The Impact of Social Support on Couples Who Have Experienced Intimate Partner Violence

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Abstract

Intimate partner violence (IPV) is a serious issue among many couples, as it has a significant impact on physical and psychological well-being. Based on a gap in the existing literature on couples who remain together after violence, the present study aimed to examine how social support impacts couples who have experienced IPV, by exploring three research questions: 1) how does social support impact the well-being of couples who have experienced IPV; 2) what role does social support play in deciding to stay in the relationship; and 3) is the availability/utilization of social support for IPV related to individuals' social location. The research questions were addressed qualitatively, using a narrative approach, governed by a feminist intersectionality framework. The analysis of interviews with five men and five women (i.e., each member of 5 couples) revealed the complexity of social support experiences in the context of IPV. Women's narratives highlighted social support as a critical component of their social networks; however, they revealed how behaviours from network members are not always perceived as supportive and instead can have a negative impact. Men's narratives revealed the consequences of cultural assumptions about masculinity and violence on perceived support. Elements of identity intersected among participants to impact experiences of violence and social support. Finally, while all couples agreed on the importance of formal support in navigating their relationship after violence, differing ideas about how to utilize support had a negative impact on the perception of support and relationship conflict. The implications, strengths, and limitations are discussed.

Keywords: intimate partner violence, social support, intersectionality, feminist, qualitative

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The Impact of Social Support on Couples Who Have Experienced Intimate Partner Violence

Intimate partner violence (IPV) is a worldwide phenomenon that impacts a significant portion of the population. Research indicates that one-third of couples in romantic relationships experience physical aggression over the course of one year (Yeager, 2009). Yet research on couples who have experienced violence in their current relationship remains limited. There is compelling evidence that social support acts as a protective factor to mitigate stress, leading to improved psychological and physical well-being. This benefit of social support has been observed among women who have previously experienced IPV and couples who have not experienced violence. However, despite the extensive benefits that have been observed for these populations, there is little to no research on how social support impacts couples who have experienced violence in the past and remain in their relationship. This highlights a gap in the existing literature regarding the impact of social support on couples who remain in their relationship following incidences of violence. Investigating the role of social support among this population serves to expand current theorizing and introduce potential safeguards.

Finally, it is important to note that most of the existing literature discussed focuses solely on men and women. However, I acknowledge that gender exists beyond this binary model and that this is by no means representative of the entire gender spectrum.

Chapter 1: Literature Review

Intimate Partner Violence (IPV)

Intimate partner violence (IPV) is an extremely prevalent and significant health issue among couples, as it has a severe impact on psychological and physical well-being (WHO, 2021). In Canada, approximately 44% of women over the age of 15 who have been in intimate

relationships, report experiencing some kind of violence (emotional, financial, physical, or sexual) in their lifetime (Cotter, 2021). In addition, the literature indicates that one-third of romantic relationships experience physical aggression over the course of one year (Yeager, 2009). In terms of a formal definition, intimate partner violence includes "physical violence, sexual violence, stalking, and psychological aggression (including coercive tactics) by a current or former intimate partner" (Breiding et al., 2015, p.11). IPV is extremely prevalent and present across various cultures, geographical regions, classes, and genders (Crane & Easton, 2017). Victims of IPV are at an increased risk of depression, PTSD, anxiety, aggression, substance misuse, sleep disorders, psychosis, eating disorders, and delinquency (Crane & Easton, 2017).

Gender Differences in IPV

Upon diving into the literature on IPV, there is an abundance of evidence supporting the assertion that violence against women is more common than violence against men. However, the idea of IPV being a gender-based issue has been widely debated in the literature, with some scholars arguing against the notion that a gender paradigm is relevant. For instance, some researchers believe that both men and women are equally likely to be victims and perpetrators of IPV, and for that reason, gendered theories are irrelevant (Dutton et al., 2010). The focus on both men and women being abusive towards their partners serves as the foundation for what has been established as the generalist model of IPV (De Coster & Heimer, 2021). Much of the criticisms around the gender paradigm are based on the belief that the existing literature has been drawn from unrepresentative samples, arguing that had community samples been used, IPV victimization would have been equal among men and women (Dutton et al., 2010). With this in mind, research does show that approximately 1 in 7 men experience partner violence (Norris, 2015). De Coster and Heimer (2021) have suggested that certain types of IPV (i.e., situational

couple violence) may be more equal across genders, while others are in fact more gendered (i.e., intimate terrorism), although they point out that the severity, motivations, and consequences are indeed gendered, and that it is essential to recognize the inherent differences in power, resources, and opportunities, that our patriarchal society has provided men over women (De Coster & Heimer, 2021). The literature supports this claim; Flinck et al. (2008) found that men who experienced IPV reported that their female partners were more likely to use indirect violence (blackmail, verbal superiority, etc.) as opposed to physical violence. Further to the argument of IPV as a gender issue, there is substantial literature and evidence supporting that, overall, women are more likely to be victims of IPV. Thus, this research acknowledges the existing debate that comes with IPV victimization; however, it will be conducted from a feminist perspective based on the existing evidence pointing to higher female victimization and acknowledgment of structural gender differences.

The current stance taken in this research was carefully derived based on the following literature on intimate partner violence. Research suggests that approximately 1 in 4 women experience partner violence in their lifetime (Norris, 2015). In agreement with the statements provided above, among couples in which abuse occurs, research indicates that women are most commonly the victims of the abuse and are likely to experience more severe and frequent abuse than male partners (Cotter, 2021; Stith & McCollum, 2011). For instance, women are 3 times more likely to report being beaten, choked, threatened with a weapon, or sexually assaulted (Norris, 2015), consequentially making women more likely to require medical attention after abuse. The literature estimates that 37% of the women in the emergency room for a violent injury have been injured by their partner (Norris, 2015). Aside from these physical consequences, women are also more likely to feel fear, guilt, and anxiety after abuse than their

male partners (Stith & McCollum, 2011). Not only does this literature indicate that women are more likely to be the victims of IPV, but findings speak to the severe physical and psychological consequences that women face after each incident of abuse.

Various identities intersect with gender to increase the risk of experiencing IPV. For instance, Indigenous women, women with disabilities, and LGBTQIA+ individuals are more likely to experience violence in their relationships (Cotter, 2021; Norris, 2015). Brownridge et al. (2022) found that in Canada, those living with mental health-related disabilities were three times more likely to experience IPV than those not living with mental health-related disabilities. In addition, research indicates that approximately 55% of women living with a disability experience IPV in their lifetime, compared to 37% of women without disabilities (Savage, 2021). Further, approximately 67% of sexual minority women report experiencing IPV, while the figure is closer to 44% among heterosexual women (Jaffray, 2021). A review of the literature on IPV among LGBTQIA+ individuals revealed that gender minorities are also at an increased risk of experiencing IPV as compared to cisgender individuals, a finding that is particularly high for transgender individuals (Decker et al., 2018). These findings emphasize some of the factors that create increased vulnerability to IPV victimization, speaking to the essentiality of considering intersectionality when conducting research with these populations.

In Canada, Indigenous Peoples make up approximately 4.4% of the population, however, Indigenous women have a 4-5 times higher risk of experiencing IPV compared to non-Indigenous women (Brownridge et al., 2017). This data speaks to the impact of the intersectionality of gender and race; while women are more likely to experience IPV, Indigenous women are faced with an added risk. The history of colonization has been suggested to explain the elevated risk of IPV among Indigenous women in Canada. The oppression resulting from

colonization has resulted in historical trauma, marginalization, and discrimination of Indigenous Peoples which results in internalized oppression, anger, sadness, and hopelessness (Brownridge et al., 2017), impacting multiple facets of life. Indigenous women are faced with the legacy of intergenerational trauma and social marginalization that creates added risk for IPV.

Leaving/Staying

Various factors may influence a woman's decision to stay or leave their relationship, following instances of IPV. The existing assumption that women must always leave their abuser is adopted by many studies, clinicians, and activists, however, this mindset may prove to be unhelpful to women who experience less severe violence and wish the violence to cease but the relationship continue or to those who are still making their decision (Anderson & Saunders, 2003). Ultimately, this expectation that women must leave sooner or later could be damaging to women whose wishes don't align, as it may result in feeling alone, judged, or being unable to seek the desired help. Peled et al. (2000) argue that delegitimizing the notion of staying in a relationship following IPV results in many women feeling disempowered. It is important to mention that this stay/leave debate exists for situations in which safety is already accounted for, as it is not the suggestion that staying in a violent/dangerous relationship is ever the best choice. Therefore, with the establishment of safety, these authors suggest maintaining staying in the relationship as a viable option, in order to empower victims in their decision-making (Peled et al., 2000).

An empirical review on leaving an abusive partner indicated that women who are more committed to their relationship and indicate love/positive regard for their abuser, are more likely to remain in their relationship (Anderson & Saunders, 2003). However, findings suggest that external factors are far more predictive of leaving/staying, compared to such subjective factors.

For example, financial dependence and employment status serve as strong predictors of staying/leaving, as women with financial independence and economic advantage are significantly more likely to leave their abusive relationship (Anderson & Saunders, 2003). This review indicates that women are also more likely to leave if they have access to transportation, childcare, and social support (Anderson & Saunders, 2003). Essentially this article showcases two main factors in leaving: material resources (childcare, income, employment) and social psychological factors (feelings towards partner; Anderson & Saunders, 2003). Further to this idea, Peled et al. (2000) argue that staying/leaving may fall on a continuum, with the best option varying depending on current circumstances. In this case, for many women, these decisions need not be final, as emotions and external factors may cause their decision to change. After a critical review of the literature, Peled et al. (2000) describe four dimensions in which the decision to stay/leave may be situated: physical togetherness and emotional intimacy, physical togetherness and emotional estrangement, physical separateness and emotional estrangement, and physical separateness and emotional intimacy (Peled et al., 2000). These four dimensions speak to the statements made above by Anderson and Saunders (2003), in that love and emotional intimacy are prominent factors in the decision to stay or leave. Parallel to this idea, Walker (2017) indicates that when looking at women who stay versus leave, a commonality among women who remain with their abusive partner is that loving behaviours still exist in their relationship. This could be explained by the cost-benefit model/ratio, which states that women base their decision to stay/leave on the costs/benefits of the relationship and the level of reinforcement they receive (Walker, 2017). In this sense, in cases when safety can be established, women may be more inclined to stay in their relationship if they still feel love for their partner and/or rely on the relationship for resources. Results from a study by Bell et al. (2007) suggest that some women

who choose to stay in their relationship may be better off than women who leave, in that leaving may not be the best choice for all women. With respect to this statement, these researchers found that women who left were more likely to report fear of loss of resources, stalking, and psychological abuse when compared to women who stayed (Bell et al., 2007). Further, Bell et al. (2007) did not report any significant differences in depression or PTSD among women who stayed versus left their abusive partners. Given these findings, the authors suggest that choosing to stay in a relationship following abuse, should not always be viewed as a temporary option (Bell et al., 2007). These findings reveal the various factors that go into the decision-making process for women who have experienced violence in their relationships. The consensus on this topic is that the decision to stay/leave should be considered on a case-by-case basis, and if choosing to stay is decided, couples therapy may be an effective resource in ensuring safety in the relationship.

Couples

According to Yeager (2009), the average married couple fights (verbal argument) once or twice per month. This researcher argues that this amount/type of conflict can be constructive in a relationship and does not necessarily render the relationship unhealthy (Yeager, 2009). This type of conflict that occurs in many relationships is not to be confused with the type of conflict being discussed in this study. While some conflict in a relationship is considered ‘normal’ or even healthy, it is the escalation of its severity and frequency that becomes a concern. In the existing literature, there is a lack of conceptual clarity regarding the formal definition of IPV. Some authors differentiate IPV from nonphysical abuse (i.e., high conflict), while others understand all physical and nonphysical abusive behaviours to fall under the definition of IPV. Researchers who separate the two concepts have done so by defining high conflict as nonphysical (i.e., verbal

or relational) conflict that is nonviolent in nature, involving aggressive tones, non-physical abuse, difficulty de-escalating situations, and greater displeasure with one's partner (Yeager, 2009). Johnston (2006) made the distinction by referring to IPV as control or humiliation through physical violence or the threat of it, while high conflict constitutes distrust, hostility, blaming, and verbal abuse. Malik et al. (2020) offer a somewhat different conceptualization, defining high conflict as intense anger in the context of a distressed relationship. These authors suggest that the defining feature of high conflict is the lack of physical violence. However, other authors have included nonphysical conflict, such as psychological aggression and verbal abuse, in their definitions of IPV (Breiding et al., 2015; Crane & Easton, 2017; Jaffray, 2021). Further, The World Health Organization defines IPV as any behaviour by a partner that causes physical, sexual, or psychological harm (WHO, 2021). The inclusion of nonphysical acts as IPV acknowledges the severity of psychological/verbal abuse, despite the lack of physical violence. Therefore, based on the varying definitions used in the literature, the proposed research will include both physical and nonphysical acts in the definition of IPV. This definition is consistent with many prior researchers and allows for the consideration of psychological and verbal abuse as IPV. Therefore, throughout the remainder of this paper, IPV will be understood as nonphysical, physical, sexual, and threatening behaviours towards one's partner.

Often in the literature, IPV is broken down and categorized to further describe a specific situation and/or set of circumstances. For example, intimate terrorism has been proposed as a type of IPV that is generally rooted in the need to have control over one's partner and the relationship, through the use of controlling behaviours (Johnson & Leone, 2005). Situational couple violence is a term used to describe IPV among couples that is not rooted in a general pattern of controlling behaviours and instead occurs when specific conflict situations escalate to

violence (Johnson & Leone, 2005). Offering a specification of the type of violence that is occurring within the couple also aims to provide nuance to the research. For instance, victims of intimate terrorism are more likely to leave their partners compared to victims of situational couple violence (Johnson & Leone, 2005), which may be explained by the emotional intimacy/closeness felt for one's partner despite the presence of abusive behaviours. Likewise, couples experiencing the latter may wish to stay in their relationship or even work towards improving relationship satisfaction. Overall, breaking down the umbrella term of IPV into specifications of the type/severity/frequency of violence that is occurring allows for a more detailed exploration of couples and their experience.

Scholars have theorized about the relationship dynamics that may exist among couples in which violence occurs. For example, Walker (1979) offers one way to think about the interactional element of IPV within the dynamic of the relationship, through the Walker Cycle of Violence. In phase 1, Walker notes that women make an additional effort to please their partner as they begin to notice tension building. In phase 2, the violence occurs, and the coinciding severity/frequency may increase over time. Finally, phase 3 is what Norris (2015) refers to as the "honeymoon" phase, after the abuser apologizes and/or rationalizes their behaviours. This third phase after the abuse, often includes the abuser blaming the victim for the abuse, buying gifts, and attempts to convince the victim that their behaviour was justified (Norris, 2015). This cycle can be passed down through generations, by children being exposed to these behaviours and becoming accustomed to the violence and its coinciding justifications (Norris, 2015). Walker (1979, 2017) refers to the notion of learned helplessness and powerlessness among victims of IPV to provide a partial explanation for the continuation of the cycle. Further, Walker explains that even without the additional loving behaviours in the third phase, simply the absence of

violence may be reinforcing for women (Walker, 2017). For years, this cycle has been used by many scholars and in interventions with IPV victims (Goodmark, 2009). However, various scholars have shared their criticisms of this theory and its generalizability to real-world experiences (Goodmark, 2009). Walker's Cycle of Violence is a noteworthy part of the literature and provides one perspective on how IPV plays out in relationships, however, it fails to take into consideration unique situations, circumstances, or identities. This proposed cycle does not fit each couple's unique experience of violence and should not be solely relied on in research and/or in clinical settings.

Aside from the conflict experienced in most relationships, IPV is a serious issue for many couples around the world. This phenomenon among couples is damaging at the individual, relationship, and community level. Current literature has focused on how IPV impacts women by focusing on the individual level; less is known about the impacts of violence on the couple relationship.

Previous Literature on Couples

Relationship Satisfaction

Although limited, the literature that does exist on couples in which abuse occurs has looked at how men and women assess their relationship satisfaction after violence. One qualitative study suggests that women appear to experience a decrease in relationship satisfaction after abuse, while men report no change in their relationship satisfaction (Chou, 2020). This finding is consistent among the existing literature, as Ackerman and Field (2011) found a strong association between relationship satisfaction and intimate partner violence victimization among women, but not among men. Despite the existing literature described above, research on couples who have experienced IPV remains limited.

Couples Therapy

There are various treatment options/interventions in place for couples who have experienced or are currently experiencing IPV. If partner abuse is reported or services are sought, most commonly the couple is separated, with women usually receiving formal support services or shelter support, while men attend batterer treatment (Stith & McCollum, 2011). Karakurt et al. (2016) indicate that many resources available to female victims of IPV are contingent on the fact that they must first leave the relationship in order to receive support. This suggests that women who wish to remain in their relationship and work towards ceasing the violence may not have access to the same support and services. In turn, the lack of services for couples prevents the opportunity of working towards eliminating the violence in one's relationship and improving relationship satisfaction. However, there is a body of research that has looked at IPV among couples in the context of couples therapy and the impact that intervention has on the decrease of violence. Although conjoint treatment for couples in which abuse has occurred remains controversial, research indicates that it can be effective under certain conditions (Stith et al., 2020).

A systematic review and meta-analysis found that couples therapy can be an effective intervention in order to prevent IPV among certain couples (Karakurt et al., 2016). Stith et al. (2004) found that couples who attended multi-couple therapy (multiple couples meeting together with co-therapists) experienced increased marital satisfaction, decreased acceptance of wife battering, and decreased levels of aggression. This study also found that men attending couples therapy decreased their likelihood of relapsing to violence (Stith et al., 2004). Karakurt et al. (2016) explain that having both members of the couple present in working through the issues in their relationship is often the most effective option and has many benefits, such as increased

bonding and support for each other. Stith and McCollum (2011) also found evidence that increased relationship satisfaction and conflict resolution skills could lead to a decrease in violence among the couple. Furthermore, a systematic review by Stith et al. (2020) highlights various types of couple treatments that are effective for specific types of couples who are experiencing certain types of IPV. For example, there are treatments that target couples who experience situational couple violence, those who struggle with substance misuse, and couples who are co-parenting (O'Farrell et al., 2004; Stith et al., 2004, 2020). Essentially this paper describes the effectiveness of conjoint treatment for couples after IPV but also explains that it is most effective under specific conditions, in that it is not necessarily appropriate for every couple (Stith et al., 2020). Overall, although couples therapy is not always suitable for IPV, these findings indicate that under certain conditions, couples therapy can have a positive effect on couples experiencing IPV.

Aside from these relatively small areas of research, research on couples who have experienced IPV remains extremely limited, with the majority of IPV literature focusing solely on women, often those in shelters.

Dominant Narratives

Dominant ideas exist in culture and society about sex, gender, and relationships that lead to the creation of dominant and alternative narratives. Dominant narratives are ideas shared by society that guide thoughts, ideas, and behaviours and in turn, individuals either internalize or resist (McLean & Syed, 2015). Meanwhile, alternative or counter narratives reflect an experience that differs from the dominant ideas in society (McLean & Syed, 2015). When looking at identity development, McLean and Syed (2015) argue that identity is a combination of the person, the culture, and the relationship between the two constructs. Therefore, the society in which one

exists plays a large role in their identity development, including how one views themselves and their role within that context. Research on dominant narratives is cross-disciplinary and focuses on how subtle messages about gender, power, and societal expectations exist in a way that simultaneously creates and reinforces harmful stereotypes (e.g., Blaise, 2005a, 2005b, 2009; Eschholz et al., 2002; Fisherkeller, 1997; Joosen, 2004; Neikirk, 2009). This process begins at a young age, as fairy tales contain ideas that teach children about their role in society. These fairy tales most often consist of a young, beautiful woman (e.g., "Cinderella," "Snow White," "Sleeping Beauty", etc.) who is saved by a heroic and strong man, ultimately leading up to a glorious marriage (Fisher & Silber, 2000). Blaise (2005b) performed a qualitative study with children in a kindergarten classroom and found that dominant societal narratives about gender and sexuality influenced these 5 and 6-year-olds' ideas about what it means to be masculine, feminine, and desirable. These children equated femininity with beauty and desirability, while they equated masculinity with strength and power (Blaise, 2005b). While traditional fairy tales perpetuate gender stereotypes for young men and women, they also reinforce dominant narratives about romantic relationships. For example, the "happily ever after" narrative is prominent in fairy tales and involves ideas of "true love" and "chivalry" that ultimately create unrealistic expectations of relationships while reinforcing patriarchal ways of thinking (Fisher & Silber, 2000; Neikirk, 2009). These stories also value hegemonic masculinity, which not only reinforces the gender hierarchy but also perpetuates toxic and harmful ideas about what it takes to be a "man" in society and in a relationship (Blaise, 2005a; Fisher & Silber, 2000; Neikirk, 2009). These dominant narratives about gender and relationships teach young and impressionable children about society, leading them to develop their identity based on how they align (or don't) with these dominant assumptions.

Personal Narratives

Although dominant narratives can perpetuate harmful ideas about identity, personal narratives are created at the individual level as a way of making meaning out of one's life experiences. Constructing a narrative is a self-reflective process that involves forming relations between the past, present, and the self, to facilitate understanding and shape someone's life story (McLean, 2008). Similar to autobiographical memory, narratives can be thought of as "dynamically restructured representations of events" (Adler et al., 2017, p. 520), meaning they are tied to personal memories but represent the way the individual interprets or makes meaning of the memory. These narratives go beyond the plots of the experiences and reflect what the person believes the experience says about life and who they are, highlighting narratives as a vehicle in the process of meaning-making (McAdams & McLean, 2013). Narratives can also serve as a useful tool to help people better understand and cope with their challenging life experiences. Research on narrative identity has focused on the use of narratives as a way of managing difficult experiences in one's life, in that those who construct more positive narratives about challenging life events (e.g., narratives that reflect growth, learning, and positive transformation) are better off in terms of their well-being (McAdams & McLean, 2013). There is a growing popularity for the use of narrative theory as a model for clinical intervention in social sciences and medicine, by re-framing and re-structuring narratives in a way that is more adaptive (Etchison & Kleist, 2000; Freda, 2008; Lee et al., 2016; Shaffer et al., 2018). Overall, this highlights the utility of personal narratives as they can be an essential component in understanding how individuals come to cope with and make meaning of their life experiences.

Social Support

There is a large amount of literature on the impact that various social relationships have on people's lives. Social support can be defined as "the social resources that persons perceive to be available or that are actually provided to them by non-professionals in the context of both formal support groups and informal helping relationships" (Cohen et al., 2000, p. 4). In other words, social support can be described as the aid and care that is provided by members of the social network (Rook et al., 2020). The term social network refers to a finite group(s) of people/social entities and the social ties by which they are defined (Wasserman & Faust, 1994). Essentially, a social network refers to the people you have relationships with, including how many people, who those people are, and the type of relationship, while social support is the perception and/or resources someone associates with specific members. To further understand the concept of social support, House (1981) broke it down into four broad dimensions: positive interactions, emotional support, tangible support, and affection and intimacy. Positive interactions are based on the support one receives in social settings, emotional support refers to advice and guidance, tangible support constitutes receiving physical support (transportation, financial, etc.), and affection/intimacy is support based on being loved and cared for (Richmond et al., 2007b). Conceptualizing social support in this way advances our understanding of how it is used and the different circumstances under which it may be perceived.

Social support has consistently been shown to lead to improved psychological and physiological health (Gleason & Bornstein, 2020). More specifically, social support has been linked to mortality, as those with less social support have a 50% higher risk of mortality, when compared to those with higher levels of social support (Gleason & Bornstein, 2020). These findings were found to be consistent across age, gender, and initial health status (Gleason &

Bornstein, 2020). Similarly, in a review by House et al. (1988), evidence was gathered from the existing social support literature, indicating that the quality of social support has a significant impact on mortality and longevity. Social support is also known to be a prominent factor in health and well-being among Indigenous populations in Canada (Richmond et al., 2007a). Various sources have explained the link between social support and well-being as due to the buffering or protective effect that social support has on life's stressful events. Furthermore, the literature on social support has shown it to have positive psychological outcomes in many areas of life, due to this buffering effect on stress (House et al., 1988). It is found that this buffering effect is more likely to exist in the presence of a large stressor (House et al., 1988), meaning that people who are experiencing more significant events are more likely to experience the protective effects of social support. The positive impact of social support during these times of high stress likely occurs due to individuals being able to cope more effectively when they have support from those around them (Gleason & Bornstein, 2020). In turn, the existing evidence also points to the notion that increasing social support should lead to improved mental and physical well-being (Gleason & Bornstein, 2020; House et al., 1988).

People can receive social support in various ways from different people in their lives. For instance, individuals receive social support from their social networks, which includes anyone that they interact with, ranging from very close family members to near-strangers (Gleason & Bornstein, 2020). The number of people in one's social network has been linked to positive effects, however, there is compelling research suggesting that taking into consideration the strength, depth, and quality of the relationships in the social network is more important than the size of one's network (Gleason & Bornstein, 2020). Fuller-Iglesias (2015) found that satisfaction with social relationships mediated the relationship between network size and well-being, falling

in line with statements emphasizing the quality of the support over the quantity. When it comes to this debate of quality versus quantity, Gleason and Bornstein (2020) argue that the quality of the relationship is essential in social support being an effective protective factor. This literature sheds light on the importance of having a few genuine supporters over many surface-level ones. Therefore, the quality of social support is an important distinction in the existing literature, as someone with a large social network may appear to be more supported, however, this is not actually the case.

It is important to clarify that social support can be formal (social services, shelter, support group, etc.) or informal (friends, family, etc.; Baker et al., 2003), but its effectiveness is largely based on one's perception of it. In this regard, it is worth noting that perceived social support is arguably more important than the actual support itself, meaning that as long as social support is perceived by the individual, improved health outcomes are observed (Gleason & Bornstein, 2020). Procidano and Smith (1997) discuss the existing literature on perceived social support and found that it predicts adjustment better than the actual support received. Similarly, another study found that perceived social support was strongly related to generic relationship satisfaction, more so than enacted social support (Kaul & Lakey, 2003). In addition, how one perceives social support is based on the history of the relationship combined with characteristics of the interaction, which trigger support-related schemas and allow one to label the interaction as positive or negative (Procidano & Smith, 1997). Essentially this research suggests that perceived social support takes precedence over the actual support being provided.

The benefits observed from social support may not only impact the supported individual, but those around them as well. It is likely that these benefits occur from the resources that support networks offer the individual in order to reduce their stressors. One might refer to this as

social capitol, which is the total amount of resources available to someone via their social networks and can be obtained through social support (Carlson et al., 2020). Carlson et al. (2020) found that higher baseline social support was associated with higher baseline family functioning, concluding that an increase in social support would result in an improvement in family functioning. This research speaks to the pervasive and rippling effects of social support, with the potential to impact not only the individual but those close to them as well.

Gender Differences in Social Support

In attempts to fully understand social support, it is necessary to recognize that it does not function in the same way for everyone. One instance of this would be based on gender, as there are gender differences in perceived social support, amount of social support, and its benefits. In a study by Ermer and Proulx (2020) it was found that friendship support was associated with emotional well-being for women but not men. Olson and Shultz (1994) found that women have significantly higher levels of perceived emotional support than men. In addition, women tend to have more close friendships than men (Schwarzer et al., 2004), and in turn report experiencing higher levels of perceived social support from their friendships (Olson & Shultz, 1994). Research also indicates that women are more likely to actively seek out and provide social support (Schwarzer et al., 2004). Schwarzer et al. (2004) found that young women receive the most social support compared to middle-aged or older women, however, there appear to be no significant differences in social support across ages for men.

One explanation for these variations may be due to differences in genders based on socialization and western society, in the way that women have been taught to be expressive during social interactions while men have not (Ermer & Proulx, 2020; Matud et al., 2003; Schwarzer et al., 2004). Women may be socialized to value social support and its role in

managing life stressors, offering an explanation for the gender differences in social support. It has also been suggested that gender socialization may influence personality traits, contributing to personality differences that impact the experience and utilization of social support. Research aligns with this perspective, as Procidano and Smith (1997) describe personality factors as playing a role in perceived social support, with gender-related personality traits and characteristics having the most notable effect on social support. Personality traits such as expressiveness, hostility, androgyny, and introversion-extraversion most commonly impact the perception of social support (Procidano & Smith, 1997). For example, hostility has been associated with less positive support experiences while extraversion is linked to more positive supportive experiences (Procidano & Smith, 1997). This research suggests that gender socialization and certain personality traits may offer some explanation for differences in perceived social support.

Access/Utilization of Social Support

It is important to recognize that individuals with different social locations and structural identities have different experiences of social support. For instance, individuals exist in social contexts created by the intersections of power and oppression (Bograd, 1999). Further, it is important to point out that these forms of oppression are not mutually exclusive, in that individuals in a social context may have various intersecting oppressed identities (Bowleg, 2008). This idea serves as the basis for understanding differences in access to and utilization of social support, given that many individuals experience these intersections of oppression and as a result, have more disadvantaged experiences. The discrepancy in experiences of social support may arise from various barriers, societal opportunities, and societal structures that in turn may limit social relationships, resources, and relational processes/structures (House et al., 1988). In

this sense, multiple minority identities may result in multiple layers of marginalization (De Coster & Heimer, 2021), meaning increased barriers and disadvantages due to the intersection of various elements of one's identity.

Regarding differences in social support, it has been found that families who have a lower socioeconomic status tend to experience less social support (Carlson et al., 2002). In conjunction with this finding, studies show that those who have higher levels of annual income and higher levels of education have larger social networks and more frequent contact with members of those networks (House et al., 1988). Sultan et al. (2014) conducted a study on class differences in social support adequacy among New Orleans citizens and found evidence that lower class/poorer individuals reported lower levels of social support adequacy, a finding that is consistent in the literature (Griffin et al., 2006; Sultan et al., 2014). Contradictory to the consensus in the social support literature, Griffin et al. (2006) found no race differences in satisfaction with emotional support, however, Peek and O'Neill (2001) found that structural differences likely account for differences in received support across races. Moreover, among Indigenous Canadians, younger individuals reported higher levels of social support than did older individuals (Richmond et al., 2007a). Overall, these findings emphasize the variation in perceived social support based on one's social location, highlighting social context as a critical consideration in the examination of social support.

Social Support for Couples

Based on the compelling evidence in favour of the benefits of social support, it is reasonable to presume that social support is also beneficial for those in relationships. There is evidence for the benefits of social support on intimate partner relationships among couples who have not experienced violence (Carlson et al., 2020; Ermer & Proulx, 2020; Julien et al., 2003).

Ermer and Proulx (2020) examined how social connectedness impacts well-being among married couples and found that closeness to social supporters was positively associated with both husbands' and wives' emotional well-being. This study also found that for older adults, the size of the social network was less important than the participants' closeness to the members (Ermer & Proulx, 2020), consistent with previous research on quality over quantity. The authors explain this finding using Socioemotional Selectivity Theory (SST; Carstensen et al., 1999), which posits that as humans age they become more focused on the quality of their friendships and invest more energy in relationships that they view as important (Ermer & Proulx, 2020). This theory offers one explanation for the existing preference for quality relationships among adults. Further, a spouse's closeness to their own social network has been associated with better outcomes for their partner (emotional well-being and self-rated health; Ermer & Proulx, 2020). Ermer and Proulx (2020) argue that this may be due to individuals having more time for self-care activities, due to their spouses receiving support elsewhere. However, this research found that talk frequency with one's social network was negatively associated with their spouse's well-being, a finding that may be explained by interdependence among partners increasing vulnerability to talk frequency (Ermer & Proulx, 2020). Overall, these findings indicate that social support is beneficial for couples in relationships as well, but the right type, amount, and quality are important distinctions for how effective the social support is perceived to be.

Individuals in a relationship can also receive social support from their partner, a notion commonly referred to as spousal support. As previously mentioned, perceived social support by the individual in need is essential in social support having a positive effect on well-being. According to Purdom et al. (2006), women base their perceived spousal support on proximal factors (e.g., tone of voice), whereas men's perceived spousal support is based on distal factors

(e.g., overall perception of marriage). Research on social support within the couple unit itself indicates that social support for/from one's spouse does not differ based on gender when the issues are minimal (i.e., low stress), however, women are more supportive of their husband's severe problems while the opposite is not apparent (Neff & Karney, 2005). A conclusion drawn in this study was that husbands and wives differ in *when* they perceive social support being provided; women receive spousal support for small problems as husbands do not seem to respond well to their wives being severely stressed, meanwhile, women adjust their support to fit their husband's level of need (Neff & Karney, 2005). In addition, Bodenmann et al. (2015) found that men and women both display supportive behaviours towards their partners, although men are less able than women to provide support when they are experiencing their own sense of stress. Stronge et al. (2019) found that having a romantic partner was associated with higher perceived social support which in turn was associated with greater life satisfaction and self-esteem. However, the link between relationship status and social support was stronger for men; in turn, well-being was much more dependent on relationship status for men than women (Stronge et al., 2019).

