Life After Shelter: A Longitudinal Examination of the Narratives of Abused Women

by

Katherine M. Kovachik

A Thesis submitted to the Faculty of Graduate Studies of

The University of Manitoba

in partial fulfillment for the requirements for the degree of

DOCTOR OF PHILOSOPHY

Department of Psychology

University of Manitoba

Winnipeg

Abstract

Little is known about how the highly marginalized sub-population of women who experience intimate partner violence (IPV) and seek domestic violence shelter services engage in the process of transitioning back from shelter into the community. Narrative theory and research can provide tools with which to examine how women find meaning in their experiences. Previous research has found a strong connection between narrative processes and improved mental health and overall wellbeing. This longitudinal qualitative study examined the experiences of 11 women, nine of whom identified as Indigenous, as they returned to the community following a shelter stay. Interviews were conducted when women were leaving shelter, 4 weeks later, and 6 months later. The narratives existed along a spectrum from IPV-centric to social marginalization-focused depending on the women's social context. IPV was not the major focus of all, or even most of the narratives. A cultural master narrative of recovery following IPV was used by women to shape their narratives. When used and adapted by participants, the *Recovery* narrative helped to increase their hopefulness, motivation, and sense of control. However, an intersectionality analysis revealed that women facing the most structural barriers were unable to align, which was associated with frustration, a sense of self-blame, and hopelessness. Important counter-narrative elements emerged but these were not well-developed, which hindered participants' meaning making process. This research both confirms and challenges the importance and utility of the master narrative of *Recovery*, and suggests that, to best support this population, interventions must provide a space in which other narrative options can be explored. It also proposes supporting shelter residents as social activists within the provision of social services.
Keywords: intimate partner violence, master narrative, counter narrative, domestic violence shelter, feminism, intersectionality

Acknowledgments

I would like to acknowledge and thank my advisor Dr. Diane Hiebert-Murphy for her mentorship, her guidance, and her belief in me over the years. Her passion about this project and her unwavering support helped me to persevere and finish this work. I would also like to acknowledge and thank my committee members Dr. Janice Ristock, Dr. Maria Medved, and Dr. Kristin Reynolds for their time, their valuable feedback, and their encouragement throughout the completion of this project.

In addition, I would like to thank my colleagues Alanna Johnson and Sharon Chou for their helpful suggestions and support. Special thanks to my husband Colin, and my family and friends for their love, their faith in me, and their understanding throughout this process.

This research would not have been possible without the support of Willow Place. I want to thank the shelter staff for being so helpful and accommodating, and for their enthusiasm about the project.

This research was supported by the Social Sciences and Humanities Research Council of Canada, Research Manitoba, and the Doctoral Award for Indigenous Scholars from the University of Manitoba.

For the eleven women who bravely shared their stories.

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Chapter 1: Background

1.1 Intimate Partner Violence

Intimate partner violence (IPV) is defined as the experience of actual or threatened physical violence, sexual violence, stalking behaviours, and/or psychological aggression and controlling behaviours at the hands of a current or former partner (Breiding et al., 2015; World Health Organization, 2012). These acts result in physical, sexual, and/or psychological harm (General Assembly resolution 48/104, 1993). IPV is a pressing global issue that negatively impacts health at the individual, family, and community levels (Greaves et al., 1995; Stark, 2009). The estimated direct and indirect costs (e.g., healthcare, justice system, social services, economic loss, pain and suffering) associated with IPV in Canada total more than $7.4 billion per year (Jordan et al., 2010; McInturff, 2013).

A convincing body of research has shown that, despite the fact that all genders report experiencing IPV, the violence that women experience is more extreme due to repeat victimization, experiencing more severe forms of violence, and sustaining more serious injuries (Howard et al., 2010; Sackett & Saunders, 1999; Statistics Canada, 2013; Tjaden & Thoennes, 2000; Walby & Allen, 2004). Compared to male victims, research suggests that female victims experience a broader range of negative psychological outcomes, and that these mental health difficulties are more severe (see Lagdon et al., 2014; Stith et al., 2012). In fact, IPV has the highest occurrence of re-victimization of any violent crime, and women make up approximately 90% of individuals who experience more than three IPV assaults (Howard et al., 2010; Walby & Allen, 2004). In Canada, women have consistently accounted for approximately 80% of the victims of police-reported violent intimate partner assaults (primarily physical and sexual assaults; Statistics Canada, 2013). Therefore, although men and women can be victims of IPV,

the chronicity and severity of partner violence against women is one of the reasons that researchers have focused on female victims, and in the current research project it is the experiences of domestic violence shelter seeking women that are examined.

The vast majority of IPV research, and particularly research into interventions with victims, has focused on cisgender females in heterosexual relationships (Eckhardt et al., 2013; Howard et al., 2010). Most studies worldwide have not, and continue not to, identify individuals in same-sex relationships, therefore current knowledge of domestic violence in this population is limited (Edwards et al., 2015; Howard et al., 2010; Ristock, 2011). However, a growing body of evidence suggests that the occurrence of domestic violence is approximately the same in both heterosexual and in gay and lesbian relationships (see Hester & Donovan, 2009; Parry & O'Neal, 2015) or perhaps even higher (e.g., National Coalition of Anti-Violence Programs, 2010). One reason it has been difficult to assess violence in same-sex relationships is the lower level of help-seeking in this population, which is tied to unique barriers (e.g., discrimination, threats of outing) they face (Howard et al., 2010; McClennen, 2005; Parry & O'Neal, 2015; Ristock, 2011).

Even less research has been conducted with gender minority populations like trans and gender nonconforming individuals, who face other unique barriers (e.g., transphobia, legal obstacles) that increase their risk and make help-seeking more daunting (see Barrett, 2015; Greenberg, 2012). However, the limited data available suggests that experiences of IPV in the trans and gender nonconforming communities is likely even more prevalent (i.e., almost 2 times as high as among people identifying as cisgender women; Wathen et al., 2014; see also Greenberg, 2012). A feminist analysis of IPV has been important in the labeling of partner violence as a social problem and in framing it as a gendered issue (i.e., violence men perpetrate against women; Stith et al., 2012). A poststructuralist feminist approach also recognizes power

operating simultaneously in forms other than patriarchy and helps us to understand how acts of power and control differ between individuals and groups because of their social locations in light of the way society is organized (i.e., patriarchal, heteronormative; e.g., Cannon et al., 2015). It offers an intersectionality lens through which to consider intersecting sources of structural power in understanding the experience of IPV.

In North America approximately 25% of women have experienced physical or sexual violence at the hands of a current or former partner, and if psychological aggression and controlling behaviours are accounted for, the lifetime prevalence of IPV climbs to approximately 50% (Black et al., 2011; Status of Women Canada, 2002; Tjaden & Thoennes, 2000). Most abused women experience more than one type of violence (i.e., polyvictimization; Howard et al., 2010; Sabina & Straus, 2008). A detailed discussion of who experiences IPV is provided in a subsequent section. I wish to note that in research such as this, language is essential and it is important to address some of its challenges. This research employs terms such as "socially marginalized/ marginalized," and "at-risk." This research acknowledges that these terms may be misconstrued and understood to refer to an intrinsic weakness or vulnerability of an individual or group. Instead, these terms refer to the overlapping policies, practices, and systems that ignore and oppress people belonging to certain groups. Synonyms for "marginalized" and "at-risk" include: disregarded, excluded, unprotected, threatened, and *abused*. To reinforce the systemic (versus intrapersonal) nature of this concept, the term "vulnerable" is not used.

Intimate Partner Violence and Mental Health

The consequences of IPV can be dire, including a myriad of physical health problems for women who have been victimized (e.g., arthritis, digestive problems, pain, heart-related problems etc.) due to the high level of stress that accompanies IPV (Campbell, 2002; Howard et

al., 2010; Kalra et al., 2017; Kimerling et al., 2000; Scioli-Salter et al., 2016; Wathen & Macmillan, 2003), and profound negative impacts on children's safety and healthy development (Campbell & Lewandowski, 1997; Ehrensaft et al., 2003; McKibben et al., 1989; Peled, 2011; Wathen & MacMillan, 2013; Wildin et al., 1991). With regard to mental health, a large body of research has shown that IPV is associated with various mental health conditions (Jordan et al., 2010; Roberts et al., 1999). In general, women who experience repeated abuse, as well as women who experience polyvictimization, are at greater risk of developing mental health issues as well as comorbid conditions (Jordan et al., 2010; Lagdon et al., 2014). Experiencing comorbid mental health conditions increases the risk of re-abuse, physical health concerns, and worsening psychiatric symptoms (Graham-Bermann & Miller, 2013).

The most prevalent mental health conditions in the context of IPV are depression, PTSD, and other related issues including substance use, suicidality and self-harm, and sleep disturbance. For example, in studies of women who have experienced IPV, the prevalence of depression is approximately 44-48% (Golding, 1999; Johnson et al., 2011; Sackett & Saunders, 1999) compared to a lifetime rate of approximately 11.3% in the general population of Canadian women (Pearson et al., 2013). Compared to a lifetime rate of approximately 9.2% in the general Canadian population (Van Ameringen et al., 2008), prevalence rates of PTSD in women who have experienced IPV range from 31% to 85% (Akyazi et al., 2018; Golding, 1999; Kubany et al., 2003). Substance use and self-harming behaviours are maladaptive but quick means of reducing, or escaping from, negative emotions, or re-experiencing trauma (Campbell & Lewandowski, 1997; Chapman et al., 2006). IPV researchers have found that women who have experienced physical partner abuse are approximately 6 times more likely to have a substance use disorder (e.g., Golding, 1999). Women who have experienced IPV present in emergency

medicine settings with self-inflicted injuries approximately three times more frequently than women who have not experienced IPV (Jaquier et al., 2013). Self-harm is related to suicide, with self-harming individuals' risk of suicide being 37 times higher than the general population (Olfson et al., 2017). The prevalence of suicidality among abused women has been found to be as high as 77% (Golding, 1999; see also Akyazi et al., 2018). Many studies have found that sleep disturbance is common among women who have experienced IPV, and can result in the depletion of physical and psychological resources and exacerbate other mental and physical health conditions (e.g., Dutton & Painter, 1993; Humphreys & Lee, 2005; Logan, 2006). Importantly, some research has found that the mental health symptoms that ethnic minority women experience are more severe than those of White women (see Bryant-Davis et al., 2009).

Experiencing repeated assaults at the hands of a current or former partner, and the extreme control that often accompanies relationship violence has been shown to negatively impact victims' attitudes about themselves and relationships, as well as their sense of self (Howard et al., 2010). The very act of violence sends women the message that they are not worthy of being treated kindly and decently, and that they are unlovable; therefore, it is not surprising that researchers have found that self-esteem is lower in women who have experienced IPV than in non-abused women (e.g., Dutton & Painter, 1993). Self-esteem is strongly related to the overall level of abuse women experience (e.g., Sackett & Saunders, 1999). Some researchers have theorized that the abuse perpetrated by a partner can be more damaging than abuse inflicted by a stranger, due in part to the fact that the victim trusts the perpetrator and cannot explain the abuse as either random or anonymous (Herman, 1992).

In summary, IPV can have a profound negative impact on women victims' physical, cognitive, and emotional resources and these effects can be long-term and debilitating (e.g.,

Dutton et al., 2004; Jordan et al., 2010). IPV involves an effort to take away the victim's power and undermine her ability to make her own decisions (Cattaneo & Chapman, 2010; Kasturirangan, 2008; McGirr & Sullivan, 2017). Studies have shown that women victims tend to have negative views of themselves (e.g., Cannon & Sparks, 1989), and that they can struggle to make decisions and to present themselves in the best light when dealing with service providers (Tutty et al., 1999). They are often very socially isolated, which further impedes their ability to recover psychologically from the abuse and to engage effectively with resources (Beeble et al., 2009; Carlson et al., 2002; Suvak et al., 2013).

Intimate Partner Violence Intervention

IPV interventions are viewed as a central means of disrupting and stopping the perpetration of violence in a relationship after it begins as, in the absence of *some form* of intervention, violence is likely to continue (Lawson, 2003). From a service delivery perspective, several different types of interventions exist. There are batterer-focused interventions that aim to address the perpetrator's abusive behaviours and risk of re-offending. Overall, there is limited evidence to support that involvement in these programs results in greater relationship safety for these individuals and their partners (Bumiller, 2010; Eckhardt et al., 2008; Stith et al., 2012; Stover et al., 2009; Tolan et al., 2006). There are justice and legal system interventions that involve arresting and possibly bringing criminal charges against an abusive partner, and/or victims seeking protective orders. There is inconclusive evidence regarding the effectiveness of arresting a perpetrator, with some studies showing an increase in subsequent violence. There is some evidence to support the effectiveness of long-term (versus short-term) protection orders in increasing safety (see Wathen & MacMillan, 2003). There has been little research conducted that examines whether incarcerating abusers is effective in reducing IPV perpetration in the long-

term, though we know that correctional centers typically provide the same ineffectual batterer intervention programming mentioned above, and some investigations have suggested that men who have been incarcerated are in fact at increased risk of perpetrating IPV (Braun, 2012; Hilton et al., 2010; LaViolette & Barnett, 2014).

There are also couple-focused interventions for partners who choose to stay together and work towards safe and healthy relationships following the experience of relationship violence. While these interventions are controversial, there is some encouraging evidence that, for couples who have been carefully screened, this form of intervention can be effective in increasing safety and stopping the use of violence in relationships (see Stith et al., 2012; O'Farrell et al., 2004). However, due in part to the proscription against staying with a partner who has perpetrated relationship violence, such services targeting couples who want to maintain their relationship are difficult to access.

Finally, there are victim-focused interventions designed to help victims stay safe and cope with the consequences of IPV. Importantly, because occurrences of violence are necessarily ultimately under the control of the perpetrator rather than the victim, the goal of these interventions should be to increase women's ability to stay safe and to improve their wellbeing, rather than focusing on the narrow outcome of whether women re-experience IPV. These interventions typically involve elements of education about IPV, safety planning, advocacy on the part of victims, and referrals to other resources (Bair-Merritt et al., 2014; Stewart et al., 2013). Many victim-focused interventions provide individual and/or group counselling designed to help women understand the consequences of IPV and increase their self-esteem, assertiveness, and coping skills (Sharma, 2001). The ability to access long-term counseling has been found to lead to significant improvements in women's levels of depression, general distress, social

adjustment, self-esteem, and some trauma symptoms (Echeburúa et al., 2014; Johnson et al., 2011; Kubany et al., 2003; Kubany et al., 2004; Rinfret-Raynor, & Cantin, 1997; Tutty et al., 2016). Domestic violence shelters represent a type of victim-focused intervention where women can access many of the services noted above within a safe, typically confidential, physical location away from their partners. Coming into shelter can represent a significant and dramatic step in a woman's quest for safety and wellbeing.

Domestic Violence Shelters

Domestic violence shelters represent one of many possible interventions designed to combat IPV, and are widely used (Coker et al., 2000; see also Beattie & Hutchins, 2015). The first domestic violence shelters began operating across North America, Europe, and Australia in the 1970s as grassroots operations run by other survivors of abuse and reliant on short-term funding and donations (Goodhand, 2017). As the news of domestic violence shelters spread and the demand for shelter grew, shelters evolved into larger organizations that are generally government funded (Glenn & Goodman, 2015). Domestic violence shelters typically provide victims of IPV with temporary shelter as well as information and support. Specific intervention elements that are common among many shelters include: the development of a safety plan; goal setting and individual counseling; participation in psychoeducational group sessions related to IPV; childcare; information about legal services; information about financial assistance; and referrals to various other services (i.e., housing, education, employment; Burczycka & Cotter, 2011; Statistics Canada, 2013).

Manitoba, the Canadian province with the second highest reported rate of partner violence (after Saskatchewan), has 10 provincially funded emergency domestic violence shelters for women, half of which service clients living on reserves (Beattie & Hutchins, 2015; Conroy et

al., 2018; Statistics Canada, 2013). Provincial guidelines typically limit shelter stays to approximately three weeks (Tutty, 2006), and in Manitoba the province usually provides funding for up to 30 days.

While the population of women seeking shelter can be diverse, women who are socially marginalized and poorly resourced are over-represented among shelter residents (e.g., Moreau, 2019). Domestic violence shelters are considered a crisis service and represent a tertiary prevention strategy, namely one that is aimed at preventing death or disability after violence has already occurred and after health consequences are often present (Coker, 2004). Research supports that women who access shelters often present with serious mental health concerns. For instance, rates of depression, PTSD, anxiety disorders, and suicidality among samples of women seeking shelter services were higher than among other samples of abused women (Akyazi et al., 2018; Crosby et al., 2011; Golding, 1999; Helfrich et al., 2008; Johnson et al., 2011; Kubany et al., 2003; Renner & Markward, 2009). In sum, the population of women seeking shelter tends to present with multiple and complex needs.

According to one recent study of 100 women accessing two shelter services in Manitoba, over three quarters of women in shelter who participated had been harmed by their partner in the week before they entered shelter (Hiebert-Murphy et al., 2021). The women tended to have low education attainment, be unemployed (i.e., 96% not doing paid work), and be reliant on financial assistance through the provincial Employment and Income Assistance program (Hiebert-Murphy et al., 2021). A significant proportion of the women had past or current justice system involvement (Hiebert-Murphy et al., 2021). Overwhelmingly these were Indigenous women (i.e., 84%), a significant minority of whom had come directly from their reserve to seek shelter (Hiebert-Murphy et al., 2021). This is similar to other studies that identified large proportions of

Indigenous women seeking support through domestic violence shelters across the prairie provinces (e.g., 48.5%; Tutty et al., 2020). The vast majority of women had children and many had brought at least one child to shelter with them (Hiebert-Murphy et al., 2021). Approximately three quarters of the women who participated in the study reported either current or past child welfare involvement (Hiebert-Murphy et al., 2021). Consistent with previous findings, virtually all women indicated that they had experienced emotional abuse, verbal abuse, controlling behaviour, and physical violence in their relationship prior to coming to shelter and the majority of women had sought shelter due to fear they might be harmed by their partner (Beattie & Hutchins, 2015; Hiebert-Murphy et al., 2021).

In this study, 43% of women reported living with a debilitating physical health issue or illness and 36% indicated that they were concerned about their current physical health (Hiebert-Murphy et al., 2021). Sixty-four percent of women reported a history of mental health concerns, 53% indicated that they were concerned about their current mental health, and a shocking 94% of women in shelter were rated as either moderate or high risk for anxiety disorders, depression, and suicide using a brief screening tool (i.e., the Kessler Psychological Distress Scale [K10; Kessler et al., 2003] Hiebert-Murphy et al., 2021). Approximately one quarter of the women reported both debilitating physical health and mental health issues (Hiebert-Murphy et al., 2021). These results are consistent with other studies that have identified disability (i.e., a physical or mental health problem resulting in significant impairment) as an important factor to consider within the field of IPV (e.g., Tutty et al., 2020). With regard to substance use, 54% reported a history of substance use concerns, 24% reported concern about their current use of alcohol or drugs, and 40% were flagged as engaging in current problematic substance use using a modified version of a brief screening tool (i.e., the CAGE-AID [Brown & Rounds, 1995]; Hiebert-Murphy

et al., 2021). One limitation of this study is that it captured only 60% of women entering shelter during the research period as some women leave shelter very quickly. Overall, these results speak to the overlapping structural barriers and oppressions faced by shelter-seeking women, and the complex needs of this population.

The Process of Leaving Shelter

Despite facing challenges like highly competitive, short-term, and inconsistent funding (see Women's Shelters Canada, 2011), research has demonstrated that domestic violence shelter stays are connected to positive outcomes such as an immediate sense of increased safety (Dichter & Gelles, 2012); increases in self-care (Campbell & Lewandowski, 1997); increased social support, sense of control, and engagement in safety planning, (Stewart et al., 2013; Sullivan & Bybee, 1999; Tan et al., 1995; Zweig & Burt, 2003; Zweig & Burt. 2007) a sense that most important needs were being addressed (Lyon et al., 2008; Tutty, 2006; Tutty et al., 1999); as well as lower levels of depression, increased feelings of control, and higher self-esteem (Lyon et al., 2008; Orava et al., 1996). A qualitative study of the process of empowerment in shelters, which asked about empowering and disempowering experiences in shelter, found that feeling empowered in shelter is related to reflecting on one's life, replenishing physical and psychological resources, acquiring knowledge about systems and how best to navigate them, and obtaining social support (Kenyon et al., 2019). However, very little research has examined what happens to women upon leaving shelter. Tutty (1993) found that a small sample of women within one year of leaving their partners identified their most pressing concerns (in order) as: the relationship with the abusive partner, self-esteem, children's reactions to relationship termination, financial and employment-related concerns, and housing. This speaks to the multiple long-term challenges faced by this population. With a significant proportion of the

population of women who reside in shelters re-entering shelters (i.e., approximately 66% in Manitoba; Hiebert-Murphy et al., 2021), examining how women fare upon leaving shelter is a crucial next step in developing our understanding of this population and how best to support victims of IPV.

The goals of short-term emergency shelters for victims of IPV are to protect and stabilize residents, and provide them with services, resources, and referrals to facilitate their *safe* re-integration into the community. As noted above, evidence suggests that prior to leaving shelter, many residents feel that their needs are generally being adequately addressed. Women typically describe feeling more emotionally stable, obtaining referrals to various services and programs, and receiving assistance related to finding housing (Kenyon et al., 2019; Lyon et al., 2008; Tutty et al., 1999; Tutty, 2006). However, the participants in several of these studies were women who had not yet reached the end of their shelter stay, and few studies (i.e., except Tutty, 1993; Tutty et al., 1999) collected data from women after they left shelter. As such, information concerning how and to what extent women are being supported as they actually transition out of shelter is scarce.

There are many barriers associated with leaving shelter that women face during this transition period. Firstly, the services provided in shelter, which are delivered based on a client-centered and strengths-focused model (e.g., Saleebey, 1996), may be insufficient for women struggling with various health, mental health, and substance use problems. While a strengths-based orientation is beneficial because it seeks to neutralize the expert/non-expert dichotomy (Rappaport, 1981), focuses on individuals' problem solving skills and capabilities (Martin, 2011), and works towards goals that are determined by the client (Arizona Coalition Against Domestic Violence, 2000), it is unlikely that women with serious or comorbid issues will have

the cognitive, emotional, or even physical resources required to make healthy decisions and take charge of their own recovery and empowerment without more support than is typically provided (e.g., Helfrich et al., 2008). In one qualitative study of the experiences of shelter residents, several participants reported that they wanted more support in shelter and access to more intensive interventions for their complex needs (Kenyon et al., 2019). For certain women, the important foundation of safety, health, and stability may need to first be established through taking a more proactive and protective approach before a less directive approach can be pursued. However, without adequate resources to offer appropriate programming and effective interventions, the more complicated intersecting needs of this particularly at-risk sub-group cannot be met (BC Society of Transition Houses, 2011; Panzer et al., 2000). In fact, many shelters have zero tolerance policies related to drug and alcohol use that can result in women struggling with addiction being asked to leave (Nichols, 2013). This information, coupled with what we know about longer shelter stays being associated with better overall outcomes, suggests that many women may be leaving shelter when they are still in a state of crisis.

Another main barrier, if not *the* main barrier related to leaving shelter, is access to safe, affordable, long-term housing. Women who choose to access shelter services should be supported whether they decide to look for new permanent housing, or return to live with their partner once a reasonable degree of safety has been established. However, a dominant discourse in domestic violence intervention is that women who experience IPV should terminate their relationships, therefore there is often no real support (e.g., Domestic Violence-Focused Couples Therapy; Stith et al., 2011) given to women or couples who wish to remain together and work towards safety (see also Dutton et al., 2004). Women may feel pressured to give up their current housing and many women are unable to find viable housing options over the course of a limited

shelter stay (i.e., 30 days). Women who access shelter are characteristically of lower socioeconomic status, are very often unemployed, and typically have one or more children (e.g., Hiebert-Murphy et al., 2021). This means that the vast majority of shelter-seeking women, who rely on provincial and federal programs and benefits that are often insufficient to cover average housing prices and other living expenses (Kothari, 2007), simply do not have the financial resources to support independent living for themselves and their children (BC Society of Transition Houses, 2011). In fact, they may not even meet eligibility requirements for different housing if they choose to leave their partner (e.g., family status or income level may have changed; LaViolette & Barnett, 2014).

While in shelter, women are usually connected with low-income housing corporations and submit applications, which is likely why participants in previous studies have indicated that they feel progress is being made towards obtaining housing (e.g., Kenyon et al., 2019; Lyon et al., 2008). However, after this initial step, waitlists can be months- even years- long despite policies designed to prioritize housing for women, particularly mothers, leaving violent relationships (Decter, 2014; Meyer, 2016). In addition, IPV and other related factors (e.g., mental health concerns), are associated with poor rental histories among many shelter users, or the inability to provide certain documents required to obtain housing (Baker et al., 2010). As such, women who access shelter are often forced to return to live with their abusive partners, whether they wish to or not, without receiving any form of intervention to increase safety within the relationship. In fact, women who seek shelter as a result of experiencing IPV may believe that the costs of entering a state of homelessness outweigh the costs of returning to their abusive partner (Meyer, 2016). In her study of women's strategies for harm minimization following IPV, Meyer (2016) posits that the risks associated with the "known evil" of the abusive partner can be

perceived as more manageable by abused women than the many unknowns associated with seeking housing, multiple transitions, and the risks associated with housing instability, particularly for those women with children.

The ability to access safe long-term housing has far-reaching consequences and is tied to other systems with whom many women who access shelter must interact. For instance, housing is connected to the child welfare system. Mothers are expected to obtain suitable housing prior to regaining access to their children, however, without their children living with them, they are unable to collect income support for their children *and* they become a much lower priority on the waitlist for low-income housing (BC Society of Transition Houses, 2011; Jategaonkar & Ponic, 2011). Housing is also connected to the justice system. If a court order (e.g., a no contact order) has been put in place, women can, in fact, be penalized and even jailed for breaching the order as a consequence of not successfully obtaining housing and then returning to their abusive partners (Dutton et al., 2004). It is not difficult to envision the repercussions associated with difficult interactions with child welfare or justice system involvement such as this. Many women leave shelter without having obtained some form of safe, affordable, long-term housing, which can have multiplicative negative effects on women's lives.

Women who access shelter may be leaving before they are truly ready to do so. Very few studies have investigated what occurs in the lives of women immediately after they leave shelter. One study interviewed women who were involved in a post-shelter follow-up program as they entered the program and again three months after they began participating in the program (Tutty, 1996). The findings showed that women involved with follow-up services after leaving shelter perceived an increase in emotional support, but not in the level of tangible support (i.e., direct support through the provision of money, goods, or services) or the level of belonging support

(i.e., feeling a sense of social belonging), and their level of perceived stress did not improve throughout the three months (Tutty, 1996). A longitudinal study of women leaving shelter was conducted to examine the effects of a 10-week advocacy intervention on the risk of re-abuse (Bybee & Sullivan, 2002; Bybee & Sullivan, 2005; Sullivan & Bybee, 1999). The researchers found that, despite lower initial levels of re-abuse in the intervention condition, at three years post-intervention the risk of re-abuse across groups was not significantly different (Bybee & Sullivan, 2005). The authors noted that difficulty accessing resources, trouble interacting with programs that provide financial assistance specifically, and interpersonal problems were all associated with increased risk of re-experiencing IPV (Bybee & Sullivan, 2005).

One study of women involved in short-term shelter-based programing (i.e., counselling or case management) found that women reported increases in life satisfaction, perceived coping ability, and satisfactions with shelter services (McNamara et al., 1997). However, these results should be interpreted cautiously as the majority of the study participants were receiving services on an outpatient basis (≥ 61%) and there was a high level of dropout in the study (approx. 50%). One mixed-methods longitudinal study involved interviews with women while they were in shelter and then again four to six months later to ask what, in retrospect, the women had found helpful or unhelpful (Tutty et al., 1999). The majority of the women they were able to locate for follow-up (56%) described similar positive impressions of shelter as in the first interview, though it is likely the women who could be located for the second interview were in the most safe and stable environments. Another 2.5-year longitudinal quantitative study that recruited former shelter residents and/or counselling clients found small but significant improvements in participants' self-reported mental distress, trauma symptoms, and quality of life over time, with symptoms of depression remaining stable, though the mean scores were not clinically elevated at

any point in the study (Tutty et al., 2020). The researchers also found that more severe IPV and disability status were linked to worse mental health outcomes.

This small body of research indicates that shelter is appreciated by women residents, and seems to suggest that making available long-term follow-up support may benefit some women leaving shelter, particularly with regard to increasing their perceived social support (see also Gondolf & Fisher, 1988; Holiman & Schilit, 1991). However, the primary focus of this previous research has been on either women's impressions of their shelter stays or on evaluating the effectiveness of follow-up support on specific outcome measures. These studies tell us very little about women's priorities upon leaving shelter, the choices they make after they leave shelter, the ways they attempt to meet their needs, or the difficulties they encounter, and how each of these is affected by a stay in shelter. Additional post-shelter follow-up research is essential when it comes to developing more responsive services (McNamara et. al., 1997). In addition, with the exception of an overarching feminist orientation that was present in many of the studies, few of the research projects utilized a clearly specified theory as a framework through which to comprehend women's experiences post-shelter. Using theory allows for one to effectively organize information in order to develop a better understanding of a particular phenomenon (see Collins & Stockton, 2018).

It is also important to examine the outcome measures previous researchers have used, and the limitations associated with these. Some researchers have employed the criterion of (a) re-experiencing intimate partner violence, typically determined by police-reports, and/or (b) terminating the abusive relationship as outcomes for determining shelter effectiveness (Patzel, 2001; Wathen & MacMillan, 2003). However, many in the field have criticized these markers for forgetting that the target of interventions is violence *within* a relationship, not the relationship

itself (Burkitt & Larkin, 2008), for assuming that terminating an abusive relationship necessarily results in greater safety despite a lack of evidence supporting this claim (Brown, 1997; Butts Stahly, 2000; Peled et al., 2000), and for taking for granted that women will divulge incidents of re-abuse to police despite low rates of IPV reporting (Beaupré, 2014). These outcome measures fail to tap into the desired outcome of any victim-centered intervention: women taking action aimed at ending the relationship violence, women coping with the effects of the violence, and women establishing safety in the future (see Brown, 1997). New ways of examining the ways in which women who have experienced IPV move towards greater safety are required.

1.2 Narrative Theory and Research in Psychology

Narratives can be used to capture the process of meaning making that women engage in following the experience of relationship violence and a stay in shelter. Narrative theory is a cross-disciplinary theory that posits that the fundamental way in which people make sense of their lives is by creating and recounting narratives about their experiences (Sarbin, 1986; see also White & Epston, 1990). Narrative theory emerged as a reaction to the objectivist or 'Enlightenment' aim of discovering universal truths. Narrative theory recognizes the importance of intention, significance, and meaning as opposed to inevitabilities or facts, and the meaning of experiences is generated within our interactions with other people (Freedman & Combs, 1996). Jerome Bruner (1986) discussed two different modes of thinking. The first, traditional, way of thinking is deemed "paradigmatic" and involves a formal way of determining what is true, then describing and explaining it. The second, *narrative mode* pertains to stories that capture human purpose. Rather than certainties, the narrative mode takes into account the multitude of possible experiencings, tellings, and understandings of an event.

Broadly, narrative theory takes as its subject any kind of narrative text including those from books and films, computer-mediated narratives (e.g., those told in chat rooms), written accounts, as well as oral narratives (Barthes, 1977). Narrative theory states that unique and meaningful narratives are created from "story" building blocks of events, actors, and locations. "Narrative is somebody telling somebody else, on some occasion, and for some purpose(s), that something happened" (Phelan, 2007 p. 3). In other words, narrative is a narrator telling an audience, within a particular context and for a particular purpose, that a sequence of events involving certain actors took place within a narrative world (i.e., the space, setting, context in which the narrative itself takes place). In the 1980s, language and human development became increasingly studied in the social sciences (Kirkman, 2002; Murray, 2015). Sarbin's (1986) pioneering work in the field of narrative psychology proposed that narrative is a "root metaphor" for psychology. The narratives we create are not a way of interpreting a stable, objective reality; rather they are the means through which we actively construct our own reality (see also Murray, 2015).

In the field of psychology, the focus has been on personal or life narratives, and narrative identity. The theory of narrative identity posits that the best way to understand identity is by examining one's story of the self. Our sense of who we are and how we create meaning from our experiences are tied together (Adler et al., 2017). Dan McAdams (1999) a foremost researcher in the field explains that narrative identity refers to an "internalized and evolving story that results from a person's selective appropriation of past, present, and future" (p. 486). Our memory is integral to this process, but it is crucial to understand that memory serves two different and sometimes conflicting functions; memories should fit with what actually occurred (i.e., correspondence), but memories are also formed based on the demands of the present (i.e.,

autobiographical reasoning; see Habermas & Köber, 2015) and should be consistent with our story of ourselves (i.e., coherence; Conway et al., 2004). Due to the complexity of human life and cognition, only certain things can be incorporated into one's narrative (Kirkman, 2002). Much is sensed, but not 'experienced.' Things can also be 'experienced' later when they become relevant. Our past is constantly reconstructed, and our future is constantly reimagined, based on how we perceive our present from moment to moment.

Researchers posit that narrative identity serves two vital functions. The first is to provide the self with a sense of *unity* (McAdams, 1995, 2001). An ongoing process of re-constructing and re-construing the self throughout our lives is what provides us with a feeling of continuity and stability despite perpetual mental, emotional, and physical changes taking place (e.g., Cohler, 1982). The second is to provide us with a sense of *purpose* (McAdams, 1995, 2001). The overarching structure of life narratives is believed to be one of a protagonist moving towards some sort of goal and of what supports or hinders that process (Adler et al., 2016). Narratives help us to explain to ourselves why we're doing what we're doing. Who we are and what our purpose is are constantly in flux and our story is continually being added to and revised. Our narrative identity develops over the course of childhood as we learn from others (i.e., parents and caregivers) what events are meaningful and should be incorporated into our narratives, and as we come to understand what kind of storylines are accessible to us (Singer et al., 2013). When we become adolescents the questions of unity and purpose come to the forefront as we grapple with drastic physical and other changes, and as we are pressured to be able to articulate what we will do with our lives (Habermas & Bluck, 2000). As such, narrative identity is posited to fully emerge in adolescence and to be ever-evolving over the course of the rest of our lives (McLean,

2008). Kirkman (2002) explains, “the processes of deciding who we are and discovering who we are cannot be clearly distinguished” (p. 33).

Narratives and Wellbeing

Individuals’ narratives are viewed as a central component of personality, and a significant body of research has sought to connect the stories we create about our lives to psychological health and overall wellbeing (Adler et al., 2016). The creating and relating of narratives facilitates reflection on past events, the process of meaning-making, and the organization of life experiences into a coherent whole (see Angus & McLeod, 2004). Of particular importance are significant change experiences in people’s lives and how they narrate these experiences. Research in this area distinguishes expected change from unexpected change, which is similar to the distinction in crisis theory of *maturational* from *accidental* crises (Adler, 2012; Dziegielewski et al., 1996). Maturational or expected change typically involves shifting to a new script, but one that has been mentally rehearsed and fits with one’s culture’s master narratives and norms. Examples of these might include graduating from high school, getting a promotion, getting married, or becoming a parent. Accidental or unexpected change generally involves more painful life events with scripts we have not rehearsed and that may go against one’s culture’s master narratives and norms. Examples of these might include being expelled from high school, being fired, the death of a partner, or struggling with infertility. These unexpected difficulties can disrupt both one’s sense of a unified identity and one’s sense of purpose, such that the individual typically engages in a process of assimilation (i.e., working to fit the new information into their existing narrative) or accommodation (i.e., engaging in a broader re-working of their narrative so the new information makes sense; see McLean, 2016).

As these processes occur, people can experience a sense of confusion, incoherence, chaos, or meaninglessness.

A significant body of previous research, including research in the field of clinical psychology, has focused on how individuals narrate difficult or traumatic life events as a way to process, make sense of, and cope with these experiences. Many studies have been conducted with groups who have experienced difficult life events, for example: burn victims (e.g., Thakrar et al., 2015), cancer survivors (e.g., Bell, 2012), combat veterans (e.g., Bragin, 2010), survivors of childhood maltreatment (e.g., Hall, 2010), natural environment disaster survivors (e.g., Prince & Davies, 2007; Kargillis et al., 2014), and those battling addiction (e.g., McConnell, & Snoek, 2018). This research supports that creating coherent narratives is vital when it comes to recovering and moving past traumatic experiences. In fact, the importance of narratives can be viewed as a unifying feature across most forms of psychotherapy, from time-limited cognitive-behavioural treatments to long-term psychodynamic therapy (McLeod, 1997).

This fits with previous research in the area of post-traumatic stress disorder (PTSD), which suggests that chronic PTSD symptoms are maintained in part by a fragmented or incoherent narrative of the event and its impact (see Foa, 1997). Traumatic experiences are often not fully processed due to their aversive nature, which can lead to assimilation and accommodation that is unhelpful and illogical (see Resick et al., 2017). As such, treatments for PTSD generally involve organizing the details of the traumatic event and articulating them coherently and placing them in chronological order and/or examining how one perceives the event to have impacted them and working to address any distorted thinking (Ehlers & Clark, 2000; Haagen et al., 2015; Resick et al., 2017; Schauer et al., 2011). Narrative is therefore not

only a means by which to recognize and investigate human change, but also a way to foster and support human growth (Machado & Gonçalves, 1999).

Individuals mine their experiences for meaning by utilizing narrative tools such as archetypal myths or genres (i.e., tragedy, comedy, romance, and satire; Frye, 1957); essential story elements (i.e., characters, setting, plot, conflict, and resolution; Burke, 1969); themes (e.g., redemption, contamination, agency, communion, etc.; see McAdams, 2013); storylines (e.g., where there is improvement, where things deteriorate, where the status quo is maintained [i.e., ascending, descending, stable; see Gibbs, 2014]) and, most importantly, master-narratives founded on cultural expectations, instructions, and norms (see Brockmeier & Harré, 2001). Master narratives guide an individual's thoughts, beliefs, values and behaviours (McLean & Syed, 2016), facilitating the process of creating meaning, and helping them to interpret the past and envision the future. The pull to master narratives is largely unconscious (Bamberg, 2004); they are perceived as a kind of "necessary course of events" (Hyvärinen, 2007, para. 22). Aligning with these narratives helps us to feel that we are behaving appropriately, that our experiences are valuable, and that we are 'living a good life' (Syed et al., 2020). Alignment with master narratives is validating and supports a sense of hopefulness. If individuals are able to align their experiences with master narratives, it becomes easier to create coherent narratives, which are also associated with increased agency and overall wellbeing (e.g., Adler, 2012; Adler et al., 2015).

McAdams (1996) asserts that coherence exists when we can understand why events happened (i.e., the purpose) and when the protagonist identity is consistent (i.e., unity). The construct of agency is an integral part of narrative coherence. Agency is defined as the individual ability to make choices and then act upon those choices (Richardson, 2018; see also Campbell &

Mannell, 2016; Kabeer, 1999). The actions taken need not be directly observable. Actions can include internal activities such as self-talk, reflection, and evaluation (Kabeer, 1999). In narratives, agency holds together the diverse events of a plot by explaining their meaning. Agency also serves to help the audience understand and approve of the way the actor chose to behave (see Ibarra & Barbulescu, 2010). The degree of agency present in a narrative is indicative of how much of an active role an individual has taken in creating meaning from his or her experience (see Adler, 2012). The feeling of being in the driver's seat of one's life (i.e., self-efficacy, sense of control, competency etc.) is associated with overall physical and psychological wellbeing (e.g., Bandura, 1977; Gecas, 1989; Luszczynska et al., 2009). Agency is connected to these ideas, but differs because the sense of agency is integral for meaning making and explanation, and deals with the realm of intention as well as with actions.

Master narratives are founded on dominant discourses. Narratives are different than discourses because narratives contain a plot or organization of events, whereas discourses are the messages implicit in narratives (Kirkman, 2002). Discourses are ways of organizing knowledge through language to categorize the world that affect social practices and create hierarchies of power that affect the lives of individuals (see Gavey, 1989; Wandel, 2001; Weedon, 1987). Dominant discourses, or "should" discourses, (e.g., teenager girls should not become mothers, women should end relationships with abusive partners) identify what is "appropriate." Dominant discourses reflect overarching power structures and are created by privileged groups' institutions like politics, media, law, and medicine (i.e., sociological). Master narratives are plots founded on these dominant discourses that individuals can use to structure their personal (i.e., psychological) narratives of their experiences. Dominant discourses operate within narratives by influencing the

way the narrator explains events, what information the narrator privileges, and what is not shared.

