., Russo, D., Pinn, J., Boudewyn, A. C., Likosky, W., & Goodkin, D. E. (1999). The psychosocial impact of multiple sclerosis: Exploring the patient's perspective. *Health Psychology, 18*(4), 376–382. doi: 10.1037/0278-6133.18.4.376
- Moracco, K. E., Runyan, C. W., & Butts, J. (1998). Femicide in North Carolina 1991-1993: A statewide study of patterns and precursors. *Homicide Studies, 2*, 422–446. doi: 10.1177/1088767998002004005
- Moran, P. G., & Echenrode, J. (1992). Protective personality characteristics among adolescent victims of maltreatment. *Child Abuse and Neglect, 16*(5), 743–754. doi:10.1016/0145-2134(92)90111-4
- Morgan, D. (1998). *Planning focus groups*. Thousand Oaks, CA: Sage.
- Morse, J. M., Barrett, M., Mayan, M. Olson, K., & Spiers, J. (2002). Verification strategies for establishing reliability and validity in qualitative research. *International Journal of Qualitative Methods, 1*(2), 1–19.
- Morton-Cooper, A. (2000). *Action Research in Health Care*. Oxford, England: Blackwell Science.
- Moshman, D. (2005). *Adolescent psychological development: Rationality, morality, and identity* (2nd ed.). Mahwah, NJ: Lawrence Erlbaum.
- Myths Encyclopedia. (2013). Philomela. Retrieved from <http://www.mythencyclopedia.com/Pa-Pr/Philomela.html>.

- National Research Council. (1993). *Understanding child abuse and neglect*. Washington, DC: National Academy Press.
- Noddings, N. (2002). *Starting at home: Caring and social policy*. Berkley, CA: University of California Press.
- Nowell, B. L., Berkowitz, S. L., Deacon, Z., & Foster-Fishman, P. (2006). Revealing the cues within community places: Stories of identity, history and possibility. *American Journal of Community Psychology*, 37(1/2), 29–46. doi: 10.1007/s10464-005-9006-3
- O’Leary, V. E., & Ickovics, J. R. (1995). Resilience and thriving in response to challenge: An opportunity for a paradigm shift in women’s health. *Women’s Health: Research on Gender, Behaviour, and Policy*, 1(2), 121–124.
- O’Leary, V. E. (1998). Strength in the face of adversity: Individual and social thriving. *Journal of Social Issues*, 54(2), 425–446. doi: 10.1111/j.1540-4560.1998.tb01228.x
- Oakley, A. (1988). Interviewing women: A contradiction in terms. In H. Roberts (Ed.), *Doing feminist research* (pp. 30–61). New York, NY: Routledge.
- Oliffe, J. L., & Bottorff, J. L. (2007). Further than the eye can see? Photo elicitation and research with men. *Qualitative Health Research*, 17(6), 617–625. doi: 10.1177/1049732306298756
- Orem, D. E. (1995). *Nursing concepts of practice* (5th ed.). St. Louis, MO: C.V. Mosby.
- Oxford English Dictionary Online. (2013). Retrieved from <http://www.oed.com/>

- Park, C. L. (1998). Stress related growth and thriving through coping: The roles of personality and cognitive processes. *Journal of Social Issues, 54*(2), 267–277. doi: 10.1111/j.1540-4560.1998.tb01218.x
- Park, C. L., & Cohen, L. H. (1993). Religious and nonreligious coping with the death of a friend. *Cognitive Therapy and Research, 17*(6), 561–577. doi 10.1007/BF01176079
- Park, C., Cohen, L. H., & Murch, R. (1996). Assessment and prediction of stress-related growth. *Journal of Personality, 64*(1), 71–105.
- Pask, E. J. (1995). Trust: An essential component of nursing practice – implications for nurse education. *Nurse Education Today, 15*(3), 190–195. doi: /10.1016/S0260-6917(95)80105-7,
- Pearlin, L. I. (1980). Life strains and psychological distress among adults. A conceptual overview. In N.J. Smelser & E H. Erikson (Eds.), *Themes of work and love in adulthood*, (p. 53-71). New York, NY: Academic Press.
- Pearlin, L.I., & Liberman, M.A. (1979). “Social Sources of Emotional Distress”. *Research on Community Mental Health, 217-248.*
- Peltzer, K. (2000). Trauma symptom correlates of criminal victimization in an urban community sample, South Africa. *Journal of Psychology in Africa, South of the Sahara, the Caribbean, and Afro-Latin America, 10*(1), 49–62.
- Petrie, K. J., Buik, D. L., Weinman, J., & Booth, R. J. (1999). Positive effects of illness reported by myocardial infarction and breast cancer patients. *Journal of Psychosomatic Research, 47*(6), 537–543. Doi:10.1016/S0022-3999(99)00054-9

