

Narratives of Women in Domestic Violence Shelters:
How They View Intimate Partner Relationships

By

Alanna Johnson

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Abstract

Intimate partner violence (IPV) is a damaging breakdown in relationship and a serious global health issue. How women who have experienced IPV evaluate their relationships and what they describe wanting in relationships has received little attention in IPV literature. The present exploratory qualitative study examined: (1) what women who have experienced IPV want in romantic relationships, (2) the factors they consider as they reflect on staying or leaving a relationship, (3) the ways the intersections of identity can create vulnerability and impact experiences of relationships, and (4) how spending time in shelter impacts women's thoughts about relationships and hopes for their future. Interviews with eight women were conducted and analyzed using Fraser's (2004) method which examines personal stories while considering the social context of the narratives. This analysis was informed by post-modern, feminist, post-colonial scholarship. The analysis revealed the impact of dominant narratives of intimate relationships on how women make meaning of their experiences of IPV: that women attempt to align with the dominant narrative about ideal relationships, attempt to align with narratives about leaving the relationship, and attempt to align with the dominant narrative of shelter being predominantly used for immediate refuge from violence. The impact of these dominant narratives, as well as practice implications to promote positive physical, psychological, and social outcomes for marginalized female victims of IPV and further research directions are discussed.

Keywords: intimate partner violence, domestic violence shelter, intervention, relationships, narrative, staying and leaving, qualitative research

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For the eight resilient women who shared their stories

“Being oppressed means the absence of choices”

— bell hooks

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Narratives of Women in Domestic Violence Shelters: How They View Intimate Partner Relationships

Chapter 1: Literature Review

Relationships and Wellbeing

Intimate relationships and friendships are widely recognized as a key to happiness in life (Argyle, 1987; Demir, Ozdemir, & Weitekam, 2007; Lane, 1998). Indeed, empirical research supports the strong positive association between interpersonal support as garnered through relationships and psycho-physiological wellbeing (e.g., Demir et al., 2007). Relationship status has important implications for health outcomes. People who are married experience better physical and mental health than those who are not married (Koball, Moududin et al. 2010; Robards, Evandrou, Falkingham, & Vlachantoni, 2012; Wong, 2018). The quality of relationship influences health more than simply marital status. The more satisfied people are in their marriages, the healthier they are (Kiecolt-Glaser, 2001). Poor relationship satisfaction leads to worse health habits and is linked to direct physiological effects including decreased cardiovascular, endocrine, and autoimmune functioning (Kiecolt-Glaser, 2001, Wong, 2018). These effects manifest in increased pain, slower wound healing, higher blood pressure, and unhealthy weight gain. As well, mental health issues are more likely to be experienced by individuals in unhappy relationships (Kiecolt-Glaser, 2001). The increased stress that accompanies unhappy relationships is a likely cause of the adverse health effects that have been recorded (Robles & Kiecolt-Glaser, 2003). Women experience the negative health impacts of a stressful marriage more intensely than their male counterparts (Kiecolt-Glaser, 2001).

Defining Intimate Partner Violence

While positive relationships offer many physical and mental health benefits, negative or abusive relationships can have a damaging impact. Intimate partner violence (IPV) is one noteworthy example of a breakdown in relationship. There are many ways to define IPV. Smith et al. (2008) note that it is an act committed by a current or former partner that results in one or all of: sexual violence (e.g., sexual assault, rape), physical violence (e.g., choking), psychological aggression (e.g., controlling access to friends, family, or money), verbal attacks, or stalking. Worldwide, women who are victims of IPV also experience female genital mutilation,

honour killings, and sex trafficking (World Health Organization, 2013). Close to one quarter of Canadian women experience physical or sexual assault by a current or former partner (Status of Women Canada, 2019). IPV remains a little-understood, often hidden, and hard to talk about issue. The challenge of bringing IPV into public discourse is complex. It stems from a culture of victim-blaming, social and emotional pressure to stay in relationships, inadequate access to support, fear of retaliation from abusive partners, and financial challenges associated with leaving partners, especially when there are children in the family (Yamawaki et al., 2012).

It is estimated that 1 in 3 women in North America will experience IPV in their lifetime (Black et al., 2011). Beaupré (2014) reported that in 2013 there were 90,307 victims of IPV in Canada (based on police reports). Approximately 72,250 (80%) of those victims were women (Beaupré, 2014). Manitoba has the second-highest rate of law-enforcement-reported IPV in Canada. Women are overrepresented as victims of IPV in Canada, accounting for nearly 8 in 10 victims (Burczycka, 2017). In 1993, a national survey determined that over half of Canadian women over 16 had experienced at least one instance of violence or sexual assault in her lifetime (Status of Women Canada, 2019). For just under half of this group, that abuse was perpetrated by someone with whom they were currently or previously in a relationship (Status of Women Canada, 2019). This large number does not include broader experiences of abuse, like emotional and social abuse. This finding was important for raising awareness of the staggeringly high number of victims, and for opening public discourse concerning violence against women.

Under-reporting

Due to underreporting, the actual numbers of women who are victims of IPV are much higher than what the statistics show. Only 30% of *all* criminal incidents are reported to police, and there are many barriers specific to reporting IPV, especially related to safety in reporting (Perreault & Brennan, 2010). The relationship between victims of IPV and police is complex. While IPV specifically is not illegal in Canada, many of the forms that IPV takes, including assault, sexual assault, and forcible confinement, are illegal. As well, all Canadian police jurisdictions have implemented a pro-charging policy when it comes to IPV (Johnson & Dawson, 2011) in order to deter future violence. This policy has been controversial. Some suggest that pro-charging policies can be harmful to racially and economically marginalized communities (Barrett et al., 2011), while others report that contacting police for IPV lowers rates of future violence (Sherman & Burke, 1984). This lowering of rates, however, is not the case for everyone

and contact with the police does not guarantee future safety of victims of IPV (Dichter & Gelles 2012).

The extent to which IPV is underreported is not clear. It has been estimated that 2% to 52% of all instances of IPV are reported to police (Wolf et al., 2003). More research is needed in this area to better understand the impact of police involvement in cases of IPV, to encourage reporting of IPV, and more broadly to ensure best-possible care in interventions designed to assist women who have experienced IPV.

Impact of IPV

The World Health Organization recognizes IPV as a serious global health issue. There is a growing understanding that violence against women has a significant impact on women's mental and physical health and is a violation of women's human rights (World Health Organization, 2013).

Extensive research on the impacts of IPV on those who have experienced it demonstrates that IPV impacts women both physically and psychologically. Among the wide array of negative health impacts are an increased risk of depression (Coker, 2002), self-harm and suicide (e.g., Klonsky, 2007; Sansone, Chu, & Wiederman, 2007), and post-traumatic stress disorder (Black, 2011). Exposure to IPV also impacts children negatively, leading to challenges with emotional regulation, antisocial behaviour, and even injury or death (MacMillan & Wathen, 2014). Exposing children to intimate partner violence has been considered a form child abuse (Tjaden, 2000).

Relationship Satisfaction

Zainah et al. (2012) define relationship satisfaction as “the global evaluation of the state of one's marriage and a reflection of marital happiness and functioning.” The terms “marital satisfaction” and “relationship satisfaction” can be used interchangeably. There are many factors that affect relationship satisfaction, most notably a positive view of one's partner (Boerner et al. 2014). Accordingly, being a victim of IPV is related to lower relationship satisfaction (Ulloa & Hammett, 2015). This negative effect is apparent for both men and women who experience violence in their relationship. Perpetrators of IPV also report lower relationship satisfaction (Curtis et al. 2017). Low relationship satisfaction puts individuals at greater risk for various negative outcomes including poor physical and mental health (Beach, Sandeen, & O'Leary, 1990; Fincham & Beach, 1999; Wang et al. 2007). The desistence of violence does not

necessarily lead to increased relationship satisfaction, however. There is some evidence to suggest that an increase in relationship satisfaction is more likely to occur when women adopt the dominant narrative of a “changed” relationship, which includes a turning point, increased safety, and a story of healing/growth that resolves the causes of the violence (Kienas, 2017). Interestingly, while the presence of physical, psychological, or sexual aggression in a relationship has a negative effect on marital satisfaction, psychological aggression most consistently leads to lower satisfaction (Panuzio & DiLillo, 2010). By taking steps to reduce aggressive behaviour, couples are likely to increase their relationship satisfaction (Curtis et al. 2017).

IPV interventions

There are many different approaches to addressing the issue of IPV in Canada. One approach involves focusing attention on the perpetrator of the violence, which involves police intervention that leads to the arrest of the perpetrator. The effectiveness of this kind of arrest policy have been studied: the results are mixed and inconclusive (Bumiller, 2010; Dobash, 2003). Other interventions targeting perpetrators include treatment programs which focus on accountability and victim safety. There is a growing body of evidence to support the effectiveness of these intervention programs for abusers (McGinn, McColgan, & Taylor, 2020), although researchers also note high drop-out rates and rates of noncompliance, especially if the perpetrator was mandated by the courts to attend (Eckhardt, Holtzworth-Munroe, Norlander, Sibley, & Cahill, 2008). Rates of police-reported IPV in Canada appear to have decreased by 14% between 2009 and 2017, despite a 1% increase between 2016 and 2017 (Burczycka, 2017). This downward trend in police-reported IPV coincides with an increase in access to resources related to IPV. The two trends could be related (Burczycka, 2017).

Some interventions are geared specifically toward those who have experienced IPV. The of the most common types of referrals in the Canadian context are to emergency or residential shelter services (Allen 2014; Munch 2012). These advocacy interventions help women who have experienced IPV through education efforts related to safe behaviour and healthy relationships and by linking to various systems such as housing and legal services (Bair-Merritt et al., 2014; Stewart, MacMillan, & Wathen, 2013). Counseling at individual and group levels is beneficial to victims of IPV (Echeburúa, Sarasua, & Zubizarreta, 2014). Counseling is a resource that is often

made available to women in the context of a stay in shelter (Johnson, Zlotnick, & Perez, 2011; Rivas et al., 2016).

Some interventions focus on the couple. Couples attend counseling together to address violence that has occurred in their relationship, with a goal of living in an abuse-free relationship. This intervention is controversial, because there is a fear that the abuser will not be held accountable, that the victims will not feel comfortable to speak freely, or that speaking out in sessions could lead to more severe violence (Kim & Gray, 2008). Addressing these concerns, researchers Stith and McCollum (2011) discussed how counselling interventions with both members of the relationship can lead to promising results if a variety of conditions are met (for example, the abuser must take responsibility, there is no ongoing violence), if therapists are adequately trained in IPV, and if precautions are taken to ensure safety (for example, individual sessions, offering time-outs). Stith and McCollum (2011) draw attention to the fact that many relationships continue even after violence is present and highlight the importance of equipping couples with non-violent conflict resolution strategies that can make couples and children safer in their homes.

Interventions for victims of IPV differ based on the context of the violence in the victim's life. The needs of women actively in relationships where violence is present differs from the needs of women who have already left their violent relationships. In this thesis, I focus on exploring the experiences of women who have recently left violent relationships and are receiving help from a domestic violence shelter, a highly regarded IPV intervention strategy (Coker et al., 2000).

Shelters

Domestic violence shelters are physical locations that offer temporary housing to women (and sometimes their children), with confidential locations in order to protect the safety of the people staying there. They are regarded as a helpful and well-resourced safe space for women victims of IPV to turn to for safety, information, health care, mental health resources, and most tangibly, a roof over their heads while they navigate a challenging life transition. In addition to providing protection and a safe place, common resources available to women in shelter include assistance with financial planning, life skills training, legal services, social assistance, parenting skills training, group counseling, and healthy relationships interventions (Beattie & Hutchins, 2015).

For some women, access to shelter resources can be the difference between life and death. Statistics Canada's 2014 Homicide in Canada report noted that a woman is killed by her current or former intimate partner every 6 days on average in Canada, and threats are more common still (Shelter Voices, 2016). A recent "single day snapshot" done by the Canadian Network of Women's Shelters & Transition Houses, indicated that 234 transition houses and shelters were housing 1760 women and 1915 children. On the snapshot day, 38% of shelters were at capacity, which means that many women are required to look elsewhere for safety alternatives (Shelter Voices, 2016). There is a clear need and a desire for additional shelter resources in Canada.