There are sociopolitical, economic, cultural, and historical inequalities that limit a person's narrative options (Kirkman, 2002). Only the scripts that are available to us in our social context can be molded for use in our own lives. As such, the study of narrative identity is situated at the crossroads of the individual and the structural. A challenge arises when individuals struggle to use the master narratives available to them, which can occur with marginalized groups in particular. Bamberg (2004) describes master narratives as "'frames' according to which courses of events can easily be plotted, simply because one's audience is taken to 'know' and accept these courses" (p. 360). These are both useful and problematic because, as mentioned above, they provide us with guidance, while at the same time limiting our narrative options and potentially constraining our agency (see also Syed et al., 2020). At the extreme, master narratives can reinforce stereotypes and stigmatize groups and individuals whose stories do not align. It is also often the case that employing a master narrative could fail to capture the complexity and uniqueness of an individual's experience or may take for granted some goals that, in reality, are unattainable. In addition, given the 'moral,' proscriptive function of master narratives (Syed et al., 2020), challenges aligning with the master narrative can be associated with immorality, social undesirability, and valuelessness.

Power is inherent in master narratives (i.e., vs. life scripts; for a discussion see Syed, 2016). Master narratives are constructed by the dominant culture, include the dominant voices, and represent the most privileged experiences. It is therefore not surprising that the experiences of individuals from non-dominant groups often do not conform. As Syed (2016) asserts, master narratives "inherently involve the questions of who the creators of the scripts are, for what

purpose they were developed, and what purpose they serve" (p. 320). Misalignment and lack of satisfaction with the master narrative can lead to the creation of counter narratives. Counter narratives are nuanced alternate narratives that twist and reform bits and pieces of an existing master narrative in different ways in an attempt to account for the complexity of one's experience and reveal the identity one wishes to reveal, while remaining plausible and palatable (see Bamberg, 2004). Counter narratives increase the agency of individuals and communities that have historically been marginalized and are a form of resistance (Mora, 2014). Counter narratives are founded on counter discourses, which are fundamentally different perspectives on social issues that disrupt the process of naturalization (i.e., we take these to be true) of social ideas and practices (e.g., representations, roles, hierarchies) by dominant discourses (Death, 2010; Foucault, 1977). For example, a post-colonial counter discourse (i.e., running counter to a dominant discourse of colonialism) would assert that Indigenous culture and identity is valuable, and would support counter narratives of Indigenous peoples reconnecting to their cultures and sharing about their identities and cultures.

It is crucial to cultivate an awareness of master narratives in operation and the dominant discourses underlying them, particularly when the goal of research is to understand a phenomenon but also work towards creating change. These dominant discourses have the potential to affect women's, service providers', and researchers' perceptions of the 'correctness' of women's choices and actions in the context of IPV and leaving shelter. Explicitly naming the narratives and discourses, and seeking to understand how they may be at play in the research process and data obtained enables us to speak to how individuals' identities are being constrained and how individuals have resisted these messages, and opens up space for marginalized voices to be heard (see Giampapa, 2004; Hydén, 2005).

Narrative Research on Leaving Shelter

Few studies of abused women's narratives have been conducted. Longitudinal narrative research conducted by Margareta Hydén (1999, 2005) followed married women who had entered shelter following the experience of IPV over the course of two years. Her research, focused on the process of leaving an abusive partner, highlighted how fear is not only a barrier to leaving an abusive relationship but also an important form of resistance to violence (1999), and how women's degree of agency is reflected in how they position themselves as 'wounded,' 'self-blaming,' or 'bridge-building' in their narratives (2005). Research conducted by Marion Oke (2008a, 2008b) on women's survival and recovery following IPV compared the experiences of Mongolian and Australian women and focused on how experiencing partner violence affected narrative identity. She conducted an initial interview with participants, and then two subsequent 'interviews' focused on soliciting feedback on the participant's own narrative and the collection of all participants' narratives. She explored the cross-cultural differences between the Mongolian and Australian women's narratives, and underscored the commonalities, specifically developing a sense of connectedness within themselves (i.e., unity), obtaining social support, and rejecting traditional beliefs supporting gender inequality. These longitudinal studies have focused mainly on women's process of terminating their relationships with their abusive partners, rather than on working towards safety and independence in a broader sense. More research is needed to expand our understanding of what occurs in the lives of the population of high-needs shelter-seeking women after they leave shelter regardless of their decision to terminate or continue their relationships.

1.3 The Master Narrative of Recovery for Abused Women in Shelter

I propose that a master narrative exists that imposes a structure upon the experiences of women as they transition out of domestic violence shelters and back into the community. This conceptualization is grounded in my observations, in my review of the relevant literature, and in my understanding of the practices of domestic violence shelters and other IPV services. "Recovery" is a dominant narrative in our culture. There is a growing body of research on the cultural master narrative of *Recovery* within the fields of mental health and addictions (e.g., Borrelli et al., 2017; Woods et al., 2019). For example, researchers have identified a master narrative involving several features including: the development of insight, the discarding of false or unhelpful beliefs, a process of rediscovering the self, and inspiring others by sharing about one's experiences (Woods et al., 2019; see also Frank, 2013). Critics have argued that "while it invests certain experiences with meaning and value, the Recovery Narrative can, like other narratives, also silence and exclude, by privileging and valuing certain kinds of reasoning and knowledge" (Woods et al., 2019, p. 13; see also Fitzpatrick 2016).

The master narrative discussed herein outlines the 'appropriate' or 'acceptable' response to IPV and pathway to recovery. It emerges from the broader cultural discourse about what constitutes an ideal relationship, which is grounded in a Western, White, middle-class, heteronormative, and cisnormative ideologies. It is comprised of several elements related to relationships, help and healing, and life improvement: (1) Leave your abusive partner; it will feel good; (2) Do not go back; (3) Participate in counselling; heal from the trauma caused by IPV; (4) Do not enter into another abusive relationship; and (5) Your life will improve. The dominant narrative follows a redemption plotline, which involves "the deliverance from suffering to an enhanced status or state" (McAdams, 2006a, p. 88; see also McAdams, 2006b). It is assumed that by leaving their partners and coming to shelter, participants are 'delivered' from the 'suffering'

of their abusive relationship and their lives will begin to improve. The narrative is an ascending linear trajectory of recovery, and will be referred to within this work as the *Recovery* master narrative. This is a topic on which little research in the field of IPV has been conducted, with the exception of its mention in one review of formal responses to IPV undertaken by Osborn and Rajah (2020), which is discussed below.

What follows is an examination of the *Recovery* narrative for abused women including discussions of the dominant discourses upon which it is founded, the organization of IPV interventions, messages available in the mainstream media, and how my own assumptions related to 'recovery' influenced the development of this research project. In addition, given the nature of the sequence of events I have described as a master narrative and a cultural script, another key piece of evidence supporting its importance is the degree to which it resonates with and rings 'true' for the audience. As the reader, I encourage you to consider your own reaction to the exploration below. Please note that the terms 'master narrative' and 'dominant narrative' are used interchangeably.

Dominant Discourses

The master narrative centers IPV and identifies the abusive partner relationship as the primary obstacle interfering in women's lives. It situates leaving one's partner and entering shelter as a pivotal 'turning point' in women's lives. It is not difficult to determine the dominant discourses upon which the narrative of recovery is based. The first of these are related to relationships: women who experience IPV should leave their partners; they should not return to their partners; they should avoid entering into any other abusive intimate relationships; and, as a result, they should not experience subsequent IPV. A second set is related to healing: leaving an abusive partner should feel good; and IPV causes harm so women should participate in IPV-

focused interventions to heal. And a final discourse, founded upon the centricity of IPV, dictates: in the aftermath of IPV, women's lives should improve and they should be able to achieve their goals.

A Dominant Discourse of IPV. These discourses are themselves all grounded within the Western, White, middle-class, heteronormative, and cisnormative discourse of IPV. Abusive behaviours perpetrated by cisgender males against their cisgender female partners within heterosexual relationships is the most visible and well-known form of IPV, while few studies have investigated the experiences of violence within the intimate relationships of lesbian, gay, bisexual, transgender, Two-Spirit, queer or questioning individuals, and individuals with other gender identities and sexual orientations (LGBTTQ+; Subirana-Malaret et al., 2019; see also van der Toorn et al., 2020). Similarly, race and class are evident in the dominant discourse of IPV, with partner violence viewed within a White (e.g., Lee et al., 2002), middle-class (or class-less) frame (e.g., McKendy, 1997).

To understand how this came about, we can look back less than half a century to a time when partner violence was often legal and widely viewed as socially acceptable. In the mid-20th century, a "first-wave feminism" focused on women's rights (i.e., to vote, to inherit property) was replaced with a "second wave" that fought against the devaluation, stigmatization, and objectification of women in a male-dominated culture, and sought to end violence against women (Kesselman et al., 2008; see also Schur, 1984). Beginning in the 1970s feminists' tireless work to bring IPV to the forefront of society's issues and develop supports began to pay off. The identification of patriarchy and gender-inequality as *the* root cause of partner violence, and the message that IPV "can happen to anyone," served to unify women, to bring awareness to the

hidden nature of domestic violence, and to de-stigmatize help-seeking behaviour (George & Stith, 2014; Winstok, 2013).

While we know that IPV *can* 'happen to anyone,' certain populations are at increased risk, and this is associated with a host of complex and interrelated interpersonal and structural factors (LaViolette & Barnett, 2014). We know that younger women, who typically have younger more violent partners, are at increased risk for IPV (Capaldi et al., 2012). Lower socioeconomic status, which is in turn linked to having fewer years of formal education, cohabitation (vs. dating or marriage), having children earlier, and having more children – all factors that are connected to increased life stressors and instability – are factors associated with experiences of IPV (Capaldi et al., 2012). Related, women who are pregnant and women with young children are at greater risk for IPV (Fusco & Fantuzzo, 2009; Magdol et al., 1998). Research has found that all forms of child abuse, including witnessing domestic violence in the home, lead to increased risk of later experiencing IPV (Friesen et al., 2010; Renner & Slack, 2006).

Women with significant mental health concerns are at greater risk of experiencing IPV (Howard et al., 2010; Jordan et al., 2010), and women with physical health concerns or disabilities are also at increased risk (Hahn et al., 2014; Brownridge, 2006). Problems related to alcohol and drug use are associated with a greater likelihood of experiencing violence at the hands of a current or former partner, and, in turn, IPV increases the risk of women developing a substance use problem (Ashley et al., 2003; DeMaris et al., 2003; El-Bassel et al., 2000). Mental and physical health conditions are frequently associated with a lack of formal and informal supports and also with reliance on others. The population of newcomer women is at increased risk of experiencing IPV as this population tends to be more isolated and because acculturation

stress has been associated with IPV (Capaldi et al., 2012). Newcomer women also face many systemic and structural barriers (e.g., economic barriers, immigration policies) that can be connected to lower levels of IPV disclosure and help-seeking (e.g., Alaggia et al., 2009). Women who have experienced a history of racism, discrimination, and cultural oppression are at increased risk of experiencing partner violence.

Indigenous Women. In Canada, Indigenous women are at increased risk of experiencing IPV and the violence they experience is often more severe (see Brownridge, 2009; Chmielowska & Fuhr, 2017; Perreault & Brennan, 2010; Statistics Canada, 2011). Indigenous groups in Canada struggle to cope with the legacy of aggressive colonization, including the residential school system, which has resulted in profound negative intergenerational effects including a history of domestic violence within one's family and community; poverty and unemployment; less formal education; the unavailability of support services; geographical and social isolation; and lack of community leadership and community awareness (Alfred, 2009; Bombay et al., 2014; Bopp et al., 2003; Daoud et al., 2013; Kirmayer et al., 2009). Canada's assimilationist policies were founded on a complete devaluing of Indigenous worldviews and ways of life and a blatant disregard for the wellbeing of Indigenous people.

While violence against women undoubtedly existed in pre-contact Indigenous societies, colonization exacerbated it by legalizing partner violence (Kirmayer et al., 2009) and according men preferential treatment (e.g., trading only with men). Patriarchy was imposed on Indigenous communities, many of which had previously held that men and women had different but equally valuable roles in society (Bourassa et al., 2004; Truth and Reconciliation Commission of Canada, 2015). Women's respected roles as life-givers, nurturers, teachers, decision-makers, heads of households, and speakers for their nations were ignored with this forced adoption of

male-dominated leadership (Hill, 2009; Richmond & Ross, 2009; Stevenson, 1999; Truth and Reconciliation Commission of Canada, 2015). Ultimately, many Indigenous men came to share the Euro-Western view of women (McGillvray & Comasky, 1999).

It is also vital to acknowledge the colonial discourse of 'Indigenous deviance' (De Leeuw et al., 2010, p. 286), which served to legitimize the European occupation and colonization of North America, and to justify the mistreatment of Indigenous peoples under the guise of efforts to educate, civilize, and protect them from themselves (Titley, 1986; Truth and Reconciliation Commission of Canada, 2015). This discourse continues to negatively impact the lives of Indigenous peoples today. One example is the relationship between Indigenous peoples and child welfare, a system where evaluations tend to be based on Western, White norms and values that are more likely to deem Indigenous children's living conditions 'poor' (Hill, 2009) or the parents, particularly mothers, 'immoral' (Swift, 1995). Colonialism and the legacy of residential schools damaged parents and rather than working towards the rebuilding of families and communities, children are 'rescued' from their dysfunctional homes and placed in care (Sinclair, 2007). It is essential that we not identify the ongoing challenges experienced by Indigenous peoples and communities as individual or even family-level problems, when in reality they are the product of social, economic, political, and historical injustices (McKenzie et al., 2016).

Summary. Early feminist efforts to address the problem of "wife beating" and feminist consciousness-raising occurred primarily within the population of White, Western, middle-class, formally educated, married, cisgender women (Fraser, 2014; see Friedan, 1963). Mobilizing this relatively 'powerful' group was useful in initially generating momentum in the movement. As such, conceptualizations of IPV and interventions were developed by and for this group of women (e.g., Lee et al., 2002). IPV was typified as primarily physical violence that is severe,

occurs frequently, escalates, and is not going to stop without formal intervention. This intentional harm is perpetrated by callous, often superficially charming husbands against their terrified wives (Loseke, 1992). We have come to understand that violence within intimate relationships is far more nuanced and complex than this definition puts forth, however, it was instrumental in raising awareness about the issue of 'wife abuse,' particularly among the middle-class, and situating it as a social problem requiring action (Dunn, 2005; Loseke, 1992). Despite other discourses starting to emerge as we learn more about violence in other kinds of relationships and across different groups, this remains the dominant discourse of IPV in North America.

The Dominant Discourse of Relationship Termination. The question of why women stay in relationships in which they have experienced IPV has been addressed in a myriad of studies over the past five decades and "so thoroughly permeates the literature on abused women that it can be seen as paradigmatic" (Dunn, 2005, p. 4; see also Loseke, 1992). It is necessary to discuss *why* this question is viewed as being so important. Given the definition of IPV outlined above, if follows that the termination of the relationship is the only real solution, and that every woman experiencing this violence should leave her partner. Staying in the face of such violence is viewed as deviant (Dunn, 2005; Loseke, 1992). A significant body of research has found that in order for individuals who have been harmed to be accorded the label of 'victim' with the resulting sympathy and assistance, they must be viewed as someone who has not contributed in any way to their own victimization (Christie, 1986; Dunn, 2005; Dunn, 2010; Loseke, 1992; Loseke, 2003). Research has found that, in general, society does not view women as responsible for partner abuse, but they are viewed as being responsible for subsequently keeping themselves safe from harm (Taylor & Sorenson, 2005). Without some form of explanation or accounting for their actions, women who stay with or return to a violent partner violate norms related to self-

protection and questions are raised as to their status as 'victims' (Dunn, 2005; Dunn, 2010; Loseke, 1992).

Explanations for staying in a violence relationship typically fall within three categories: (1) psychological factors like low self-esteem (Follingstad et al., 1992), heightened feelings of responsibility (Landenberger, 1989; Towns & Adams, 2000), an external locus of control (Harway & Hansen, 2004), learned helplessness (Walker, 1979; Walker, 1999; Rhodes & McKenzie, 1998; see also Maier & Seligman, 1976; Seligman, 1972), or, most inappropriately, female masochism (e.g., Young & Gerson, 1991); (2) the threat of escalating violence (Bachman & Saltzman, 1995; Dunn, 2005; Peled et al., 2000; Fleury et al., 2000; McFarlane, Campbell, & Watson, 2002); and (3) structural factors such as economic dependency (e.g., Anderson & Saunders, 2003; Barnett, 2000), lack of alternative safe housing (e.g., Baker et al., 2010; Brownridge, 2006; LaViolette & Barnett, 2014), lack of support from informal social networks (e.g., Cunningham & Baker, 2008), inability to connect with/ lack of availability of formal supports (e.g., Baker et al., 2003), and unhelpful contacts with police and the justice system (see Kim & Gray, 2008). Women's behaviour has to be justified in some way in order to again align their stories and identities with social norms (Dunn, 2005). The question of why women stay with abusive partners is certainly a valid one, however, it is often the only question asked.

How Services are Organized and Provided

Despite increasing focus on the ways in which structural inequity creates the context in which violence occurs, individual-level explanations for relationship violence and maintenance of abusive relationships continue to proliferate. And despite the ways in which the conceptualization of violence within relationships has changed over the years (e.g., to include other forms of abuse, and other forms of relationships), the discourse that necessitates a woman

leaving her partner continues to dominate. The question of why women in violent relationships stay with their abusive partners typifies this discourse (Lloyd et al., 2009). It is often assumed that women who do not permanently leave relationships in which there has been violence are lacking in agency and that the only legitimate agentic course of action for abused women is to leave their abusive partners never return (Lloyd et al., 2009; see also Mahoney, 1994). A prevailing attitude is that staying in such relationships is always unhealthy and represents a failure of the individual and the services designed to help them (Anderson & Saunders, 2003; George & Stith, 2014). Much of the research in the field of partner violence has focused, narrowly, on the decision to finally leave an abusive partner as the sole outcome variable of interest (e.g., Compton et al., 1989; Okun, 1986; Schutte et al., 1988).

The idea of a universal experience of partner violence and a 'sisterhood' of all women obscures important differences in victims' experiences related to race, socioeconomic status, ability, culture, and especially sex, gender identity, and sexual orientation. Many have argued for movement beyond an "either/or" mentality towards a stance of "both/and," where the many complex ways that patriarchy affects the lives of everyone in society continues to be explored alongside a variety of other intersecting factors that influence IPV (George & Stith, 2014; Goldner, 1999). It is often assumed that IPV should be the first issue survivors address, when in reality women confronting multiple types of oppression might wish to focus on other domains (e.g., education, employment, health care; see Kasturirangan, 2008). And, it is common for service providers to assume, wrongly, that terminating an abusive relationship will result in more benefits than costs for all victims of IPV, so this decision is emphasized (Peled et al., 2000). This narrow view of agency negates itself by asserting there is *only one* viable 'choice' in the face of IPV. This dominant discourse contradicts research demonstrating that, even for women who wish

to leave, terminating an abusive relationship often involves a lengthy *process* of extricating oneself (Campbell et al., 1994; Lloyd et al., 2009).

The movement has been slow to shift towards incorporating diverse voices and experiences of violence. White, heterosexual, middle-class women continue to hold the majority of leadership roles within domestic violence organizations and within the field of IPV (Pope, 2009). Despite leadership's determination, liberality, and genuine desire to help all victims of IPV, there can be no doubt that this privilege affects the types of supports available and ways in which services are delivered. Pope (2009) acknowledged, "This privilege allows us to define the issue, interpret appropriate solutions, and build structures and systems that align with our own assumptions of how the world works" (p. 43). This underlies the provision of support for women who have experienced IPV within a narrow framework where women are assumed to have certain needs and goals. And the mismatched master narrative of recovery following IPV for socially marginalized women accessing shelter services stems from this privileged conceptualization of IPV.

Domestic violence shelters face many constraints, particularly related to funding and mandates, as they attempt to respond to all of the needs of the women they serve. Generally, given the high number of women and children accessing domestic violence shelters and the inability of shelters to consistently meet that need, admission criteria exist to determine whether shelter is the appropriate place for the individual. Typically, the admission criteria include: (1) that the woman (and her children) have experienced abuse perpetrated by an intimate partner or a family member, and (2) that the woman or family is interested in support for dealing with *family violence* (e.g., Family Violence Prevention Program & Manitoba's Women's Shelters, 2014). The narrow focus on IPV may lead to shelters providing services that do not fully address the

needs of women living at the intersection of violence and other structural oppressions. It may also undermine women's sense of agency by assuming that coping with the effects- often emotional- of IPV should be the top priority. Further, the constraints shelter face and the related assumptions regarding women's needs may mean that shelters are less able to connect clients to appropriate resources. With the main focus on partner violence and criminal justice-related supports (e.g., IPV safety planning, IPV counselling, victim services, protection orders) it follows that shelter organizations will have fewer and less developed relationships with other services and systems (e.g., long-term housing, comprehensive mental health services, substance use treatment programs, parenting supports; Peled et al., 2000; see also Pope, 2009).

In spite of the knowledge that, even for women who wish to leave, leaving can often be a lengthy process, shelter and other IPV services often do not provide support or engage in planning with women who do not intend to permanently end their relationships at the time they are in shelter. Service providers may view supporting a woman's ongoing- or re-engagement in the relationship as condoning the partner's abusive behaviour. The idea of supporting a woman's choice to maintain in any way a relationship in which violence has occurred is controversial because of the fear that it might downplay or ignore the very real dangers of relationships in which violence is present. This idea highlights a tension for service providers whose aim is to empower women, but who share a sense of duty to protect women and their children from abusive partners and who are uncertain about the feasibility of ending violence within a relationship without terminating it (see Peled et al., 2000). It is no surprise that shelters are invested in women not returning to their partners, given safety concerns and the lack of resources for women to access or shelters to refer to that could support couples who choose to stay

together. However, it is important to recognize the very real reasons, even aside from love and commitment, that women may feel their needs are better met by staying in the relationship.

In truth, we know very little about relationships in which IPV against women was present and then ceased while the relationship was maintained (Peled et al., 2000). There is a small but convincing body of literature that suggests that various forms of couples therapy can be effective in significantly reducing violence in relationships (e.g., Douglas, 1991; O'Farrell et al., 2004; Stith et al., 2012). However, little research is conducted in this area due to the cultural script that necessitates leaving. It is extremely difficult to legitimize 'staying' and resolving the violence from within the relationship, returning to the relationship after establishing conditions that support ongoing safety, or maintaining the relationship when accessing services to stop the violence (e.g., Dobash & Dobash, 1979; Giles-Sims, 1983; Krishnan et al., 2004; Peled et al., 2000), as viable options when little research has addressed the likelihood of violence stopping in these instances and when few models of what this might look like exist. Osborn and Rajah (2020) assert:

> Complying with this dominant cultural script involved leaving an abusive partner, moving into a shelter, and making plans to establish financial and physical independence in the future. In other words, resistance is conceived of as a linear process ultimately concluding in full, permanent separation from a partner. (p. 6)

Growth Following Hardship

Past research has spoken to the difficulty, or rather the near impossibility of socially marginalized abused women successfully transitioning from domestic violence shelters back into the community to live independently (Kulkarni, 2019; Goodman & Epstein, 2008). The fact that women are unable to meet their basic needs such as housing, transportation, childcare, and

employment opportunities has been increasingly documented (Kulkarni, 2019; Fleck-Henderson, 2017). Yet the prevailing narrative of post-shelter experiences assumes that women's wellbeing and independence will steadily improve until they are living the lives they want. We are drawn to this narrative because it conforms to the elements that make up a "good story" in Western culture, particularly North American culture: individualism, capitalism, redemption, and success (see McAdams, 2008). This narrative leads to the expectation that women who experience partner violence will follow the socially sanctioned path of relationship termination and IPV-focused intervention and then grow as a result.

Research investigating post-traumatic growth (PTG) for women victims of IPV fits with the master narrative of recovery following IPV. This type of growth "beyond (one's) previous level of adaptation, psychological functioning, or life awareness" (Zoellner & Maercker, 2006, p. 628) often involves: developing a new appreciation of life, improving relationships with others, perceiving new possibilities in life, increasing one's sense of personal strength, and experiencing spiritual change (Tedeschi & Calhoun, 1996). PTG is hypothesized to occur after one processes and searches for meaning within their experience of an extremely stressful event that challenged their worldview (Calhoun & Tedeschi, 2006; Janoff-Bulman, 2004; Tedeschi & Calhoun, 2004). The more severe or traumatic the experience, the higher the level of expected PTG. Researchers in the area of IPV suggest that most victims of partner violence should achieve PTG (e.g., Cobb et al., 2006).

And the master narrative is evident in the mainstream media where stories such as these abound: "For (name), the end of her abusive relationship meant that with the passing of time, she felt increasingly free from the abuse and empowered" (healthtalk, 2020, para. 4). And:

> You look in the mirror and start to find a happier, much more attractive being. That's you! The you you couldn't be when you were with them. You were always incredible, but now you're even better. You went through hell and came out a superstar (Lafayette, 2018, para. 17).

This assumed pathway is reassuring and motivating, "affirm(ing) hope and human progress" (McAdams, 2008, p. 25). It is perhaps for this reason that the *Recovery* narrative subtly crept into the development of this project. Although I acknowledged that IPV may not be the most pressing issue facing women residing in domestic violence shelters in Manitoba, I continued to hold to the notion that coming into shelter must represent a pivotal shift for women. I was drawn to the work of Cochran and Laub (1994), who proposed that four phases exist in the development of the agentic self: a first phase of feeling trapped or incomplete; the setting of an attainable goal, the achieving of which signals the end of their complete dependency; engaging in activities that will move one towards living the life they desire; and a sense of being free and having achieved a sense of wholeness and competence. In spite of, and also because of my identity as a well-educated, middle-class woman with a history of involvement in the field of IPV through volunteer, clinical, and research activities, the cultural master narrative of *Recovery* influenced my perspective as a researcher going into this study. While one part of me understood the web of structural constraints shaping the experiences of women in shelter, another part assumed nonetheless that women would follow the ascending IPV-focused *Recovery* trajectory and that my task was simply to understand what supported them or hindered them throughout this inevitable process.

From a service provision standpoint, we are drawn to individual level analyses, where the 'protagonist' and their story are lifted out of their social context because it allows us to find

'solutions' to the individual problems (e.g., providing bus tickets) without the sense of powerlessness and disillusionment that arises when we confront the context (e.g., poverty, discrimination, historical trauma) that perpetuates the problems. Narratives and meaning making must be situated within the socioeconomic, political, cultural, and historical context of each individual (Campbell & Mannell, 2016), with the researcher examining both the stories individuals tell, and the constraints resulting from structural inequalities that limit the narrative options available to them (see Kabeer, 1999). In this way we can look beyond assumed individual shortcomings (e.g., laziness) or personal preferences to the broader social web of privilege and oppression within which individuals operate. If there exist discrepancies among individuals with regard to basic needs, for instance the need to feel safe and live a life free from violence, this is "evidence of inequalities in underlying capabilities rather than difference in preferences" (Kabeer, 1999, p. 439). The person must be situated within their context (see also Liddle & Wright, 2001; Lloyd et al., 2009).

It is revealing and troubling to note the association of the term "redemption" with money and the action of buying one's freedom. It is a plotline steeped in privilege. Hope is beneficial and powerful, however, for women living at the intersections of many systems of disadvantage- for whom IPV is *not* simply an unwelcome interrupter of an otherwise autonomous and "free" life, who do not get a break from the hardships, discrimination, and oppressions to 'process' their experience of IPV- this narrative can be harmful. McAdams (2008) asks, pointedly: "Might it be an affront to those who have suffered the greatest calamities and heartaches to expect, even to suggest, that things will work out nice and happy in the end?" (p. 25). Rather than suggesting that those who experience tragedies or confront the most daunting obstacles should resign themselves to unhappy or unfulfilling lives, this question serves to highlight the way the master

narrative oversimplifies and invalidates the complexity and multiplicity of women's experiences. If women in shelter, shelter staff, advocates, or funders anticipate outcomes in accordance with this narrative, their expectations will be unrealistic, leading to blame, shame, and disappointment.

It is important to acknowledge that some counter-narratives challenging aspects of this master narrative exist. For example, there is more information in the general media related to the sense of distress (i.e., vs. relief) many women feel immediately after leaving abusive partners (e.g., National Domestic Violence Hotline, n.d.). There is increasing research into, and awareness of the association between leaving violent relationships and housing instability and homelessness (e.g., Canadian Observatory on Homelessness, 2021; Gilroy et al., 2016). The relationships many shelters have to second stage housing services further supports the recognition within the field of the ongoing housing problems many women fleeing partner violence face. In addition, some efforts to normalize non-linear or more complicated recovery processes can be seen. For example, one shelter's social media account posted a message that read, "Healing is not a straight line. Celebrate small victories and keep moving forward" (Willow Place Inc., 2021). However, the master narrative continues to dominate and the organization of service delivery remains the same. What is missing are the voices of the most socially marginalized women. That is the gap that this research aims to address.

Chapter 2: The Current Study

Intimate partner violence is associated with a host of negative outcomes including mental health concerns, problematic substance use, and decreases in self-esteem, which are likely to create additional challenges related to decision-making and engaging in meaningful goal-directed action. Domestic violence shelters are a key resource for a high-needs sub-population of women

who have experienced IPV, and coming into shelter may reflect a critical event in women's lives. Very little is known about the process of transitioning out of shelter and back into the community, including how women engage in meaning making around this process. Previous research in this area has focused mainly on how women ultimately terminate their abusive relationships. Research such as this runs the risk of reinforcing oppressive and harmful discourses pertaining to 'true victimhood.' It also takes for granted that IPV is the most pressing safety and health-related concern for this population. Largely missing is research that emphasizes the context in which IPV is embedded as well as recognizes that the goal of domestic violence interventions is not the woman's termination of the abusive relationship per se, rather the woman's process of establishing safety in all areas of her life whether apart or together with her partner. A cultural master narrative of recovery following IPV exists that assumes an ascending linear trajectory leading to "better" lives if women end the relationships in which abuse occurred and participate in IPV-focused interventions. The focus of this research is on women's process of re-integrating into the community after a stay in shelter and the ways in which the *Recovery* narrative impacts them.

The current project sought to create a unique contribution to this body of literature by engaging in narrative interviewing with abused women to (1) provide additional support for the existence- and importance of the master narrative of recovery following IPV for women in shelter, and (2) study the ways in which the *Recovery* narrative both shapes, and is adapted, subverted, or rejected by women leaving shelter. This is the only research to date that has directly examined how this cultural master narrative shapes survivors' experiences. Conducting three interviews over a period of approximately six months allowed me to listen to the complexity of women's perspectives over time following a stay in shelter. This research allowed

for the development of an understanding of women's priorities at each time point, and the way they engaged in the process of navigating and negotiating the barriers they encountered. This research highlights the subtleties of women's strengths, coping strategies, and insights with the goal of supporting women's inherent agency, while at the same time respecting and acknowledging women's struggles and hardships. The longitudinal nature of this research allows for the examination of the process of narrative development throughout the period of post-shelter transition.

A qualitative approach, which takes as its subject lived, temporal sets of experiences, and which interprets participants' perspectives and accounts and the meaning people bring to their lives, is the obvious choice to investigate the aims of this research (see Denzin & Lincoln, 2011). Narrative theory and methodologies sit at the nexus of the individual and their social context, and tie together feminist intersectionality and postmodern perspectives. The goal of this research was to examine women's narratives of stepping back into life outside of shelter and working to establish safety in practical ways to facilitate this process. As we work to broaden the discussion and challenge limiting or harmful assumptions about women who experience social marginalization through extracting and presenting counter-narratives, opportunities can arise for service providers to design alternate strategies that better support the agency and wellbeing of the most marginalized groups, to increase empathy and respect for these groups, and to work towards equity (see Bamberg, 2004). Longitudinal qualitative research, while labor-intensive, time-consuming, and requiring careful planning, provides data that leads to a nuanced understanding of complex processes (Carduff et al., 2015; see also Campbell & Mannell, 2016). This type of research involves an iterative procedure where insights gained from previous narratives are used to discern changes that have taken place and ultimately to understand the

participant more fully (Lewis, 2007; McLeod & Thomson, 2009). This type of investigation is key for tracking how narrative change occurs over time and examining the long-term impact of master narratives on the stories people tell.

2.1 Situating the Research

In research, theory guides our understanding of what is being observed and provides insight into how change can potentially take place. Seidman (1991), a prominent post-modern voice, writes that, rather than developing grand, foundational theories, we should strive to create social "narratives (that) aim not only to clarify an event or social configuration but also to shape its outcome" (p. 132). The goal of our use of theory should be to construct social narratives that are contextualized in current issues and designed to be accessible to everyone so that we can work collaboratively to bring about change (Richardson, 1991; Seidman, 1991).

This research was conducted within the context of overarching feminist intersectionality and post-modern theoretical perspectives. DeKeseredy (2011) writes, "there is something about broader structural and cultural forces, such as patriarchy, that allows for so very many women to be victimized" (p. 298). A feminist intersectionality (i.e., 'third wave feminist') view posits that social identities are shaped by the social structures within which individuals operate, and that individuals can experience multiple oppressions based on different aspects of their identity (e.g., race, religion, age etc.), which in turn can lead to "multiplicative negative effects on health and well-being" (Kelly, 2011, p. 43; see also Bograd, 1999; Crenshaw, 1994). This type of research is complex, and typically focuses on real life situations affecting women and marginalized groups that have traditionally been overlooked (Brison, 2002). The goal of this feminist-oriented research is to develop theories of oppression and then strategies to eliminate inequality based on gender and all other forms of inequality (e.g., racism, classism, ableism etc.; DeKeseredy, 2011).

Postmodernism asserts that what is 'true' is dependent on the meanings ascribed to human experiences and the 'reality' that is shaped by one's unique identity (Eagleton, 1996). Postmodernism recognizes that there are no true universal explanations and underscores the importance of understanding an individual's own distinct reality. Postmodernist thought has also been influenced by a postcolonial awareness of the way in which marginalized or 'other' individuals are pressured to conform to the dominant culture (see Spivak, 1988). The experiences of people at the margins cannot be understood by assuming that they are the same as the experiences of the dominant group (i.e., White, middle-class, heterosexual males of Western European heritage; Bhabha, 2004). Postmoderism acknowledges the impact and limitations of language; as Henry Giroux (1988) wrote, "Experience never simply speaks for itself- the language that we bring to it determines its meaning" (p. 99).

There is sometimes a sense of tension between the feminist intersectionality perspective, which holds that there are very real structural inequalities, and the postmodern perspective that advocates for a multiplicity of perspectives and calls into question universal truths. Narrative theory and research sits at the crossroads of feminist intersectionality and postmodernism, balancing individual experience, meaning making, and an awareness of the limitations of language with the importance of situating people's experiences within the context of power structures and systems of oppression (see Oke, 2008a). Those using feminist and postmodern perspectives to guide their research aim to present the different realities individuals have constructed within their complex social contexts, understand power relations, and determine potential targets for change (Eagly & Riger, 2014; Gavey, 1989).

2.2 Purpose and Research Questions

The purpose of this longitudinal narrative study is to increase knowledge about women's process of transitioning from shelter back into the community following the experience of IPV and the impact of the *Recovery* narrative on this process. Data collection at three different time points (i.e., shortly before leaving shelter, at 4 weeks post-shelter, and at 6 months post-shelter) provides information about women's goals and choices, and their degree of alignment with the *Recovery* narrative over time. These time points are consistent with some previous longitudinal research in the field of IPV (e.g., Tutty et al., 1999), fit with some ideas in IPV service provision about how long supports should be provided before women should "feel comfortable managing on their own" (see Tutty, 1996, p. 16), and were also developed in relation to a feasible timeline for a dissertation project. As discussed above, collecting in-depth qualitative data is vital to understanding the "meaning, motivation and purpose which individuals bring to their activity" (Kabeer, 1999, p. 438). This research also speaks to the agency of women transitioning out of shelter as it relates to narrative options and constraints. This research aims to shift the narrow ways in which agency is conceptualized in the context of IPV (e.g., as either present or absent), and to expand our understanding of structural factors operating in women's lives and how they support and/or constrain their choices. Recommendations regarding how organizations and systems can best support this population are made.

In light of the relative lack of research in this area and the desire to balance theory building with the development of practical research applications, the following research questions were examined:

(1) Is IPV a central focus within women's narratives? What structural forces and systemic barriers are evident within the lives of participants?

(2) How is the master narrative of *Recovery* following IPV evident in participants' narratives?

(3) In what ways do participants' narratives align with and adapt the master narrative of *Recovery*? What counter narratives are evident?

(4) How are alignment and misalignment with the master narrative of *Recovery* intertwined with participants' wellbeing and sense of personal agency?

2.3 Methodology

The methodological framework for this research involves a narrative analytic method. *Narrative* is described as a nebulous concept, with theory, method, and data merging messily together (Gergen, 1992; Kirkman, 2002). Narrative methodologies are a frequently used means of conducting qualitative research, particularly with marginalized populations. Broadly, they allow participants to respond to questions and tell their stories in their own way. Narrative methodologies include examining the content, the structure, and the performative nature of narratives (see Riessman, 2008). The structure of a narrative is "how" the story is told. The content of a narrative is "what" the story conveys. The performative nature of a narrative can be viewed as "why" a particular story is chosen. Each of these three elements can be emphasized depending on the purpose of the research, though it is impossible to separate the three levels.

The structure of a narrative involves looking at the way a story is pieced together in order to be taken as believable, to convince the audience, and to legitimize the views being put forth (Riessman, 2008). This means analyzing the plot structure of the narrative, for example, what chunks make up the beginning, the middle, and the end of the story, and what is the overall nature of the plot (e.g., ascending, descending, stable). It means working to understand the sequence of events described. It means looking at the language and stylistic devices the narrator

uses to convey the story and increase its acceptability. Identifying and interpreting coherence and incoherence is a part of the structural analysis of narratives, as is the identification of master narratives and the subverted pieces of master narrative frames (i.e., counter-narratives). Content analysis of narratives involves looking within the stories themselves to identify the surface level ideas of the 'who was present,' 'what happened' (i.e., events, actions, and reactions), 'where did it take place,' and 'when did it take place.' It also necessitates teasing out underlying ideas of motivation, intention, and symbolism. It can seem difficult to distinguishing thematic analysis from narrative analysis due to the way narratives can emerge within single themes and themes are present within narratives (see Lieblich et al., 1998). In narrative analysis the focus is on converging and diverging *storylines* comprised of various themes. A narrative analysis enables us to develop an understanding of why and how ideas are being included or kept from a narrative, while a thematic analysis only helps us to identify the main topics of a text.

A performative analysis of narratives includes thinking about the choices the narrator made and why, as well as how the reader may interpret the narrative in accordance with these choices. This perspective also necessitates looking into what is not stated, and why. Narrators can misrepresent, either willingly or unwillingly, their experiences, and the narrative perspective urges us to examine whether this may have happened and, if so, why. Narrative methodologies remind us that the audience, here the researcher, shapes the way the narrative is constructed as well. Narratives are created so as to be conveyed to and interpreted by others. In a sense, the researcher becomes a sort of co-author of the individual's narrative. Stories are negotiated, edited, and modified based on the context in which they are being told. Narratives must be interpreted with an awareness of how they are constrained by the context of the current

conversation as well as the broader social, political, economic, and historical context (Johnstone, 1996; Ochs & Capps, 2001).

In general, stories obtained from participants help to situate them within their unique context and also allow the researcher to comment on his or her perception of the individuals' life contexts. In-depth information about past and ongoing choices and actions highlights changes taking place and also speaks to the meaningful areas in which the participant is seeking to create change. Narrative research also looks to equalize the balance of power in the research relationship by asserting that the participant is the expert on her own experiences, and actually seeks to support participants' agency, independence, and sense of self-worth by inviting them to construct and relate their stories in the way they choose (Polletta, 2009). "The narrative approach has moved social research from a purpose of description or prediction to one of empathy and empowerment, inviting an interactional, emotional response from the reader" (Oke, 2008b, p. 150; Brison, 2002).

Chapter 3: Method and Data Analysis

3.1 Setting

The initial point of contact between the participants and myself was at Willow Place, a domestic violence shelter in an urban setting in Southern Manitoba. I had forged relationships with staff at this shelter through volunteering and conducting previous research within the shelter. Participants were made aware of my past involvement with the shelter at the outset. Shelter directors and staff were supportive of this research. Informal check-in meetings were conducted periodically throughout the recruitment to keep staff updated as to how the study was progressing, and to problem-solve any concerns.