- Pierce, G. R., Sarason, I. G., & Sarason, B. R. (1996). Coping and social support. In M. Zeidner & N. S. Endler (Eds.), *Handbook of coping: Theory, research, applications* (pp. 434–451). New York, NY: John Wiley & Sons, Inc.
- Pierson, C., & Ctles, F.G. (Eds). (2006). *The Welfare State Reader*. Cambridge: Polity Press.
- Pietrzak, R. H., Jorhson, D. C., Goldstein, M. B., Mallery, J. C., & Southwick, S. M. (2009). Posttraumatic stress disorder mediates the relationship between mild traumatic brain injury and health and psychosocial functioning in veterans of Operations enduring Freedom and Iraqi Freedom. *Journal of Nervous and Mental Disease, 197*(10), 748–753. doi: 10.1097/NMD.0b013e3181b97a75.
- Pleck, E. H., (1987). *Domestic tyranny: The making of social policy against family violence from colonial times to the present*. New York, NY: Oxford University Press.
- Polatinsky, S., & Esprey, Y. (2000). An assessment of gender differences in the perception of benefit resulting from the loss of a child. *Journal of Traumatic Stress, 13*(4), 709–718. doi: 10.1023/A:1007870419116
- Polk, L. V. (1997). Toward a middle-range theory of resilience. *Advances in Nursing Science 19*(3), 1–13.
- Polusny, M. A., Follette, V, M. (1995). Long-term correlates of child sexual abuse: Theory and review of the empirical literature. *Applied & Preventive Psychology 4*, 143. doi:org/10.1016/S0962-1849(05)80055-1
- Poorman, P. B. (2002). Perceptions of thriving by women who have experienced abuse of status-related oppression. *Psychology of Women Quarterly, 26*, 51-62.

- Powell, S., Rosner, R., Butollo, W., Tedeschi, R. G., & Calhoun, L. G. (2003). Posttraumatic growth after war: a study with former refugees and displaced people in Sarajevo. *Journal of Clinical Psychology, 59*(1), 71–83. doi: 10.1002/jclp.10117
- Rabkin, H. G., Remien, R., Katoff, L., & Williams, J. B. W. (1993). Resilience in adversity among long-term survivors of AIDS. *Hospital and Community Psychiatry, 44*(2), 162–167.
- Ralph, R. O., (2000). Review of recovery literature: *A synthesis of a sample of recovery literature 2000*. Prepared for: National Technical Assistance Center for State Mental Health Planning & National Association for State Mental Health Program Directors. Retrieved from <http://www.nasmhpd.org/docs/publications/archiveDocs/2000/ralphrecovweb.pdf>.
- Ray, M. (1992). Critical theory as a framework to enhance nursing science. *Nursing Science Quarterly, 5*(3), 98–101. doi: 10.1177/089431849200500302
- Reynolds, F. & Shepherd, C. (2011). Young women’s accounts of intimate partner violence during adolescence and subsequent recovery processes: An interpretative phenomenological analysis. *Psychology and Psychotherapy: Theory, Research and Practice, 84*, 314-334. Doi:10.1111/j.2044-8341.2010.02001.x
- Riley, R. G. & Manius, E. (2004). The uses of photography in clinical nursing and research: A literature review. *Journal of Advanced Nursing, 48*(4), 397–405. doi: 10.1111/j.1365-2648.2004.03208.x