Shelter Services

Shelters provide a safe place for women separate from their partner, greatly limiting their immediate risk of experiencing IPV (Gilroy et al., 2014). Feelings of safety go along with being granted reprieve from violent circumstances (Dicther & Gelles, 2012). A variety of supports are available to women during their stay in shelter. In addition to participating in groups to develop skills and social supports, women report enjoying being in the company of other women who have experienced IPV (Grauwiler, 2007). There is very little known about the overall impact of being in shelter on women. One report by YWCA Canada in 2006 identified services that women victims noted as being the most important. These include counselling and support, safe housing, training related to stress management, self-esteem boosting exercises, and being assisted with accessing housing (Tutty, 2006). This study also showed how a stay in shelter lessened trauma responses.

Challenges for Women in Shelter

Women face barriers accessing shelter interventions and resources, and sometimes feel that the resources are unhelpful (YWCA Canada, 2014). Some women feel they are being blamed, interrogated, or ignored by service providers. This is especially true for Indigenous women who report facing discrimination as they engage with IPV interventions (Canadian Network of Women's Shelters and Transition Houses, 2013). As well, even if a woman wants to access shelter, she and her children are often not admitted due to the shelter having no room. Many shelters in Canada operate at capacity and are forced to turn away women and children in need of this important assistance (Burczycka, 2017). Shelters also turn away women because they are ill-equipped to meet the women's needs such as in instances of acute mental health

challenges and ongoing issues with addictions (YWCA Canada, 2014). This is a challenging reality because mental health and addiction issues are interrelated with experiencing IPV (El-Bassel et al., 2011). Many shelters adopt a “zero-tolerance” policy related to drugs, alcohol, and conflict between residents. While safety needs to remain a top priority, coordinated systems that help women face these overlapping challenges are necessary.

The Question of Staying or Leaving

The 2014 YWCA Canada report indicated that approximately 90% of the respondents did not plan to return to their violent partners after leaving shelter. This statistic points to a trend in IPV research toward measuring shelter effectiveness using number of shelter stays and whether or not victims of abuse return to their abusive partner as benchmarks of success or failure of the shelter service. It is certainly possible that leaving an abusive partner is not always the goal for women seeking IPV-related support. There are a number of complex, yet under-studied reasons women might choose to stay.

The literature is unclear and inconclusive around why women choose to leave or stay violent relationships, pointing to a need for future research (Kim & Gray, 2008). In their literature review about decision-making after experiencing IPV, Kim and Gray (2008) explain the varied and complex decision-making processes that women undertake while in violent relationships. Among the examined reasons to stay, there were four influential factors: financial dependence, witness of parental violence, psychological factors, and police response to the domestic violence call (Kim & Gray, 2008).

Economic dependency is the number one barrier to leaving for women in violent relationships (e.g., Kalmuss & Straus, 1982). Through multivariate studies, income is the strongest factor women consider when thinking about remaining in or escaping their violent relationships. A common belief among women who have experienced IPV is that escaping domestic violence leads to poverty (Kim & Gray, 2008).

Problems with the criminal justice system rank second in the decision to stay or leave. A negative experience with a police officer following an instance of domestic violence, especially if the officer demonstrates allegiance to the perpetrator, can make that woman less likely to leave her partner. Wolf et al. (2003) studied the barriers that prevent women from contacting police in a North American setting. The three main categories identified were (1) situational and personal factors (such as lack of physical proof, cultural attitudes); (2) fear of police and previous

negative police experiences (such as batterer manipulation of police, language barrier); and (3) fear of repercussions (such as removal of children, retribution from perpetrator). Podana (2010) found similar results in a study of Czech victims of IPV, noting that distrust of police was an especially large barrier to contacting them. Women in Dichter and Gelles' (2012) North American study reported that the systems did not give them what they needed. This concern was supported by other research (Coulter et al., 1999; Hamilton & Coates, 1993).

Anderson and Saunders (2003) reviewed the literature that explored connections between a woman's childhood history of family violence and the likelihood that a woman would stay in or leave her abusive partner. Many of these studies found non-significant and conflicting results. Some connected witnessing violence in their household growing up with leaving an abusive partner while others connected witnessing violence in their household growing up to returning to an abusive partner. It is clear that more research is needed in this area, and that there are many challenges with the longitudinal designs that might be necessary to capture this picture more fully (Anderson & Saunders, 2003).

Complex mental health factors also influence women's decision to stay or leave. Kim and Gray (2008) found that the mental health of women who had been victims of IPV was negatively affected by the effects of IPV on fear, self-esteem, and feelings of responsibility which impacted whether they chose to leave or stay. Some factors, such as higher self-esteem and internal locus of control increased the likelihood of women leaving while higher levels of fear decreased the likelihood of women leaving (Kim & Gray, 2008). The authors noted that these factors converge with one another in unique and complex ways, and that more research is necessary to understand these factors at an individual level.

Among issues that complicate leaving for women, some discourse around staying and leaving in society and among service providers can create a judgemental climate for women who experience IPV. According to Cravens et al. (2015), the societal discourse can lead to blaming women who have experienced IPV for not leaving, which implies that remaining in a violent relationship means that women deserve the abuse they experience.

Messages about IPV from Society

An abused woman may be in danger of experiencing victimization both at the hands of her abuser, and from others who learn about the abuse. Victims of IPV can be the targets of a victim-blaming culture that can result in observers being more likely to blame an abused woman

who remains with, or returns to, her abusive partner because she “keeps going back for more” (Herbert, Silver, & Ellard, 1991). It is therefore imperative to both understand and disseminate information about how and why women sometimes choose to remain in abusive relationships (Herbert et al., 1991).

There are a number of harmful theories that have historically tried to explain the phenomenon of IPV. Many of these early theories blame the women who are victims of the abuse. In a disturbing example, Snell, Rosenwald, and Robey (1964) theorized that wives who were victims of abuse actually welcomed it as a way to have their masochistic needs met. One study asked Christian pastors about their opinions about IPV as they relate to adherence of the Christian faith. Of those who responded, only 8% acknowledged the existence of IPV among Christians. One third of the respondents casted doubt on the validity of abused women’s reports of violence. In response to questions about what would be an appropriate reason for a Christian woman to leave her husband, 33% of the pastors responded that the violence would have to be life threatening and nearly 20% indicated that at no point would it be acceptable for a wife to leave her husband. Of the pastors, 2% supported divorce as an acceptable response to partner violence. Over a quarter of pastors believed that quiet submission to the husband was the best way a wife could ensure the violence would stop or become endurable (Rhodes & McKenzie, 1998).

Through extensive analysis of historical and contemporary texts, Dobash and Dobash (1979) argued that violence against women is an ongoing problem because it is socially sanctioned by the patriarchal foundations of society and the family. They contend that Western society’s legal, cultural, and religious legacies present policies that overtly and subtly condone violence against women.

Given research that documents the deleterious effects of a relationship in which there is violence, it is not surprising that little consideration has been given to the possibility of positive features within these relationships. Social psychological perspectives on close relationships and coping with stress suggest that an individual’s experiences with a partner can be mixed and that a decision to remain in a relationship reflects a belief that the positive elements of the relationship outweigh the negative (Herbert et al., 1991). Given that positive features may exist in abusive relationships, it is possible that some women who remain with abusive partners may appraise their relationships in a way that minimizes the salience of the abuse. In fact, the literature on

stress and coping suggests that in the face of threatening events, individuals often engage in complex cognitive maneuvers that change the meaning of the stressful situation (Herbert et al., 1991). In abusive relationships, this can take the form of women choosing to focus on positive aspects of the relationship (e.g., love and tenderness) rather than on negative aspects (i.e., the abuse). Additionally, women will draw attention to the positive aspects of their relationship by focusing on those who are in even worse situations (Herbert et al., 1991).

Ferraro and Johnson (1983) found that abused women interviewed in a transition house reported having been more motivated to leave their partners following either an increase in the level of violence, or a decrease in the level of kindness and love expressed by the partner (see also Pfouts, 1978). Women who continue to experience abuse perceive their relationships differently than do those no longer involved in their abusive relationship (Herbert et al., 1991). Taken together, these results suggest that when trying to understand the reasons women remain with their abusive partners, it is beneficial to understand abusive relationships as close relationships involving both rewards and costs. More research is needed to understand the ways women think about relationships, how they value different aspects of their relationship, and how they think about their time in shelter marking a moment to reflect and make a decision about how they want to move forward.

Dominant Narratives About Relationships

In Western culture, children grow up listening to and reading fairy tales that have been passed down through the centuries. Sociological and feminist literary scholarship explores the existence of and subsequent adherence to dominant cultural narratives surrounding our Western philosophy about romance in relationships and gender roles (e.g., Davies & Banks, 1992; Jackson, 1993, 1999, 2001; McRobbie, 1991; Peirce, 1990; Walkerdine, 1990). Jackson (2001) argues that fairy tales (e.g., Cinderella, The Princess and the Pea, Goldilocks, etc.) provide children with a standard pattern of romance narrative. While they learn this romance narrative early in their lives, its enduring appeal into adulthood is evident among women readers of romantic texts that remain “faithful to the genre of the fairy tale” (p. 306). These narratives not only inform worldviews, but they impact behaviour.

Davies and Banks’ (1992) study examined the extent to which young pre-school-aged children have learned and understood dominant cultural storylines. She found that the children not only understood the “right” from “wrong” ending of a fairy tale (“right” defined as being

culturally normative), but that they show a strong preference for the “conventional conclusion” to the stories, those that endorse gender norms and conventional ideas of romance (1992, p. 1). She reported that children could not understand feminist stories because their hearings of the tales were informed by dominant discourses of gender (Davies & Banks, 1992, p. 1). Jackson (1999) notes that reading and film matter marketed for girls continues this “acculturation into romance,” or, the dominant narrative (p. 108). In an analysis of comic books targeting young female readers, even the comics with no romantic or sexual content constructed narratives around feminine self-sacrifice and the “good-girl/other-girl dualism” (Walkerdine, 1984, p. 163). Another study examining a slightly older age category (participants were girls aged between four and fourteen years) revealed strong adherence to the fairy tale scenario of marrying their “prince” and living “happily ever after” in a desirable, stable home with children of their own (Hiller & Langridge, 1993). An analysis by Peirce (1990) revealed that “by age 17, the traditionally socialized teenage girl will have learned, from many and varied sources, that how she looks is more important than what she thinks and that her main goal in life is to find a man to take care of her financially” (p. 492). More recent studies reveal that while much of society has changed through the years, these dominant narratives relating to romance and gender remain prevalent (e.g., Baly, 2010; Boonzaier & De La Rey, 2004; Boonzaier, 2008; Eaton & Matamala, 2014; Xiao et al., 2019).

Societal dominant narratives about love, sex, gender, and romance are taught at an early age and endure throughout adulthood. These narratives have far-reaching impacts and a wide body of literature has examined the impact of these cultural dominant narratives on relationships in the IPV sphere. A recent study examined partner abuse with regards to sexual coercion (Eaton & Matamala, 2014). This American study ($N = 555$) highlighted problematic “heteronormative standards for sex and romance” that situate men and women in a “hierarchical relationship” that characterizes masculinity as active and persistent, and femininity as passive (p. 1443). Dominant narratives about relationships are taught and understood by an early age, and can be seen woven through messaging in society at various levels.

Messages about IPV and Relationships from Shelter

The messages that women victims of IPV receive from shelter services regarding relationships has not been explored. Importantly, how women are impacted by this messaging is unclear. “Healthy relationships training” is a term that is sometimes used by service providers in

the field of IPV. Some organizations explain their understanding of “healthy relationships,” like the “Sacred Seven,” a framework developed by Wii Chiiwaakanak Learning Centre in Winnipeg that examines healthy relationships through the lens of the sacred seven teachings of Aboriginal spirituality (DeRiviere, 2015). Most resources examined (i.e., shelter websites, intake forms, and school curriculum) refer to “healthy relationships training” without offering an explanation for their training module or perspective. “Saying Yes,” a document published in 2014 by YWCA outlines best practices for providing shelter care, and notes the importance of centering and validating the specific goals, decisions, and experiences of women who use shelter, even if these goals run counter to the perceived wisdom of those who fund, run, and work at IPV shelters. It also states that, instead of following formalized programs, shelters should be offering flexible, client-centered support related to relationships (YWCA, 2014). Beyond specific counseling interventions and relationship training by shelter service providers, little research has examined the impressions that women have about the messages they are receiving, formally or informally, from shelter staff and other shelter residents about how relationships should be evaluated or valued.