3.2 Procedure

Participants were recruited using posters that were displayed in the common areas of the shelter (Appendix A). Posters provided potential participants with information about the purpose of the study, eligibility requirements, and contact information for the researcher. Copies of the study consent form were also available in the common areas for women who wished to review the document. In addition, staff were asked to inform all residents who were planning to leave shelter about the study prior to each woman's departure. The women interested in participating contacted me using the phone number specified on the recruitment poster (see Appendix B) and arrangements were made to follow-up with the potential participant in person at the shelter. All conversations were audiotaped and then transcribed. Field notes, including the setting of the interviews, the physical presentation and disposition of the participant, participant non-verbal behaviours and cues, the flow of the interview, points of intense affect within the interview, and changes in affect over the course of the interview were taken following each of the interviews (see Hall, 2010).

The First Meeting

First interviews were conducted within one week (i.e., 7 days prior to 7 days after) of when participants left shelter. Participants met with me in an unoccupied office in shelter, or at a safe alternate location (e.g., library, university building, a community service organization) in a private space. This excluded participants' personal accommodations so as to ensure that neither the participants nor I were in danger from potentially abusive (ex-) partners. The study was described in detail (see Appendix C) and participants were asked to read through an informed consent document (Appendix D). Key points were reviewed, including: (a) that speaking about sensitive topics (e.g., the experience of and consequences of IPV) that might arise during the interview could cause distress (see Hall, 2010); (b) that, should this occur, participants would be

provided with resources; and (c) that participants could cease participation at any point in the research study. Any questions women had about the nature of the study or the informed consent process were answered and women who wished to participate provided their written consent.

Demographic Information. Basic demographic information was collected at the beginning of the first interview. This included questions pertaining to age, race, marital status, gender identity, sexual orientation, number of children, socioeconomic status, health, number of times in shelter, and basic information about the nature of the abuse the women experienced prior to coming to shelter etc. (see Appendix E). These questions provided background information about the participant's identity and context, much of which tends not to be explicitly identified in individuals' narratives, and aided in the data analysis process.

Narrative Interview. Women then participated in the first narrative interview. I worked to engage with women in a warm, empathetic, and accepting fashion in order to develop rapport and a sense of trust, which is crucial for supporting long-term engagement (McKenzie et al., 1999). In line with the narrative approach to interviewing, I simply asked each participant: "Can you tell me what your life will be like when you leave shelter (today/tomorrow/(time period)?" (refer to Appendix F). I then allowed the participants to direct the conversation, encouraging them to discuss topics of significance to them and asking clarifying questions to increase understanding and demonstrate engagement. A list of some clarifying questions and probes utilized is provided in Appendix G.

Wrapping Up. Given the high rate of shelter re-entry in this population, it was expected that some women might return to shelter and participants were asked to contact me if this occurred so that the subsequent shelter stay might be documented. At the conclusion of the first

interview the participants were also asked to complete a detailed future contact sheet (Appendix H; discussed in detail in a subsequent section).

The Second Meeting

Second interviews were conducted between 3- and 5-weeks following participants' exits from shelter (i.e., after the stay associated with the first interview). Some participants were unable to be in Winnipeg for the interview and were given the opportunity to participate in the interview via telephone. The narrative interview involved three questions: (1) "Can you tell me what your life has been like and what has happened in your life since our last meeting when you were getting ready to leave shelter/ had just left shelter?"; (2) "Has your life over the last month been different than you thought it would be? In what ways?"; and (3) "Can you tell me what will happen next in your life?" (refer to Appendix F). Again, participants were invited to speak about whatever they deemed to be most relevant. Clarifying questions were used to gain additional details depending on what the women brought to their narratives (e.g., at what point their residence changed, what specific services had been accessed, details about their relationship, informal supports in their lives etc.; refer to Appendix G). The contact information sheet was also updated.

The Third Meeting

The final interviews were conducted between 5 months and 7 months after participants initially left shelter. The narrative interview utilized the same questions as interview two, in addition to the question, "Do you think that how you see yourself has changed since the first time we met when you were leaving shelter? If so, how?" (refer to Appendix F). The flexible process of acquiring useful details was the same as in the previous interviews (refer also to Appendix G).

Member-checking. Following the completion of the final interview, each participant was read or provided with a brief (i.e., approximately 1 page) summary of their first and second interviews in order to solicit feedback about the accuracy of the summaries as well as women's reactions to them. Women were asked: (1) "Does the summary fit with your memories and feelings about the first two interviews?"; (2) "Would you change anything?"; (3) "What is it like for you to hear/read this summary? Did any feelings come up for you when you were listening to/ reading it?"; and (4) "Is there anything else that you think is important for me to know about you or what the last five/six/seven months have been like for you that we haven't talked about?" The member-checking employed in the present study, which differed somewhat from approaches employed in past research that have often focused on the accuracy of transcripts or on the resonance of findings (e.g., Oke, 2008a, 2008b), involved creating a narrative of the participants' narratives and then confirming with each woman that I was staying true to their data and their experiences. A process of member-checking is designed to increase women's engagement in the research, and enhances the credibility of results.

Debriefing. Following the completion of the final interview participants were thanked for their participation and debriefed. The purpose of the study, the study timeline, and anticipated methods of disseminating the research were reviewed. The women were informed that, at the conclusion of the study, summaries of the research findings would be made available at the shelter or could be obtained by contacting me. The practice of offering summaries of research findings to participants has been described as "an ethical imperative" (Fernandez et al., 2003, p. 12). Of this MacNeil and Fernandez (2006) write:

> The offer to return research results to participants at study completion is based on the premise that respect for persons should continue following study closure to avoid treating

> research participants merely as a means to an end. Among other benefits a summary of results to research participants acts as an acknowledgement of the valuable contribution to research science that has been made by their participation (p. 50).

The women who participated in this study are identified by a name or initials that they chose. All identifying information was stored in a locked cabinet or secured on a password-protected computer and kept at the University of Manitoba.

Participants in Distress

I conducted all interviews. As a clinical psychology graduate student, I have training and experience in working with individuals in distress. If it became apparent that a participant was experiencing acute distress during an interview, I utilized pauses, short-breaks, or deep-breathing exercises to assist participants in managing any anxiety or difficult emotions (see Hall, 2010). Participants were made aware that, should they experience significant distress while completing the first interview they would be provided with an opportunity to meet with a counselor at the shelter, and if they expressed significant distress while completing the second or third interviews information about how to access counselling resources (e.g., individual counselling through a community service) would be provided. No participants reported significant distress.

Honoraria

The women who participated in this study were provided with honoraria as a means of thanking them for their involvement, time, and expertise. In order to retain participants over the course of a longitudinal study, many researchers have provided participants with an honorarium at the time of each interview, and have increased the honorarium with each subsequent interview (Cottler et al., 1996; Dutton et al., 2004; Kleschinsky et al., 2009; Sullivan et al., 1996). Based on the success of these prior studies, as well as on feedback received from shelter staff, a $20

honorarium was provided at the first interview, a $40 honorarium was provided at the second interview, and an $80 honorarium was provided at the third interview.

Retention Strategies

The population of women who seek shelter services is difficult to access and difficult to follow. The risk of dropping out of a study is higher for poor women, less educated women, and younger women (see Tutty et al., 2016). Women coming from and potentially returning to Indigenous communities, many of which are geographically isolated (Perreault & Brennan, 2010; Richmond & Ross, 2009), are also at increased risk of dropping out. A high retention rate is important in understanding the data. While qualitative studies do not share the same issues related to the generalizability of statistical findings, it is important to understand who is not participating and why, and ideally to ensure that as many participants complete the study as possible.

Contact Information and Safety. At the outset of the study, participants were asked to complete a detailed future contact information sheet (see Appendix H). The information requested included personal telephone numbers, contact information for safe supporters (i.e., family members, friends, colleagues), personal e-mail addresses, best times to be contacted, and any potentially unsafe times to be contacted (Clough et al., 2011; Cottler et al., 1996; Eyrich-Garg & Moss, 2017; Mitchell et al., 2015). The participants also signed release forms pertaining to contact with each of the supporters listed (see Appendix I). At the end of the first interview participants were provided with an appointment card as a tangible reminder of their next interview (see Appendix J). The card contained the researcher's phone number and other methods of contact (i.e., social media; see Appendix K), as well as the date, time, and location of the next interview. Participants were informed that I would contact them, using the method(s)

they had deemed most appropriate, to remind them of their next appointment and ensure that they were still available approximately 2 weeks prior and again the day before. They were also asked to call me if any of their contact information changed (Sullivan et al., 1996).

Between the second and third interviews, I engaged in more frequent contact (i.e., approximately every 2-4 weeks) to briefly check in with the participant to confirm they were still interested in participating, to ask about any changes to their contact information, and to confirm their appointment time or schedule a new time if necessary. Each time we were in communication between interviews, a detailed field note recorded any information provided by the participant as this is also relevant for interpreting the narratives. Detailed notes were also taken following any unsuccessful attempts to contact participants (i.e., including the date, time, and method of contact; see Carduff et al., 2015).

When contacting women who have experienced partner violence, safety and confidentiality are important concerns. A main issue involves the possibility of retaliation from an abuser (e.g., Lutz, 1999). To protect participants' confidentiality, and in line with a procedure used by Sullivan and colleagues (1996), when contacting participants, I initially stated that I was calling from the University of Manitoba to see if the woman was interested in helping with a research project. All contact was limited to updating contact information and arranging a date, time, and location to meet the participant for an interview. Confidentiality and the contact procedure were reviewed at the time of each subsequent interview.

3.3 Participants

Eleven women who sought shelter at Willow Place as a result of experiencing abuse at the hands of a current or former partner participated in this study. Ten of the participants completed the second interview (91%) and seven completed the third interview (64%), resulting

in a total of 28 interviews. This rate of retention is similar to other longitudinal studies of women who have sought shelter services (e.g., 63%; Tutty et al., 2020). The average time to complete an interview was 41 minutes. Interview times ranged from 6 to 87 minutes. Recruitment began in March 2019 and ended in August 2019, and data collection for this project ended in January 2020. Although the study was open to all shelter residents identifying as female of any sexual orientation who had experienced IPV, the participants recruited were cisgender women who experienced violence perpetrated by male partners. Efforts were made to ensure that women of diverse races, ethnicities, abilities, ages, classes, and experiences were recruited. Only one woman with whom successful contact was made during recruitment was denied participation due to the presence of severe mental health problems. Participant recruitment was staggered to allow for time to begin analyzing the data and to ensure that follow up interviews could be completed. Recruitment continued until it was determined that a diversity of experiences was represented, and no new narrative patterns were emerging.

All participants were Canadian-born, over 18 years of age, and English was their first language. The mean participant age was 34.9 years, with ages ranging from 24 to 43 years. The average length of participants' shelter stay was 26 days, with stays ranging from 4 to 64 days. Eight of the women identified as First Nations, one woman identified as Métis, one woman identified as White, and one woman identified as Multiracial. Six of the First Nations women endorsed being born and raised on reserve. Participants' level of education ranged from grade 9 to college graduate. Nine of the eleven women had children, and one of the single women was pregnant. Of the mothers, one had experienced the death of a child. Two women brought their child(ren) with them to shelter. Five of the women were involved with Child and Family Services with four of them reporting that at least one of their children was in foster care. The

number of times the participants had previously been in shelter ranged from zero to twelve (mean = 2.8). Eight women reported a history of mental health issues, five women reported a disability or long-term illness, and six women reported current substance use concerns. Eight of the women were on social assistance prior to entering shelter, while three women applied for/ received social assistance after leaving their partner and entering shelter. For a summary of participant demographic information please see Table 1.

Five participants transitioned directly from shelter into rental accommodations (one house, two apartments, one room, one unknown). Four of the women found their own housing, while one secured a place through Manitoba Housing. Two women left shelter and entered inpatient substance use treatment centers, and one woman entered second stage housing. One woman stayed with a former partner, one stayed with a friend, and one participant began living on the street immediately after leaving shelter.

Over the course of the study, three women reported being homeless (i.e., in a homeless shelter or on the street). Four women re-entered a domestic violence shelter, and one did so four times (after her initial shelter stay) within the study period. One participant was in jail at one point. Of the seven participants who completed the study and for whom this information is available, four entered or re-entered abusive relationships, and two of the women remained in those relationships at the conclusion of the research project. At the time of the third and final interview one woman was in a residential substance use treatment program, one was in a hospital-based detox program, two were in rented accommodations, one was living with a former abusive partner in rented accommodations, one was staying in a hotel with a former abusive partner, and one was staying with her sister. Based on the information provided over the course

of the three interviews, the average number of places the seven women who completed the project lived/stayed following their exit from shelter was 5.9 (ranging from 1 to 9).

Attrition

It is important to acknowledge who completed the study and who did not, and to develop an understanding of why these differences occurred. Demographic information, the analysis of the interviews, and detailed field notes provide a framework within which ideas about the factors affecting study completion can be explored. The four participants who did not complete the study were similar in age (ranging from 27 to 34) and all identified as First Nations women. However, they were diverse in terms of level of education (grade 9 to some college), number of children (0 to 5), length of relationship (7 months to 12 years), length of shelter stay (15 to 28 days), previous shelter stays (0 to 4), child welfare involvement, history of mental health concerns, current substance use, and health problems or disabilities. One unexpected similarity, given that housing stability was expected to facilitate participant retention, was that each of the four participants was successful in securing housing, which she transitioned to directly from shelter. It is therefore possible that attrition was related to more stable functioning.

The data also suggests other circumstances surrounding the participants who did not complete the study. One of the participants reported that she had been diagnosed with a serious illness and was subsequently unreachable. Another went to visit family at her remote home community, did not return to Winnipeg, and could not be reached. One participant reached out between interviews to express that things had been going really well and that she was looking forward to the next interview, then became unreachable. No additional information is available about this participant. The final participant who dropped out indicated that she was planning a brief visit to her remote home community, and then could not be reached. Based on the

demographic information and interview data provided by this participant, it seems likely that she returned to her abusive partner. Finally, lack of engagement did not appear to be a factor contributing to attrition. Each of the four women who did not complete the three interviews demonstrated a high degree of engagement throughout each of their interviews (i.e., verbally productive, open, responsive to the researcher). In fact, the two participants who presented as quite disengaged and guarded at the time of the first interview (one of whom discontinued her first interview after only 6 minutes) both completed the study and their level of engagement increased (as evidenced by longer interviews, more details provided, and greater expression of emotion) in subsequent interviews.

3.4 Data Analysis Procedures and Interpretation

I engaged in a lengthy and immersive iterative process of data analysis and interpretation. First, the audio recordings of the interviews were transcribed and I checked the transcription against the audio recordings to ensure the accuracy of transcripts. Data collection and data analysis proceeded simultaneously. A multi-level approach to data analysis based upon Fraser's (2004) narrative method was employed. This approach is congruent with feminist and post-modern theoretical frameworks in that it looks to situate individuals' narratives socially, culturally, and structurally. At this broader level of analysis, the socioeconomic, political, cultural, and historical context of the individual and how this shaped the barriers women faced and the resources available to them was examined (see also Cole, 2009). This involved incorporating demographic information into the interpretation of the narratives, and coding for both explicitly identified and unnamed structural elements evident in each transcript. Similarities and differences among the participants were noted.

Further analysis of the transcripts involved identifying story segments related to the components of the *Recovery* master narrative and breaking these down in order to identify the main messages/meaning of each segment (i.e., coding; Creswell, 2014). Field notes were utilized to highlight important moments in each interview and coded for indicators of degree of wellbeing and agency (e.g., tone of voice, presentation, non-verbal gestures, pauses, silences etc.) For each subsequent interview women's stories were compared to those that preceded them to examine how the narratives changed over time, and earlier interviews were re-analyzed in light of emergent new ways of thinking about the data. For interviews two and three, this process involved comparing and contrasting transcripts from those specific time points as well as comparing and contrasting the ongoing storylines of participants' narratives. At each point in the analysis, I endeavored to be aware of any of shocking, inconsistent, or counter-intuitive findings, and worked to understand these. Findings from the analysis of structural factors affecting each woman's life were incorporated into the individual analysis as I worked to understand the storyteller's unique reality. Similarities and differences related to participants' alignment/misalignment with the master narrative were explored. A final step involved examining the consequences, both positive and negative, related to extent and nature of narrative adherence to the master narrative of *Recovery* over the course of the study.

Information obtained through the member-checking process was used to ensure that the main ideas within each of the first two interviews were accurate according to the participants. Participant identified misunderstandings were remedied. Further, the participants' responses to the member-checking process were treated as additional narrative data and analyzed using the above framework. Member-checking was incorporated not only to increase the credibility of the research (as noted below), but also to provide participants with further opportunities to oversee

their data and engage in the research process. This process fits with the aim of seeking to understand each individuals' unique reality as well as with the goal of empowering research participants.

Throughout of this process, I was fully emerged in the data, going back to the recorded interviews periodically to ensure the interpretation remained true to the original data. I compiled a spreadsheet of every available quote related to structural forces impacting participants lives, as well as alignment/misalignment with each of the components of the *Recovery* master narrative. I also prepared summary sheets for each interview that were used to keep the research team updated, and that served as the basis for the member-checking documents participants received. A research team comprised of a clinical psychologist and two clinical psychology master's level students experienced in qualitative analysis reviewed and discussed the analysis throughout each step in this process, and transcripts were re-analyzed with an awareness of the research teams' feedback. All persons involved in the research process signed an oath of confidentiality (see Appendix L). A visual representation of the expected narrative trajectory was also developed (see Figure 1).

3.5 Verification and Quality

In qualitative research the goal is to contribute to our understanding of a phenomena not prediction as it is within the positivist paradigm. The quality of this study's findings are addressed by employing criteria outlined by Tracey (2010) who identifies rich rigour, sincerity, credibility, and resonance as the hallmarks of excellence in qualitative studies (see also Polkinghorne, 1988).

Rich rigour necessitates that the researcher collect sufficient data (i.e., through spending time in the field, taking detailed field notes, keeping track of research decisions, providing

details about how data analysis was conducted) and be transparent with regard to how the data are transformed and presented in the final report. A description of how the research progressed, and any unexpected developments, problems encountered, or mistakes made should be made available in the final report.

Sincerity involves engaging in a process of self-reflection and cultivating awareness of how one's role as a researcher and one's understanding of the data is impacted by one's identity (i.e., background, social position, beliefs/beliefs, biases). Data auditing, keeping a reflexive journal, and explicitly identifying one's social location in the final report helps to ensure sincerity in conducting research (see also Creswell, 2014; Eagly & Riger, 2014; Stake, 2010). It is also important to analyze how the researcher's participation in the interviewing process shaped the data.

Credibility concerns how the research is presented and received and involves giving the reader a feeling of confidence when acting and making decisions in line with the report. This is accomplished by providing rich quotes, using multiple researchers' interpretations of the data, and employing theoretical frameworks. For this study, my advisor examined the data and contributed her interpretations. Including different participant voices (i.e., multivocality) and soliciting participant feedback on the data analysis (i.e., member-checking) are ways to increase credibility. As detailed above, member-checking was employed at the time of the third interview to obtain participant feedback on and reactions to the analysis of their prior interview transcripts, and to have them reflect on the interpretation based on the narrative they told at the time of the third interview.

Finally, *resonance* refers to "research's ability to meaningfully reverberate and affect the audience" (Tracey, 2010, p. 844) and involves engaging the audience in such a way that they

develop a sense of personal knowing. The findings will be presented in formats tailored to the characteristics of particular audiences (e.g., shelter staff vs. IPV researchers), and written reports will be clear and concise while also providing sufficient detail.

Self-Location

It is vital to acknowledge the privilege that comes with the position of researcher, and the potential for this position to lead to a dangerous 'othering' of participants and their experiences. First and foremost, this research recognizes the inherent agency of the women who chose to participate and to share their stories, and aims to present them as full and unique human beings. Secondly, this research was designed to highlight the systems of privilege and oppression within which the narratives and the interviews themselves take place. And thirdly, this research seeks to engage the audience in a critical discussion about the way in which shelter-seeking women's process of recovery is understood in the context of social marginalization, and the role of psychology and clinical psychologists in working with this population. I acknowledge my social location as a middle-class, educated, able-bodied, straight, cisgender Métis woman who is not a visible minority. I endeavored to cultivate an awareness, at each step of the research project, of how my role and identity have influenced my understanding of the data. One noteworthy example pertains to the way in which my perception of participants missing scheduled meetings without notice changed over time from me assuming that participants were disengaged or did not wish to continue their involvement in the study, to an understanding of how non-attendance was tied to factors like poverty (e.g., cellphone cut off, no access to transportation, no funds for transportation), mental health (e.g., symptoms like sleep difficulties, concentration problems, anhedonia) and substance use, and motherhood (e.g., no childcare available). Likewise, I have worked to be mindful of the ways in which my role, my identity, and the context in which the

research project took place impacted the narratives participants chose to share and their telling. For example, participants who perceived that their identities and social locations differed from mine were more likely to either explain certain experiences in more detail without prompting, or become exasperated when I asked clarifying questions, both reflecting a view of me as an 'outsider' (see Muhammad et al., 2015).

Chapter 4: Findings

This findings section is divided into two parts reflecting the two important areas of findings that emerged. The first addresses the research question pertaining to narrative content, specifically to what extent the participants' narratives centered IPV and what other structural barriers were evident. The way in which IPV was positioned in the narratives, as either the central conflict or one of a constellation of many adversities, was influenced by women's social location. IPV was never the only focus of the narratives or the only source of stress or distress in women's lives. The paramountcy of IPV within the lives of women who seek shelter services is the assumption upon which the cultural master narrative of *Recovery* is founded. The findings trouble this assumption and set the stage for the examination of the subsequent research questions pertaining to the dominant narrative itself, which are addressed in part two. The findings support that the recovery master narrative was used as a framework by participants to try to organize and make meaning of experiences. The women's ability to align with it and adapt it to best fit their experiences was again tied to their social locations. Alignment with the master narrative was tied to positive outcomes, while misalignment was tied to negative consequences. Some counter narratives emerged when participants' experiences did not fit well within the recovery framework, but, in general, these needed to be developed further to provide more structure for women's making meaning efforts.

Please note, some of the findings presented in Part I were more independent of the longitudinal design, with the data being looked at in totality, while the other findings were strongly tied to the longitudinal design, using progression over time as a significant way to understand the evolution of the narratives. Notwithstanding these two levels of analysis, in reporting the source of the data I indicate the interview from which the passage was extracted in brackets before the start of each quote.

4.1 Part I: Narrative Content

Identity and Social Location

For some participants, particularly at the time of the first interview, relationship violence and meaning-making around this was the primary focus of their narratives. However, for other participants, IPV was situated as only one of many problems they faced and their narratives focused more broadly on the social marginalization they lived each day. Importantly, for all participants, IPV was never the only focus of their narratives or source of distress in their lives. The location of each narrative along a spectrum of more IPV-focused narratives to more social marginalization-focused narratives depended on the narrator, their social location, and the point in time. Participants whose sets of narratives tended to de-center IPV experienced a greater degree of social marginalization. As the study progressed, the narratives tended to shift away from IPV towards the participants' experiences of confronting and attempting to manage broader structural barriers. Taken together, five women (Annabelle, B.G., Charlotte, Georgia, and Zadie)'s narratives tended to center IPV, three women (Nicole, Phoenix, and W.B.W.)' s narratives focused on various facets of social marginalization, and three women (Loretta, Jamie, and Sarah)'s narratives fell somewhere in the middle. What follows is an intersectional analysis demonstrating how participants' social locations influenced the content of their narratives. It is

crucial to recognize, as the following analysis will show, how each of these elements of their social location overlap and compound the effects of others.

Housing. The ability to secure safe, affordable, stable housing was a major barrier and source of stress for several participants across the study period. For example, Nicole, a young multiracial woman who became pregnant following a sexual assault orchestrated by her ex-partner, described how she left shelter when she believed she had secured a place to stay, however, the plan fell through:

> (1) I applied for housing and stuff so I'm just waiting for them to call me back... I think housing (is) my biggest issue… I was actually supposed to be renting a room off this person but they changed their mind with renting it last minute… It was like instant regret for me, leaving the shelter.

Above, she identified housing as her "biggest issue," which is telling given all of the barriers she is facing. Throughout her set of narratives, she explained how her need to secure housing was intricately connected to her health, her wellbeing, and her hope for the future. Four weeks later, Nicole was still trying to access safe housing:

> (2) It's been actually pretty tough to find a place to rent. I tried to get my EIA worker to kind of advocate for me with housing because I'm pregnant. Asking her if there is any way that she can get me into housing sooner… And they were telling me to go back to (the domestic violence shelter) … or other shelters. So, it's not very helpful honestly- like the situation that I'm in and the resources that I have right now… I'm just coming to a point in my pregnancy where I'm getting too late, so I'm going to have to make a decision. If I don't have anywhere to live, I mean it's not healthy for a baby, right?

For Nicole, her decision-making around her pregnancy was impacted by her ability to obtain housing. Without a safe, long-term place to stay and other supports in place, she determined that her only option was to terminate her pregnancy. She explained, (3) "Coming out of that shelter, not having support… It was just a better decision for me and the baby." At the time of the final interview, Nicole had moved to a different province and was staying in a hotel, struggling to make ends meet. She spoke about her ongoing search for safe, stable housing, and the challenges she continued to encounter, saying, "I'm trying to find housing here but I found that their housing is actually less helpful than the one in Manitoba."

Housing, even if secured at the point of leaving shelter, is not necessarily stable. Some participants were required to, or felt they must, leave the housing they secured after exiting shelter. For example, Loretta was told she could no longer live at a second stage housing program because she broke the rules. After experiencing a mental health crisis precipitated by her leaving the program, she sought help at a local hospital and explained, (3) "The social worker (at the hospital) helped me get into another shelter, although it's not really a shelter, it was the (homeless shelter)." She remained in the homeless shelter for several months during the time between the second and third interviews. Similarly, Phoenix, an Indigenous woman with longstanding substance use problems, spoke about not only struggling to secure her own safe, affordable housing, but also hinted at the lack of options for substance use treatment programs. She left a sober living program because she found it "too stressful" and inflexible. She relapsed and ultimately entered a hospital-based detox program. In her final interview, she described how she hoped to obtain housing through the provincial housing program while she participated in an intensive residential treatment program, but if she was not successful, she would consent to return to the community-based treatment program she had left. She explained:

> (3) I'm hoping to get into… a 28-day program. And I'm hoping during that time that Manitoba Housing will have a place for me because they said the waiting list is a couple of months… I'm just hoping to have my own place. If not, then I'm going to be willing to go back to (the previous sober living program) for a little bit. Because there's no other place to actually be safe and drug and alcohol free.

In both of these stories, challenges adhering to the rules of various programs designed to address women's needs, or frustration with the inflexibility of program structure led to women leaving with no other place to go. This speaks to the complexity of housing stability when women are trying to manage addiction issues, and where treatment may require a long-term stay in a residential program.

It was the case for several other participants that the difficulty obtaining housing was connected to substance use treatment; either waiting to access inpatient programs, or needing to secure housing upon leaving inpatient programs. Jamie, an Indigenous woman with a long history of substance use problems left shelter shortly after entering, hoping that she would soon be able to enter a residential addiction treatment program. She stated, (1) "I really don't know yet what's going to happen. I applied to a few places, so we'll just see what happens with the applications." She did not feel safe inside domestic violence shelters or homeless shelters as she was concerned that an abusive ex-partner was looking for her, nor did she wish to return to living with her most recent abusive partner. She explained, (2) "I'm on the street again because I don't want to go back to the house." She told about how she felt safer living on the street than being in a shelter because "you're safer on the street than being in one spot… I can leave."

For W.B.W., another Indigenous mother with a history of substance use concerns, the inability to secure safe, stable housing after completing a months-long residential addiction

treatment program led to her returning to the same domestic violence shelter because, (3) “my (child welfare) visit didn’t happen and I had nowhere to go and I didn’t want to relapse so I didn’t want to bother with any other people.” In the midst of the chaos of leaving residential treatment, not having secured housing and therefore not being able to participate in visits with her children in care, and having no family or friends who could offer her a safe space to stay, she returned to shelter to try to maintain her sobriety. At the time of the final interview, and once again in a time-limited residential treatment program W.B.W. explained, (3) “I put my name down for housing. So, I’m just waiting for a call back now… It’s already been close to five months that I’ve been on the waiting list.” Without the ability to secure adequate housing at the conclusion of her most recent treatment program, the risk of experiencing the same challenges was high. These narratives illustrate how housing, substance use, child welfare, and a lack of safe environments (i.e., family and friend spaces, neighbourhoods) are all interconnected.

Sarah’s narrative showed something different, because she connected the problem of housing instability directly to her experience of IPV. She spoke about her decision to give up her apartment because of concerns related to both physical and emotional safety. She explained:

> (1) I wish I had my own place. I do have my own place. But… I just wish I had a place I felt *safe*… My (abusive) ex, he knows where it is. And I almost got broken into when I was living there and stuff like that. You know, just a lot of bad things. And the last time I went there, I just felt negative. It just hurt. (It) didn’t feel good at all. And I could only be in there for a couple of minutes then I (had to) go because it just does not feel good [*Sigh*].

For Sarah, the apartment she had was connected to past traumas, and ongoing safety concerns. This led to her staying with her sister after leaving shelter. After returning to her abusive partner

for a time, when she completed the third interview she was once again living with her sister. She spoke several times about her need to obtain her own housing, repeating, "I've got to get my own place."

In addition, some narratives spoke to discrimination based on race, socioeconomic status, and health as impacting women's ability to access housing. Georgia, a White woman in her 40s, shared about discrimination related to receiving social assistance. She also identified discrimination based on race, and implied that she had likely secured housing more quickly and easily than other women in shelter given her ethnic and cultural background. She explained:

> (1) You try to tell your situation, but they also have four other calls from the women in here. If you're on EIA, it's like they have already an opinion, or they think you are going to be a certain way. They asked me straight out if I was 'aboriginal.'

Nicole also spoke about encountering discrimination when searching for housing based on her socio-economic status and because she was pregnant. She related:

> (2) I've gotten (housing) interviews… The landlords, they're excited, and then you'll see I tell them like I'm on EIA or I'm pregnant. Then they're not as accepting of me, I guess. I don't know why but I think that's just the reality of it.

She referred to "the reality of" the housing system as being one that includes this type of discrimination. It appears that discrimination based on race and/or socioeconomic status creates a barrier for some women transitioning out of domestic violence shelters as they search for a safe place to make their home.

In contrast, the women whose narratives focused more heavily on IPV and intimate relationships tended to be those who secured housing immediately after leaving shelter. Zadie, Georgia, Annabelle, and B.G. all transitioned directly into housing and remained in that housing

for the duration of their participation in the study. B.G. was assisted by a resource for individuals with diverse abilities with which she was connected. Zadie, Georgia, and Annabelle all secured their own housing by contacting potential landlords online. Georgia described how when she contacted her landlord, she chose to reveal that she was looking for housing following a stay in shelter. She stated, (1) "It was just a private landlord (online). I found him. It was great… I was lucky… I told him the situation and he has been great and it is a month to month." The narratives of Zadie and Annabelle, both Indigenous women, revealed some additional hurdles they encountered as they searched for housing, though ultimately, they were also successful. For Annabelle, for example, the challenge was that, although she was searching for an apartment for herself, and despite a lengthy search, she was only able to secure a room in a shared accommodation.

Loretta's story was unique. Loretta, as described above, did initially transition directly from shelter into a second stage housing facility, which felt, at that time, like a good fit for her. When she recalled learning that she has been offered a place there, she stated:

> (1) I'm very grateful for this place actually. I was so surprised, because when I was interviewed here, (the director told) me, you can decide. You can think about if you want to come here and move in. I just told her right away that I'll move in, because my time was up already at (the shelter).

However, after struggling within the structure of the facility and being asked to leave after violating rules that prohibited residents from (a) revealing the location of the shelter to others without first clearing it with staff and from (b) allowing others to stay with them in their accommodations, she became homeless for several months. But her story didn't end there. She reconnected with an old friend and a family member and received support from a housing

organization, and she was once again able to secure housing by the end of the study. She described her encounter with the housing organization worker, saying, (3) “He’s like... I help people find places to live. And I assume that you’re needing a place to live because I see you with a lot of clothes. I’m like, actually yeah I am.” She later spoke about her positive experience living with her friend and her family member, saying, (3) “We’re very quiet and we share the bill of the hydro, the water, the rent… They’re helping me very much.” When examining her case from an intersectionality lens, one can see that her mental health problems, and a period of lacking formal and informal supports contributed to her not having any housing. However, her discovery of new supports, and likely other factors like an extensive history of employment, her pursuit of additional education, and her status as a single woman with no dependent children contributed to her ability to re-obtain housing. As is evident, housing is related to poverty, addiction and mental health problems, and lack of formal and informal social support.

Health and Mental Health, and Disability. Discussions of physical health, mental health, and disability also arose in the narratives. Several of the participants reported health conditions or disabilities when reviewing their demographic information, however, these were generally chronic and/or being managed appropriately (e.g., diabetes, chronic pain) and were not a major focus of their narratives. One exception was B.G., a young Indigenous woman living with fetal alcohol spectrum disorder (FASD). Throughout her interviews, although not often explicitly talked about, her disability and the impact of it on her life was apparent. Her narrative hinted that her disability may have influenced her decision to begin her relationship with her abusive partner, who helped her to develop the skills she needed to live day-to-day life outside of the foster care system. She explained, (1) “(I met him when) I was 17. We’re 9 years apart. He pretty much raised me… Taught me these things throughout my life, like… how to raise

myself." She also often referenced the resource for individuals with diverse abilities that provided her with support. Her experience with FASD was only explicitly discussed in relation to an error in her disability payments, and the involvement of a trustee to manage the lump-sum payment she received thereafter. She said:

> (1) I didn't know that (I) wasn't (getting) my disability for six years… They're like, you have a lump sum of money. And then I said, why?... Can I get it? And they're like no you can't because with that (money) you'll be cut off of (social assistance) throughout the year and you'd have to make that last… Then my money went to the trustee.

This is only one example of how women with health and mental health concerns, and disabilities are at higher risk of experiencing IPV and adverse experiences because they may be more vulnerable to being exploited or have fewer resources and supports.

The health concerns that became major themes in women's narratives were those that were sudden or unexpected where decision-making or some sort of intervention was required. One case was Nicole, who had become pregnant following a sexual assault. She initially reported that she intended to end the pregnancy within the week, saying, (1) "I'm pregnant. I'm not keeping it. And I have an appointment for it on Thursday. That's kind of what my future's looking like right now." The final sentence about her future highlights the fact that when urgent health concerns arise, they often overshadow other concerns. At the second interview she had not yet terminated her pregnancy, and the focus of the interview was on whether she could obtain the resources and support she required to continue the pregnancy and become a mother. She decided that this was not possible, and at interview 3 she spoke about her decision to have an abortion, saying:

> (3) My pregnancy was really brutal… It put a lot of stress on me… I ended up getting an abortion… It was coming up to the time… where you have to have the baby. Like, you're not going to have a choice. So, I had to make that decision. I made it pretty fast…I didn't want to know anything about it either. I just told the doctor I need to get it done. I can't- I don't want any attachment to it.

Nicole was experiencing changes to her health (i.e., her pregnancy) and making decisions about how to proceed within the context of housing instability, poverty, and a lack of formal and informal social supports. Likewise, Phoenix experienced a sudden and life-threatening infection while trying to engage in substance use treatment and reconnect with her children. She related:

> (2) I almost died… I was on IV antibiotics. I was on that for a few days and they sent me home with oral. I'm still taking those… I see my (doctor) next week I believe, and she'll probably set up the surgery date.

She worried that she might not be able to attend an important family event with her children in care depending on her health and when her surgery would be scheduled.

Four participants also experienced serious mental health concerns that were not being managed effectively. Both W.B.W. and Jamie described experiencing psychotic symptoms at the beginning of their stay in their residential addiction treatment programs. W.B.W. remembered:

> (2) I'd get triggered because the voices- well these people would be using a drone to follow me. And they would be inflicting pain in my head. They would be saying things to me. And I believed these lies and meanwhile it was just made up. I think my brain was playing tricks on me.

Similarly, Jamie recalled:

(3) I kept thinking (my ex-partner and his friends) were around the building talking to other people… I couldn't shake that feeling and I told the staff. And they said, well go to the (hospital-based crisis service), and see what happens from there. So, I went and I told them what was going on… They put me on medication and the paranoia went away.

Fortunately, both women were able to reflect back and recognize that their 'brains were playing tricks on them.' While the cause of their symptoms remains unclear, it is very likely that psychotic symptoms played an important role in their substance use problems, not to mention their difficulty securing safe housing, their financial problems, their involvement with child welfare, and their vulnerability to experiencing partner violence.

For Loretta and Sarah their anxiety and depressive symptoms were affecting their ability to engage in day-to-day life. At interview 2, Loretta explained that she had trouble participating in the required therapy sessions at her second stage housing facility because she struggled to get out of bed. She encountered similar problems when it came to participating in this research project, missing or rescheduling each of her three interviews more than five times. She addressed this at one point in the second interview, saying, (2) "I sleep a lot and I woke up today and I wondered if I should cancel my appointment. I always feel down." Likewise, Sarah spoke about feeling low and not knowing how to cope. She stated, (2) "It really sucks… Just a lot of bad thoughts… I've been self-medicating a lot and not trying to deal with anything really." It is clear from these interviews that having unmanaged mental health problems negatively impacted participants' ability to problem-solve, their level of motivation, and their sense of hopefulness for the future.

All of the women experienced trauma related to violence in an intimate relationship. There was also evidence that the women lived in contexts in which they had experienced other

types of trauma, including, for Indigenous women like W.B.W., "intergenerational trauma" (2) caused by the effects of colonization. Traumatic experiences outside of their abusive relationships were discussed explicitly by participants in relation to mental health problems and substance use concerns. These unresolved traumatic experiences were central to some women's narratives, particularly those of Indigenous women. For example, Sarah connected her mental health problems to the "damage" her substance use had caused and to negative experiences in childhood, referring to the "neglect" she experienced, and remembered how viciously her parents would fight. Tearfully, she stated, (3) "Fuck, it sucks… (My mom) would fucking egg on my dad- fight or hit him or whatever until he fucking finally would just beat on her." Loretta, who experienced a similar childhood, said, (2) "I saw violence when I was a child. And it still hurts me right now… All that's happened, all that abuse when I was a child, I carry it with me." W.B.W. spoke about needing to learn how to cope with grief and loss. Mid-way through the third interview she stopped to stare out the window of the residential treatment program, and after a time she said quietly, (3) "My mom, she committed suicide (18 years ago). I can see her house from here." During that interview she also described losing many friends and family members over a short period of time. She stated, "I was just losing a lot of people all at once. Now it's like 20 people I've lost within two years." These stories clearly show how trauma is connected not only to mental health and substance abuse, but also to social supports.

Loretta spoke in detail about abuse spanning her entire life, saying, (3) "I got depression, anxiety from everything, like from all the abuse and physical abuse. It was even sexual abuse also," and, (1) "I've been abused since I was a baby." She related a heartbreaking story of being sexually abused by a stranger when she was only 7 years old:

(1) I was walking to the store … (A man) grabbed me and pulled my pants down and I started crying and whatever. And he says, if you cry or scream, I'm going to slap you. So, he did what he did. And he paid me like I was a hooker after he was done.

She retold or referenced this story in each of her three interviews, once exclaiming, (2) "I think about all those Indigenous ladies, the Métis ladies, and that that guy could have just snapped my neck and threw me in the river." And this passage speaks again to the additional layer of the disproportionately high rate of violence against Indigenous women and girls, and the awareness of Indigenous women of the increased danger they are in.

In contrast, when the women with the most IPV-centric narratives spoke about their mental health it was mainly in relation to the challenges associated with terminating their abusive relationships. For example, Zadie tearfully described feeling "heartbroken" and low about how her relationship with her abusive partner ended, saying, (2) "I have such a heavy heart and I am so tired, you know, I just feel so sad all the time." Loneliness was another topic that arose for women. Several participants indicated that they were worried about feeling lonely and blue after terminating their relationships. Charlotte, for example, stated, "I feel like I'll have nobody. Just lonely." Similarly, in her first interview, B.G., who spent most of her life moving from foster family to foster family, explained that even if her abusive relationship was not meeting her need for love, it had meant that she was not alone. She said, (1) "I don't consider that was love but I felt like I had somebody there." In her later interview she revealed that coping with the loneliness and the loss of her relationship continued to cause her pain, saying (2) "I cry. I try not to think of him. I try my best…And it's a struggle." While mental health concerns were discussed to some degree by all participants, the way in which this was done, and the extent to

which mental health issues were directly related to the experiences of IPV differed depending on the unique social location of the participant.