Social Support and IPV

Based on the various physical and psychological benefits associated with social support, it is no surprise that its impact has been investigated in relation to more serious issues where these factors are at risk. Due to the impact that social support has on well-being, specifically during stressful times, it has become a main factor in studying risk and resilience for IPV (Suvak et al., 2013). The role of social support in mitigating the effects of IPV has been studied among women who have experienced IPV in the past. Social support has been identified as the primary protective factor for women who have experienced partner abuse (Carlson et al., 2002). This

body of literature has shown social support to have a positive impact on women who have experienced IPV in terms of their physical, mental, and emotional well-being. A significant amount of literature has looked at social support and depression among women who have experienced IPV. Suvak et al. (2013) found evidence that social support was negatively associated with depression following incidents of IPV, highlighting the psychological benefits of having social support. Similarly, Campbell et al. (1995) found that the support provided to women by their social networks worked as a preventative measure for depression symptomology. Beeble et al. (2009) interviewed survivors of IPV over a two-year period in order to determine what role social support plays in buffering the psychological effects of IPV. They discovered that social support plays a large role in women's lives following IPV, with more support leading to increased quality of life, decreased depressive symptoms, and decreased depression over time (Beeble et al., 2009). Beeble et al. (2009) argue that this finding provides evidence for the dire need for women to have access to support during and after stressful/traumatic experiences. Results also suggested that women who experience both high levels of abuse and low amounts of social support have overall worse outcomes over time (Beeble et al., 2009). This study provides compelling evidence, consistent with prior research, that social support can counteract many of the negative psychological effects that come with experiencing IPV. In addition, research indicates that perceived quality of social support is associated with lower levels of depression among women in shelter following abuse (Campbell et al., 1995). This research aligns with the literature previously mentioned, in that quality and perceived social support are the most important factors for impact. It is important to note that there is a dearth of research on social support among men after IPV. Research that does exist has looked at help-seeking behaviours and barriers among male victims of IPV (i.e., Barrett et al.,

2020; Hine et al., 2022; Taylor et al., 2022). More recent research on male perpetrators of IPV found a lack of perceived social support during childhood among this population (Hoskins & Kunkel, 2022), however, research on social support among men after IPV is extremely limited.

According to the literature on social support, it is clear that what is perceived as social support may vary. It is suggested that the type of support must fit the type of stressor in order for it to be perceived as effective/helpful (Jacobson, 1986). Other researchers have also been favourable to this notion, as Östberg and Lennartsson (2007) claim that in order to experience the benefits associated with social support, its type must be tailored to the population/stressor at hand. Further, Jacobson (1986) explains that one's perception of support depends on both its type and its timing, and if these two do not align then support may not be perceived as effective. These researchers are highlighting the difference between perceived social support and actual support provided, in that just because someone is acting in a way that is consistent with being 'supportive' does not mean it will be perceived that way. Furthermore, the relational regulation theory posits that the way in which one regulates a specific individual using social support is a matter of personal taste, in that what an individual perceives as support varies and is dependent on that individual's preferences (Lakey & Orehek, 2011). In fact, the few times in which social support is not perceived as effective occur when the type of support does not align between the giver and the receiver (Gleason & Bornstein, 2020; Haber et al., 2007). This confirms the importance of focusing on perceived social support over enacted social support.

Despite various benefits that come with social support for victims of IPV, there are several barriers or circumstances that may get in the way of victims receiving adequate social support. Research consistently indicates that women who have experienced IPV have less social support compared to women who have not (Barnett et al., 1996). Further, social isolation is

common among female victims of intimate partner violence (El-Bassel et al., 2001). There are various existing explanations in the literature for this social isolation. For example, it has been suggested that the abuser may aim to isolate the victim from their social networks as a means of maintaining control (Dobash & Dobash, 1998; El-Bassel et al., 2001; Levendosky et al., 2004). This action from the partner may prohibit or prevent the victim from reaching out for support, causing their social networks to weaken, and ultimately preventing them from receiving the benefits of social support. Another reason why victims of partner abuse may lack social support may be due to their failure to disclose their circumstances to their support network out of shame (Levendosky et al., 2004). Failing to share the severity of one's situation may also result in receiving inadequate social support, due to supporters being unaware of the need for support. This may also speak to the existing stigma that is associated with being a victim of IPV, ultimately acting as a significant deterrent in reaching out for support. Further, both partners in the relationship sharing the same support system may prohibit individuals from seeking social support due to the conflicting roles in the relationships (El-Bassel et al., 2001). Finally, the desire for privacy in one's relationship has been reported by both partners as a barrier to receiving sufficient social support (El-Bassel et al., 2001). Overall, the multiple circumstances mentioned above offer some insight into why victims of IPV have less social support than non-victims.

When it comes to reaching out for support, research indicates that many female IPV victims are inconsistent with reaching out for support and are more likely to do so during particularly dangerous/stressful times (El-Bassel et al., 2001). Furthermore, a study by El-Bassel et al. (2001) found that when seeking social support from friends/family, most participants reported receiving advice that was too extreme, such as suggestions to leave the relationship completely. This may be unhelpful, considering many women may wish to remain with their

partner or at least try to cease the violence before making a final decision. Overall, many women in this study reported feeling dissatisfied with the type of support they did receive (El-Bassel et al., 2001). It is reasonable to argue that this dissatisfaction with support may reinforce women to not reach out/seek out social support due to these negative experiences, ultimately perpetuating the cycle of lack of support.

It is important to consider the context in which individuals reside and how that may impact their perception and experience of social support. For instance, intergenerational transmission of violence posits that children who are abused by their parents or observe violence between their parents are more likely to experience violence in their adult relationships (Egeland, 1993; Franklin & Kercher, 2012; Widom & Wilson, 2015). Many couples who are currently experiencing or have experienced IPV in their relationship may exist in a context in which it is normalized. Others have referred to this as homophily within one's network, in that having people with similar experiences of violence may normalize the violence and reinforce the social identity associated with being a victim or perpetrator of IPV (Levendosky et al., 2004). This may put women in a situation where they seek to obtain support from people who may not be in a position to provide adequate support. These are important factors to take into consideration when conceptualizing social support among individuals and couples who have experienced IPV, by considering the idea that they may be receiving support from individuals who may also be victims of abuse or behave in abusive ways. In turn, the support that is offered may be biased, inadequate, and/or reinforce the violence.

To summarize, the literature on social support for women who have experienced IPV shows that it works to decrease depressive symptoms, improve quality of life, decrease abuse, increase resilience, improve self-esteem, and improve coping skills (Beeble et al., 2009; Carlson

et al., 2002; Suvak et al., 2013). Essentially, the benefits of social support after IPV are substantial, however, the existing literature applies largely to women who left/planned to leave the relationship. Not only is a large population of women left out of this research, but the existing literature fails to provide any information on how both members of the relationship use and/or benefit from social support. There is evidence from research on group therapy that has shown that couples who attended group therapy for domestic violence were held more accountable for their violence (Stith et al., 2003, 2004), suggesting a positive impact of social support on the couple as a whole. Overall, despite the compelling evidence on the impact of social support, there is little to no research on how it impacts couples who have experienced abuse, including how it influences the decision to stay in the relationship and the well-being of the individuals in the relationship. Research to address these questions would not only expand current knowledge about social support and relationships generally, but also the understanding of the role of social support in how couples navigate the experience of abuse in their relationship.

Current Study

Based on the information presented thus far, it is clear that IPV is a significant issue that impacts many relationships. Existing literature has focused on women who have left the abusive relationship. Little attention has been given to couples who stay together after violence has occurred. While social support has been shown to have a significant impact on women who have experienced IPV in the past, little is known about how this protective factor impacts the experience of both members of the relationship or the relationship in general. For instance, existing research on social support for IPV victims has looked at social support more generally, based on the premise that the woman has left the relationship, leaving out the possibility to understand social support for one's relationship issues.

The purpose of the present study was to look at how social support impacts couples who have experienced IPV in the past. This research looked at the ways in which social support impacts the well-being of individuals in the relationship, the role social support plays in deciding to stay in a relationship after IPV, and how the use of social support may differ among individuals. Further, considering that the majority of the research on social support after IPV has looked at social support more generally, the present study extends knowledge by examining social support for relational issues specifically. This allows for the examination of an element that has not previously been addressed in research. While answering the questions in this study, it was important to remain open to the possibility that actions by members of one's social network even if intended to be supportive may not be interpreted positively. This research also aimed to answer the question of if women who remain in their relationship still receive the benefits of social support as mentioned above, or perhaps reveal the specified circumstances under which these benefits occur. This study also aimed to look at the ways in which men and women in a relationship use social support, exploring the role of gender in social support behaviours and experiences. Finally, the ways in which structural factors and social identities influence the role of social support was explored.

1. How does social support impact the well-being of men and women in heterosexual relationships in which there has been IPV?
2. What role does social support play in deciding to leave/stay in the relationship?
    a. Is social support perceived as helpful/effective for relational issues?
    b. What role does it play in relationship satisfaction?
3. Is the utilization/availability of social support for IPV related to individuals' social location?

Chapter 2: Methodology and Methods

Methodology

IPV and Intersectionality

The research questions in this study were addressed using a qualitative dominant research design, with the inclusion of a supplemental quantitative measure. The use of qualitative methodology allows researchers to best understand the complexity of each unique individual, including the role their various identities and social dynamics play in shaping their experiences (Hunting, 2014). Furthermore, qualitative methodology is known to be the best method for conducting intersectionality-informed research (Hunting, 2014). Thus, this methodology was used to explore how social support impacts the experience of couples who have experienced IPV, while taking into consideration how the intersections of various elements of social identity and social location (gender, race, culture, ethnicity, class, etc.) impact the role of social support in decision making and well-being. This methodology worked to illuminate more than just the relationship between two concepts, but the processes and meanings behind those relationships (Schulz & Mullings, 2006).

This research employed a feminist intersectionality framework when looking at IPV, by recognizing that marginalized individuals have different experiences due to their multiple layers of marginalization (De Coster & Heimer, 2021). Further, this framework suggests that when looking at IPV it is essential to understand how intersecting inequalities and the inherent differences in society due to social structures impact experiences (De Coster & Heimer, 2021). This framework was integrated into the analytic plan; participants' narratives were examined to identify ways in which intersections of social identity are evident in their experiences of social support, IPV, and the relationship. These methods provide an analytic framework that facilitated

the exploration of how the relationship between social support and experiences of, and responses to, relationship conflict and abuse are influenced by social location. The decision to use this framework for the present research was based on the existing literature described above and in recognition of the differences in power and resources based on one's position in society.

Narrative Method

To address the research questions, a narrative method was utilized. This approach focuses on personal narratives that are told as stories, impacted by previous experience, where the narrator can offer an explanation for how they got to where they are (Pitre et al., 2013). In this way, these narratives that are told as stories, reveal truth about human experiences by inviting "us as listeners, readers, and viewers to enter the perspective of the narrator" (Riessman, 2008, p. 9). A narrative approach allows participants to tell their own stories, in their own way, based on their lived experiences. Additionally, the use of narrative methodology recognizes humans as the innate storytellers that they are and have been for generations. For instance, McLean and Syed (2015) argue that the ubiquity and utility of narratives lead to the conclusion that they are a fundamental part of human life. Furthermore, narratives link the self and society by allowing narrators to place their narrative in a societal context based on their social location (McLean & Syed, 2015). This process also allows for an exploration of structural factors in the reflection of dominant discourses. Finally, the narratives were analyzed to determine the *how* and *why* behind the story (Riessman, 2008). The combination of narrative methods and a feminist intersectionality framework allows participants to explain their stories from their unique perspective, in a way that is empowering. It also provides the opportunity to understand the narratives within the social context in which the experiences are embedded.

Positionality Statement

When interpreting the proposed research, it is important to understand the context in which the researcher exists. For instance, I identify as a Caucasian, heterosexual, cisgender female, which I recognize, places me in a more privileged place in society. I am also an educated woman who has never been subject to intimate partner violence. Based on this, I acknowledge that I have had more privileged experiences due to my social identity and am coming from a different set of experiences as compared to many of my participants. To this end, I was extremely diligent in my interactions with and interpretations of the various stories that were shared with me, to recognize my own potential biases and privileged position. With that being said, I consider myself an ally and a feminist, who has spent an extensive amount of time educating myself on the topic, which I feel equipped me with the necessary knowledge to conduct intersectionality-informed research on couples who have previously experienced IPV. To further aid in this goal, the methodology utilized in this study gave the participants their own voice in telling their own stories.

Methods

Setting

This study was conducted remotely through video chat, with participants currently attending the Couples Counselling Project (CCP) in Winnipeg, Manitoba. Based on the inclusion criteria of this program, this included couples who have experienced physical and/or non-physical violence in the past but where violence is not ongoing, where risk for current violence is assessed to be low, and where both members of the couple want to work towards an abuse free relationship.

Participants

Demographic information was collected from all 10 participants (5 couples) during the administration of the demographic questionnaire (see Table 1). This included information about age, gender identity, employment status, ethnicity, sexual orientation, relationship history, history of violence, etc. (see Appendix E). All couples were in heterosexual relationships, and the relationships ranged in length from 2 to 16 years. The majority of couples agreed on their relationship status, except Couple 1, as Woman 1 reported their relationship status as 'engaged' and 'common-law,' while Man 1 reported it as 'boyfriend/girlfriend.' Individuals ranged in age from 23 to 59 years old. Four participants self-identified as white, three as Metis, two as Indigenous, and one as South Asian. All participants reported graduating from high school, with three participants completing college, and one a bachelor's degree. Four participants were employed full-time, two part-time, and the remainder were unemployed. Half of the participants reported receiving some form of social assistance. Almost all participants (9 out of 10) reported living with a disability and/or chronic illness, and three reported a history of drug or alcohol misuse. Half of the participants had children with their current partner or from a past relationship, with all children under the age of 18 living with participants either part-time (joint custody) or full-time.

All women reported experiencing abusive behaviours in their current relationship, while 4 out of 5 of the men reported abusive behaviours in their current relationship. The majority of participants reported experiencing emotional abuse, verbal abuse, physical abuse, and controlling behaviours, and half reported financial abuse. Seven participants (4 women and 3 men) reported experiencing abuse in a previous relationship. Only two reported attending couples counselling for a past relationship. Additionally, one woman reported attending a domestic violence support

group for women, during her past relationship. The majority of these participants reported experiencing physical abuse in their previous relationship, with half reporting emotional abuse and controlling behaviours, and less than half reporting verbal and financial abuse. See appendix G for a table of participant demographics.

Revised Conflict Tactics Scale (CTS-2)

Participants completed the Revised Conflict Tactics Scale (CTS-2; Straus et al., 1996) which is a quantitative measure that examines the level and frequency of violence. It was used as a supplemental descriptive measure in conjunction with the interviews. The purpose of including this brief measure was to provide additional information about the relationship and allow a better understanding of the couple's history in the context of violence. This is a widely used measure composed of 78 questions, where participants answer each question based on how often an event has occurred in the last year from 0 (*zero times*) to 6 (*more than 20 times*), with 7 indicating that it has happened before, but not within the last year (Straus et al., 1996). These items are then divided into 5 subscales: negotiation, psychological aggression, physical assault, sexual coercion, and injury (Straus et al., 1996). Although this measure mainly focuses on violence within the last year, for the purposes of this study, I was most interested in what has occurred throughout the entirety of the relationship. This measure has been shown to have strong internal consistency, with alpha coefficients for each subscale consistently exceeding the cut-off for sufficient reliability (Straus et al., 1996; Straus, 2004). In addition, Vega and O'Leary (2007) have demonstrated the CTS-2 to have good test-retest reliability. Various studies have also demonstrated the CTS-2 to have strong construct and discriminant validity, suggesting this measure to be a valid measure of IPV across populations (Chapman & Gillespie, 2019; Straus et al., 1996; Straus, 2004). This measure has been criticized for its lack of attention to context and

the lack of concurrence between partners' reporting of violence (Dobash et al., 1992) as well as its questionable clinical utility (Jones et al., 2017). Notwithstanding these limitations, it can be useful as a descriptive measure of the perceptions of abuse occurring in a relationship, data which is important in situating the current study and for assessing the transferability of the findings.

Narrative Interview

Each individual participated in an interview via video chat. The entirety of the interview was recorded and later transcribed. The average time to complete the interview was 1.5 hours. For each interview, the interviewer maintained an empathic, yet neutral demeanour to encourage participants to share their experiences. For the content of the interview, several open-ended questions were asked, in order to set the tone and address the appropriate research questions. If a response or statement was unclear, further probes were used (see Appendix F). These open-ended questions were in place to supply a theme to the interview (Kirkman, 2002; i.e., social support) which served as the broad theme of the narrative and allowed me to identify the subthemes that exist within this larger topic.

The narrative interviews with the women in this sample required little probing and flowed like natural conversations. The women were open to sharing their experiences of social support and their relationship; minimal questioning was required to elicit rich narratives. The men in this sample initially required more probing, as they appeared hesitant to get into details of their experiences and/or acknowledge their need for support. However, as the interviews progressed, the men became more open to sharing, and in some cases, reflected on the usefulness of seeking support as they acknowledged how positive it felt to share their stories in this research context.

Procedure

To carry out this research I utilized a purposive sampling technique to recruit couples. This sampling technique allows participants to be selected based on their qualities/fit for the research and is commonly used in qualitative research in order to ensure richness and diversity of the data (Etikan et al., 2016). All participants were recruited from the Couples Counselling Project (CCP), in Winnipeg Manitoba. Based on the demographic of couples who seek services at the CCP, recruitment was limited to heterosexual couples in order to increase the feasibility of the research. To recruit couples, the therapy team at CCP provided a brief overview of the project and what it entails to couples during their sessions. Couples who indicated an interest in participating provided their consent to be contacted by the primary researcher (see appendix A). Next, I contacted interested couples to complete the recruitment process. Couples who have experienced varying severities of IPV were welcome to participate, including nonphysical and physical violence. Inclusion criteria included any couple at the CCP over the age of 18 who had experienced some form of IPV in the past. Those who are currently at risk of experiencing violence were excluded from the study. Further, attempts were made to recruit a sample diverse in background (in terms of race, class, ability, culture, etc.). Interviews were conducted with each member of the couple separately over video chat. The purpose of interviewing members of the couple separately was to allow for a consideration of differences across individuals and genders, as well as allowing the opportunity for the identification of narratives that are misaligned within the couple unit. Prior to the interview, verbal consent was obtained from each participant. I orally delivered the details of informed consent and obtained verbal consent to participate in the present study (see Appendix D). Written evidence of oral consent appeared in the transcriptions of each interview and was also documented by the researcher. Given the remote method of data

collection and the specific population, obtaining consent verbally allowed me to ensure the consent form was understood, answer any questions, and obtain consent in a timely matter. This verbal process of obtaining consent also eliminates the assumption that all participants have access to internet, email, printers, scanners, etc., as to not create added barriers to participation in this study. Upon beginning the interview, each participant received a $25.00 honorarium to show our appreciation for their time. This was distributed in the form of an Interac e-transfer sent as soon as the participant provided their consent to participate. Verbal recognition of the received honorarium was also recorded in the written transcription of the interview. After consent was obtained, the demographic questionnaire and the CTS-2 were administered. To ensure understanding and completion of the measures, they were given orally. Following the completion of the measures, the interview began. After the interview was complete, participants were debriefed and thanked for their participation. Each participant was provided with various resources, in case they felt any sort of distress following the interview. Finally, I provided each participant with the contact information of my advisor, Dr. Diane Hiebert-Murphy, should they have any additional questions or inquiries about the research.

Data Analysis Procedure and Interpretation

Analysis

Upon beginning my analyses, I analyzed the CTS-2 data in order to situate each couple within the context of violence. This supplemental descriptive measure allowed for a consideration of the severity and frequency of violence that exists within each couple's relationship history. This also highlighted the role of violence within the relationship and provided depth to the analyses.

Prior to beginning my analysis of each narrative interview, I reviewed the various elements of background information collected during the demographic questionnaire. This provided a description of various potential elements of marginalization that may have been relevant when analyzing the narratives. This was useful in identifying differences in the utilization and availability of social support for couples experiencing violence based on social location, identity, and other relevant structural factors.

Consistent with many other qualitative studies, the research questions in this study guided the data analysis process. The analysis of the narratives integrated two existing and widely supported methods, to ensure a comprehensive and accurate depiction of the intended narratives. Analysis began with me reading through each transcription multiple times, in order to familiarize and fully immerse myself in the narratives. Following this, I began identifying themes at a more general level. In describing narrative analysis, Riessman (2008) emphasizes identifying the content, the structure, and the performative nature of the narratives. The content refers to what is spoken, the structure refers to how it is spoken, and the performative nature refers to why this story is told/for what purpose (Riessman, 2008). This guideline served as an important step in my analytic process and guided my identification of emerging themes. Further, when analyzing the narratives, Riessman (2008) emphasizes the importance of interrogating intention and language, which I kept in mind in order to better understand the context and how the participant was framing their narrative. This process highlights the how, what, and why method of analyzing narratives, while allowing the researcher to illuminate and track various stories that are being told (Riessman, 2008). This process also allowed me to identify plot lines and the dominant discourses that were reflected. The plot of a narrative brings order, sequence, and meaning to a series of events, while discourse refers to the way language is used to make sense of the social

world (Kirkman, 2002). Following this process, once stories were identified, I went back and looked at the transcription line by line to identify any ideas, metaphors, and/or language that might deepen the understanding of the narratives.

To analyze the data line by line, Fraser's (2004) narrative method was used. I followed the seven phases of this line-by-line analysis method, in order to further analyze the narrative interviews (Fraser, 2004). Phase one includes hearing the stories that the participant is sharing and experiencing each other's emotions, which initially takes place during the interview (pp. 186-187). This phase emphasizes the essentiality of accepting the emotions felt in the interview to avoid intellectualizing the narrative. Some important things to consider in this phase would be agreements/disagreements between the interviewer and interviewee, where the interview starts/unfolds/ends, and any feelings observed. To aid in this process, I kept field notes which contained my reactions, feelings, observations, and identification of any potential biases. These field notes were taken after each interview concluded for the purpose of avoiding distractions or missing any of the narrative content. This process allows researchers to further their understanding of someone, by translating observations into a communicable form and then organizing it into a meaningful framework (McAdams, 1995). Phase two of the line-by-line analysis involves transcribing the material (pp. 187-189). This is particularly useful when doing a line-by-line analysis and allows the researcher to become well acquainted with the stories. Phase 3 involves interpreting individual transcripts, by identifying stories, directions, scenes, and characters, all while focusing on where the line begins and ends (pp. 189-191). Phase 4 includes scanning across different domains of experience, to avoid fixating on a specific aspect of the narrative (pp. 191-192). Phase 5 involves linking the personal with the political, by overlapping different domains that the participant brings to light (pp. 193-194). This 5th phase focuses on

identifying emotions, stories, and meaningful references while paying close attention to the manner in which they are delivered. During this phase, it is critical to identify instances in which various elements of social identities and their intersections are evident in the narratives. To achieve this goal, I integrated demographic information into the analysis of the narratives. Several guiding factors will be discussed below. Phase 6 emphasizes looking for commonalities and differences among participants, and throughout this process patterns, similarities, and differences are identified (pp. 194-195). During this phase, I looked for similarities and differences among women, then among men, and then within and across couples. Finally, phase 7 requires writing the academic narratives about personal stories (pp. 195-196). In this phase, it is important to keep humility in mind and often re-check that the story matches the written analysis (Fraser, 2004, p. 196). With the careful use of these seven steps, I was able to analyze and transcribe the narratives to the best of my ability, while maintaining their integral components as intended by the participants.

As mentioned above, during this line-by-line analysis of the narrative, a simultaneous analysis of intersectionality was integrated into the process. I examined the ways in which participants' intersecting identities and social locations are connected to the narratives. To achieve this goal, when analyzing narratives, I kept in mind the ways in which individuals' social location has ultimately produced their experience (Hiebert-Murphy et al., 2011) of social support and intimate partner violence. In addition, Cole (2009) urges researchers to consider three relevant questions for intersectionality-informed analyses. Given that Cole speaks about intersectionality in the context of quantitative research, it is slightly different in the context of qualitative research, however, the questions still provided valuable considerations for the analysis. The first question asks who is included in each category (pp. 151-173). This draws the

researcher's attention to diversity among categories, while also bringing attention to smaller subcategories, in an effort to draw attention to those belonging to multiple categories. For those who do have multiple intersecting identities, Bowleg (2008) emphasizes the need for the researcher to analyze each individual identity independently as well as simultaneously. The act of separating each structural inequality allows for a more enriched understanding of the intersection of those inequalities (Bowleg, 2008). The second question asks about the role that inequality plays (pp. 173-175). Cole argues here that determining categories is not just for the reason of describing characteristics of individuals/groups, but to draw attention to social processes that are inherently different (p. 173). It is important to recognize how experiences are shaped by history, politics, material, social inequality, and stereotypes. Asking this question aims to look closer at how various groups are positioned in society in comparison to other groups, leading to unique experiences and outcomes. Bowleg (2008) emphasizes the need for researchers to go beyond the data they collect and become familiar with the sociohistorical realities of historically oppressed groups. This aided in identifying themes relevant to intersectionality that were not explicitly or obviously stated (Bowleg, 2008; Hunting, 2014). Finally, the third question asks where the similarities exist (pp. 175-176). This question involves finding the places of commonality among the differences.

The conjunction of these methods aided in the analysis of the narratives and provided rich and detailed data in an effort to effectively capture the essence of the intended narrative. Fraser's method draws attention to the social context, while Riessman's approach focuses more on identifying the content and performative nature of the narrative. Together, a suitable and thorough analysis took place.

In terms of moving across interviews, I analyzed each interview at the individual level and then looked across all of the women's interviews and all of the men's interviews. This process allowed me to conduct a gender analysis and identify ways in which experience is related to social context/identity. Following this process, I analyzed the interviews at the couple level and then compared them across couples. I created a summary for each couple based on a consideration of the analysis of the interviews of each member of the couple. Once the analysis of each couple's data was completed, I compared the couples. This step in the analysis can be thought of as following a comparative case study analysis process, as each couple can be thought of as a "case" that is compared and contrasted (Yin, 2011). I believe that this method allowed for the most depth and details to be provided out of the interview data and to best answer the research questions.

Further, when analyzing access and utilization of social support it was important to acknowledge how experiences may have been shaped by the COVID-19 pandemic, in that many couples were forced to decrease their social interactions due to federal and provincial restrictions. This idea was addressed in the interview itself and kept in mind throughout the analysis process to provide clarification of social support experiences due to COVID-19 and those due to the other factors of interest in this study.

Verification

Due to the qualitative methods employed in this study, it was necessary to implement various safeguards in order to ensure verification. Tracy (2010) suggests eight criteria for quality qualitative research, which were taken into consideration in this research through the use of various safeguards and methods. Of these eight, rich rigour, sincerity, credibility and resonance are most relevant to the present study and thus were the primary focus to ensure verification.

Throughout the course of this study, extensive notes were taken to document the various processes as they were unfolding, with the inclusion of fields notes to aid in the analytic process. Further, each interview was recorded and then transcribed verbatim, in order to accurately and fully represent the data. These various steps were taken in order to ensure what Tracy (2010) emphasizes as the need for rich rigour to improve the quality of research. A researcher that has "a head full of theories and a case full of data" will be best prepared to deal with the complexity that is in front of them and be able to make meaning out of even a single line of data (Tracy, 2010, p. 841). The thick and detailed descriptions of all aspects of data collection, analysis, and interpretation ensure this criterion is met.

Further, I have included a positionality statement in my write-up in order to identify any and all things that may have influenced my research. The inclusion of this statement has been noted as an integral part of qualitative research, as it is important to acknowledge that one's positionality may impact the interpretation and understanding of the research (Creswell & Poth, 2016; Holmes, 2020). In this statement, I explicitly reflect on how my social location and experiences may have influenced my perceptions and interpretations throughout the research process. Further, after each interview, I took field notes which included the identification of any potential biases that may impact my interpretation or analysis. These processes were in place to meet what Tracy (2010) explains as the need for sincerity, which essentially refers to authentic and genuine research. This was achieved through the procedures described above, and also by providing complete transparency with the methodology used in this study, as suggested by Tracy (2010).

Furthermore, Tracy (2010) advocates for the essentiality of credibility for quality qualitative research. Credibility in research speaks to the trustworthiness of the research findings.

One method to ensure credibility is the triangulation of data, which involves collecting data from multiple sources (i.e., interviews, observations, documents, etc.) to strengthen reliability and validity (Creswell & Poth, 2016; Creswell & Creswell, 2017). This method was used in this study through the use of narrative interviews, a quantitative measure, recordings, observations, and field notes. Further, credibility was also ensured in this research with the added perspectives of my advisor and the fellow members of my lab, in determining if similar conclusions are drawn and if/where differences in interpretation may exist. The benefits of peer examination (Creswell & Creswell, 2017) are noteworthy and achievable with the extensive knowledge held by my advisor and colleagues. Further, I consulted a colleague who identifies as Indigenous to review the interpretation and findings from the Indigenous participants. This was helpful in ensuring the interpretation of the results recognized the broader context in which this population exists, including situating the data in the context of intergenerational trauma and violence. This was also important in recognizing the impact that these factors might also have at a community level for social support. Finally, the attempt to diversify the sample also increases the credibility of the research by including individuals with different histories, backgrounds, and viewpoints.

The last significant aspect of this study that will ensure verification is resonance, meaning carrying out research that will have a meaningful impact on the audience (Tracy, 2010). One way that this can be achieved is through one's writing, by writing the final report in a way that is evocative, creative, and beautifully encompasses all elements of the narrative that the researcher is aiming to share (Tracy, 2010). With the above processes in place, I am hopeful that the present study will resonate with the audience.

Chapter 3: Findings

In referring to the participants in this sample, I will acknowledge their gender identity and include a number that identifies them by couple (e.g., Woman 1 and Man 1 for participants from the first couple).

CTS-2

Detailed information regarding the abusive behaviours in participants' current relationships was gathered through the administration of the CTS-2. All participants reported the presence of psychologically abusive behaviours in their relationships. Three couples reported physically abusive behaviours at some point in their relationship and two reported sexually coercive behaviours at some point in their relationship. It is important to note that the CTS-2 asks participants about the frequency of abusive behaviours within the last year *or* if the behaviour occurred prior to the last year but not within the past 12 months. Therefore, participants are unable to elaborate on the frequency of past behaviours or indicate if behaviours existed both in the past year and prior. Therefore, the focus of the CTS-2 is to provide information about the different types of abusive behaviours and the frequency of behaviours within the past year, with the overall relationship prevalence (number of items endorsed) being the most relevant to the present study.

A comparison of self-reports of perpetrating abusive behaviours (see Tables 1 and 2) showed that women reported engaging in more psychologically and physically abusive behaviours (number of items endorsed) and more frequently (raw score) than men self-reported. Couples 3 and 5 did not report the presence of physically abusive behaviours in their relationships. None of the women reported engaging in sexually coercive behaviours, while two of the men reported doing so 1-2 times over the course of their relationship. The injury scale

showed that 3 men and 3 women (Couples 1, 2, and 4) reported sustaining injuries from physically abusive behaviours at some point in their relationships. The diversity and frequency of the self-reported sustained injuries were roughly the same for these couples. Finally, the negotiation scale measures positive behaviours aimed at settling disagreements with one's partner. Men reported engaging in all 6 negotiation behaviours, while only two women reported engaging in all 6. Three women reported engaging in negotiation behaviours less frequently than their partners reported engaging in them, while two women reported engaging in them more frequently than their partners.