- Rodriguez, M.A., Quiroga, S.S., & Bauer, H. M. (1996). Breaking the Silence, Battered Women's Perspectives on Medical Care. *Arch Fam Med*, 5, 153-158.
- Roman, M. W., Hall, J. M., & Bolton, K. S. (2008). Nurturing natural resources: The ecology of interpersonal relationships in women who have thrived despite childhood maltreatment. *Advances in Nursing Science*, 31(3), 184–197. doi: 10.1097/01.ANS.0000334282.96601.82
- Rosler, M. (1989). *If you lived here: The city in art, theory, and social activism* (*Discussions in contemporary culture, No 6*). New York, NY: The New Press.
- Rowe, K. E. (1979). Feminism and fairy tales. *Women's Studies: An Interdisciplinary Journal*, 6(3), 237–257. doi:10.1080/00497878.1979.9978487
- Rutter, M. (1985). Resilience in the face of adversity: Protective factors and resistance to psychiatric disorder. *British Journal of Psychiatry*, 147, 598–611. doi: 10.1192/bjp.147.6.598
- Rutter, M. (1990). Psychological resilience and protective mechanisms. In J. Rolf, A. S. Marten, D. Cicchetti, K. H. Nuechterlein, & S. Weintraub (Eds.), *Risk and protective factors in the development of psychopathology* (pp. 181–214). New York, NY: Cambridge University Press.
- Rutter, M. (1999). Resilience as the millennium Rorschach: Response to Smith and Gorell Barnes. *Journal of Family Therapy*, 21(2), 159–160. doi: 10.1111/1467-6427.00111

- Saakvitne, K. W., Tennen, H., & Affleck, G. (1998). Exploring thriving in the context of clinical trauma theory: Constructivist self-developmental theory. *Journal of Social Issues, 54*(2), 279–299. doi: 10.1111/j.1540-4560.1998.tb01219.x
- Salas, L. (2007). *Mexican immigrant mothers and the promotion of cultural values in the second generation*. (Unpublished doctoral dissertation). Arizona State University, Phoenix, AZ, United States.
- Sandler, I. N., & Barrera, M. (1984). Toward a multimethod approach to assessing the effects of social support. *American Journal of community Psychology, 12*(1), 37–52. doi: 10.1007/BF00896927
- Sarason, B. R., Sarason, I. G., & Gurung, R. A. R. (2001). Close personal relationships and health outcomes: A key to the role of social support. In B. R. Sarason & S. Duck (Eds.), *Personal relationships: Implications for clinical and community psychology* (15–42). Chichester, England: John Wiley & Sons, Ltd.
- Sarason, B. R., Sarason, I. B., & Pierce, B.R. (Eds.), (1990). *Social Support: An interactional view*. Oxford, England: John Wiley & Sons.
- Sarason, I. G., Sarason, B. R., Shearin, E., & Pierce, G. R. (1987). A brief measure of social support: Practical and theoretical implications. *Journal of Social and Personal Relationship, 4*(4), 497–510. doi: 10.1177/0265407587044007
- Scales, P. C., Benson, P. L., Leffert, N., & Blyth, D. A. (2000). Contribution of developmental assets to the prediction of thriving among adolescents. *Applied Developmental Science, 4*(1), 27–46. doi:10.1207/S1532480XADS0401_3