Substance Use. Ongoing substance use problems was another major challenge and barrier experienced by several of the participants. For four women, Jamie, Phoenix, Sarah, and W.B.W., their substance use problems were chronic and severe and remained a main focus throughout each of their interviews. The process of entering treatment, their experiences in treatment, and the outcome of treatment varied from participant to participant. Sarah, W.B.W., and Jamie all spoke at the first interview about their plans to enter into residential substance use treatment programs. W.B.W. planned to transition directly from shelter to a rural program. Sarah had arranged to enter treatment shortly after her exit from shelter, saying, (1) "They set me up. They gave me a bed date- it was quick. That was easy." Jamie had yet to learn when a place would be available for her at the treatment programs to which she had applied. She stated, (1) "(I've been) in the process of trying to go (to treatment) for the past couple of months. And just waiting on a bed date. Needing to go… but I don't know how long it's going to take me to get there." The fourth woman, Phoenix, was already residing at a sober living facility, which she had gone to directly from shelter.

Each of the women ultimately entered a treatment program. W.B.W. and Jamie completed their programs, while Sarah and Phoenix did not. Sarah explained that she had been to treatment many times throughout her life, and between the first and second interviews she tried again but relapsed and exited the program after approximately one week. She arrived at the second interview high on prescription medications. Just before the interview was terminated because she could not engage, she explained, (2) "I'm tired and I'm self-medicating now… I took a couple of- I was feeling extremely anxious earlier so I took a Xanax. It's calming me

down... Yeah. Sorry… I apologize." It was apparent at the third interview that substance use problems remained a major barrier for Sarah. Throughout the interview her descriptions of her substance use changed. Initially she stated, (3) "I haven't done (drugs) in a long time now." Then later she clarified, (3) "I'm not saying that I completely did anything. I… did a little bit of- nothing big. Not compared to what I used to do." And finally, she admitted, (3) "I used yesterday. I still use." In the final interview she spoke about her plan to enter into another treatment program and her wish to discover "the *why*" of her addiction problems. Sarah acknowledged in the final interview that she was starting from the same place she had been at interview 1 with regards to managing her substance use.

At the time of the second interviews, both Phoenix and W.B.W. remained in their respective treatment programs and were feeling positively about their progress in treatment. For example, W.B.W. shared about her sobriety, asserting, (2) "I'm sober and, actually, I'm even off pills now… I've been clean off meth… And I've been clean off alcohol and pills." Likewise, Phoenix stated, (2) "I'm sober," and explained that she was using her time in the sober living facility to deepen her relationships with her children and to encourage one of her children to seek help for her own substance use concerns. She stated, (2) "My oldest daughter, she's coming with me to AA so things are going good." However, when the women left treatment, they both relapsed. W.B.W. completed her program but had not secured any housing which led to her being in high-risk environments and ultimately using. She participated in the third interview from a different treatment centre, but admitted that she had used the day before. She exclaimed, (3) "It seems like every 30 days I relapse. I don't know why that is. And I've just got to try to break that cycle somehow." Similarly, after finding the sober-living facility "too stressful," Phoenix left, went to stay with a relative who also struggled with substance use problems, and

began using again. Of this, she said, (3) “I just wish I had more willpower to say no. Or like leave. But I kind of was stuck at those places because I had nowhere else to go.” She completed the third interview from a hospital-based detox program.

Jamie’s experiences, although seemingly different, appear to follow the same pattern as those of the other women. She described her experiences in the treatment program she entered sometime after the second interview as a “happy” time in her life. She remained there for three months and had planned to remain for one year, but she was contacted by her abusive ex-partner who told her that unless he repaired his home, their youngest child would be apprehended by child welfare. She agreed to help him with the renovations and left the treatment program. She stated, (3). “I didn’t know I was going to leave the program and go back and be in the same family dynamic I was in, that I was trying to leave a long time ago.” At the time of the third interview she had been back living with her partner for eight days in a situation she recognized as very high risk given her partner’s substance use. Reflecting on this, she said:

> (3) It’s like, OK, well *I* changed something. I’ve just got to get out. I don’t know if I can. It just reinforces I don’t want to be there *again*. You know, that, OK, get back on drugs. Just join in with the family and enjoy that and see where it goes but it’s not going to happen, because it’s not going to go anywhere. I feel like, oh shit. Again.

It is clear that at the final interview she viewed herself as being at a cross-roads in her substance use recovery. She recognized that, living with her partner, she was in danger of returning to using, but she was unsure whether she would be able to leave given child welfare involvement, a lack of housing, and uncertainty about her ability to re-enter the treatment program she left. Each of these stories illustrates how disrupting and devastating addiction is, and underscores, that,

where present, substance use problems often become a central focus of abused-women's narratives.

The narratives revealed participants' awareness of the interplay between addiction and IPV. In fact, all four of the women described above spoke to this connection. For example, Jamie explained, (1) "The abuse and the addictions go hand in hand. It's not separate. It's together all the time," and, reflecting on her previous abusive relationships, Phoenix stated, (2) "I've noticed actually the past two times I relapsed, there was a guy involved." Although IPV is clearly acknowledged in these narratives, it is situated as part of the constellation of interrelated problems the women are facing. In contrast, substance use was not often mentioned by participants with more relationship-focused narratives. Two other participants endorsed current concerns with alcohol or drug use at the time of the first interview, but for those women, Charlotte and B.G., addiction was not a major focus of their narratives. It seems because they felt they were managing their substance use well. Substance use was only mentioned by one other participant, Georgia, who briefly noted, (1) "I am a recovering addict. I have been clean for over four years, so there is that as well. I still attend meetings and I have supports with that." These examples suggest that where supports exist to manage substance use, the narratives of women leaving shelter following IPV are more relationship-centric.

Involvement in the Child Welfare System. Child welfare involvement, and in particular strained or negative relationships with child welfare agencies, is another barrier for many women leaving domestic violence shelters and another main focus of certain participants' narratives. As demonstrated above, Jamie's narratives were profoundly impacted by child welfare intervention. She introduced this theme in her first interview, explaining how her substance use had negatively affected her ability to parent her children, and how child welfare agencies had been involved

with the family for years. When her partner asked her to return to the home to help him ensure that it met child welfare's standards, Jamie considered what it would mean if she did not, and if child welfare authorities also apprehended their youngest child. She stated:

> (3) I realize if she is apprehended we have to go to court. She'll be in a foster home… The (other) kids won't be able to come home quite as fast… I need to know where my kids are and for them to be home.

She hinted at the anguish parents feel when they are separated from their children and uncertain when they will have them back home. The threat of apprehension led to her returning to her partner and a high-risk situation both in terms of relationship violence and substance use.

Jamie's narrative related to child welfare involvement is confusing and unclear. As she relied on her partner to communicate to her the information from child welfare staff, she was unable to provide additional details about their concerns. She stated, (3) "I don't talk to CFS much. He did all the talking… He had primary care of [our youngest] daughter. Because I wasn't around for the first four years, off and on." She knew little about how to communicate with the child welfare authorities and she appears not to have considered that she had a right to contact them and clarify their concerns. This situation speaks to two levels of powerlessness: powerlessness in her parenting relationship with her partner who was the sole contact with the child welfare system, and also a power differential between the child welfare system and families that discourages parents from reaching out when they do not understand the decisions made. This lack of collaboration and communication in relationships with child welfare agencies arose in several other narratives.

W.B.W. and Phoenix also found themselves at the intersection of housing, substance use concerns, and child welfare involvement. Both had lengthy histories of child welfare

involvement and all of their minor children were in care at the time of this study. For example, W.B.W said, (2) “My kids were apprehended at a young age. I’ve been going to court with (child welfare agencies) for 10 years.” While in their respective addiction treatment programs, both women were participating in visits with their children, however, after leaving and with no housing secured, they were no longer given visits. Prior to leaving treatment, W.B.W. explained how she assumed that her child welfare worker was going to secure her housing, but noted that she had not yet been able to connect with her worker. She stated:

> (2) I’m just going to wait and see what happens with my worker because she’s the one that’s supposed to be making all these arrangements for me and like I don’t know what the heck she’s doing because I haven’t been able to make a call to her.

At the time of the third interview, after a period of housing instability and no visitation, W.B.W. described a tense relationship with her worker, saying:

> (3) I haven’t really been visiting with (my children). I just started my visits again…. I have a hard time talking with my worker. My worker does not listen to me when I talk to her. She kind of like gives me the cold shoulder or shoves me away.

And Phoenix also hinted at an adversarial relationship with the child welfare system, hoping in interview 2 that there would come a time when her family will not have to “worry about CFS.” She expressed concern that she was running out of time to complete all of the tasks her child welfare worker had mandated her to do, saying, (2) “Maybe I’ll have to extend (my children’s order) to like November because I’ve still got to go to my programs… (and) get on Manitoba Housing.” And then she left treatment and relapsed. At one point she returned to the same domestic violence shelter and informed her worker of this change. Unbeknownst to her, her worker was going to be setting up visits with her children at the shelter, but by the time her

worker called to inform her, she had already left shelter and was couch-surfing with relatives and friends. She recalled, (3) "I left (shelter) and then my CFS worker called and said she was going to OK weekends there. But I told her I already left. It's like, I'm not there no more. And I was like, fuck!" Without safe, stable housing she was denied visitation with her children.

In contrast, women with child welfare involvement whose set of narratives centered IPV tended to describe helpful, reassuring, and respectful interactions with this system. For example, Annabelle, whose set of narratives was the most relationship-centric and focused primarily on her personal psychological growth following the abuse, described developing a positive relationship with her child welfare worker despite a history of challenging interactions. Annabelle described a recent meeting with her worker, including the positive feedback she had been given, saying, (2) "My worker, she's like, you're such a good mom." Similarly, B.G., who also had some negative past experiences with the child welfare system, spoke about the shift in her relationship with her worker. She stated, (1) "(My worker) is actually working with me. He said, I'll work with you always as best I can. You've just got to communicate with me. I said, yeah… now I am. I said, before I wasn't." This shift included a commitment by her worker to 'do his best' in working with her, a reminder of what she needed to do to ensure he could do so, and her acknowledgment that she has also changed the way she participated in the relationship. At the time of her second and final interview, she reported that she had no concerns about her relationship with the child welfare agency, saying, (2) "Everything's going good with (my) visits."

Zadie was another mother whose situation was different from other participants because none of her children were in care; the child welfare agency became involved in a supportive role as she left her abusive partner, helping her as she began parenting her children alone. For Zadie

the discussion of child welfare involvement was fairly lengthy, but unlike other participants, it was tied directly to her abusive relationship and her decision to leave. After threatening often to have the children removed from her care as a means of maintaining control in the relationship, Zadie's partner *did* call child welfare authorities. Zadie recalled what happened when the workers arrived that day:

> (1) (The child welfare worker) took my side, like that guy said… You are going to be with the kids and we are going to do a safety plan. So, I said well, I don't want him here, can you ask him to leave, or can you call the cops, because once you guys leave, he is going to take it out on me and all this stuff is going to happen again. So, they escorted him out and then they told me, you kind of need help Zadie. I said I *do* need help. And they said… we are here to help you. I felt a little bit better, knowing that there was help out there.

Zadie's telling of her story revealed a hint of surprise when the child welfare workers sided with her as opposed to her partner when they arrived, which could have been affected by the many threats about child welfare her partner had made, but was also likely connected to her perceptions and expectations of the child welfare system as a poor, Indigenous mother. Her narrative showed her immediately mobilizing their support and using the opportunity to separate herself from her partner and to set herself up to access additional services. She was appreciative of child welfare's involvement throughout her narratives, for example expressing, (1), "(My CFS worker) is very nice. I am so happy she is helping me out so much."

Involvement in the Criminal Justice System. Criminal justice system involvement was another factor affecting participants' degree of social marginalization. Although several women had previous involvement, the relationship with the criminal justice system was only present in

the narratives of two participants. Nicole was involved in an ongoing case related to her allegedly physically assaulting an ex-partner. During the first interview she explained:

> (1) I have charges in (a different province) I have to deal with. So, I have to attend to those too, which is hard because being on EIA it's not easy to get money to go…. Time's ticking and I talked to a few lawyers. They want their retainers up front, so it makes it hard because if I don't have somebody who can appear for me, I have to appear myself. So, it's another money grab and it's costing me quite a bit, and sets everything back for me by dealing with this.

She identified her charges and the court case as 'setting everything back' for her, highlighting how daunting of a barrier it was and the uncertainty this was causing about her future. She also clearly connected her difficulty finding solutions to poverty. Later, in the third interview, her criminal justice system involvement became an even more critical topic after she reconnected with the partner involved. The police were called after this partner physically assaulted Nicole, and in the end, she was arrested for breaching a No Contact Order (NCO). She also expressed that she intended to continue the relationship, despite the NCO, which would put her in a very difficult predicament and she would be risking further criminal consequences.

Conversely, for Loretta, it was past criminal justice system involvement and unresolved trauma, as opposed to ongoing proceedings that were a focus of her narratives. In each interview she recounted the traumatic event that led to her incarceration, and that she believed led to her "dream being ruined." Through her tears she recalled being violently assaulted by a woman and retaliating, saying, (1) "I was so mad. I went home and I got a bat …and I hit her a couple of times in the mouth. I was the one that got arrested." She related her actions to the emotional, physical, and sexual abuse she experienced throughout her life, saying, (1) "I think I did that

because I had so much anger and sadness in me and all the abuse that happened to me in the past. That's why I did that." Her experiences in prison, the far-reaching consequences of her incarceration, and her quest to obtain forgiveness from her loved ones for what occurred were all recurring themes throughout her interviews. However, each time she retold the story, her intense distress, the urgency with which the words flowed from her, and the lack of any progress or resolution (whatever that might look like for her) underscored how devastating her experience was for her. Her story demonstrates the long-term negative consequences of criminal justice system involvement, and how this is connected to trauma, loss, and fractured social support structures.

Formal and Informal Supports. One of the key differences between participants whose set of narratives was located towards the IPV-focused end of the spectrum, and those whose narratives focused more broadly on social marginalization was the amount and the quality of formal and informal supports in their lives throughout the study period. Women whose stories de-centered IPV generally spoke about having lower levels of social support, both formal and informal. For example, Sarah described challenging relationships with family members who also struggle with addiction and a lack of other supportive relationships. She stated, (1) "I don't really have any friends or anything. It's just my family I have and they're all, they all use, whether it's coke, crack, or pills. They all use something." Similarly, Loretta described being estranged from many of her siblings, at one point saying, (1) "I have already two sisters that I have No Contact Orders with and (this sister) will be the third." Nicole spoke bluntly about the effect that the lack of support from her family members had on her life. She stated:

> (2) I have no support from my family. I wouldn't have even been thinking about being in (a domestic violence shelter) or anything like that if I had the support of my family in the

> first place. I probably would have never even gotten to the point where I needed to be in a shelter. I lack their support of so many different aspects.

Nicole seemed to suggest, that for her, a lack of social support constrained her choices and may have meant that she was left with only choices that ultimately increased her vulnerability to experiencing partner violence. She indicated that the path she took after experiencing violence – going to shelter – was also impacted by her lack of alternate options.

In contrast, women whose narratives centered IPV often identified several close and trusting relationships with family members, friends, or communities on which they could rely for various types of support. Several women spoke specifically about emotional support provided by loved ones. For example, B.G. described having close relationships with "decent" people who she kept in touch with regularly. She also spoke about inviting a friend who was also experiencing some challenges (i.e., the death of her child) to move in with her. She talked about them relying on each other for emotional support, saying (2) "We're helping each other." Likewise, Annabelle expressed gratitude for her close circle of friends who have had similar experiences, explaining:

> (2) I make phone calls, talk to my friends. Because they went through things and it kind of helps me when I talk about things with them… I do have really, really good friends. And they give me a lot of encouragement. A lot of advice… It is always good to have like someone to help, especially someone to talk to.

Loretta described a feeling of security and nurturance in her important close relationships, for instance, describing a close family member as her "guardian angel" and explaining that she felt "safe" and "protected" in her latest living situation with her family member and a good friend.

Other women spoke about more practical support to assist with housing, childcare, and other concerns. For example, both Zadie and Georgia spoke about family members volunteering to provide childcare for them so they could engage in other activities. Zadie stated, (2) "My cousin is going to help me if I'm wanting to go back to school, like she would care for (my youngest child) for me." Likewise, Georgia explained that when she wanted to attend a support group her (2) "mom has been helping with that. So that's good. She comes over and babysits." Georgia told about the unexpected note she'd received from a neighbor in her building, saying:

> (2) After I was there for a few days, (my toddler) and I were sitting in the living room and a piece of paper slid under the door. And I was nervous. Oh no, (because) he's crying … But it was the girl that lives upstairs, it was her Wi-Fi password so that I could use her Wi-Fi. And her phone number. So, I, of course, texted her and whatever. So that was really nice. I was almost crying. It was so sweet.

Similarly, Charlotte told about her church helping her to secure housing, saying, (1) "I went to go see the place and… I was approved. I had to get the damage deposit and rent figured out… (My church) helped me with the damage deposit." These narratives showed how support doesn't necessarily have to come from family or even friends, but how involvement in larger communities like churches or neighbors/neighbourhoods can also be relied on for support.

A final unique example of informal social support came from Georgia, who unlike many women in shelter had a very strong network of supportive family members, including her parents. Her parents were able to provide emotional, practical, and financial support, all of which came into play when Georgia was making the decision to enter shelter. She recalled speaking with her parents after making the decision to leave her abusive relationship:

> (1) I had actually called my parents and said I need to leave. They were on vacation and I said, can I go to the house? My dad said, of course you can, but you'd be more likely- you will get help, you'll be connected with different resources if you go to (shelter). And then I got here and I had no idea about any of it until I got here. Because why would I, right? If I never had that need for that kind of stuff before.

Georgia's quote highlights her privilege in several ways. Most importantly, it shows that going to shelter was a calculated move for her and that it was not her only option. She, rightly, believed that going to shelter would enable her to connect with a variety of resources in the wake of her abusive relationship. She acknowledged that she had never needed to access those resources before, which speaks to her White, middle-class background, and also highlights the fact that she had never before been involved in an abusive relationship, unlike most other participants.

The degree of formal social support also influenced participants' narrative content. Some participants shared about having little formal social support from systems designed to assist and protect them. For Sarah, this involved disheartening interactions with social assistance services, a relationship complicated by her substance use and her struggle to complete the treatment programs required of her. During interview 2, she explained, "(It's) either (back to treatment) or find a part time job. EIA, they cut me off so I have no income. I'm looking for a job though... They want me to go to a review session about (what happened in treatment)." Another example came from Loretta, who shared a disturbing story about an interaction with the police when she called them following a violent assault she experienced at the hands of her partner. She remembered:

> (3) I *did* call the police on him and they didn't see anything wrong. Didn't see anything wrong. (His mother) was on his side, no, nothing happened… I wanted to get out of

> there. I assumed they were going to bring me to a shelter right away. But they didn't see anything wrong. They didn't see any bruises or anything or they thought I was making it up… They're like, are you telling the truth? 'Cause we don't see anything wrong here and nobody's complained about anything and your fiancée's mom is saying that nothing happened. Well, it happened in the room so how would she know?

Loretta's story provided an example of the poor treatment that many marginalized women can face when interacting with law enforcement personnel, including questioning the veracity of victim accounts and failing to intervene when the victim is asking for help.

In contrast, women whose collections of narratives centered IPV spoke about being engaged with organizations they found helpful. For example, Georgia was attending a support group for women who have experienced IPV, and both she and Charlotte had arranged an option to participate in further counselling through the shelter if they so wished. B.G.'s relationship with the resources for individuals with diverse abilities, mentioned above, is another example. She spoke about going to the resource immediately after being assaulted by her partner and one of his family members:

> (1) I need help, I said… I need somewhere to stay. I need somewhere to live… And they fed me right there at the office, they literally gave me two lunch baggies and then they said, don't you go anywhere, we'll help you and then they phoned (shelter).

And she described an ongoing positive relationship with the resource throughout her time in the study, saying, (2) "I say hi and drop in when I don't need to… I can come here to see if I need any grub or need anything. They ask if I need anything." It is also interesting to note the focus on food in these quotes and this indication of the degree of financial hardship faced by this woman. Loretta also described feeling grateful for a free community-based food distribution service,

explaining, (2) “It helps because I’m on assistance and I don’t get very much money.” The housing resource she accessed is another example of a timely and valuable intervention offered by a formal support. In addition, as discussed above, some women like Zadie had good relationships with their social assistance workers who helped them to obtain housing.

One of the participants discovered that her band was able to provide her with support, not just in terms of her potentially choosing to further her education, but also in her interactions with the child welfare system and in other areas. Annabelle expressed how pleased and surprised she was to learn this. She described contacting her band council to inquire about support for her education:

> (2) I called (my band) a couple of times and she’s like, did you get my emails? She’s like, go do it. She’s like, hurry up and go do it right away so I could put your name here and take care of this part. And so it went pretty good. She was all for it. She was really supportive. And I realized that my band could really support me and my kids. They offer different kinds of helps, like support with CFS and stuff. And I didn’t really understand that because I don’t live on the reserve so they explained some stuff to me.

Her quote demonstrates how important it is for women to not only to have various forms of formal supports available to them, but to know about them and know how to access them.

Another difference related to degree of social marginalization that affected the content of participants’ narratives involved education and employment. For women experiencing a very high degree of social marginalization, education and employment were discussed less frequently and in less detail. These topics were also discussed in a different way. More marginalized women spoke about employment less in terms of future dreams and more in terms of desperately seeking to secure housing and make ends meet in the present. For example, exasperated, Nicole

stated, (2) “I don’t have a stable place to live. Not having a stable place to live makes it hard for me to find a job. Not having a job makes it hard for you to have a place.” Similarly, Sarah stated, (2) “I don’t know what I’m going to do… I have to get a place. I’ve got to find at least a part time job.” More marginalized women also spoke differently about education, focusing on doors that were closed for them. For example, Nicole shared, (3) “I wanted to get into psychiatry or psychology but you can’t have a criminal record for those fields. And then to pay for schooling and stuff…” Where employment or education was mentioned in the narratives of women who spoke about broader social marginalization, it was only in relation to highlighting barriers and searching for any way to navigate them.

In contrast, employment and education arose more frequently and in more detail for women whose stories centered IPV. They were discussed in relation to the participants’ past successes, and their hopes and dreams for the future. These participants had often had more opportunities in the past to further their educations. In fact, two of these participants, Annabelle and Georgia, had both attended college. Annabelle recalled, (1) “I went to college. I took a bunch of high school courses over. I had my kids in school. I worked. I don’t know how I did it.” Zadie shared a similar story about her ensuring that she completed high school in spite of her growing responsibilities as a mother. She explained, (1) “I finished high school. It took me 9 years, but I did it. Every time I would get pregnant, I would kind of take a year off and then go back, but I did it.” Some of these participants also had lengthy histories of employment. For example, when thinking back to what her life had been like years earlier, Loretta stated, (1) “I was doing good… with my jobs- I had two jobs. I had good credit and everything.”

And for all of the women with more relationship-centric narratives except B.G., the woman with a neurodevelopmental disorder, going back to school was an important goal. For

example, Annabelle stated, (2) “I applied for school. So I should be able to start. I wanted to get into business… I’m thinking about like buying properties and renting… It’s something I’ve been thinking about for a long time.” Georgia spoke about her plan to attend a program for building administrative skills, Zadie outlined her goal of getting into a nursing program, and Charlotte explained that her goal was to (1) “go back to school to find a career.” Loretta described her plan to complete her GED, then complete a university degree, and ultimately obtain employment as an accountant. During the first interview she said, excitedly:

> (1) I start November. It’s November to May. It’s evenings. They give you a big GED book. They’ve got tutoring. They give you quizzes throughout the program. And tests. And then I’ll have my GED diploma [*chuckle*]. That’s what I want because I want to continue at the (university). I want to do some kind of accounting.

And, while working towards her GED at the time of the third interview she added, (3) “I like learning stuff. And it’s just a step forward to getting to accounting.” The participants who had experienced academic success and/or secured good jobs in the past were more hopeful about future education and employment opportunities, whereas other participants expressed concern over these prospects or did not mention them at all.

Poverty. Poverty was a major barrier and a unifying theme throughout all of the participants’ interviews, although it was not often explicitly named. Poverty is linked to each of the barriers identified above. Poverty is more than financial hardship; poverty is deprivation and exclusion stemming from social norms and social institutions that were designed by, and constructed for the privileged. For Indigenous groups in Canada, poverty is tied to the history of colonization in Canada where Indigenous peoples were not recognized as equals and were forced to assimilate (Truth and Reconciliation Commission of Canada, 2015). This legacy and ongoing

discrimination and systemic barriers continue to affect the lives of Indigenous persons today. For Indigenous peoples, 'poverty' encompasses the loss of languages, cultures, and identities; loss of social connections and community ties; loss of land; and loss of self-determination (Wein, 2017).

Poverty was implied in all narratives where participants revealed or considered the ways in which their choices are limited. Important examples in the preceding discussions include the challenges associated with finding safe, stable, and affordable housing, in particular the use of the provincial housing strategy for individuals with insufficient incomes; and discussions of employment and education. Some participants mentioned poverty in passing. For example, Loretta expressed her appreciation for the food bank, as described above. Phoenix spoke about spending what little money she has to connect with and nurture her children, saying, (2) "I don't have that much money but when I do, I like take my kids out to eat or we go to (the store)."

A few participants spoke in more detail about their financial hardships. For Sarah, this occurred in the context of her explaining why she was unable to get to a job interview. She recalled:

> I got frustrated yesterday. I had an interview and my sister went and bought a bus (ticket) for me… And it dropped underneath… a built-in cabinet. We pulled out the wood and it got stuck in there and we still haven't found it. And I'm like how is that possible? So, I phoned the guy and tried to reschedule and he just kind of laughed at me. He's like, I'll call you another time. 'Cause probably this sounded stupid, right? Like I need to reschedule because I've lost my bus (ticket).

She missed an opportunity to potentially obtain employment because she did not have access to transportation, could not afford another bus ticket, and was therefore unable to attend the interview. Then there was Nicole, the participant who spoke the most about poverty, connecting

it to her health, housing, employment opportunities, and her interactions with the criminal justice system. During the second interview she spoke about the many additional challenges she would experience if she was unable to pay her phone bill. Angrily and fearfully she wondered how she would manage medical appointments, her search for housing, and job interviews:

> (2) What am I supposed to do with my life if I don't have a phone? How do you get to these appointments? How do I schedule these things? How do I have people call me so that I can go to interviews? Go look at places or housing and things like that? It's just a frustrating situation… My phone (bill) is like two hundred and ninety-seven dollars. I paid like 80 dollars of it with the benefits that I got from welfare. And that was as much as I could afford to put on it but… I'm falling pretty far behind.

During the third interview, Nicole described how poverty had affected her criminal case, explaining that she had failed to attend a court date because she was not able to afford to travel to the city where she had been charged. She explained:

> (3) I was on welfare at the time and I told them that I couldn't make it to court because I didn't have the money to go because I wasn't receiving pretty much any funding from welfare. And it made it difficult because just a ride share itself cost like 50 bucks. So that's not including hotel or anything to stay in when I have to come here (to a different city) for court. That's kind of why (I breached).

She also connected poverty and her involvement in the criminal justice system to her engaging in sex work. She stated:

> (3) I've done (sex work) for two years now. The only time I stopped was when I was pregnant… [*Irritated*] When you have criminal charges, to be honest with you, it's kind

> of like my only option right now. It's not really easy to find a high enough paying job where you can pay $3,000 for a lawyer, right?

Nicole's candid interviews provide insight into the way in which poverty is central to all facets of social marginalization, and how financial hardship creates situations that lead to more financial hardships (i.e., the cycle of poverty).

Interestingly, the one other participant who spoke often about financial constraints was Georgia, the most privileged participant and the participant whose storyline had arguably the best outcome at the end of the study. She raised the issue of financial instability in each interview when speaking about the challenges she faced, for example, saying:

> (2) Of course, money. I'm on assistance. I get $360 to live on for (my toddler) and I for the month. So that's, that's not easy. Everything revolves around that as far as transportation and stuff like that. So that's definitely a barrier.

Or, (3) "Everything is limited money…. When you're living on $360 after your rent for the entire month for everything? For two people? Yea, not doing anything entertainment wise." For Georgia, a middle-aged, White woman from a middle-class family, it seems likely that financial constraints were brought to the forefront and discussed explicitly because this was the main barrier she faced, and because struggling financially was a new experience for her. In fact, in the third interview she acknowledged, (3) "We're poor [*chuckle*], but other than that we do OK." Georgia's discussions of the financial challenges she faced underscored that she was not living in poverty in the way that other participants were.

A Shift Over Time

The women's sets of narratives ranged along a spectrum of IPV and relationship focused content to content focused on social marginalization more broadly. One way that this was

illustrated was in the way that participants began their narratives. For example, Zadie, whose narratives were very IPV-centric, began her first narrative like this:

> (1) I think it will be really good because having this guy not around will make my life a little bit easier, because he used to control everything, like even my cleaning, how to be a mother. And it will be a lot easier on me and my kids. We can do what we want and leave whenever we want.

Similarly, Georgia, another participant whose set of narratives focused more on IPV and her relationship with her ex-partner, began her first narrative by saying, (1) "I get to make my own choices and that is exciting. Having my own space. Being able to do what I want, when I want, rather than on someone else's schedule." For these participants, the key message they wished to lead with was about how they expected their lives would be different after terminating their abusive relationships. For other participants whose their narratives fell somewhere in the middle of the spectrum, IPV was a main focus alongside several other obstacles. For example, Jamie began her first interview by identifying her goals. She stated, (1) "When I leave (shelter), I'll have a place to go hopefully. And rehab, a family lawyer, and away from my abusive partner." Another example comes from Sarah, who began her first interview like this:

> (1) I'm looking- I have an apartment. I'm going to let it go. So, I'm looking for a new one. And I've been sober, pretty sober lately. I only used once in the past two weeks. Well I'm pretty proud of myself. I turned down drugs today, and that's a big step for me. My ex has been emailing me and I've actually been able to not talk to him yet, which is a really big deal. Because by now I would have been back.

It is clear that IPV and ending their relationship with their abusers was important, but other issues, in this case, housing and substance use were also identified by participants as critical

issues to be discussed. In contrast, the participants with the most social marginalization focused narratives, did not begin their interviews with any specific mention of partner violence or terminating their abusive relationships. Nicole, spoke first about her pregnancy and her plan to get an abortion. Phoenix explained that she was living at a sober living facility, and stated, (1) "I'm going to AA meetings, volunteering. Spending more time with my children." W.B.W. also began her first narrative by speaking about entering substance use treatment. In fact, she did not mention the abusive relationship that led to her stay in shelter even once throughout her set of three interviews.

Despite differences in the extent to which IPV was central in the women's sets of interviews in general, over time, the focus of participants' narratives shifted from IPV-related content, to stories focusing more and more on social marginalization more broadly and the ways in which each woman encountered and worked to address problems and barriers. This was likely a function of the time elapsed between the incident that led to their shelter stay and the later interviews. For example, Annabelle's first narrative was essentially a review of what she had learned in shelter about how to cope with the loss of her relationship and how to begin to move forward. She ended that interview by discussing her experience working with the counsellors in shelter, saying:

> (1) I think that (for) everybody that is learning how to talk about and deal with abuse it's scary and painful- it is very hard because it brings up a lot of feelings, a lot of emotions. And when you get hurt so much it is kind of like peeling away layers of yourself to really get out what's bothering you, you know? So, it can take a lot of time.

However, her second and final interview was focused more on planning for her future (e.g., education, employment, regaining custody of her children etc.). Another example was B.G., who,

in her first interview, gave a chronology of her abusive relationship from start to finish, and focused on how she made the decision to leave. In contrast, her second and final interview focused on other topics like reconnecting with an old friend, her interactions with the child welfare system, and a new romantic relationship. Her abusive relationship arose primarily when she described how her new partner was different than her abusive partner. For instance, she spoke about her children asking about her new relationship, saying (2) "My kids said, oh mommy, this guy's not mean to you like daddy was? He doesn't say the mean words to you? I said, no he does not. He's a really nice gentleman."

Another example comes from Loretta's series of interviews. For her, IPV was situated within the context of life-long abuse she had experienced, and this was the main focus of her narratives. Even so, there was a shift from interview to interview, in the way partner violence was discussed. In her first interview, Loretta recalled several incidents of violence perpetrated by her partner. For example, after describing the physical violence she experienced, she added, (1) "Even with sex things, I don't like to have sex with somebody that's drunk…He always called me down about that… like get out, move out." However, in subsequent interviews, while she still spoke about experiencing IPV, she shifted to using the interview as a platform for bringing awareness to the issue and advocating for additional resources for women who have experienced violence. For instance, in her second interview, she exclaimed, (2) "If I won the lottery, I would try to put money towards opening up shelters for women…There's seriously not enough shelters for like counselling. Second stage housing, there's not enough!" The way she spoke about IPV changed from a very individualistic account of violence, to a broader question of how to better support other women like herself. Loretta is just one of several participants whose narratives

included this element (the transition from sufferer of violence to advocate will be discussed in more detail in a subsequent section).

And while the content of participants' narratives generally shifted away from IPV-centric stories as the study progressed, relationship violence remained a focus or re-emerged when themes like ambivalence about terminating the relationship, coparenting, re-entering the abusive relationship, and re-experiencing IPV were explored. For example, elements of both of Zadie's interviews were strongly IPV-centric. Partner violence remained the dominant theme of her second interview due to her strong feelings for her abusive partner, her intense grief over losing the relationship, and, in some instances, her doubt about whether terminating the relationship was what she truly wanted. At one point she even stated, (2) "He may have been mean to me and horrible to me, but he was my soul mate and I felt it." IPV also remained the central theme in Georgia's second interview as she spoke about needing to work with her abusive ex-partner to develop a plan to coparent their infant child. She expressed, (2) "I don't want him to hate me more than he already does because I've got to deal with this man for the next 18 years on a regular basis." The women appeared to use the interview to process their emotions and to engage in problem solving around these foremost issues.

IPV resurfaced when women spoke about re-entering the (formerly) abusive relationship, and also where they identified reexperiencing abuse. For instance, both Sarah and Jamie reconnected with their partners and these experiences were a key focus of their third interviews. At the conclusion of the study Jamie had just returned to her home with her partner and was considering whether she would stay. She stated:

(3) My partner with my kids, we've got 16 years. We had fights and we went after each other and we hurt each other real bad… He's not making excuses. I'm not going to make excuses for him, because it happened. (But) I can't just move on.

Sarah, on the other hand, had ended her relationship with her abusive partner again around two weeks prior to the third interview after having re-entered and remained in the relationship for approximately 5 months over the course of the research project. She described how the relationship ultimately ended, saying:

(3) It sucks that it ended. But we just weren't good for each other anymore. We just fed off each other's addictions… I think we both realized it was not right anymore… I think we just got sick of each other.

For both of these participants, their involvement in their abusive relationships was contextualized as one piece of a cluster of pressing problems affecting their lives. Recall that for Jamie, this involved her trying to maintain her sobriety after leaving her residential treatment program to address what she understood to be child welfare concerns that threatened her and her partner's ability to prevent their child from being apprehended. For Sarah her decision-making around the relationship was tied to her trying to manage her substance use and mental health problems. For both participants, and like Zadie and Georgia above, the narratives showed a process of meaning-making around the relationships, in this case the continuing or ending of relationships.

This stands in contrast to the ways in which IPV reappeared in the narratives of the most marginalized women. For these participants, where relationship violence re-appeared it was mentioned much more briefly. It was placed within a constellation of obstacles they were up against, where it was clear other issues were more concerning or urgent. For example, in her third interview Nicole reported, matter-of-factly, that she had restarted a former relationship with

a different partner who had previously been abusive towards her, and that he had assaulted her. She said little else about the relationship except that she intended to continue it. It was clear that a lack of stable housing, criminal charges, and a dire financial situation were the issues Nicole identified as the most critical. Similarly, Phoenix spoke in her third interview about entering into a new relationship that quickly became violent. She explained, (3) "I met a guy that got physical so I ended up going back to (the same domestic violence shelter) for a while." The relationship was not discussed in great detail. Instead, Phoenix spoke at length about her struggle to stay sober, her relapse, her relationships with her children, her interactions with the child welfare system, and her search for housing. These most marginalized women used their time and energy in their interviews to engage in meaning-making around the topics or problems they identified as most important, and for them IPV was not at the top of that list.

Summary

The content of participants' interviews existed along a spectrum of IPV-centric to social marginalization-focused narratives depending on the women's social context. IPV was the central issue around which some women's narratives were organized at particular points in time. However, despite the focus of the study on women's transitions out of a domestic violence shelter and back into the community following the experience of partner violence, IPV was not the major focus of all, or even most of the narratives. Other narratives focused more broadly on the ways in which the narrators were impacted by the various types of marginalization that they experienced. Major themes in these narratives included: substance use and treatment, child welfare involvement, health challenges, traumatic experiences, housing instability, and criminal justice system involvement. In developing an understanding of the differences in narrative content, it is critical to examine the intersecting power structures that influence each individual's

social position. Although all but one of the participants (i.e., Georgia) experienced a high degree of social marginalization, the women whose narratives more often centered IPV were generally less marginalized (i.e., in relation to housing, education, employment, substance use, race, ability) and had better developed systems of informal and formal support. This suggests that compared to participants whose narratives were primarily structured around the effects of intersecting oppressions on their lives, those who constructed IPV-focused narratives likely had more internal and external resources and opportunities to reflect on and make meaning of the abusive relationship and their experiences. The content of participants' narratives shifted over time, from more abusive relationship-centric content at the initial interviews to narratives increasingly focused on their attempts to navigate broader structural barriers. IPV persisted or re-emerged in participants' narratives in stories related to mixed emotions about the relationship, coparenting, re-entering the relationship with the abusive partner, and re-experiencing abuse. Again, the most marginalized participants' narratives de-centered IPV and situated it as one of the many problems that they faced. The diverse and shifting nature of the content of participants' narratives over time underscores the importance of situating women's narratives of IPV within their social contexts. It is only by situating IPV within this broader context that one can understand the concerns that are most salient and pressing for each woman as she transitions out of shelter.

4. 2 Part II: The Master Narrative of *Recovery* Following IPV and a Stay in Shelter

Narrative Elements

The *Recovery* narrative described above was used by participants as a framework for organizing and making sense of their experiences after a stay in shelter. Recall that this master narrative follows an assumed linear ascending trajectory and involved a sequence of five IPV-

centric events: (1) Leave your abusive partner; it will feel good; (2) Do not go back; (3) Participate in counselling; heal from the trauma caused by IPV; (4) Do not enter into another abusive relationship; and (5) Your life will improve (see Figure 1). What follows is an analysis of the ways in which some participants' narratives aligned with, diverged from, and adapted, or conflicted with the dominant narrative across the interviews.

Leave your abusive partner; it will feel good. The master narrative of recovery following the experience of partner violence first required women's termination of the relationship with their abusive partner. Each of the eleven participants initially reported that she had permanently ended her violent relationship. As they transitioned out of shelter, participants spoke about their decision to leave their most recent abusive relationship and their commitment to remain outside of that relationship moving forward. For example, B.G. spoke about how abusive and hurtful her relationship with her ex-partner was, saying, (1) "I have been hit and slapped and pushed around, shoved around, kicked around… I was always breaking down. I was always down *(voice breaks).* I was scared." She then told of her decision to leave her partner and not return to the relationship. She asserted (1), "I have to do this for my wellbeing." Georgia also spoke about ending and remaining outside of her abusive relationship. For her, the context differed because the couple shared a young child. She discussed the shift away from an abusive romantic relationship with her former partner toward a relationship focused only on coparenting their infant child. She stated:

> (1) As bad of a partner as he is, he is good with [the baby] … We are better parents apart because there isn't so much resentment and anger towards each other… [The baby] is the main focus here; it is not about him or I.

It was implied that immediately after ending their abusive relationships women should "feel better" and notice a marked improvement in their lives. Sarah shared a story consistent with this assumption. She recalled:

> (1) He was talking to my auntie. She's like, oh, (your ex-partner) phoned and he's really lonely and depressed. Well, that's not my problem, right? Not my problem anymore. It felt so good.