Table 1. *Women's Report of Their Own Abusive Behaviours*

	Couple 1 Woman 1	Couple 2 Woman 2	Couple 3 Woman 3	Couple 4 Woman 4	Couple 5 Woman 5	Average
Negotiation						
Raw score	15	76	69	140	73	74.6
# of items in past year	4	3	6	6	5	4.8
# of items prior to past year	0	1	0	0	0	0.2
Psychological Aggression						
Raw score	69	64	13	40	16	40.4
# of items in past year	6	6	3	4	2	4.2
# of items prior to past year	0	0	0	1	0	0.2
Physical Assault						
Raw score	11	84	0	4	0	19.8
# of items in past year	4	6	0	0	0	2
# of items prior to past year	0	0	0	4	0	0.8
Sexual Coercion						
Raw score	0	0	0	0	0	0
# of items in past year	0	0	0	0	0	0
# of items prior to past year	0	0	0	0	0	0
Injury						
Raw score	1	8	0	3	0	2.4

# of items in past year	1	2	0	0	0	0.4
# of items prior to past year	0	0	0	3	0	0.6

Table 2. *Men's Report of Their Abusive Behaviours*

	Couple 1 Man 1	Couple 2 Man 2	Couple 3 Man 3	Couple 4 Man 4	Couple 5 Man 5	Average
Negotiation						
Raw score	68	150	133	116	40	101.4
# of items in past year	6	6	6	6	6	6
# of items prior to past year	0	0	0	0	0	0
Psychological Aggression						
Raw score	55	21	3	16	4	19.8
# of items in past year	4	6	2	2	0	2.8
# of items prior to past year	0	0	0	0	4	0.8
Physical Assault						
Raw score	3	11	0	1	0	3
# of items in past year	2	5	0	0	0	1.4
# of items prior to past year	0	0	0	1	0	0.2
Sexual Coercion						
Raw score	0	0	0	2	1	0.6
# of items in past year	0	0	0	1	0	0.2
# of items prior to past year	0	0	0	0	1	0.2
Injury						
Raw score	2	8	0	3	0	2.6
# of items in past year	1	3	0	0	0	0.8
# of items prior to past year	0	0	0	3	0	0.6

Women's reports of their partner's abusive behaviours (Table 3) were higher than their partners' self-reported abusive behaviours (Table 2). Although there was some agreement among couples on the types of abusive behaviours from men, the majority of women reported experiencing a greater diversity and a higher frequency of psychological, physical, and sexually abusive behaviours than men self-reported. Conversely, the majority of the men reported their

partner's psychologically and physically abusive behaviours (Table 4) as less frequent than the women self-reported their own behaviours (Table 1). Most men reported their partners engaging in fewer types of psychologically abusive behaviours and less frequently than the women self-reported. Although Man 2 reported Woman 2 engaging in more types of physically abusive behaviours than she self-reported, he reported them as much less frequent than she did. Couple 1 was in agreement on the amount of physically abusive behaviours that Woman 1 engaged in, however, Man 1 reported her behaviour as less frequent than she did. Couple 4 was aligned on the types and frequency of Woman 4's physically abusive behaviours. Couples 3 and 5 both reported no physically abusive behaviours from either partner. Overall, in this sample, men reported fewer abusive behaviours (their own and their partners) than did the women.

Table 3. *Women's Report of Their Partners Abusive Behaviours*

	Couple 1 Woman 1	Couple 2 Woman 2	Couple 3 Woman 3	Couple 4 Woman 4	Couple 5 Woman 5	Average
Negotiation						
Raw score	50	61	54	86	16	53.4
# of items in past year	4	4	6	6	3	4.6
# of items prior to past year	0	2	0	0	0	0.4
Psychological Aggression						
Raw score	52	31	31	40	19	34.6
# of items in past year	6	5	5	4	3	4.6
# of items prior to past year	0	1	0	1	1	0.6
Physical Assault						
Raw score	5	93	0	5	0	20.6
# of items in past year	2	7	0	0	0	1.8
# of items prior to past year	0	0	0	5	0	1
Sexual Coercion						
Raw score	0	0	0	14	2	3.2
# of items in past year	0	0	0	2	1	0.6

# of items prior to past year	0	0	0	2	0	0.4
Injury						
Raw score	4	7	0	3	0	2.8
# of items in past year	1	3	0	0	0	0.8
# of items prior to past year	0	0	0	3	0	0.6

Table 4. *Men's Report of Their Partners Abusive Behaviours*

	Couple 1 Man 1	Couple 2 Man 2	Couple 3 Man 3	Couple 4 Man 4	Couple 5 Man 5	Average
Negotiation						
Raw score	74	62	150	133	40	91.8
# of items in past year	6	6	6	6	6	6
# of items prior to past year	0	0	0	0	0	0
Psychological Aggression						
Raw score	55	49	0	17	2	24.6
# of items in past year	4	6	0	2	0	2.4
# of items prior to past year	0	0	0	1	2	0.6
Physical Assault						
Raw score	7	21	0	4	0	6.4
# of items in past year	4	9	0	0	0	2.6
# of items prior to past year	0	0	0	4	0	0.8
Sexual Coercion						
Raw score	0	0	0	0	0	0
# of items in past year	0	0	0	0	0	0
# of items prior to past year	0	0	0	0	0	0
Injury						
Raw score	2	8	0	2	0	2.4
# of items in past year	1	3	0	0	0	0.8
# of items prior to past year	0	0	0	2	0	0.4

When looking at women's reports of their own abusive behaviours (Table 1) and their reports of their partners' abusive behaviours (Table 3), a less consistent pattern emerged. Some women, (Woman 1 and Woman 2) felt that they engaged in psychologically aggressive

behaviours more frequently than their partners. While other women, (Woman 3 and Woman 5) felt that their partners behaved in more psychologically aggressive behaviours and also did so more frequently. Woman 4 felt that she and her partner engaged in the same amount of psychologically aggressive behaviours. Woman 2 and Woman 4 felt that their partners engaged in more physically abusive behaviours than them. Conversely, Woman 1 felt she engaged in more physically abusive behaviours than her partner.

A comparison of men's reports of their own abusive behaviours (Table 2) and their reports of their partner's abusive behaviours (Table 4) revealed that men reported that their partners engaged in roughly the same or more psychologically abusive behaviours than they did, with the exception of Man 5 who reported less from his partner. All men in the sample who reported physical abuse in their relationship reported that their partners behaved in more physically abusive ways and with greater frequency.

Social Support

From the qualitative interviews with participants, experiences and perceptions of social support were explored. The findings suggest that in general, women reported more formal and informal support experiences than men. While all couples were in contact with formal services for their relationship, women reported more past and current involvement with formal support services (i.e., therapy, psychiatry, etc.). Further, informal supporters were a large portion of the women's support network and contributed significantly to perceived support. Although some men discussed engaging with informal supporters, these individuals were much less prominent in their narratives.

Narrative Analysis

Through the interview process, men's and women's narratives revealed unique stories that reflected their experiences of social support within the context in which they exist. Although each narrative was complex and nuanced, several themes, subthemes, and storylines emerged among women, men, and couples. These recurring themes led to several conclusions being drawn about social support. Two conclusions were drawn about social support based on the women's narratives. The first conclusion is that the support provided to women can be both helpful and harmful. The second conclusion is that formal support is critical in supporting women personally and in their relationships. After analyzing consistent themes across the men's narratives, one conclusion was drawn: Cultural beliefs about masculinity and violence affect the quality and utility of men's social support. Finally, one conclusion was drawn from the narratives of couples: While all couples agree that support is important for their relationship, the effectiveness of that support depends on the extent to which they agree on how to utilize support. The following sections outline the analysis of the data (including supporting evidence) that resulted in these conclusions.

Support Provided to Women Can Be Both Helpful and Harmful

The first conclusion drawn from the women's interviews was that women's narratives revealed how they perceive supporters to be both helpful and harmful. Several themes emerged to support this conclusion, reflecting times and ways in which behaviours offered as social support are helpful and harmful, as well as the role of women's identity in this process.

Helpful

The Role of Perceived Safety

In determining the factors contributing to helpful social support, the role of perceived safety emerged from women's narratives. The women referred to this as having a 'safe space' which reflected both emotional and physical safety and was key to fostering a supportive environment. For the women, a safe space was a person or place that they could turn to when they needed support, where they felt comfortable to share without judgement. When describing a safe space, women used words such as "safe", "trust", "comfort", "heard", "non-judgmental", and "genuine." Women's narratives revealed how the perception of safety ultimately increased their ability to be vulnerable with network members, which in turn led to perceptions of better and more helpful support. For example, when discussing whom they have in their lives for support, Woman 5 referenced her lifelong friend as a helpful source of social support, as she is able to share the intimate details of her challenges with her. When asked what made her able to be vulnerable with her friend, Woman 5 responded: "I'm comfortable. I'm comfortable. I feel safe." Similarly, Woman 3 named several friends she feels supported by and with whom she is able to be open and honest. When asked what made her able to open up to her friends, she said: "They make me feel safe. I'm comfortable with them. I know their heart."

While some women's narratives were filled with stories about safe spaces within their social network, other women shared their desire for a safe space. Woman 2 is a Metis woman in a very volatile relationship with her husband of over 10 years. Her narrative reflected her inability to trust members of her social network which prevented her from being vulnerable and in turn feeling supported. During her interview, she described holding back from disclosing her relationship challenges to those in her network due to a fear that it would not be kept

confidential. In discussing this, she described the way in which some of her friends are connected to both her and her partner, which limits her trust (e.g., “so there's this tie.”). For the women, trust played a significant role in feelings of emotional safety. For example, when Woman 4 was asked what it was about the women in her social circle that facilitated a supportive relationship, she responded: “I trust them with my truth.” This was a key element that was missing from Woman 2’s network and left her with feelings of sadness and loneliness.

When discussing safe spaces, the women's narratives also emphasized the role of physical safety in creating a supportive environment. For example, Woman 2 shared a story about a time when she was unable to return home after being charged with assault due to a fight with her partner. In sharing this story, she described how she “didn’t have a safe place to go,” and was alone until she reconnected with her husband. The importance of having a safe place to go during/after relationship conflict was also prevalent in Woman 1’s interview, as she described the positive impact of going to see a friend in her apartment building during times of escalation: “So, that was kind of nice just to kind of, have another space to go to, and not have to like walk around outside in the cold or at nighttime kind of.” Woman 5, an Indigenous woman, linked emotional and physical safety as she described the importance of a space looking and feeling safe in order to facilitate vulnerability:

> Like I, I would find, maybe, like, a nice environment, you know, plants and pictures and something inviting, and warming. Like to feel like, okay, okay, I'm gonna share a lot of my heavy stuff in here and it's gonna stay in here, kind of thing.

The Impact of Feeling Understood

As women shared stories about times when they felt supported, a recurring theme emerged across all women’s narratives regarding the value of supporters who share similar life

experiences. It was important for women to get support from people who they felt could relate to their challenges with relationship conflict, mental health, and general life difficulties (i.e., parenting, socioeconomic status, family challenges, etc.). For example, Woman 1 is a young woman who struggles with a host of disabilities and mental health challenges that lead to her having a difficult time relating to others. The importance of shared experience was apparent in her narrative; for example, when talking about her sister as a source of social support she said: "[S]he kind of has her own problems too so she kind of understands a bit more like, if I, like am having my anxiety or just kind of stressed, she's kind of there to talk to too." Having someone who can relate to what it is like to experience these challenges leads to her feeling understood in a deeper and more meaningful way.

Woman 4 is a mother and wife who also lives with various disabilities. In discussing the general challenges that exist as a result of her identity, she highlighted the positive impact of shared experience in social support:

> So when I am talking to somebody who is in the mud with me, so to speak-We're not really having that type of judgment or interaction. We're just kinda like 'This sucks!' … 'Yeah, I know,' and carry on. So, it's a different… it's a different energy.

It is important to acknowledge the role of gender in women's narratives regarding the relatability of their network members, as their stories most often involved being able to relate to other women in similar positions. The female characters in women's stories highlight the unique experience that comes with being a woman, in that it is not just the experience of disability or relationship conflict, but the intersection of those variables with gender in creating a unique experience. In discussing the bidirectional nature of support with the women in her life, Woman 4 shared a powerful story about the impact of support from other women:

> A few weeks ago [Man 4] and I had a really emotional argument, and I was really upset. But I had to go to the city to go pick up groceries, but on the way there, there was a girl in her car stuck in the ditch, and I stopped to help her, and an old lady stopped and helped too. So, then the 3 of us were helping get this car out. But like, even though my body physically sucks, I helped get a car out of a ditch physically, with 2 other women, one of them like a grandma, and then the other one like 30, and then me. But we got this car out of the ditch. Three women. By ourselves. And I carried on about my day, and I felt great!

While sharing this story, a large smile appeared on her face as she recalled the memory. Although the women in her story were strangers, there was something emotionally powerful about three women coming together to help and support each other in a way that was both physical and emotional for Woman 4.

Being able to relate to members of one's network and community was also important in reducing feelings of shame over their experiences of IPV or other past traumas. For example, this was apparent in Woman 5's narrative as she described her experience of attending a support group for Indigenous women:

> It gave me a place to vent, like a safe space where you know a lot of us women, we're…. why we were mad, and a lot of it had to do with our past traumas that you know, we were ashamed to talk about, and stuff.

For Woman 5, being an Indigenous woman living in a context of intergenerational and personal trauma played a significant role in creating her current experience, including her feelings of shame and blame that prevented her from seeking support. However, her story conveyed the power of being surrounded by other Indigenous women, in reducing shame and working toward healing. Her experience speaks to the intersection of gender and race, in that there was

something highly meaningful about being around other women who could understand the cultural context of violence as an Indigenous woman.

All women's narratives revealed the complicated nature of receiving advice, in that it was often unsolicited, hurtful, or not perceived as applicable to their current situation. However, women were much more open to receiving advice from other women who had been in their situation and worked through it. For example, Woman 3 shared a story about the benefit in seeking support from a friend who had worked through past conflicts with her own partner, as she could relate and provide useful advice. However, given the negative side of receiving unsolicited advice, women presented their experiences in a way that clarified from whom they would and wouldn't accept advice. For example, in discussing the benefit of receiving advice from this friend, Woman 3 said:

> And, and I think that's the most important thing. If you're gonna do a peer group for support, peer support, if you're gonna do peer support, you should be of the mindset that you're working to improve your own relationship, because if you're just leaving your relationship in tatters and then trying to help other people like your friends or whatever that, it, it, it won't work, it won't work, you know. The proof is in the pudding kind of a thing.

Similarly, as Woman 2 shared stories about supporters who did and did not support her relationship over the years, her demeanour suddenly turned from neutral to angry as she said:

> There was one woman that I had as a friend, and she was working at [shelter]. I don't know if you know that at all…And she was a social worker, and she was my biggest… 'get away from him, he's a narcissist,' and point out why he's a narcissist. But she had so

> many issues, she couldn't be a social worker because she had a ticket open, which meant her son. And there was so many issues like… you're not who you think you are, like…

The women in this study did not want to hear advice from people who were not, in their opinion, credible sources. For the women, having members of their network who had successfully worked through similar challenges not only increased the utility of advice but also generated hope for their own situations. For example, as Woman 3 shared this story about her friend's relationship, her narrative revealed her own hope for the possibility of growth in a relationship. Similarly, early in her interview, Woman 4 shared her experience of infidelity in her marriage and the negative impact that it had on her and her relationship. However, when discussing her decision to stay in her marriage, she expressed the hope that comes with seeing other people conquer challenges that she has experienced: "I do know of somebody who had infidelity in their relationship, and she did stay and they're still together, and they're doing great and knowing that, is helpful as well."

Finally, while the women's stories revealed the isolation that often accompanies hard times, the power of relating and feeling understood emerged as a key factor in feeling less alone. These narratives revealed themes of camaraderie and mutual support that disrupt women's narratives of feeling alone. For example, when discussing how it felt for Woman 4 to share details about her relationship with other women who were mothers and wives, she said:

> I literally find it so enlightening and helpful and supportive to find out you're not alone, and you're not the only person going through this. You are not insane. You're not crazy. This does suck. This is hard, and we're all trying to figure out how to deal with it, and knowing that you're not the only one dealing with it, even just that on its own, can feel….

> less hopeless. Maybe it's a misery loves company thing, but it's just, like… Okay, I'm not the only one dealing with this.

"I am not asking for a lot." As women's interviews were filled with stories of helpful experiences, ways support could have been better, or what they wish they had, a subtheme of "I am not asking for a lot" emerged. Women's desires for social support were not filled with high expectations. When the stories were stripped-down, women's requests reflected basic human needs of safety and feeling understood. Although the narratives revealed the complicated nature of perceived support, they also revealed its simplicity. For instance, when asked what makes social support helpful, Woman 5 responded: "Just having, being heard, is good." This theme is also apparent in Woman 3's narrative; near the end of the interview, I asked her if she felt like she had enough support, to which she responded: "It's hard for me to quantify" and then went on to explain: "I don't know that I could fit anymore, anymore supports in without being totally overwhelmed, right now." Her response to this question reflects this idea in that she isn't asking for a lot of supporters, just a few good ones.

Harmful

There are various consequences that can come from responses from network members. During the interviews, women's narratives revealed instances of unhelpful or harmful behaviours from network members that were not perceived as supportive and instead had a negative impact on women.

Identity Creates a Unique Experience of Social Support Among Women

Disability. All women in this study self-identified as living with a disability, either a physical disability, chronic illness, or mental illness. Utilizing an intersectionality lens allowed for a consideration of how women's identities impacted their experiences of social support in the

context of violence. In this study, gender and disability intersected to increase women's risk of experiencing violence within their relationships and decrease their access to support. Research suggests that women with disabilities are at an increased risk of experiencing IPV compared to women without disabilities (Savage, 2021). Further, female victims of IPV have less social support (Barnett et al., 1996) and women with disabilities have fewer opportunities for social connection (Iudici et al., 2019), making the intersection of these identities a socially isolating experience. In this sample, the intersection of gender and disability put women in a vulnerable position that increased support needs while simultaneously limiting their power and access to support.

Woman 2's abilities are limited due to physical health conditions (e.g., congestive heart failure, diabetes, etc.). Due to her gender, she has fewer resources in society and less power within her relationship making her more vulnerable to her partner's controlling behaviours and isolation tactics. Her gender intersects with her ability to increase her need for support and limit her access to social connections, ultimately forcing her to rely on her partner to take care of her (i.e., household chores, transportation, appointments, etc.). Not only does her dependence on her partner further isolate her from her social network, but it puts her in a vulnerable position with severely limited power within her relationship. Further, due to her disabilities, she is physically weak, increasing the difference in physical power typically associated with gender and making her even more vulnerable to violence within her relationship. Woman 2's narrative revealed the consequences of this intersection and power imbalance:

> So [Man 2] picks on me when I am weak. So if I have a cast on, which I've had many casts, he picks on me, or when I come out with the, you know I got needles, and it's red, and it's a bad day for needles, he picks on me. Like I can't be injured, he'll attack.

Due to her lack of external support combined with her increased need for help, Woman 2 feels forced to accept Man 2's negative behaviour. The role of her identity in creating a complicated experience within her relationship was reflected in the incoherence of her narrative, which revealed her difficulty accepting her anger toward her partner and her dependence on him. The first half of her narrative consisted of expressions of this anger due to her partner's behaviour, however, she later switched to recognition and admiration for how her partner takes care of her:

> If I ran out of cream, [Man 2] would go to Walmart to get me cream. If I said I can't wash the floor today, [Man 2] would wash the floor. [Man 2] isn't always an abuser. And if [Man 2] wasn't here, there would be nobody.

The construction of her narrative reveals her attempt at meaning-making by minimizing his violence and acknowledging the support she receives from him.

Woman 4 is in a similar position due to a host of disabilities and illnesses which in turn limit her energy, sleep, and ability to work and help her family, leading to a dependence on her partner for support. Similar to Woman 2, the limitations caused by her disabilities lead to an increase in social isolation for Woman 4, causing the majority of her time to be spent in the home with her partner. Woman 4's interview highlighted the existence of patriarchal gender roles within her relationship, as she has less power and control due to her partner's preference for being the one to make the decisions in their family. Given her dependence on her partner and the way in which her disabilities limit her ability to contribute to her family (i.e., financially, physically, etc.) she feels forced to surrender to her partner's expectations. For example, Woman 4 shared stories that revealed how having to rely on her partner to support her and their family, opens her up to criticism and provides her partner even more control over her: "If I- like anything I want to do, if I want to reorganize my closet, he's like 'oh well why are you spending

your energy on this, that's a waste of energy.'" For these women, the intersection of these elements of their identity causes them to depend on their partner for support, which can have a negative and harmful impact on them, as it perpetuates cycles of isolation and relationship violence.

Woman 1 is a young woman living in poverty with various disabilities and mental health challenges. Similar to the other women in the study, due to her identity, Woman 1 exists in a space of limited structural and interpersonal power, with an increased need for support. Woman 1 shared a story about a time when the intersection of her disability and gender created increased challenges in dealing with formal services (i.e., the police) and made her more vulnerable to negative treatment. After discussing an incident where the police were called due to a fight with her partner, she said:

> I think they could have just maybe understood maybe a bit more that I was probably a vulnerable person and just listened a bit better, compared to just saying 'Oh well you're anxious, I'm anxious too, look what I'm dealing with.'

In describing this experience, she went on to say: "Especially seeming that they're, like three big guys and I'm just a small little girl." Further, as a young woman living with disabilities, she feels that she has to surrender her sense of agency to her parents' perceptions of what is best for her. Woman 1 conveyed the way in which this can have a negative impact on her: "I mean sometimes even the way they try to be helpful, sometimes just causes more anxiety…" This often has emotional consequences as it results in Woman 1 feeling invalidated, dismissed, and hurt. Further, Woman 1 described the ways in which her disabilities contribute to instances of violence within her relationship and also make them more challenging to resolve on her own: "I think just a bit of our arguments are just kind of misunderstanding my disability…" Given the

complex impact of her disabilities on her behaviour, her interpersonal style, and the conflict in her relationship, her narrative was centred around her frustration with others failing to understand the role of her disabilities in creating her experiences. This is emotionally isolating for Woman 1, as she feels alone due to no one truly understanding the complexity of her experience. Her frustration with being misunderstood due to her identity was conveyed in her response to a question about what kind of advice she'd give a potential supporter:

> Um, well I mean just kind of like understanding like the whole situation, I mean what they've been going through, like if the person's able to explain a bit. Um, if they have disabilities, maybe like people that understand a bit more of the disabilities and intellect and all that, um…anxiety and all that.

Overall, the intersection of gender and disability creates a self-perpetuating cycle that increases women's risk of violence, support needs, and dependence, while simultaneously limiting their power and ability to make social connections.

History and Trauma. In exploring the unique experience created by women's identities, some women constructed their narratives in a way that weaved their history into their current experiences. For example, Woman 5 is an Indigenous woman living in poverty, with a history of domestic violence and struggles with alcohol use. In exploring her experience, it is essential to recognize how the historic marginalization, forced assimilation, and colonization of Indigenous Peoples in Canada has led to cycles of intergenerational trauma among this population that impact their day-to-day experiences (Samuel et al., 2018). The intersection of her identities places her in an extremely disadvantaged position in society due to existing systems of power and oppression, that lead to further discrimination and marginalization of Indigenous women. Woman 5 referenced her identity when discussing her skepticism, distrust, and fear of

vulnerability, which play a role in her limited support network. It is important to highlight the role of network members in perpetuating ideas that can be harmful to women. For example, when discussing her limited support, Woman 5 began to cry as she shared how discrimination and existing stereotypes toward her culture prevent her from receiving adequate support and lead to harmful interactions within her own network:

> My family on my one side, they, they don't agree with the way I, I pray and believe, and there's a lot of distance and discord there, because they're Christian, and I'm traditional, or I identify as traditional. So they think that when I go to sweats, and I smudge and offer tobacco, or go to feast and stuff, or pow wows that I'm involved in witchcraft…..So maybe a little more understanding and compassion in that area. Sometimes like, just to respect me, and how I feel. I believe.

Woman 5 also referenced her identity when discussing the shame that prevents her from healing from her past trauma. While women are at an increased risk of experiencing sexual and physical violence, Indigenous women are at even greater risk (Brownridge et al., 2017). The consequence of this intersection was apparent when Woman 5 shared a story about being raped when she was younger. When looking to utilize support within her community to help her heal, she was met with scrutiny and judgment (e.g., "'I deserved it', type of attitude.") that instilled feelings of shame and blame that she still carries with her today. Although Woman 5 has made efforts to increase her social support and heal from her past traumas, it is essential to highlight that Woman 5 exists within a context of intergenerational trauma as well as her own personal traumas that are highly impactful. In discussing the role of trauma in her community, she said: "I told my partner, I said, we are the way we are because of our past traumas." In this way, her identity places her in a context of increased trauma and limited support that also perpetuates her relationship conflict.

Further, due to the significance of her past trauma and her position within society, not all members of her network are able or equipped to support her in the way she needs, likely due to their own experiences of trauma. This leaves Woman 5 stuck in a negative cycle of oppression and isolation that ultimately limits support and interferes with her ability to heal.

Women's narratives also reflect the impact of a broader context of violence. Multiple women were in abusive relationships prior to their current relationship. In addition, two women shared stories of growing up in the context of domestic violence. In discussing their current experiences, Woman 2 and Woman 4, both Indigenous women, shared stories of witnessing violence between their parents as children. Although the impact of Woman 2's cultural identity was not explicitly named, the intergenerational transmission of violence was apparent in these women's experiences of growing up in a context of violence and then experiencing violence within their own relationships. For Woman 2, the experience of seeing violence between her parents normalized violence in relationships:

> I…maybe I'm old fashioned, or maybe it's because my mother, my father hit my mother and I witnessed it, and they stayed together for around 33 years until she died. There's a whole lot else than somebody hurting you to go wrong.

For Woman 5, existing in this context brought up pain which was evident in the stories she shared: "I grew up in an abusive environment. My dad was very abusive to my mom, and there was lots of drinking and parties and…..maybe, I don't know…" Her story trailed off as her eyes filled with tears and she reached for a tissue. These women are also surrounded by other women in abusive relationships. For example, a common source of support for Woman 2 is a friend who is also in an abusive relationship, however, this friend served as unhelpful to Woman 2:

> WOMAN 2: No, and [therapist] doesn't want me to listen to [friend] because we're both, um… enablers, we're both enablers, we're both empaths, so she just you know, 'there, there,' you know, 'I like [Man 2], too,' and you know 'I wish the both of you….' And then as soon as there's a fight, she's like, 'get back together!' Like [friend] doesn't want us to break.
>
> INTERVIEWER: And do you find that helpful from [friend]?
>
> WOMAN 2: No, because her husband ran her over in a car. So she doesn't…She's in an abusive relationship. Both of us don't know how to get out of abusive relationships. Though she left him and got into another one.

Existing in a context of violence as a part of the intergenerational cycle normalizes violence in relationships and leads to harm by decreasing women's safety through the acceptance of violence as a part of intimate relationships.

The Impact of Feeling Misunderstood by Members of The Social Network

A recurring theme that emerged from all the women's narratives was that feeling misunderstood by members of the social network impacted the quality and utility of the social support received. Women's narratives suggest a key element of unhelpful responses are when their wants and needs are misunderstood by members of their network.

All participants reported receiving advice about their relationship that was not aligned with what they wanted or needed. This advice was often very definitive about the need to end the relationship (e.g., "Break up with him" and "You should just leave him"). When women received this type of advice, it was not only deemed unhelpful but had negative emotional consequences. When Woman 3 was asked how it felt to receive advice about ending her relationship, she said: "Sometimes that can feel dismissive. It's like, I'm I'm coming to you with-If I wanted to break up

with him I would just do it. Like I can survive without him. But I don't want to." When Woman 1 was asked the same question, she described how it was, "very hard to hear." Although, it was hard for Woman 1 to articulate how it made her feel, the change in her demeanour in the interview from upbeat to low and quiet suggested her sadness with such suggestions. Woman 2's anger was evident in her reaction to this kind of advice: "I I find like… what's in it for like the person that's telling me to leave? Like what's in it for you, for me to leave, like?"

During their interviews, women shared stories of ways in which they were scorned for their own vulnerability. Many women were hesitant to open up about their relationships based on past instances of experiencing negative consequences for doing so. For example, when discussing why she doesn't seek support from her family for her relationship problems, Woman 5 said: "I did tell my mom one time about when me and my partner had a good argument. And yeah, she, she refused to talk to him, probably for about a year." Woman 5 went on to discuss the ways in which this negatively impacted her at social events due to the awkwardness and tension between her mother and her partner. The consequences of this experience ultimately prevented her from seeking support from her mother in the future.

A consistent theme across women's narratives was wanting to protect the perception of their partner, which often prevented women from opening up to supporters. Women's narratives revealed their internal conflict: they were angry at their partners for their role in the violence, however, they still felt compelled to protect them. In discussing how Woman 2 has minimal to no support, she expressed not being able to tell people in her life about the violence in her relationship. During this discussion, I asked her why she couldn't tell these people about her relationship, to which she replied: "Sometimes when you tell somebody something, their opinion of that person changes, and it never goes back like…if my mother was alive, and I said [Man 2]

he was hurting me, she would never forgive him." Later in her interview, when discussing people's reactions to her relationship conflict, she said: "Like it's so hard to make friends, and then look at all this baggage I'm coming with like… It's hard, cause I don't want to let that baggage out." When asked what holds her back from letting it out she replied, "Their opinion of, uh, [Man 2]…." This part of her interview highlights the conflict that consumes many women, as Woman 2 acknowledges how Man 2 negatively impacts her, however, in the same sentiment, she still wants to protect him. This reveals the sacrifice that women make in staying with partners when members of their social network would not/do not agree with their decision. Woman 4's narrative also reflected this conflict in regard to protecting her partner in an effort to protect her family image, however, she must sacrifice her own support to do so:

> I try not to talk too much to my mom about the stuff with [Man 4], because I also need them to support my family unit, and not only look at him through the like, 'I don't like your relationship with my daughter' eyes. So I try not to go that way too much unless, unless I needed support in a different capacity, but not like the full talk it all through stuff, that's not really something I wanna do with my mom and my step-dad, because I don't wanna deal with the consequences of that.

This illustrates the complex and complicated nature of relationships, specifically in the context of violence, as well as highlights the challenges that exist for how women navigate disclosure of violence within their support network.

The Use of Narrative as a Way for Women to Make Meaning Out of Their Experiences

Women constructed their narratives in a way to help them better understand their own experiences in the context of abusive relationships. During their interviews, women shared stories of pain and sadness and then switched to stories that were more positive as they attempted

to find the good in their situations. Later in her interview, Woman 4 discussed the significant impact of the COVID-19 lockdowns on her relationship with Man 4. When sharing about their increased relationship conflict during this time, she described how their relationship "tanked" due to Man 4's controlling behaviours combined with being confined to their home. After sharing the intensity of these challenges, she slowly began to try and find the good in the situation:

> Which in some ways is a blessing, it expedited things that we realized much sooner than we would have otherwise. I mean, it could have taken me 10 years to be like, 'Hey, wait a minute, our communication patterns aren't very healthy.'

After a few moments passed she jumped in promptly to add, "I mean honestly, with COVID, I really appreciated the extra time with the kids. I did." After acknowledging the negative experience produced as a product of her relationship conflict during COVID-19, she attempts to account for her own cognitive dissonance by finding the positive in the situation (i.e., quality time with her children). Although her narrative reveals that both the bad and the good exist at the same time, constructing her narrative to end with finding the positive appears to allow her to cope with her current situation, understand why she is still there, and distance herself from the negative parts of her life.

"He does bad things, but he's not a bad guy." While women constructed their narratives to reflect the way in which the good and the bad coexist in their lives, they also did so in their descriptions of their partners. Women's descriptions of their partners revealed a tension between acknowledging the violent behaviours perpetrated by the partner and a desire to recognize other more positive aspects of their partner. These narratives revealed their attempts to convey the idea that "he does bad things, but he's not a bad guy." This theme involved women

compartmentalizing their partner's negative behaviours from their character, while once again acknowledging the positive and negative elements. During these stories, the women performed their narratives in a way that portrayed themselves as 'insightful' in that they have the ability to distinguish between 'good' and 'bad' people, even when others don't (e.g., "I see that desire in him to make effort"). This portrays them as having more agency in choosing to remain in their relationship (despite the negative behaviours) and distances them from ideas about themselves as helpless victims. This is apparent later on in Woman 3's interview when discussing recommendations to end her relationship:

> WOMAN 3: When people are like 'well, you should just leave! Kick them out!' Whatever, like that I don't find helpful because we've chosen to be together. So telling me to like end the relationship isn't helpful, because I'm not going to.
>
> INTERVIEWER: Right.
>
> WOMAN 3: So with that in mind, yeah, I know he can do some things that are not quite above board. But… and not ideal for me.
>
> INTERVIEWER: Right.
>
> WOMAN 3: But I don't think….I don't think he has any malice

Woman 3 acknowledges her partner's negative behaviours but then justifies them based on his good intentions. The way she performs her narrative argues that although he does bad things, the fact that they aren't malicious in nature means he is not a bad person. To justify her decision to stay, she argues that she knows the difference between good and bad people, in that she would not stay with a bad person: "[L]ike yes, there's times that you should give up and quit. There's times you should definitely walk away. But I don't see any malice in him towards me, and I have seen malice in people." In this way, she separates her partner's behaviour from his character.