- Scheier, M., & Carver, C. (1985). Optimism, coping and health: Assessment and implications of generalized outcome expectancies. *Health Psychology, 4*(3), 219–247. doi: 10.1037/0278-6133.4.3.219
- Schwab, R. (1990). Paternal and maternal coping with the death of a child. *Death Studies, 14*(5), 407–422. doi:10.1080/07481189008252381
- Schwartzberg, S. S. (1993). Struggling for meaning: How HIV positive gay men make sense of AIDS. *Professional Psychology Research & Practice, 24*(1), 483–490. DOI:10.1037/0735-7028.24.4.483
- Seligman, M.E., & Csikszentmihalyi, M. (2000). Positive Psychology: An introduction. *American Psychologist, 55*(1), 5-14. Doi: 10.1037/0003-066xx.55.1.5
- Seligman, M.E. (2001). Positive Psychology, Positive Prevention, and Positive Therapy. In C.R.Snyder & S.J. Lopez. (2001). *Handbook of Positive Psychology* (p. 3-9). Oxford University Press, New York, New York.
- Selye, H. (1950). *The physiology and pathology of exposure to stress*. Oxford, England: Acta, Inc.
- Silver, R. L., & Wortman, C. B. (1980). Coping with undesirable events. In J. Garber & M. E. Seligman (Eds.), *Human helplessness: Theory and application* (pp. 279–345). New York, NY: Academic Press.
- Slep, A. J., & O’Leary, S. G. (2005). Parent and Partner Violence in Families With Young Children: Rates Patterns, and Connections. *Journal of Consulting and Clinical Psychology, 73*(3), 435-444.

- Small, D. (1988). Reflections of a feminist political scientist on attempting participatory research in Aotearooa. *Convergence*, 21(2/3), 85–94.
- Speziale, H., & Carpenter, D. (2007). *Qualitative research in nursing*. Philadelphia, PA: Lippincott Williams & Wilkins.
- Spiegel, D., Bloom, J. R., Kraemer, H. C., & Gottheirl, E. (1989). Effect of psychosocial treatment on survival of patients with metastatic breast cancer. *Lancet*, 2(8668), 888–891. doi:/10.1016/S0140-6736(89)91551-1,
- Stanczak, G. C. (2007). *Visual research methods: Image, society, and representation*. Thousand Oaks, CA: Sage Publications, Inc.
- Stanley, L., & Wise, S. (1990). Method, methodology and epistemology in feminist research processes. In L. Stanley (Ed.), *Feminist praxis* (p. 27). London: Routledge.
- Statistics Canada. (2007). *Fact Sheet*. Retrieved from www.statcan.gc.ca.
- Streng, J. M., Rhodes, S. D., Ayala, G. X., Eng, E., Arceo, R., & Phipps, S. (2004). Realidad Latina: Latino adolescents, their school, and a university use photovoice to examine and address the influence of immigration. *Journal of Interprofessional Care*, 18(4), 403–415.
- Talmud; Avot 1:14.
- Taylor, J. Y. (2004). Moving from surviving to thriving: African American women recovering from intimate male partner abuse. *Research and Theory for Nursing Practice*, 18(1), 35–50. doi: <http://dx.doi.org/10.1891/rtnp.18.1.35.28056>

- Taylor, S. (1983). Adjustment to threatening events. A theory of cognitive adaptation. *American Psychologist*, 38(11), 1161–1173. doi: 10.1037/0003-066X.38.11.1161
- Taylor, V. (1977). Good news about disaster. *Psychology Today*, 10, 93–94, 124–126.
- Tedeschi, R. G., & Calhoun, L. G. (1995). *Trauma and transformation: Growing in the aftermath of suffering*. Thousand Oaks, CA: Sage.
- Tedeschi, R. G., & Calhoun, L. G. (1996). The posttraumatic growth inventory: Measuring the positive legacy of trauma. *Journal of Traumatic Stress*, 9(3), 455–471. doi: 10.1007/BF02103658
- Tedeschi, R. G., & Calhoun, L. G. (2004). Post-traumatic growth: Conceptual foundations and empirical evidence. *Psychological Inquiry*, 15(1), 1–18. doi:10.1207/s15327965pli1501_01
- Tedeschi, R. G., Calhoun, L. G., & Cann, A. (2007). Evaluating resource gain: Understanding and misunderstanding posttraumatic growth. *Applied Psychology*, 56(3), 396–406. doi:10.1111/j.1464-0597.2007.00299.x
- Tedeschi, R. G., Park, C., & Calhoun, L. G. (1998). *Posttraumatic growth: Positive changes in the aftermath of crisis*. Mahwah, NJ: Lawrence Erlbaum Associates.
- Tennen, H., & Affleck, G. (1990). Blaming others for threatening events. *Psychological Bulletin*, 108(2), 209–232. doi: 10.1037/0033-
- Tennen, H., Affleck, G., Urrows, S., Higgins, P., & Mendola, R. (1992). Perceiving control, constructing benefits, and daily processes in rheumatoid arthritis. *Canadian Journal of Behavioural Science*, 24(2), 186–203. doi: 10.1037/h0078709