Similarly, near the beginning of her first narrative, Zadie declared, (1) "I am so glad I left him." Participants suggested that leaving one's abusive partner is required to begin to truly heal. For example, Annabelle (1) asserted:

> The only way I can heal properly, get better, is if I completely leave it alone, leave them alone, just get out of there, you know? ...Sometimes the best thing is to just separate yourself… I know when enough is enough. When something is dead don't go and feel sorry for it. Let it die.

Similarly, Loretta spoke about her desire (1) "to heal" and her hope that this would be possible because she had left her relationship and was accessing supports. Charlotte also spoke to this idea where she contrasted being (1) "miserable" in her relationship with her partner to her plan to become (1) "happier and healthier" outside of her relationship.

Several women linked relationship termination and an ongoing commitment to not re-enter the abusive relationship to an increase in 'inner strength.' For example, Zadie identified a feeling of being "stronger" since leaving her partner. She explained:

> (1) I'm starting to feel a little bit stronger and I have this good feeling I can do this on my own. And my self-esteem is starting to come back. I'm starting to feel like myself again and I feel free. It's a good feeling. I have (not) had this feeling in a long, long time.

Another place that the association between leaving an abusive partner and increasing strength was explicitly identified was where participants narrated themselves as speaking to other women who have experienced partner violence. Annabelle shared her hope that other victims of partner abuse will choose to leave. She expressed, (1) "I hope that other women that have gone through abuse find their strength… I hope they get better and they walk away, because it is hard, mentally. At first it was hard, but it got better." Likewise, B. G. described her dismay at seeing other women in shelter return to their abusive partners, and her efforts to encourage them not to go back. She stated:

> (1) It has pissed me off that I've seen a few ladies here leave to go back to their men. I told them to stay. Don't go. Why put yourself through that again? You don't need it. Stay. Just try to be strong and stay. Look at me. I'm doing my best… I said, you should do the same.

For these participants, sharing messages for other women with similar experiences provided them a way of highlighting their recovery and situating themselves as the 'helpers' versus those in need of help.

Do not go back. In accordance with the cultural master narrative, at the first interview, not one of the participants indicated that their termination of their abusive relationship was conditional. Some participants even explicitly discussed a dominant discourse underlying the *Recovery* narrative that 'abusers cannot change.' They used this belief to reinforce their decision to leave and remain outside of the relationship, supporting their alignment with the dominant narrative. For example, B.G. expressed that going back to her partner would mean re-abuse and the same relationship dynamic, saying (1) "(I'm) just going to go through the exact same shit

over… I have to move on." Similarly, Zadie spoke about the impossibility of change within her partner. She stated:

> (1) I said, no I am not going to be going back with him. I can't. I said, I need to leave this relationship permanently… I just wish he would be a better person. I know that's never going to happen.

In her first interview Sarah also implied that she believed that if she continued her relationship with her partner it would remain abusive, acknowledging that, in the past, she kept (1) "giving it a shot" and then re-experiencing abuse.

Interestingly, the participants who verbalized and used this idea of abusers not changing at interview 1 appeared to be the women with a higher degree of constraint-related commitment to their relationships. First, they had typically been with their partners for longer than other women. For example, Sarah stated, (1) "I've always been on and off with him for a long time…he's just always around." Similarly, B.G. referred to her (1) "abusive relationship throughout 11 years." Secondly, both Zadie and B.G. were mothers who shared children with their partners. For example, Zadie stated, (1) "He is the father of my children. I have been with him for 12 years," and later she noted sadly, (1) "I wanted to grow old with him, see our grandchildren." This suggests that, for women who are more invested in their relationships, beliefs such as the abuser's inability to change can be utilized to fortify their decision-making and to keep narratives consistent with the *Recovery* narrative.

The impossibility of change was also employed as a strategy by some women when they experienced negative emotions about the termination of their relationship. Some of the participants acknowledged thinking about their relationships and feeling a sense of loss, then

quickly realigned with the dominant *Recovery* narrative, which does not leave room for grief or regret, almost immediately. For example, Phoenix explained:

> (2) My ex contacted me through Facebook… It's confusing… because I liked him. I just don't want to go through that kind of stuff. I've been through it before and I don't want it to go as far as it did last time… I don't want to walk around with black eyes.

She spoke about her affection for her partner, then recalled the violence she experienced and implied that returning to the relationship would mean a return to relationship violence. Loretta's narrative showed a similar tension between the *Recovery* narrative and feelings of loss and grief when she wondered how her ex-partner was faring following the end of their relationship. The passage initially conveyed feelings of loneliness and she remembered having hurt her partner with her words during their final conversation. However, as she continued speaking, she ended up reiterating and underscoring all of the reasons she chose to leave, and ultimately realigning completely with the *Recovery* narrative. She stated:

> (2) It is hard. I was thinking, because I felt lonely, I wonder how my ex is doing. I don't know why. I hurt… *(Pause)* The last time I spoke to him before I left to go in a shelter, I said, don't contact me at all… because I don't want anything to do with you anymore. I wasted 7 years of my life being with you. We've gotten nowhere and you haven't changed and the abuse is just ridiculous. I'm just sick of it and I'm getting older and I just need to focus on myself and my life, and I want to make something of my life.

It was evident in the interview that midway through this piece of her narrative it shifted from a retelling of a dialogue with her ex-partner, to a declamation reinforcing her reasons for leaving and her plans for her future. B.G. also struggled with grief over the ending of her relationship, for example explaining:

(2) I do have our pictures hung up in my place… some spots and some days, they do bring back… memories of going over to the park and taking the kids out there enjoying the day… But after, when it (was) all done and that's when he just change(d).

She recalled how, despite the fond memories, her partner would continue to perpetrate abuse. As in the first interview, the women used the idea that abusers do not change to cope with their sense of loss and reaffirm their decision to terminate their relationships.

Over the course of the second and third interviews some of the participants' narratives related to their abusive relationships remained consistent with the dominant narrative of recovery following IPV. Annabelle and Loretta continued to refer to their abusive relationships as major setbacks and obstacles, and they used this as a means for describing the process of "building (themselves) back up" that they were engaged in. For example, Annabelle stated, (2) "When somebody takes the time to tear you down, you gotta take the time to build yourself back up. And you can't build yourself in an environment where you've been torn down. You can't keep going back." She asserted, again, that she would not re-enter her abusive relationship because it would not be possible to rebuild herself and to heal from within the relationship. Likewise, Loretta worked to situate leaving her relationship as a turning point in her life, which, as described above, involved her shifting focus to her own health and wellbeing. Both women's narratives showed them taking steps to move forward in their lives in spite of her abusive relationship and relationship re-entry was not discussed. And, although B.G.'s two narratives showed a lengthier and more challenging process of navigating uncertainties and emotions associated with her abusive relationship, she too succeeded in aligning with the cultural master narrative, ultimately declaring (2) "Enough is enough," and (2) "I'm over him and this is something new for me."

Similarly, the pieces of Georgia's second and third interviews related to her relationship with her ex-partner also remained fairly consistent with the *Recovery* narrative. One deviation was that unlike the other participants, even the other mothers who shared children with their abusive partners, over the course of the entire study period Georgia worked to maintain a relationship with her ex-partner so they could coparent their child together. This is a small but noteworthy divergence from the *Recovery* narrative, which generally appears to be understood as requiring physical and emotional distance from one's abusive ex-partner (i.e., no contact). As Annabelle explained, (1) "the best thing (is) to just separate yourself." Georgia adapted the master narrative to include contact with an ex-partner related to a coparenting relationship, not an intimate partnership. She was always explicit that the connection existed solely for her young child and that she had no intention of re-entering the relationship. In the final interview she explained:

> (3) If he's away, he's always been really good... Absence makes the heart grow fonder, right? That whole thing. But I think he kind of puts on a thing like, I have this family at home… But whatever… It works for me, right? Because he knows there's no chance that we're going to be together. But if it means that things are good for [our child], then that's all that matters.

As above, Georgia situated her past abusive intimate relationship with her partner as an obstacle she was overcoming. In her final interview she stated (3), "I had to be strong to leave and decide that I didn't want to do that. I didn't want [our child] to grow up like that, in that kind of environment."

However, other women's narratives about their relationships diverged from the dominant *Recovery* narrative early on. For example, Zadie's narrative of choosing to terminate and remain

out of her relationship was undermined at one point during her first interview when she referenced her partner as having "moved on," suggesting a counter narrative of 'abandonment by one's partner.' She hinted that this unsanctioned reason for remaining out of her relationship was a major factor affecting her decision-making, stating, (1) "I do miss him and it is really hard. It's hard to move on… But he moved on already, so I've just got to keep going." The insinuation that the decision to end the relationship may not ultimately have been hers, and that her remaining outside of her abusive relationship was a function of her partner's unavailability as opposed to the violence she had experienced ran counter to the *Recovery* narrative.

At the second interview, Zadie became caught between the two competing and incompatible narratives (i.e., *Recovery* and choosing to terminate and not re-enter the abusive relationship vs. being abandoned by her partner). Towards the beginning of the interview, she stated:

> (2) He will keep saying all these things like, I want to work it out and let's work this out. Let's do this. Let's do that. Let's try to be a family again. And I can't. I can't do it... Because I know he is going to be the same person. He never got help for himself. He is always going to be that angry person inside.

Consistent with the narrative of recovery following IPV, she situated herself as the decision-maker rejecting her partner's attempts to continue their relationship because of the long history of abuse she suffered and her knowledge that, without some form of intervention the abuse would likely continue. However, later in the interview she said:

> (2) (I'm) starting to realize we are never going to be a couple… I was like, you are the one who ran away, I didn't go anywhere man. I am still here. I still live here. You are the

> one who ran away. You didn't help yourself. You thought maybe running into another woman's arms would help you. I said, you left us.

And later she tearfully explained:

> (2) I tried to keep our family together... He may have been mean to me and horrible to me, but he was my soul mate… It hurts me knowing he is with someone else and with her kids…. He was a good person before, but he has changed, he's changed into this really mean person. I can't believe he would do that.

She initially tried to adhere to the *Recovery* narrative, supporting her story with the idea that her partner would not change. Then, as the interview progressed, her narrative of her relationship slipped and she admitted both her desire to preserve her family unit in spite of the abuse, and that her partner had left her for another woman. Her discussion of her relationship with her partner ends on a low note; she concludes by sobbing, (2) "Thinking about him and his girlfriend, it is horrible."

Based on the information obtained throughout both of her interviews, as well as in field notes, it is suspected that Zadie returned to her partner. Several attempts were made to connect with Zadie, but despite a well-developed research relationship, she did not follow up. It is suspected that misalignment with the master narrative (i.e., likely returning to her partner) impacted her desire to continue participating. Given the known association between alignment with cultural master narratives and a sense of success and 'goodness,' it seems possible that shame and discomfort in the research relationship may have arisen as barriers to her participation.

When she attended her final interview, Jamie had just returned to living with her abusive partner, though she was uncertain as to whether she would re-enter the relationship. She had

returned to her partner's home because she believed that their youngest child might be apprehended by the child welfare agency unless she assisted her partner, reflecting a counter narrative of 'returning for the sake of the children.' Of her experiences since returning she stated, (3) "So far it's working. And it's hard work to make a relationship work and so, I don't know *(pause).* Because I can't just give up. Sixteen years is a long time." It was clear that the investment in her relationship was a factor influencing her decision-making about whether to re-commit to her partner, suggesting another counter-narrative of 'not giving up.' However, she also explained that her partner continued to abuse substances and she worried about future conflict and her own ability to stay sober. Later in the interview she described becoming angry with her partner for getting high, and said:

> (3) I don't want to be there… This is what I wanted to get away from a year ago… I wanted so bad to leave a year ago and I did. And I did that so I could keep my sanity… And then I come home and (he's) still the same.

Jamie remained caught between the *Recovery* narrative and counter-narratives of 'returning for the sake of the children,' and 'not giving up.' She worked to balance the high degree of investment to her relationship and her desire to care for her children, with her recognition of the detrimental effects of her relationship with her partner to her health and the fact that her partner has changed very little in the year since she left him. Although she had not yet re-committed to the relationship and was thus potentially able to realign with the dominant narrative in the future, her narrative conveyed a sense of being frustrated and stuck. The narrative options available to her did not reflect the complexity of her situation and offered little guidance.

At the time of the second interview, Sarah was back living with her abusive partner. She described reconnecting with him as she began an inpatient substance abuse treatment program,

saying, (2) “We reconnected and then I went to treatment… I kept telling myself that I would stay away from him. And then, I don’t know, I kind of got lonely. So, I started talking to him.” Her story runs counter to the *Recovery* narrative, which is incompatible with relationship re-engagement. Instead, it suggests a counter-narrative of ‘returning to feel less alone.’ It is easy to see how this counter-narrative might be salient for Sarah, a woman with few social supports, especially in the context of a stay in an inpatient program where she is cut off from any regular social contacts. Her desire to adhere to the master narrative impeded her meaning-making around her re-engagement in her relationship as she focused solely on how she was misaligned. Her description of her attempts to remain out of the relationship before she re-entered it contribute to the impression that she tried to adhere to the narrative and failed.

She reported that she was again experiencing abuse at the hands of her partner, admitting:

> (2) I don’t want to be with him because I know exactly what’s happening and he’s already starting to play with my mind. And it’s not good… I’m going back to using with him. Binging for like two days and then him making it seem like I’m going crazy.

She also stated, (2) “It’s sad because this feels like I’m going right back into the same old cycle I was in before.” She recognized that she had re-entered her abusive relationship and that nothing in the relationship dynamic had changed. Overall, her second interview followed a descending plotline, and conveyed a sense of powerlessness, frustration, and disappointment.

At interview 3, Sarah had just left her abusive partner and was once again living with her sister. She expressed that she missed her partner, saying, “(3) He was a big part of my life. Yeah... *(whispers)* I guess I do miss him.” She also described a mutual, amicable breakup:

> (3) We just decided it was not good for either of us anymore. And it was mutual. It wasn’t big fights or anything like that… (We) just kind of left and went our separate

ways, and that's it. It was actually nothing bad this time. It was actually pretty good. It was good. I'm happy…

Interestingly, she then responded to the summary of her first two interviews that was read to her during the member-checking process by asserting that her ex-partner had not, in fact, been abusive towards her. She stated:

(3) He wasn't really abusive… Because I had a lot of issues. Like, it wasn't just him, it was just me on my own. I have a lot of mental health things… He wasn't all to blame... He did a lot for me. He took care of me… I wasn't a good partner *(crying)*.

What followed was a heart wrenching, lengthy, and confusing defense of her partner, where Sarah appeared to accept sole responsibility for the violence in the relationship, pointing to her mental health problems and her challenging behaviours as evidence that any abuse was her fault. She explained, (3) "I could just turn into a bitch." She minimized the violence, saying:

(3) There are people out there who are going through terrible relationships where actually women are getting physically hurt like allllll the time! It's just, we had a relationship where there was a lot of drugs and (we played) a lot of mind games…with each other.

She then went on to defend all men who become physically aggressive with their partners, asserting:

(3) It's not just men who are abusive in some places. You know what I mean? Girls can be pretty rude and whatever too. It's like, men aren't allowed to hit women, but you see a lot of women they constantly fight or hit their man, you know, until what's he going to do?

Her statements suggest a counter-narrative of 'mutual violence' that is never fully developed. Then it seems that Sarah's quasi-denial of the abuse in her relationship served to remove her

from the *Recovery* narrative and neutralize her story's supposed short-comings since the narrative was no longer relevant. It allowed her to value her years-long relationship and maintain a semblance of an ideal relationship narrative, however escaping the master narrative required her acceptance of all of the blame for the abuse in the relationship, and her assumption of an identity as someone unstable and inadequate.

Participate in counselling; heal from the trauma caused by IPV. Another piece of the *Recovery* narrative involved accessing counselling or participating in programming for victims of relationship violence and ultimately healing from the trauma it caused. Annabelle compared the process of accessing IPV supports/treatment to properly cleaning and dressing a wound. She explained:

> (2) You're trying to cover it up, but if you don't open it up and… clean it, then it's not going to heal right. But it's going to hurt... You've got to clean it. You've got to dig in sometimes. The bigger the wounds, it's going to take longer. The more damage, the more self-love.

The majority of the participants referred to the counselling available within the domestic violence shelter and identified it as helpful. For example, Zadie reported that the counselling provided in shelter was uplifting and contributed to her sense of comfort and security, saying (1) "I feel safe and they teach me a lot…When I feel sad, I go to talk to them." And many of the participants expressed that ongoing IPV-focused mental health education and care was an important goal for them. The way in which women approached this topic suggested an understanding and expectation that the services received in shelter represented a starting point and that further support was needed. Charlotte, for example, spoke to this as she discussed her plan of returning to shelter to attend weekly counselling sessions:

> (1) I really need to find a counsellor... who I can talk to at least once a week… I'm planning on talking with my counsellor about coming in (to shelter) because they have group sessions and counselling stuff… I don't have to feel like I'm alone, because I know I will probably feel that way.

Georgia also told of her plan to access resources for individuals leaving abusive relationships. She stated, (1) "I got connected with the programs. I still have that, so I know that there is still support… counselling and therapy."

At the second interview it became clear that external barriers in women's lives often arose that interfered with their ability to align with this component of the *Recovery* narrative. For example, Annabelle expressed that she wished she had had more time and support while in shelter to establish a plan to meet her mental health needs, saying, (2) "I wish I had more time to put everything together. Like more time (for) a counselling piece. Just someone to talk to because I get overwhelmed and I end up staying in my room." Outside of the safety and structure of shelter, she found it difficult to seek out the mental health supports she desired. From her inpatient substance abuse treatment program, Phoenix stated that she had yet to meet with the professional she was referred to for IPV-related treatment. She reported, (2) "I actually have a therapist I'm going to start seeing… I don't really like talking to the staff at (the treatment centre) … I want somebody that's in the profession that knows what they're talking about." Her statement tells of her reluctance to seek IPV-specific support from the staff at her addictions program, and shows that she does not perceive professional mental health services to be an integrated part of the program. Other participants identified a mismatch between the services they were connected with and their needs. For instance, Zadie described experiencing anxiety

and depressive symptoms, and explained that she could not engage with the group treatment programs that she was connected to through her child welfare involvement. She stated:

> (2) I get really bad anxieties… I'm really just so sad… I got into these programs, but… I don't feel like being around people, talking to them… I am just not ready for things like this…talking to other people and telling them my problems, I don't feel strong enough to do that… I think I need one-on-one counselling right now. I can't stay in groups.

For Zadie, limited treatment options and a lack of input regarding preferences with regard to treatment format contributed to her not feeling comfortable accessing any mental health care after shelter.

Georgia was initially able to successfully access and engage with mental health services. She expressed:

> (2) The women's group has been really helpful. It's also just sitting in with women… They're going through the same things. I'm not alone… And getting reassurance from counsellors and stuff like that.

However, at interview 3 she was no longer participating in counselling because she was unable to access childcare. She explained:

> (3) Something I wish would have been different over the last six months- not having anyone to watch [my young child] is really hard-… staying with counselling at [resource]… being able to continue that… And just talking. And knowing, *hearing* that you're not alone is huge.

She emphasized the importance of feeling a part of a community of women who have had similar experiences and the feeling of not being alone. Her story speaks to the importance of having

other resources like childcare in place in order to be able to participate in IPV-related programming.

The narratives also showed evidence of participants' attempts to broaden the *Recovery* narrative and our understanding of what types of counselling supports are needed, with many of the women identifying other important mental health concerns that they wished to address *alongside* the consequences of partner abuse. These related concerns included substance abuse, effects of abuse on children, and previous traumatic experiences. For example, B.G. explained that she would like to access longer-term mental health services to learn different coping skills, and identified relapse as a potential outcome if she does not receive support. She stated:

> (1) I need to get counselling… I need something to cope, so I won't have these emotional breakdowns and I won't relapse or just give up on myself.

For Sarah, the desire to continue with counselling was influenced by her fear that her past substance use has led to a deterioration of her mental health and her belief that something is "wrong" with her. She explained:

> (1) The family doctor, I need them to refer me to a counsellor or something… After years of doing drugs and gosh knows whatever else has happened to me, that my mind is probably not the same as it was before. So, I want to know what's wrong with me.

Other participants talked about recognizing the harmful impact that witnessing relationship violence had on their children. Zadie stated, (1) "My kids were suffering the most." Mothers described wanting to access supports not just for themselves, but also for their children. For example, Annabelle stated, (1) "I am still going to need more counselling… Family therapy too!" Loretta spoke about also wanting counselling to help her process and heal from abuse she suffered in childhood, saying, (1) "I wanted counselling because I still have a lot of hurt from my

past. And I don't really talk about it…Still bothers me." It is clear that many participants viewed their mental health needs following IPV as including various components, not simply counselling focused only on their experience of relationship violence. These participants sought to broaden the narrative of recovery following IPV by addressing overall mental health, including addictions.

Another important way that some Indigenous participants' narratives adapted and broadened the dominant narrative of *Recovery* as it relates to counselling and healing from trauma involved incorporating traditional wellness services. These services reflected Indigenous culture, ways of knowing, values, and traditions. For example, Phoenix stated that she appreciated the traditional supports available to her within her sober-living facility, and spoke about other programming related to (2) "honouring elders" that she was looking forward to become involved with. B.G. described gaining something different and vital through her interactions with traditional supports. She explained:

> (1) I go see the healing lady and I just talk with her… I need to smudge. I need to feel like there's someone to talk to other than a counsellor…It feels good to come here, smudge, and talk about how I'm feeling and what I'm feeling and why.

She specifically states "other than a counsellor," underscoring the idea that traditional services provided some Indigenous participants with something more than they got out of typical counselling.

W.B.W. spoke at length about the benefits of accessing traditional, culturally safe addiction-focused services at the residential treatment programs she attended. In interview 1 she explained that seeking out these supports was not something new for her, saying, (1) "I go talk to the medicine man, or an elder when shit gets tough, really tough." In her second and third

interviews she described how she was (2) “learning traditional teachings” and (3) “learning more about my spirituality.” She explained how she was finding comfort and joy in deepening her connection to her culture, saying, (3) “I’m really traditional with my culture. I love going to ceremonies. I love sweats. I love lots of drumming and singing… My way of dealing with things… is my ceremonies.” In spite of all of the barriers and setbacks and tragedies in her life, W.B.W.’s narratives concluded with a positive re-framing of her experiences and hope for the future. This appears to be tied primarily to her spiritual beliefs and her connection to her culture and cultural supports. During the member-checking process, she smiled and asserted that listening to the summary of her first two interviews, (3) “made me feel proud of my traditional culture and proud of myself. I do make mistakes and I know I can change, and it’s just really uplifting *[chuckle]*.” It seems that for W.B.W., developing and strengthening ties to her culture generated a sense of pride and hopefulness that increased her alignment with a broader conceptualization of the *Recovery* narrative as it pertains to overall mental, emotional, and spiritual wellbeing. Adapting the master narrative to include this important element supported participants in developing coherent narratives.

As the study progressed, several participants’ narratives challenged the assumption that successfully accessing mental health and/or addictions treatment necessarily leads to healing. At the start of interview 2, Loretta described counselling experiences consistent with the dominant narrative, stating, (2) “I’m being treated with counselling and moving on with my life. Moving forward… I talk to both (of my counsellors) about everything… I’m actually getting everything out and it’s helping me.” However, her narratives of her counselling experiences showed the emergence of a sense of unease and then overwhelm, and hinted that rigid methods of mental health service delivery can exacerbate existing concerns. For example, she related that a

counsellor and staff member at her second stage housing program was trying to ensure that she made her counselling appointments. She said:

> (2) (One of my counsellors) is helping me by buzzing my buzzer… to help me keep coming to the counselling. Because I have a problem just sleeping because I still have sadness and depression. I just don't want to get up. I just want to sleep. And I just feel happier in my dreams I believe… I just want to sleep because… after my counselling I feel tired because, talking about it, I get drained out.

Loretta's story speaks to the serious mental health concerns experienced by many abused women. Although the intensive IPV-related counselling provided through the second stage housing program was designed to support her, Loretta found the commitment overwhelming and her mental health concerns interfered with her ability to participate effectively.

This counter narrative of continuing to struggle with mental health concerns despite accessing treatment was also apparent where women spoke about their experiences seeking treatment for associated issues such as substance use and a history of trauma. Several women became involved in substance use treatment over the course of the study. Sarah and Phoenix both directly linked their struggles with addiction to their experiences of IPV, asserting that relapses often occurred in the context of stress, conflict, and pressure to use in their abusive relationships. When, just before the second interview, Sarah relapsed, thus forfeiting her spot in her residential treatment program, she felt a sense of personal failure, began using more heavily, and re-engaged in her abusive relationship. At interview 3 she was still using and had not participated in any further treatment. This suggests that, rather than being a 'first step,' unsuccessful treatment experiences have the potential to lead to worsening problems. Sarah also connected her substance use to her mental health concerns, explaining, (3) "I get anxiety and I have

depression… I think it's 'cause of the drugs. It's done a lot of damage." This illustrates the interconnectedness of addictions, mental health concerns, and relationship violence, and underscores the fact that we cannot assume that all treatment involvement will be beneficial.

Similarly, Phoenix was residing at a sober living facility for the majority of the time she participated in this study. Initially, she was thankful to have been offered a place in the program, and hopeful about her future. She stated, (1) "I like the staff (here). They're helpful." And later she added, "Just being around positive people and being sober… Not having any worries... It's good. I'm happy." However, by the third interview she had left the sober living facility because she found the environment too restrictive, rigid, and stressful. She explained:

> (3) (It) was just too much for me, too stressful. I was having medical issues… And then I got sick with pneumonia and one of the staff kept bugging me to go to AA and I told her, I'm sick. Like jeez. *(Angrily)* You have to be dying not to go to AA? … It just reminded me of when I was a kid. Being told what to do, how to do it, and people telling me how I should feel and how I should not feel.

Phoenix then entered into a new romantic relationship that quickly became violent, and she began abusing substances again. Her narrative was in opposition to the master narrative of *Recovery*; her wellbeing decreased as she remained in the residential program and felt increasingly confined and invalidated. Her final interview contained the possibility of realignment with the dominant narrative as she was hoping to be accepted into a different month-long residential treatment program that might better fit her needs and preferences. On the other hand, she acknowledged that her only option might be to re-enter the sober-living program she had left, which would likely mean reliving her previous treatment experience and being at increased risk of relapse.

For some women, the desire to heal from a history of traumatic experiences was incorporated into a broader adapted *Recovery* narrative. For example, W.B.W. and Phoenix spoke about wanting to process and heal from intergenerational trauma. W.B.W. spoke about the (2) "intergenerational trauma that's been affecting my family… through… residential schools and colonization." And for Loretta, learning to cope with memories of the extreme abuse she suffered during childhood was identified at the outset of the first interview as a key aim. She started her interview by explaining, (1) "I have a lot of abusive background. That is what I have to talk about with counselling." However, participants really struggled with the weight of the many traumas from childhood and throughout their lives, and the incredibly difficult process of beginning to examine those hurts. For example, W.B.W. got caught between the *Recovery* narrative, which suggests 'healing' is an easy, linear process, and the pain and helplessness she felt while trying to approach rather than avoid her emotions and memories. She became distraught while describing what the process had been like for her:

> (1) I am actually starting to feel my feelings… *(Angrily)* You just sit with it and let it override you, I guess, because it is fucking awful! All the shit, the past trauma hits you all at once and you don't know how to deal with it. But I am learning how every day. I start talking about what's bothering me… It's awful.

She vacillated between speaking about the development of skills to manage trauma-related challenges (i.e., "learning how"), and the distress and sense of overwhelm that she felt.

Loretta's narrative of her involvement in both counselling related to IPV and her trauma history also illustrates the counter narrative of 'non-healing.' She identified a problem of (3) "too much, way too fast." She explained:

(3) It was too much counselling. Overdoing it. Going over the same thing over again with my childhood. It was just hurting too much… It was making me sad. I couldn't handle it… It was making me feel uncomfortable and very sad.

It emerged that she did not understand why she was required to repeatedly speak about the childhood trauma, suggesting that the treatment was not adequately explained to her. Note also the slip at the start of this passage:

(3) I just couldn't take the abuse- I mean the counselling anymore- going over and over and over and over (it) again. I couldn't deal with it anymore. It's too hard… I was really sick of talking about the abuse… They just kept on asking me the same thing over and over again. It's like, I've already told you…Why are you asking me again?... They say, we just gotta see if you say the same answer, or something like that, or if you have a different response. But do you know that really hurts?

Throughout her third interview Loretta hinted that the discomfort and confusion surrounding her therapy experiences in her second stage housing program contributed to her leaving. When asked about the event that led to her being asked to leave, she responded, (3) "I just got fed up anyways with the counselling. It was just too much." Loretta was not capable of engaging effectively with the wide-ranging supports provided by her second stage housing program despite her desire to do so. For her, trying to comprehensively target several mental health concerns immediately following her stay in shelter and following an inflexible schedule was too overwhelming, and ultimately detrimental to her overall mental health and wellbeing.

In general, the most marginalized participants spoke less about counselling and mental health care, and referred instead to the ability of shelters or other services to connect them to other resources, in particular, housing. These narratives represent a unique divergence from the

dominant narrative of *Recovery* following IPV because access to material resources, not healing from IPV, was situated as the foundation of the women's stories. For example, Nicole (1) noted that many counsellors appeared not to have the knowledge, skills, or connections required to be helpful to women accessing shelter services:

> Not all of them are (helpful)…Some of them aren't resourceful or they don't have very much knowledge about things they can do to help girls in shelter. And I've heard that from a lot of different girls in there too so it's kind of discouraging.

Similarly, other women experienced challenges when they were required to transition out of substance use treatment programs and they had not yet secured housing. This, not IPV, was a major focus of their narratives. W.B.W. and Phoenix both returned to shelter due, in part, to not having any other place to go after they exited their addiction programs. W.B.W. explained, "I had nowhere else to go… I really don't have anybody so… (the shelter) let me go back." In her third interview, Nicole recalled her experience seeking support at a different resource and compared that to her experience in shelter. Of the other resource, she explained, (3) "They have money management; they get you set up with social assistance… I think they're a lot more help than a shelter is, in terms of getting people the *right* kind of help…it's like the help is more concentrated." Her statements speaks to the importance of individualized ("concentrated") assistance. For these women, counselling was secondary to the provision of tangible, immediate resources like housing and income assistance.

Importantly, some participants did not mention their abusive partners or relationships *at all* in one or more of their interviews, which again runs counter to the assumption that IPV-related counselling should be a piece of each woman's process of recovery. W.B.W. did not discuss her violent relationship explicitly at any point across each of her three interviews. Her

narratives of counselling and healing were organized around her struggles with addiction and her lifetime of traumatic experiences. Nicole's first two interviews contained little information about her relationship or counselling, and she did not at any point in her narratives indicate that she believed she needed mental health care to heal from trauma caused by IPV. Jamie did speak in some detail about her abusive relationship, particularly in her third interview, and she spoke about accessing treatment related to her substance use problems, but she did not identify a need to heal from IPV. It is implied that women should be using the experience of violence to propel themselves forward (i.e., moving forward in spite of the violence as 'survivors') as opposed to disregarding it. These narratives de-center violence in their narratives of healing. This challenges the importance placed on counselling as compared to other supports that women need.

Do not enter into another abusive relationship. The *Recovery* narrative is incompatible with women entering into other violent or controlling relationships. However, this was a feature of several participants' narratives. Phoenix's final narrative revealed another opportunity for- as well as movement towards- realignment with the dominant narrative. She completed the third interview from a hospital-based detox program after leaving another abusive relationship. She explained her decision to leave the relationship, saying, (3) "He was controlling and everything… I didn't want to be there and get abused." Later, she recalled:

> (3) He just kind of back handed me. And then he was trying to say sorry. I was like, no, I ain't going through this shit, and I just left… Because I'd been in an abusive relationship before and they don't change.

In her final narrative, Phoenix situated herself as essentially starting the recovery process over again and returning to the beginning of the *Recovery* narrative. She identified the idea that abusers do not change to support her decision to leave just as other participants had done. She

began to speak about shifting her focus away from the relationship to her own wellbeing and values as other women did in their first interviews. She stated, (3) "I'm just going to focus on me and my kids." In fact, she responded to the member-checking process by sharing another short narrative that allowed her to re-assert her commitment to remaining out of abusive relationships and again increase her alignment with the *Recovery* narrative. She stated:

> (3) (An ex-partner) has actually been messaging me… He said he loves me, he wants to be with me, and he's coming back. But I don't want that because I don't want to get hurt or be hurt... (I'm) kind of like going, ahh! Just taking a step back and thinking, no, this is deja vu or the same thing is going to happen… I want to believe him but I can't, you know, 'cause I know how the cycle is.

Sarah told of leaving shelter and immediately restarting a relationship with a different ex-partner who she described as treating her unkindly and pressuring her to act in ways she did not wish to act. She stated:

> (1) I reconnected with somebody else, my ex, like a different ex. And it was hard for me to say no to him… Persuasion, he makes me feel guilty… As soon as (he) was in the city I ended up getting money and… I bought a bag of coke. He's like…I've always spent money, it's your turn this time. And I didn't really want to, but we did.

Mistreatment by any romantic partner following a stay in shelter is incongruous with the *Recovery* storyline. Sarah recognized the conflict in the relationship and that, unlike being in shelter, she was isolated and unable to access supports. She stated:

> (1) I'm going to come out here… but what am I going to do when I'm done? Going to come back to nothing? …I'm just by myself for most of the day… He's like, oh so it's

better living (in shelter)? I was like, well at least I can do stuff… And I just had it, so finally I just came back.

She chose to leave her partner's remote community and return to the city to live with her sister, which provided her with space to re-align with the *Recovery* narrative. However, as has already been discussed, Sarah then returned to the abusive relationship that led to her shelter admission.

At interview 3, Nicole had re-entered a relationship with a different abusive partner and expressed that she was committed to maintaining the relationship in face of various barriers and disadvantages. She reencountered the ex-partner after travelling to a different city to attend a court hearing related to assault charges against her. The ex-partner was the person she had allegedly assaulted. She stated, (3) "Me and my ex, who I was in a domestic violence situation before with, we actually got back together and then he ended up assaulting me." And later, "He assaulted me. But the charges were originally against me and I assaulted him… Those are the (charges) that I'm… dealing with still." There was a longstanding No Contact Order in place forbidding Nicole from interacting with or coming near her former partner, and when it became clear following her assault by that partner that the two had been together, new charges were laid against her. In spite of the violence, the negative legal consequences, and the prohibited contact, she reported that she planned to continue the relationship with her partner. When asked about continuing the relationship, she stated, (3), "People can change... It's not always bad. It's just that when it is, it's terrible, but that's something that you can teach people, how to not get to that point." Nicole's narrative suggested a counter narrative of 'abusers can change.' She had returned to a former abusive partner who continued to perpetrate abuse and she was committed to remaining in the relationship despite serious legal consequences. In addition, it was unclear who should be responsible for "teaching" her partner not to escalate.

Your life will improve. The final defining features of the *Recovery* narrative for women leaving shelter is overall life improvement. The master narrative requires that women's stories conform to an ascending linear plotline with a stay in shelter as a critical 'turning point' in the lives of women victims of IPV and the start of a linear journey of self and life enhancement. When asked about the future at interview 1, many participants predicted that things would improve dramatically. For example, Annabelle (1) asserted: "It is going to get better, way better." Many women's initial narratives about their hopes for the future were grounded in discussions of their experiences in their abusive relationships and how their lives would continue to change as a result of permanently terminating those relationships. A major focus of these discussions was on gaining freedom and independence. For example, Georgia (1) recalled the emotional abuse and controlling behaviour she experienced in her relationship and expressed her excitement about the future:

> I get to make my own choices and that is exciting. Having my own space. Being able to do what I want, when I want, rather than on someone else's schedule… I was never allowed to make rules because I didn't make any money… So, I look forward to being able to do that kind of stuff on my own.

In a similar passage, Sarah (1) reflected on the psychological impact of the abuse she suffered, and then spoke about her increasing independence and wellbeing:

> I've just been stuck with him and stuck in his basement and he was making me think so much crazy shit… I just feel different…Happier? I don't know. A little bit more upbeat... (My sister) says I look better. My mom said that too…It feels good… If I'm not with him I'm able to make appointments or do things…I'm able to follow through with them,

prioritize… If I want to do something on my own, I can do it…. Should be moving forward slowly but surely.

The redemption trajectory was also present in the 1st interview where women contrasted where they were at the time of the interview from where they were upon entry to shelter. Several participants with narratives that tended to center IPV introduced or reinforced the upward *Recovery* trajectory by identifying the positive physical and psychological changes they experienced. These narratives identified the many challenges participants faced as they came into shelter including, injuries, fear, depressive symptoms, withdrawal, and a sense of isolation, and then showed their lives improving over the course of their shelter stay. Each narrative used vivid descriptions to situate women at a low point at the beginning. For example, Loretta recounted:

> (1) When I first got (to shelter) I stayed in my room. I stayed in bed… for 2½ days. I did come out and use the washroom but I didn't eat… I was just sad and lost. Confused. Mad. And kind of ashamed too… I just didn't want to get up.

Charlotte spoke about her negative experience in a different shelter, saying:

> (1) (The other) shelter didn't really help me. I didn't leave the shelter. I didn't leave my room. I was there for three days I think and I only ate once. They didn't check up on me. They didn't know I was in my room for like a whole day that first day and some of the next one until I came out for supper the second day. And I was so depressed and crying and I wasn't in a good position there.

Some women's narratives included pieces related to physical injury that mirrored the internal hurts. For example, Annabelle remembered:

> (1) When I came in, I was so scared. I had so much fear and I was injured. I had a really bad concussion and my back was injured too, and I was stuck in bed for like 2 to 3 days. I

couldn't stand… I couldn't lift anything heavy because my back was in so much pain. It was a lot. I just stayed inside and rested, and it was a lot of crying.

B.G.'s narrative shared many similar elements. She recalled:

(1) When I got in here I was withdrawing. I was sick. I kept on sleeping. I couldn't eat. They forced me to eat. They're like, you have to eat. You're going to get sick. You're going to end up in the hospital. They're like, do you want that? I said no.

Next, participants narrated the turning point and upward trajectory characteristic of redemption plotlines. For Charlotte, this was a simple acknowledgement that since arranging her own transfer to a different shelter life had been (1) "so much easier." Loretta provided more details about the positive changes taking place in her life since entering shelter, explaining:

(1) Then I finally got up the second evening for dinner and I ate a little bit. I started talking to people. And it was making me feel better actually to talk to people and talking to the counsellors also… I don't want to keep sleeping, sleeping, and sleeping. That's my stress reliever is sleeping… I'm finally coming out of it.

For others, their physical improvement paralleled the emotional healing. Annabelle explained:

(1) It felt so much better to let out all that hurt and just pull away from all the negative stuff… I slowly started learning how to walk again… And throughout the weeks I have been here (I'm) beginning to feel almost like alive again.

B.G. described coming from a place of needing to "force herself" to eat, and ultimately feeling healthier and more confident. She stated:

(1) I forced myself (to eat) whatever I could eat. And then, I noticed myself gaining a little weight here and there. I was telling myself, no, don't go back… I don't need it. My

> body doesn't need it. And I just felt really healthy after that and I picked up my feet and my head. I said, I can do this. I know I can.

Participants' first interviews provided them with an opportunity to 'set up' their future narratives to be in line with the proposed "recovery" process, which the participants did to varying degrees depending on their social locations and context. The detailed redemption plotlines set during participants' stays in shelter described above conform to and confirm the internalized importance of the dominant narrative.

At the second interviews, several participants continued to employ the strategies used in the previous interview to support the *Recovery* narrative. This included highlighting the positive aspects of their current situations, often at the outset of the interview. Women typically began their narratives by describing an upward arc and asserted, like Phoenix that (2) "It's been better." For example, W.B.W. expressed that her life had improved as she engaged in her traditionally based substance use treatment program. She stated, (2) "My life's been getting better. I've been working on myself. I'm more spiritual… Learning traditional ways of living, tools to change my life drastically." Georgia also worked to align with the *Recovery* narrative from the beginning by acknowledging one difficult aspect of her life, but asserting that, otherwise, her life has been improving:

> (2) We're into a routine more now and I enjoy it. I like it. The co-parenting thing hasn't been easy. But the rest has been pretty good. I like the freedom…Just being able to do, for the most part, what I want, when I want.

It is clear that participants felt a pull to develop narratives of improvement, and worked to set these up from the start of their interviews.