This was also apparent in the way in which Woman 2 constructed her narrative. Early in her interview Woman 2 shared stories about her experience with police services and her disappointment with their general incompetence in dealing with mental health and domestic violence issues. Due to the violence in their relationship and Man 2's mental health struggles, police services were frequently referenced throughout Woman 2's interview. Woman 2's anger toward the police and desire to protect her husband was apparent when sharing a story about a time when her husband was chased by police: "So then I have to put my feelings away, and then I go on defensive to protect him, like he's falling through the cracks." Despite police being involved often due to his violence toward her, she still feels compelled to protect him. Near the end of the interview, when discussing her husband, she again referenced how he was treated by police and said: "[L]ike this is a mental illness, not a criminal." Her own conflict is revealed in how she compartmentalizes her husband's behaviour and treats it as separate from his character. This also allows her to portray herself as more agentic and less helpless, as she defends her husband due to her ability to recognize his goodness.

There is More to a Relationship Than Violence

In examining how women make meaning of violence in their relationships, the influence of dominant narratives of relationships is present in women's interpretation of their experiences. Given that these dominant societal ideas about relationships promote love, happiness, and a trajectory of 'happily ever after' (Fisher & Silber, 2000; Meretoja, 2020; Neikirk, 2009), it can be challenging for women to acknowledge and accept that they exist in an unhealthy or negative relationship that differs from societal norms. To account for this disconnect between their experience and the dominant discourse, participants created a counter-narrative that allowed them to better understand their experience. The counter-narrative of "there is more to a

relationship than violence" emerged from women's narratives about their relationship, which highlighted the way they conceptualized their decision to stay in the relationship. The emergence of this counter-narrative speaks to the complexity of women's experiences as they reflect both positive and negative elements of their intimate relationships. For Woman 1, Woman 3, and Woman 5, love served as the factor that made their relationship worthwhile in the face of violence. By placing love at the forefront of the conceptualization of their relationship, these women understood love as bigger than their relationship problems. These women's attempts at meaning-making reflect dominant ideas in society about relationships, such as that 'love is worth fighting for' and 'true love prevails.' These dominant ideas were present at the end of Woman 1's interview when she was asked about her decision to stay with her partner. She first acknowledged the existing challenges in their relationship and then ended with: "Um. So just, um, just because like things are always worked out and everything. I love [Man 1], so." Similarly, when Woman 3 was asked this question, she said: "I love him to bits. And I know he loves me. I know he has some issues, but……". When discussing her love for Man 5, Woman 5 utilized dominant ideas about relationships (i.e., being 'meant to be') in conceptualizing her reason for staying with her partner:

> We've tried to break up, but… I missed, I missed him. It was hard to get over. I've and I've tried to like talk to other people, but then it it would never, it wasn't the same or….Just the feelings. I never allowed myself to get attached to anyone.

For both Woman 2 and Woman 4, staying in the relationship despite experiencing violence was related to other benefits they gained from the relationship. For Woman 4 it was preserving her family unit and for Woman 2 it was having someone to take care of her so that she wouldn't be alone. These women used these reasons to justify staying in their relationship, despite the less-

than-ideal circumstances, by highlighting how these factors outweigh the violence. When discussing the role of her family in her decision to stay in her relationship, Woman 4 said:

> But the reason that I am here is very much not about me, so I feel like it's worth donating another couple years of my life to make sure that [my children's life] is better for it, because, no matter what happens with [Man 4] or I, like, we need to figure out how to communicate appropriately and effectively both to teach our kids, and to parent our children. […] So, no matter what, we need to, to work on this.

Supporters Disrupting Women's Counter Narrative

As discussed above, women shared stories about times when members of their support network highlighted negative parts of their relationship, through their opinions and advice about leaving the relationship. Although these supporters were not always wrong in their observations, acknowledging these statements as "truth" undermined the women's attempts at justifying their decision to stay in the relationship. To preserve their counter-narrative and self-understanding, it was easier for women to dismiss these comments as 'misunderstanding' rather than accepting them as valid. When discussing people who were unsupportive of her relationship, Woman 1 shared a story about receiving advice from her mother:

> My mom had said that a few times. Um. Kind of like 'Oh well you guys can't get along, like why don't you guys just kind of breakup?' And just, in the long run, I'm like, well cause in the end we always end up fixing it or whatever. I think she's slowly kind of understanding or whatever.

Here it is easier for Woman 1 to interpret this as her mother not understanding the long-term goal of their relationship, as opposed to acknowledging her mother's view about their conflict. When

Woman 4 was sharing stories about the reactions of her supporters to the violence in her relationship, she mentioned how she felt her sister's advice was too extreme:

> [She's] very matter-of-fact, like, 'Leave! Why are you there? Get out!' And at the time that she started saying that she had just got married and had just had her first baby so it's one of those like, I don't think you understand that whether I leave or go or like whether I stay or go I still, have kids with this guy, he's still apart of my life, forever like, no matter what we're still connected.

In this story, her sister draws attention to the negative behaviours in the relationship that could justify her leaving. Instead of defending the behaviours, she labels her sister as incapable of understanding. By believing that the person is missing key information that supports her decision to stay, she is better able to cope with negative information about her relationship. These moments in women's narratives reveal supporters' attempts to align women's relationships with dominant narratives of IPV (i.e., that women should leave violent relationships) when women do not align with that dominant narrative. This created a mismatch between the support that women wanted and what was being provided.

Conclusion 1 Summary. Women's narratives of social support reflected positive and negative elements that exist simultaneously to create their experience. The role of being understood was particularly salient within women's narratives in that understanding fostered perceived support and being misunderstood existed at the root of many unhelpful experiences. Narratives also reflected the role of women's identity in creating unique experiences of social support that impact the quality and utility of the support to which they have access. Finally, women constructed their narratives in a way to make meaning of their relationship and better understand their own experiences of support within the context of IPV.

Formal Support is Critical in Supporting Women Personally and in Their Relationships

Among the women, formal support experiences varied in type, quality, and utility. Women utilized individual therapy, helplines, psychiatrists, pastors, support groups, and shelters. All women were either currently attending or about to begin couples counselling at the time of their interviews.

Formal Support Was an Integral Component of Women's Support Narratives

Throughout their interviews, women weaved stories of formal support into their narratives in a way that highlighted it as a critical component of their social network. Although formal support services are not perfect, women's narratives were filled with examples of positive experiences in their interactions with these services. The perceived benefits of formal services were apparent in how women consistently made a connection between their personal growth and these services. During the interview, Woman 3 spent time discussing her experience with her current therapist and the ways in which this has helped her. The discussion of her personal growth highlighted the benefits she perceived from engaging with formal services:

> So I can actually like, I'm starting to be able to use those in my daily life which before I started seeing her like, I wouldn't have even been able to….. have enough brain power available to think of those calming activities, because everything was just consumed by whatever the situation was.

Women's narratives also revealed the interaction between personal growth and relationship progress, as several women shared stories of how working on themselves not only improved their well-being but indirectly benefited their relationship. It is important to highlight that for women, these two factors are not mutually exclusive, as well-being and relationship conflict are consistently interacting to create one's experience. Formal support was a prominent

and recurring storyline throughout Woman 1's narrative, and when discussing the impact of formal services, Woman 1 simultaneously weaved her personal growth and relationship progress into her narrative of formal support:

> It's been very helpful. I'm just, I'm just starting to, like learn DBT kind of, so like I'm just kind of slowly kind of recognizing in myself like when I get kind of up there or whatever. To kind of like, take my space, and just trying to keep myself in a wise mind instead of emotional or reasonable mind. Just kind of, um, learning…like how my different minds work and just kind of putting that to use in my relationship as well.

Although the support services she most often utilizes are gender-specific (i.e., therapy, support workers, etc.), she felt that they have a meaningful impact on her emotional regulation and her relationship conflict:

> I mean like, I guess just like, sometimes like, when me and [Man 1] just used to have like a bit of an argument or whatever I'd call like my independent living people, and, again it depends who answers, but like um, they're normally able to just kind of like talk me through it, calm me down, or just kind of, um, like kind of change the subject so my minds kind of on something else and just kind of…bring me back to a more happier place kind of thing.

Similarly, Woman 3 consistently incorporated her relationship into her discussions of individual therapy, highlighting the various perceived uses of gender-specific services and the interaction between these dimensions of her life. This was apparent during the interview as she discussed the utility of the skills she learned during therapy: "[Therapist], she does a good job of [calming me down], and she I mean, she helps to like give me strategies to address some of the issues [in the relationship]."

From the women's narratives also emerged themes of connection and working toward a common goal that anchored positive formal experiences. The importance of connection in perceived support was apparent in the way Woman 3 spoke about her therapist's ability to understand her without speaking:

> It was…It was helpful, especially since, like sometimes [Man 3] and I would have just had a fight, and I log into the online chat thing. And I'm like, still crying or like red in the face, my eyes are all puffy, and she knows, and right away she goes into like calming mode. So that's-she's really really good.

Woman 4 shared a story about her struggle with alcohol use and the negative impact it had on her and her relationship. Despite her hesitancy, she utilized formal support services in supporting her journey of sobriety. When reflecting on her time in Alcoholics Anonymous (AA), Woman 4 shared the power of connection in her experience of formal support:

> And then, like everybody, just shares their stories, whether it's a source of strength, hope, whatever, or whether it's something you're struggling with, it's just really vulnerable and honest and real. So your like, 'Oh, wow!' In that like 1 hour of an AA meeting, you walk away, and you're like, I just feel like I just had really true, authentic interaction with like 60 people. So, even though it was really hard for me to be like, 'I'm gonna go to AA,' I'm so glad I did.

Although Woman 5 didn't have many current interactions with formal services, when discussing her experience of attending a support group for domestic violence during her last relationship, the positive effects of this service were apparent. Similar to Woman 4, she described her reluctance to attend this group (e.g., "I don't have a problem!"). However, she was then able to articulate the benefit of this program: "And then after a while, I realized, yeah, I

have a ton of problems. And that if I, you know. If I just be honest, it would benefit me. And then, so I started going there." Along with the perceived benefits of this service, Woman 5 emphasized the connections that she made at this shelter which fostered feelings of support and community.

From the women's interviews also emerged positive experiences with couples therapy specifically. Women's stories referenced accountability, tools, and strategies as the perceived benefits of receiving services as a couple. In discussing her social network, with a growing smile Woman 4 made a point to acknowledge the role of couples therapy:

> Yeah, CCP is wonderful, because it's a regular check-in whether we have time for it or not. Cause our schedule is extremely busy, but we, we make it work. I do find that it forces us to acknowledge and address what is and isn't going on in our relationship on an ongoing basis.

Woman 1's interview highlighted her perceived benefits of couples therapy which focused on the tools learned at CCP:

> So it's kind of, we've been trying to just kind of take our like time outs which we've learned through the couples counselling and then just kind of trying to come back and talk a bit about it and like, fix what we can and go from there.

While, for Woman 3, skills from couples therapy emphasized communication between her and her partner: "[T]hat's what we're hoping for is, is tips on communication and strategies to understand each other better when we're having a hard time…" Although the women's narratives of social support were complicated, consistent references to formal support highlight it as an integral component of women's support narratives, with the potential to produce many positive benefits.

Meaning Making. Formal support also plays an important role in the process of meaning-making among women. For Woman 2, therapy was important in constructing her narrative, as her therapist helped her make meaning of her experiences to better understand her current situation. In discussing why she stays in her relationship, Woman 4 began to cry as she said:

> This is what I work out with [therapist], as why am I still here. Cause I don't believe in God, but I took vows. What would that say about me? If I left him? What does that say about me, hurting someone that's like that?

For Woman 1, this process of meaning-making helped her better understand her own disabilities and the role they play in her challenging experiences. Understanding her disabilities was important in understanding how she got to where she is in her life while reducing self-blame and increasing hope for the future:

> And then like just like, with my therapy and everything, just like having someone tell me like, 'Oh things are getting better.' Kind of, like that's also, it's really nice to hear, you know? That you are slowly learning to cope with things, like, it makes me feel very positive that I'm slowly adulting and learning how to con-like take control of my disabilities and my anxiety, and deal with my situations and stuff too, so.

Themes of Hope and Hopelessness

In analyzing women's stories of formal support, two themes emerged based on women's perceptions of their experiences. For women whose narratives consisted of positive formal support experiences, themes of hope were prevalent. Generally, these women's narratives were more positive and optimistic, which often corresponded with more hopefulness for the outcome of their relationship. When making statements about formal support, women drew from the

knowledge they had accumulated from all their experiences with formal services to inform their expectations. For example, Woman 3 spoke very highly of her experiences with her therapist, as her progress gives her hope regarding her mental health and quality of life. Her hopefulness is also apparent in the way she spoke about couples therapy: “So I think it's been helpful so far. I think I'm hoping it will continue to be helpful, and that we’ll resolve some of our major issues, or at least find ways to work around them.” The theme of hope that emerged from her narrative reflects her positive experiences with formal support, in that she feels improvement is a real possibility.

Although Woman 5 had yet to start couples therapy, her positive experience at the domestic violence shelter she attended and worked at served to inform her perspective on formal support services. When asked how she felt about starting couples therapy, she responded: “I'm excited! I'm excited, and hopefully…let down some of our guards, and just learn to trust and lean more on each other, and have, be more of a unit rather than me and him.” The way Woman 5 spoke about the prospect of couples therapy was very optimistic, ultimately reflecting her hopefulness.

For Woman 2, accessing formal support for her relationship had been a long and difficult journey. Her frustration and defeat were evident in the way she shared her stories of formal support, in that after multiple failed attempts at getting help, her relationship was still struggling. During her past experiences with couples therapy, Woman 2 was experiencing violence in her relationship, which often led to her being let go by therapy providers due to a no-violence policy. Being abandoned by services in times of need led to Woman 2 feeling forced to lie about the presence of violence within her relationship: “But there is violence, we just don't tell them. Because there would be nobody, and then my therapist says ‘well you're not supposed to be in

counselling together when there's violence.' Yeah, well, where's the help? Like?" Woman 2's recurring disappointment in the face of formal services created an overall theme of hopelessness that permeated her narratives of support and her relationship.

Narratives Reflect Larger Systemic Issues in Accessing Formal Support Services

Women's narratives reflected the consequences of the larger systemic issues in health and mental health care. Recurring themes of disappointment were centred around barriers to accessing formal support such as wait times, cost, lack of providers, and a limited number of sessions.

Woman 2's narrative highlighted the impact of her partner's mental health on both her and the relationship. She shared her frustration over the short-lived nature of existing services: "Yeah… He needs someone to talk to on a regular basis. That he could connect with, instead of these peer things that only get 7, 10 visits. He needs ongoing." Similarly, Woman 1 expressed her feelings over the lack of consistency that comes with more accessible services:

> I had one of their, not like workers but like I think it was like peer support or something, I don't know if that's, sounds right or anything. But like uh, I guess more like a student kind of like reaching out to me every now and then, but that kind of just stopped, like I don't even know what happened to that.

These experiences not only highlight the temporary nature of formal support but the way in which the mental health care system is overwhelmed and unable to provide adequate support.

When thinking of what advice she'd give women in a similar position, Woman 2 was unsure what to say. At this time, she reflected on advice she'd taken in the past, by sharing a story of when she left her partner and went to a domestic violence shelter for women. It took an extreme amount of courage for Woman 2 to leave her partner and seek help from a shelter,

however, once Woman 2 arrived at the shelter she spent hours in her room without consultation, before realizing they had forgotten about her. The story of her time in this shelter reflected these larger issues of understaffing that plague many formal services. When telling her story, she said: "I, I just want to get the hell out of here, like I, I don't want to be a part of this, like you just left me, you forgot about me." The pain was evident in her voice as she shared this hurtful experience. Her story reflected the reality of women who lack adequate support, in that, she felt returning to her partner was the only option she had: "Oh, yeah, and there's [Man 2] on the phone saying, 'I'll come and pick you up. I'll come and pick you up.'" After this, she ultimately packed her things and returned home to her husband. Her experience of falling through the cracks at this shelter led her to accept that there was no better alternative to her relationship, in that with him, at least she wouldn't be alone.

Woman 4's narrative of formal support included stories of disappointing experiences with her psychiatrist. Her frustration was evident when sharing this story:

> The whole conversation is surrounding medication, and if I talk about any issues like this, it is like, 'Okay, well, you might wanna pursue like counselling or something'….
>
> Awesome. Isn't that what you're for? No, they're there to prescribe medications.

Despite her disappointment and frustration due to the transactional nature of these interactions, she was able to articulate the cause for this negative experience as providers being "overworked and understaffed." In summarizing her experience with her psychiatrist, she said: "But our medical system is a source of stress, not a source of strength, to say the very least…"

Other women's narratives reflected financial barriers to accessing formal support services that either prevented or prolonged their ability to obtain service. For Woman 5, barriers to accessing formal services emerged in her stories of attempting to seek therapy: "Like…. A lot of

the downside would be like the waiting period. You have to wait 6 to 8 months, or you have to pay for every session. It's like, oh, my God!" Woman 3 shared a similar sentiment about the barriers to accessing services:

> [Man 3] wanted to go to counselling, like that was a condition of us having a relationship, but it took like a year and a half to actually get counselling because it was so-it was expensive. It wasn't….it wasn't feasible for us, so.

Attempting to Accept 'Good Enough' as a Counter-Narrative

Women's narratives of formal support simultaneously acknowledged the importance of formal support and the magnitude of the barriers that impact the quality of services. Given that there is discomfort in feeling angry about things one has no control over (i.e., the health care system), to better manage their experience, women's narratives reflected their attempts to accept 'good enough' as a counter-narrative in the context of less-than-ideal formal support. This was apparent in the way in which women discussed unsatisfying experiences with formal services. Before or after sharing negative stories, women attempted to find the positive in the support they did have.

Woman 5's attempt to accept this counter-narrative was present after expressing her frustration over the barriers to accessing formal services. Following this discussion, she immediately found the positive in the services she did have access to, which for her meant a reduction in existing barriers:

> And I know that they're like doctors in training, kind of thing. They're not actual therapists, but they're learning and I'm okay with that, being a part of that, it gives me a place to vent. And then have, new solutions and new ideas coming from, precipitating back towards us kind of thing.

Beginning with the negative likely brought her attention to the scope of the problem which caused her to adjust in an effort to accept the services she did have as 'good enough.'

Similarly, near the end of Woman 1's interview, she was asked what kind of support she wished she had for her relationship challenges. She was slow to respond to this question and prefaced her response with: "I mean couples has been really good, and my therapy and everything. But maybe just like, um like, maybe…" Prefacing her acknowledgement of her dissatisfaction with positive feedback about her services highlights her alignment with this counter-narrative. Her hesitancy to speak negatively about her services emphasizes the discomfort in acknowledging dissatisfaction and going against ideas she has attempted to accept.

Woman 2's narrative was filled with much more explicit declarations of her dissatisfaction with her support services. However, her feelings of hopelessness due to her dissatisfaction with couples therapy didn't align with her choice to stay in the relationship and her commitment to therapy; therefore, she was forced to find the good in her support experiences in an effort to understand why she is still trying. When discussing her hopelessness over couples therapy she said: "I don't know how many…. we've had marriage counselling and… it's not working like… I need….and I think marriage counselling is um, I'm telling my story like there's someone else…..I'm not going through it alone." Although her dissatisfaction is evident, halfway through her story she changes directions to identify how couples therapy is beneficial to her, as having someone to talk to (i.e., a therapist) makes her feel less alone. This serves as her attempt to find the good in her support experiences, given that she feels like there is no alternative.

Alternative Narratives to Ideal Social Support

The imperfection of formal services was evident in the comparison of current experiences to women's ideals. When I asked participants "What kind of support do you wish you had?" the

women shared stories that reflected how support would look to them in an ideal world. However, two of the women were unable to answer this question which highlighted the performative element of "I don't know any better than this." Woman 3 and Woman 5 both grew up in contexts that lacked access to and education about adequate social support. When I asked Woman 3 this question she thought long and hard before responding: "Hmm! An interesting question. What do I wish I could receive? ... Fairy godmother. Haha. Um….I don't know." After she laughed, her demeanour changed to become more serious, and there was a long pause as she attempted to think of a response.

INTERVIEWER: Yeah, that's okay if you don't know…

WOMAN 3: I don't know, I don't know.

Woman 3's response was delivered in a much softer tone which almost highlighted a feeling of being lost or confused. During this portion of the interview, Woman 3 genuinely didn't know what ideal social support would look like for her.

When Woman 5 was asked this question, she responded with: "I don't really totally understand that question." I then elaborated and provided an example of wanting more support to deal with her relationship challenges. In response to this Woman 5 said: "Oh, well, yeah, it would be nice. But what exactly, I don't know. I don't know what that would look like." Similar to Woman 3, Woman 5's voice became soft, and her demeanour reflected that of confusion. These women were unable to articulate what social support was supposed to look like, let alone what it would feel like for them. In turn, despite having minimal support, these women were generally satisfied with the support they did have due to having limited opportunities for comparison.

Conclusion 2 Summary. Women's narratives emphasized the importance of formal support and its various benefits for well-being, relationship conflict, meaning-making, and generating hope for the future. Women's disappointing experiences with services disrupt their personal narratives regarding 'ideal' social support. However, recognition of their lack of control serves as a basis for the counter-narrative of 'good enough' social support. This counter-narrative reflects women's recognition of their positions in society and the larger systemic barriers that plague the healthcare system.

Cultural Beliefs About Masculinity and Violence Affect the Quality and Utility of Men's Social Support

The men in this study consistently reported a lack of social support in their lives. While some men referenced members of their social network such as their friends, family, coworkers, or service providers, when discussing their perceived support these men consistently felt alone in their lives. When asked at the outset of the interview whom they have their life for support, most of the men's first instinct response was: "No one." Although very few men in this study utilized formal support services outside of their couples counselling, men who did were generally unsatisfied with their experiences (e.g., "[S]o he just put me on a 40-milligram dose and put me on the pills, and was like, 'Magic! You're back at work!' You know? It didn't fix anything at all."). The men in the study faced various barriers that impeded their perceived support, which appear to be rooted in cultural beliefs about masculinity and violence. Existing in a Western Society leads to societal and cultural norms that are accepted as 'guidelines' for behaviour, however, these ideas promote hegemonic and toxic masculinity and reinforce ideas about men as violent people (Addis & Mahalik, 2003; Connell, 2001; Scott-Storey et al., 2023). These assumptions about masculinity most often reflect a 'strong male' narrative of being both

physically and mentally strong, powerful, in control, and self-reliant (Addis & Mahalik, 2003). These existing ideas appear to play a large role in men's help-seeking behaviours, their experiences of social support, and their self-constructed identity.

The Way Men Construct Narratives of Self Impacts Their Perceived Support

The way men constructed their narratives of self, reveals how they view themselves as fitting into society, which in turn impacts how they use and perceive support. For some men, the way in which they constructed their narratives during the interview, reveals adherence to a 'strong male' narrative. When discussing social support and themes of struggle, these men performed their narratives with an "I can take care of myself" element, that de-emphasized their need for social support. For these men, in the context of social support, being a man is synonymous with not needing help, therefore, themes of struggle and help-seeking may threaten their self-concept.

Man 4, a Metis man who is married with two children, showed a strong adherence to gender norms perpetuated in society. During the demographic questionnaire, I asked him if he had any concerns about his mental health, to which he responded: "No, I compartmentalize, and, and just don't….I don't know. I'm a dude." For Man 4, acknowledging any personal struggles with his mental health went against his ideas about what it means to be a 'man.' Throughout the interview, Man 4 expressed the mental and physical consequences of being spread too thin from supporting his family, working, and managing his relationship challenges. However, after discussing how challenging it is for him to balance all of these demands, he concluded: "But everyone deals with a lot of things, so you know, I just do my best to, to try to make it all work." His hesitancy to allow himself to need support is apparent in the way he invalidates his own struggles, ultimately resorting back to the "I can take care of myself" way of thinking that better

aligns with the way he has constructed his identity and role in society. This emphasis on self-reliance is also apparent in the way in which he attempts to manage his relationship conflict, as when asked about seeking support from members of his network during times of escalation, he responded: “I just, again like I said, if it, if it becomes so bad that I need to escape, I know I can go to [my family] for that. But I just try to tough things out.”

Man 5’s interview also revealed the influence of cultural assumptions about masculinity and needing help. Man 5 is an Indigenous man living in poverty with a history of alcohol misuse. Despite currently struggling emotionally and financially, Man 5 refused to admit his need for help to members of his social network:

> Yeah, I, just….And I try. I'm upset, but I I try to put on a smile and ‘I'm okay.’ Every time somebody asks me, ‘I'm okay,’ ‘I'm good.’ Yeah. When inside, I got, my head’s-my thoughts are racing and….But everybody thinks I'm fine, so!

By acting this way, he is able to protect ideas about his role and identity while simultaneously avoiding threats to his view of self that include vulnerability, a need for help, and emotionality. He attempted to justify his emotional suppression by reassuring others that he doesn’t need help, once again attempting to align with the narrative of “I can take care of myself”:

> It's just their stress, with their lives, too and I'm like, ‘Okay, you don't need to hear about my day. Just let's worry about what's going on with you right now and let’s try to fix that.’ And then I'll figure it out, I'll figure out my stuff by myself, which never happens. [Laughs]

While Man 5 acknowledged his inability to effectively take care of himself, he still attempted to align with these dominant expectations by pretending that he could. As a consequence of this, Man 5 reported experiencing social isolation and feelings of being alone in dealing with his

challenges. Man 5's emotional suppression and limited support also had a negative impact on his relationship by leaving him with a short fuse in managing escalations, ultimately perpetuating the conflict:

> So I usually I, I keep things bottled up, and then eventually it gets to the point where I'm like, 'K, I gotta go.' So I just…. And I try not, I try not to argue, so I'd rather just leave. Run away.

Man 1 is a Metis man in his early twenties, living in poverty, who exists in a context where he experiences a lack of personal control. Due to his and his partner's identities (i.e., low SES, youth, disabilities, and mental health challenges), he reported that members of his social network consistently overstep his personal boundaries by intervening during relationship conflicts and sharing unwanted opinions. Due to the way in which these acts appeared to compromise his power and control, this caused Man 1 to view social support as a threat to his masculinity. As a result of this, Man 1 attempted to distance himself from social support by de-emphasizing its role in his life, to better align with dominant assumptions about being a 'man.' For example, when asked if people in his support network have helped him with his decision-making in his relationship, he said: "No. I would truly base it, truly make my decision based on my own opinion and how I feel." Further, when asked what advice he'd give to someone experiencing conflict in their relationship, he replied: "If you don't like the feeling and you want a way out, it's a yes or a no. If you want something, you go get it. And if you don't want it, you don't need it." His response downplayed the complexity of decision-making in a relationship in an effort to emphasize his own power and control.

While ideas about hypermasculinity play a role in men's social support experiences, it is important to acknowledge how valuing these ideas (i.e., power and control) may play a role in

men's abusive behaviours. Consistent with this idea, almost all women expressed experiencing controlling behaviours as a form of abuse in their current relationship. Therefore, while assumptions about masculinity appear to limit support for men, they may also be related to abusive behaviours within their relationships.

Centring Fatherhood. When discussing the need for support, some men put their role as a father or father figure at the forefront of their narratives. Highlighting their role as a father was balanced against their own lack of support and was aligned with societal assumptions about men being the ones to provide support to their families. In discussing the personal cost that comes with putting other's needs above one's own, themes of sacrifice emerged from the men's narratives, as a way of making meaning out of their personal struggle. For the men, the connotation of sacrifice better aligns with assumptions about manhood and fatherhood and is therefore more palatable than focusing on the need for support.

Man 4, a father of two, centred his narrative around his role as a father and 'provider' by emphasizing the way his life revolves around his family's needs. During his interview, he expressed the immense pressure that comes with taking on this role in his family: "But it's a lot of… a lot of stress and responsibility for me to succeed and to do well for, for us, so that we still have that support system in place." In discussing the toll this takes on him, he countered his experience of stress with reminders about his role as a father and what that means to him:

> It is super challenging. But that's in…that's my cross to bear so…I do it and try to power through it. And it's, like there's no, that, it's not a thankless endeavour, cause I see my kids growing up, and I hope that they'll be, you know, um successful in their lives. It's, it's just my cross to bear.

By centring his identity as a father, he is able to frame his hardships as sacrifices he makes for the good of his children. It appeared that he used this to help him justify the personal cost that comes with this role: “So I'll invest my time, I'll invest my money, I'll invest my, my everything into their well-being.” Further, by emphasizing the perceived well-being of his children, Man 4 was better able to understand his relationship experience and his commitment to making it work, notwithstanding the history of violence: “So that's…that’s our goal is to to work through whatever issues we have, so that you know we can show [our kids] how to…to be functioning human beings.”

Man 3 is a South Asian father of 4 with a history of addiction and mental health challenges. While his interview reveals his journey of personal struggle with minimal to no support, he consistently weaved his role as a father into his narrative, as this served as a major source of purpose and meaning in his life. Throughout his interview, after sharing stories of challenges he has faced, he almost always finished with a reference back to his children. For example, when talking about his relationship with his parents and their lack of support throughout his life, he said: “Their love comes with hardcore conditions, then we don't meet them, and I don't care anymore.” After waiting a moment, he jumped in promptly to add: “[My kids will] never, never have to worry like I don't care if it's money, whatever like. They'll never have to worry, like they don’t ever have to worry how I have to worry, you know, about everything.” Constructing his narrative this way allows him to move beyond these negative experiences by drawing his attention back to what is important in his life. Similar to the other men, Man 3’s journey of fatherhood is also filled with personal sacrifice. During his interview, he shared a story about going through an extensive custody battle after losing his children to his ex-partner. During this process Man 3 sacrificed his mental health, needs, goals, and finances in

an effort to get his children back: “And I have done everything that I possibly can for the last 5 years, trying to get my kids.” Although this took a significant toll on him, he justified this personal sacrifice by focusing on the importance of his children in his life: “I have my-like this year for Christmas I had all my kids, that's all I needed. I don’t need anything else. I'm happy.” Further, his role as a father also played a part in preventing his disclosure of violence in his past relationship. For example, after he was arrested for domestic violence, he felt the need to conceal his ex-partner's role in the violence out of fear for what would happen to his children: “And then she would get handcuffed and everything too, and then all the kids are gone into the system.” This once again highlights a theme of personal sacrifice for his children.

Although Man 5 didn’t have children of his own, his role as a father figure to his nieces and nephews was a prominent part of his story. For him, this meant being “a good role model” as well as providing physical and financial support: “Everybody's asking me for help like, ‘I need this,’ ‘I need this.’ And then, I, I try to help when I can.” Although Man 5 assumed this fatherly role without question, he expressed the ways in which it takes a toll on him: “It’s just all the helping once in a while it kind of stretches me out and…like somebody help me once, you know?” However, as discussed above, Man 5 refused to seek help from others, therefore, he sacrificed his own emotional and financial well-being for those who relied on him.

It is important to note that while men emphasized the role of their children’s well-being throughout their narratives, they failed to acknowledge how their abusive behaviour toward their partner could have a negative impact on their partner’s, children’s, or family’s well-being. This direct contradiction between their spoken values and the history of their behaviour reveals men’s lack of recognition of the impact of their abusive behaviours.

Although men's narratives consistently revealed their lack of social support in dealing with their life stressors, by anchoring their stories around dominant ideas about what it means to be a man, they were attempting to explain this lack of support. When sharing their stories, men attempted to underscore their experience as "the way it's supposed to be" in an effort to accept their reality of insufficient support.

Feelings of Failure. The consequence of not aligning with these cultural assumptions led to a theme of failure. Man 2 is a man with a long history of struggling with mental illness. In dealing with his mental health challenges, he has utilized various formal services such as therapists, psychiatrists, in-patient facilities, general practitioners, and crisis hotlines. Despite the necessity and importance of formal services in dealing with mental health concerns, Man 2 expressed feelings of shame about utilizing such support. By going against cultural assumptions about what it means to be 'a man,' Man 2 was unable to align himself with such dominant narratives, leading to a sense of personal failure and weakness. At the beginning of his interview, when discussing his experience with social support, Man 2 explained how he spent several days in an inpatient facility for his mental health. When I asked him how that experience was for him, he said:

> It wasn't positive. I felt…..How do I put it…. like I was a loser. You know, like I can't control…you know. I came, I came from an area where it was like very like manly, men, with, you know cutting wood, and hunting, and you know, doing all that stuff. And sure, I did some of it, but I wasn't, you know, the house I grew up in had electric heat.