Narratives as Psychological Coping Mechanisms

Drawing from narrative theory, one of the key functions of master or dominant narratives is that they offer people a way of identifying internalized “normative experiences” serving not only as the “blueprint for all stories” but also as the vehicle through which we understand stories about others and ourselves, which is reproduced when we “wittingly or unwittingly become the stories we know” (Bamberg & Andrews, 2004, p.1). However, when our experience does not align with the dominant narrative with which we are so familiar, we are confronted with a challenge to make sense of ourselves, our lives, and our relationships. A wide body of research in psychology demonstrates that forming personal narratives can be helpful for understanding ourselves and making meaning of our experiences. Further, the formation of personal narratives can be especially useful when experiences are traumatic or unexpected. Dominant narratives often inform the way we think about and make sense of the experiences we have had and the way we think about and tell our stories. Several authors liken the development of identity to an issue of life-story construction whereby psychopathology can be seen as instances of life-stories or personal narratives gone awry, and therefore a primary goal of psychotherapy is an exercise in repairing those narratives (e.g., Bruner, 1986; Howard, 1991; McAdams, 2001, Polkinghorne,

1996). In his life story model of identity, McAdams (1995, 1996, 2001) has argued that: “life stories are psychosocial constructions, coauthored by the individual and the cultural context within which their life is embedded and given meaning. As such, individual life stories reflect cultural values and norms, including assumptions about gender, race, and class (2001, p. 101).

Tuval-Mashiach et al. (2004) suggest that generally speaking, the “healthy individual is capable of holding a coherent, meaningful, and dynamic narrative of herself” (p. 281). According to this perspective, a person whose story is incomplete or confused is prone to psychological and emotional difficulties (Tuval-Mashiach et al. 2004). Taken together, we see the importance of understanding both dominant narratives and the messages that permeate our culture, as well as the impact of personal narratives in terms of psychological wellbeing, especially in the midst of what can be a challenging or traumatic time, such as the experience of IPV.

The Current Study

There is a significant lack of research on women’s decision making about relationships that centers the voices of women who are victims of IPV. Little is known about what women who have experienced IPV value in intimate relationships, the factors they consider related to staying or leaving a relationship, and whether and how a stay in shelter and the messages they hear from shelter impacts their beliefs and values about intimate relationships. To explore these questions, we need to understand women within the context of the broader culture and systems in which they are embedded. We need to study relationships as described by women themselves through their lived experiences and perspectives. Further, we need to examine a shelter stay and its impact on women in a variety of personally meaningful areas. We know that satisfying relationships are vital to physical and emotional well-being, and that there is more that makes a healthy relationship than a lack of violence, but we have not included women’s voices and stories at the center of this inquiry, or considered what they value in intimate partner relationships within their individual social contexts. Gaining a better understanding of women’s perspectives by examining their personal narratives of their experiences of intimate partner relationships, including the factors they consider when deciding whether to stay or leave a relationship and how their time in a domestic violence shelter impacts their perspectives on relationships, may inform shelter interventions and further the inclusion of women’s voices in IPV literature.

Purpose and Research Questions

This is an exploratory qualitative study whose purpose was to develop a greater understanding of what women accessing domestic violence shelters want in intimate partner relationships and to explore how the stay in shelter influences their beliefs. Given the lack of research in this area, five initial research questions were proposed for examination:

- (1) What do women who have experienced IPV want in relationships?
- (2) What factors do they consider as they reflect on staying or leaving a relationship?
- (3) How do women perceive relationships in their social/cultural context?
- (4) What messages are women receiving from shelter about relationships?
- (5) How does spending time in shelter impact their beliefs about relationships?

Chapter 2: Methodology and Methods

Methodology

IPV and intersectionality

This research utilized a feminist intersectionality framework to understanding IPV. This framework contends that violence against women is a result of widespread gender-based oppression that stems from patriarchal societal forces. It is the most extreme expression of oppression along what is known as the “oppression continuum” (Richie, 2000). Women, especially women who are marginalized, often have less power and resources than men, which put them at higher risk for experiencing violence (Whiting, Oka, & Fife, 2012). While all women are at risk for experiencing IPV, certain groups of women are at greater risk (Brownridge, 2009). The factors that increase the likelihood of becoming a victim of IPV are complex and interconnected with other oppressive factors such as race, ethnicity, sexual orientation, and socioeconomic status. Recently, researchers have begun examining the diversity of experiences of women who face various forms of oppression. This type of examination is referred to as intersectionality (Crenshaw, 1991). An intersectional perspective acknowledges how those who belong to more than one category of discrimination (e.g., race, sexual orientation, age, class) are often more marginalized (Bograd, 1999; Crenshaw, 1991). The layers of oppression compound with one another, greatly increasing the severity and intensity of the oppression experienced. Focusing on only one source or system of oppression fails to capture the complexity of overlapping oppressive systems on an individual’s experience. Intersectionality highlights the importance of considering the various ways one can be oppressed, and how those different oppressed identities intersect for each individual and produce unique experiences.

Brownridge (2009) argues that forms of oppression and inequality are intertwined; for example, “African American women are doubly oppressed because they are both female and minorities in a racially tense and male-dominated society” (Brownridge, 2009, p. 232). Further, feminist approaches can hone in on patriarchal forces while ignoring other important risk factors. In general, there is a reluctance in IPV literature to focus on women’s vulnerabilities for fear of perpetuating negative stereotypes. Instead of deeming this practice “stereotyping” however, Brownridge presents intersectionality as a strategy for drawing attention and awareness to vulnerable populations. More specifically, intersectionality has three main themes: firstly, that an individual’s various social identities each possesses distinct qualities; secondly, that societal forces inescapably impact who has power; and thirdly, that because of the first two points, interactions between different social identities (for instance, race, religion, age, gender) can result in “multiplicative negative effects on health and well-being” (Kelly, 2011, p. 43). For women in shelter, there are many potentially intersecting identities that are important to consider. These can include gender, cultural background, socio-economic status, age, ability, relationship status, and whether or not there are children. By employing a narrative methodology within a feminist intersectionality framework, my goal was to understand the ways that membership in multiple social groups may create oppression for women experiencing IPV.

Narrative Method

I employed a narrative qualitative methodology in order to address the research questions stated above. Narrative method is a good fit for addressing the proposed research questions for a number of reasons. Narrative theory focuses on the study of personal narratives as being deliberately and purposely constructed by storytellers, rooted within historical, structural, and ideological contexts that include social discourses and power relations and shape storytellers’ choices and actions, and provide storytellers with a means to make sense of their past and act as social agents (Pitre et al., 2013; Riessman, 2008). Through how they construct their narratives, storytellers choose to reproduce or challenge the “rules and routines that are socially embedded in any community or society” (Pitre et al., 2013, p. 118). By incorporating narrative theory, this study allowed women the opportunity to speak of their experiences in a way that allowed them to discuss topics like violence, what they want for their relationships, and the factors that influence their thinking about these topics, without stripping these themes of important context or personal meaning. Boonzaier and Schalkwyk (2011) argue that when women are able to make meaning of

their experiences with violence, they are able to construct identities of themselves, which allows them to author their own stories of violence and allows a sense of ownership of their own story in their life. This process is thought to increase personal agency among women who may not have had this opportunity in the past. This type of research also makes it possible for the researcher to communicate their own *impressions* of the participant's life context (Dutton & Nicholls, 2005). Fraser (2004) notes that narrative research has the potential to centre the knowledge and experiences of people (especially women) who have been excluded from much of the scholarly tradition, allowing for a centering of the voices of women who have historically been marginalized.

The postmodern perspective was also an important framework for this research project. Postmodernism posits that there should be a critical suspicion of truths that are automatically assumed. Post-modernists believe that every individual's story is filtered through his or her identity. This requires researchers to develop an understanding of the limits of many preconceived and widely-held assumptions about different identities, overarching narratives, and universal explanations (Eagleton, 1996). Postmodernism is informed by post-colonialism and acknowledges that "other" individuals have historically been forced to conform to a dominant culture's language and narrative and are unable to fully express themselves. Researchers must always be aware of the struggle of marginalized people to represent themselves in a way that fits best for them, in a way that might differ from the dominant narrative from the dominant culture. Intersectionality, as it seeks to understand how individuals experience the intersections of culture, race, gender, and ability, also functions to identify and explore the lived realities of individuals who live in complex social environments. Narrative research fits well with these ideas by empowering women to tell their stories how they want to, emphasizing their independence and ability to not rely on dominant narratives (Polletta, 2009). By using elements of feminist theory, intersectionality, narrative theory, and postmodernism, I hoped to allow women the opportunity to explore their own narrative potentially apart from the dominant discourses around violence and relationships that exist in our culture, while taking into consideration the broader social context in which the narrative takes place, and the unique time point for the narrative interview (while staying in domestic violence shelter).

Methods

Setting

This study took place at a domestic violence shelter in Winnipeg, which houses a number of abused women and their children. During their stay, the women live in shared dormitory-style rooms. The shelter provides women with meals and other necessities. Childcare services are also available. Interventions provided include group therapy sessions and individual counselling. All interventions take place within the shelter. I passed all the required security checks to be allowed access to the shelter. While I have not worked with a shelter population before, I spent a number of years attending courses at the University of Winnipeg's north end campus on Selkirk Avenue, and I spent two semesters volunteering with a program designed to support marginalized, Indigenous students living in the North End of Winnipeg to be successful in university. Many students that I interacted with experienced similar marginalization as the women I interviewed in shelter, related to intersections of class, race, addictions, health challenges, systems involvement, and parenthood. As such, I have "knowledge of, and contact with the marginalized 'Other' to actually begin to understand the experience of these individuals" which is a key consideration for qualitative-oriented researchers (Creswell, 2014). Prior to the interviews taking place, I attended two meetings with shelter staff to discuss shelter protocols and to receive feedback about the proposed interview questions. Staff were supportive of this research and provided assistance in facilitating meetings with the participants.

Procedure

Participants were recruited using posters (Appendix A) placed in the common area and near to the private phone area at the shelter. Women were asked to phone me if they were interested in the study. Next, I spoke with each participant on the phone to explain the process of the research study (Appendix B), and to discuss what the study was about, clarify the honorarium they would receive for their participation, and confirm that they met the study criteria (having stayed in shelter for a minimum of 7 days before participating and that they were in shelter because of violence they had experienced from a current or former partner). I answered any questions participants had about the study and together we decided on a time to meet in person. All eight of the interviews were conducted at the shelter. Participants met with me in a private office space on-site. Before beginning the interview, I described the study in detail (Appendix C) and reviewed the informed consent form (Appendix D). I provided participants with a copy of the informed consent form to take with them and indicated that they should contact me should they have any questions or concerns following the interview.

Demographic information

In accordance with the purposive sampling technique, brief demographic information was collected at the beginning of the interview. Participants responded to questions pertaining to factors such as age, race, relationship status, number of children, socioeconomic status, disabilities, and number of times they had stayed in shelter (see Appendix E).

Participants

Eight women residing in shelter who had experienced violence by a current or former partner participated in the study. Seven of the women spoke about their heterosexual relationships, and one woman spoke about a same-sex relationship. Data collection for this project began in February 2020 and ended in March 2020. A purposive sampling technique was used to ensure that women belonging to a variety of different groups were represented. In accordance with the purposive sampling technique, the final two participants were recruited in order to further diversify my sample; one of these women was White, and the other was in a same-sex relationship. Recruitment continued until I felt that a diversity of experiences was represented. Two women contacted me in an effort to arrange an interview shortly after we were asked by the shelter to halt the study due to the COVID-19 pandemic, and therefore were unable to participate. The study recruitment poster was taken down at that point (March 2020).

All participants were over 18 years of age. The mean participant age was 35.6 years, with ages ranging from 24 to 46 years. The average length of current shelter stay was 24 days with a range of 9 to 58 days. One of the eligibility requirements was to have been residing in shelter for 7 or more days, and many of the women had stayed for much longer than this minimum. Six of the women identified as Indigenous, one woman identified as Métis, and one woman identified as White. Participants' level of education ranged from grade eight to some university courses. Five of the eight women did not graduate from high school or attain their high school equivalency. Seven of the eight women had children, and the participant who did not have children was pregnant for the first time. Five of the eight women had stayed in domestic violence shelter before. All eight women reported financial instability and poverty, and seven reported receiving social assistance. Seven women reported a history of mental health challenges. Seven women reported experiencing long term disabilities/illnesses. Seven women had been in multiple (more than one) violent relationships. Six of the eight women reported a history of addictions.