These participants continued also to utilize the strategy of contrasting their current experiences and life circumstances to those when they were in their abusive relationships to show an ascending plotline. A main focus at the time of the second interview was on establishing and re-establishing social connections following a period of isolation. Loretta recalled being alone much of the time in her abusive relationship, and connected improvements in her mood to interacting more with others:

> (2) When I was with my ex, the one that was hurting me, I was isolating myself in one bedroom… I'm finally getting out now. Walking around outside… I feel happier.... I'm just talking to a lot of people now and I'm opening up a lot. I'm not as sad anymore. I'm just better.

B.G. described feeling more willing and able to connect with other people after leaving her abusive partner:

> (2) I have that kind heart that I didn't have before. I was blocked from everybody. Always dug down and I couldn't even talk to anybody… And now that I'm not with him, it's different. And it's different in a way that, like, I say hi to my old friends that I used to not say hi to… I slowly let people in.

For some of the participants, leaving the abusive relationship and coming to shelter continued to be situated within their narratives as a major turning point. Contrasting their current experiences to the suffering within their abusive relationships was utilized as a means of evaluating their personal growth post-exit.

At interview 3, two of the participants constructed a narrative that aligned with the *Recovery* narrative's element of improvement over time. Loretta's narrative aligned most closely. She began her third interview by stating, (3) "It's been a little bit better." Throughout the

interview she reiterated that sentiment, and referenced her exiting her abusive relationship as a crucial turning point in her life. For example, mid-way through her interview, she said, (3) "It's all good. I'm really happy that I've left him and I feel relieved and I feel free. Yeah, just feel a lot better." And she concluded by reflecting on her "journey," noting, (3) "I've been through quite a bit. Well, quite a journey…from shelter to shelter to hospital, (the homeless shelter), and then to my place. Goodness, a lot has changed. But I like my place. I feel safe where I am." The term "journey" fits with the process of creating a coherent agentic narrative, where the individual is the protagonist and action-taker in their own life; where hardships are viewed as tests or obstacles to be overcome along the path towards what one desires. She also returned to the idea of safety, asserting that, at the conclusion of her narrative she finally feels, safe and stable. Importantly, safety was directly tied to housing.

Georgia's third interview also began with a positive development: she reported that her adult son, who had been struggling with substance use problems, was sober and doing well. She reported, (3) "That's great because it's like I have my son back again after years of not. So that's excellent." However, her narrative quickly began to deviate from the expected storyline of improvement. She noted that she had experienced many challenges and setbacks related to social isolation, a lack of childcare, and an inability to pursue the educational program she wished to. She stated:

> (3) I think I thought things would come together a lot faster and that I would be already… in school or at work... But I think that maybe I had an unrealistic timeline or- But it's been like what, 6 months now? … I wanted to have my shit together.

Then, towards the end of the interview, she too began a process of reflecting on her experiences since leaving her relationship and entering shelter. She spoke about the opportunity she had to

learn more about herself, adding, (3) “Just learning again who I am has been pretty good.” After the summary of her first two interviews was read to her during the member-checking process, she used that information to re-align completely with the dominant narrative of Recovery, explaining, (3) “It feels good actually *[chuckle]*…I guess it’s just kind of like being able to look back and saying, OK, things aren’t so bad. Things are getting better. Things are coming together… (With) my sons. (With) co-parenting.” For both Loretta and Georgia, capitalizing on an opportunity to reflect on the “journey” from abusive relationship to shelter and onward facilitated the development of a coherent narrative of improvement over time.

Some women were able to utilize the *Recovery* narrative after adapting it to involve less discussion of IPV, and instead a centering of the process of addressing substance use concerns. For example, at interview 1, W.B.W. talked about how, despite many uncertainties, she believed her life would continue to change for the better once she began an inpatient substance abuse treatment program, saying, (1) “It will probably be better because I am going into treatment… I don’t know. I am not there yet, but I am pretty sure that I will have a better (out)look on life.” Phoenix echoed these sentiments, reporting, (1) “I’m in a sober living house so it’s going to be more positive, and I’m going to be focusing more on myself.” Similar to other elements of the narrative, participants sought to broaden the *Recovery* narrative and increase coherence by situating substance use and accessing addictions supports as a main driver of the story.

W.B.W. and Phoenix ultimately created narratives that adhered to an adapted story of improvement over time as per the *Recovery* narrative, with substance use as the primary focus of the narratives. Both women had relapsed. Both women had ongoing child welfare involvement. Both women had returned to shelter at some point over the study period. And both women were again in substance use treatment; they situated this, rather than leaving an abusive relationship or

entering a domestic violence shelter as the turning point in their narratives. Phoenix spoke about her optimism for the future, explaining that since entering the hospital detox program her relationships with her children had improved. She stated, (3) "My kids are pretty happy that I'm here… Because my daughter told me. And my other daughter, she tells me she loves me more… And just things are different." Later, she said:

> (3) (It's) been good. I've been sober, been having visitors, my family. We do groups here. Like recovery, addiction stuff, we have an AA meeting every night. It's comfortable. It's safe… Everything happened for a reason. So, I guess, yeah. Move on from your mistakes.

She showed that she viewed her current situation as different and improving. She framed the adversities and setbacks of her past as learning opportunities, or opportunities for growth; similar to the concept of the "journey" identified by Loretta. W.B.W. also transitioned to speaking about hope for the future and positive changes in her life toward the end of her third interview. She stated, (3) "I actually forgive myself more. I'm starting to keep up my appearance and starting to get more rest and I'm just taking time for myself… Following the Seven Sacred Teachings. And trying to apply that to my everyday life." These adapted narratives speak to the benefit of broadening the view of the *Recovery* narrative to encompass the complex interplay between IPV and addiction, and re-thinking the expected upward trajectory of narratives.

Another interesting adaptation involved the expectation of linearity: both Phoenix and W.B.W. worked to structure their narratives around an idea of re-experiencing hardships, but continuing to learn from those experiences. In this way, they showed the existence of an *internal* process of growth or development regardless of their situation. For example, W.B.W.'s narratives reference her reconnecting to her culture, her faith that Creator is guiding her, and her belief that her difficulties are (3) "learning situation(s)." She too mentions the idea of a (2)

"spiritual journey, a healing journey," centering her spiritual health as opposed to her social context. Similarly, Phoenix, another an Indigenous mother involved in a process of establishing more ties to her culture and traditional knowledge, expressed that (3) "everything happened for a reason." In this way, these participants were able to continue to utilize the *Recovery* narrative in spite of the recurrent difficulties they faced, which again speaks to the importance of adapting and broadening the narrative to be more inclusive. This process of adaptation allowed W.B.W. and Phoenix to maintain alignment with the master narrative, supporting coherence, fostering hopefulness, and encouraging them to recognize their growth.

In fact, none of the participants' narratives conformed to an ascending linear plotline. The expectation of swift improvement was also likely inadvertently reinforced by the study's timeline, where participants were followed for only 5 to 8 months after leaving shelter. Even the more privileged women experienced setback and plateaus, and voiced that they expected to be further along on the path to the lives they desired. The cultural master narrative of recovery was used as a benchmark against which participants measured their success, and it was clear than often women saw themselves as falling short. An example of this can be seen in Annabelle's second interview, where she hints at the discrepancy between the "high hopes" she built up in shelter and her sense of not knowing where to start after leaving. She stated, (2) "OK, now what I do want to do? Because when I left shelter I honestly had like (such) high hopes." Likewise, Jamie, speaking about her plan to enter into a residential addiction program, stated, (2) "It just *[sigh]* seems like it's taking forever, but that's just me, I just need patience." And Zadie, tearfully lamented, (2) "I just hate it. I just want to move on, I want to feel better, I want to get my life back on track… I know it will take time." In general participants felt that their progress towards their goals was slower than they anticipated and hoped it would be.

A more detailed case came from Georgia, who, in her final interview, wrestled with the idea of falling short or not living up to the potential promised by the *Recovery* narrative. She said, sadly, (3) "I want to do this. I want to have all these fresh starts. And I want to be doing these great things to better our life. And I feel like I'm just kind of sitting." Note the "I" language and the sense of personal responsibility in this passage; it hints at misalignment with the master narrative generating feelings of self-blame. She also references the notion of 'positivity' and implies that her narrative is deviating from what is expected because she is speaking about her struggles rather than her successes. She expressed, (3) "I was hoping this would be a lot more positive." And later, (3) "I don't like to be so negative but there's lots. There's lots of challenges." This recognition that her narrative was straying from the simple, linear, ascending plotline was clearly discouraging for her.

These women utilized strategies to adapt the *Recovery* narrative to their experiences. The main way they accomplished this was by lengthening the expected timeline. It was clear that they expected the positive changes to occur rapidly. They showed a process of adjusting their ideas to allow more time for positive outcomes to manifest. For example, after reflecting on her inability to secure childcare and go back to school, Georgia reported, (3) "I was excited about starting to have my own thing and kind of, um… it was disappointing. But it'll happen. It'll just take longer." Another way that participants adapted the dominant narrative was by framing their experiences as a 'journey,' like Loretta did at interview 3 when she reflected on ultimately being in a safer, better place, despite the setbacks she experienced.

Running parallel to each participants' discussions of hopes and goals for their futures throughout each interview was a theme of uncertainty about the future. The way in which uncertainty manifested depended on women's social locations. For example, Georgia (2), an

able-bodied White woman with no current substance use problems who had secured safe, affordable housing after leaving shelter spoke about uncertainty within the context of a plan for her life moving forward. Although she said that thinking about the future was "scary… because I have no idea," she then stated:

> What do I want to do? I'm 43. I don't want to go back to doing the same job I was doing before because I have (my toddler) and stuff like that… So as far as things that have been happening, it's just been kind of trying to figure out what's next. Like if I wanted to go back to school, what would that look like? How would that go?

She situated herself as actively "trying to figure out what's next." Other women experiencing a greater degree of social marginalization also placed themselves as active agents and decision makers. For example, when asked about the future, B.G. explained, (2) "I don't know yet. It's hard to say... There are some things that I really, really want a working goal on… But like it's just matter of fact the time it's going to take." For these women, the future was viewed as being uncertain, but goal development was the process they engaged in to begin to foster a sense of control and optimism.

However, for the most marginalized women, discussions of the future generally lacked the same type of long-term planning, and sense of control. For example, Nicole (2) reiterated that she was only able to focus on the very short-term future, which would involve her terminating her pregnancy. She explained:

> To be honest with you, the thing that I'm thinking about the most right now is just getting an abortion, because I don't want to bring the child up like that… I honestly have no idea. I don't even think I can think that far right now. I haven't even thought about the next day… I don't even want to think about that.

These participants' narratives tended to reference only the recent past, the present, and the immediate future compared to other participants' narratives. For example, Jamie expressed that safety after shelter is her main concern, and that goal setting must take place after safety has been established. She stated, (1) "I don't really know yet what's going to happen… After I leave shelter, I just want to see my kids. Make sure they're safe, make sure I'm safe, make sure I see my family, and then set some goals." The constrained nature of these narratives' temporal locations suggested that as adversities mounted these women were forced to shift away from reflecting on their pasts or planning long-term for their futures, and focus increasingly on the here and now.

An interesting counter-narrative arose in discussions of uncertainty about the future where women employed a strategy of 'one day at a time.' Several of the women who referenced this idea were involved in substance abuse treatment programs at the time of their interview(s). For example, in their second interviews, both W.B.W. and Phoenix acknowledged that they did not know what the future had in store for them, then they appeared to use ideas from their addictions treatment programs to neutralize any negative affect associated with this and to normalize it. For example, W.B.W. stated, (2) "Right now, I have no foothold on where I'm going. I just know that I can just trust in God and Creator to take me where I have to be at that moment… I'm not sure yet." W.B.W. invoked a higher power and her faith to manage the uncertainty. Phoenix (2) then took the idea a step further by reframing uncertainty about the future within a decision she had made not to try to predict the future, saying, "I don't really look into the future that much." She spoke to this approach in her earlier interview, explaining, "I'm just taking it slow. Day by day." W.B.W. spoke to both of these elements in her third interview. She explained:

(3) I just ask for Creator to show me the way because I really strongly believe that he's guiding me right now and I know that my lapse that I just had is a learning situation. And I don't know. I just take it day by day. I try not to worry too much about the future. And then like I try not to think about the past too much because it already happened.

This sentiment was echoed by several other participants who had been involved in substance use treatment programs in the past. They expressed that focusing on just the next day/step helped them to stay grounded. For example, B.G. stated, (1) "Step by step I said. It's all it takes. It's always going to take you step by step. Day by day." And Annabelle explained, "Sometimes it's like, one day at a time. Don't overload yourself… It's easy to get overwhelmed, overthink." It appears that these discourses of trusting a higher power and choosing to take life "day by day" that are common in addictions treatment programs helped participants to tolerate or even view uncertainty positively and hopefully as opposed to how this is traditionally experienced within the *Recovery* master narrative.

The narratives of these most marginalized participants invoked a sense of having already sought to use the cultural master narrative involving improvement over time and then having discovered that it did not adequately capture their experiences as they continued to face hardship after hardship. A counter-narrative of non-improvement emerged in these participants' interviews. They re-experienced the same problems as before they came into shelter, and some even described a worsening of their circumstances at times; they may have exited a violent relationship but the structural barriers constraining them remained unchanged. For example, Jamie, thinking about her experiences since she left her partner, stated, (2) "It's like no time has passed. It just stopped. It's like, *[poof]*. I went nowhere from last year to now. Nothing happened. No change. Except I'm not there and we're not together. That's the only thing that's

changed." She indicated that ending her abusive relationship was not the 'turning point' it is expected to be. The counter-narrative underscores that terminating the relationship in which one experienced violence and seeking IPV-specific supports (i.e., shelter and others) does not necessarily lead to improvement.

These participants expressed that they had hoped or expected to be able to move towards the life they wanted, but had not been able to. For example, in Jamie's second interview, she went through a process of categorizing her experiences as either "better" or "worse," which speaks to the underlying expectation of an ascending trajectory. She considered:

> (2) It's been hard, struggling, trying to survive, trying to go back home, trying to figure out where my daughter is. Doesn't get any better. Not the same but… not worse either I guess… (I) decided to go to (an inpatient addiction treatment program) … So, I know where I'm going and I know what I'm doing. So it has gotten a little better.

Later she stated:

> (2) (My ex-partner) is controlling where (my youngest daughter) is. He won't tell me where she is… That's the control thing he has. Because he won't tell me where she is…it got worse I'll say. It's worse because I can't see my daughter now.

Similarly, at the very beginning of her second interview Sarah described the course of her life following her exit from shelter, saying, (2) "It's been up and down," and at interview 3 she added, (3) "I do good and then bad. It fluctuates, I guess, is kind of how it goes." Nicole described the disconnect between what had occurred since leaving shelter and her expected life improvements during that time. She expressed:

> (2) I definitely thought something would change. That something would have worked out in my favour a little bit faster, especially being pregnant… I definitely thought that I

> would be in housing by now. I definitely thought I would be going to these appointments and checking up on my baby. Like finding a school- maybe that as well. I'm in a situation where I don't even know if I leave the house if I'm going to be able to get back in… It's just a ridiculous situation.

These participants' stories show the expectation among all participants, even the most marginalized, of a linear ascending storyline, which is not realistic or attainable for some, necessitating the creation of a counter-narrative. Their narratives were less hopeful and, as will be described below, they lacked the sense of personal agency demonstrated in other participants' narratives.

Unlike W.B.W and Phoenix, who both identified a new 'start point' for their recovery narrative in relation to their substance use at the end of their third interviews, other participants spoke about "cycles" and repeated experiences. Nicole (1) explained:

> It's repeated history. It's something that happens to me quite often I guess… it goes from being one problem to a whole series of them and then it just cycles.

Sarah (1) described an unhealthy pattern that she feels stuck in:

> I've had this vicious cycle I've been in for like how many years? Ten years. Where I'm like, OK I'll go to treatment. Treatment doesn't work… (Or) one of the main reasons (EIA) is keeping me on (social assistance) is because I have to go to treatment… But no, I won't go. I'll get a job. Well, I'll only keep a job for a little while, maybe like 2 months and then I end up quitting and then that's when (my ex-partner) would be there and I'd just end up living with him and he'd take care of me.

And Jamie (1) quietly acknowledged, “Every relationship actually has been abusive.” These narratives did not have the same aspirational qualities as the others, and, as is evident above, reflection on their pasts was often not tied to or designed to highlight current life improvements.

For these participants (i.e., Jamie, Nicole, and Sarah), the intersection of substance use, severe violence, and housing instability contributed to the creation of their counter-narrative. Sarah and Jamie were battling persistent substance use problems and each of the women had experienced severe violence and/or sexual exploitation. They also did not secure stable housing immediately following their departure from shelter. For example, Nicole experienced a sudden change that meant that she had no place to go and wishing she was still in shelter. She stated, (1) “I gave up my spot that was limited resources but at least it was a safe place to be, for a place that was supposed to be the same but ended up not being.” Jamie spoke about how she knew she would be homeless after leaving shelter, and her anxiety associated with trying to remain safe on the streets. She described:

> (1) Anxiety... It’s the situation of… knowing I have to be out there on the streets. Trying to keep myself safe. Being aware of my surroundings. Watching out for people around me… Just the anxiety of going back to *(sigh)* downtown or meeting up with people I’ve seen in the past... Partners. People I used to use with.

These intersecting problems had devastating implications with regard to women’s sense of safety and overall wellbeing and interfered with their ability to set goals, achieve goals, and create a coherent narrative of progress.

Another important example of the ongoing safety concerns and obstacles comes from Jamie’s second narrative, where she explained how she was involved in serious altercations with

a different ex-partner just prior to her second interview. She described how she encountered him while she was homeless and tried to defend herself when he attacked her. She recalled:

> (2) Randomly seeing my other ex on the street and getting into a fight or argument or whatever. (It) happened… twice. One violent and one not so violent… We just fought on the street. Physically fought each other on the street. He was just in my face and coming after me so we ended up *(sigh)* hitting each other. In the middle of the street… it was out of nowhere- he came out of nowhere.

Despite leaving her most recent abusive partner, Jamie's alignment with a narrative of improvement was interrupted by other experiences of violence. Her story highlights how greater social marginalization leads to increased risk of re-experiencing violence and runs counter to the *Recovery* narrative, which assures us that after leaving one's partner and seeking help no subsequent domestic assaults will be experienced.

At the third interview, Jamie, Nicole, and Sarah each spoke about being essentially in "the same place" as they were earlier. Jamie described some significant improvements occurring in her life between the second and third interviews, and then a sudden change, saying:

> (3) Happiest? Probably being in the (Treatment Centre), productive… My mind was focused, like I was *there.* And I got out of my shell. I started speaking to more people. Just me, you know, making friends… And thinking, OK, I'll get my kids back because I'm having a plan about my future. Thinking yes, this is what I want to do. And I felt OK there…. then it was like boom! (The) kids need you, you gotta come home.

She returned to her partner's home, where she identified his ongoing substance use as a major threat to her own sobriety. She recognized "the same family dynamic" at play again, explaining:

(3) I thought I'd be in rehab for a year. I thought I was going to go to court for the kids… I didn't know I was going to leave the program and go back and be in the same family dynamic I was in, that I was trying to leave a long time ago.

She sensed that she was in a very similar position to the one she was in prior to leaving her abusive partner.

In the third interview, Nicole spoke about her need to (3) "revolve (her) life around her current situation" with her criminal charges, and acknowledged that, compared to when she left shelter she was (3) "In the same situation, only I'm in more trouble than I was before." And in her final interview, Sarah spoke at length about her perception of whether her life had improved since leaving shelter. Initially she attempted to incorporate a degree of progress and hopefulness, on the one hand disclosing, (3) "Nothing's really changed, I guess… I was staying with my partner and I left and I'm now staying with my sister again. Just for now. And I'm looking at apartments. And jobs. I'm still on EIA," but adding statements like, (3) "It's like the transition…There's always going to be a little shitty part that you have to go through 'til you can- yeah." However, as the interview continued, her sense of stuck-ness intensified. She began second guessing her view of her progress, saying, for example, (3) "I'm in a better place right now. I can feel it, you know. I think I always say that though..." And then, (3) "I was anticipating that I'd be done now. You know, like, be in a better place." And ultimately, during the member-checking, she exploded with, (3) "It's annoying! It's annoying… because I'm just- Oh my god! Nothing changes. Oh my gosh! It's stupid." Her interview provides further insight into the use of the master narrative to provide hope with her mention of the "shitty part that you have to go through" before things improve. It also shows the expectation of being "done" and recovered, and how this vague and unrealistic goal undermines women's confidence and competence.

Summary. Participants' narratives across time existed on a continuum of alignment with the components of the dominant *Recovery* narrative, with women's social locations playing a major role. Incongruities arose in each participant's narratives, compelling women to attempt to adapt the master narrative to address the misalignment and support narrative coherence. For women facing the most structural barriers the narrative breakdown- and the emergence of underdeveloped counter narrative elements was most obvious.

Purpose and Performance

As we have seen, overall, the women exhibited a drive to organize their narratives around hopefulness, progress, and positivity. The master narrative provided participants with an opportunity to identify and reflect on their choices and actions that contributed to positive life changes. Several women used different strategies to bolster their sense of personal agency in the telling of their stories, particularly following or in the face of setbacks and barriers. Agency emerged in stories where women reflected back on previous accomplishments and successes. For example, Annabelle described developing a business proposal and sharing it with her mentor:

> (2) I wrote down all the things that I wanted to do and I wanted to get into economic development… I had a lot of goals and motivation and stuff and how I wanted to build a business… And he really loved it. He was like, wow, that's amazing.

She included information about the mentor's reaction to further highlight her hard work and ingenuity. Similarly, Loretta reflected back on her perseverance paying off in a previous education program. She stated:

> (1) I want to continue (at University) ... I shouldn't have quit. But I can go back… I'm good with numbers… I really liked math when I was in math class at the (Educational)

> Centre. It was kind of complicated but I got it…So I'm going to keep trying. I'm not going to give up.

She appears to use this memory of her past success to increase her confidence and motivation to not "give up" and to "go back" to university.

Another topic where this process emerged was managing addiction. Several women for whom substance use problems represented a main concern reflected on successfully completing treatment programs or maintaining their sobriety to show personal agency. For example, W.B.W. reported, (2) "I'm sober and, actually, I'm even off pills now… I've been clean off meth since (date approx. 5 months prior). And I've been clean off alcohol and pills since (date approx. 4 months prior)." Jamie also employed this strategy, explaining of the residential program she enjoyed and benefitted from, (3) "I stayed (in the treatment program) for three months. So, I basically did that program… I put myself there." She ends by restating that going to treatment was her choice, explicitly connecting the positive outcome to her decision. Women both showed and bolstered their sense of personal agency by talking about past experiences of success.

A sense of agency also emerged where women spoke about or demonstrated how changing their thinking or shifting their perspective enabled them to regain a sense of control and move closer to their goals. For example, Georgia identified unhelpful thinking and showed herself as engaged in a process of challenging this during the interviews. At one point she stated, (3) "I feel like I can see people judging me, which is not what's happening for the most part I don't think." She then acknowledged, (3) "It all depends too on how things are going and how I spin it, right?" She spoke about recognizing that her emotional states were impacted by her thinking. Likewise, when she was unable to access second stage housing, Annabelle shifted her perspective, saying, (2) "I don't want to stay somewhere a year and not be able to go to school or

work. I can't just stay still." Instead of focusing on the opportunity she would not have, she focused on the challenges that would have come with securing second stage housing to support her sense of the situation turning out for the better.

Several women reflected on past hardships to remind themselves of their resilience and to motivate themselves. For example, Charlotte stated:

> (1) I know it's going to be hard, but I know I can do it… I just have motivation. I don't want to go back to how I was with him. And I think about that whenever I have to do something and I don't feel like doing it. I will think about the situation that I was in before. And then that kind of motivates me.

B.G. shared a similar story of reflecting back on her experiences in her abusive relationship and her internal resistance from within the relationship to highlight the obstacles she had overcome. She shared, (2) "When I first met (my ex-partner) he said to me that I would have nothing without him. And I said, OK, I'll prove you wrong. I can prove that wrong to you. Sure enough, I'm proving it wrong." Another example came from Jamie, who acknowledged that, at interview 3, she was in a similar situation to prior to entering shelter. However, she chose instead to focus on what was "different." Recalling her successful completion of her substance abuse treatment program, she asserted, (3) "But it's different… because *I'm* different." She then expanded on this idea, saying, (3) "I'm moving forward…I'm still overwhelmed but I've been here before and…I think I can handle it." Jamie showed a process of acknowledging her understanding of her current situation to generate a sense of agency and ability to again "move forward."

This cognitive shifting also emerged in relation to the ways that they viewed themselves, with both W.B.W. and Annabelle discussing a process of choosing how they would see themselves. W.B.W. spoke about her struggles with addiction and a lack of social connections.

She then stated, (2) “I knew my old ways weren’t working and it’s like that’s not me, the way my old life was. And that doesn’t define me as a person.” She clearly separated the life challenges she experienced and her (survival) behaviour, from her identity. Likewise, Annabelle, thinking about her involvement in her abusive relationship, explained, (2) “I kind of just re-affirm myself. And tell myself, it’s OK… It doesn’t define me. It doesn’t have to hurt (me) anymore.” These participants narrated a process of distinguishing their personhood from the oppressions and difficulties they faced, and choosing their own identities.

Many participants also shared stories of agency in their interactions with others. Stories of interpersonal agency showed how participants engaged with others to successfully achieve a desired outcome. Interestingly, most of these narratives involved interactions with supporters or staff members with whom the participants interacted. For example, Charlotte recalled her experience in a different shelter where she did not feel safe or supported. She described taking action to find a solution, saying:

> (1) I asked for a transfer. I called (current shelter) – well they gave me the number. I called here and I did it myself. The transfer. And then I let them know. I put one of the counsellors on the phone with one of the staff here. And then they did a transfer over the phone.

Loretta described alerting shelter staff members to problems with the ways that they interacted with residents. She explained:

> (1) Actually, there were a few complaints that I made and they changed the way they worked because when I first got to shelter the lady was too… the way she talked to me was aggressive and kind of strict and I started to cry. And I told her, I just came from an abusive relationship and you’re talking to me like this? I don’t think I want to stay here.

> She said, oh I'm sorry, I'm sorry… And then, even with my counselor too… I was in the middle of telling her my story and she looks at her watch, you know what, my shift is almost about to end so… maybe you can talk with (another counselor). I'm like what? Are you kidding me? And I just blew up. I'm like, you shouldn't be a counselor…Then after that she changed.

Phoenix also shared several stories of asserting herself when she felt that staff at her sober living facility were behaving inappropriately. For example, she recalled:

> (2) A couple of the girls left because of her and the way she was treating them and belittling them. She was telling us how to dress: you can't (have) your tits hanging out and your ass falling out. And I'm like, what are you talking about?... I thought it was wrong… I said, I'm going to message (the manager) … So, I messaged her and then (the staff member) came in a day or two later and it was totally like her attitude changed… so (the manager) probably talked to her and set her straight.

She later added, (2) "I don't think the other girls would have did anything… 'Cause they don't seem like the kind to like speak up for themselves." In each of these situations participants presented themselves as being interpersonally effective and creating positive changes, often for their peers as well as themselves. Also, in Phoenix's narrative was the idea that she was taking action when others might not have, underscoring her determination and strength.

A similar agency-boosting strategy involved participants talking about an interaction with another where the goal of the narrative was not to describe a past agentic act, but to influence the audience's perception of them. Participants shared narratives, often involving lots of dialogue, where they asserted themselves and appeared strong, witty, and determined, regardless of

outcome. For example, B.G. described how her ex-partner and his family member recruited several men to harm her. She shared about noticing three of them following her:

> (2) I stood up to them… I said, if you guys really wanted to hurt me, or do something to me, you would have done it (already). I said, quit following me already. I hope you know that you're following a mother around… I said, how do you feel about it? I was like, how does it make you feel inside?

Georgia spoke about conflict in her relationship with her father, who she felt did not understand her. For example, she related:

> (1) He had said why didn't you just leave? Okay, well I am pregnant, and you know there are all kinds of reasons I guess, but at that point, I just said dad you don't have to understand, but your comments about what would have been better aren't helpful.

She shared her response, but included also other information about her decision-making process for the audience to emphasise that she was weighing her options and that staying with her partner until she felt ready to leave was a choice. Another example came from her third interview. She stated, (3) "My dad always says, what do you do all day? What do you do with yourself all day long? Oh, I don't know- I sit here and eat bonbons *[sarcastically]*. Have you met my toddler!?" In that instance, she used sarcasm to show the silliness of her father's question, responding to it in the moment during the interview.

Another more performative strategy that participants used involved situating themselves as protagonists with their ex-partners situated as the antagonist or obstacle they have overcome. For example, Zadie employed this strategy in both her first and second interviews, in particular when speaking about her drive to return to school. She stated:

(1) I want to go into Nursing. Those are my dreams. He was trying to take that away from me. Like, I am a dreamer, man! When I want to do something, I do it (*forceful*). He was trying to take that away from me, like, you will never do it, like, what about the kids, you have to worry about the kids. And I was like, I want to go back to school. I have patience to go to school. That is what I am going to do; I am going to go back.

The abusive partner became a foil against which Zadie was able to demonstrate her fortitude and perseverance in the face of obstacles. In her second interview she asserted, (2) "I've got my goals set. I have always had dreams. I have always been a dreamer. This guy just somehow tried to break that on me, but I never let it happen." Placing the abusive partner in the role of 'obstacle' or adversary may also be an attempt at managing mixed emotions following a split because it narrows the narrator's focus to only the 'bad' behaviours and barriers associated with their former partner.

A related strategy involved participants situating themselves as 'better than' their abusive partner. For example, Georgia included a dig at her partner's cluelessness, saying:

(2) I sent him studies that looked at the importance of routine for children and things like that… I thought all of this was kind of common knowledge for most people… How is he the only person in the world that doesn't know that that's not how things work?

In the midst of the ongoing conflict between her and her ex-partner as they coparented their infant, she regained a sense of control and superiority. Another example was when B.G. expressed:

(1) I said, just watch, right when I leave him, he'll be so low… He's never been himself without me. He was never strong for himself without me. I was always there for him. I

> always did everything for him. Made sure he had everything. And now look at him... He has nothing. He has nowhere to go. He doesn't have a thing.

She used this story to show that, despite the violence and controlling behaviour perpetrated by her partner, she was the strong one in the relationship. Her statement directly challenges the notion that abused women are weak women, instead pointing to the opposite conclusion.

Another strategy some participants used to build agency was to situate themselves as helpers as opposed to those in need of help. This was discussed previously where women were providing words of encouragement to others in shelter who were considering returning to their abusive partners; some participants presented themselves as examples of being 'strong' and 'doing their best' to inspire their peers, and it occurred in other situations throughout the interviews as well. For example, Charlotte shared a story of helping her friend, saying, (1) "The other day (my friend) told me she felt like drinking… I told her, don't drink because you're just going to feel worse after. So, I tried to help her through it, and she didn't." Another example comes from Loretta, who described her desire to support women who have gone through similar experiences, and used her interview to draw attention to a lack of resources for women victims of domestic violence:

> I really want to support other women too like, try to stay positive and don't give up, just don't give up … The (women) that kind of got pushed out because their 30 days was up at the shelter I would message, how are you doing? And are you OK? Are you safe? (sighs) If I ever won the lottery, I would make a lot of shelters for women because…there's not enough!

She presented herself as motivator, nurturer, and would-be activist, asserting that she would work to address issues related to the accessibility of shelter services if she could. And Annabelle's final interview showed another example. She expressed:

> (2) I'm really happy I came to meet with you today. I like talking about it… I don't mind talking about all the bad things too, like my experiences and stuff. I don't mind that. I think it's good. I think it would really help a lot of other women too if they really knew all the things that I went through. It would really help. You'd be surprised how many women don't talk about it or feel alone. But they're not alone.

This statement allowed her to take on the roles of supporter, expert, and advocate for other women in similar situations.

Annabelle's statement describing how she anticipated that her sharing her story would be helpful to others, as well as her language of "you'd be surprised" also reinforced the specific type of research relationship that the researcher had striven to develop, where the researcher and the study are tools to share the voices and truths of marginalized groups. In fact, several other participants demonstrated a sense of power and expertise in the research relationship. For example, Loretta stated, (2) "I woke up today and I wondered if I should cancel my appointment… And then I... thought (to) myself, I've got to push myself to get up and I want to share my story." She reminded the researcher that she could choose whether or not to continue participating in the study. Like Annabelle, she pointed to the value of the narrative she could share. Certain participants also used their final interviews as an opportunity to caution the researcher and the audience about how to conduct and disseminate this type of research. W.B.W. explained, (3) "People can be judgemental. I'm not saying that you are, but, when you meet people just listen to them and just ask them questions and just give them time to open up to you."

This process of opening up more slowly as trust developed was evident in W.B.W.'s interview. At first, she presented as cold and disinterested, sharing very little; a field note read: "difficult interview." However, by the final interview the trust had grown and the sharing had deepened, allowing W.B.W. to better contribute and be heard. At the end of her final interview, Sarah reminded the researcher of the responsibility to carefully consider how the information would be presented. She said, softly, (3) "You've just got to be careful how you- because you could really hurt somebody." In addressing the research process and their participation, the women made explicit the power they held as research participants.

The narratives of the more privileged participants contained more content related to hope, positivity, and personal agency, while those of the most marginalized generally contained little. For the most marginalized women, agency was very constrained and narratives over time revolved around survival rather than growth or self-actualization. Jamie, W.B.W., Phoenix, Sarah, and Nicole's narratives all contained less agentic content. For example, Nicole's means of demonstrating her sense of agency was limited to pointing to the absurdity of her circumstances. For instance, when describing her inability to secure housing and the unsafe housing situation she was in she exclaimed, (2) "It's just a ridiculous situation!" Likewise, when considering how revealing her pregnancy to prospective landlords would likely be detrimental, she said angrily, "That's ridiculous! But it's almost like some things are better left unsaid because when you start saying these things, then all of a sudden it changes the idea of what kind of person you are as a tenant." Interestingly, evidence of personal agency in her narratives took the form of in-interview activism where she highlighted the structural inequities and discrimination constraining her choices and actions.

The cultural master narrative focuses on individual agency. Inherent within the *Recovery* narrative is the balancing of a tension between enhancing individual agency and implying personal responsibility. The tension encompasses the concept of intra/interpersonal agency where women who have experienced relationship violence have the ability to heal and to regain control of their lives if they "work on themselves." Focusing on personal agency and what can be controlled can be empowering and motivating for women. For instance, W.B.W. explained, (1) "It's not going to take like 3 months for me to be all better, but it is an everyday thing. I am going to keep working on myself." She connected "working on" herself with the positive outcome of eventually being "all better." Likewise, Loretta spoke about her experiences in shelter, saying (1) "I opened up to the counsellors and I told them everything about my situation…and my goals. I want to better myself and I still want to continue with counselling… I just want to heal." She associated ongoing participation in counselling and taking steps toward her goals with the ability to heal. Similarly, Zadie showed an attitude of hopefulness when she spoke about self-improvement. She reported, (1) "I am learning more. I am going to a better person. I want to be a good mom… I am excited." Women connected efforts to change themselves to improvements in their lives. They also tied life improvements to a greater ability to "improve" themselves. W.B.W.'s second interview provided an example:

> (2) My life's been getting better. I've been working on myself… I had a really broken spirit before I came here… Why I came here was to better myself… Now I'm sober and I'm single and I'm more ready to work on myself.

Her description of "working on" herself aligns perfectly with the *Recovery* narrative, and supports a sense of hopefulness and control.

However, the message that anything is possible if one is dedicated and hardworking enough also had the potential to be harmful and create self-blame. In general, participants' lives were impacted by a myriad of systemic barriers and this message has the potential to reinforce ideas of internal responsibility, inadequacy, guilt, and shame. The discourse includes the idea that, had women been different or stronger in some way, they might have prevented the abuse from happening or from continuing. For example, Georgia mused:

> (1) Boundary setting is a big thing. Because I thought at one point I knew how to do that. I was (previously) married for almost 20 years and he was respectful…What happened to me that I changed so much? Just learning who I am and what is healthy and not healthy and what is wrong with me that I thought it was okay to be treated that way *[voice breaks]* … My judge of character apparently still needs some work.

Her words illustrate a sense of personal responsibility for the abuse, defectiveness, and loss of identity.

When Zadie spoke about shifting away from trying to convince her partner to change to changing herself, and implied that she needed to become a "better person," saying, (1) "Me asking him to help himself, all this whole time I needed to help myself. And now that I am, I feel better about myself, I am learning more. I am going to be a better person." The focus on personal agency runs the risk of reproducing the abuse women have experienced in their relationships by implying that women are responsible for the violence they experience, and by identifying core inadequacies. In many women's narratives this concept was not explicitly named, but rather represented with phrases like "working on myself," and "bettering myself." Another example from Zadie occurred in the context of her considering arranging an opportunity for her ex-partner to speak with her children. She acknowledged that she still had feelings for, and wished to be in a

relationship with her partner; she associated her inability to land at the prescribed place of satisfaction and pride related to relationship termination with her own inner weakness. She lamented:

> (2) I am trying to work on myself; I am trying to heal myself… I don't know if I can do this. I'm not strong enough, you know? Even just letting him talk to his kids… I am not that strong yet, to even hear his voice or see his face. I am not strong enough to do that.

Her inability to align with the dominant narrative was associated with fragility and failure.

For the most marginalized participants, whose experiences misaligned with the master narrative, the focus on individual agency without considering the complex social context contributed to an even greater sense of personal failure and weakness. And for these participants, whose narratives were less relationship-centric, this expanded outside the realm of intimate partner violence and grew to encompass different facets of social marginalization. For example, in her third interview, Phoenix stated, "I just wish I had more willpower to say no (to drugs)." She points to her lack of "willpower" and self-control as the main factor contributing to her relapse, when the reality of her situation (i.e., rigid structure of her treatment program, IPV, homelessness, lack of social support, child welfare involvement) was much more complex. Similarly, when discussing hardships she was experiencing, Sarah stated multiple times, (1) "I don't have any willpower," (2) "I have no one to blame but myself" and (2) "That's just me." A major setback for Sarah (2) was being "kicked out" of her addiction treatment program after only approximately one week. She immediately internalized the blame, despite the fact that other, complicating interpersonal and structural factors were at play. For instance, she reported that confronting her mother's terminal cancer diagnosis led to her desperately seeking to numb her pain:

> My mom's got cancer. So, she had an oncologist (appointment) that day and I went with her. And my dealer is not too far from me… So I went there and I just got high… I was numbing myself, you know, self-medicating through drugs and alcohol and was trying not to pay attention to it.

Disregarding the context in which that decision took place led to a sense of hopelessness and a view of herself as broken, which undermined her sense of agency.

Women whose experiences did not align with the cultural master narrative often made sense of their misalignment by becoming self-critical or assuming an inner deficiency. In her third interview, Jamie also put voice to this idea. She was asked what the future held for her. She heard the question as about what she, personally would be doing to improve her life. She responded, wearily, (3) "I get always asked that question and I say the same thing: Go do a program or I don't know. Go to school… Just change, do something." She indicated that she is often asked about what she will do in the future, showing the widespread nature of the focus on individual action within supports for marginalized women. Her answer conveyed a sense of disillusionment and despondency, and the recognition that she was expected to identify *personal* actions or create *individual* changes to remedy *intrinsic* faults that were interfering with her ability to succeed. "Just change, do something."

Studying participants' reactions to the conclusion of the study at the time of the third interview provided additional data concerning their understandings of their experiences over the preceding five to seven months. Women who were able to maintain a higher degree of alignment with the *Recovery* narrative showed a process of using the member-checking process to increase their sense of agency and confidence. Georgia and W.B.W. used it as an opportunity to reflect on how far they had come. Georgia stated:

> (3) I'm thinking six months ago I left. I was homeless. And I lived at a shelter, which is the scariest thing in the world. And now, I read this, and it kind of brings you back, and you kind of reflect a bit. And I think, yeah, things are pretty good [chuckle]…There are things I regret of course but everything makes you who you are. And it helps you be stronger. And this has helped me be stronger.

After listening to the summaries of her first two interviews W.B.W. exclaimed, (3) "I'm like, oh my goodness! I'm actually really doing the work, you know. So, I'm sitting here like almost in tears, I'm like, holy crap *[chuckle]*. But yeah, it's awesome. I think that's cool!" They conceptualized their past struggles as obstacles they have overcome, situations that brought out their strength and determination. Phoenix responded positively to the member-checking process, quickly acknowledging her accomplishments, and then using it as an opportunity to remind herself of different resources and opportunities available to her. She stated:

> (3) I felt like, oh, I did that! Oh, I wish I was still there, like at (volunteer position) … I do still want to volunteer at [volunteer position] 'cause I enjoy it … And then with the therapist, I already have a therapist so I wrote that down because I need to connect with him.