The way in which Man 2 links his shame around help-seeking to what it means to be a man in his family, reflects how dominant ideas about masculinity are interwoven with his narrative. When describing ideas about being 'a man,' he referenced things traditionally associated with

masculinity (e.g., hunting, building, dirt-biking), thus, for him, struggling and needing help go against what he knows about manhood. While men often internalize these cultural assumptions about masculinity leading to feelings of shame and failure, it is important to acknowledge the role of network members in perpetuating harmful ideas about help-seeking and masculinity. Later in the interview when discussing his relationship with his parents, I asked if he ever sought support from his mother, to which he responded: "Once. Once I tried and 'you're a man deal with it.'" The sadness was apparent on his face as he recalled this memory.

The Discomfort of Being a Man and Needing Help. Men's narratives of social support were incoherent as they revealed themes of needing more help while also feeling like they shouldn't. This highlighted an existing conflict for men, as it was difficult for 'needing help' and 'being a man' to coexist in their lives. For example, due to Man 2's explicit acknowledgement of his need for help, he felt as if he had to forfeit his identity as a traditional "manly" man. Similarly, despite Man 1 consistently expressing how he needed more support, he also discussed in detail how he holds back from seeking support due to wanting to remain in control. The tension with these two themes coexisting is also apparent in Man 4's interview, as he described having "nobody" to support him when things get hard, which led to a theme of him feeling alone. However, when presented with the idea of seeking support in his times of need, he resorted back to not needing any support:

> My friends are, I mean I see them occasionally, but my family, I'm busy with my family and my kids and everything like that. So it's not a lot there… And we don't really dive too deep in, into things. But they're there for me. If, if I truly needed it, and I suppose, I trust that I could reach out to them.

This conflict creates discomfort in men using/seeking support, leading to them being stuck in a cycle of feeling alone in their lives which they, in turn, justify using gender-based assumptions.

Men's Fears of Judgment Prevent Help-Seeking and Accessing Social Support

Men's narratives of support were filled with fears of judgment which ultimately prevented them from adequately utilizing or seeking out social support. As discussed, comfort in acknowledging vulnerability is a main factor in successful social support, however, men consistently referenced their own hesitance to be vulnerable. Fears of judgment for vulnerability and help-seeking highlight the deeply engrained societal assumptions that discourage men from being emotional and accepting help.

Many of the men were able to articulate how this fear interfered with the way they interacted with members of their support network. At the very beginning of his interview, Man 5 was asked: "When things get hard, who do you turn to?" He responded to this question, by saying: "[laughs]…I'm not really open with people. I mean…I'm scared of judgment, so I don't really open up to people." For Man 5, his fear of being judged for what he was going through, prevented him from being vulnerable with members of his network and in turn contributed to him feeling alone. This was a particularly salient theme in Man 5's narrative, as he continually highlighted the importance of and his desire for support without judgment (e.g., "[T]hat's all I need. Just somebody to listen without judging me"). This fear of judgement also played a role in Man 5's relationship conflict. These fears prevented him from being open with his partner, ultimately leading to stonewalling behaviours and exacerbated conflict. This in turn prevented the couple from making progress in their relationship challenges due to being stuck in a negative cycle of conflict fuelled by a lack of communication. Despite these challenges, Man 5 was able

to disclose his relationship conflict and abusive behaviours to one member of his network with whom he felt he could trust not to judge him:

> She's the only one I told I was going to counselling, so… she's the only one that knows so…. That's how, how close we are and I feel comfortable telling her stuff. And it's just. I know that she's not gonna go tell everybody.

As discussed above, Man 2 has experienced feelings of judgement when opening up about his mental health challenges that impeded future vulnerability with members of his informal network. Although Man 2 had experience with being vulnerable with mental health professionals throughout his life, he still conveyed the challenge and hesitancy that comes with doing so. Earlier in his interview, I asked if he had ever disclosed his history of abusive behaviours to anyone, to which he responded: "No, not, not aside from medical professionals, and you." Although he had a long history of violence in his relationship, Man 2 had only disclosed his abusive behaviours a small number of times, all in the context of one-on-one confidential interactions. This highlights his difficulty in confronting his own behaviour. When asked how it felt to open up to medical professionals about his relationship, he sighed before responding: "It wasn't easy. And I basically shut down after a while." Further, he referenced feelings of judgment as having a negative impact on his desire to be vulnerable about this relationship (e.g., "[P]eople were starting to look at me strangely…"). His experience highlights the difficulty that not only comes with being vulnerable but being open about one's own abusive behaviours. The challenge of this experience may speak to his reason for rarely disclosing the violence within his relationship.

After Man 3's struggles with addiction, his journey of sobriety brought a new sense of honesty and openness that increased his vulnerability. When I asked if he ever holds back from

sharing information with members of his network, he said: "…So something happened to me when I got sober, I'm like, I just can't lie anymore. So, I don't think it even matters who it is, I'm just honest." For him, his history had brought him to a place where he was no longer afraid of judgment or holding back parts of himself. In turn, this created space for positive experiences of social support as he was able to connect with people due to his openness. During his interview, Man 3 described times when he opened up to members of his network about his own abusive behaviours, in an effort to seek support and guidance. When discussing this, I asked if he was fully open with these people or if he felt the need to hold back, to which he responded: "Yeah! Nope, I told them everything. It was a really bad situation, too…" However, he was not immune to feelings of judgment impacting his perceived support. When discussing his relationship with his parents, he expressed the level of judgment he feels from them: "So, I don't need to be around them. You know I know I'm a 41-year-old drug addict in debt and all this sh*t like, I don't need to f*cking hear it like over and over again." Due to the negative impact of feeling judged, Man 3 distanced himself from his parents in an effort to safeguard his own well-being. Therefore, although the role of judgment didn't prevent him from being vulnerable, it did impact who he was able to seek support from.

The role of trust emerged as a prominent factor in men's fear of judgment, as many of the men lacked trust in their formal and informal supporters. For example, when Man 4 was asked what prevents him from going to his friends or family during hard times, he said: "I just. Uh….I don't know. It's trusting that people will have your intentions at, or your best intentions in heart or in mind, or whatever." Further, when discussing their fears of judgement, some men shared personal experiences of when their own vulnerability was used against them and ultimately impacted their ability to trust others. For example, when discussing his fear of judgment, Man 5

said: “But I've had, things I’ve said used against me before. So that's what's, that's a big hurdle to get over.” Man 4 also expressed times when his own words had been used against him in the past, which in turn impacted his ability to be vulnerable with his partner: “But to be fully vulnerable with her, would be to open myself up to, you know, having that used against me down the road, and I, and that's something difficult to deal with.” Therefore, not only do societal assumptions about masculinity prevent help-seeking, but negative experiences can reinforce these ideas by validating fears associated with vulnerability.

Increasing Trust and Vulnerability. Although men shared stories about the ways their fears impact support, similar to the women, having someone who could relate to their personal experiences was an important component of perceived support. Although Man 4 hadn't been vulnerable with members of his network, through discussing his challenges during the interview he came to the conclusion that having someone who could relate to his ‘role’ would help him open up and feel supported. For him, it went beyond struggles as a couple and was specific to his role in life:

> I would need to seek, I think the, you know, support for, not just the couple's aspect of it, but I think support specifically for people who are….caring for, for loved ones on disability, or having to carry that load, because I don't think that, like just your friend network would completely appreciate that…that struggle.

Although Man 2 did not have much social support, he shared a story about occasionally talking to a friend who could relate to experiencing challenges in his relationship. When I asked if he found the conversations with this friend helpful, he said: “Yeah, yeah. Cause I can see that I'm not alone.” Similarly, although Man 1’s reluctance to let his guard down contributed to his minimal support, he also referenced one friend who came from a similar background (e.g., “a

dysfunctional family") that he felt he could open up to. The pervasiveness of this theme supports the significance of relatability in facilitating quality support experiences by increasing vulnerability, decreasing judgment, and leading participants to feel less alone.

Dominant Narratives About Violence Lead to Men Being Perceived as "The Bad Guy"

Existing ideas about violence and IPV contain gender-based assumptions about men as 'abusers' and the 'perpetrators' of violence. Existing evidence that suggests men are more likely to be perpetrators of violence and more likely to injure their partners (Cotter, 2021; Stith & McCollum, 2011) likely contributes to these automatic perceptions of men as 'abusers.' However, throughout their interviews, men highlighted the ways in which they didn't align with dominant ideas about being a 'perpetrator' or 'abuser' while relaying the performative element of "I am not a bad guy."

During his interview, Man 3 incorporated this performative element into his narrative by sharing multiple examples as to why he is *not* a bad guy. For example, when discussing the qualities of a good supporter, he shifted the conversation back to his own character:

> So… and that's all I try to do, like at my job I'm not actually at my job for like any money, I don't really make any good money there, but I get to help people every day. Whether it's a customer or my staff, or my boss, like everybody can come to my store and get help. Homeless person? Come to my store and get help, you know, that's, that's what I do.

Throughout his interview, he consistently referenced the way he is a good parent, brother, friend, and boss to those around him. By performing his narrative in this way, he appeared to be distancing himself from dominant ideas about IPV that would label him as a 'bad guy.'

Similarly, Man 2 attempted to distance himself from this dominant narrative by bringing up qualities that he felt reflected his 'true' character. He did this by drawing attention to his own selflessness and his love for his wife in an effort to highlight his 'goodness':

> And the last few years have been…a lot of conflict, but I love her with all I got. Like I, I give her, I give up everything for her …. Dreams, friendships, um, like….I just, everything that I try to do, I do for her.

Not only did men use their narratives to highlight the reasons they are not 'bad guys,' but they also emphasized the ways in which they felt *misunderstood* by this description in the context of IPV. Given that all couples reported experiencing some type of abusive behaviour in their relationships, feeling that they are 'misunderstood' suggests that men have a difficult time acknowledging their behaviour as abusive. This is consistent with the way in which men responded to the CTS-2 compared to their partners, as men reported their own behaviour as less abusive and less frequent than their partners reported. These dominant ideas about IPV likely do not align with the way in which the men conceptualize their own character; in the way they construct their narratives, not only are they convincing the interviewer, but themselves that they are misunderstood by these ideas. This also pointed out the existing tension for men, as they want to receive support for their relationship but have a challenging time addressing the violence or acknowledging the impact of their abusive behaviours. During Man 3's interview, he emphasized the way in which he feels mislabeled by society:

> You know, people always look at me weird when I say I was an abusive person, and all this… and everybody just wants to think that I'm like a, like a woman beater, or whatever and it's just not…it's not how I am.

While men did not align with being an ‘abuser’ or ‘perpetrator’ they provided examples of how they were commonly ‘misplaced’ into these boxes by society, which in turn impacts the perceived quality of their formal services. Man 3 shared a story about a time when he was mandated to attend a restorative justice program for men, after an incident in his past relationship. However, he shared his feelings of frustration about being sent to a program where he felt he didn’t belong:

> MAN 3: Because I was surrounded by, like these people that like beat their wife half to death.
>
> INTERVIEWER: Right.
>
> MAN 3: I did not, I did not think I belonged there. It was scary, listening to these stories. I was like, you know, I'm a bad man, okay, but I could never do things to my partner that these guys did like, I just….

He indicated that he does not fit with the dominant ideas of IPV reflected in many formal services and in turn felt that his behaviour was being misunderstood: “Yeah, I, like, they should have a different section for people that yell and people that hit.” Man 3’s unwillingness to recognize the severity of his behaviours because of the absence of physical violence, in turn, caused him to feel as if the support was not applicable or useful to him.

Man 2’s narrative also revealed the way in which dominant ideas of IPV lead to him feeling misunderstood in the context of formal services which, in his opinion, has a negative impact on the utility and effectiveness of the service. Man 2’s relationship has a history of bidirectional physical, verbal, and emotional violence. Although Man 2 acknowledged his role in the violence, he felt that his gender put him in a position of lesser power when utilizing formal services, due to the assumptions about men and violence. His feeling of being misunderstood by

society and formal services despite his acknowledgment of his abusive behaviour underscores the challenge in men recognizing the impact of their abusive behaviours. When discussing how he felt gender-based assumptions impact his experience in couples counselling, he said:

> ….[A] societal, norm and now it's creeping into my like couples counselling cause, I'm not supposed to have anything to say. I'm not supposed to have anything to, you know, I'm just supposed to follow along and do what they tell me. And I have stuff that's bothering me. I have stuff that I want to say, but I can't.

For him, misconceptions about the experience of violence within relationships, led to him feeling automatically labelled as the perpetrator and his partner as the "victim" without recognition of the potential for bidirectional conflict. After discussing how he felt this led to bias in couples therapy, he expressed his desire for equal treatment: "Be there for both people cause, we're both, both people in that relationship are in couples counselling because they're both hurting over something, and they're trying to fix it."

During Man 1's interview, he conveyed his frustration with the quality of services he and his partner utilize, due to misconceptions about him as the 'bad guy.' When discussing this disappointment, he said: "And I've literally been turned into as if…some aggressive dude…" However, he went on to say: "[O]r even if I was a little bit aggressive or asked a question-asked a question I asked abruptly, it should've been still answered in a very unbiased way." Despite Man 1's own acknowledgement of his aggressive behaviours, he still felt these services were making him out to be something that he wasn't. Overall, this feeling of being 'misunderstood,' increased his frustration and decreased his willingness to work together with these service providers.

The Intersection of Gender, Race, and Class. When discussing receiving support for IPV, it is important to consider how the intersection of gender and race may impact one's experience. For Man 3, a South Asian man, the intersection of gender and race in the context of IPV created a unique position of lesser power both structurally and within his relationships. Man 3 referenced the role of his identity when discussing his experience of utilizing services in the context of IPV. In discussing his past relationship, the intersection of his gender and race was apparent:

> I wasn't really like being like abusive towards her. Not normally. But we would fight okay, and when these fights would happen, I'd be like, I want to leave. She won't let me leave like… And this is the one thing that is so stupid about domestic abuse is that, like so many times like we can't, we're like, we can't get ourselves out of the house like, if if we are being confined and we try to get ourselves out, we get in trouble. You know what I'm saying, but if it was, the situation we reversed, and I was stopping a woman from leaving a room or something… f*ck, I'd go to jail in a second. Look at me! Like there's no way!

Man 3 felt that negative societal assumptions about his identity created a double standard that prevented him from receiving support while also making him more vulnerable to scrutiny. The harmful influence of stereotypes and discrimination was apparent in the way Man 3 continually referenced his fear of others abusing their power over him (i.e., partners, police, lawyers, the court system, etc.) which in turn limited his support network. During the interview, Man 3 shared a story about a time during his last relationship when his identity put him in a vulnerable position of lesser power. Man 3 described an instance when his ex-partner called the police and claimed he had been physically violent toward her when he hadn't:

> When the-when my ex called [the police], they show up, nice White girl standing there crying, holding her neck saying, I tried to kill her, and all these kids running around…. I'm just like that [throws hands in the air]. I need to, I need a, a lawyer. That's what I said. So they arrested me and charged me.

As Man 3 shared this story, you could hear the resignation in his voice. This is an example of the way in which Man 3's identity affords him less support, resources, credibility, and power than those around him.

Man 5's race and gender also intersected to create a unique experience that impacted the way he interacted with social support. He expressed that, given his Indigenous identity, it was important for him to engage with those who could understand his cultural perspective and historical experience as an Indigenous man. Due to his gender, Man 5 took on a caretaking role for those around him, while also attempting to manage his own well-being and the role of intergenerational trauma. It was important for him to engage with other men who could understand his experience while receiving services that were culturally sensitive and competent. These factors combined with living in poverty, impacted his ability to find and receive adequate social support, and in turn, led to him being stuck in a cycle of poverty and trauma that prevented healing. During his interview, Man 5 shared about a time he attempted to utilize formal support services that incorporated traditional Indigenous practices and the role of gender by attending a support group for Indigenous men's healing:

> Cause I was trying to get into the culture and stuff right and cause my partner's really into that just….I was trying to….I, I signed up for that while we were apart. So I went to a few sessions, but then they cancelled one week, and then I went to the next week, and then there was nobody there, and then I just gave up after that.

Despite the hope generated by this opportunity, his disappointment was apparent as he shared how the group shut down. Not only is it important to recognize the role of intergenerational when situating Man 5's experience, but also when exploring his experiences of support within his community. The intergenerational trauma model posits that for Indigenous Peoples, individuals, families, the community, and the nation are unable to effectively intersect as "public policies have disrupted relations between the four systems and the resulting trauma has incubated negative social conditions" (p. 46) that limit their experiences of social support specifically in the context of their culture (Menzies, 2008). Man 5 drew attention to the role of these historical forces when discussing negative interactions with a man in his social network. Despite the negativity between the two men, Man 5 acknowledged the role of these experiences in behaviour:

> But then again, I, I don't know what…How he grew up, right? Like, like all this Residential School stuff like, like he probably went to that, he probably went to that. Who knows what he went through when he was growing up? Maybe that's how he was raised.

For him, the quality of his support interactions were also impacted by being positioned in a context of intergenerational trauma, leading to a network of people unable to support one another. Ultimately, due to his identity and social location, he existed in a context that simultaneously resulted in an increased need for support, limited access to support, and decreased utility of the support he did have.

Gender and Ability. For Man 2, the intersection of gender and ability impacted his support; the support he had access to was limited by his own and others' ideas about masculinity and help-seeking. Cultural assumptions lead people to believe that needing help or struggling mentally go against traditional hegemonic masculinity (Johnson et al., 2012). As a result of his

identity in the societal context in which he exists, Man 2 experiences feelings of shame and guilt as he feels that he is somehow less of a "man" due to his mental health challenges. When discussing how it felt to reach out for help during his time of need, he said: "Like I was a loser." Further, this intersection negatively impacted his experiences of informal support, as members of his social network perpetuated harmful ideas about masculinity that resulted in him being turned away in times of need, due to his identity as a 'man' (e.g., "you're a man, deal with it."). This intersection caused him to experience judgement from members of his network, which reinforced feelings of guilt and shame around needing social support. A similar theme emerged more subtly among other men's narratives as they revealed the ways in which they struggle mentally, however, they avoid help-seeking in an effort to preserve ideas about their masculinity, which in turn leaves them to face their struggles alone.

Conclusion 3 Summary. Overall, men experienced minimal to no social support in dealing with the various challenges in their lives. Their narratives revealed the impact of cultural assumptions about masculinity and violence on the way they perceive and utilize social support. These ideas prevent men from being vulnerable with members of their network due to their own fears of judgment and lack of trust. Finally, societal assumptions about violence cause men to feel automatically labelled as the 'bad guy' due to the conflict within their relationships, which in turn impacts the perceived quality of their support. However, men's feelings of being misunderstood in the context of violence despite behaving in abusive ways highlight their difficulty in acknowledging their abusive behaviours. Therefore, men used their narratives to distance themselves from these negative ideas in an effort to protect their self-perception.

While all Couples Agree That Support is Important for Their Relationship, the Effectiveness of That Support Depends on the Extent to Which They Agree on how to Utilize Support

From an analysis of what both partners in a couple reported in their individual interviews, one conclusion was drawn about couples: While all couples agree that support is important for their relationship, the perceived effectiveness of that support depends on the extent to which they agree on how to utilize support. This conclusion reflects the perceived essentiality of formal services in dealing with relationship challenges across couples, while also acknowledging that ideas about the role of informal support differed within couples.

Couples Agreed on the Importance of Formal Support in Navigating Their Relationship Challenges

While couples differed in many ways on their preferences, levels of violence, ideas about the relationship, and expectations of services, all couples expressed the importance of couples therapy in dealing with their relationship challenges. From all participants' narratives, a theme of "we can't do this on our own" emerged regarding couple-based services. Man 3 and Woman 3's individual interviews revealed the way they concurred as a couple regarding the necessity of couples' services and the role they play in having a healthy and successful relationship. Although this couple felt that they weren't experiencing a severe level of IPV, at the outset of their relationship they established the need for couple-based services. In reference to this discussion between him and Woman 3, Man 3 said: "Before anything, if we are going to be in a relationship, then we need counselling. Cause you're f*cked, I'm f*cked. We can't do this alone."

For Couple 2, their perceived purpose for participating in couples therapy is to help them with the severe problems they are having by increasing safety, improving communication, and implementing various tools. Their commitment to formal support is apparent in their consistent

effort to seek services, despite a history of disappointing experiences. When discussing their history of services, Woman 2 said:

> And this one we've had, I don't know how many marriage… we've had [therapist] twice, somebody else, somebody that said absolutely no violence, he agreed no violence, and then the next one there was violence, and then dropped us, and then there was this couples counseling. These are the second ones that we've had like, and we're still fighting like cats and dogs.

Despite an acknowledgement of their continued relationship conflict, there was a sense of desperation for support (e.g., "Yeah, well, where's the help? Like?"). Although Man 2 discussed the ways in which he feels that his couples counselling is biased at times, it was apparent that he saw the value in it as he shared about one of their past experiences: "To me, it was working." He went on to elaborate: "I was getting all these skills." Despite their continued conflict in the face of multiple counselling experiences, the couple appeared committed to their marriage, which in turn made them committed to the process: "I think counselling should help us."

Although the members of Couple 1 had very different ideas about how to utilize support services, they both shared the perception of its essentiality for their relationship. Woman 1 continuously expressed the important role that couples services play in managing her relationship conflict: "[A]nd right now it's actually like slowly getting better like month by month I guess. […]… like now that we have couples [counselling] and everything..." Despite Man 1's hesitancy to utilize social support, his perceived need for formal support as a couple was apparent during his interview. He discussed being dissatisfied with the lack of formal support available to couples (e.g., "As a couple, yeah. There's no support.") and went on to describe the various ways in which he wished they could receive support to better manage their relationship challenges.

Similarly, although Couple 4 has a lot of tension within their relationship due to differing ideas in many areas, they concurred on the importance of couples therapy in helping manage their relationship conflict. For instance, in discussing support for her relationship, Woman 4 said:

> Yeah, CCP is wonderful, because it's a regular check-in whether we have time for it or not. […] I do find that it forces us to acknowledge and address what is and isn't going on in our relationship on an ongoing basis.

Man 4 shared similar ideas in his discussions of relationship support: "[W]e can sit in on a meeting every couple of weeks and try to work through communication issues and some high-level problems and talk about our values and things like that."

Although Couple 5 had yet to begin couples therapy, both of their narratives equally reflected their optimism, gratitude, and excitement for the chance to receive support for dealing with their relationship challenges. In discussing a lack of support for managing his relationship conflict in the past, Man 5 said: "And then finally, the couples counselling thing finally phoned, phoned us back, which was a big relief." When Woman 5 was asked about her feelings toward starting couples services, she expressed her excitement regarding the chance to address some of their challenges. Despite different levels of violence across couples and differing opinions within couple units, all couples found common ground in their need for formal support in navigating their relationship challenges.

Different Ideas About the Problems in Couples' Relationships Impact the Perception of Formal Support

Although there were points of consistency across couples, within some couples the partners differed in their ideas about the problems within their relationship. For these couples, partners had different ideas about what the problem was, who the problem was, and how to

resolve it. These couples had more challenging experiences with formal support, more negative perceptions of its quality, and were not able to utilize it as effectively, compared to couples who had a mutual understanding of their relationship problems.

Couples that disagreed were more likely to report chaotic or dysfunctional relationship dynamics. For example, Couple 1 has a volatile relationship with poor communication and frequent misunderstandings that play a role in their relationship conflict. It is important to acknowledge how these partners' intersecting identities (youth, SES, ability, and gender) likely exacerbate relationship challenges, play a role in their relationship dynamic, and increase their need for support. Overall, Woman 1 spoke very positively about their couples services as they gave her skills to reduce the conflict in their relationship and improve communication, which instilled a sense of hopefulness for the future. Man 1's interview revealed an opposite perception, as he was extremely dissatisfied with the services they had as a couple, given that he felt he wasn't getting the type of support he needed for their relationship. When Man 1 was asked what he was looking for out of couples services he described support that was more tangible such as "life coaching" or "[j]ust the general idea of how both of [their] finances and how both of [them] kind of collide and work together into one, as two people living together, and having a life together...." For him, the majority of their problems pertain to learning how to live on their own for the first time, exacerbated by significant financial stress. While Woman 1 agreed they had difficulty in the past "learning to do adult things," her current focus was on improving communication skills and de-escalating conflict within their relationship. Given the differing ideas about their main relationship problems and how to resolve them, the couple had vastly different outlooks on their experience with couples services. This appears to create some

frustration for Man 1, as he sees a need for a change in their support services in order to achieve their relationship goals, while Woman 1 is satisfied with the path they are on.

Couple 2 has a challenging relationship dynamic (characterized by blame, anger, and disagreement), with a history of minor and severe violence. This couple has a challenging time agreeing on the problems within their relationship, which in turn impacts their perception of support services. For instance, Woman 2 labelled Man 2 as the problem and felt he needed to own up to his wrongdoings in the context of couples therapy. However, Man 2 stated that they both play a role in the conflict and in turn, their time would be most effectively spent finding ways to improve the relationship. These differences created some tension within their relationship, as they both felt that the other person was negatively impacting the effectiveness of couples therapy, which led to frustration and anger.

Couple 4's relationship dynamic is characterized by hostility and a tendency to place blame on the other partner. Within this couple, each partner has their own ideas about who is creating the problems within their relationship (i.e., who is to blame). Although they had generally positive perceptions of couples therapy due to agreement on what they wanted out of it, this difference did occasionally impact the perceived utility of their services. This pattern of blame was apparent during their interviews, as each partner described ways in which the other negatively impacts their experience in couples therapy. This creates tension within the relationship, specifically after conversations that highlight their disagreement. When discussing challenging conversations within the context of couples therapy, Woman 4 said: "[A]fter them, [Man 4] is very cold and distant for several days, and very stand-offish, which you know, changes the mood and energy in the household." Similarly, Man 4 expressed how their disagreements in therapy cause him to shut down:

> I also have a harder time in some conversations when I find, like the details are getting changed, or you know, my wife may just…I I tend to become more guarded in my conversation again, because I don't… I….It's, it feels like I'm, it's not serving any purpose.

For these couples, having different ideas about the problems in their relationships contributed to conflict which resulted in an inability to make progress in their relationship and a lack of satisfaction with their couple-based services.

Conversely, partners who had a mutual understanding of the problems within their relationship and how to fix them expressed greater satisfaction with their formal support and/or had a more positive outlook. Despite the conflict in their relationships, these couples have relational dynamics that reflect mutual respect, trust, and love. For these couples, partners constructed their narratives in a way that identified both partners' perceptions of the problem, leading to a mutual understanding of what they both wanted to accomplish in couples therapy. Therefore, these couples approached services with a *team*-like attitude and in turn faced fewer roadblocks in reaching their goals. For example, in discussing what he wanted out of couples therapy, Man 3's response reflected his understanding of both his and his partner's perspective: "[B]ecause she thinks differently than I think, and so like I don't always understand her ideas, she doesn't understand my ideas. Or I think everything's really simple…" When Woman 3 was asked what she wanted out of couples therapy, she said: "So, yeah, so hopefully, that's what we're hoping for is, is tips on communication and strategies to understand each other better when we're having a hard time, because he's very reactive and I am very emotional." This alignment in turn translates to a positive perception and outlook of their couples service. Similarly, while Couple 5 experiences conflict and has challenges with communication, they also express love

and mutual respect for each other. When Man 5 was discussing their relationship problems, he consistently referenced his partner's perspective (e.g., "She thinks I don't trust her cause I won't talk to her….") and when asked what he hoped to get out of couples therapy, he highlighted his recognition of his partner's perception of the problem: "Yeah, I wanna be more open with her. I know I shouldn't be scared that she would judge me." Although this couple had yet to begin their couple services, they alignment boded well for their perceptions of couples services and hopefulness for the future.

Gender-Specific Services. Aside from formal services as a couple, many participants utilized gender-specific services as a form of formal support. However, for some couples, gender-specific services created tension within their relationship due to the perceived threat posed by not being involved in the intervention. For example, due to Woman 1's identity, she had various individual services that she utilized to support her individual functioning as well as her relationship challenges. Man 1 expressed his anger and frustration with being left out of his partner's services, as he felt that it was disrespectful and disregarded his role as her partner:

> And the government of Canada looks at me and [Woman 1] like we're one couple. But the program does not treat me like as if I am a couple with her. Her program absolutely goes out of their way, just to make it seem as if they don't want nothing to do with me, they do go out of their way to do this.

Man 1 also expressed his desire to be a part of conversations between Woman 1 and her support workers as he felt it impacted him as well:

> It is helpful to me to know how to help the other significant person in my life and how I can do my best to help or how she can do her best to help, and we can all work together easily and yeah.

As previously discussed, Man 1 values control, therefore, Woman 1's gender-specific services appear to threaten his sense of control and in turn, cause him to become "aggressive" and angry. When discussing a disagreement between her support workers and Man 1 in the past, Woman 1 said: "So that caused a lot of conflict on our relationship and stress, so I think that was kind of where it all started in the first place." The intersection of Woman 1's identity (gender and disability) put her in an uncomfortable position with limited power that in turn impacted her individual support and exacerbated conflict in their relationship. Therefore, for this couple, the wants and needs associated with each partner's identity, combined with a power imbalance within the relationship, appear to create a point of contention around gender-specific services.

Couple 2 showed a similar pattern of dissatisfaction with the exclusion posed by gender-specific services. Woman 2's gender-specific services caused tension in their relationship, as she often shared the opinions and suggestions of her individual support with her husband. While Man 2 acknowledged the utility of individual support (e.g., "But I wish I could have my own counsellor."), his problem lay with hearing information that he felt was not useful to them, due to it being one-sided:

> I don't want to hear about it, but she insists on telling me about you know, her counsellors, who only gets one side of the story, and isn't being a referee, is being a participant and telling her you know, 'Get a big bag, buy a car, just leave him,' that sort of thing, but that's her counsellor, so I shouldn't be hearing about this.

This put a strain on their relationship, as he felt this pitted her against him and led to advice that was biased (i.e., due to gender-based assumptions) and therefore not useful for their relationship.

For other couples, a lack of gender-specific support contributed to tension within their relationships due to difficulties each partner has managing their personal challenges. For

example, during their interviews, both partners from Couple 4 expressed their desire for individual services, as they felt this would benefit them and their relationship. While discussing the benefit of couples therapy, Woman 4 said:

> Honestly, I wish that the Couples Counselling Project also offered individual counselling in tandem…where you meet with them individually and as a couple, but it's the same people. Because I feel like we would be able to explore things in depth in a way that you can't necessarily do in the couples meeting.

Man 4 also expressed how he could see the benefit of receiving services both in and "outside of the relationship." While this couple didn't have gender-specific services, they recognized how such support could be an asset in helping them reach their goals and reduce tension within their relationship.

Similarly, Couple 5's relationship challenges are exacerbated by a dire lack of social support personally and for their relationship. Both partners in this couple are Indigenous and living in poverty. Due to their identities, these participants' experiences are impacted by intergenerational trauma and marginalization, which increases poverty and experiences of violence. It appears that existing in this context exacerbated their relationship conflict (e.g., "[W]e are the way we are because of our past traumas."). Further, consistent with the intergenerational transmission of violence (Egeland, 1993; Franklin & Kercher, 2012; Widom & Wilson, 2015), both partners grew up in contexts of violence, which not only makes them more susceptible to relationship violence but impacts the quality of the support they have access to due to violence being normalized and reinforced around them. When combined with other elements of their identity (i.e., poverty, race, gender, etc.), this couple is faced with significant barriers to quality social support, leaving them stuck in a vicious cycle of violence and trauma. Further, the

unique experience curated by their genders in conjunction with these identities created a need for gender-specific support that was culturally competent. While both partners expressed the value of this type of support, its absence had a negative impact on their relationship. For instance, Woman 5 discussed the way her partners lack of support negatively impacts their relationship conflict:

> I don't wanna say I'm better, but my partner doesn't have an outlet, whereas I have my girlfriends, and I had [shelter] at the time, and I had a place to vent, and I, where I picked up new tools, and I would try and incorporate them in our relationship.

Although Man 5 was not familiar with existing support options, he agreed with this idea, as he expressed how beneficial it would be if he could talk with a "stranger" who would listen to him without judgment.

Different Ideas About how to use Informal Support Creates Tension Within Couples

While support is an essential component of life, interviews revealed individual differences that exist in ways of interacting with and viewing informal social support. From the narratives, gender differences emerged in the way men and women experienced informal support that consequently had an impact on their relationship. The interviews revealed how informal support was more essential in women's experiences, as the women had more informal supporters, viewed them as more important, and engaged with them more frequently. This may also speak to the role of gender in creating a power imbalance in relationships with violence, in that for women, support was viewed as essential for their perceived safety. For example, Woman 4 emphasized informal supporters as an essential component of her social network as she described putting deliberate effort into growing her network to increase her perceived support. In sharing this story, she said:

> I told myself, I needed to find five different friends, that I would feel comfortable calling in a domestic emergency, and until I had five friends that I could do that with, I- that that had to be my priority.