Narrative Interview

Following the collection of demographic information, the women participated in a narrative interview. All conversations were audio-recorded and transcribed. The average time to complete the interview was 52.6 minutes. Interview times ranged from 30 to 77 minutes. All interviews were conducted in an empathic, yet neutral way so as to reduce bias to participant responses. A series of questions were used to help structure the interview: (1A) “Can you tell me about your most recent relationship?”, (1B) “Can you tell me about what you look for generally in relationships?”, (2) “When you think about staying or leaving a relationship, what are the things you think about?”, (3) “When you look at relationships among people you’re closest to, how would you describe a typical/normal relationship?”, (4) “Have there been opportunities to learn about or talk about relationships while in shelter?”, and finally, (5) “Has being in shelter led you to think differently about your relationship? If so, how and in what ways?”. If a response was vague or incomplete, participants were prompted to provide additional information. The general probe format was to reply “You said _____. Could you tell me more about what you mean by that?” For the detailed interview schedule, see Appendix F.

Debriefing

Once the interview finished, participants were debriefed, and referred to resources on the consent form should they feel distressed post-interview. Due to the insecure nature of their housing, and that it may have been unsafe to do so, their contact information was not gathered for the purpose of sending out the summaries of the research. They were informed how they could access their summaries at the shelter at the conclusion of the project. Women interested in the findings were given the contact information of Dr. Diane Hiebert-Murphy, my advisor, who would discuss the status of the project with them and answer any additional questions. A \$25.00 honorarium was provided to each participant after she signed the consent form and prior to the interview as a thank you for her participation.

Each participant chose a pseudonym in an effort to protect her identity. All identifying information was stored in a locked cabinet or secured on a password-protected computer and kept at the University of Manitoba.

Data Analysis Procedures and Interpretation

Fraser’s narrative method

The data was analyzed in accordance with Fraser’s (2004) narrative method. After the first interview, the data was analyzed before proceeding with the remaining interviews to ensure

that the questions and probes resulted in rich data that addressed the research questions or if changes to the guide were needed. The two changes that were made to the procedure included administering the demographic questionnaire to the participants orally to allow me time to build rapport with the participant, and prompting for and allowing freedom for women to respond to more than just their most recent relationship. It became clear that for some women, the more significant relationships they wanted to reflect on were not necessarily their most recent relationship, and therefore altering my wording of questions and prompts to allow them to talk about other relationships was important.

Fraser's narrative method goes beyond simply analyzing what participants say during their interview via "textual analysis" to take into account the participants' contexts and perspectives. It places each storyteller within the context of their sociopolitical and cultural world (Fraser, 2004). There are 7 analytic steps outlined in Fraser's method:

- 1) Hearing the participant's story and exploring and recording the emotions captured within the story.
- 2) Transcribing interviews from audio recordings to text files on a computer.
- 3) Interpreting individual transcripts by separating the narrative into smaller story points and segments and examining useful words in a coding formulation (Creswell, 2014).
- 4) Considering "domains of experience," including the interpersonal and structural elements of stories and the ways they are connected to one another.
- 5) Considering how dominant discourses may have formed the telling of a story (by the participant) as well as the way it is interpreted (by me).
- 6) Comparing stories between participants. This involves grouping stories together and analyzing them line by line. This process is referred to as triangulation (Creswell, 2014).
- 7) Evaluating how well the findings address the research questions and deciding how best to represent the findings and tell the stories of participants.

In addition to these seven steps, I noted counter-intuitive or unexpected findings or stories in order to identify potential stories that were outside of the "typical" experience, in order to weave together the ways that participants' experiences converge and diverge with one another in important or interesting ways. The goal was to form an understanding of these experiences that acknowledges the complexities of the individuals.

Intersectionality

Cole (2009) asks three questions of researchers as they begin to conceptualize the ways individuals are impacted by the different social groups to which they belong. The first question asks who belongs to a particular category (pp. 171-173). Answering this question involves an understanding of the diversity of the group you are studying. Given that this study focused on female victims of IPV currently staying in a domestic violence shelter, sub-groups from this group of women who may not traditionally be represented in research include women with disabilities and Indigenous women. I worked to acknowledge which groups have traditionally been excluded and intentionally worked to incorporate their experiences into my research. Cole's (2009) second question is about the role of inequality in these individuals' lives (pp. 173-175). To answer this question, she emphasizes moving beyond personal characteristics when seeing an individual's social identity. Instead, she contends, it is better to view it as a result of the intersection of a variety of social structures and processes (p. 173), acknowledging how individuals' experiences, including their beliefs, the opportunities they enjoy, the barriers they face, and the resources they are able to access, are deeply affected by social context (see also Cattaneo & Chapman, 2010, p. 652). The third question involves examining similarities among individuals and groups (pp. 175-176). Cole highlights the importance of moving beyond only seeking to identify the differences between individuals and groups. By seeking to discover common ground, researchers are able to push past boundaries and lay the groundwork for forming coalitions that can wind up leading to large-scale societal changes.

This study was designed to prompt women to share about the nature of their intersectional positionalities. Purposive sampling led to successful recruitment of participants with a variety of identities to amplify the voices of women who have traditionally been underrepresented or not represented in IPV research. Data analysis began with examination of similarities and differences across participants. My methods were guided by an intersectionality framework at every stage in order to develop a rich and layered understanding of how social contexts influence women's relationship conceptualizations and their thoughts and feelings on their shelter stays (see Hiebert-Murphy, Ristock, & Brownridge, 2010).

Verification

In order to ensure verification, the concepts of sincerity, credibility, and resonance took a place of great importance. Strong qualitative research is contingent upon receiving input from the

researcher, the participants, and also the audience. This design was informed by Tracey's (2010) criteria for excellent qualitative research. To achieve verification, rich rigour, sincerity, credibility, and resonance are necessary. Rich rigour refers to the data's complexity and depth as well as the transparency with which the data appear in the final product. To conduct rigorous research, one must collect enough data, spend ample time in the field, and exercise diligence through all phases of the research (Tracey, 2010). To ensure this research was rigorous, I collected data until diversity among participants and experiences were obtained. Transcripts were checked for errors.

Sincerity is the goal of providing an open and genuine account. To achieve sincerity, one must engage in self-reflexivity which requires self-knowledge and an extensive examination of how the researcher, in the process of her research, is affected by her background, beliefs, and biases (Tracey, 2010). To convey the sincerity of my report, I engaged in a process of reflexivity and I kept a reflexive journal (Creswell, 2014; Eagly & Riger 2014; Stake, 2010). I was conscious of how my privileged social position, values, and experiences could potentially impact my understanding of the data, and I was explicit about this position throughout my interpretation. As a middle-class, educated, White woman from a Western culture, my social context differs greatly from the women I interviewed. In order to maintain sincerity, it was necessary from me to conduct the research with a critical eye about the impact of my own identity. I identified my biases throughout the process, while also recognizing the inevitability of my identity affecting my research. My goal was to be as aware of these potential impacts as possible. Keeping a detailed record of all the research decisions made over the course of the project was also an integral part of the project. Apart from data collection being paused after my eighth interview (and ultimately halted) due to the COVID-19 pandemic, the research project progressed as was expected. Though data collection was stopped due to the pandemic, analysis of the data resulted in the conclusion that data saturation was achieved.

Credibility in qualitative research has many components. The research needs to be believable, reasonable, and elicit a sense of confidence in the reader. This confidence is achieved through including long, rich passages of text that allow the participants' voices to shine through. Another way to achieve credibility is to include triangulation and/or crystallization by using multiple researchers, frameworks, or methods to either "converge on the same conclusion," or to open up a more profound understanding of the issue (Tracey, 2010, p. 843). Credibility can also

be achieved by seeking multivocality, which refers to the process of including many voices to open the door for a variety of opinions to be expressed. To increase the credibility of the research report, rich passages of direct quotation was provided to allow the readers to take the perspective of the participants and form their own opinions of the analysis. Credibility was also increased through the inclusion of my advisor, Dr. Hiebert-Murphy and fellow research colleagues, Sharon Chou and Kate Kovachik identifying similarities and differences in our interpretations of different sections of the data. Collecting data from a number of women staying in shelter ensured a variety of differing perspectives and increased credibility.

Finally, resonance, or “research’s ability to meaningfully reverberate and affect the audience” (Tracey, 2010, p. 844) is an important concept. Resonance is achieved through clear, powerful, and engaging writing that connects with target audience and intensely impacts the reader. The goal is to give the reader an emotional experience of personal knowing that they can use to make choices based on what they have intuited (Tracey, 2010). I have worked to create a final report that is clear and easy to read, yet also evocative and nuanced, and reflective of the complexities of the issues.

Chapter 3: Findings

These findings are comprised of the themes that emerged across all interviews. It is important to note that these women’s narratives cannot always be neatly summarized or categorized. Through the analytic process described above, two main themes emerged, with a number of subthemes. The first theme is that violence and marginalization disrupt narratives about the “ideal relationship” and about leaving a violent relationship. Participants’ intersectional identities and marginalized contexts put them into situations where they needed to shift what they considered when evaluating their relationships. As a result of this shift, the idea of choice, especially when it comes to staying or leaving a violent relationship in the context of marginalization, was drawn into question. The second theme is related to the various functions of shelter; for women who experience extensive marginalization, shelter was used for more than taking refuge from violence. A dominant narrative about domestic violence shelters is that their primary use is an immediate refuge from violence. Many of the resources, like counselling and healthy relationships training, are centered around the experience of violence and the escape from violence. Counter to that assumption, in their narratives, it was clear that women use domestic violence shelters for a variety of reasons beyond an immediate escape from violence.

Women talked about many other reasons to come to shelter, including meeting immediate needs for housing and mental health support, and seeing shelter as a safe location including but not limited to safety from the impact of addictions and safety from a violent community.

Theme 1: Violence and Marginalization Disrupts the Narrative of Women’s “Ideal Relationship”

In their interviews, participants reflected on what they desired in an ideal relationship. However, as they discussed their lived experiences and reflected on their own relationships, which were marked by violence and instability, other ways of evaluating their relationships emerged. When immersed in relationships marked by IPV and embedded in marginalized contexts, the participants added new relationship considerations to their assessments of relationships in order to improve the fit between their perspectives on “ideal” relationships and their reality. Interestingly, every participant responded in the negative when asked whether they considered their relationship to be “healthy.” On some level, there is an understanding and acknowledgement that parts of their violent relationships do not align with the “ideal,” or the “healthy.” As they relived and relayed the details of their relationships, it became clear that these participants undertook a far more complex form of decision-making and relationship conceptualization, within which choices were not black and white and pursuing their “ideal” relationship was no longer their main consideration. Some common negative forces that participants highlighted alongside their shifting relationship considerations were housing instability, limited familial support, interactions with systems such as Child and Family Services (CFS) and the criminal justice system, addictions, poverty, lack of access to childcare, and physical, emotional and sexual violence. The need to attend to these negative environmental factors is very much a reflection of their intersectional positionality. These narratives highlight the barriers marginalized women face as they seek to lead satisfying lives. The participants’ contexts, highlighted by the intersections of race, class, gender, sexuality, health, and level of education, caused their ideal relationship considerations to lose their relevance and new evaluative relationship criteria to emerge.

Ideal Relationship Narrative

When discussing relationships generally, or discussing relationships that were not their own, the participants used familiar criteria regarding what they viewed as ideal in a relationship (honesty, commitment, respect, friendship, etc.). For example, Rainbow Woman, before getting

into the details of her own relationship, talked about difficulties finding these qualities in a partner. When asked what she looks for “generally” in a relationship, she responded: “Honesty, respect, trust. That’s pretty much it. Commitment. But it’s so hard to find that these days.” Rachel had difficulty responding with precision, suggesting that she had not had opportunities or the need to do this level of evaluation: “For me, I would say, I look for like more family-oriented people, a person I guess. Someone that’s very, like, really involved with their family because I am[...] It’s hard to answer this question.”

Some of the participants’ responses seemed to be influenced by dominant romance narratives. For example, CJ, when asked to explain what she is looking for in intimate partner relationships, said: “The old romance movies I used to [watch], like the Notebook. Just out of TV like entertainment is way better than real life sometimes. I do say, [The Notebook] was based, I don’t know just the fact that they were in love, you know, I wish, I wish I could have that kind of love.” These descriptions of love were outside of their own lived experience and sometimes referenced relationships that they admired. Rachel described her sister’s relationship as one she looks up to:

My sister and her fiancé. They have a really good relationship and they’ve been together since they were like 15. And they’re 24 or 25 now. I know they communicate very well. They’re, they’re not insecure [chuckles]. Uh. They’re, I don’t know, they’re like best friends. They just understand each other. And they laugh a lot. Joking. They always make jokes and take the kids to trips. Like they took their kids to Disneyland already. They travel out in the summer to Pow Wows too, so, their relationship is just nice. It’s really nice to see, and I’m happy my sister found someone like that. I wish I could find that.