Loretta used the member-checking process to again advocate for the creation of more supports for abused women, saying (3) "I just wish they would make more places for the women!" Each of these responses indicates a positive reframing and the ability to use past experiences, good and bad, and fit them within the *Recovery* framework.

The other participants' reactions to the member-checking process suggested less of a sense of personal agency, and less control, hopefulness, and adherence to the dominant narrative. Jamie and Nicole coped with being confronted with the challenges they faced in interviews 1 and

2 by avoiding sharing an emotional reaction and instead focusing on the accuracy of the summaries. Jamie stated, (3) "Yeah that's what I felt. Ugh, it was taking forever. Things changed. But that's how I felt." And Nicole responded with, (3) "I've just heard the story so many times. I guess- It's accurate… That's pretty much exactly how it's been." Again, a sense of weariness emerged in Nicole's feedback. She spoke about hearing, and likely, telling the story many times. It even conveys a perception of futility in sharing her story for the research project because she has done so many times before and nothing has changed. Finally, Sarah's response to the summaries was heartbreaking. In hearing about her first two interviews, she became aggravated, focusing on how her situation at interview 3 felt no different than at either previous timepoint. She exploded:

> (3) I feel embarrassed really. It's just everything. Nothing changes. It's just like it's all my fault… I feel embarrassed, ashamed, angry … It's just like same old thing all the time. Looks like the same old patterns. And I knew that about my life. It's just, why can't you change!?

Here again the notion of personal responsibility emerged as she states, "it's all my fault" and asks herself "why can't you change?" For these women, the difficulties adhering to the *Recovery* narrative related to their social locations and numerous oppressions interfered with their ability to reflect on and re-frame their experiences in a helpful way. The focus on individual agency without taking into account social context also undermined their sense of power and control.

Summary. The master narrative of *Recovery* helped some women to increase their hopefulness, motivation, and sense of control. Participants utilized various strategies to demonstrate and bolster their sense of personal agency in the telling of their narratives. However, the use of these strategies was limited for the most marginalized women, and the focus on

individual choice and action-taking outside of the context of structure was tied to decreased agency and created self-blame for women facing many oppressions. Social marginalization served as a colossal disrupter in women's efforts to increase their confidence, hopefulness, and sense of control.

Chapter 5: Discussion

The content of participants' narratives and the degree of focus on IPV in those narratives depended on women's social locations. Compared to less marginalized participants, the narratives of women facing multiple oppressions de-centered IPV, situating it as only one of a host of problems they faced. The content of women's narratives also tended to become less IPV-centric over time. A master narrative of post-shelter "recovery" where women's overall health, wellbeing, and independence progressively increases appeared as an underlying framework that the women used to organize their narratives across time points. The narrative exists within a dominant discourse about what IPV is that is founded on Western, White, middle-class, heteronormative, and cisnormative discourses. The *Recovery* narrative includes components related to 1) ending and remaining outside of abusive relationships; 2) accessing counselling to heal from the negative impact of IPV; and 3) life improvement. However, participants' experiences often did not fit within this dominant narrative. For some women, efforts were made to adapt the dominant narrative to better align with their experiences. For some participants the master narrative provided a sense of hopefulness and created a framework within which they found opportunities to highlight and even bolster their sense of personal agency. For most marginalized women the master narrative represented a standard they were unable to attain. Rather than hopefulness, attempts to adhere to the master narrative were associated with frustration, and in some cases a sense of personal failure, and women were much less able to use

it to demonstrate or increase their sense of personal agency. Important counter-narrative elements emerged in relation to each of the components of the master narrative but were not fully developed. For all participants, at the end of the study there remained significant barriers that interfered with their ability to engage in actions with a full sense of choice and move towards the life they wanted. The aim of this discussion is to situate the findings within past research in the field and to draw attention to key questions and underlying tensions, the examining and balancing of which may influence how domestic violence shelters and other services for this population are organized and provided in the future. I begin with a discussion of interpretation and transferability of the findings.

5.1 Transferability and Considerations

This research became a study of cisgender women in heterosexual relationships that highlighted, in particular, the experiences of Indigenous women. As such, it may not be transferable to all women transitioning out of domestic violence shelters and back into the community. The detailed information about the research framework, setting, sampling and retention strategies, demographic characteristics, and interview procedure contained herein is designed to enable you, the audience, to determine the transferability of the findings to your own contexts (Lincoln & Guba, 1985). Women were recruited from one urban domestic violence shelter in Manitoba. Most participants were Indigenous women living in poverty, which can be directly tied to consequences of a history of colonization and genocide (e.g., transgenerational trauma), and experiencing ongoing discrimination and health inequity (i.e., related to income and social status; social support networks; education; employment and working conditions; social environments; physical environments; health services; and culture; see Kolahdooz et al., 2015; National Collaborating Center for Social Determinants of Health, 2011). The findings of this

study may not be transferable to more privileged, middle-class women, whose experiences transitioning back into the community following a shelter stay could be very different. This limitation is also a strength of the study. We know that many of the women admitted to domestic violence shelters in Manitoba and across Canada are poor Indigenous women (see Maxwell, 2020). The main finding relates to the challenges of marginalized shelter-seeking women in adhering to a dominant White, Western, IPV-centric, middle-class narrative of post-shelter experiences.

Although the sample included women who experience many forms of oppression, it is possible that highly marginalized women who experienced the most difficulty accessing services were missed. We know that women who face multiple overlapping structural barriers are generally less likely to successfully engage with services (e.g., short shelter stays; Johnson & Zlotnick, 2009). In this study, an effort was made to ensure that women who remained in shelter for varying lengths of time were recruited. However, the study did not capture women who were unable to access shelter services to begin with (i.e., faced barriers to seeking services; were turned away) or who remained in shelter for very short periods of time (i.e., < 4 days). Additional research is necessary to develop an understanding of ways in which the experiences of women with very short-term shelter stays may differ as this represents a significant proportion of shelter users (e.g., up to 40% leave shelter within a span of hours; Hiebert-Murphy et al., 2021). In addition, this study focused solely on heterosexual women who experienced male-perpetrated IPV and sought shelter, and as such the results may not be transferable across genders and sexual orientations. Future research is needed to study post-shelter experiences in men and in LGBTTQ+ groups.

In past research it has not been uncommon for women with complex mental health problems including substance use issues to be excluded from research (e.g., Kubany et al., 2003; Santos et al., 2017; Zlotnick et al., 2011). The present study sought to develop an inclusive and nuanced view of women's post-shelter experiences, particularly given the prevalence of mental health and substance use concerns in this population (e.g., Hiebert-Murphy et al., 2021). This study included the voices of women for whom mental health and substance use problems represented some of the challenges they faced. However, women with severe problems that would interfere with their ability to participate (e.g., active psychosis) were excluded. A strong effort was made to develop trusting research relationships with all participants to avoid drop out. Attrition was monitored, reported, and discussed. In fact, the present study raises important questions about the factors affecting participant attrition within such studies and within this population. In particular, it seemed that increased stability (i.e., with regard to housing) may have been a predictor of drop out, which contrasts with the findings of recent longitudinal research involving former shelter clients (Tutty et al., 2020) as well as common thinking in health-related research (e.g., Smith Fowler et al., 2004)

At certain time-points, some participants experienced difficulty providing detailed and insightful information, which is not unexpected in light of the effects of IPV on victims (i.e., mental health problems, substance use, low self-esteem and confidence), the degree of social marginalization constraining participants, and the stressful time period in which these interviews took place. It was apparent, however, that some women who struggled to articulate their experiences became better able to do so as the study progressed. It is suspected that this is due in part to the interviews themselves serving as a means of increasing agency through sharing one's stories and obtaining a monetary thank you gift for one's time and expertise. Regardless,

confusion, disjointedness, and incompleteness were treated as data and analyzed as such. The basic demographic information obtained during the first interview as well as clarifying details pulled from each interview enabled the researcher to understand each woman's experiences more fully.

Some critics have argued that participants may tell inaccurate or misleading stories, and have asserted that participants may feel pressured to provide a particular sort of account (e.g., Bury, 2001). Rather than create doubt regarding the validity of a study, as these critics imply, understanding the purpose behind the telling of a certain narrative is a vital and inescapable part of conducting narrative research. Recall that a narrative is not simply an externalization of some precise internal representation of a knowable reality; it is shaped by the individuals' recollected past, perceived present, and imagined future and told according to the demands of a situation within the context of social and structural forces that limit its telling in various ways.

Another concern that could potentially be raised is that the researcher's presence biased participant responses. However narrative theory and research assert that this is not only expected but also in effect unavoidable. Participants and researchers are viewed as co-creators of the narratives. The researcher's characteristics (i.e., educated, middle-class) including her familiarity with shelters and speaking with women who have experienced IPV were incorporated into the analysis of the narratives, and the question of how the researcher's contributions within the research interviews and the power dynamics within the interviews shaped the narratives was closely examined for each participant at each time point.

In sum, the goal of qualitative narrative research is not to identify the 'truth' beneath participants' experiences, but to provide "glimpses into others' worlds and ways of seeing the world" (Fraser & MacDougal, 2017, p. 249). The narrative researcher is positioned as someone

attempting to understand the way that a group of people make sense of their lives (see Kermode, 1967). It is the job of the audience to determine how the nuanced understanding of the experiences of this group can be used in alternate contexts. This research contributes to theory-building around the complex interplay between individuals' identities, socio-historical locations, and the cultural master narratives that shape their experiences, and it suggests ways that shelter and other IPV services might shift to better support the women accessing them.

5.2 Narrative Theory and Consequences of Narrative Alignment or Misalignment

The master narrative of *Recovery* following IPV and a stay in shelter shaped participants' perceptions, and behaviours, and the creation of their individual narratives. This research revealed several adaptations of the *Recovery* narrative that tended to be used by women experiencing a lesser degree of social marginalization. One small but noteworthy adaptation was the inclusion of ongoing contact with an abusive ex-partner for the purpose of co-parenting a child (i.e., Georgia). A key adaptation that many women incorporated into their narratives was broadening the dominant narrative to include recovery from substance use problems alongside recovery related to IPV. Similarly, several women indicated that substance use, traumatic experiences across their lifetime, and treatment as a family were included in their conceptualization of the 'healing' process. Traditional Indigenous wellness practices (e.g., seeking support from an Elder, ceremonies) were also incorporated as methods of healing. Finally, as women looked back upon their experiences throughout the duration of the study, two additional adaptations emerged. The first was choosing to view ongoing hardships as learning experiences, which was discussed at length by W.B.W. and Phoenix. The second was lengthening the expected upward *Recovery* trajectory and incorporating setbacks as a part of the recovery 'journey,' which was especially evident in Loretta and Georgia's interviews.

Participants who were able to maintain a higher degree of alignment with- and adapt to the dominant narrative experienced a variety of positive outcomes. A main benefit of alignment and adaptation was a sense of hopefulness for the future and/or a deepening faith that everything would eventually be alright. The *Recovery* narrative outlined the expected trajectory for abused women as they transitioned out of shelter, with alignment situating them as embarking on a 'healing' journey where their lives would steadily improve. As such, this master narrative provided participants in alignment with a sense of hopefulness for the future, implying that if they aligned with the narrative and followed the steps they would "recover." The narrative promised that healing is possible.

These participants also experienced other benefits. First, the narrative framework provided by the dominant narrative supported women in alignment as they reflected upon and reconstructed their pasts, and as they planned for their futures. These women often spoke about focusing on their own needs, identifying their short- and longer-term goals, and making decisions about their identities. For example, recall that Annabelle and others asserted that the relationship violence would not "define" them. This is consistent with theories proposing that adherence to a dominant narrative aids identity construction and reconstruction by framing and facilitating storytelling about oneself, assembling pieces of the self in a particular way (e.g., Bamberg, 2003). Second, adherence to the dominant narrative enabled participants to assume the role of protagonist in their narrative, with barriers viewed as obstacles to be overcome as they continue a process of learning and growing. This supported women's agency and increased their sense of inner strength. Recall, for example, Georgia's statement that she "had to be strong to leave." They viewed themselves as decision-makers and action-takers. For some women (e.g., B.G., Loretta, Annabelle) this sense of strength and agency helped them to see themselves as role

models, advocates, or mentors for other women who have experienced IPV. Finally, adherence to the master narrative reinforced an overall sense of wellbeing, safety, and support/community. This is consistent with past research supporting the connection between alignment with cultural master narratives and living a good, valued, and accepted life (e.g., Syed et al., 2020). When personal narratives align with cultural master narratives there is both an internal sense of acceptance, and a societal sense of belonging. This is consistent with knowledge about how narrative construction and performance is shaped by context to support an ultimate goal of belongingness (see McLean et al., 2018).

Many counter-narrative elements also emerged in this research. This occurred most frequently in the narratives of women with extremely marginalized social locations, for whom IPV was often not the central focus of their narratives. One important example was the counter-narrative of 'one day at a time,' which challenged the expectation of a linear ascending recovery from IPV plotline where women engaged in a constant process of planning and evaluating their progress towards long-term goals. This counter-narrative referencing 'the 24-hour cycle' echoed ideas common within substance use support programs (e.g., Alcoholics Anonymous [AA]) as well as in faith traditions (e.g., Christian scripture; see Valverde & White-Mair, 1999). It was well-developed in several participants' narratives and provided them with an opportunity to more easily generate a sense of accomplishment, and increase their hopefulness by focusing on small, daily successes despite ongoing hardships. It also helped the participants who used it to better tolerate uncertainty and reduce feelings of being overwhelmed. Participants' ability to use this counter-narrative and its effectiveness is due in large part to it being widely held and comprehensive, which facilitated the development of personal stories that draw upon it, and provided a built-in sense of social acceptability (Syed et al., 2020).

In contrast, the majority of the other counter-narratives that emerged in women's narratives were merely hinted at and were not elaborated. For example, counter-narrative elements of being abandoned by one's abusive partner, returning to the relationship for the sake of the children, returning to the relationship for companionship, not giving up on a relationship, the experience of mutual violence, and the belief that abusers can change were all mentioned in passing, or emerged during periods of intense distress and/or confusion. Interestingly, in examining these counter-narrative elements we can see how some (e.g., not giving up on a relationship) relate to dominant discourses surrounding heterosexual marriages, for example the discourse of "for better or for worse," which are in opposition to the master narrative of recovery from IPV (e.g., Gilbert & Walker, 1999). This conflict likely led to increased difficulty developing these elements. The counter-narrative elements of counselling not necessarily leading to healing, healing from IPV not being a central goal, leaving an abusive partner not guaranteeing safety, and lives not changing after the termination of the abusive relationship were not ever explicitly named by participants, instead these were implied. Pieces of counter-narratives that were less prominent and used less consistently provided less structure for women to link elements of their experience together. Without elaboration, these did not help women tie their experiences into one cohesive storyline.

Several significant problems or costs of misalignment were revealed in women's narratives. First, women whose interviews did not align with the dominant narrative often conveyed an implicit sense of shame and 'wrong-ness.' These participants presented as more uncomfortable and less confident in their interviews. There was also a clear difference in degree of social support, both formal and informal, in the lives of women with higher versus lower degrees of adherence to the master narrative, with misaligned participants often identifying

feelings of loneliness and non-support. It seems that marginalization, lack of social support, and misalignment with the dominant narrative create a vicious circle: marginalized women receive less social support, which interferes with their ability to successfully align with the dominant narrative, which in turn decreases their ability to connect with others. This fits with Woods and colleagues' (2019) critical examination of the recovery narrative in the field of mental health, which argued that, "the complex intersections of, amongst others, social class, disability, access, precarity and racialisation trouble the Recovery Narrative" and that "individuals who challenge more homogenised survivor identities (may) find themselves cast adrift" (p. 14). It also fits with the work of McLean and colleagues (2017) who explained:

> …one way that those in positions of structural inequality, and with less power, experience this location is through the loss of connection to others. In other words, the experience of structural marginalization may be tightly linked to social marginalization; not fitting in with the master narrative is about a loss of power, as well as a loss of belonging. (p. 30)

Misalignment with the dominant narrative without the occasion or ability to develop a counter-narrative to make meaning of their experiences is associated with a sense of social exclusion. Paradoxically, the creation of a well-developed counter-narrative generally requires involvement in a community of like-minded co-constructors (McLean & Syed, 2015). The participants whose narratives did not adhere to the master narrative did not have that opportunity.

Without the sense of social belongingness and commonality of experience, participants whose narratives were misaligned with *Recovery* were often left with a keen sense of personal responsibility for the discrepancy between their current situation and where they felt they 'should' be in accordance with the expectations grounded in the dominant narrative. Common themes among these narratives ranged from frustration and disappointment, to a deep sense of

failure and self-blame. In several narratives, alignment was explicitly linked to personal strength and misalignment was associated with inner-weakness, inadequacy, and fragility. For example, in her second interview, Zadie repeated that she was "not strong enough" to move forward outside of her relationship. Recall also discussions of a lack of willpower (e.g., Sarah, Phoenix) in relation to keeping apart from abusive partners as well as substance use. This is tied to the cultural master narrative of the "American Dream," the privileged Western narrative founded on ideas of meritocracy and individualism that proclaims that hardships (e.g., poverty) are the result of personal failure (i.e., not working hard enough) as opposed to structural oppressions (see Bullock, 2008; Kluegel & Smith, 1986). And for Indigenous women, this echoes the incredibly harmful discourse of 'Indigenous deviance,' a view of Indigenous peoples as not only different but also deficient, that supported the colonial agenda (De Leeuw, 2010). The activation of this discourse likely compounded harm and distress associated with misalignment for Indigenous participants. Misaligned narratives often conveyed a sense of powerlessness and resignation. These participants spoke about remaining trapped within repeated patterns of adversity without a sense of how they might finally end those cycles. This further suggests that workable alternative narrative frameworks are crucial in normalizing and contextualizing divergent experiences as well as supporting problem-solving and building confidence.

A final, related negative consequence of the inability to adhere to the dominant narrative involves identity. Contrary to the identity construction and re-construction observed in narratives with a higher degree of alignment, the participants whose narratives did not align spoke little of their view of who they were and were less able to situate themselves as active agents within their stories. For example, at interview 3, when asked about whether the way she saw herself had changed since the beginning of the study, Nicole simply stated, "I don't really think about that."

Where participants were misaligned with the dominant narrative and where counter-narratives were not developed, participants struggled to ascribe meaning to their experiences and to tell stories that supported the identities they wished to create (Fivush, 2010; Hammack, 2008; Pals, 2006). This is connected to the temporal constraint observed where these participants' stories were often limited to the present and did not support re-forming of their pasts and creation of an imagined future (see McAdams & Mclean, 2013). This is consistent with past research that speaks to the need to elaborate and 'engage' with alternate narratives to begin the work of developing one's identity, which in turn is posited to lead to an increased sense of felt agency (McLean et al., 2017; McLean et al., 2018).

This research provides evidence of the usefulness of narrative theory as a conceptual framework for understanding experience. In this study, narrative theory served to advance our understanding of the experiences of women at the margins: abused women leaving domestic violence shelter and re-integrating into the community. This research is most closely aligned with approaches to narrative theory that transcend the individual narratives and place them within a sociocultural context. It can be situated in relation to various approaches to narrative theory.

First, there has been a distinction made between the narrative as a structural concept and the act of narrating (Schiff, 2006, 2012). Traditional narratology in fields such as linguistics and literary theory centered the structure of the narrative and linguistic features, examining how story elements were woven together and why stylistic choices were made (e.g., Barthes, 1975; Labov & Waletzsky, 1997). A foremost goal was to identify the 'deep structure' of narratives and expose universal archetypes. Other, post-modern approaches, however, study the *purpose* of the narrative, situating the ever-evolving process of meaning-making and identity creation as the

primary function of narratives. Within this study of meaning-making, narrative research can examine the content ("the what"; e.g., characters, settings, plotlines, themes), the structure ("the how"; e.g., how language is used, grammar, genres), and the performance ("to whom, when, and why"; e.g., the relationship between narrator and audience, non-verbal communication, the context, level of familiarity and confidence, goals) of narratives (see Clandinin & Connelly, 2000; Fraser, 2004; Riessman, 2008). This study employed an integrative approach that incorporates each of these types of analysis (see Fraser, 2004). Some narrative theorists bring to the foreground the individual's experiences while others focus more on what narratives reveal about social life and culture, however there is an acknowledgment that the individual and their sociocultural context are inextricably linked (see Andrews et al., 2000). Andrews and colleagues write:

> Using narrative, the self can be located as a psychosocial phenomenon, and subjectivities seen as discursively constructed, yet still as active and effective. Material social conditions, discourses, and practices interweave with subjectively experienced desires and identities and people make choices, reconstruct pasts and imagine futures within the range of possibilities available to them. (p. 1)

The present study is positioned within this branch of narrative theory that supports the primacy of meaning-making and views the structure of the narrative as important, but secondary.

Narrative theory in psychology often looks at how identity develops and shifts across the lifespan (Cohler, 1982), and how this process is tied to wellbeing and agency (e.g., Adler et al., 2016; McAdams, 2006a). There is a recognition that individual identities cannot be constructed and reconstructed in the absence of social interactions and culture (Tuval-Mashiach, 2014). Hammack (2008) explains, "The narrative approach to identity focuses on the mechanism by

which processes of psychosocial synthesis and person–culture integration occur across the life course" (232). However, theorists and researchers differ in the degree to which different domains of context are emphasized. Tuval-Mashiach (2014) identified three spheres of context. The first is the relationship between the narrator and the receiver (often an interviewer). This is similar to a rhetorical approach to literary theory, where the relationship between the narrator and the audience is the topic of investigation (see Herman et al., 2012). The second is the socio-historical context in which the narrator's life is lived, which can be explicitly discussed but is often taken for granted. This fits with a feminist approach to literary theory, which expands on the rhetorical approach by focusing on the social, political, and historical context of both the narrator and the audience to examine how issues like gender, sexuality, class, race, and ability affect the creation of- and response to narratives (Herman et al., 2012). For example, this is of the utmost importance when we seek to understand the narratives of Indigenous women. The researcher must undertake a critical examination of the ways in which the consequences of a long history of aggressive colonization and cultural suppression, as well as current oppressions and forms of resistance shape the stories that women tell. The third sphere involves cultural 'meta-narratives' (i.e., master narratives), which are unconsciously used and invisible. The cultural master narratives provide a framework for organizing a narrative, and lend it credibility and value. This fits with interdisciplinary ideas about how master narratives exercise power and lead individuals and groups to behave in certain ways (Syed 2016; see also Lyotard, 1979; Miskimmon et al., 2013).

This research project sits at the intersection of the three spheres, though it underscores, in particular, the importance of examining the complex connection between the narrator's socio-historical context and the cultural master narratives at play by using an intersectionality analysis

and identifying the cultural meaning-making systems that shape a group of narratives. This research speaks to the utility of a multifaceted multilevel analysis (e.g., Fraser, 2004; Hammack, 2008) of narratives that is grounded in theory (Fraser & MacDougall, 2017). Such an approach leads to a wealth of data and increases the relevance and resonance of the research. Fraser and MacDougall (2017) explain:

> When approached from an intersectional perspective, and using a systematic and articulated approach to collecting and analyzing stories, we can show how and why specified groups may face much higher risks of some social problems compared to others, not just in large numbers but in specifically gendered ways. Domestic violence is a good example. (p. 249)

This research employed a longitudinal design, without which such insight into the process of meaning-making and narrative alignment/misalignment over time would not have been possible. The longitudinal qualitative approach is a major strength of this study and fits with the methods supported by other researchers in the field (e.g., Maki, 2020). It allowed for the investigation of the long-term impacts of the cultural master narrative of recovery as women transitioned out of shelter and sought to make meaning of their experiences past and present and consider their futures. It fits well with the feminist postmodern theoretical perspective, which seeks to understand the complexities and nuances of human experience. It also pairs perfectly with narrative theory by supporting the development of a narrative over time, and providing opportunities to understand why narrative changes occurred.

5.3 Challenging Assumptions Around IPV-Centricity and Individual Choice

As detailed above, adherence was related to social marginalization with a greater degree of structural oppression associated with a decreased ability to adhere to the cultural master

narrative. This research challenges the centrality of IPV within women's narratives of recovery following a shelter stay. Participants' ability to make meaning of their experiences transitioning out of shelter and back into the community was hampered by the narrow IPV-centric view of 'deliverance from suffering' (see McAdams, 2006a, 2006b). The *Recovery* narrative, which situates the abusive relationship as the crucial obstacle to be overcome so that women can achieve the lives that they want, excludes women for whom relationship violence is only one of many problems they face. This was the case for each of the participants, including more privileged women like Georgia, whose few but important other concerns involved a lack of financial resources and her identity as a mother to a very young child, and the most marginalized women like Nicole, a poor multiracial pregnant woman with a history substance use concerns who turned to sex work to support herself.

It was assumed that as women victims of IPV move further away temporally from the 'turning point'- the 'deliverance from suffering'- that entering into shelter is taken to represent, their lives become better; the abusive relationship is no longer impeding women's ability to pursue their goals and self-actualize. However, this myopic view of post-shelter life does not fit for the majority of these participants because it does not take into account the structural inequalities constraining their agency that created the context in which they experienced violence in the first place. For example, for Indigenous women we must acknowledge the impact of colonialism and ongoing trauma related to the effects of assimilative policies like residential schooling, loss of language, and cultural disconnection. We can connect this to cultural trauma and disrupted social processes, the results of which are feelings of hopelessness, substance use issues, and violence within Indigenous communities (De Leeuw et al., 2010).

Previous research supports that women accessing shelter face numerous barriers. The majority of women coming into domestic violence shelters in Canada are living at the intersection of violence, poverty, discrimination, and disability (e.g., Moreau, 2019; Samardzic & Morton, 2020). They are facing issues like the inability to secure safe affordable housing; involvement with the justice system; mental health, physical health, and substance use problems; child welfare involvement; lack of childcare; undereducation; and unemployment and reliance on social assistance. Systems are organized in a way that identify IPV as the most pressing concern and leaving as the only legitimate option, thus service delivery constrains the decisions available to women (e.g., Osborn & Rajah, 2020). A possibility, which, likely as a consequence of the power of the master narrative (See McLean et al., 2018), was only hinted at in the present study, is that women may wish to continue their relationships with their partners and attempt to move toward an abuse-free relationship together. Despite the fact that many women and families who have experienced partner violence are interested in services designed to address partner violence while *also* supporting relationship maintenance, these services often simply do not exist (Goodmark, 2012; Stith & McCollum, 2011). Marginalized women who leave their partners and enter shelter are therefore typically provided services within the framework that leaving is the only healthy, viable option, which may not fit with their perspectives or wishes. Services' investment in this particular narrative and outcome, and the assessment of needs and provision of support around this is troubling.

Domestic violence shelter services are provided within the context of limited and often inconsistent funding, and shelter organizations have many obstacles to navigate as they attempt to develop safe and effective interventions. Broad societal assumptions and master narratives, including the master narrative of *Recovery*, permeate the field, dictating what types of services

'should' be useful to women and directing funding to certain organizations and activities. Shelter interventions are shaped by the same external context that constrains the actions of the population of shelter-seeking women. Services naturally evolve around what they are funded to do; in shelters this means providing IPV-centered services in very particular ways (e.g., education about IPV). Shelters are connected to a web of systems like housing, healthcare, mental health and addictions services, and child welfare that are themselves struggling to meet the needs of service users due to a range of economic, political, and societal factors (e.g., Maki, 2020; see also Samardzic & Morton, 2020). The inadequacy of these broader supports restricts shelters' ability to connect women to the resources they most need. Despite the passion of shelter organizations and the desire to provide the best quality care, shelters are disempowered within a system that is under-resourced and unequipped to meet the complex needs of this population. And yet, shelter organizations continue to push back against these limitations, striving to provide care as comprehensive as possible and rising to the challenge each time they are asked to prove their value (e.g., Samardzic & Morton, 2020).

As identified above, the *Recovery* narrative represents an often 'unseen' layer of assumptions and expectations that can further limit shelters' ability to help women meet their needs. The *Recovery* narrative supposes a White, middle-class, cisgender, heterosexual woman is its subject. I hope that this research can help to lift the veil and draw organizations' attention to the way that the master narrative influences attitudes and service provision. IPV-centricity and the focus on support specifically for coping with IPV means that shelter services may not be adequately meeting the needs of residents, and also that shelters may not know how marked these discrepancies can be. Past research has shown that women accessing domestic violence shelter services viewed 'success' in terms of relationships, experiences, and opportunities that

reinforced a positive identity across all domains (i.e., outside the narrow context of IPV), while service providers gauged women's success primarily by examining changes in the ways the women thought about their abusive relationships (Melbin, 2014). There is often an assumption that relationship termination is synonymous with an escape from violence. The experiences of women, like Jaime, who, despite ending her relationship, experienced violence at the hands of a former partner are often overlooked (Fleury et al., 2000). And on a broader level, exiting an abusive relationship does not automatically protect women from other sources of violence or experiences of injustice.

This study's findings are consistent with past research, which has shown that women accessing domestic violence shelters are generally appreciative of the support they receive (e.g., Tutty et al., 1999). However, appreciating the support and finding their shelter stay helpful does not necessarily mean that the services provided *satisfy* the needs of the population. Most of the participants of this study spoke about positive experiences in shelter, however, for almost all participants the supports they received in shelter and the resources they were connected to from shelter were not sufficient. Several participants attempted to broaden the *Recovery* narrative to include other elements alongside IPV, most notably mental health and substance use concerns (e.g., addiction, depression, trauma). These were conceptualized by participants as not only consequences of IPV but also pre-existing issues. Participants recognized the cyclical nature of these problems and spoke about how violence and mental health and substance use concerns often feed into one another.

We must also broaden the discussion of 'life after shelter' so it includes more than simply the decision to stay or leave and a more complex understanding of the context in which IPV occurs. The White, middle-class abused woman narrative that control over one's life is

diminished by the abusive relationship and then slowly regained after the relationship ends must be challenged. For many women who access shelter this idea of IPV as an interrupter of an otherwise autonomous and "free" life is inaccurate and potentially harmful. Their agency is often extremely constrained by structural forces and other challenges from the outset. If women's agency and strength is highlighted only as it relates to their adherence to the cultural master narrative of recovery following IPV (i.e., end the abusive relationship and do not experience subsequent abuse, participate in IPV counselling and heal; improve your life) women who are unable to reconcile their experiences with the *Recovery* narrative are likely to be viewed both by advocates and by themselves as weak and incompetent. If strength, success, and bravery are associated with leaving the relationship and 'recovering,' then weakness, failure, and cowardice are associated with re-entering the relationship or continuing to struggle.

Some have urged caution when emphasizing individual choice and personal power in discussions with abused women about how to stay safe because women might believe that the blame for subsequent experiences of violence lies with them instead of the perpetrator, social services, or society as a whole (e.g., Berns, 2004). Similarly, if IPV services and advocates emphasize strength and personal agency with regard to "recovery," for the most marginalized women this could be harmful. The women may feel that their struggle to transition to wellness and independence is representative of a personal failure to "recover," when it is societal and systemic restructuring that is required, and when more narrative options are needed. The frustration and sense of failure was apparent for very marginalized participants in the present study. Without a broader and more nuanced concept of "recovery," women who engage in behaviours or find themselves in situations that are not sanctioned by the master narrative are excluded and denied any opportunity to "recover."

We must also consider the paradoxical nature of the services for women who experience IPV and then access shelter. Services are delivered within the framework of recognizing and supporting personal power and individual choice, however the IPV-centric context, the limited types of services available, and the assumed *Recovery* trajectory all simultaneously constrain women's agency. There is a gap that must be bridged. Financial constraints as well as prevailing attitudes have pressured IPV services to adopt a 'one-size-fits-all' method of service delivery despite the recognition of intersectionality and marginalization (e.g., Pope, 2009). An example of this was seen where Loretta participated in counselling at her second stage housing program. Often, there is an assumption that women need intensive counselling, and highly regimented methods of service delivery can be employed in an effort to provide women with as much support as possible. However, there seems to be little consideration of, or adjustments made for women whose mental health problems create barriers for their participation. Staff did not appear to account for her mental health concerns interfering with her ability to participate effectively (e.g., attend on time), they were inflexible when she expressed feeling overwhelmed, and they were unable to adequately explain the rationale behind the treatment approach and schedule to her. And yet, when she violated the program's rules and was asked to leave the program, the responsibility for her 'failure' was ascribed to her. Another example involves Zadie's lack of post-shelter counselling. Her case demonstrates how, without a variety of treatment options and a process of taking into account client presentation and preferences with regard to treatment format and intensity, women can be left without access to mental health care.

The master narrative strengthens the rigid ideas about acceptable coping following violence in an intimate relationship, and mimics and reinforces the often inflexible and

prescriptive ways in which services are delivered for victims of partner violence, which result in many women, particularly the most vulnerable, being left out. Osborn and Rajah (2020) wrote:

> Within the context of shelters and other social service programs, respondents in many of the articles we sampled reported feeling constrained by a set of normative expectations about how abuse survivors were supposed to act. (p.6)

In IPV-related services, women are typically given few options and a narrative to follow, then told they are powerful individual agents if they can align their goals and experiences within those frameworks. If they are unable to, they are denied agency and strength. The personal agency of the population of women who access shelter services must be understood within and balanced against the context of the profound impacts of structural oppression many of shelter-seeking women face. In the following section practical implications related to narrative identity development, social change, and shelter service provision are discussed.

5.4 Practical Implications

This research suggests the importance of interventions that are designed to support women in increasing their awareness of the structural constraints in which they live. The findings showed that participants' misalignment with the dominant *Recovery* narrative was influenced by their social location, which limited their narrative options. Nonetheless, misalignment often led to feelings of self-blame and personal weakness. This points to the need for consciousness-raising interventions that call attention to the commonality of these experiences and the impact of systemic disadvantage. Consciousness-raising emerged as a key feminist process in the 1970s (Ruck, 2015; Sowards & Renegar, 2004) and typically involved a small group of women meeting face-to-face to speak about individual experiences of oppression so as to "unite women so that they could understand that their individual experiences were not isolated events and to eliminate

self-blame" (Sowards & Renegar, 2004, p. 535-36; see also Redstockings Collective, 1970). This sharing, an act of resistance in its own right (see Freedman, 2014) then led to increased self-confidence and support for other women, and further discussions of resistance and taking action "such as expressing emotion, asking questions, considering alternatives, making choices and reconfiguring their identities and social roles" (Western, 2013, p. 52).

Within the lives of Indigenous women, decolonization is a related concept. Decolonization involves developing an awareness of- and then challenging and dismantling colonial beliefs and practices that privilege White, Western ideas and experiences while devaluing Indigenous experiences and ways of knowing (e.g., Cull et al., 2018). Decolonization aims to re-value Indigenous knowledge, histories, and practices, and advocates for Indigenous rights, sovereignty, and land (e.g., Sium et al., 2012). Similar to sharing experiences in the context of consciousness-raising activities, Indigenous storytelling has been identified as "an act of living resistance" (Sium & Ritskes, 2013). Many Indigenous theorists have cautioned against the push to collapse together the experiences and forms of resistance of all Indigenous peoples (Kapoor, 2009) but to focus instead on the core 'rootedness' in- and value of Indigenous thought that reinforces Indigenous identity and supports resistance to colonial power (Sium & Ritskes, 2013). In consciousness-raising it is crucial to consider both the similarity and the diversity of women's experiences. Small groups facilitated by knowledgeable staff members, or sharing circles or knowledge-sharing groups (e.g., beading circles) led by Indigenous facilitators or Elders could serve as occasions for this type of work.

Consciousness-raising and decolonial practices are not new to domestic violence shelters, though past research (e.g., Kenyon, 2016) has found that sometimes women do not understand how the process is supposed to be helpful to them. This suggests that in addition to

providing space and opportunities for these activities, service providers should also explain the rationale behind the process, normalize the challenging emotions that can arise throughout the process, and be prepared to assist women in managing these. It is also possible that it may be difficult for women to engage in this process of they are overwhelmed with pressing immediate needs. This highlights the importance of small daily opportunities to engage in a process of reflection on how overlapping structural barriers constrain their choices (e.g., compassionate and tactful informal interactions with shelter staff) as well as invitations for them to return to shelter to participate in more formal activities if/when they wish to, and opportunities to continue the consciousness-raising process in spaces outside of shelter (e.g., second stage housing, group counselling etc.). It also suggests that a valuable role of shelter staff could be to assist women in considering how they might continue to engage in this process after leaving shelter (e.g., what information would be helpful, who could they discuss with, how could they seek out opportunities for group sharing or organize their own groups).

A dominant narrative is by definition constructed by and representative of the experiences of the dominant group. Dominant narratives in the field of IPV, including the narrative of *Recovery* are generally reflective of the experiences of White women with educational opportunities who are able to- and allowed to share their stories and become part of the advocacy and intervention systems (see Pope, 2009). It is therefore not surprising that the experiences of women outside of this privileged group did not conform. This research confirms the relationship between narrative alignment and overall wellbeing, as well as the importance of the development and engagement with counter-narratives for those for whom the master narrative does not reflect their experience. Researchers studying the *Recovery* narrative in the field of mental health have identified again and again the importance of fostering the

development of alternate, more nuanced narratives to "expand rather than reduce available choices" (Llewellyn-Beardsley et al., 2019, p. 2) and "enable a range of recipients to connect with and benefit from (them)" (Rennick-Egglestone et al., 2019, p. 2). This research encourages IPV service providers and organizations to critically examine the assumptions and attitudes underlying service provision.

Shelters have the potential to be a safe space that supports the creation and co-creation of counter-narratives for women for whom the master narrative of recovery following IPV does not fit. This would have two key benefits for shelter-seeking women. First, women could engage with and develop a counter-narrative, then participate in a process of testing, evaluating, and adapting it to best capture their experiences and meet their needs (i.e., coherence, unity; see McAdams, 1995; identity development, agency; see McLean, 2016). Second, within the communal living environment of shelter, women would have the opportunity to connect with and work together with similar others to generate and refine those alternate narratives. This would both facilitate the creation process, and simultaneously normalize pathways outside of the confines of the dominant narrative, contributing to increased social support and community-building (e.g., McLean et al., 2018).

Consciousness-raising opportunities within shelters or other IPV services could provide an ideal setting for this type of work. In addition, advances in technology and globalization have provided opportunities to connect with others and engage in these activities through social media, online blogs, podcasts, networking sites etc. (see Western, 2013). This raises the question of whether interventions focused on critical media literacy, which "helps people to discriminate and evaluate media content, to critically dissect media forms, to investigate media effects and uses, to use media intelligently, and to construct alternative media" (Kellner & Share, 2007)

would be beneficial to women accessing IPV services and support their critical engagement in online opportunities for advocacy and activism (for a further discussion see, for example, Kellner & Share, 2007; Mihailidis &Thevenin, 2013; Sharda, 2014). Another consideration is the challenge of accessing technology (i.e., smartphones, computers, internet) faced by women in poverty, and how shelters and other IPV-services might support this (e.g., free wifi, knowledge of free messaging Apps and providers offering discounted cellphone service etc.). These findings also suggest that an awareness of intersectionality should also be included in group and individual counselling/therapy with this population. It is vital to make links between constraint and distress and structural oppression, rather than attributing 'dysfunction' solely to individual psychopathology (Fraser & MacDougall, 2017). This again reinforces the benefit of facilitating women's engagement in consciousness-raising efforts.

Interventions such as these have the potential to lead to a widespread greater understanding of shelter-seeking women's experiences, social acceptance, and ultimately social change. Of this, Mahoney (1994) writes, "The woman's responses seem unique and problematic because there is no context demonstrating the commonality of her experience" (p. 65). If alternate narratives of post-shelter experiences are developed and shared by women at the margins it will reinforce the idea that women in this group have common experiences and that failure is not the result of intrinsic individual qualities, but instead the structural constraints women must attempt to manage (see also Cole, 2009). Shelters might consider how the shelter environment could be made to feel safer and more supportive for women whose experiences diverge from the dominant narrative, from the time women learn of shelter as a potential resource, to the moment they contact shelter, the intake process, counselling and group programming, referrals to other resources, and planning to leave. As McLean and colleagues

assert, "…although individuals can write empowering narratives, which may be a part of cultural change, those who are in positions to support and facilitate the kind of identity work also have opportunities to promote alternative narratives and group connections" (p. 38). The findings suggest a means for shelters to transition back to supporting social change rather than focusing primarily on providing social services.