She held up five fingers as she said: "Once I had a handful, then I was like, okay, I feel supported as a person."

However, for some couples, existing gender differences between partners created tension within relationships due to having different ideas about the role of informal support in their lives. Based on information gathered from the CTS-2 and the interviews, it may be relevant to note that the three couples who had challenges with this, also had a history of more severe violence within their relationships (i.e., physical violence, injury, police involvement, etc.) while the couples who were not impacted by this gender difference had a history of less severe violence.

These gender differences exacerbated the existing relationship conflict for Couple 1. For example, due to her identity, Woman 1 utilized her family members on a regular basis to provide her with support personally and to help her navigate the challenges in her relationship. Man 1 had a hard time with this as he preferred to handle things independently and not have other people involved in his personal business. Despite Man 1's desire to handle things on their own, during her interview, Woman 1 described most often calling her mother for support during relationship conflict and leaning on extended family members (in both her family and his) for support in managing their challenges as a couple. These vastly different ideas about how to use informal support played a role in exacerbating existing tension/conflict. For example, Man 1 discussed the ways in which others have made his relationship conflict "worse" through "getting involved," being "nosy," or "think[ing] they know better." Man 1 went on to describe the way in which his relationship conflict has been escalated by this type of involvement: "Well it made it

worse as in, this situation was more intensified than those situations. When things were added in." Later in his interview, he came back to this idea when he said:

> I personally think that some outside situations have not really helped my relationship in some sort of ways. Um, not that it's like that right now at all, but um, I certainly have been recovering somewhat from those situations because of how intensified they have been made out to.

Along with worsening existing conflict in the moment, Man 1 described how this involvement can have a lasting effect on his relationship: "It was just more like as if, me and [Woman 1] had to walk on eggshells around each other for a while."

For other couples, the women's increased informal support was a challenge for their male partners who were concerned with how they were perceived by others. For example, when Woman 2 discussed friends who provide her with support for her relationship challenges, she described how Man 2 wanted her supporters to know "his side of the story." This led to him reaching out and attempting to build relationships with her supporters. This aligns with Man 2's narrative which revealed his frustration with perceived bias, making it very important for him to have his side of the story heard. During her interview, Woman 2 described a time when this overlap resulted in her feeling betrayed by both her partner and her friend:

> Because if I have a friend, [Man 2] will want his side of the story. So, he contacts [friend], and then in a fight will say, "oh, well, [friend] told me to leave you", and then I am shocked that [friend] would say this…. So, I don't go near her because I don't, I don't want the pain.

In an effort to gain allies among his partner's supporters, Man 2 inserts himself into Woman 2's friendships, which decreases the utility of Woman 2's support as she feels that she can no longer

trust these members due to there being “a tie” to her partner. Not only does Man 2 have fewer interactions with members of his network, but he is also much less likely to disclose his relationship conflict and abusive behaviours to others. This likely made him more vulnerable to the threat posed by his partner disclosing the violence in their relationship.

Couple 4 experience a similar challenge in their relationship, due to Man 4’s concerns with what others think of him. The theme of vulnerability emerged from both partners’ narratives, as Woman 4 emphasized vulnerability as a strength that facilitates social support, while Man 4 viewed vulnerability as a weakness. These differing opinions created some conflict for the couple, as Woman 4’s way of engaging with her supporters, went against Man 4’s values. Woman 4 expressed this challenge during her discussion of informal support:

> But I feel like [Man 4] puts a lot of pressure on image and reputation. And I understand that that is important. But in my personal experience, while that is valuable, I feel much more strongly about mental health and prioritizing that. So, we do have differences of opinion there. But I really feel strongly about that. So…. When it comes to maintaining…. secrecy, for lack of a better word, if it's at odds with my mental health… Yeah, I'm talking.

On the other hand, Man 4 refused to open up to members of his network about challenges in his life (unless dire) due to wanting to avoid judgment and damage to his reputation. Each partner's ideas appeared to violate their partner’s values, contributing to the increased tension, blame, and hostility within their relationship.

These gender differences did not appear to cause conflict for other couples with more trusting and loving relational dynamics, with a history of less severe violence in their relationships. For example, Couple 5 did not express any ways that Woman 5’s increased

informal support negatively impacts Man 5 or their relationship. Instead, Woman 5 made an effort to encourage Man 5's individual support. This was apparent during Man 5's interview: "And yeah, and I did another, it was a men's thing, too, online like on messenger, or whatever. But my partner suggested that." Similarly, there was no evidence of dissatisfaction or tension within Couple 3's relationship due to Woman 3's increased interactions with her informal support members. Alternatively, this couple seemed open to individual interactions to help with their relationship challenges: "I mean we'll go to his friend's house, and then we like separate, and he goes with one friend, and I go with the other one. And then we sort of complain."

Partner Support. Despite experiencing violence within their relationships, some couples found their partners to be strong sources of social support. For example, despite the level of conflict in their relationship, Couple 3 had a relationship dynamic that reflected love and support for one another, and in turn, both referenced their partner as a prominent member of their support network. When Man 3 was asked whom he has in his life for support, he responded: "My partner! For like… that's been my best support for the last couple of years." When discussing her support network, Woman 3 said: "If it's something that's not about my partner, then I talk to him." While she referenced her partner as a source of support, she also highlighted the importance of having multiple members in one's social network for different challenges.

Other couples did not feel that their partners were a source of support due to unhealthy relational dynamics, fears of vulnerability, and existing conflict in their relationships. While these couples all stated their desire to rely on their partners, not all felt as though they could. For example, Couple 5 expressed their difficulty seeking and receiving support from each other due to their personal challenges that either prevented them from reaching out or led to them not being in a position to provide adequate support. As discussed above, it is important to recognize how

this couple's social location (an Indigenous man and woman living in poverty) likely impacts their ability to provide adequate social support, due to existing in a context of minimal support themselves. Moreover, Couple 4 struggled to come up with evidence for their partner as a source of support. While they appeared compelled to name their partners as a source of support initially, due to being husband and wife (e.g., "[H]e's my husband…"), when probed further, neither of them felt truly supported by their partner. For this couple, their relationship conflict played a large role in their lack of partner support, as patterns of blame and hostility emerged from discussions about why they cannot lean on their partners.

Couple 1 diverged on their ideas about partner support as Woman 1 expressed her gratitude for her partner's support, while Man 1 did not explicitly name his partner as a source of support. Couple 2 showed a similar pattern: despite the volatility in their relationship, Woman 2 identified the ways in which Man 2 provides her with physical support due to her disabilities and is the only person who is truly there for her (e.g., "And if [Man 2] wasn't here, there would be nobody."). However, when discussing whom he wished he could turn to for support, Man 2 responded: "Oh! [Long pause] …My wife, mostly." Despite his perceived lack of partner support, in discussing support for his mental health challenges, Man 2 referenced the positive role that his wife played in helping him manage these challenges early in their relationship. However, he acknowledged the way in which his own abusive behaviour has had a negative impact on this avenue of support: "She would you know, rub my back, and you know tell me 'it's okay, nobody here's gonna hurt you.' It's just… and that all went away…Eventually. It's all because of me. I, I know. But…." In this sample, the couples with more hostile, chaotic, and volatile relational dynamics were less likely to agree on the extent to which their partner is a

source of social support. Further, the lack of mutual partner support experienced within some couples reflects the impact of relationship conflict on the partners' emotional connection.

The Role of Social Support in Decision-Making About the Relationship

During the interview, participants were asked about their decision to stay in their relationship and the role of their support network in that decision-making process. Participants' responses revealed the complex nature of decision-making in relationships with violence. All participants stressed the importance of making the decision to stay or leave by themselves, without explicit opinions or advice on what to do, however, this did not mean the absence of a role for social support in the process.

When Man 1 was asked about the role of his support network in his decision-making, he described a time when he was seeking support for his relationship and was told that "there are plenty of fish in the sea." When asked how this made him feel, he said: "Like nobody gave a living crap about any of it." Given his decision to stay in his relationship after that conversation, for Man 1, this kind of advice did not play a role in decision-making but instead caused him to feel dismissed and prevented him from seeking support for future decisions. In discussing decision-making with Man 2, I asked if others played a role in his decision to stay in his relationship, to which he replied: "No... no. If they are going to give me solutions as to how to keep us together and get rid of this conflict, then I'm all for it…" Instead, Man 2 had only ever received suggestions to simply leave his partner. When discussing her decision-making, Woman 2 began to cry as she said: "My brother wanted me to leave him. [Therapist] wanted me to leave him. My niece wanted me to leave him…." When I asked her how that felt for her, her tears turned to anger as she said: "Oh, they don't know me. They don't know what is going on." Supporters who were explicit about their disapproval, put individuals in challenging situations,

as they felt forced to choose between support or their relationship. This often led to participants distancing themselves from their supporters, leading to further isolation. While these couples were unsatisfied with the lack of support for their decision to stay in their relationship, it is relevant to highlight that Couples 1 and 2 both have a history of severe physical and psychological violence, with injury and police involvement. Therefore, the history and/or severity of violence within these relationships may play a role in these couples' experiences.

While participants stressed the unhelpful role of people explicitly providing advice that they end the relationship, they expressed the importance of feeling supported while making their decisions. Support in this capacity involved being there for the person while they came to their own conclusion about a decision. Woman 3 described some of her friends as being supportive in her decision-making process, despite making her own decision to stay in her relationship. When asked what this support looked like, she described them as listening to her, being good soundboards, sharing stories of their own personal experiences, and offering different perspectives. The distinction is that there was no explicit advice on what she should decide. Woman 5 also shared about a time when her friend provided her with support that was not explicitly aligned with staying or leaving and was in turn perceived as helpful:

> And then I had, my one friend like when we broke up in December, and I was telling her like I keep dreaming about him. [laughs] And then she's like, well, whatever, "if it's meant to be yours, it'll come back to you." And then we ended up getting back together in January.

It is important to note that these couples have a less severe history of violence, which may play a role in more positive support experiences for their relationship decisions.

During his interview, Man 4 shared a story about a time in his life when he was struggling with the decision to stay in his relationship, after an incident of physical violence. Despite the high severity of the violence experienced in this incident, unlike others, Man 4's family did not give their opinions on what he should do, and instead provided their support as he made his own decision: "The decision has to come from the person in order for them to, to truly buy into it or believe it, and so nobody, you know, told me outright what I should do." He perceived this as a very positive and supportive experience, as he made his own decision and felt supported by his family while doing so. In discussing this further, he said:

> I think maybe if they would have told me what to do, or told me how I needed to do things, um, and then I had chosen differently, there'd have been other types of struggle, right? So, they gave me the space to try to figure things out on my own, and then supported me in whatever decision I made. So that was, yeah. I, I think, they probably handled that as best they, they could.

In an acknowledgement of the way in which this severe incident compromised safety in his relationship, he felt that his family showed support despite the severity due to it being a solitary occurrence: "I suppose, had, had the abuse […], continued, you know, they probably would have taken a firmer stance on it."

Shared Perceptions about The Relationship

At a more general level, the participants' narratives revealed areas in which the perception of men and women within a couple diverged and converged regarding why they maintain their relationship. For some couples, love was a significant reason for staying in their relationships. Despite the relationship conflict, these couples spoke positively about their partners and their relationships, highlighting their adherence to dominant ideas such as 'true love prevails.' For

Couple 5, although they had a long history of challenges within their relationship that caused them to break up multiple times, when asked about staying in their relationship, Man 5 smiled as he responded: “I'd like us to grow old together, and be 80 on a porch and say, ‘Hey, baby! We made it.’” When Woman 5 was asked this question, she said: “I love him. I love him and…I don't know. I've, I've always loved [Man 5].” Couple 3 shared similar ideas for staying in their relationship, as Woman 3 said:

> I love him to bits. And I know he loves me. I know he has some issues, but……I'm very much of the opinion that love is a choice. You might fall in love, but you choose to stay there. All relationships take work.

As discussed above, Couples 3 and 5 experienced less severe violence in their relationships, which may better allow them to hold onto ideas about ‘love’ outweighing the conflict they experience in their relationship.

For Couple 4, maintaining their family unit for their two children was a key reason for staying in their relationship. When discussing staying in her relationship, Woman 4 said:

> My goal is…be a team. Don't make each other's life harder and set these kids up for success. So, the best way to do that is for both of us to be together and honestly, like their life will be so much better if we're together. So much better. Markedly better, in so many ways, that it, it is very worthwhile trying hard, to make it work.

Man 4 shared similar ideas about staying in his relationship:

> Honestly, it's for large portions of our, our marriage, it's been the kids that have kept things around. And we've worked through a lot of stuff, so you know it's…. but we, we both want to provide the kids with a happy and healthy household.

Contrary to Couples 3 and 5, Couple 4 has a history of severe violence within their relationship. This may offer some explanation as to why ideas about love are less prevalent for this couple and instead, decisions to stay together are due to external factors, such as the perceived well-being of their children. Overall, these couples' relationship narratives reflected similar ideas about staying in their relationships and served as a point of convergence in their processes of meaning-making.

Other partners differed in their reasons for staying in their relationships. These couples had much more disorganized narratives with volatile relationships. For these couples, while one partner expressed love as their reason for staying, the other partner found other reasons to understand their staying in their relationship. For example, despite the violence in her relationship, Woman 1 expressed her love for her partner as her main reason for staying. In doing this, she also minimized the violence in their relationship: "Because in the end it's always been solved and we always come back and apologize […] No one's ever been like really badly hurt or anything…" Man 1 did not explicitly name 'love' as his reason for maintaining his relationship and instead said: "Not everybody's perfect." Within this couple, Woman 1 emphasized positive qualities about her relationship as her reason for staying, while Man 1 emphasized accepting the negative. Further, Man 2 also expressed his love for his partner as his reason for staying in his relationship: "She makes me a better person, even though there's all this anger. And the last few years have been…a lot of conflict, but I love her with all I got." Whereas Woman 2 centred ideas about what Man 2 brings to her life (physical care and companionship) as her reasons for maintaining her relationship.

Conclusion 4 Summary. During the interviews, all couples recognized a degree of conflict in their relationship and in turn their need for support in managing their challenges. With this recognition, all couples agreed on the importance of formal support in dealing with their

relationship conflict. However, the perception of formal support was impacted by differing ideas about the problems in couples' relationships, which led to different ideas about how to utilize services in addressing these problems. Further, the interviews revealed how gender differences in interactions with informal support created tension for some couples who had different ideas about the role of informal support in their lives. Overall, couples with more positive relationship dynamics and less severe violence within their relationship were more agreeable and aligned in various areas. The other couples who had much more disagreement also had more challenging experiences with social support and more dysfunctional relationship dynamics.

Chapter 4: Discussion

This thesis used interviews with men and women in intimate relationships who have chosen to stay together after experiencing violence in their relationship. The purpose of the present study was to examine the impact and experience of social support among these individuals and couples as they navigate the complexity of relationships with a history of violence. Further, this study looked at social support experiences among men and women, and how that relates to their experiences as couples. Using a feminist intersectionality lens, this study also explored the ways in which participants' identity impacts their experience of social support within society and their relationships.

This section will connect the key findings of the study to the larger body of literature on social support and IPV. First, I will discuss the characteristics of the sample, including relevant findings from the CTS-2 in an effort to establish context for the rest of the discussion. Second, I will discuss the differences seen among participants and couples in their experiences of social support. Third, I will discuss the ways in which not everyone in a social network is perceived as a source of support. Next, I will explore how participants' social location impacts their

experiences of social support. Finally, I will discuss the implications of this research, its strengths, limitations, and future directions.

Sample Characteristics

The CTS-2 revealed that all participants had experienced some type of violence within their relationship. However, no abusive behaviours were occurring at the time of the interview, therefore, there was no immediate concern for the safety of the participants. All couples were in contact with the Couples Counselling Project, from which participants were recruited, and were either receiving services or about to begin receiving services. It is important to note that the purpose of couples counselling is not always to preserve the relationship, and although all couples in this study were hoping to remain in their current relationships, the decision to remain together is ever-evolving.

Consistent with the criticisms for the CTS-2 (e.g., Dobash et al., 1992; Jones et al., 2017), it is apparent that the findings lacked context when presented alone, as they highlighted women as engaging in more abusive behaviours than men on average. However, the qualitative interviews conveyed the way in which women were more severely impacted by their experience of abusive behaviours in their relationships and were more open about the occurrences. Feminist theorists posit that despite the possibility for bidirectional violence, women are more likely to sustain serious injuries, experience more frequent abuse, and be positioned with less power within their relationships (Cotter, 2021; De Coster & Heimer, 2021; Stith & McCollum, 2011). Further, men's reports of violence on the CTS-2 compared to their partners' reports and their responses during the interview, highlighted men's lack of recognition or acknowledgement of abusive behaviours in their relationship (their own and their partners). This finding is supported

by the literature, in that men have a tendency to underreport and understate their abusive behaviours (Edleson & Brygger, 1986; Heckert & Gondolf, 2000).

Consistent with the finding that men had difficulty taking ownership of their abusive behaviours, both men and women performed their narratives in an effort to convince the researcher that the men were not 'bad guys.' While this highlights a lack of ownership from the men regarding their abusive behaviours, it shows their desire to be seen as a good person as opposed to a 'bad guy' as their abusive behaviours would typically label them (Jordan et al., 2022; Rothman et al., 2003; Scharrer, 2001). Women also performed their narratives in a way that emphasized their agency and insight in choosing to remain with their partner, who although abusive, has good qualities. Women may have felt compelled to portray their partner as a 'good guy,' to account for their decision to maintain their relationship despite expectations and advice that they leave (Anderson & Saunders, 2003). Further, given the helplessness often experienced by IPV victims and women living with disabilities (Mohamed & Shefer, 2015; Walker, 1979, 2017), this performance may represent women's attempt to regain a perception of control and agency. In this way, they are framing their decision to stay as an active choice they are making, instead of a sign of weakness or helplessness.

Differences in Social Support Experiences

The findings from the present study highlight several important elements of social support. One key finding that emerged from this research was the gender differences in the way in which men and women perceived, utilized, and interacted with social support. For both formal and informal support, women viewed it as more of a necessity than men, had more positive experiences, more frequent interactions, and were more likely to seek support for their relationship challenges. While some men named friends, family, coworkers, or general

practitioners that they talked with occasionally, these were fewer prominent figures in their support network. Previous research on gender differences in social support reports that while men often have large social networks, they are less likely to engage with these network members than women (Taylor, 2011). Similarly, several studies on social support have found that men are less likely to have, seek, and utilize social support than women (Ermer & Proulx, 2020; Olson & Shultz, 1994; Schwarzer et al., 2004). More specifically, a quantitative study done with male and female survivors of IPV in Canada, found that males were less likely to utilize both formal and informal support than females were (Barrett et al., 2020). The findings of the present study confirm existing research on gender differences in support among this population.

Consistent with the findings that women are more likely to utilize formal support after IPV (Barrett et al., 2020), the women in this study viewed formal support as a critical component of their social network as it had benefits for them personally and for their relationships. This aligns with research on formal support among women who have experienced violence, as they often do not seek support solely for their experience of violence, but for various elements of their life, highlighting the multifaceted needs of women utilizing services (Macy et al., 2005). Further, women's identities may play a role in their perception of formal support, as a study by Barrett et al. (2020) found that among women who have experienced relationship violence, those with disabilities are more likely to seek and utilize formal support (Barrett et al., 2020). Given the role of disability in this sample, this may also offer an explanation for the significant role that formal support plays in women's networks. Further, research suggests that negative interactions with informal support members may prompt female victims of IPV to view formal support as more essential as they are not getting what they need solely from informal members (Macy et al., 2005). Further, while women in this sample viewed formal support as critical, they reported

barriers consistent with existing research (i.e., cost, staff shortages, cultural barriers, and long wait times; Moroz et al., 2020) that disrupt their 'ideal' experience.

Differences Within Couples

While scholars have begun to examine couples who remain together after violence by exploring the effectiveness of conjoint treatment (i.e., Karakurt et al., 2016; Stith et al., 2004, 2020), less is known about the dynamics of these relationships. This research adds to the existing literature by highlighting how gender differences in social support impact relationships at the couple level for those who remain together after violence. Many of the women in this study accessed members of their support network to seek support during challenging times, whereas men often preferred to manage their challenges independently in such moments. While these differences align with existing research (Barrett et al., 2020; Ermer & Proulx, 2020; Olson & Shultz, 1994; Schwarzer et al., 2004; Taylor, 2011), this created tension in some relationships as these differences clashed at the couple level when attempting to manage relationship conflict. General conflict research supports the idea that those with conflicting values are more likely to experience escalating conflict and have more difficulty engaging in negotiation (Kouzakova et al., 2012; Schuster et al., 2020). From this perspective, the perceived difference in values may escalate conflict among couples experiencing challenges in their relationship, as the men may feel that their partner is acting in a way that violates their values (Schuster et al., 2020). While this supports the notion that different ideas about social support can lead to increased conflict among couples, there are various potential explanations for why some men did not value their partners engaging with supporters about relationship conflict.

While research on marital satisfaction among couples not experiencing violence within their relationships often highlights the benefit of both partners having a close relationship with

members of their social network (Ermer & Proulx, 2020; Zhaoyang & Martire, 2021), there is some evidence to support the way in which this could have a negative impact on some couples. A study by Zhaoyang and Martire (2021) found that while wives' closeness to their family members was associated with increased satisfaction for them, it was associated with decreased marital satisfaction for their husbands. The researchers hypothesized that this may be due to perceptions of supporters 'interfering' in the relationship or feeling the need to 'compete' for their wives' attention (Zhaoyang & Martire, 2021). Further, the couples in the present study that experienced increased tension due to these differing ideas were more likely to have controlling and interdependent relationship dynamics which may make individuals more vulnerable to their partners' individual support habits (El-Bassel et al., 2001; Ermer & Proulx, 2020).

Men's desire to handle things on their own or protect their reputation may also be a way to get their partners to avoid sharing about the abusive behaviours in their relationship. There is research to support this possibility, as a study done with female victims of IPV suggests that male perpetrators may express reluctance for others to 'know their business' as a means of preventing others from knowing about the problems in their relationship (El-Bassel et al., 2001). Given that the men in this sample valued ideas consistent with hegemonic masculinity (i.e., control; Connell & Messerschmidt, 2005; O'Brien et al., 2005), the increased tension associated with women's personal support interactions may also be due to men's fears about the lack of control posed by gender-specific support. This may be threatening to men who wish to isolate their partner as a form of control and dominance (Dobash & Dobash, 1998; El-Bassel et al., 2001; Levendosky et al., 2004). As a result of this fear, research suggests that abusers may attempt to cut women off from anyone who may challenge the abusive behaviours in the relationship or those who may encourage the women to leave (El-Bassel et al., 2001). It is

important to note that couples who experienced tension regarding individual support had a higher frequency and more severe violence within their relationships, which may increase men's fear of scrutiny for the abusive behaviours in their relationship or their desire to isolate/control their partner.

Overall, this research extends the current literature by drawing attention to the inner workings of support experiences in the context of relationships with violence. Despite the positive benefit of social support for IPV, couples who remain together may be faced with increased challenges in navigating their support network.

Couples Therapy. The findings from the couple-level analysis support the existing literature about the benefits of conjoint treatment for couples experiencing IPV (Stith et al., 2020), in that all couples in this study viewed this form of treatment as essential. Further, this research extends this body of literature by providing detailed accounts of couples' personal perceptions of the effectiveness of their formal services as a couple. This research suggests that a level of agreement between partners regarding relationship problems and solutions is important in the perceived utility and effectiveness of couples therapy. Couples in this study who had different ideas about how to resolve the problems in their relationship were more likely to feel that their partner was negatively impacting their experience in couples therapy, which created and perpetuated tension within their relationships. This is an important finding as research has raised the idea of assessing congruity between partners regarding violent behaviours within the relationship when assessing couples' suitability for conjoint treatment (Stith et al., 2020). These findings support this suggestion as congruence regarding abusive behaviours, existing problems, and solutions may increase treatment effectiveness. While congruence was found to play a role in the perception of couples therapy, it is important to acknowledge that some couples in this

sample were just beginning treatment, which in turn may impact perceptions. Lastly, the couples in this sample with a history of more severe relationship violence had less agreement about the problems in their relationship and their perceptions of couples therapy. Although this area of research is limited, Simpson et al. (2007) suggest that couples with more severe violence may have more dissatisfaction, and a harder time engaging in problem-solving and communication. Further, research suggests that those who experience less severe and frequent relationship violence may be more suitable for conjoint treatment (Stith et al., 2020). This may offer some insight into the findings and the experiences of the couples in this sample.

This study also explored the role of network members in supporting couples working to address the violence within their relationships. Despite attempts by the couple to address the violence and maintain the relationship, some support members expressed their disagreement and emphasized the importance of ending the relationship due to the experience of violence. Consistent with the existing literature, this type of reaction was perceived as unhelpful as the couple attempted to make things work and reduce the violence (El-Bassel et al., 2001; Sylaska & Edwards, 2014). While all participants expressed receiving suggestions to end their relationships, couples experiencing more severe violence were more likely to encounter this advice. This may be related to ideas about safety as research suggests that when support members are concerned with the individual's safety, they are more inclined to make suggestions to leave the relationship in severely violent couples (Trotter & Allen, 2009). In reaction to attempts to address the violence within their relationship, other network members provided support that was neither aligned with staying nor leaving the relationship. The helpfulness of this approach is consistent with the literature, as a review by Sylaska and Edwards (2014) found that men and women who have experienced IPV reported suggestions to seek counselling, tangible support, and emotional

support without pressuring the victim to leave the relationship as helpful after disclosure of violence to informal support members.

Unhelpful Support

One key finding from the narrative interviews was that not everyone in a social network is perceived as a source of social support. This finding was salient within the women's narratives as their stories highlighted various ways in which members of their support network have made them feel worse at times. When discussing instances of unhelpful behaviours from their network members, the women described actions such as negative opinions of their partner, suggestions to leave their relationship, telling them how to act, or advice that went against their voiced desires. Specifically, suggestions to end their relationship often led to women in this sample feeling misunderstood by network members as this did not align with the way in which they had come to understand their relationship. Research supports women's counter-narrative of "there is more to a relationship than violence," as it speaks to the cost-benefit model/ratio described by Walker (2017), in that women may often weigh their decision to stay based on what they get out of the relationship (i.e., love, intimacy, resources, support, etc.; Anderson & Saunders, 2003; Walker, 2017). However, it is likely that such suggestions from support members represent their attempt to align participants with dominant ideas of IPV that stress women leaving as the only option (Anderson & Saunders, 2003). While establishing safety is essential, the women in this study reveal the way in which decision-making after violence is not as clear-cut as existing research has made it out to be. Overall, the finding that not all actions/behaviours from support members are perceived as supportive or helpful for relationship challenges is consistent with the existing literature, as a study by El-Bassel et al. (2001) found that female victims of IPV generally had low satisfaction with the support received from informal supporters for their relationship.

Similarly, a meta-analysis on the disclosure of violence to social network members highlighted the ways in which informal supporters' reactions to disclosure can be negative and unhelpful (i.e., advice, blaming, and telling the victim how to act; Sylaska & Edwards, 2014). Consistent with the findings from the present study, this meta-analysis also highlights how negative and unhelpful behaviours from members of one's social network are associated with worse psychological outcomes (lower self-esteem, self-blame, depression, and lower levels of mastery; Sylaska & Edwards, 2014). While there is extensive literature on the positive impact of social support on well-being, this study builds on existing literature that draws attention to the ways in which actions intended as support are not always perceived as supportive and can have a negative impact on individuals' well-being.

Consistent with the existing literature, the women in this study shared various factors that prevent them from disclosing their relationship challenges such as the fear of judgement, fear of supporters' reactions, the desire to keep private matters private, and lack of trust (Sylaska & Edwards, 2014). Similarly, while the men in this study behaved in abusive ways, they reported factors preventing their disclosure consistent with those reported by male victims of IPV such as shame, fear, and societal assumptions (Taylor et al., 2022). The present study aligns with and extends the current literature, in that while men and women report similar reasons for not disclosing their situations to members of their network, men's hesitancy appears to be rooted in societal ideas about masculinity and violence that lead to them wanting to protect their reputation (as both 'good' and 'manly'), whereas women's hesitancy emphasizes the interpersonal consequences of negative responses from support providers.

While a large portion of the social support literature focuses on the physical and psychological benefits of social support, fewer studies have looked closer at what constitutes

these experiences. These findings highlight the way in which not all members of a network act in ways that are perceived as supportive, ultimately drawing attention to the possibility of a harmful element of support efforts. This aligns with existing ideas among scholars, in that the type and timing of social support must align between the giver and the receiver in order for it to be *perceived* as support and for positive outcomes to be observed (Jacobson, 1986; Östberg & Lennartsson, 2007). Therefore, this key finding stresses the importance of focusing on the way in which network members provide support and the type of support they provide. While there is research to support the benefit of social support after IPV (Carlson et al., 2002; Suvak et al., 2013), this research is most often done with women who have left their relationships. Therefore, this study highlights the way social support experiences among this population may be different for those who leave versus those who stay, due to the heightened scrutiny and negative reactions experienced among women who choose to stay.

Positive Support

Also consistent with existing research on social support, participants in this sample expressed the psychological benefit of perceived support. These positive support experiences led participants to feel cared for, understood, heard, and less alone. This finding is consistent with previous research that has found social support to buffer negative psychological outcomes associated with IPV and increase resiliency (Carlson et al., 2002; Suvak et al., 2013). For both men and women, positive support experiences involved connection, no judgment, trust, and feeling heard. Existing research in the context of IPV highlights that male and female victims who have more perceived support (specifically emotional support) have better psychological outcomes (Douglas & Hines, 2011; Harandi et al., 2017; Sylaska & Edwards, 2014). Overall, this

research aligns with existing literature regarding the power of perceived support among those who have experienced violence within their relationships and have chosen to stay together.

The Power of Feeling Understood. A salient finding from the data was the role of feeling understood in perceived support and almost all participants expressed being able to relate to network members as an important piece in feeling understood. The benefit of having shared experiences with members of one's social network has been studied, as researchers have found homophily to be a prominent factor in social network building and maintenance (McPherson et al., 2001). This notion may offer an explanation for the participants' desire to communicate with supporters who had similar experiences to them and could in turn relate to their position in life (i.e., violence, parenthood, disability, gender, etc.). The women's desire to have other women as sources of social support is consistent with existing research that has found an association between gender homophily and perceived social support (Lee et al., 2018). For the participants in this study, having shared experiences appeared to facilitate increased trust, disclosure, help-seeking, and the perception of more useful advice and support.

The majority of the women in this study referenced the helpfulness of speaking with women who could understand their relationship challenges as this created a space with less judgment, more useful advice, and better support. However, some women expressed the unhelpfulness of support from friends who were experiencing violence in their relationships and had yet to take any positive action. These conflicting perceptions may be related to the severity of violence that their friends had experienced and their ability to work through those challenges or not. Research supports this idea in that women who experience violence within their own relationships may provide less useful support and have fewer psychological resources to offer (Levendosky et al., 2004). The women who emphasized homophily as positive, described their

friends as having more general "relationship challenges" and finding ways to work through them, which served to inject hope or result in more helpful advice.

The Role of Social Location in Experiences of Social Support

Gender

The present study revealed how gender played a significant role in experiences of social support among the men in this study. Not only did the men have less social support than the women, but cultural assumptions about gender and masculinity prevented vulnerability, help-seeking, and positive support experiences. Researchers argue, that to understand the lack of social support and help-seeking among men, one must first understand the role of masculine gender role socialization and stigmatization (Addis & Mahalik, 2003). In Western societies, dominant ideas about what it means to be a 'man' promote hegemonic and toxic masculinity (Addis & Mahalik, 2003; Connell, 2001; Scott-Storey et al., 2023). These assumptions about masculinity most often reflect a 'strong male' narrative of being both physically and mentally strong, fearless, powerful, and in control (Addis & Mahalik, 2003; Walker et al., 2020). An emphasis on self-reliance among men often leads to the belief that men should not need any help/support, which in turn perpetuates shame and stigma if they do utilize support (i.e., Connell, 2001; Lindinger-Sternart, 2015). In contrast, women are socialized to value social support and to be more expressive in their interpersonal interactions (Ermer & Proulx, 2020; Matud et al., 2003; Schwarzer et al., 2004). These gendered assumptions may offer an explanation for gender differences in social support in the present study. This is also consistent with research on help-seeking among men that has shown that a stronger adherence to masculine beliefs is associated with more negative attitudes toward help-seeking (Vogel et al., 2011). For the men, it appears that the consequences of assumptions about their gender simultaneously created and perpetuated

cycles of minimal support. This could be thought of in terms of the Cycle of Avoidance (COA; Biddle et al., 2007), in that men's consistent avoidance of help-seeking ultimately keeps them stuck in a cycle of attempting to cope and/or normalize their struggles, until the need is perceived as dire enough (i.e., a crisis; Biddle et al., 2007). In this study, all of the men shared narratives which reflected cultural narratives of masculinity and shared the experience of lacking support to deal with the challenges of their relationships.