- Thayer-Bacon, B. J. (2000). Current critical thinking theories. *Transforming Critical thinking* (pp. 55–72). New York, NY: Columbia University Press.
- The Canadian Incidence Study of Reported Child Abuse and Neglect (CIS). (2000). Retrieved from <http://www.phac-aspc.gc.ca/cm-vee/cis-eng.php>
- The Economic Dimensions of Interpersonal Violence. (2004). Retrieved from <Http://whqlibdoc.who.int/publications/2004/9241591609.pdf>
- The World Bank, (2011). Behind Closed Doors: Violence against women. Retrieved from <http://www.un.org/events/tenstories/06/print.asp?storyID=1800>
- Thomas, S., & Crouse Quinn, S. (2001). Light on the shadow of the syphilis study at Tuskegee. *Health Promotion Practice, 1*(3), 234–237. doi: 10.1177/152483990000100306
- Thomas, S.P., & Hall, J.M. (2008). Life trajectories of female child abuse survivors thriving in adulthood. *Qualitative Health Research, 18*: 149 – 166.
- Thompson, J. (1987). Critical scholarship: The critique of domination in nursing. *Advances in Nursing Science, 10*(1), 27–38.
- Thompson, S. C. (1991). The search for meaning following a stroke. *Basic and Applied Social Psychology, 12*(1), 81–96. doi:10.1207/s15324834basp1201_6
- Tierney, W. G., & Lincoln, Y. S. (1997). *Representation and the text: Reframing the narrative voice*. Albany, NY: State University of New York Press.
- Tijaden, P., & Thoennes, N. (2000). Prevalence and consequences of male to female and female-to-male intimate partner violence as measured by the National Violence

Against Women Survey. *Violence Against Women*, 6(2), 142–161. doi:
10.1177/10778010022181769

Tower, M., Rowe, J., & Wallis, M. (2011). Normalizing policies of inaction – The case of health care in Australia for women affected by domestic violence. *Health Care for Women International*, 32, 855–868. doi: 10.1080/07399332.2011.580406

Tugade, M., & Fredrickson, B. (2004). Resilient individuals use positive emotions to bounce back from negative emotional experiences. *Journal of Personality and Social Psychology*, 86(2), 320–333. doi: 10.1037/0022-3514.86.2.320

Tusaie, K., & Dyer, J., (2004). Resilience: A historical review of the construct. *Holistic Nursing Practice*, 18(1), 3–8.

Ukali, J. (2006). *Courageous Woman*. Retrieved from <http://www.joanaukali.com/p-courageous.htm>

United Nations Millenium Declaration (2000). *United Nations Millennium Declaration*.
Retreived from <http://www.un.org/millennium/declaration/ares552e.htm>

United Nations Children’s Fund (UNICEF). (2007). *The state of the world’s children*.
Retrieved from www.unicef.org

Updegraff, J. A., Taylor, S. E., Kemeny, M. E., & Wyatt, G. E. (2002). Positive and negative effects of HIV infection in women with low socioeconomic resources. *Personality and Social Psychology Bulletin*, 28(3), 382–394. doi:
10.1177/0146167202286009