Violence Disrupts the Ideal Relationship Narrative. There is a disconnect between the ideal relationship narrative, and the experience of violence as a counter-narrative. Woven through all of the women’s narratives were various descriptions of violence they had experienced at the hands of their intimate partners. Rainbow Woman said, “Oh my God, it was awful. Like awful. Terrible. He broke my jaw in two places. Broke my leg. A couple of my ribs. And I broke his heart. My smile will never be the same because of him. Ever.” Rachel, in describing a factor that was a breaking point in her relationship, said: “And what made me leave was when he bit me. Like I... that’s just... it scared me, like holy shit, like what is he going to do next, you know.

That's when I thought about being scared for my life." And CJ, in describing her experience, reported violence at the hands of her partner's friends as well as by her partner:

"Like even his friends used to beat me up. He would watch and he would smile about it. Like they put a knife to my throat. Like they punched me in the face multiple times. One even bit my finger and like broke it. And like the violence stunned me back then just made me not want to be around people like them. That's why I'm here by myself. Like I don't want to know those gangs, those gang members and the violent behaviours that they did like... it's just not worth it."

These descriptions of high levels of violence and feeling unsafe in the relationship were in stark contrast to the factors of the ideal relationship that they described wanting.

Attempts to Align Violence with Narratives of Ideal Relationships

There were a number of ways in which women attempted to align the violence with narratives of ideal relationships. Linking the violence to addictions and substance use was one way of compartmentalizing the violence. Some women endorsed the idea that violence occurred "only when their partner was drunk or high" or that the intensity of the violence increased with the use of substances, suggesting that if the substances weren't part of the picture, the violence would not happen, or would not be as big of a problem. For similar reasons, some women endorsed a pre/post violence narrative, which described the relationship as having many positive qualities at the beginning, prior to the start of the violence, and that a negative shift took place when the violence began. Due to the presence of violence, these women's relationships did not align with the ideal. Through compartmentalization and the use of a pre/post violence narrative, the women made attempts to maintain parts of the ideal relationship narrative.

Compartmentalization: Drugs and Alcohol. Within their narratives, participants were challenged to reconcile their beliefs about relationships in general with their lived experiences with their partner. In order to resolve the emerging conflict, some of the women interviewed undertook a strategy of compartmentalization or minimization of the violence in their relationships. None of the participants identified violence when they were asked explicitly to describe the "things that make a relationship bad for you." Almost every time that drugs and/or alcohol were involved in the violence in their relationship, drugs and/or alcohol was identified as a "factor that made the relationship bad." Violence was often only mentioned when women were asked directly about the violence in their relationship. Some participants endorsed the idea that

their relationship and their partner were generally positive when the partner was sober. Within some participants' narratives, a pattern of identifying substance abuse to be the core issue emerged, with violence being regarded as a secondary issue that resulted from the consumption of drugs/alcohol.

From Ruth's perspective, substance abuse is what caused her partner to go from being a desirable partner to being abusive. In response to the question: What changed between him being kind and then him threatening you with a knife? she replied: "Alcohol and drugs. When he was sober, he was nice." According to Ruth, if it were not for her partner's addictions issues, their relationship would have been positive, although she also noted that this particular relationship was "only for sex."

Sarah reported a similar conceptualization of her partner and his relationship to alcohol. In this case, Sarah reported the drinking to be the main cause of trouble in their relationship, stating her belief that, if not for addictions, they would have a happy relationship:

But he had his, like his own personal problems and issues and that was his way of coping was to drink. And I just basically, I don't know, I always watched him and made sure he was good and OK. When he was sober, he was funny. He was like really loving and caring. He always made sure that I had what I needed.

The drinking was not only the downfall of their relationship, but also the cause of her partner's death:

I loved him for who he was, eh, even though his drinking was a big issue. When he was sober, he was like the nicest guy ever. Oh yea. He had his sober moments. He had his sober days. But it was, I don't know, hard living with an alcoholic. [...] He had a massive heart attack while he was drinking. He was drinking for three days.

The death of Sarah's partner was difficult for Sarah, taking away not only her partner, but also her housing. The destructive effects of alcohol on her partner ran through Sarah's narrative. In Sarah's conceptualization, the negative aspects of her relationship occurred because of alcohol.

Jane, who was in the same-sex partnership, provided a similar conceptualization of her relationship. Her narrative reflects the intersection of sexuality and other structural factors:

She was supportive in lots of ways and then all of a sudden she just like hated me in so many ways also too like, I don't know where all that hate came from. Because there was lots, lots of hate, anger there must have been. It couldn't have been just me. It had to have

been like some past shit that she didn't, you know, deal with. And then yea, alcohol and drugs just brought it out. Intensified it even more [...] That just made her ugly. And then it made me ugly, you know, like over time it made me ugly too. Like it wasn't just her, I was too. But she's like a witch. She's like really jealous and insecure and like you wouldn't think about that until I see her and then all of a sudden it just came out.

Jane clearly expressed the belief that without drugs and alcohol, the relationship would have been far better. While she acknowledged the impact of other factors such as her partner's past trauma, alcohol was seen as the major intensifier of the negative aspects of the relationship.

CJ also framed the abuse that she underwent through a lens of addictions and drug use. She explained how drug use was a major part of her relationship right from the beginning:

A year ago, we met at some trap house and he, he cried to me. Telling me that it was like he was plucking a good flower that was supposed to keep growing. And he kept plucking it and he cried in front of me telling me that I was like an angel that like he dared me to destroy it, you know.

Methamphetamine use was a recurring topic throughout her narrative. She discussed how she perceived her partner to become a different, violent person when using drugs:

But I feared my life because it's like he would change. It's like a different person, like he changed overnight all the time. And it seemed weird to see him change. To see him, like his face changed all the time. It's weird. You don't see the same person when you say when you like fell in love [...] I think it's due to the drugs.

CJ's explanation of this relationship included a compartmentalized conceptualization of her partner. In her telling, drugs caused him to become "a different person" and it was this person who was abusive.

When addictions were involved in their violent relationships, those addictions were used to explain their partners' behaviours. This served to focus the problem on addictions and to deemphasize violence; the conclusion was that if it weren't for addictions, the relationship would be good and their partner would be able to fulfill their relationship desires.

Pre/Post Violence Narrative. Some of the participants endorsed a pre/post violence narrative structure during their interviews in which they highlighted the positive aspects of the relationship that occurred early on in the relationship before a sudden change in their partner occurred, resulting in violence. By compartmentalizing the violence in this way, participants

were able to preserve and identify positive aspects of the relationship and their partners and create a more coherent narrative around why they had stayed in the relationship.

In Rachel's view, her relationship started very positively, before a sudden change of behaviour characterized by violence: "Well I met him through Facebook. The first six months was great. No, there's no violence, no arguing, nothing. And then, um, and then he started, that's when he started like yelling at me and being violent towards me."

CJ's construction of the relationship using a pre/post violence structure was similar to Rachel's:

In the beginning he used to, he used to have a job. And used to come over and make supper. Like he was a good chef. And he would cook supper and be very nice and kind and like put together man that I was looking for. I seen a side of him that was different after I started to stay at his house longer and, um, we started to grow, um, like he used to kick me out. After a while, his sunshine would disappear. It's so messed up. He started kicking me out when he would drink more often.

Rainbow Woman, whose relationship ended up being marked by extreme violence also conceptualized her relationship using the pre/post violence structure:

I liked that he was supportive at first. Like he, he would encourage me to do the right things and he would. But I think it was all an act. I don't know. And he would always say, he would praise me. He adored me. He made me feel beautiful.

Nancy also found ways to compartmentalize her relationship, which lasted almost 30 years. She referenced the famous 19th Century Robert Louis Stevenson novel Dr. Jekyll and Mr. Hyde when attempting to capture her partner's good qualities as well as violent behaviour:

It's like you learned to live in the moments. You learned to say, OK, this is a great moment. I'm going to sit and listen as much as I can. And then the next moment comes along and you go, OK, I'm going to wait until this one flies by. Do you know what I mean? So. And then you don't, I don't focus on this one. I have to focus on the positive. He has a heart for everybody else. He's the first person that if you stop on the side of the road, he'll stop and help you. Do you know what I mean? But then he has that Dr. Jekyll and Mr. Hyde.

Though the participants all had strong conceptualizations of what they wanted in an ideal relationship, the complexity of their lived experiences, marked by intersecting points of

marginalization and outlined in detail below, caused them to abandon their ideal relationships and begin to expand the criteria beyond what they would consider as “ideal” in their relationships and shift to consider other contextual factors. Sometimes, participants seemed to be aware of these new considerations, but more often, these shifts emerged as they described their experiences living in dangerous and chaotic environments. It is important to keep in mind that the interviews took place while the participants were residing in a domestic shelter. As will be shown, these stories of their relationships, in most cases, were still fresh or unfolding and often participants were still trying to make sense of their experiences.

Relationships in Context as a Counter-Narrative

Another way participants attempted to align with the ideal relationship narrative was through shifting how they assess relationships to include their context. The risk of trauma, housing needs and physical needs were all contextual factors they considered

Considering Protection. One consideration that emerged for various participants within their marginalized settings was protection. This was especially true for participants who had experiences with addiction. In these narratives marked by addiction, the violence and chaos were most extreme for the women who struggled with addiction to crystal methamphetamine.

Before getting into the details of her own experiences within relationships, Rainbow Woman discussed what she saw as desirable in a relationship. When asked: “What do you want in your next relationship?” she said, “I want patience, honesty loyalty, respect and constant communication.” Later, she used her cousin’s relationship as an example. She desired a relationship like her cousin’s:

They support each other. They make each other laugh. They joke around all the time.

And if one’s like, feeling down, the other one brings them back up. And so that really, that’s the kind of relationship I’m looking for. Someone to just be able to just cry on them no matter what and he’ll just hug and not say what’s wrong? He’ll just support me. That’s the kind of relationship I want. Like theirs. For them to be like they were best friends.

And they were together like. Everybody should have a partner that is their best friend.

While Rainbow Woman had a desire for this kind of relationship that to her seemed ideal, her lived experience meant that she needed to consider different factors when evaluating her relationship. Rainbow Woman described the dangerous realities of her lived experience as an Indigenous woman experiencing housing instability, mental health challenges, and addictions to

crystal methamphetamine and alcohol in Winnipeg. She reported that three of her five children's fathers were "meth heads":

My last baby before him [points to the baby] is not his [her most recent ex-partner] kid. I didn't want... I got pregnant.... But then this guy ended up being a meth head, and then I just left him because I didn't want to... But then I fell into the meth, and yeah, we were addicted together. His dad [points to the baby] is a meth head and my previous son's dad is a meth head. And my daughter – my oldest daughter – my 16-year-old daughter, her dad's a meth head too. I don't know what... I just attract the meth heads.

In response to these challenges, Rainbow Woman began considering more concrete, external factors than the internal factors she identified in her ideal relationship. Rainbow Woman described the extreme violence at the hands of her intimate partner and its effects on her:

Oh my God, it was awful. Like awful. Terrible. He broke my jaw in two places. Broke my leg. A couple of my ribs. And I broke his heart. Oh. That bad. Yea. My smile will never be the same because of him. Ever.

Beyond the violence perpetrated by her intimate partner, she recounted multiple incidents of extreme violence and danger that she experienced at the hands of others in her community. In one case, she narrowly escaped becoming a victim of human trafficking shortly before her most recent shelter stay: "I was trying to break free from these guys that were trying to chop me up and sell my organs. I was like [...] I'll be right back. I went outside and I ran, and they chased me." In another incident, she suffered extreme sexual abuse while her partner was in prison: "Something really bad happened to me a few years ago. I got raped by four men. And, uh, they held a gun to me and had their way, whatever." In this context of extreme danger, trauma, and fear, protection emerged for Rainbow Woman as a major relationship consideration. She revealed this consideration, expressing anger at her partner for being in jail, and thus unable to protect her, in her discussion of the rape she experienced:

He wasn't there to protect me. He should have been there to protect me. That's what I even told him. I said this wouldn't have happened to me if you were there to protect me but you weren't, you were in jail. You'd rather go get high and rob places and be stupid than be a man and protect me.