This study along with more recent research (e.g., Scott-Storey et al., 2023; Taylor et al., 2022), attempts to address the lack of research on men in the context of IPV. It is important to note that cultural assumptions about violence are also gendered, in that the media and history have portrayed men as violent and aggressive (Connell, 2001; Connell & Messerschmidt, 2005). These assumptions immediately label men as the 'bad guy,' resulting in a perceived lack of support for dealing with their relationship challenges (Taylor et al., 2022; Walker et al., 2020). While it is essential that men take responsibility for their abusive behaviours, the men in this study felt that they were automatically subject to judgment and scrutiny, before having the opportunity to share their stories. A study by Taylor et al. (2022), looked at barriers to support among men who self-identified as victims of IPV, which revealed the ways in which men's beliefs related to their gender prevented help-seeking. Similar to the current study, one barrier to disclosure among men in this study was being labelled as an 'abuser,' along with legal and social repercussions (Taylor et al., 2022). In contrast to the Taylor et al. (2022) study where the men were victims of IPV, in the present study men also behaved in abusive ways toward their partners. Therefore, while the men in Taylor et al.'s (2022) study feared being *wrongfully* labelled as they had not perpetrated violence, it is likely that the men in the present study feared the consequences associated with these labels or their lack of insight caused them to feel

'mislabelled' (despite their abusive behaviours). Overall, men's unwillingness to acknowledge their abusive behaviour (Edleson & Brygger, 1986; Heckert & Gondolf, 2000), combined with their fears over the repercussions (Taylor et al., 2022) may create tension for men that impacts perceptions of support for their relationship.

The findings also revealed the ways in which the men in this sample centred their identities as fathers in their narratives of violence and social support. Consistent with the men in this sample, a study by Giallo et al. (2017) found an emphasis on self-reliance, masculinity, and attempts to minimize struggles as a part of life that men need to "deal with" (p. 243) as barriers to help-seeking among non-violent fathers. Research with male victims of IPV suggests that the perceived well-being of men's children or the fear of losing their children prevents disclosure and help-seeking (Taylor et al., 2022), which may also play a role in some of the men's experiences of support. While the men in this study appeared to use their role as fathers to better understand their lack of support in a way that was consistent with hegemonic masculinity (i.e., father as the provider; Connell, 2001; Giallo et al., 2017), it is possible that by emphasizing their selflessness, sacrifice, and love for their children, the men were over-compensating for or attempting to draw attention away from their abusive behaviours (Meyer, 2018). Consistent with this idea, a qualitative study with male perpetrators of IPV found that men found a large sense of meaning in their role as fathers, as they emphasized ideas about being a provider, sacrificing, and putting their children above all (Perel & Peled, 2008). These researchers found that men were unable to recognize the harm of their abusive behaviours and instead emphasized their positive roles as fathers to distance themselves from threats to their self-perception (Perel & Peled, 2008). Taken together, this research is consistent with the findings from the present study and may offer an explanation for the role of fatherhood in the men's narratives. Research also suggests that

focusing on the role of fatherhood can be a motivating factor in behaviour change among male perpetrators of violence (Meyer, 2018). Given the importance of fatherhood, this finding may be useful to service providers working to engage men in change.

Race, Gender, and Class

In the present study, the intersection of race and gender created a unique experience of social support for some participants. For two participants, the intersection of their Indigenous identity, gender, and class, impacted their access to and experience of social support. Indigenous Peoples are more vulnerable to increased mental and physical health challenges, poverty, unemployment, and discrimination (Gross et al., 2016). Therefore, it is important to understand the social disparity between Indigenous and non-Indigenous Peoples at a structural level as colonial systems have functioned to create inequality in experience that negatively impacts health and limits access to support for Indigenous Peoples (Nelson & Wilson, 2017). Further, the historic marginalization of Indigenous Peoples in Canada isolates this population (socially, geographically, and culturally) due to a history of forced assimilation and colonization (Samuel et al., 2018). Canada's history has not only created cycles of intergenerational trauma but created existing social disparities of poverty and discrimination that create an enduring cycle of limited support for Indigenous Peoples (Samuel et al., 2018). These factors intersect with gender to create unique experiences for Indigenous men and women.

Man 5 faces gender-based barriers to help-seeking (Ermer & Proulx, 2020; Richmond et al., 2007b) combined with a lack of support in his community, poverty, and discrimination (Gross et al., 2016). Consistent with his experience, scholars argue that this intersection creates a dire situation for Indigenous men in the context of social support (Gross et al., 2016). Consistent with Man 5's voiced desires for what he is looking for in formal support (i.e., non-judgmental,

Indigenous practices, homophily, etc.), research supports the benefit of a general men's health program that encompasses these criteria in increasing levels of trust, support, and connection to one's culture and heritage among Indigenous men (Gross et al., 2016). Overall, these findings show that free, confidential, accessible, and culturally competent services are of great desire for this population.

The way in which the intersection of race, gender, and class impacted Woman 5's experience of support, as an Indigenous woman, is also consistent with the literature. Scholars argue that the impact of the patriarchal oppression of women combined with the colonial oppression and discrimination of Indigenous Peoples affords Indigenous women even less power and resources in society while placing them at an increased risk of relationship violence (Brownridge et al., 2017; McKinley, 2022). Consistent with Woman 5's experience, research suggests that lower income and past trauma among Indigenous women are both related to less social support among Indigenous victims of IPV (Burrage et al., 2021). It is important that Indigenous women have access to support that addresses both past trauma and IPV (Burrage et al., 2021) in a way that is accessible (i.e., low cost) to this population.

For Man 3, the intersection of his identity as a South Asian man created a unique position in the context of IPV that afforded him less structural and interpersonal power, and in turn less perceived support. While research on female victims of IPV found that racial minorities are less likely to seek support for their relationship (Sylaska & Edwards, 2014), there is a gap in the literature on the experience of men with diverse ethnic identities in the context of violence. Therefore, this research extends the existing knowledge by highlighting the ways in which cultural assumptions about violence that prevent men from being seen as victims and perpetuate 'abuser' narratives, are amplified among racial minority men. This aligns with other men's ideas

about their vulnerability to criminalization due to their gender (Taylor et al., 2022), as well as other research that highlights how racial minority groups are more likely to perceive the police negatively and experience racial profiling (Cochran & Warren, 2012). Ultimately, the intersection of gender and race may make the consequences of these cultural ideas more salient among men with marginalized identities.

Ability and Gender

Another element of social location that impacted experiences of social support was the intersection of gender and ability. The gendering of disability present in this study is consistent with the existing literature, as research suggests that women are more likely than men to be living with a disability (Statistics Canada, 2018). Further, women with physical and/or mental health related disabilities are more likely to experience violence in their relationships than women without disabilities (Brownridge et al., 2022; Savage, 2021). A notable quote in the area of gender and disability from Fine and Asch (1985) states that "[a woman with a disability] confronts the sexism experienced by most women, but is deprived even of the fragile pedestal on which [women without disabilities] are often placed" (p. 245). While women with disabilities are often stripped of any minimal power that their gender may afford them, they are also more likely to be perceived as helpless and weak and in turn more susceptible to violence (Fine & Asch, 1985; Mohamed & Shefer, 2015). This study adds to the existing literature by highlighting how women with disabilities who experience violence within their relationships have more challenging experiences with social support due to their gender, disabilities, and their relationship conflict. Consistent with findings from other qualitative studies with women with disabilities in violent relationships (e.g., Thomas et al., 2008), the women in this study were more socially isolated due to their disabilities and more likely to depend on their partners

physically and financially. Feminist and disability theorists posit that powerlessness as a woman due to patriarchal ideas in society compounds with powerlessness derived from disability, to create a situation with a dire lack of power that makes women more vulnerable to violence and social isolation (Iudici et al., 2019; Mays, 2006; Nosek & Hughes, 2003).

For the men in this study, gender and mental health intersected to create challenging experiences of social support due to ideas about shame, vulnerability, and self-reliance. This is consistent with findings from a qualitative study on help-seeking among men with depression, as a theme of 'guarded vulnerability' emerged from men's stories, which emphasized the ways in which men were hesitant to be vulnerable (despite acknowledgment of their struggles) due to the threat to their masculinity (Johnson et al., 2012). This study also found that "manly self-reliance" emerged as a barrier to help-seeking, as many men were influenced by the ways in which help-seeking went against hegemonic masculinity (Johnson et al., 2012).

Implications

The present study has various clinical and theoretical implications. First, all participants agreed on the importance of social support in managing their relationship challenges. While conjoint treatment after IPV remains controversial, this study shares voices from those who utilize these services which stress its perceived importance within their support network. The findings also extend existing theories on the protective power of social support (Gleason & Bornstein, 2020; House et al., 1988), by highlighting the conditions under which these positive outcomes are more likely to occur among this population. It may be helpful to educate network members (i.e., friends, family, service providers, etc.) on how to provide support in a way that is perceived as non-judgemental, unbiased, and empathetic. The findings also revealed valuable information for service providers and planners regarding what couples are looking for (i.e., tools,

skills, communication, conflict resolution, etc.). Service providers should work to reduce the cost of services, increase the number of staff, and improve cultural competence. Finally, given the role of relatability in perceived support, making an effort to connect men and women with people in similar situations (in a formal or informal context) may increase perceived support.

Participants' narratives surrounding violence and social support also revealed information about how social support transactions occur within networks. The perceived unhelpfulness of suggestions to end the relationship after violence highlights some existing tension for individuals providing support: they appear to be placed in challenging positions between promoting safety and leaving an individual with no support. It may be important for informal supporters to provide emotional support and safe spaces for their friends and family members while being careful not to place judgment or tell the victim how to act. This, in turn, may lead to the individual feeling supported and allowing their support network to remain intact.

This study extends beyond the dichotomous assumption that all women must leave, by providing a voice to the women who are still in the process of navigating their decision. This provides valuable evidence for the way in which experiences of social support differ among female victims of IPV who leave versus those who choose to stay. These interactions also extend theories of IPV by providing some insight into how individuals in these relationships justify their choice to stay, to both themselves and those around them (i.e., “There is more to a relationship than violence” and “He does bad things but he’s not a bad guy”). Further, given the threat that comes with individual support for some couples, it may be useful to address this in couples therapy, in a way that emphasizes social support as a strength for their relationship. Finally, given the role of disability in support and violence, service providers should increase the accessibility of services to decrease social isolation among this population.

Further, the process of meaning-making revealed through the participants' narratives provides rich information about how people who experience and/or perpetrate violence attempt to cope with this experience. By understanding how these individuals come to conceptualize their experience, scholars can better understand the nuanced experience that exists within the context of IPV among those who stay; women's narratives offer an alternative to the dominant discourses in society (Bamberg & Wipff, 2020) by narrating their experiences in a way that allows them to make sense of who they are (Meretoja, 2020) and their decisions to stay in their relationship. Further, this meaning-making process may provide insight into what motivates the individuals/couple to stay in their relationship, which can be useful in perpetuating change in the context of therapy (e.g., Hettema et al., 2005; Prochaska & DiClemente, 1984). Finally, the performative element that emerged from men's narratives highlights the importance of perpetrators taking responsibility for their abusive behaviours, as this is an essential component of conjoint treatment (Stith & McCollum, 2011; Stith et al., 2003). It may helpful be to frame men taking responsibility in therapy as evidence that they are a 'good guy,' given that this perception is important to them. Overall, this research highlights the value of looking at narratives when attempting to understand meaning-making as they illuminate existing processes that may be otherwise missed.

The gender differences found in this study, highlight the need for increased access to social support among men. Further, to challenge existing cultural forces and reduce stigma, it may be helpful to not only increase conversations in the community about male help-seeking but re-frame conversations in a way that connects men's ideas about masculinity to help-seeking (i.e., seeking help as something that is congruent with taking control of one's life). Researchers argue that using men's masculine-focused way of thinking to engage them in help-seeking, may

be a more productive way to increase help-seeking and reduce stigma among this population (Johnson et al., 2012; Lynch et al., 2018). Moreover, it may be advantageous to offer individual services in tandem with couples services. By packaging support this way, men may be more likely to receive the individual support that they need but are too afraid to seek on their own.

Finally, this research has important implications for increasing safety among individuals who experience violence within their relationships. Women in this study discussed the importance of having an emotionally or physically safe space within their support network to go to during relationship conflict. To address this need and increase safety, providers should make it a priority to discuss with women how to find or access safe spaces within their social networks as a means of safety planning.

Strengths, Limitations, and Future Directions

While there are many strengths to this research, it is not without limitations. First, the small sample size used in this study poses a limitation as the low number of participants may limit the transferability of the findings. Further, all couples included in this study identified as cisgender and were in heterosexual relationships: therefore, this study lacks sexual and gender diversity. Given that gender and sexual minority individuals are at an increased risk of experiencing violence in their relationships (Decker et al., 2018; Jaffray, 2021) and have different experiences with support networks (Frost et al., 2016; McDonald, 2018), these findings may be less applicable to these populations. Future research should aim to address these limitations by increasing the sample size and including participants who are diverse in terms of sexual orientation and gender identity. Next, the information gathered for this study was collected at one singular point in time and might not accurately reflect the entirety of a couple's unique experience in the context of violence. Finally, it is important to acknowledge the way in

which my own identity may impact the results; although I have experience working with diverse populations and made an effort to be unbiased, as a White, educated, middle-class woman, it is possible that my identity influenced the way in which participants responded and shared their narratives. For instance, being a woman may have increased fears of bias among the men or impacted the way the women told their stories, given that I cannot relate to their lived experiences of violence or other elements of marginalization.

A major strength of this study would be the methodology used. The narrative method used in this research was a suitable choice as it aligns well with the feminist intersectionality framework employed in this study. As outlined throughout the above discussion, this methodology revealed the value of looking at narratives to understand meaning-making among those who exist in challenging contexts. This method also allowed for a performative element to emerge from participants' narratives, which served as a rich part of the findings. This method in conjunction with a feminist intersectionality framework, allowed for a careful consideration of how social location creates and influences experiences while allowing participants the space to share their own story as they have experienced it. Further, this lens addresses gaps in the literature, as much of the existing research on IPV and social support fails to consider how elements of identity beyond gender, impact experiences. Finally, there can be a benefit in having the opportunity to share one's story, as this can be therapeutic for many people (Ricks et al., 2014). After the interview concluded, I asked participants how it felt for them and at this time many expressed how good it felt to share their story with someone.

While this research creates a conversation about social support in the context of relationship violence, future research should build on this foundation by diving deeper into this topic to support and extend these findings. The findings from this study allow for some

speculation about factors that contribute to the perceived effectiveness and utility of couple-based services, however, future research should extend these ideas by exploring individual and relationship characteristics that lead to more engagement, change, and perceived progress. Future research should build on the information found in this study by implementing a longitudinal approach that allows for a consideration of how narratives about the relationship and social support change over time as social support changes. This would also allow for an examination of how decisions to maintain/end the relationship evolve over time and the role of social support in that evolution. Finally, future research should explore interventions aimed at increasing social support among this population.

References

Ackerman, J., & Field, L. (2011). The gender asymmetric effect of intimate partner violence on relationship satisfaction. *Violence and Victims, 26*(6), 703-724. https://doi.org/10.1891/0886-6708.26.6.703

Addis, M. E., & Mahalik, J. R. (2003). Men, masculinity, and the contexts of help seeking. *American Psychologist, 58*(1), 5–14. https://doi.org/10.1037/0003-066X.58.1.5

Adler, J. M., Dunlop, W. L., Fivush, R., Lilgendahl, J. P., Lodi-Smith, J., McAdams, D. P., McLean, K. C., Pasupathi, M., & Syed, M. (2017). Research methods for studying narrative identity: A primer. *Social Psychological and Personality Science, 8*(5), 519-527. https://doi.org/10.1177/1948550617698202

Anderson, D. K., & Saunders, D. G. (2003). Leaving an abusive partner: An empirical review of predictors, the process of leaving, and psychological well-being. *Trauma, Violence, & Abuse, 4(*2), 163-191. https://doi.org/10.1177/1524838002250769

Baker, C. K., Cook, S. L., & Norris, F. H. (2003). Domestic violence and housing problems: A contextual analysis of women's help-seeking, received informal support, and formal system response. *Violence Against Women, 9*(7), 754-783. https://doi.org/10.1177/1077801203009007002

Bamberg, M., & Wipff, Z. (2020). Re-considering counter narratives. In *Routledge Handbook of Counter-Narratives* (pp. 70-82). London: Routledge. https://doi.org/10.1075/sin.4.43bam

Barnett, O. W., Martinez, T. E., & Keyson, M. (1996). The relationship between violence, social support, and self-blame in battered women. *Journal of Interpersonal Violence, 11*(2), 221-233. https://doi.org/10.1177/088626096011002006

Barrett, B. J., Peirone, A., & Cheung, C. H. (2020). Help seeking experiences of survivors of intimate partner violence in Canada: The role of gender, violence severity, and social belonging. *Journal of Family Violence, 35*(1), 15–28. https://doi.org/10.1007/s10896-019-00086-8

Beeble, M. L., Bybee, D., Sullivan, C. M., & Adams, A. E. (2009). Main, mediating, and moderating effects of social support on the well-being of survivors of intimate partner violence across 2 years. *Journal of Consulting and Clinical Psychology*, 77(4), 718–729. https://doi.org/10.1037/a0016140

Bell, M. E., Goodman, L. A., & Dutton, M. A. (2007). The dynamics of staying and leaving: Implications for battered women's emotional well-being and experiences of violence at the end of a year. *Journal of Family Violence, 22*(6), 413-428. https://doi.org/10.1007/s10896-007-9096-9

Biddle, L., Donovan, J., Sharp, D., & Gunnell, D. (2007). Explaining non-help-seeking amongst young adults with mental distress: a dynamic interpretive model of illness behaviour. *Sociology of Health & Illness., 29*(7), 983–1002. https://doi.org/10.1111/j.1467-9566.2007.01030.x

Blaise, M. (2005a). *Playing it straight: Uncovering gender discourses in the early childhood classroom*. Routledge. https://doi.org/10.4324/9780203623039

Blaise, M. (2005b). A feminist poststructuralist study of children "doing" gender in an urban kindergarten classroom. *Early childhood research quarterly, 20*(1), 85-108. https://doi.org/10.1016/j.ecresq.2005.01.002

Blaise, M. (2009). “What a girl wants, what a girl needs”: Responding to sex, gender, and sexuality in the early childhood classroom. *Journal of Research in Childhood Education, 23*(4), 450-460. https://doi.org/10.1080/02568540909594673

Bodenmann, G., Meuwly, N., Germann, J., Nussbeck, F. W., Heinrichs, M., & Bradbury, T. N. (2015). Effects of stress on the social support provided by men and women in intimate relationships. *Psychological Science, 26*(10), 1584-1594. https://doi.org/10.1177/0956797615594616

Bograd, M. (1999). Strengthening domestic violence theories: intersections of race, class, sexual orientation, and gender. *Journal of Marital and Family Therapy, 25*(3), 275–289. https://doi.org/10.1111/j.1752-0606.1999.tb00248.x

Bowleg, L. (2008). When black + lesbian + woman ≠ black lesbian woman: The methodological challenges of qualitative and quantitative intersectionality research. *Sex Roles, 59*(5-6), 312–325. https://doi.org/10.1007/s11199-008-9400-z

Breiding, M., Basile, K. C., Smith, S. G., Black, M. C., & Mahendra, R. R. (2015). Intimate partner violence surveillance: Uniform definitions and recommended data elements. Version 2.0.

Brownridge, D. A., Taillieu, T., Afifi, T., Chan, K. L., Emery, C., Lavoie, J., & Elgar, F. (2017). Child maltreatment and intimate partner violence among indigenous and non-indigenous Canadians. *Journal of Family Violence, 32*(6), 607–619. https://doi.org/10.1007/s10896-016-9880-5

Brownridge, D. A., Taillieu, T., Urquia, M. L., Lysova, A., Chan, K. L., Kelly, C., & Santos, S. (2022). Intimate partner violence among persons with mental health-related disabilities in

Canada. *Journal of Interpersonal Violence, 37*(1–2), 497–519. https://doi.org/10.1177/0886260520912589

Burrage, R. L., Gagnon, M., & Graham-Bermann, S. A. (2021). Trauma history and social support among American Indian/Alaska native and non-native survivors of intimate partner violence. *Journal of Interpersonal Violence, 36*(5-6), NP3326-NP3345. https://doi.org/10.1177/0886260518772103

Campbell, R., Sullivan, C. M., & Davidson, W. S. (1995). Women who use domestic violence shelters: Changes in depression over time. *Psychology of Women Quarterly, 19*(2), 237-255. https://doi.org/10.1111/j.1471-6402.1995.tb00290.x

Carlson, B. E., McNutt, L.-A., Choi, D. Y., & Rose, I. M. (2002). Intimate partner abuse and mental health: The role of social support and other protective factors. *Violence Against Women, 8*(6), 720–745. https://doi.org/10.1177/10778010222183251

Carlson, R. G., Wheeler, N. J., Liu, X., Hipp, C., & Daire, A. P. (2020). The relationship between social support and family relationships among low-income couples attending relationship education. *Family Process, 59*(4), 1498–1516. https://doi.org/10.1111/famp.12499

Carstensen, L. L., Isaacowitz, D. M., & Charles, S. T. (1999). Taking time seriously: A theory of socioemotional selectivity. *American Psychologist, 54*(3), 165. https://doi.org/10.1037/0003-066X.54.3.165

Chapman, H., & Gillespie, S. M. (2019). The revised conflict tactics scales (CTS2): A review of the properties, reliability, and validity of the CTS2 as a measure of partner abuse in community and clinical samples. *Aggression and Violent Behavior, 44*, 27-35. https://doi.org/10.1016/j.avb.2018.10.006

Chou, S. (2020). *How do couples assess relationship satisfaction after there have been abusive behaviours?* [Unpublished master's thesis]. University of Manitoba.

Cochran, J. C., & Warren, P. Y. (2012). Racial, ethnic, and gender differences in perceptions of the police: The salience of officer race within the context of racial profiling. *Journal of Contemporary Criminal Justice, 28*(2), 206–227. https://doi.org/10.1177/1043986211425726

Cohen, S., Underwood, L. G., & Gottlieb, B. H. (Eds.). (2000). *Social support measurement and intervention: A guide for health and social scientists.* Oxford University Press. https://doi.org/10.1093/med:psych/9780195126709.001.0001

Cole, E. R. (2009). Intersectionality and research in psychology. *American Psychologist, 64*(3), 170. https://doi.org/10.1037/a0014564

Connell, R. W. (2001). Studying men and masculinity. *Resources for feminist research*, *43*-57.

Connell, R. W., & Messerschmidt, J. W. (2005). Hegemonic masculinity: Rethinking the concept. *Gender & Society, 19*(6), 829–859. https://doi.org/10.1177/0891243205278639

Cotter, A. (2021). Intimate partner violence in Canada, 2018: An overview. *Juristat: Canadian Centre for Justice Statistics*, 1-23. https://uml.idm.oclc.org/login?url=https://www.proquest.com/scholarly-journals/intimate-partner-violence-canada-2018-overview/docview/2528511177/se-2?accountid=14569

Crane, C. A., & Easton, C. J. (2017). Integrated treatment options for male perpetrators of intimate partner violence: Integrated treatments for partner violence. *Drug and Alcohol Review, 36*(1), 24–33. https://doi.org/10.1111/dar.12496

Creswell, J., & Poth, C. (2016). *Qualitative inquiry and research design: Choosing among five approaches*. Sage.

Creswell, J. W., & Creswell, J. D. (2017). Research design: Qualitative, quantitative, and mixed methods approaches (5th Ed.). Los Angeles, CA, Sage.

Decker, M., Littleton, H. L., & Edwards, K. M. (2018). An updated review of the literature on LGBTQ+ intimate partner violence. *Current Sexual Health Reports, 10*(4), 265-272. https://doi.org/10.1007/s11930-018-0173-2

De Coster, S., & Heimer, K. (2021). Unifying theory and research on intimate partner violence: A feminist perspective. *Feminist Criminology, 16*(3), 286–303. https://doi.org/10.1177/1557085120987615

Dobash, R. E., & Dobash, R. P. (1998). Violent Men and Violent Contexts. In *Rethinking Violence Against Women* (pp. 141–168). https://doi.org/10.4135/9781452243306.n6

Dobash, R. P., Dobash, R. E., Wilson, M., & Daly, M. (1992). The myth of sexual symmetry in marital violence. *Social Problems, 39*(1), 71-91. https://doi.org/10.1525/sp.1992.39.1.03x0064l

Douglas, E. M., & Hines, D. A. (2011). The helpseeking experiences of men who sustain intimate partner violence: An overlooked population and implications for practice. *Journal of Family Violence, 26*(6), 473–485. https://doi.org/10.1007/s10896-011-9382-4

Dutton, D. G., Hamel, J., & Aaronson, J. (2010). The gender paradigm in family court processes: Re-balancing the scales of justice from biased social science. *Journal of Child Custody, 7*(1), 1-31. https://doi.org/10.1080/15379410903554816

Edleson, J. L., & Brygger, M. P. (1986). Gender differences in reporting of battering incidences. *Family Relations, 377*-382. https://doi.org/10.2307/584364

Egeland, B. (1993). A history of abuse is a major risk factor for abusing the next generation. *Current Controversies on Family Violence,* 197-208.

El-Bassel, N., Gilbert, L., Rajah, V., Foleno, A., & Frye, V. (2001). Social support among women in methadone treatment who experience partner violence: Isolation and male controlling behavior. *Violence Against Women, 7*(3), 246-274. https://doi.org/10.1177/10778010122182433

Ermer, A. E., & Proulx, C. M. (2020). Social support and well-being among older adult married couples: A dyadic perspective. *Journal of Social and Personal Relationships, 37*(4), 1073-1091. https://doi.org/10.1177/0265407519886350

Eschholz, S., Bufkin, J., & Long, J. (2002). Symbolic reality bites: Women and racial/ethnic minorities in modern film. *Sociological Spectrum, 22*(3), 299-334. https://doi.org/10.1080/02732170290062658

Etchison, M., & Kleist, D. M. (2000). Review of narrative therapy: Research and utility. *The Family Journal, 8*(1), 61-66. https://doi.org/10.1177/1066480700081009

Etikan, I., Musa, S. A., & Alkassim, R. S. (2016). Comparison of convenience sampling and purposive sampling. *American Journal of Theoretical and Applied Statistics, 5*(1), 1-4. ttps://doi.org/10.11648/j.ajtas.20160501.11

Fine, M., & Asch, A. (1985). Disabled women: Sexism without the pedestal. In *Women and Disability* (1st ed., pp. 6–22). Routledge. https://doi.org/10.4324/9781351318082-2

Fisher, J., & Silber, E. S. (2000). Good and bad beyond belief: Teaching gender lessons through fairy tales and feminist theory. *Women's Studies Quarterly, 28*(3/4), 121-136. https://dx.doi.org/10.1111/tger.12153.

Fisherkeller, J. (1997). Everyday learning about identities among young adolescents in television culture. *Anthropology & education quarterly, 28*(4), 467-492. https://doi.org/10.1525/aeq.1997.28.4.467

Flinck, A., Åstedt-Kurki, P., & Paavilainen, E. (2008). Intimate partner violence as experienced by men. *Journal of Psychiatric and Mental Health Nursing, 15*(4), 322–327. https://doi.org/10.1111/j.1365-2850.2007.01231.x

Franklin, C. A., & Kercher, G. A. (2012). The intergenerational transmission of intimate partner violence: Differentiating correlates in a random community sample. *Journal of Family Violence, 27*(3), 187-199. https://doi.org/10.1007/s10896-012-9419-3

Fraser, H. (2004). Doing narrative research: Analysing personal stories line by line. *Qualitative Social Work, 3(*2), 179–201. https://doi.org/10.1177/1473325004043383

Freda, M. F. (2008). Understanding narrative role in depicting meaning and clinical intervention. *Yearbook of Ideographic Science, 1,* 81-93.

Frost, D. M., Meyer, I. H., & Schwartz, S. (2016). Social support networks among diverse sexual minority populations. *American Journal of Orthopsychiatry, 86* (1), 91-102. doi: 10.1037/ort0000117.

Fuller-Iglesias, H. R. (2015). Social ties and psychological well-being in late life: The mediating role of relationship satisfaction. *Aging & Mental Health, 19*(12), 1103-1112. https://doi.org/10.1080/13607863.2014.1003285

Giallo, R., Dunning, M., & Gent, A. (2017). Attitudinal barriers to help-seeking and preferences for mental health support among Australian fathers. *Journal of Reproductive and Infant Psychology, 35*(3), 236–247. https://doi.org/10.1080/02646838.2017.1298084

Gleason, M. E. J., & Bornstein, J. X. (2020). Social support and health. *The Wiley Encyclopedia of Health Psychology, 703*-707. https://doi-org.uml.idm.oclc.org/10.1002/9781119057840.ch122

Goodmark, L. (2009). Reframing domestic violence law and policy: An anti-essentialist proposal. *Wash.* UJL & Pol'y, 31, 39.

Griffin, M. L., Amodeo, M., Clay, C., Fassler, I., & Ellis, M. A. (2006). Racial differences in social support: Kin versus friends. *American Journal of Orthopsychiatry, 76*(3), 374-380. https://doi.org/10.1037/0002-9432.76.3.374

Gross, P. A., Efimoff, I., Patrick, L., Josewski, V., Hau, K., Lambert, S., & Smye, V. (2016). The DUDES Club: A brotherhood for men's health [Le DUDES Club]. *Canadian Family Physician, 62*(6), e311–e318.

Haber, M. G., Cohen, J. L., Lucas, T., & Baltes, B. B. (2007). The relationship between self-reported received and perceived social support: A meta-analytic review. *American Journal of Community Psychology, 39*(1), 133–144. https://doi.org/10.1007/s10464-007-9100-9

Harandi, T. F., Taghinasab, M. M., & Nayeri, T. D. (2017). The correlation of social support with mental health: A meta-analysis. *Electronic Physician, 9*(9), 5212. https://doi.org/10.19082/5212

Heckert, D. A., & Gondolf, E. W. (2000). Assessing assault self-reports by batterer program participants and their partners. *Journal of Family Violence, 15*(2), 181–197. https://doi.org/10.1023/A:1007594928605

Hettema, J., Steele, J., & Miller, W. R. (2005). Motivational interviewing. *Annual Review of Clinical Psychology (2005), 1*(1), 91-111. https://doi.org/10.1146/annurev.clinpsy.1.102803.143833

Hiebert-Murphy, D., Ristock, J., & Brownridge, D. A. (2011). The meaning of "risk" for intimate partner violence among women in same-sex relationships. In J. L. Ristock (Ed.), *Intimate partner violence in LGBTQ lives* (pp. 37-55). New York, NY: Routledge.

Hine, B., Bates, E. A., & Wallace, S. (2022). "I have guys call me and say 'I can't be the victim of domestic abuse'": Exploring the experiences of telephone support providers for male victims of domestic violence and abuse. *Journal of Interpersonal Violence, 37(*7-8), NP5594–NP5625. https://doi.org/10.1177/0886260520944551

Holmes, A. G. D. (2020). Researcher positionality-A consideration of its influence and place in qualitative research-A new researcher guide. *Shanlax International Journal of Education, 8*(4), 1-10. https://doi.org/10.34293/education.v8i4.3232

Hoskins, N., & Kunkel, A. (2022). "I didn't really have anybody to turn to": Barriers to social support and the experiences of male perpetrators of intimate partner violence. *Journal of Interpersonal Violence, 37*(7-8), NP5317–NP5343. https://doi.org/10.1177/0886260520961869

House, J. (1981). *Work stress and social support*. Addison-Wesley Pub. Co.

House, J. S., Umberson, D., & Landis, K. R. (1988). Structures and processes of social support. *Annual Review of Sociology, 14(*1), 293-318. https://doi.org/10.1146/annurev.so.14.080188.001453

Hunting, G. (2014). Intersectionality-informed qualitative research: A primer. *Criminology, 4(*1), 32-56. https://www.ifsee.ulaval.ca/sites/ifsee.ulaval.ca/files/9eba2da23ab70bfadd9ca2e076af4a3a62cc.pdf

Iudici, A., Antonello, A., & Turchi, G. (2019). Intimate partner violence against disabled persons: Clinical and health impact, intersections, issues and intervention strategies. *Sexuality & Culture: An Interdisciplinary Quarterly, 23*(2), 684–704. https://doi.org/10.1007/s12119-018-9570-y

Jacobson, D. E. (1986). Types and timing of social support. *Journal of Health and Social Behavior*, 27(3), 250-264.