- Van der Kolk, B. A., Pelcovitz D., Roth, S., Mandel F. S. et al (1996). Dissociation, somatization, and affect dysregulation : The complexity of adaption to trauma. *The American Journal of Psychiatry*, 153, 83-93.
- Vio Grossi, F., Martinie, S., Tapie, G., & Pascal, I. (1983). Participatory research: Theoretical frameworks, methods and techniques. Retrieved <http://unesdoc.unesco.org/images/0005/000568/056877EB.pdf>.
- Walker, L. E., & Brown, A. (1985). Gender and victimization by intimates. *Journal of Personality*, 53(2), 179–195.
- Walker, L. O., & Grobe, S. J. (1999). The construct of thriving in pregnancy and postpartum. *Nursing Science Quarterly*, 12(2), 151–157. doi: 10.1177/089431849901200216
- Walker, A. (2008). *Photovoice and participatory action research to identify factors which impede and promote health among orphans in Sierra Leone*. (Unpublished dissertation). Texas Woman’s University, Fort Worth.
- Waller, A. A. (2005). Work in progress - feminist research methodologies: Why, what, and how? Paper presented at the 35th ASEE/IEEE Frontiers in Education Conference, Oct 19–22, Indianapolis, IN. Retrieved <http://fie2012.org/sites/fie2012.org/history/fie2005/papers/1588.pdf>.
- Wang, C., & Burris, M. A. (1994). Empowerment through photo novella: Portraits of participation. *Health Education Quarterly*, 21(2), 171–186. doi: 10.1177/109019819402100204

- Wang, C., & Burris, M. A. (1997). Photovoice: Concept, methodology, and use for participatory needs assessment. *Health Education and Behaviour, 24*(3), 369–387. doi: 10.1177/109019819702400309
- Wang, C., Morrel-Samuels, S., Hutchinson, P., Bell, L., & Pestronk, R. (2004). Flint photovoice: Community building among youth's adults and policymakers. *American Journal of Public Health, 94*(6), 911–913.
- Wang, C. C. (1999). Photovoice: A participatory action research strategy applied to women's health. *Journal of Women's Health, 8*(2), 185–192.
- Wang, C. C., & Pies, C. A. (2004). Family , maternal and child health through photovoice. *Maternal and Child Health Journal, 8*(2), 95–102. doi 10.1023/B:MACI.0000025732.32293.4f
- Wang, C. C., Yanique, A. R. (2001). Photovoice ethics: Perspectives from flint photovoice. *Health Education and Behavior, 28*(5), 560–572. doi: 10.1177/109019810102800504
- Wasserman, J., Flanner, M. A., & Clair, J. M. (2007). Raising the ivory tower: The production of knowledge and distrust of medicine among African Americans. *Journal of Medical Ethics, 33*(3), 177–180. doi:10.1136/jme.2006.016329
- Webb, C. (1984). Feminist methodology in nursing research. *Journal of Advanced Nursing, 9*(7), 249–256. doi: 10.1111/j.1365-2648.1984.tb00368.
- Weiss, T. (2002). Posttraumatic growth in women with breast cancer and their husbands: An intersubjective validation study. *Journal of Psychosocial Oncology, 20*(2), 65–80. doi:10.1300/J077v20n02_04

- Wekerle, C., Wolfe, D. A., Hawkins, D. L. Pittman, A. L., Glickman, A., & Lovald, B. E. (2001). Childhood maltreatment, posttraumatic stress symptomatology and adolescent dating violence: Considering the value of adolescent perceptions of abuse and a trauma mediational model. *Development and Psychopathology, 13*(4), 847–871.
- Werner, E. E., & Smith, R. S. (1983). *Vulnerable but invincible: A longitudinal study of resilient children and youth*. New York, NY: McGraw-Hill.
- Wheatley, M.J. (2006). *Leadership and the new science* (3rd ed.). San Francisco: Berrett-Koehler.
- Wicks, P. G., & Reason, P. (2009). Initiating action research: Challenges and paradoxes of opening communicative space. *Action research, 7*(3), 243–262. doi: 10.1177/1476750309336715
- Wolf, M. (1996). Afterword: Musings from an old gray wolf. In D. Wolf (Ed.), *Feminist dilemmas in fieldwork* (pp. 214–222). Boulder, CO: Westview.
- Wolin, S., & Wolin, S. J. (1996). The challenge model: Working with the strengths of children of substance abusing parents. *Child and Adolescent Psychiatric Clinics of North America, 5*(1), 5(1), 243-256.
- World Bank. (2011). World development report. Retrieved from <http://elibrary.worldbank.org/content>
- World Health Organization [WHO]. (2002). *Intimate partner violence facts*. Retrieved from

http://www.who.int/violence_injury_prevention/violence/world_report/factsheets/en/ipvfacts.pdf