In Rainbow's context, the risk of going through trauma was heightened and so too was the need for protection, making it one of the main factors she considered when evaluating her relationship.

When Rainbow Woman's ex-partner was inadequately protecting her, she sought protection from other sources, including other male friends and family members:

I have male best friends, like if they were there, they would have knocked the shit out of them, you know, but they weren't there. And then we would see them somewhere and then they would punch him out for fighting me [...] I can't help it if people want to show their respect by going to attack this person out of respect for me, to protect me.

Rainbow Woman saw her male friends beating up her ex-partner as a show of respect. She exercised caution about who she would disclose the abuse to because she knew what certain family members would do if they knew: "if my, like certain people in my family would have known, they would have killed him. Yea. He would have been murdered. He would have been missing." Because of her lived experience with addictions and trauma, Rainbow Woman had become keenly aware of who is able to protect. This external consideration of protection emerged in response to increasing violence and danger and replaced the more internal ideal relationship considerations of friendship, laughter, and support she originally identified. Her identity as an Indigenous woman living with addictions and poverty made her particularly vulnerable to violence. She responded to this vulnerability by building relationships with men for protection.

Protection also emerged as a relationship consideration for Ruth in response to her lived experience. Ruth is an Indigenous woman with a history of addictions who has been in several ("7 or 8") violent relationships since she was 15 years old. When discussing relationships more generally, she identified the internal quality of trust as the main marker of a desirable relationship: "I like the relationship that my little brother's in. Like they, if they go out, they don't question each other. They just like, they do their own kind of thing and they trust each other." As she began discussing her lived experiences, which included a history of addictions and mental health challenges, the external promise of protection emerged as a major relationship consideration and one of the things she was first attracted to in her partner: "[He] said, I'll do everything, anything for you. If anybody touches you, if anybody looks at you, I'm going to punch them out. He made me feel secure." This man, who was Ruth's downstairs neighbour, ended up breaking down her door and threatening to stab her if she left her room. She remained in her room for three days before her injuries prompted her to escape to the hospital. Looking back on the relationship, she recognized that his promise of protection was false, but that

protection remained a desirable trait for her and women in contexts similar to her own: “That [promise of protection] was bull. Any woman can fall for a man that talks like that.” Like Rainbow Woman, Ruth also relied on male friends for protection. She referred to these male friends as her “protectors.” In her narrative, these protectors would move in with her to keep her safe from former abusive partners. She was in an especially vulnerable situation as she was living in Manitoba Housing and unable to give up her stable housing to find a new location to live. This meant that her past abusive partners always knew where they could find her:

I told them to leave and I couldn’t leave that place where I was, residing on [street name] because I stayed there for 11 years. So, I couldn’t move. They knew that I was there, so. But then there were people like guy friends that would show up and take care of me and made sure that I was safe. I called them my protectors.

When the protective factors of an intimate partner broke down, Ruth was resourceful, finding other men to serve as her protectors. Like Rainbow Woman, her identity as an Indigenous woman living in poverty with a history of addictions, meant that she needed to adopt protection as a major consideration when evaluating not only her intimate relationships, but also her male friendships.

Sarah also added protection to her relationship considerations due to the realities of her lived experience. Sarah is a Métis woman with a history of addictions and PTSD who has nine children between the ages of five and fifteen years living in foster homes. She discussed three relationships in her interview. While physical abuse was a factor in one of the relationships, severe emotional abuse was present in all relationships:

It was the physical and the verbal. Because when, like the physical you get scars but even the verbal it still leaves scars. Like that shit like runs through your head. And it’s like oh I’m not going to be good enough for somebody else. Nobody would ever want me.

When discussing her ideal partner, she identified someone reliable who knows how to have fun without drugs or alcohol: “I want someone who’s, who wants to be there for me and who is kind and wants to take me out on actual dates instead of to the vendor all the time.” However, in the context of her lived experience, which included addictions and abuse, she began considering protection as a major relationship factor: “I felt really safe around him when I was with him. He always made sure that nobody would bother me or hurt me.... I felt really protected with him.”

Jane also discussed protection as a relationship consideration. Jane is an Indigenous woman with a history of addictions and systems involvement (CFS, prison) who experienced violence at the hands of her same-sex partner whom she met at a halfway house. She and her partner shared a parole officer who arranged for them to live together once they had completed their halfway house programming. Jane did not discuss an ideal relationship like the other participants in the interview but did explain how she values a partner who “keeps me protected I guess, but not too like smothered.” In response to her lived experience which contained high levels of marginalization and danger, she named protection as a value. Notably, the way Jane spoke about her violent relationship with another woman differed only slightly from the dynamics spoken about in the heterosexual relationships. Jane reported that there was often an escalation of fighting between her and her girlfriend (eventually she started to fight back), which was an element that applied exclusively to that relationship. Sexual orientation as it relates to her identity was not a theme that emerged strongly in Jane’s narrative, except for near the end of the interview when asked what she is hoping for in a future relationship; Jane reported some uncertainty about whether she wanted to pursue a relationship with a man or a woman, and emphasized her desire to stay single for the time being.

In four of the eight participants’ interviews, protection emerged as an important consideration for their relationships. Complicating this protection is the fact that their intimate partner, who they valued partly for their ability to protect, was also a perpetrator of violence against them. In two of the four cases, women specifically discussed the importance of having other people available to serve as protectors when their partners were the violent ones or not present. For these women whose lived experience includes addictions issues, housing insecurity, and other marginalizing forces (including the realities of life as poor, Indigenous women), protection was identified as a major consideration in their day-to-day lives, including as a quality to look for in a partner.

Considering Severity of Violence. Within their description of the ideal relationship, no violence was deemed acceptable. Participants did not generally condone violence as part of a relationship, but that conceptualization did not align with their lived experiences. For some participants, especially those who were purposefully isolated by their partners, it became less about the existence of violence and more about the severity of violence. They considered it

acceptable to tolerate some violence from their partners within the relationship if it did not get to be too extreme. The breaking point was often when the participants began to fear for their lives.

Rachel, a pregnant Indigenous woman with a history of anxiety and depression, shifted her relationship considerations due to the realities of her lived experience. When discussing what she admired in relationships more generally, she named open communication and good priorities: “Somebody that knows how to communicate. Um. Somebody that has their, um, like their priorities straight. I prefer someone financially stable [...] Like their family, their job should come first. Their friends, friends are important. And then me.” The violence in Rachel’s relationship occurred in the context of intense isolation. Rachel was living with her partner on his isolated rural property and he severely limited who she was allowed to contact: “he didn’t allow me to like go visit my sister or allow me to go anywhere basically. The only place we went was his parents’ house.” Rachel did not consider this relationship to be good or desirable: “No I wouldn’t describe it as healthy just because of the, like because of all the abuse. Because of how abusive he is.” However, she was able to tolerate some violence. It wasn’t until the violence escalated to biting, and she began to fear for her life, that she took action to leave:

I thought about, um, like my sister was always so worried like what if, um, like after I went back, after I charged him, she said, what if he, what if he kills you next time? and I, that’s what I thought about all the time. Like what if he goes and kills me. And because he lives like at, like in the country like, yea, no one’s going to know when [...] And then I also thought about like the last incident, he actually like started biting me. And that’s what really, um, really like opened my eyes, I guess. He felt like hitting me wasn’t good enough anymore, so he started biting me [...] And what made me leave was when he bit me. Like I, that just scared me like holy shit, like what is he going to do next, you know. That’s when I thought about being scared for my life.

It was when Rachel considered the severity of the violence in relation to her relationship and the risk posed by her social and geographic isolation that she decided to leave. Prior to this increase in violence, she had shifted her perspective of relationships from not accepting any violence to accepting violence up to a point.

Ruth, whose views on the ideal relationship are outlined in a previous section, was also purposefully isolated by her partner, who lived in the downstairs unit of the building in which she resided. In her state of isolation and within the reality of her lived experience, Ruth began to

accept some level of violence: “The slaps and the punches I can take. It’s, it’s just that if they overdo it and start like getting me on the ground or just like throwing me down the stairs. That’s it!” In this case, the man she had been seeing broke into her apartment, assaulted her, and threatened to stab her if she left her room. For three days, she was in pain in her room. She ended up overdosing on Tylenol and escaping to the hospital:

Um. I ended up ODing because, that guy threatened me. I even locked the door and I used 2 X 4’s and he managed to open it. He’s like open the door he says, I know you’re there. I can hear you!!!! And he used his big knife and kicked the door open and I’m sitting and like oh no. What’s going to happen to me? So he threatened me and pointed his knife at me. And. I’m laying on the bed. And then like I didn’t cry ooooh, or help!!! I didn’t do that. I was going to take it like a man. Like if he was going to beat me, I was going to take it. And, and..... sure enough, he says, he says to me he goes, if I hear you leaving, he says, I’ll hear you from downstairs. He says, I’ll stab you up. So I grabbed Tylenol and I took it and I was like, I was scared for my life because I couldn’t get out of the building.

When talking about what she would desire in a relationship, Ruth identified wanting a trusting relationship that was violence-free. In her specific context marked by marginalization and isolation, however, different considerations factored into her evaluation of her relationship.

When these women discussed relationships generally, none of them expressed a belief that violence had a place in a desirable relationship. However, in their marginalized contexts, which were marked by poverty, addiction, and purposeful isolation by their partners, their view of their relationship shifted and they began to accept some violence in their relationships, revealing the complex and intricate process of decision-making and survival these women undertook as they assessed the severity of violence they were enduring alongside a wide array of other factors.

Considering Tangible Needs. Another part of some of the participants’ expanding view of relationships came out of their relationship's ability to meet their tangible needs. While their relationship was not meeting the criteria they had laid out for a good relationship, it was providing them with access to tangible resources that they doubted their ability to access independently. In these instances, their expectations for an ideal relationship were overtaken by their need for necessities such as food, housing, clothing, and money.

Nancy had been with her partner for almost 30 years. When she was discussing her ideal partner, she highlighted themes of equality and acceptance. She became increasingly dependent on her husband with the onset of chronic pain disorders that greatly limited her independence, preventing her from working, doing basic chores, and looking after herself. For a long time, this dependence on her husband for her housing, money, and healthcare prevented her from leaving. Even in shelter, having decided to attempt to leave her partner, the thought of trying to live independently elicited feelings of fear:

That's the fear of living on my own. It's a true fear because I can't cut my food at times. I can't go grocery shopping by myself. I can't, I can't do your daily needs. And I don't sit there every day and complain about it. And I don't focus on it. But it's, it's a reality.

For Nancy, it was not about her partner meeting her emotional needs but rather, it was about the concrete help and practical support he provided. Nancy's narrative around remaining with her partner highlights her level of vulnerability at the intersection of class and ability. Her lack of financial resources, compounded with her limited physical ability, caused her to feel dependent and disempowered. A hesitation to share her reality and lack of independence, in turn, caused her to become withdrawn. While outlining her medical issues and the effect they have on her independence and well-being, Nancy became intensely emotional and began crying:

People don't hear or see it because I don't show it. You know, and that's part of my downfall. But it's reality, you know. I could go grocery shopping and I may not have pain, but I go pick up something on the shelf and it's "dropsy". It's just. I don't have. And then it could be, you know, I can walk more than 20 minutes now where before 10 minutes I would get full body swells, those body swells. But I've been slowly trying to get the walking, walking going, right. So. But that's my reality. So there's another fear but I don't, I don't talk about it because I don't want to be dependent on somebody. But my legs go unshaved for a long time because it's just too much work or I can't do my foot care. I can't, you know. Yea. So yea, people don't see it too because I'll hide. I'll go hide in the car or I'll go for a walk. All right. Yea. Yea. You know I do breathing meditations. I do lots of different stuff. But since I've fallen off the wagon with that too and I don't have the means to do what I needed to do.

Nancy discussed the importance of independence to her own identity at various points in her interview. In the above quote, the tension she felt around asking for help recurred. She

conceptualized herself as an independent person, but the new reality she was living within, marked by her inability to work and take care of herself, caused her distress. Nancy's limited access to healthcare and money limited her ability to be in control of her own life and pushed her toward a state of dependence. This dependent state caused her to shift her view of her relationship, increasing the importance of concrete, tangible considerations such as housing, finances, and help to address the limitations imposed by her disabilities. The presence of these elements in the relationship allowed her to stay in a relationship that did not fit with her beliefs about what constitutes an ideal relationship.