Over time IPV services have evolved from the grassroots survivor-run supports of the 1970s that prioritized social change to formal programs operated and staffed by quasi-professionals oriented towards social service work (Kulkarni, 2019). These discussions of consciousness-raising and alternate narratives also raise important questions about who is supporting women. Past research has underscored the importance of available role models for clients who are similar to them (e.g., Awais. & Yali, 2013; Cobb et al., 2006) as well as clients' preference for- and increased success working with therapists who were culturally similar (e.g., Maramba & Hall, 2002; Ward, 2005; Wintersteen et al., 2005). We know that shelter organizations (e.g., Pope, 2009) as well as the field of psychology (e.g., Lin et al., 2018) are dominated by White, middle-class workers, and that this is a problem. Additional energy and resources should be dedicated to training and hiring Indigenous and other minority individuals to work with this population. Through offering safe spaces, culturally similar models, and fostering the development of alternate narratives about the transition from domestic violence shelters and back into the community, shelters will be actively supporting the efforts of women who are often silenced (see Fivush, 2010) to bring about societal and structural changes and work towards equity, the ultimate goal of feminist research and interventions.

These findings speak to the need to conduct an in-depth needs assessment with each woman seeking shelter, and to not assume that partner violence is the sole or even most pressing

concern facing clients. The research participants' narratives highlight the importance of the provision of flexible, individualized care, and close connections between shelters and other services (i.e., housing, social assistance, mental health supports, primary care, substance use programs, child welfare, traditional Indigenous supports, and services for couples). Shelters and other IPV services should consider the benefits of developing or deepening relationships with these other services, which could increase women's sense of agency within shelter and beyond. Providing different resource options for clients (i.e., outside of those that abused women are expected to desire in the context of the master narrative) "recognizes women's ability to make choices and take action within, and in spite of, restrictive, marginalizing, and oppressive contexts" (Peled et al., 2000, p. 11). It would facilitate the weighing of pros and cons of decisions and courses of action, and validate each woman's unique perceptions and personal values. Shelters would demonstrate an understanding that a woman may use several different strategies, or follow several different paths when moving towards safety and wellbeing after the experience of relationship violence, and an acknowledgement of the reversibility of decisions.

However, it is understood that shelters are typically non-profits that are mandated to provide specific services and that are supported by 'core' funding that can be inconsistent and insufficient (e.g., Women's Shelters Canada, 2011; Family Violence Prevention Program & Manitoba's Women's Shelters, 2014). In fact, the issue of funding and feasibility permeates the entirety of this section dedicated to practice implications. Discussions of better equipping domestic violence shelters to provide resources for women for whom violence is only one of many problems they face raise many important questions. For instance, would shifting to a holistic service for shelter-seeking women be more effective in supporting long-term stability and wellbeing? 'Wholistic' services have been increasingly discussed, though primarily in the

field of criminal justice in relation to understanding what leads to IPV perpetration and how to reduce reoffending (e.g., Bowen & Gilchrist, 2004). It would be helpful to consider what comprehensive programs might target structural inequalities that create the victims' social context. And what might it look like to broaden shelter services to be more inclusive with regard to substance use, mental health concerns, housing instability, and child welfare involvement, for example.

There are no easy answers to these questions. A shelter service for women who have experienced family violence that situates IPV-services among several others would likely require a renegotiation of the shelter's mandate and would blur the line between traditional shelter services and other supports (e.g., homeless shelters; see Auffrey et al., 2017; Tutty et al., 2014). More importantly, it could be viewed as a move away from the ethos of the original domestic violence movement, rather than a way of integrating an intersectionality approach within the movement. Shelters, other IPV services, and related systems (i.e., mental health, housing, child welfare) are encouraged to carefully consider the potential benefits of adapting a more nuanced view of victims' experiences of IPV and their overall safety, and how if services were no longer siloed women could potentially receive individualized and effective support faster.

Of course, this must also occur in the context of broader systemic changes and developing and strengthening supports. Perhaps most importantly is the urgent need for second stage shelters offering longer-term support for women as they transition out of violent relationships and for safe, affordable housing units for women to access when they wish to do so (see Maki, 2020; Sullivan et al., 2019). Second stage housing is a vital resource for women transitioning out of emergency shelters who may still be in crisis and who need additional supports. Research has shown that accessing second stage housing services leads to increases in

wellbeing and empowerment when these services are provided in a respectful and caring manner, when rules are flexible, and when women are able to access additional resources (e.g., legal aid, employment opportunities, education, clothing etc.) to meet their needs (Martz et al., 2019). It is imperative that both emergency shelters and second stage shelters have access to "comprehensive and sustainable funding" in order to provide safe accommodations and high-quality care delivered by a well-trained, knowledgeable staff (Maki, 2020, p. 3). Women transitioning out of shelter must also be able to access housing; new social housing units must be built or obtained (Maki, 2020). The need for increased access to housing also fits with the calls for justice (4.6 and 4.7) from the National Inquiry into Missing and Murdered Indigenous Women and Girls (2019), which called upon all governments to increase access to housing, second stage housing, and transitional housing for Indigenous women, girls, and Two-Spirit, lesbian, gay, bisexual, transgender, queer, questioning, intersex and asexual people, with a focus on Indigenous-led, low-barrier supports, and meeting geographic and cultural needs.

Additional changes related to the availability of mental health and addictions treatment services are also are required. This includes providing additional funding for clinical psychology services and addictions treatment, and implementing stepped-care models where clinical psychologists provide 'high-intensity' treatments, but also conduct comprehensive assessments of patient needs, and play a vital role in supervising and monitoring colleagues with less training (e.g., Carey, 2018). It also includes providing additional coverage for these services, and ensuring that mental health, addictions, and healthcare services are integrated to provide the best possible patient care (e.g., Moroz et al., 2020). This would help to decrease wait times, increase the quality of services, and also ensure that the intensity of services matches individuals' needs. In addition, changes within the child welfare system that address how adversarial relationships

can develop between workers and parents, that continue to address the impacts of colonization on child welfare practices, and that ensure that workers are well-supported and not burnt out are necessary (Blackstock at al., 2006; Canadian Association of Social Workers, 2018; see also Legislative Review Committee, 2018; Maiter et al., 2006). Other structural changes relating to the accessibility of quality education and employment opportunities are also required. These processes would not operate in isolation, as each shift within one system would translate to shifts within the others.

Finally, these findings have important broad clinical practice implications, particularly for clinical psychologists working within the fields of IPV and trauma. This research further highlights the importance of examining social determinants of health when conceptualizing our patients. The social determinants framework is congruent with views of health in some Indigenous communities and other cultures where the wellbeing of the individual is entwined with the wellbeing of their community (e.g., Blackstock, 2008; Lavallee & Poole, 2010). It also suggests the benefit of drawing the attention of patients experiencing social marginalization to the structural factors affecting their health and wellbeing and providing the message that: the more we know about the systems that limit our choices the better able we are to work toward change (Labonte et al., 2005). It is another reminder to not fall into the trap of attributing dysfunction solely to individual psychopathology. We need to be open to the possibility of- and mindful of the benefit of marginalized patients sharing counter-narratives with us, then support this sharing and their meaning-making process. It emphasizes the importance of practicing reflection and reflexivity within our clinical work to develop, deepen, and maintain the therapeutic alliance, and to maintain professional and ethical standards (Bolam & Chamberlain, 2003; Chinn, 2007; Dixon & Chiang, 2019).

Through conducting research such as this, and in consuming research such as this, you, the audience, and I the researcher have been placed in a position to advocate for these changes. I commit to sharing these findings and implications widely (e.g., facts sheets within shelters, meetings with staff at IPV-related organizations, academic presentations and publications etc.) and continuing to amplify these voices. I encourage you to consider how you too might move forward as an ally and an advocate.

5.5 Future Research

Many avenues for future research exist. In considering the attrition observed in the present study, it would be beneficial to investigate the factors that lead to participant retention versus attrition in this population. In this study questions related to the saliency of the honorarium, the value of the research relationship, housing stability or instability, and potentially shame or a sense of exclusion associated with re-engagement in the abusive relationship arose. In particular, the apparent relationship between housing stability and attrition seems to contradict previous ideas about homelessness and housing instability increasing retention difficulties. A qualitative study examining factors that affect participants' investment in research such as this would likely be useful in continuing to develop strategies that maximize participant retention.

In considering further theoretical advances, future studies might examine whether the *Recovery* narrative emerges within the narratives of post-shelter experiences of individuals with other gender identities (e.g., transgender, nonbinary, Two-Spirit) and sexual orientations (e.g., lesbian, bisexual), and if so whether and how the master narrative is adapted, and whether and how counter-narratives emerge. It would also be valuable to develop a better understanding of the population of women whose contact with shelter services is brief (i.e., only a few hours) and to ask them about their reasons for leaving so quickly. Researchers might then examine whether

and how the *Recovery* master narrative influences and is used by this population of women with less contact with IPV services. Another important project might involve identifying small groups of women facing similar obstacles and interviewing them together about their post-shelter expectations and experiences to better understand the process of narrative co-creation (e.g., including narrative negotiation and competition). Researchers could investigate what facilitates this process, whether counter-narratives emerge that are then engaged with and developed within the group, and whether women perceive this process to be helpful.

This research also points to various opportunities to develop, implement, and evaluate interventions within domestic violence shelters and other IPV service organizations. Possible projects could include consciousness-raising groups and groups promoting decolonization within shelter and critical media literacy programs. Researchers could examine whether such initiatives are associated with a greater sense of agency and reductions in feelings of self-blame and personal failure. Finally, this study raises important questions about how domestic violence shelters might provide more wholistic and individualized services to women seeking services. A pilot study could examine how an organization that incorporates expert mental health, health, and addictions services as well as other elements such as advocacy and specialized assistance with housing and child welfare might be designed, and whether the satisfaction, sense of agency, overall wellbeing, and longer-term safety of women accessing such services would increase.

5.6 Strengths and Significance

There is a lack of research on women's experiences following a shelter stay. Research in this area is crucial in terms of increasing knowledge about what occurs in women's lives following the experience of IPV, challenging limiting assumptions about survivors of IPV, and improving interventions. Examining women's narratives of life after shelter provided an

opportunity to (a) address this knowledge gap, (b) question prevailing assumptions and stereotypes, and (c) open up space for different and diverse voices to be heard. The topic of domestic violence against women continues to be influenced by myths, misconceptions, stereotypes, and pathologization. Given how understudied this population is, research that presents the experiences of shelter-seeking women as fully as possible is the foundation for changing attitudes and beliefs, and a broadening of perspective, on the part of researchers, service providers, and the public. This research, which is situated within feminist and postmodern perspectives, examined how the dominant narrative of *Recovery* following IPV shaped participants' personal narratives and experiences. The focus on narrative theory and methods fits well for this study given that (1) narrative identity development and meaning making is a crucial factor that affects overall health and (2) a primary goal of shelters and other IPV interventions is to increase women's capacity to be safe, and work towards their goals. Narrative methods allowed for a nuanced and multi-level analysis of this rich and complex data.

Three features of the present study that both support and expand on previous theory and research in the field of narrative theory and methodologies are described in detail next. First, this research supports the importance of viewing narratives as necessarily dynamic as individuals engage in the iterative process of reconstruing the past and re-envisioning the future (see McAdam & McLean, 2013). A longitudinal approach to this narrative research provided insight into when and how narratives changed over time, including the insertion of new elements but also exclusions and contradictions, and challenged us to consider why these changes occurred. This study reminds us that examining narratives over time does not simply show a continuation of one story, rather it reveals reconstructions of past events, re-imaginings of futures, and reinventions of the self. Chadwick (2014) cautions against excluding "moments of excess,

ambiguity and multivocality within people's stories" (p. 49). At a broad level, examining multiple narratives from participants over time allowed for the investigation of the process of narrative alignment or misalignment (vs. looking at a 'snapshot'), when and how counter-narrative elements emerged, and changes in participant's identity and sense of agency. This confirms that longitudinal narrative research offers valuable additional information, particularly when the analysis focuses on the interplay between cultural master narratives, social location, and identity. It also provides space for investigator reflexivity between interviews.

Secondly, the present research draws attention to the importance of examining not only what is present within the narratives, but, equally important, what is absent. These are two sides of the same coin. Schiff (2012) asserts that one of the primary functions of a narrative is to bring subjective experiences into the social realm and to give them substance. This fits with previous ideas around the agency inherent in the sharing of a narrative; the participant is already situated as an actor through being invited to tell a story and the act of narrating subjective experiences is a form of self-validation (e.g., Rappaport, 1995). However, with presence there is also always absence. I must disagree with Schiff (2012) who states, "What can be said about absence, except it is not there? Most of the time, there is not a lot more to add" (p. 38). In the present study what was not present proved equally important and just as telling as what participants explicitly identified in their narratives. This occurred most frequently in the narratives of the participants with the most marginalized social positions where absence (e.g., of discussions of IPV or ex-partners in their narratives, of demonstrations of a sense of personal agency) revealed key differences among participants and allowed for a more thorough exploration of the consequences of alignment versus misalignment with the master narrative of *Recovery*. Looking for the presence of- and the absence of dominant narrative elements enables researchers studying

cultural master narratives to think critically about constraints related to the narrative options available to individuals (Kirkman, 2002). This study stresses the need to examine both presence and absence (see also Fraser, 2004).

Third, this research highlights the connection between critical feminist narrative theory and social change, and the fact that "the personal is political" (see Hanisch, 2000; see also hooks, 1989; Riessman, 2008). Special care should always be taken to "understand the effects of social problems in ways that do not hyperindividualize, denigrate, and/or pathologize the people who experience them" (Fraser & MacDougall, 2017, p. 245). Other narrative scholars are encouraged to employ a feminist approach and utilize the privileged position of 'researcher' to amplify the voices of research participants at the intersections of various systems of oppression. We must remember the researcher's tasks and the sharing of the narratives of the findings (i.e., the dissertation, the defense, the fact sheets, the staff presentations) are also undertaken with purpose (Herman et al., 2012) and to be clear on what that purpose is. Narrative research findings related to the impact of cultural master narratives on identity and wellbeing can be used to challenge the dominant narrative and create change within society (Herman et al., 2012; see also Fraser & MacDougall, 2017). In this type of research, the link between theory and practice, and the ability to not only investigate but reconceptualize social issues and influence policies and practices, is critical (Fraser & MacDougall, 2017; see also Bamberg, 2004).

This research aims to highlight tensions associated with service provision for this population, and to break apart and challenge these widely held views in favour of a more nuanced, thoughtful, and compassionate understanding. The research suggests ways to modify existing interventions and questions to ask regarding service delivery so as to best support the well-being of shelter-seeking women and to help them succeed, whatever that might look like.

The knowledge gained from this study has the potential to influence both indirectly and directly shelter practices, government policies, and the way systems interact to support women who have experienced partner violence and sought shelter services. The findings of this research were disseminated through a fact sheet tailored to shelter residents and a fact sheet tailored to various service providers (e.g., women's resource centres, second stage housing etc.) as well as through meetings with shelter staff and other academic presentations.

5.7 Summary and Conclusions

This research is the first study to confirm the existence- and significance of the cultural master narrative of *Recovery* following IPV in the narratives of shelter-seeking women. It is also the first study to examine the ways in which women's narratives were aligned or misaligned with the dominant narrative using an intersectionality analysis to explore how social marginalization is tied to challenges in the process of personal narrative development. The findings illustrated how narrative adherence and successful adaptation was tied to positive outcomes (i.e., hopefulness, a sense of personal strength, feelings of support, and increased agency), while non-adherence was associated with negative consequences (e.g., disappointment, social isolation, a sense of personal weakness, decreased agency). As Woods and colleagues (2019) assert:

> We are not arguing that the generic conventions of (the) Recovery Narrative are good or bad; or that making use of these conventions, consciously or implicitly, is good or bad, institutionally or individually. We do believe, however, that the centrality of the Recovery Narrative... should not escape critical scrutiny. (p. 19)

This opens up room for alternatives that are more workable for groups at the margins. This research underscores the importance the development of whole, engaging counter-narratives to provide alternate narrative options for those whose experiences do not conform to the master

narrative. This research underscores the importance of understanding concerns most relevant and significant to women as they transition from domestic violence shelters back into the community, and not to assume that violence is the only, or even the primary problem or threat to women's safety. The findings also point to the importance of balancing a strengths-based approach focused on women's individual capacity to change their lives, with an awareness of the very real harms that overemphasizing this messaging can bring about for women living within a web of structural inequity.

Overall, the findings tell the story of women leaving shelter and striving to build the lives that they want but encountering innumerable daunting structural barriers that interfere with their ability to engage in their actions with a full sense of choice and to take actions towards strategic and personally meaningful goals. Coming to shelter does not necessarily result in an immediate improvement in women's lives or a sudden increase in agency; in fact, it often means more problems for women to solve. This research raises questions about how best to support women whose needs are greater than what can be addressed by IPV-focused services. Shelters could be ideal locations for beginning a process of consciousness-raising and for supporting the development and exploration of counter-narratives in response to the dominant *Recovery* narrative. Alternate narratives should be anchored within the individual or group's social, historical, and cultural context. Indigenous knowledge and storytelling should be valued and supported. It is also worth considering what changing the services provided in shelter and broadening the focus away from solely domestic violence could look like.

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Table 1

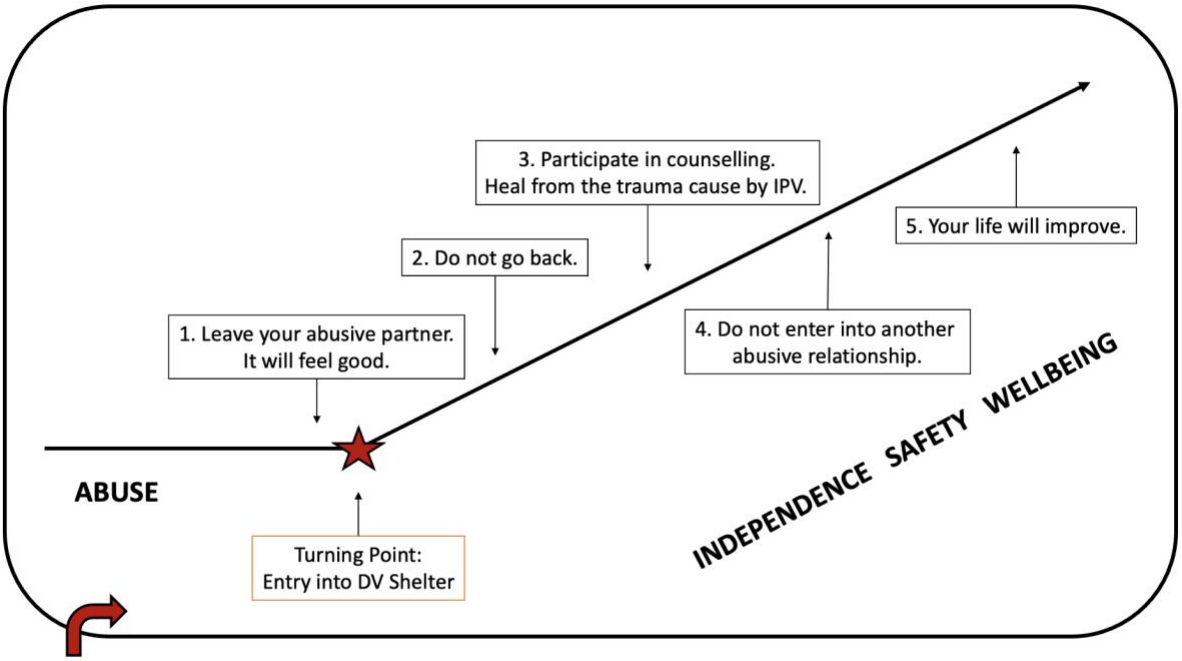
Summary of Participant Characteristics

Pseudonym & Interviews	Age	Education	Ethnic BG	Children	Children With	Children Not With	Rel'ship Length	Current Stay	Prev Stays	Hx MH	Current Subst	Phys Disability
Annabelle (2)	30s	> Grade 12	First Nations	5	0	CW/ OP	7 months	15-30	2	Y	N	N
Baby Girl (2)	20s	< Grade 12	First Nations	3	0	CW	11 years	15-30	4	N	Y	Y
Charlotte (1)	30s	< Grade 12	First Nations	0	N/A	N/A	8 years	15-30	2	Y	Y	Y
Georgia (3)	40s	> Grade 12	White	2	1	Adult	2 years	30+	0	Y	N	Y
Jamie (3)	40s	Grade 12	First Nations	5 (1 d'd)	0	Adult/ OP	15 years	1-5	4	Y	Y	N
Loretta (3)	40s	< Grade 12	Métis	2	0	Adult	7 years	30+	0	Y	N	Y
Nicole (3)	20s	< Grade 12	Multiracial	0* (preg)	N/A	N/A	1 year	15-30	0	N	N	N
Phoenix (3)	40s	< Grade 12	First Nations	6	0	CW/ Adult	3 months	6-15	10+	Y	Y	Y
Sarah (3)	30s	> Grade 12	First Nations	1	0	OP	7 years	1-5	2	Y	Y	N
WDW (3)	30s	Grade 12	First Nations	5	0	CW	1 month	30+	5+	Y	Y	N
Zadie (2)	30s	Grade 12	First Nations	4	4	N/A	12 years	15-30	0	N	N	N

Note. CW represents 'child welfare;' OP represents 'other parent.'

Figure 1

The Trajectory of the Cultural Master Narrative of Recovery following IPV



Appendix A

Recruitment Poster / Handout Information

After Shelter Study

Are you interested in talking about your life experiences?

Principal Investigator: Katherine M. Kenyon, M.A., University of Manitoba

What is the research project about?
I want to learn about what happens in women's lives after they leave shelter. I would like to hear about how you are working towards having the life that you want. This research project will span approximately 6 months and involve three face-to-face meetings.

Can I participate?
Any woman (18 +) who came to shelter after experiencing abuse in a romantic relationship is eligible to participate.

What would I do?
If you participate in the study you will first meet with me privately in a room here at Willow Place. You will be asked to provide some basic background information about yourself. You will also participate in an interview where you will be asked to tell me what you think your life will look like after you leave shelter.

Four weeks later we will arrange to meet at a convenient location outside of shelter (like a library) to complete another interview to talk about what has been going on in your life since leaving shelter.

Approximately five months after the second interview we will arrange to meet again to complete a final interview to talk about how your life has changed since leaving shelter.
I will also check in with you a few times over the course of the study to make sure the contact information I have is up to date and to confirm our meeting times.

Your voice is important. Participating in this study and sharing about your experiences will help others understand what leaving shelter is like, and will help service providers to find different or more effective ways of being supportive.

How long would this take?
It will take approximately 3.5 hours to complete the study – 1.5 hours to complete the first interview and 1 hour each to complete the second and third interviews.
You will receive the following as thanks for your time and your expertise.
Interview #1: $20.00
Interview #2: $40.00
Interview #3: $80.00

How do I take part in the study?

Please contact me by telephone or text me at (###) ###-#### to learn more about the study and to set up a time for a first interview.

This study is being conducted through the University of Manitoba, and has been funded by the Social Sciences and Human Resources Council (SSHRC), Research Manitoba, and the Doctoral Award for Indigenous Excellence from the University of Manitoba.

Appendix B

Script to Prospective Participants During Initial Contact

Hello. My name is Katherine and I am the lead researcher for a project that is studying women who have experienced intimate partner violence and who will soon be leaving shelter. My advisor Dr. Diane Hiebert-Murphy is working with me on this project. She is a professor at the University of Manitoba.

The purpose of this research is to better understand what women's lives are like after leaving shelter. We want to increase knowledge about what women are working towards after leaving shelter as well as what is helpful and unhelpful during this process. We want to hear your stories.

Participation will involve being interviewed three times by me. This will involve you talking about what you expect your life will be like after leaving shelter, and then talking about what your life has been like since leaving shelter after one month, and again after another 5 months have passed. The first interview will take place in an office right here at Willow Place. We can then decide on a convenient place – like a library or an office at the Inner City Social Work Program on Selkirk Avenue – to meet for our next two interviews.

Participation will take approximately one and a half hours for the first interview and about one hour each for the second and third interviews. You will receive a $20 honorarium as a thank you for your participation in the first interview, a $40 honorarium for the second interview, and an $80 honorarium for the third interview. It is very important to try to complete all three interviews if you decide to participate.

You might find that participating in this research is valuable to you because you are able to share information about your life experiences after leaving shelter that will help to increase our understanding of this challenging point in many women's lives. The final research report I prepare will be presented to staff at shelters including Willow Place as well as to groups that fund domestic violence shelters, which can help them to find new ways of supporting women as they leave shelter.

You will be given an informed consent form to review and sign prior to your participation. This form goes over what the research is about, your rights as a participant, and how the information you provide will and will not be used. You will be free to decline to answer any questions that you prefer not to answer, and to stop participating and/or withdraw from the study at any time.

Your decision to participate will not affect the services that you receive at this shelter.

Do you have any questions?

You can be provided with an informed consent form to look over before you decide to participate. Would you like a copy of the informed consent form to look over prior to making a decision about participating?

If yes: Consent forms are available through the shelter staff members. Please ask any staff member and they will provide you with one. Once you have read through the consent form, if you are interested in being a part of the study, please call or text me back and we can go over how to set up a first interview.

If no, and ready to participate: Thank you for your interest in being a part of this study. Our first interview will take place just before you leave shelter. Once you know the time you'll be leaving, please call or text me and we will set up an interview. If you leave shelter suddenly, you can still participate in the interview by calling me as soon as possible after you leave to set up a time and place to meet.

Do you have any questions?

Appendix C

Overview Script

Hi. My name is Katherine Kenyon. I'm a PhD student in the Clinical Psychology program at the University of Manitoba.

This research project will ask about what women's lives are like after leaving a domestic violence shelter. I want to know about what you're working towards and to hear what you expect your life will be like after leaving shelter, and then I will want to know what has happened in your life since this first meeting.

The shelter is not running this project. This project is for the research that I am doing as part of my university studies. The staff at this shelter have agreed to help me with my project, but it is important for you to know that none of the information that you share with me will be directly available to anyone else at the shelter. My goal is to present the information that I collect from everyone who participates in this study to staff at this and other shelters, but only when the information is analyzed, combined, and de-identified. This means that the information that you provide will not be attached to you.

All of this, as well as a lot more important information, is in the informed consent form. Before you agree to participate, I'd like to go over that information with you.

(Informed Consent)

If you find that a lot of big emotions are coming up for you at any point in the interviews and you want to take a break, please just let me know.

Again, please remember that you have the right to stop participating at any time.

If you're ready to get started, we will begin by going over some of your basic demographic information. After that I'll ask you to talk about your experiences.

(Demographic Questionnaire)

I'm going to turn on the audio-recording device now.

(Interview #1)

Appendix D

Informed Consent Form

Research Consent Form

Project Title: After Shelter Study

Principal Investigator: Katherine M. Kenyon M.A., Department of Psychology, University of Manitoba, umkenyok@myumanitoba.ca
Supervisor: Diane Hiebert-Murphy Ph.D. C. Psych., Department of Psychology and Faculty of Social Work, University of Manitoba, (204) 474-9051

This consent form, a copy of which will be left with you for your records and reference, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.

Purpose. The purpose of this study is to better understand what happens in the lives of women who have experienced violence in their relationships in the period of six months after they leave a domestic violence shelter. The goal is to gather women's stories of the important events taking place following a shelter stay and what those events mean to them. This will help us to better understand what is helpful and what is unhelpful in the process of re-entering the world outside of shelter. This study has the potential to guide service providers towards new or different ways of supporting women after they leave shelter. It will also help future researchers to understand how women work to get what they want after the experience of relationship violence.

Approximately 10 women will participate in this study.

Participating. If you decide to participate in this study, you will complete three interview sessions each lasting approximately 1 - 1.5 hours. You will be asked some basic information about yourself, for example: your age, your employment status, your ethnicity etc. You will then participate in an interview. You will be asked to talk about what your life will be/has been like after leaving shelter. You will receive a $20.00 honorarium as a thank you for your participation in interview #1, a $40.00 honorarium as a thank you for your participation in interview #2, and an $80.00 honorarium as a thank you for your participation in interview #3. You will receive these cash honoraria before each interview begins.

Your decision to take part in this study is voluntary. You may refuse to participate, you may choose which questions to respond to, or you may withdraw from the study at any time throughout the data collection process. Your decision not to participate, to not respond to certain questions, or to withdraw from the study will not affect the services you receive at this shelter. This means that you can stop participating in the study at any time. Please inform the researcher if you would like to end an interview. If, at the end of the interview, you decide that you would not like the data you've provided to be used in this study, please inform the researcher.

Following the third interview, you will be asked whether you wish for your complete set of data to be used for this study and given a final opportunity to withdraw from the study. If you choose to withdraw from the study, any information you have provided will be destroyed. If we are unable to contact you and you do not complete all three interviews, your data will be analyzed and stored, and may be used in the final research report.

Legal rights. Participation does not affect your legal rights, and the researchers and the University must fulfill their legal and professional obligations.

Results. We would be happy to share the results of the study with you. Since you may not know where you will be living when the study is completed (approximately January 2021), we encourage you to contact us at that time to discuss the findings and/or to request a summary of the findings be mailed to you or e-mailed to you. You can contact Dr. Hiebert-Murphy at (204) 474-9051 to make this request. In addition, summaries of the findings will be available at Willow Place.

Confidentiality. When presenting the results, a summary of what we learn from all of the women in the study will be grouped together. Your real name or identifying information will not be used. Direct quotations from the women who participate in this study will be presented, but these quotations will be carefully selected and will not include information that would allow others to identify who said them. The findings will be shared in the form of a published doctoral dissertation, and will be shared with staff at women's shelters and funders of shelter services. The findings will also likely be published or presented in public forums.

Your identity. Any information that you provide as part of your participation will be treated as confidential. Your name will not appear on any of the data. The data will be stored in a secure location and only members of the research team will have access to the data with one exception: the University of Manitoba may look at your research records to see that the research is being done in a safe and proper way. There are, however, several limits to confidentiality. Although no questions will be directly asked regarding issues of abuse of children or vulnerable persons (such as persons in care), if you report that a child or vulnerable person is at risk of harm, the law requires that this information be reported to legal authorities. Also, if you share information that you or another person are in immediate danger, this information will also be shared with others. For example, if you disclose that you are planning to injure yourself supports such as shelter staff or the crisis stabilization unit will be involved. If you disclose that another person is in imminent danger, the Winnipeg City Police will be called. In addition, please be aware of that it is possible for research data to be subpoenaed; if this were to occur we would be required by law to make our data available to the courts.

Benefits. Participating in this study may be of some benefit to you in terms of having the opportunity to share your personal experiences. You may also experience some benefit from knowing that you are contributing to helping shelters and other key services for women who have experienced relationship violence provide better services to women like yourself.

Risks. There is the possibility that answering questions about your experiences could cause you emotional distress. If you are feeling overwhelmed during an interview, please let the researcher

know. Remember, you are free to stop participating at any time. If you feel distressed, you may want to consider talking to a counselor either at the shelter or through a free service such as Klinic or the Women's Health Clinic:

Women's Health Clinic at: 204.947.2422 ext. 204
Klinic Drop in Counseling at: 204-784-4067
Klinic 24 Hour Crisis Line at: 204-786-8686

University approval. This research has been approved by the Psychology/Sociology Research Ethics Board. If you have any concerns or complaints about this project you may contact the above-named persons or the Human Ethics Coordinator, Pinar Eskicioglu, at (204) 474-7122, or e-mail humanethics@umanitoba.ca. A copy of this consent form has been given to you to keep for your records and reference.

Security. The data will be kept for a period of seven years after the findings are published after which time it will be destroyed (approximately January, 2028).

Contact. You are free to ask any questions that you may have about your treatment and your rights as a research participant. If any questions come up during or after the study, you can contact the principal investigator, Katherine Kenyon, at umkenyok@umanitoba.ca or her advisor, Dr. Diane Hiebert-Murphy, at (204) 474-9051.

Do not sign this consent form unless you have had a chance to ask questions and have received satisfactory answers to all of your questions.

Statement of Consent

Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to participate. In no way does this waive your legal rights nor release the researchers, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study at any time, and /or refrain from answering any questions you prefer to omit, without prejudice or consequence. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation.

Please indicate whether or not you agree to the following:

I have read or had read to me the details of this consent form. ( ) Yes ( ) No

My questions have been addressed. ( ) Yes ( ) No

I, _____ (print name), agree to participate in this study. ( ) Yes ( ) No

Participant's Signature	Date
Researcher and/or Delegate's Signature	Date

Appendix E

Demographic Information Form

This demographic form asks questions about who you are and why you are in shelter. There are no right or wrong answers. Please answer based on what is true for you right now. Your answers will not be shared with shelter staff and will not affect the services that you receive while in shelter.

BACKGROUND INFORMATION

1. How old are you? _____

2. Are you currently working?
____Yes (hrs/wk curr.: _____job(s): _____)
____Yes (mat. leave – job:_____)
____Yes (seasonal – job: _____)
____No (last job: _____when:_____)

Do you receive social assistance: ___ yes ___no

3. What is the highest level of education you have completed? _____

4. What is your ethnic background? (For example: First Nations, Metis, Indigenous, Asian, African-Canadian, Polish, Ukrainian, etc…)_____

   Do you come from a small town or a remote community? ____yes ____no

   If you are Indigenous/First Nations, did you come to shelter from reserve: ____yes ____no

5. What is your citizenship?
____I was born in Canada
____I am a landed immigrant or refugee (list the country you came from: _____)
____I am a Canadian citizen, born in another country (which country? _____)
____Other (Please explain_____)

6. Is English your first language? ____yes ____no (my first language is:_____)

7. Do you identify as a person who is lesbian, gay, bisexual, Two Spirit, queer, or a similar term?
___yes ___no ___prefer not to answer

8. Do you identify as a person whose gender is other than that assigned to you at birth?
___yes ___no ___prefer not to answer

9. How many children do you have? (Including biological, step, adopted, & foster children)
   _____

10. What are the ages of your children? _____

11. How many children are currently living with you? _____

12. Do you have any children who are not living with you? ___yes ___no

13. If yes, where are the children?
_____on their own
_____with their other parent
_____with other family
_____in foster care
_____other (please specify:_____)

14. How many children came with you to shelter? _____

RELATIONSHIP HISTORY

1. What is your relationship with your current partner?
__ Married ___Boyfriend/girlfriend
___Separated ___Divorced
___Common-law ___Other: (please explain:_____)

2. How long have you been/were you together with your partner?
   _____

3. In what ways has that partner been abusive/hurtful to you? (check all that apply)
   _____controlling behavior
   _____emotional abuse
   _____verbal abuse
   _____financial abuse
   _____other (please specify: _____)

HISTORY OF SERVICES RECEIVED

1. Before this stay in shelter, have you ever stayed at a shelter for abused women?
   ___yes (please specify how many times) _____ ___no

2. How many days have you been in shelter this time? _____

3. Have you ever received help to deal with mental health issues?
___yes (please explain:_____)
   ___ no

4. Have you ever received help to deal with your use of drugs or alcohol?
___yes (please explain:_____)
___ no

5. Do you have any disabilities and/or long-term illnesses?
___yes (Please explain:_____
_____)
___no

Appendix F

Narrative Interview Questions

After Shelter Questions:

Interview #1:

(1) "Can you tell me what your life will be like when you leave shelter (today/tomorrow/(time period)?"

Interview #2:

(1) "Can you tell me what your life has been like and what has happened in your life since our last meeting when you were getting ready to leave shelter?"
(2) "Has your life over the last month been different than you thought it would be? In what ways?"
(3) "Can you tell me what will happen next in your life?"

Interview #3:

(1) "Can you tell me what your life has been like and what has happened in your life since our last meeting five months ago?"
(2) "Has your life over these past months been different than you expected it to be? In what ways?"
(3) "Can you tell me what will happen next in your life?"
(4) "Do you think that how you see yourself has changed since the first time we met when you were leaving shelter? How?"

Member-Checking:

I listened carefully to what you told me during our first two meetings and prepared a summary for you to read. I have tried to pull out the things that I heard were most important for you, or that you most wanted me to understand. I would really appreciate your feedback on this.

(1) "Does the summary fit with your memories and feelings about the first two interviews?"
(2) "Would you change anything?"
(3) "What is it like for you to read this summary? Did any feelings come up for you when you were reading it?"
(4) "Is there anything else that you think is important for me to know about you or what the last six months have been like for you that we haven't talked about?"

Appendix G

Narrative Interview Probes

Possible ‘Agency’ Probes:

- How did (event/barrier) affect you?

- How did you manage (event/barrier)?

- How did (event) come about?

- How did you come to that decision?

- How did you come to act in that way?

- Why do you think (event) happened?

- What did (event) mean to you?

Possible General Probes:

- What have you been most worried about?

- What has made you most happy?

- What has been the biggest challenge you’ve faced?

- What has been the most surprising thing that’s happened?

- What has been most helpful to you?

- What do you wish was different right now?

Appendix H

Contact Information Sheet

This information will help us to keep in touch with one another.

NAME: _____

PHONE

Best number to reach you: _____ (*please circle*) CELL HOME WORK

Alternate phone number: _____ (*please circle*) CELL HOME WORK

Alternate phone number: _____ (*please circle*) CELL HOME WORK

Best day(s)/time(s) to reach you by phone: _____

Days or times not to contact you by phone: _____

CURRENT ADDRESS

Primary Address: _____

City:_____ Province:_____ Postal Code: _____

Alternate Address: _____

City:_____ Province:_____ Postal Code: _____

E-MAIL

Best e-mail address to reach you: _____

Alternate e-mail address: _____

SOCIAL MEDIA

Facebook Username: _____

WhatsApp Username: _____

Instagram Username: _____

SAFE CONTACTS

Are there individuals that you trust who could be contacted to help me reach you if I am having trouble connecting with you?

Safe supporter #1

Name: _____

Phone: _____

Alternate Phone: _____

Notes: _____

_____

_____

Safe supporter #2

Name: _____

Phone: _____

Alternate Phone: _____

Notes: _____

_____

_____

Safe supporter #3

Name: _____

Phone: _____

Alternate Phone: _____

Notes: _____

_____

_____

Appendix I

Release Form for Contact People

I, *(Print your name)* _____,

authorize Katherine M. Kenyon or a member of the "After Shelter Study" research team to

contact [*Print name(s)]* _____

_____

_____

in the event that she is unable to reach me after three attempts. The person(s) will simply be informed that you provided their contact information as a means for us to get in touch with you. If asked, we will explain that we want to know if you are interested in helping with a research project at the University of Manitoba. No other information will be disclosed.

I understand the purpose for disclosing this confidential information to Katherine M. Kenyon and the After Shelter Research team, and giving my permission for the above individual(s) to be contacted. I understand that this consent form will expire at the end of my participation in the project. I understand that I can refuse to sign this consent form.

My Name (Print):_____ Signature:_____
Date:_____

Witness Name (Print):_____Signature:_____
Date:_____

Appendix J

Appointment Card

Appointment Card Front:

A.S.R. Appointment with Katherine

Date: _____

Time: _____

Location: _____

If you need to reschedule your appointment, please call (###) ###-####

Appointment Card Back:

Phone number: (###) ###-####

E-mail: umkenyok@myumanitoba.ca

Facebook:

WhatsApp:

Instagram:

Appendix K

E-mail and Social Media Account Information

Research E-mail Address:

Social Media Accounts:

- Facebook

- Instagram

- WhatsApp

Social Media Name/Handle:

All social media accounts will be created and associated with the research phone's number.

No other information will appear on the social media sites.

Appendix L

Oath of Confidentiality

Oath of Confidentiality for Individuals Assisting with the "After Shelter Study"

I understand that as an: (*Check the following that apply*)
[ ] interpreter
[ ] transcriber
[ ] research assistant
[ ] other (*Please specify*) _____

for a study being conducted by Katherine M. Kenyon of the Department of Psychology at the University of Manitoba, and under the supervision of Dr. Diane Hiebert-Murphy, confidential information will be made known to me.

[ ] I agree to keep all information collected during this study confidential and will not reveal by speaking, communicating or transmitting this information in written, photographic, sound, electronic (disks, tapes, transcripts, email) or in any other way to anyone outside the research team.

[ ] I will tell the researchers as soon as I discover that I know any participant either as a family member, friend, or acquaintance or in any other way so that the researcher can take the appropriate steps to manage or minimize any conflicts of interest that might occur because of any dual roles I may have.

Name: _____ Signature: _____
(Please Print)

Date: _____

Witness Name: _____ Witness Signature: _____
(Please Print)