World Health Organization [WHO]. (2004). *Violence and Injury Prevention*. Retrieved from www.who.int/violence_injury.../violence/economic_dimensions/

World Health Organization. (2006). *World Health Report*. Retrieved from <http://www.who.int/whr/en/>

World Health Organization [WHO]. (2011). *Violence against Women*. Retrieved from <http://www.who.int/mediacentre/factsheets/fs239/en/>

Wuest, J., & Merritt-Gray, M. (2001). Beyond survival: Reclaiming self after leaving an abusive male partner. *Canadian Journal of Nursing Research*, 32(4), 79–94.

Wyatt, G. E., Guthrie, D., & Notgrass, C. M. (1992). Differential effects of women's child sexual abuse and subsequent sexual revictimization. *Journal of Consulting and Clinical Psychology*, 60(2), 167–173. doi: 10.1037/0022-006X.60.2.167

Yohani, S. C., & Larsen, D. J. (2012). The cultivation of hope in trauma-focused counselling. In R. A. McMacki, E. Newman, J. M. Fogler, & T.M. Deane (Eds), *Trauma therapy in context: The science and craft of evidence-based practice.*, (pp. 193-210). Washington, DC: American Psychological Association

Yonaka, J., Yoder, M. K., Darrow, J. B., & Sherck, J. P. (2007). Barriers to screening for domestic violence in the Emergency Department. *The Journal of Continuing Education in Nursing*, 38(1), 37–45.

Zalta, E. N., Nodelman, U., & Allen, C. (Eds.), (2010). *Feminist Epistemology and Philosophy of Science*. *Stanford encyclopedia of philosophy*. Retrieved from <http://plato.stanford.edu/archives/fall2010/entries/feminism-epistemology/>

APPENDIX A

Consent to Participate in Research

Department: Nursing

Investigator: Pattie A. Pryma Telephone: XXX-XXX-XXXX

Supervisor: Dr. Kathleen Hegadoren, PhD Telephone: XXX-XXX-XXXX

Title of Study: Women framing their journey: from IPV to positive change.

The following consent form will provide a detailed description of the research study and the benefits and risks associated with participation.

Explanation and Purpose: You are being asked to participate in a research study for Ms. Pattie A. Pryma's dissertation at the University of Alberta. The purpose of this study is to identify positive growth following IPV. The study will examine positive growth from your perspective.

Research Procedures: For this study, the researcher will conduct collaborative research through; Photovoice, focus groups and in-depth interviews. Photovoice is a method using pictures to tell a story. You will be given a digital camera to use during this part of data collection. After you complete the mandatory training session, you will be given seven days to take pictures. You will return the camera to the researcher to discuss your pictures through follow-up interviews, and during focus group discussions. The interviews and focus groups will be recorded. The purpose of recording is to provide a transcript of the information discussed in the interviews and focus groups to assure the accuracy of the reporting of that information. You will be given a copy of the transcript to verify its accuracy. Being involved in this project will require meeting 4-5 times.

Possible Risks/Discomforts: Potential risks related to your participation in the study include fatigue and physical or emotional discomfort during interviews or focus group discussions. To avoid fatigue, you may take a break during the interview as needed. If you experience any physical or emotional discomfort regarding the interview questions, you may stop answering any questions at any time.