Sarah also depended on her partner for meeting many of her basic needs, causing her to no longer consider the ideal relationship factors outlined above. She sought shelter after losing housing in the aftermath of her partner's death. Throughout their relationship, she relied on him for financial and housing support. Once this ended, she became increasingly marginalized and was left without secure housing and limited access to finances:

He always made sure that I had what I needed [...] And then after he passed away, I felt like, what am I going to do? And like how am I going to do this? Or how am I going to do that? The place where we lived, that was his house. So. But after he died, I had 180 days to live there. So that was like what, six months. And, yea, I did. I only stayed til September, the end of September.

Throughout her relationship with her partner, Sarah weighed her partner's violence against the instability and uncertainty she would face on her own. Her narrative reveals that she did not consider her relationship to be ideal or good. The factors she considered when evaluating her relationship had shifted. The tangible considerations and needs of housing and financial support outweighed the idealized relationship she envisioned for herself. Sarah understood that this consideration was not ideal: "So yea. It was hard living with him like. And then it was hard, it's hard living without him." Reflecting on her reason for remaining in the relationship, and looking forward to her future without her partner, she said: "Because I had just like I got so dependent like on him [...] If I need this, then he'll get it for me or if I need that, whatever like. And now it's like, that he's gone, I'm like, OK, I gotta get my independency back again." Over the course of the relationship, due to her vulnerability and isolation, Sarah began considering the ways in which her relationship met her tangible needs and stopped considering the ways in which it aligned with what she desired in an ideal relationship.

Rachel's most recent relationship of three years, which included instances of physical and emotional abuse, did not align with what she spoke about desiring in a relationship. When reflecting on that relationship, she identified being in a state of desperation which caused her to bring a different perspective to what she considered when evaluating her relationship. This desperation was largely due to having concrete needs, such as housing met:

I never thought that I would experience that kind of like a violent relationship. Like I can't believe I stayed for so long, you know. Now that I think of it, I just think of like myself being desperate. I think, I just think it's horrible for someone to experience that by someone that's supposed to love them. And that it can really ruin a person, sometimes like, kill a person, too. Like now that I think about it, just makes, it made me feel, well makes me feel desperate.[...] I don't know if it was only because I needed somewhere to stay or a part of it too was I was scared to tell my family so none of my family knew until I actually like left him and charged him.

Later in the interview, Rachel returned to this need for housing as a factor she considered when evaluating her relationship: "it was just mostly because I needed somewhere to stay. And he took me in. So that's partly the reason why I stayed for so long." Rachel's marginalized positionality at the intersection of Indigeneity, addictions, and poverty, caused her to evaluate her relationship against new criteria that were outside of her conceptualization of an idealized relationship.

Phoenix is an Indigenous woman in her 40s with five children in care and a history of alcohol addiction. She discussed how her relationship considerations changed over the course of the relationship to include the tangible need of housing. In outlining what she would consider to be an ideal or good relationship, she pointed to a couple she knows from family camp and their ability to maintain a high level of happiness and agreeability: "Well there's these people from family camp. Some friends. They're like Christians and stuff. They're happy. [...] always happy and I never hear them like argue or be sad or anything." When discussing a previous relationship, she outlined how tangible considerations such as housing and childcare factored into her evaluation of her current relationship and her decision making around staying or leaving the relationship: "I was pregnant. Had kids together. We lived together. I loved him." Due to her marginalized positionality, Phoenix began considering relationship factors outside of her idealized relationship desires.

CJ's discussion of her ideal relationship was wrapped up with her experience and enjoyment of classic romance narratives:

The old romance movies I used to [watch], like the Notebook. Just out of TV like entertainment is way better than real life sometimes. I do say, [The Notebook] was based, I don't know, just the fact that they were in love, you know, I wish, I wish I could have that kind of love.

CJ discussed how she stopped looking for those ideal traits and started relying on her partner for tangible needs. In the months prior to entering shelter, CJ began a casual relationship with a neighbour after her mom, with whom she was living, was evicted, leaving the two of them homeless. CJ reported that this relationship was at least partly due to securing temporary housing. She also discussed enjoying his company and using drugs with him. In a powerful passage, CJ discussed how her history in institutions got her used to poverty and living with limited choice:

Growing up, like I grew up in care my whole life so the system just makes it seem like you're institutionalized by the poverty going on. So I'm well aware of the community centers and the supports out there. But it's just the hard factor of being homeless with no, uh, financial stability because like my mom, like I still consider my mom as my mom, even though she considers me her friend. My mom doesn't want a relationship with me, of me being her daughter. Like that's what she said to me. But she treats me like a kid. And she just has the most fucked up lifestyle ever.

CJ felt alone in her world, and this theme reverberated throughout her narrative. Her aloneness meant that family and friends were not checking up on her regularly, leaving her vulnerable to experience violence in relationships, drug addiction, and homelessness.

Dominant Narrative of Leaving a Violent Relationship

As you can see from these quotes, beyond the dominant narratives about ideal relationships, there are also dominant narratives about the "proper" course of action to take if one does experience violence in their relationship. Namely, that they should leave. Ruth said, "I wanted to leave numerous times and I was trying to reach out for help [...] and nobody helped me." Rainbow Woman said, "I'd always run away from him and he'd always find me wherever I went." Some of the quotes in the women's narratives reflect the dominant narrative or assumption that women should leave violent relationships. As part of this subtheme, women

talked about attempts to leave, and barriers they experienced in leaving. Sometimes this was due to an inability to access help. Take this quote from Jane: “Like I guess it was because I felt like I was stuck. I had nowhere else to go. I had nobody.” Other times, it was due to the relentlessness of their partner. Despite all this, one of the main reasons they stayed was their perceived or actual inability to leave. This quote from Rainbow Woman highlights the way the child welfare system was weaponized by her partner as a threat to keep her from leaving him: “And he’s like oh, I’ll just tell CFS that you’re doing drugs and stuff. He says, he says he’s going to tell CFS that I’m doing bad things so I can’t keep my baby. But that’s not even true.” Her next quote highlights the way her choice about coming to shelter was constrained by a child welfare worker telling her that she could either come to shelter, or have her newborn baby apprehended:

My ex-partner came [to the hospital when our son was born]. All high on drugs, trying to argue with me to give him money, stuff, cigarettes, which I said no. And then it escalated. And CFS was called, and then they put me in here [in shelter]. Because they were either going to take my son away from me or put me in a place of safety. So I took that.

When women’s experiences don’t neatly align with the dominant narrative of leaving, they can experience self-blame and negative feelings. Take Phoenix’s quote: “Like when you’re at a certain place where you used to be, and it just makes you feel shitty. And when it’s like the relationship is done, you look back and you’re like, why didn’t I notice this was happening?” This quote from CJ: “I guess it was my mistake too, dating someone that has never had a girlfriend.” This quote from Rainbow Woman: “Like I don’t understand what I’m doing wrong to even get this treatment I get.” And this quote from Rachel: “I never thought that I would experience that kind of like a violent relationship. Like I can’t believe I stayed for so long, you know. Now that I think of it, I just think of like myself being desperate.” Despite the feelings of being trapped and the immense complexity of what they needed to consider in their relationships, these women ended up feeling a sense of responsibility for the treatment they received. This sense of responsibility persisted despite the reality that their choices were extremely limited. Even though they were the victims of violent acts, they felt guilt and responsibility for that violence, and for remaining in the violent relationship.

The participants had an understanding of what they wanted in an ideal relationship. Their narratives revealed a preference for the “ideal relationship” narrative, or dominant narrative about relationships. As the participants described their lived realities within their actual

relationships, which were marked by violence and abuse, some of them structured their narratives in order to attempt to align with that ideal relationship narrative by compartmentalizing the violence. Some participants compartmentalized the violence through the lens of addictions. In this narrative structure, their relationship could have met their criteria for an ideal relationship if not for the negative effects of drugs and/or alcohol. Other participants discussed their relationships using a pre/post violence narrative structure. In this narrative structure, their relationship was good and consistent with their criteria for an ideal relationship until something happened that caused their partner to change and become violent.

Within these women's narratives, there is a recurring theme of women shifting the factors they consider when evaluating their relationship. This change comes about as a result of the marginalized realities of these vulnerable women's lived experiences. While not named as factors important in an ideal or good relationship, the women identified the relationship's ability to provide protection, and the relationship's ability to meet tangible healthcare, housing, financial, and childcare needs as important elements in the relationships. While they considered many aspects of their relationships (e.g., violence) to be incompatible with their vision of a good relationship, they also explained how, without the relationship, their already complex and uncertain lives were at risk of becoming increasingly dangerous, complicated, and filled with unmet needs.

Choice in the Context of Marginalization

The disconnect between participants' lived experiences and their views of ideal relationships that reflect what they want for themselves in terms of healthy relationships challenges the notion of "choice" regarding staying in a violent relationship. Understanding the role that relationships play in these women's lives is important when we think about the resources needed to support them, and best practices for combatting IPV at a community level. These lived experiences highlight a number of reasons that women choose to stay with an abusive partner including tangible things like bringing in money or providing housing.

In her interview, Rachel acknowledged tangible reasons for wanting to stay with her violent partner: "the relationship, it was just mostly because I needed somewhere to stay. And he took me in. So that's partly the reason why I stayed for so long." Sometimes a sense of guilt for not being in an ideal relationship resulted in hiding details from family members, contributing to feelings of isolation. Rachel talked about feeling tension in keeping the violence in her

relationship a secret from her friends and family, and knowing that her mom did not want her to stay in the relationship, made her feel like she was going against her: “It’s like I was lying all the time. Like they’d be like, oh how are you and him doing? And I’d be like, oh yea, we’re doing good. I just felt like I was always lying to my friends and family.” When Rachel’s mom eventually found her with a black eye, she confronted, not only her partner, but also Rachel: “My mom started getting mad at me and telling me that I should leave him.” Rachel explained that she was hesitant to tell her family about the violence she was experiencing in her relationship, due to a fear of judgment from them: “A part of it too was I was scared to tell my family so none of my family knew until I actually like left him and charged him.” Later in the interview, I asked about her hopes for the future. She talked about wanting to secure housing and wanting to learn to make better decisions: “I’m hoping to get either into housing or Villa Rosa, I guess. I’m hoping for, wishing that I make better decisions when getting into a relationship. Not to be so trustworthy of people that I just, that I’ve, you know, just meet.” Rachel held herself responsible for being in a situation that was unsafe, despite also noting earlier in the interview that she had stayed in the relationship partly in order to meet her need for housing. She went on to say:

Like now that I think about it, just makes, it made me feel, well makes me feel desperate because, um, like I, I asked myself why did, like why I stayed for so long and I, I don’t even have the answers for that. Like I just basically, I don’t know what it was why I stayed. I loved him. I liked, I loved the good times that we had when he wasn’t angry. But then there was more bad times than there was good.

That Rachel feels that the violence she received was due to her “bad decisions” demonstrates some feelings of being at fault or responsible for the violence she endured, even though it was her partner, and not her, who was violent.

CJ, an Indigenous woman in her twenties with a history of crystal methamphetamine addiction, anxiety and depression, housing insecurity, and limited family support, also communicated how she felt stuck in the context of her violent relationship. In her narrative, she discussed two relationships. The one she was in just prior to her stay in shelter was with an older man (“old enough to be my dad”) and was marked by verbal abuse and controlling behaviour. The one she discussed most often was a previous relationship marked by intense physical violence, stalking, and controlling behaviour. In this more violent relationship, she reported being attracted to her partner specifically because she thought there would not be violence: “I

thought he wanted something different and not be running around with the guys, creating violence.” But this was not the case. She goes on to explain what he would do to isolate her from the rest of the world

It was, um, he was, he used to, he used to keep me in a room by myself all the time. And he used to, he used to block all the windows. He used to cover the windows so I didn’t look outside, you know. I used to be trapped in there. Wondering what the fuck is going on because like, you know I was, I had no access to a phone or to Facebook or to anywhere to get help. And he was out doing whatever. And he’d come back and it still be same. I’d still be inside, indoors all the time.

The isolation and control increased and included him forcing her to cut her hair short and wear men’s clothes:

So he came, he got me and then he would throw, he would go through his backpack and throw guy clothes at me and tell me to put them on cuz I was dressed like a girl, like a young lady and he, um, didn’t like me like dressed pretty. Like he used to, like I cut my hair because like, you know, maybe he wants me to look like a guy. So I cut my hair short and ugly and just to feel ugly I like was, I stopped wearing makeup and stuff like that because like it’s like he didn’t want to see someone so pretty shine, bright I guess. And like I just felt. It’s like he found every way to destroy what good I had of me. He wanted to keep it as his.