Jaffray, B. (2021). Intimate partner violence: Experiences of sexual minority women in Canada, 2018. *Juristat: Canadian Centre for Justice Statistics*, 1-18. https://uml.idm.oclc.org/login?url=https://www.proquest.com/scholarly-journals/intimate-partner-violence-experiences-sexual/docview/2528510729/se-2?accountid=14569

Johnson, J. L., Oliffe, J. L., Kelly, M. T., Galdas, P., & Ogrodniczuk, J. S. (2012). Men's discourses of help-seeking in the context of depression. *Sociology of health & illness, 34*(3), 345–361. https://doi.org/10.1111/j.1467-9566.2011.01372.x

Johnson, M. P., & Leone, J. M. (2005). The differential effects of intimate terrorism and situational couple violence: Findings from the National Violence Against Women Survey. *Journal of Family Issues, 26*(3), 322-349. https://doi.org/10.1177/0192513x04270345

Johnston, J. R. (2006). A child-centered approach to high-conflict and domestic-violence families: Differential assessment and interventions. *Journal of Family Studies, 12*(1), 15–35. https://doi.org/10.5172/jfs.327.12.1.15

Jones, R. T., Browne, K., & Chou, S. (2017). A critique of the revised Conflict Tactics Scales-2 (CTS-2). *Aggression and Violent Behavior, 37*, 83-90. https://doi.org/10.1016/j.avb.2017.08.005

Joosen, V. (2004). Feminist criticism and the fairy tale: The emancipation of 'Snow White' in fairy-tale criticism and fairy-tale retellings. *New Review of Children's Literature and Librarianship, 10*(1), 5-14. https://doi.org/10.1080/1361454042000294069

Jordan, A., Anitha, S., Jameson, J., & Davy, Z. (2022). Hierarchies of masculinity and lad culture on campus: "Bad guys", "good guys", and complicit men. *Men and Masculinities, 25*(5), 698-720. https://doi.org/10.1177/1097184X21106432

Julien, D., Chartrand, E., Simard, M.-C., Bouthillier, D., & Bégin, J. (2003). Conflict, social support, and relationship quality. *Journal of Family Psychology, 17* (3), 419-428. https://doi.org/10.1037/0893-3200.17.3.419

Karakurt, G., Whiting, K., van Esch, C., Bolen, S. D., & Calabrese, J. R. (2016). Couples therapy for intimate partner violence: A systematic review and meta-analysis. *Journal of Marital and Family Therapy, 42*(4), 567–583. https://doi.org/10.1111/jmft.12178

Kaul, M., & Lakey, B. (2003). Where is the support in perceived support? The role of generic relationship satisfaction and enacted support in perceived support's relation to low distress. *Journal of Social and Clinical Psychology, 22*(1), 59-78. https://doi.org/10.1521/jscp.22.1.59.22761

Kirkman, M. (2002). What's the plot? Applying narrative theory to research in psychology. *Australian Psychologist,* 37(1), 30-38. https://doi.org/10.1080/00050060210001706646

Kouzakova, M., Ellemers, N., Harinck, F., & Scheepers, D. (2012). The implications of value conflict: How disagreement on values affects self-involvement and perceived common

ground. *Personality and Social Psychology Bulletin, 38*(6), 798-807. https://doi.org/10.1177/0146167211436320

Lakey, B., & Orehek, E. (2011). Relational regulation theory: a new approach to explain the link between perceived social support and mental health. *Psychological Review, 118*(3), 482-495. https://doi.org/10.1037/a0023477

Lee, H., Fawcett, J., & DeMarco, R. (2016). Storytelling/narrative theory to address health communication with minority populations. *Applied Nursing Research, 30*, 58–60. https://doi.org/10.1016/j.apnr.2015.09.004

Lee, S., Chung, J. E., & Park, N. (2018). Network environments and well-being: An examination of personal network structure, social capital, and perceived social support. *Health communication, 33*(1), 22-31. https://doi.org/10.1080/10410236.2016.1242032

Levendosky, A. A., Bogat, G. A., Theran, S. A., Trotter, J. S., Eye, A. V., & Davidson, W. S. (2004). The social networks of women experiencing domestic violence. *American Journal of Community Psychology, 34*(1-2), 95-109. https://doi.org/10.1023/b:ajcp.0000040149.58847.10

Lindinger-Sternart, S. (2015). Help-seeking behaviors of men for mental health and the impact of diverse cultural backgrounds. *International Journal of Social Science Studies, 3*(1). https://doi.org/10.11114/ijsss.v3i1.519

Lynch, L., Long, M., & Moorhead, A. (2018). Young men, help-seeking, and mental health services: exploring barriers and solutions. *American Journal of Men's Health, 12*(1), 138-149. https://doi.org/10.1177/1557988315619469

Macy, R. J., Nurius, P. S., Kernic, M. A., & Holt, V. L. (2005). Battered women's profiles associated with service help-seeking efforts: Illuminating opportunities for intervention. *Social Work Research, 29*(3), 137–150. https://doi.org/10.1093/swr/29.3.137

Malik, J., Heyman, R. E., & Smith Slep, A. M. (2020). Emotional flooding in response to negative affect in couple conflicts: Individual differences and correlates. *Journal of Family Psychology, 34*(2), 145-154. https://doi.org/10.1037/fam0000584

Matud, M. P., Ibañez, I., Bethencourt, J. M., Marrero, R., & Carballeira, M. (2003). Structural gender differences in perceived social support. *Personality and Individual Differences, 35*(8), 1919-1929. https://doi.org/10.1016/S0191-8869(03)00041-2

Mays, J. M. (2006). Feminist disability theory: Domestic violence against women with a disability. *Disability & Society, 21*(2), 147-158. https://doi.org/10.1080/09687590500498077

McAdams, D. P. (1995). What do we know when we know a person? *Journal of Personality, 63* (3), 363-396. https://doi.org/10.1111/j.1467-6494.1995.tb00500.x

McAdams, D. P., & McLean, K. C. (2013). Narrative identity. *Current Directions in Psychological Science: A Journal of the American Psychological Society, 22*(3), 233–238. https://doi.org/10.1177/0963721413475622

McDonald, K. (2018). Social support and mental health in LGBTQ adolescents: A review of the literature. *Issues in mental health nursing, 39*(1), 16–29. https://doi.org/10.1080/01612840.2017.1398283

McKinley, C. E. (2022). "It just took something from me": A mixed-methods examination of intimate partner violence victimization and perpetration among US Indigenous peoples.

Psychological Trauma: Theory, Research, Practice, And Policy, 14(1), 1. https://doi.org/10.1037/tra0001088

McLean, K. C. (2008). Stories of the Young and the old: Personal continuity and narrative identity. *Developmental Psychology, 44*(1), 254–264. https://doi.org/10.1037/0012-1649.44.1.254

McLean, K. C., & Syed, M. (2015). Personal, master, and alternative narratives: An integrative framework for understanding identity development in context. *Human Development, 58*, 318-349. http://dx.doi.org/10.1159/000445817

McPherson, M., Smith-Lovin, L., & Cook, J. M. (2001). Birds of a feather: Homophily in social networks. *Annual review of sociology, 27*(1), 415-444. https://doi.org/10.1146/annurev.soc.27.1.415

Menzies, P. (2008). Developing an Aboriginal healing model for intergenerational trauma. *International Journal of Health Promotion and Education, 46*(2), 41–48. https://doi.org/10.1080/14635240.2008.10708128

Meretoja, H. (2020). A dialogics of counter-narratives. In *Routledge handbook of counter-narratives* (pp. 30-42). Routledge.

Meyer, S. (2018). Motivating perpetrators of domestic and family violence to engage in behaviour change: The role of fatherhood. *Child & Family Social Work, 23*(1), 97-104. https://doi.org/10.1111/cfs.12388

Mohamed, K., & Shefer, T. (2015). Gendering disability and disabling gender: Critical reflections on intersections of gender and disability. *Agenda, 29*(2), 2-13. https://doi.org/10.1080/10130950.2015.1055878

Moroz, N., Moroz, I., & D'Angelo, M. S. (2020). Mental health services in Canada: Barriers and cost-effective solutions to increase access. *Healthcare Management Forum, 33*(6), 282–287. https://doi.org/10.1177/0840470420933911

Neff, L. A., & Karney, B. R. (2005). Gender differences in social support: A question of skill or responsiveness?. *Journal of Personality and Social Psychology, 88*(1), 79-90. https://doi.org/10.1037/0022-3514.88.1.79

Neikirk, A. (2009). '... Happily ever after' (or what fairytales teach girls about being women). *Hohonu: A Journal of Academic Writing, 7*, 38-42.

Nelson, S. E., & Wilson, K. (2017). The mental health of Indigenous Peoples in Canada: A critical review of research. *Social Science & Medicine, 176*, 93-112. https://doi.org/10.1016/j.socscimed.2017.01.021

Norris, P. (2015). Intimate partner violence. *In Emergency Medical Services* (Vol. 1, pp. 421–429). John Wiley & Sons, Ltd. https://doi.org/10.1002/9781118990810.ch60

Nosek, M. A., & Hughes, R. B. (2003). Psychosocial issues of women with physical disabilities: The continuing gender debate. *Rehabilitation Counseling Bulletin*, *46*(4), 224-233. https://doi.org/10.1177/003435520304600403

O'Brien, R., Hunt, K., & Hart, G. (2005). 'It's caveman stuff, but that is to a certain extent how guys still operate': men's accounts of masculinity and help seeking. *Social Science & Medicine (1982), 61*(3), 503–516. https://doi.org/10.1016/j.socscimed.2004.12.008

O'Farrell, T. J., Murphy, C. M., Stephan, S. H., Fals-Stewart, W., & Murphy, M. (2004). Partner violence before and after couples-based alcoholism treatment for male alcoholic patients. *Journal of Consulting and Clinical Psychology, 72* (2), 202-217.

Olson, D. A., & Shultz, K. S. (1994). Gender differences in the dimensionality of social support 1. *Journal of Applied Social Psychology, 24*(14), 1221-1232. https://doi.org/10.1111/j.1559-1816.1994.tb00555.x

Östberg, V., & Lennartsson, C. (2007). Getting by with a little help: The importance of various types of social support for health problems. *Scandinavian Journal of Public Health, 35*(2), 197-204. https://doi.org/10.1080/14034940600813032

Peek, M. K., & O'Neill, G. S. (2001). Networks in later life: An examination of race differences in social support networks. *The International Journal of Aging and Human Development, 52*(3), 207-229. https://doi.org/10.2190/F1Q1-JV7D-VN77-L6WX

Peled, E., Eisikovits, Z., Enosh, G., & Winstok, Z. (2000). Choice and empowerment for battered women who stay: Toward a constructivist model. *Social Work, 45*(1), 9-25. https://doi.org/10.1093/sw/45.1.9

Perel, G., & Peled, E. (2008). The fathering of violent men: Constriction and yearning. *Violence Against Women, 14*(4), 457–482. https://doi.org/10.1177/1077801208314846

Pitre, N., Kushner, K., Raine, K., & Hegadoren, K. (2013). Critical feminist narrative inquiry. *Advances in Nursing Science, 36* (2), 118-132. https://doi.org/10.1097/ANS.0b013e3182902064

Prochaska, J., & DiClemente, C. (1984). The Transtheoretical Approach: Crossing Traditional Foundations of Change (Homewood, IL, Don Jones/Irwin).

Procidano, M. E., & Smith, W. W. (1997). Assessing perceived social support. In *Sourcebook of Social Support and Personality* (pp. 93-106). Springer, Boston, MA. https://doi.org/ 10.1007/978-1-4899-1843-7_5

Purdom, C. L., Lucas, J. L., & Miller, K. S. (2006). Couple type, parental status, and the mediating impact of social support. *North American Journal of Psychology, 8*(1).

Richmond, C. A., Ross, N. A., & Bernier, J. (2007a). Exploring Indigenous concepts of health: The dimensions of Métis and Inuit health.

Richmond, C. A., Ross, N. A., & Egeland, G. M. (2007b). Social support and thriving health: A new approach to understanding the health of indigenous Canadians. *American Journal of Public Health, 97*(10), 1827-1833. https://doi.org/10.2105/AJPH.2006.096917

Ricks, L., Kitchens, S., Goodrich, T., & Hancock, E. (2014). My story: The use of narrative therapy in individual and group counseling. *Journal of Creativity in Mental Health, 9*(1), 99-110. https://doi.org/10.1080/15401383.2013.870947

Riessman, C. K. (2008). *Narrative methods for the human sciences*. Sage Publications.

Rook, K. S., Sorkin, D. H., & Biegler, K. (2020). Social influence. *The Wiley Encyclopedia of Health Psychology, 689*-694. https://doi-org.uml.idm.oclc.org/10.1002/9781119057840.ch120

Rothman, E. F., Butchart, A., & Cerdá, M. (2003). Intervening with perpetrators of intimate partner violence: A global perspective. *Geneva: World Health Organization, 16*-21

Samuel, K., Alkire, S., Zavaleta, D., Mills, C., & Hammock, J. (2018). Social isolation and its relationship to multidimensional poverty. *Oxford Development Studies, 46*(1), 83-97. https://doi.org/10.1080/13600818.2017.1311852

Savage, L. (2021). Intimate partner violence: Experiences of women with disabilities in Canada, 2018. *Juristat: Canadian Centre for Justice Statistics*, 1-23. https://uml.idm.oclc.org/login?url=https://www.proquest.com/scholarly-

journals/intimate-partner-violence-experiences-women-with/docview/2528507998/se-2?accountid=14569

Scharrer, E. (2001). Tough guys: The portrayal of hypermasculinity and aggression in televised police dramas. *Journal of Broadcasting & Electronic Media, 45*(4), 615-634. https://doi.org/10.1207/s15506878jobem4504_5

Schulz, A. J., & Mullings, L. E. (2006). *Gender, race, class, & health: Intersectional approaches*. Jossey-Bass/Wiley. https://doi.org/10.1177/0891243206297800

Schuster, C., Majer, J. M., & Trötschel, R. (2020). Whatever we negotiate is not what I like: How value-driven conflicts impact negotiation behaviors, outcomes, and subjective evaluations. *Journal of Experimental Social Psychology, 90*, 103993–. https://doi.org/10.1016/j.jesp.2020.103993

Schwarzer, R., Knoll, N., & Rieckmann, N. (2004). Social support. *Health Psychology*, 158, 181.

Scott-Storey, K., O'Donnell, S., Ford-Gilboe, M., Varcoe, C., Wathen, N., Malcolm, J., & Vincent, C. (2023). What about the men? A critical review of men's experiences of intimate partner violence. *Trauma, Violence & Abuse, 24*(2), 858–872. https://doi.org/10.1177/15248380211043827

Shaffer, V. A., Focella, E. S., Hathaway, A., Scherer, L. D., & Zikmund-Fisher, B. J. (2018). On the usefulness of narratives: An interdisciplinary review and theoretical model. *Annals of Behavioral Medicine, 52*(5), 429–442. https://doi.org/10.1093/abm/kax008

Simpson, L. E., Doss, B. D., Wheeler, J., & Christensen, A. (2007). Relationship violence among couples seeking therapy: Common couple violence or battering? *Journal of Marital and Family Therapy, 33*(2), 270–283. https://doi.org/10.1111/j.1752-0606.2007.00021.x

Statistics Canada. (2018). A demographic, employment and income profile of Canadians with disabilities aged 15 years and over, 2017. Retrieved from https://www150.statcan.gc.ca/n1/pub/89-654-x/89-654-x2018002-eng.htm

Stith, S. M., & McCollum, E. E. (2011). Conjoint treatment of couples who have experienced intimate partner violence. *Aggression and Violent Behavior, 16*(4), 312-318. https://doi.org/10.1016/j.avb.2011.04.012

Stith, S. M., Rosen, K. H., & McCollum, E. E. (2003). Effectiveness of couples treatment for spouse abuse. *Journal of Marital and Family Therapy, 29*(3), 407-426. https://doi.org/10.1111/j.1752-0606.2003.tb01215.x

Stith, S. M., Rosen, K. H., McCollum, E. E., & Thomsen, C. J. (2004). Treating intimate partner violence within intact couple relationships: Outcomes of multi-couple versus individual couple therapy. *Journal of Marital and Family Therapy, 30*(3), 305-318. https://doi.org/10.1111/j.1752-0606.2004.tb01242.x

Stith, S. M., Spencer, C. M., & Mittal, M. (2020). Couple violence: In-depth assessment and systemic interventions. *The Handbook of Systemic Family Therapy, 3*, 99-121. https://doi.org/10.1002/9781119438519.ch64

Straus, M., Hamby, S., Boney-McCoy, S., & Sugarman, D. (1996). The Revised Conflict Tactics Scales (CTS2): Development and preliminary psychometric data. *Journal of Family Issues, 17*(3), 283–316. https://doi.org/10.1177/019251396017003001

Straus, M. A. (2004). Cross-cultural reliability and validity of the Revised Conflict Tactics Scales: A study of university student dating couples in 17 nations. *Cross-Cultural Research, 38*(4), 407-432. https://doi.org/10.1177/1069397104269543

Stronge, S., Overall, N. C., & Sibley, C. G. (2019). Gender differences in the associations between relationship status, social support, and wellbeing. *Journal of Family Psychology, 33*(7), 819-829. https://doi.org/10.1037/fam0000540

Sultan, D. H., Norris, C. M., Avendano, M., Roberts, M., & Davis, B. (2014). An examination of class differences in network capital, social support and psychological distress in Orleans Parish prior to Hurricane Katrina. *Health Sociology Review, 23*(3), 178-189. https://doi.org/10.1080/14461242.2014.11081972

Suvak, M. K., Taft, C. T., Goodman, L. A., & Dutton, M. A. (2013). Dimensions of functional social support and depressive symptoms: A longitudinal investigation of women seeking help for intimate partner violence. *Journal of Consulting and Clinical Psychology, 81*(3), 455–466. https://doi.org/10.1037/a0031787

Sylaska, K. M., & Edwards, K. M. (2014). Disclosure of intimate partner violence to informal social support network members: a review of the literature. *Trauma, Violence & Abuse, 15*(1), 3–21. https://doi.org/10.1177/1524838013496335

Taylor, J. C., Bates, E. A., Colosi, A., & Creer, A. J. (2022). Barriers to men's help seeking for intimate partner violence. *Journal of Interpersonal Violence, 37*(19-20), NP18417–NP18444. https://doi.org/10.1177/08862605211035870

Taylor, S. E. (2011). Social support: A review. In H. S. Friedman (Ed.), *The Oxford Handbook of Health Psychology* (pp. 189–214). Oxford University Press.

Thomas, K. A., Joshi, M., Wittenberg, E., & McCloskey, L. A. (2008). Intersections of harm and health: A qualitative study of intimate partner violence in women's lives. *Violence Against Women, 14*(11), 1252–1273. https://doi.org/10.1177/1077801208324529

Tracy, S. J. (2010). Qualitative quality: Eight “big-tent” criteria for excellent qualitative research. *Qualitative Inquiry, 16*(10), 837-851. https://doi.org/10.1177/1077800410383121

Trotter, J. L., & Allen, N. E. (2009). The good, the bad, and the ugly: Domestic violence survivors' experiences with their informal social networks. *American Journal of Community Psychology, 43*(3-4), 221–231. https://doi.org/10.1007/s10464-009-9232-1

Vega, E. M., & O’Leary, K. D. (2007). Test–retest reliability of the revised Conflict Tactics Scales (CTS2). *Journal of Family Violence, 22*(8), 703-708. https://doi.org/10.1007/s10896-007-9118-7

Vogel, D. L., Heimerdinger-Edwards, S. R., Hammer, J. H., & Hubbard, A. (2011). “Boys Don't Cry”. *Journal of Counseling Psychology, 58* (3), 368-382. doi: 10.1037/a0023688.

Walker, A., Lyall, K., Silva, D., Craigie, G., Mayshak, R., Costa, B., Hyder, S., & Bentley, A. (2020). Male victims of female-perpetrated intimate partner violence, help-seeking, and reporting behaviors: A qualitative study. *Psychology of Men & Masculinities, 21*(2), 213–223. https://doi.org/10.1037/men0000222

Walker, L. (1979). The battered woman (1st ed. --). Harper & Row.

Walker, L. (2017). The battered woman syndrome (4th ed.). Springer. https://doi.org/10.1891/9780826170996

Wasserman, S., & Faust, K. (1994). Social network analysis: Methods and applications. https://doi.org/10.1017/cbo9780511815478

Widom, C. S., & Wilson, H. W. (2015). Intergenerational transmission of violence. *Violence and Mental Health,* 27-45. https://doi.org/10.1007/978-94-017-8999-8_2

World Health Organization. (2021). Violence against women prevalence estimates, 2018: global, regional and national prevalence estimates for intimate partner violence against women and global and regional prevalence estimates for non-partner sexual violence against women. https://www.who.int/publications/i/item/9789240022256

Yeager, E. (2009). High-conflict couple interaction and the role of relative power. *Sociology Compass, 3*(4), 672–688. https://doi.org/10.1111/j.1751-9020.2007.00075.x

Yin, R. K. (2011). *Applications of case study research*. Sage.

Zhaoyang, R., & Martire, L. M. (2021). The influence of family and friend confidants on marital quality in older couples. *The Journals of Gerontology: Series B, 76*(2), 380-390. https://doi.org/10.1093/geronb/gbaa029

Appendix A

Consent to be Contacted for Participation

Social Support Study

For couples who have previously experienced high conflict in their current relationship

Are you interested in sharing your experiences?

Principal Investigator: Kennedy Link, University of Manitoba

The Research Project:

The goal of this research is to examine the experiences of social support among couples who have previously experienced violence. I would like to ask you questions about your current relationship, your experiences of violence, and your experiences of support.

Participation:

If you participate in this study, you and your partner will each be scheduled for an interview (one interview per person) by phone call or video chat. You will be asked questions about your experiences in your current relationship.

Eligibility?

You are eligible for participation in this study if you:

1. Are accepted for treatment at the CCP
2. Are in a heterosexual relationship with your partner
3. Are both willing to participate in the study

How long would this take?

It will take approximately 1 – 1.5 hours to complete the interview. Each partner will be compensated $25.00 for your time.

By signing below, you are agreeing to being contacted by the principal investigator for participation in this study. You are not obliged to participate by signing this form. Whether or not you participate in this study will not affect your treatment at the CCP.

Name: _____ Date: _____

Signature: _____

Name: _____ Date: _____

Signature: _____

Phone number: _____

Email: _____

Best time to be contacted (by phone): Morning Afternoon Evening

Appendix B

Script to Prospective Participants

Hello. My name is Kennedy, and I am the primary researcher for a research project that is looking at couples who have experienced difficulties in their current relationship and are seeking couples' therapy to work towards an abuse-free relationship. My advisor, Dr. Diane Hiebert-Murphy, is working with me on this project and she is the director of the Couples Counselling Project and a professor at the University of Manitoba.

The purpose of this research is to look at the experiences of social support among couples who have experienced conflict and abuse. I want to examine if social support is helpful, when it is helpful, and when it is not. I am also interested in looking at differences in how people experience support.

Participation will involve an interview with me to discuss your relationship. Specifically, I will be asking you questions about your current relationship, including questions about abusive behaviours that you and your partner have experienced. Each of you will be interviewed, and both interviews will ideally take place on the same day, back-to-back, via phone call or video chat.

Both you and your partner must be interested in participating in this study for you to participate. Participation will take approximately 1.5 hours. Each partner will receive a $25 honorarium as a token of appreciation for your time, which will be distributed in the form of an Interac E-transfer or electronic gift card.

You will be given an informed consent form via email to review 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. Prior to beginning the interview, I will go over this form with you and obtain your verbal consent. You would be free to withdraw from the study at any time and to not answer any questions that you would prefer not to answer.

Your decision to participate will not affect the treatment that you receive at the CCP.

Do you have any questions?

If you are still interested, we can schedule a time for both you and your partner to partake in an interview.

Appendix C

Overview Script

Hi. My name is Kennedy Link, and I am a Master's student in the Clinical Psychology program at the University of Manitoba.

This call is audio recorded to provide a detailed account of all information provided, consent, and an accurate recollection of your story.

This research project will look at the experiences of social support among couples who have previously experienced difficulties in their relationship. Specifically, I will be asking about the social support you have received and whether or not it has been helpful. I will also be looking to find differences that may exist in terms of support experiences.

This project is being completed for the thesis that I am completing for my degree. The findings will be presented in a way that will not identify you. The goal of the research is to better understand how we can help couples like you have better relationships.

I have emailed you a copy of the consent form for this study, and it outlines the study in greater detail. I would like to go over this form with you now, before you agree to participate.

(Obtain Verbal Informed Consent)

Again, please remember that you do not have to answer any questions you do not want to and are free to withdraw from the study at any time. Your participation in this study will not, in any way, impact the services that you receive at the CCP.

If you are ready and don't have any more questions, I will begin the interview now.

Appendix D

Informed Consent Form

Research Consent Form

Project Title: The Impact of Social Support on Couples Who Have Experienced Intimate Partner Violence

Principal Investigator: Kennedy Link, BAH, University of Manitoba

Supervisor: Diane Hiebert-Murphy PhD C Psych, University of Manitoba, 204-474-9051

This consent form is only part of the process of informed consent. It should give you a 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 understand any accompanying information.

Purpose. The purpose of this study is to better understand how individuals and couples who have previously experienced abuse, use social support to cope with their relationship difficulties. I am interested in looking at if/when social support is helpful, not helpful, and the various ways in which it is used. This research will increase our understanding of how social support affects couples and will help clinicians develop interventions that will help couples improve their relationships.

Participating. If you decide to participate in this study, you and your partner will complete one interview session each lasting approximately 1.5 hours. You will be asked about your relationship including your history of conflict, and about your experiences of social support. You will receive a $25.00 honorarium for your participation in this study. You will receive this honorarium before the interview begins.

Your decision to take part in this study is voluntary. You may refuse to participate, or you may withdraw from the study at any time. Your decision not to participate or to withdraw from the study will not affect the services you receive at the Couple Counselling Project. This means that you can stop participating in the study at any time. Please inform the researcher if you would like to end the 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.

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. The study is projected to be completed by April 2023. If you would like to be informed on the results of the study, a summary of the findings will be made available at the CCP. You can also request this information to be sent to you by email. If there are any comments, feedback, or questions that you have about the findings, you can contact Kennedy Link at linkk@myumanitoba.ca.

Confidentiality. When presenting the results, a summary of what we learn from all of the couples in the study will be grouped together. Your name or identifying information will not be used, and you may choose a pseudonym that will be used to refer to your data. Information collected through any questionnaires in the study will be reported through a summary and any specific information pertaining to you will be identified by the pseudonym that you have chosen. The findings may be published or presented in public forums such as professional journals and academic conferences.

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 CCP 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 research that advances therapy for couples who have experienced abuse.

Risks. There is the possibility that answering questions about your experiences could cause you emotional distress. If you are feeling overwhelmed during the 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 Couple Counselling Project or through a free service such as Klinic:

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 Secretariat at 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 Dec, 2029).

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, Kennedy Link at linkk@myumanitoba.ca.

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

Statement of Consent

Stating that you consent 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

Do you, _____ (name), agree to participate in this study. ( ) Yes ( ) No

Please say your first and last name and todays date, if you wish to provide your consent to participate.

I would like to be kept informed of the findings of the study. ( ) Yes ( ) No

If yes, please provide your email address:

_____

Appendix E

Demographic Information

The following questions are for me to get to know a little bit more about who you are and your personal history. There are no right or wrong answers and your answers will not be shared with the Couples Counselling Project staff and will not impact your services.

BACKGROUND INFORMATION

1. How old are you? _____

2. Are you currently working?

____Yes, full time (job(s): _____)

____Yes, part time (job(s): _____)

____Yes seasonal/casual(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

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. How would you describe your gender? _____

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

_____

9. What are the ages of your children? _____

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

11. Do you have any children who are not living with you?

___yes

___no

12. If yes, where are the children?

_____on their own

_____with their other parent

_____with other family

_____in foster care

_____other (please specify:_____)

13. What income does your family make in a year?

_____ Below $15,000/year

_____ $15,001 –$30,000/year

_____ $30,001 –$60,000/year

_____ $60,001 –$90,000/year

_____ over $90,000/yea

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 together with your partner? _____

3. Do you live together?

____Yes

____No

4. In what ways has that partner been violent/abusive to you? (check all that apply)

_____controlling behavior

_____emotional abuse

_____verbal abuse

_____financial abuse

_____other (please specify: _____)

4. Have you previously been in an intimate relationship where there was violence/abuse?

_____Yes

_____ No

If 'Yes':

_____ One other intimate relationship was violent/abusive

_____ More than one intimate relationship was violent/abusive

_____ All significant intimate relationships

In what ways was/were those partner(s) violent/abusive toward you?

_____controlling behavior

_____physical abuse

_____emotional abuse

_____verbal abuse

_____financial abuse

_____other (please specify: _____)

HISTORY OF SERVICES RECEIVED

1. Before you came to the Couple Counselling Project, have you ever received couples counselling services for a previous intimate relationship?

____ Yes

____No

2. If you answered 'Yes' to the above question, was it with regards to:

_____ Because of violence/abuse in the current relationship

_____ Because of violence/abuse in the current relationship

_____other (please specify:_____)

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

YOUR HEALTH AND WELL-BEING

1. Do you have any disabilities and/or long-term illnesses (conditions that have lasted or are expected to last 6 months of more)? (e.g., chronic fatigue, irritable bowel syndrome, depression, heart disease, hearing loss, anxiety, post-traumatic stress, addictions issues, etc.)

___yes (Please explain: _____

_____)

___no

2. Because of a disability and/or a long-term illness, are you limited in the kind or amount of activity you can do?

___yes (Please explain: _____

_____)

___no

3. Do you have any concerns about your current health?

___yes (Please explain: _____)

___no

4. Do you have any concerns about your current mental health or ability to cope with your life?

___yes (Please explain: _____)

___no

5. Do you think that your use of alcohol and/or drugs causes any problems for you?

___yes (Please explain: _____)

___no

Appendix F

Interview Questions and Probes

1) Tell me a bit about who you have in your life for support? (i.e., when things are hard, who do you turn to?)
    a. How do they help you?
    b. If no one-Who do you wish you could turn to?
2) Tell me a bit about a difficult time you've had in your life, how did friends/family/services make it better (or worse)?
    a. How could they have been more helpful?
    b. What kind of help/support do you wish you would have received?
3) When things are hard in your relationship, who do you turn to for support?
    a. Have you ever confided in anyone about your relationship? (Who, what, when)
    b. Do your friends/family/service providers know about the violence/conflict in your relationship? If so, to what extent? (Who, what, when)
    c. What makes you able to tell them **OR** what makes you hold back?
    d. When you turn to people about your relationship, what is helpful? Unhelpful?
    e. What kind of support do you wish you would receive to help you deal with your relationship challenges?
    f. Has the support you have to deal with your relationship challenges been impacted by the pandemic? How?
4) What advice would you give someone who was trying to support someone with high levels of conflict in their relationship?
5) Tell me about your decision to stay in your current relationship.

a. Have you used people in your support network to help you with this decision? Why or why not?
b. Have other people influenced your decision? How?
c. What have others done that has helped you with this decision? What has not been helpful?

General probes:

1. Could you tell me more about that?
2. You said ____. Could you tell me a bit more about what you mean by that?

Appendix G

Participant Demographics

Table 5. Participant Demographics

Demographics		*n*
Age		
	Women	41.2
	Men	39.6
Ethnicity		
	White	4
	Metis	3
	Indigenous	2
	Asian	1
Employment Status		
	Employed FT	4
	Part-time	2
	Seasonal	0
	Unemployed	4
Education		
	High School	6
	College	3
	Bachelors	1
Social Assistance		5
Children		5
Relationship Status		
	Married	4
	Common-Law	3
	Boyfriend/Girlfriend	3
Length of Relationship		8.9
Type of Abuse (Current relationship)		
	Emotional	7
	Women	3
	Men	4
	Verbal	7
	Women	5
	Men	2
	Physical	6
	Women	3
	Men	3
	Controlling Behaviours	6

	Women	3
	Men	3
	Financial	5
	Women	3
	Men	2
High conflict in previous relationship		7
Type of Abuse (Previous Relationship)		
	Emotional	5
	Women	3
	Men	2
	Verbal	4
	Women	3
	Men	1
	Physical	7
	Women	4
	Men	3
	Controlling Behaviours	5
	Women	3
	Men	2
	Financial	4
	Women	2
	Men	2
History of Couples Counselling		2
History of Help due to mental health issues		8