Another possible risk to you as a result of your participation in this study is release of confidential information. Confidentiality will be protected to the extent that is allowed by law. Your pictures and responses to the interview questions will use a code name rather than your real name. You will maintain possession of your pictures and only those you agree to release will be used by the investigator. The tapes of the interviews will be available only to the investigator, and her supervisor. The recordings, the hard copies of transcriptions, and jump drives containing transcribed text and photographs will be stored in a locked filing cabinet in the investigator's office. The recordings and jump drives will be erased and hard copies of the transcriptions will be shredded within 5 years of completion of the study. It is expected that the results of this study will be published in the investigator's dissertation as well as other research publications. However, no names will be included in any publication. The researchers will try to prevent any problem that could happen because of this research. You should let the researchers know at once if there is any problem and they will help you.

Participation and Possible Benefits: Your involvement in this research study is completely voluntary and you may discontinue your participation in this study at any time without penalty. If you complete the entire study including the training, photovoice, interviews, and review of transcription, you will be allowed to keep the camera given to you during this study. You will also be contributing to the body of knowledge regarding IPV against girls and women. The information you provide may help create the need for future research and the need for social change. You will also have access to the findings and can request a summary of the report at the completion of the study.

Contact for Questions: If you have any questions or concerns about the research study you may contact the researchers: Pattie A. Pryma at 587-983-1167 or via email p Pryma@ualberta.ca

You will be given a copy of this signed and dated consent form to keep.

By signing below, you confirm that you have read this document. Your signature confirms your voluntary participation in this research project.

Signature of Volunteer:

Date:

APPENDIX B

Training Outline

(Wang and Burris, 1997; Wang, 2006)

I. Introduction of Photovoice Methodology

A. Discuss the purpose of photovoice

1. The goals of photovoice
2. Responsibility of the participants

B. Discuss ethics of Photovoice research

1. Obtaining verbal consent before taking photographs
2. Inform participants regarding what can and cannot be photographed (i.e. private vs. public property)

II. Obtain Informed Consent

A. Pass out informed consent forms

1. Consent to Participate
2. Consent to Publish

B. Review form with help of translator

1. Emphasize that participation is voluntary
2. Discuss risks and benefits of participating

3. Discuss procedures of the Consent to Publish Form

C. Discuss confidentiality

III. Brainstorm Initial Themes

A. Participants will discuss themes to focus photographs

1. Group consensus will be reached

2. Individual decisions will be made on what they wish to

photograph

B. Identify audience to present to

1. Community leaders

2. Policy makers

IV. Distribute Cameras

A. Review how to use the camera

B. Discuss time frame allowed to take photographs

V. Discuss procedures after photographs are returned to researcher

A. Participants will select photographs that best represent the study's

purpose

B. Participants will contextualize photographs using the SHOWeD

Method

C. Participants will code the themes arising from photographs

D. Participants will plan the format of final presentation to share

photographs

VI. Questions

APPENDIX C

RELEASE FORM for PHOTO SUBJECT

Subject's Name: _____

Project Title: _____

Date(s): _____

Location: _____

I will let you take my picture and save it as a digital file for use in the project listed above. I know that my picture may be used in print or for display.

By signing this form, I agree that: I am 18 years or older and I have read or been read this form.

Participant's Signature: _____

Date: _____

University of Alberta

APPENDIX D

Consent for the Publication of Photographs

I give my permission for the selected pictures to appear in print, online, and other types of display. I have reviewed all pictures that I took during the research study. I understand that my name will not be used unless I agree to have it published. The pictures may be seen in print, copied, displayed, copyrighted, and used and shown anywhere in the world. I understand that signing this form releases Texas Woman's University and the researcher from any claims, actions, damages, or demands of uses listed above. I state that this material has not been published before, either online or in print.

Title or subject of photograph:

Signature: _____

Date: _____

Print Name: _____

APPENDIX E

The SHOWeD Method for Analyzing Photographs

(Wang & Pies, 2004)

The following questions will be used to assist in contextualizing the selected photographs. Responses to the following questions will be recorded by an audio voice recorder. The responses will be transcribed into transcript for data analysis.

What do you **see** here?

What is really **happening** here?

How does this relate to **our** lives?

Why does this problem, concern, or strength exist?

What can we do about it?