CJ knew the relationship was not healthy and was disturbed by the violence she endured which continued escalating. He would have other girls over when she was there and would choke her until she blacked out on a nightly basis: “Every night he used to choke me to the point where I stopped breathing or I would black out into like black space.” When asked why she remained, she described the levels of fear that she felt as the violence extended from not only her partner, but from her partner’s friends and fellow gang members:

His friend used to be the middle man. He used to separate us. Like his, like [name]’s friends used to beat me up. Like he would watch and he would smile about it. Like they put a knife to my throat. Like they punched me in the face multiple times. One even bit my finger and like broke it.

Eventually, after much pain and suffering, CJ’s more immediate fear gave way to larger fears for her long-term safety and she was able to escape the relationship:

And like the violence stunned me back then just maybe not want to be around people like them. That's why I'm here by myself. Like I don't want to know those gangs, those gang members and the violent behaviors that they did like. It's not worth it.

In the isolated, traumatized, and terrified state just prior to her leaving, it cannot be said that she remained as the result of a clear, conscious choice. CJ reported these feelings of being stuck and trapped:

He made it hard for me to leave every time we'd visit each other cuz it made me feel like I was obligated to stay stuck by his side. You know made me feel stuck. It just made me feel like I had to belong to him. [...] His energy made me feel like I had to stay put and just stay there. But, at the same time, when I left, I felt lost. Like I just felt like what the hell did I just get myself into by walking out the door, you know, like just made it feel weird afterwards.

This feeling of being lost and stuck caused her to stay longer than she wanted and caused conflicting feelings after leaving. She reported feeling a lack of trust in herself as a result of the violence and the fact that she was unable to leave the relationship. In discussing her hopes for future relationships, CJ stated she had no desire for a future relationship due to feelings of self-doubt.

I'm not going to; I'm not looking for a relationship now. Like, I don't want, I don't want the same things happening over again with the next guy. Like I don't trust myself. Well I don't trust the guy that I'd be with next time I guess it was my mistake too, [dating] someone that never had a girlfriend.

Over the course of CJ's relationship, violence and marginalization limited her ability to choose which in turn caused her to experience feelings of negativity and self-doubt in the wake of experiencing such trauma.

Ruth talked about her desire to leave her relationship but not feeling that she had the support to leave: "I wanted to leave... I wanted to leave numerous times and I was trying to reach out for help. Trying to get into a treatment center, I was reaching out and trying even go to the hospital at that Bannatyne there? Crisis Unit. And nobody helped me." Later in the interview, I asked her what she hoped for in a future relationship. Without hesitating, she said: "I don't want to be in a relationship. I'm not ready."

Jane talked about her experience trying to leave her partner once, but quickly realized how dependent she was on her, and how in control of her life her partner was. In one instance they broke up for a few hours. This temporary breakup came in response to Jane's partner attempting to forbid Jane from seeing her son. Eventually though, due to a lack of other options, she returned to her partner. The desperation was obvious in Jane's voice as she spoke:

It's like I got nowhere to go. I got no foods[...] Then she's like, OK, come home.[...]

And, you know, like it was just so fucked like mind. It was exhausting. Because of every other day I was just thinking like she would, like she would just tell me to leave and then we're like where the fuck am I going to go, you know. [She] isolated me from everybody. And like the only person there was my mom but then she didn't have her own place at the time so I couldn't go there. And like yea, it was really tiring and like exhausting and just, it was a waste of time.

Despite her clear understanding of her lack of options, and her gratefulness for being out of the situation, she still ended up feeling that she was to blame for the abuse: "I'm just glad I'm not there anymore. [...] And then I let her too. Like I guess it was because I felt like I was stuck. I had nowhere else to go. I had nobody. And she was my whole, she was my whole everything."

Phoenix discussed multiple violent relationships and partners in her narrative. Discussing these recent relationships, she reported considering a variety of factors when thinking about staying and leaving, including housing insecurity, coparenting, love, mental health issues, and concerns about being alone: "I was pregnant. Had kids together. We lived together. Must not. I loved him. Being, um, alone. Getting that depressed feeling. Wanting to relapse." When asked about times her violent relationships did end, Phoenix's response, beyond expressing feelings of being stuck or trapped in her relationships, also shows how little control she felt, how these relationships were almost something that happened to her as opposed to them being the result of an active choice.

It's kind of hard to say. Because the first violent relationship I was in, he drank a lot. Cheated. I'd always have black eyes and that was something of him, then that ex-partner committed suicide. And the second and third, they cheated so. They cheated so I just had to like, I moved on from that. With the second one, was more emotional. I felt like I was trapped. I couldn't get out. Like I tried to break it off and remember he'd start crying. And I don't like, like I said, he cheated, so I just, yeah. With the third one, there was a lot

of alcohol involved. But when I got sober, he was still drinking. So I just felt like he wasn't being supportive of myself. I felt emotionally drained from all of it. I kinda wasn't happy in the relationship and I was kind of glad he cheated because I, I was kinda, I was finding it hard to tell him I didn't want to be with him because I didn't want to be alone. Looking back on her relationships, she was surprised to notice certain parts of them, and wondered why she was not able to recognize those negative aspects at the time she was experiencing them: "I don't know, it was always like, I don't know, these memories just crop up. Like when you're at a certain place where you used to be and it just makes you feel shitty. And when it's like the relationship is done, you look back and you're like, why didn't I notice this was happening?" Phoenix blamed herself for the abuse and for staying in her relationships as long as she did, even though there were many factors that complicated the choice for her, including her children and housing concerns. Her experiences with IPV have also negatively impacted her views of relationships generally and have greatly limited her hopes of being in a desirable relationship. When asked what she had learned about relationships she said: "Not to trust. Abuse. Just expect [it]." Phoenix's experiences with IPV and with limited choice in her context caused her to view herself and her relationships generally in a negative light.

Rainbow Woman first dated her current partner of seven years when she was a young adolescent and then again as a young adult. The way Rainbow Woman discussed her relationship does not suggest that she was actively choosing to be a part of the relationship; she talked more about being in the relationship because she couldn't escape it. In her interview, she outlined numerous unsuccessful attempts to leave the relationship: "I tried to flee from him because he went to jail a couple of times and I, like I was done." When she wanted to leave, her partner would find a way to convince her to stay, including having his friends check in on her while he was in prison and threatening to lie to CFS to get her children taken away. Even when Rainbow Woman tried to push him away by sleeping with other men, he was not deterred and found ways to pursue her relentlessly:

And he'd always find me. And I'd always run away. I'd always run away from him and he'd always find me wherever I went. No matter where I went. Yea. Yea. Or if I was going to go and try and see a guy, or like try and hook up with a guy, he would, bam, there he is. And he wouldn't leave me alone. Like he'd just come and start holding me and trying like. Like I'd be like, what are you doing? Get away from me. Is that your

boyfriend? Those guys would be like, is that your boyfriend? I was like, no, I'm not, that's not my boyfriend. "I'm her husband!" [he would say] It'd be like that. Like just kill it man! You're just a cock blocker! I'd say that to him. You're going. Just leave me alone. He wouldn't. He's like, I love you and, nuh huh, you know how that works.

Rainbow Woman faced difficulties getting away from her partner even when she was in the hospital, an institution staffed with security and health care professionals that is designed to help those in need. She recounted the experience of her partner continually visiting her after she had given birth:

Like he's a stalker. But he does not know where I am [now] and I like that. I feel at ease. I feel, like I don't feel like I'm on eggshells anymore being in here [shelter]. It's awful like when I was out there and I had nowhere to go with him [the baby] and I was at the hospital, he [ex-partner] had access to come in. They [hospital staff] would kick him out but they would always let him come back the next day. Just keep him away. Please do not let him in. I asked the security and the staff there not to let him back. But they would let him in the next day. "Oh go cool off, come back tomorrow." And it was fucking awful. It just wasn't worth it.

One of the other ways that her partner limited her ability to choose was through weaponizing the child welfare system. He would threaten to tell her social worker that she was doing drugs to coerce her into staying with him: "Oh, I'll just tell CFS that you're doing drugs and stuff. He says, he's going to tell CFS that I'm doing bad things so I can't keep my baby. Yea. But that's not even true." Through this coercion, Rainbow Woman was put in a position in which she was forced to choose between two undesirable outcomes. Despite the lack of choice that she experienced in remaining in the relationship, this relationship made her feel horrible and unclean. She also expressed feelings of responsibility for the treatment she received:

Dirty. It makes me feel dirty. Like I'm not worth waiting for or worth even trying to be happy with. Like I don't understand what I'm doing wrong to even get this treatment I get. All we can do is try. Set it free, eh? If you love something, set it free. If it comes back, it's meant to be yours. But some things just don't go away. They try and stalk you and try to stay in your life any way, they claw their way in. And it's kind of stressful. It's really traumatizing.

Nancy, who had the most long-term relationship of all participants, also did not present her decision to stay with her partner as a deliberate choice. Her chronic health conditions and difficulties navigating systems left her with few options besides staying. In one attempt she made at leaving, she moved into a house with a friend, but had to move back in with her partner because she couldn't afford the rent due to misfiled EI paperwork: "I left him amicable the last time. Lucky, because I was forced to go back." For Nancy, violence and abuse was the norm in her social network, further making leaving difficult.

Like we were all going through the same thing. It was like even the one that helped me, gave me a hundred dollars to come here, to put gas in my car. I sat there the following weekend going, isn't it ironic that you guys are going through the same problems that you're helping me with? Do you know what I mean? I have three friends and they're all chaotic.

The experience of violence in relationships within her circle was normative; it was not expected that you would be in the ideal relationship which further complicated decision-making about the relationship. Nancy's experience with violence in her relationship also caused her to experience feelings of guilt:

I was glad that my daughter broke the cycle because part of my healing is, is apologizing to the kids. [...] Even though I might have put that in my, trying to let go of the guilt of, you know, what I was blinded to. How it affected them.

This guilt persisted in Nancy for years, even after her children had long grown up and built lives of their own. This guilt persisted despite the fact that Nancy was not violent and that her circumstances and chronic health issues made leaving extremely difficult, These difficulties cause her to feel disempowered: "It's bothering me because the old me would have been like, 'fuck this all, I'm doing this on my own. I'm making my own path.' But I can't create my own path."

Theme 1 Summary

In their interviews, the participants discussed what they would ideally look for in a relationship. However, their lived experiences led them to put aside those considerations and begin evaluating their relationships about different factors such as protection, and their relationship's ability to meet their tangible needs and address such issues as homelessness, poverty, violence from others beyond the partner, and other forms of social instability. In order

to reconcile their views of the ideal relationship and the reality of their relationships, participants utilized various strategies such as compartmentalizing the violence through a pre/post violence narrative or an addictions lens. Finally, the assumption that women *choose* to remain in a relationship does not fit within the lived realities of these participants who faced significant social barriers that constrained the extent to which they could exercise *choice*. Notwithstanding the significant marginalization that they experienced, these participants narrated internalized feelings of self-doubt around their inability to leave their relationship, or a sense of responsibility for the violence they endured.

Theme 2: Multiple Functions of Shelter

In the interviews, the participants spoke about using shelter for a myriad of reasons beyond refuge from intimate partner violence, including as a means to address housing instability, to avoid having their children apprehended by CFS, to access mental health supports, and to achieve stability while having their basic needs met. While their reasons for accessing shelter were complex and varied, the participants moulded their narratives around violence even when the details of the narrative revealed a far more complex story. Developing a narrative that centered violence allowed them access to shelter which, in turn, provided them access to resources they needed such as food, housing, safety, and mental health supports.

Seeking Refuge from Violence Often not the Primary Reason for Accessing Shelter

While seeking refuge from violence was not always the sole or even primary reason many of the participants accessed shelter, it was still a factor in the decision-making process for many women. This was especially the case when there was an escalation in the violence causing the women to feel fearful and seek an escape. Jane, who was in a same-sex partnership, was prompted to seek shelter when she began fearing for her life. In response to asking why she came to shelter at this time, Jane explained how her partner's violent history, which included being imprisoned for manslaughter, and the escalation of the violence combined with isolation from her friends and family, led her to feel that coming to shelter was necessary for her survival:

I felt like I was stuck. And I could, and I had like, I had nobody because she isolated me from my friends, from my family, from everybody so I was like, OK, well what am I going to do? You know I contemplated about it for like a couple of weeks, I think. And then, yea, we just ended up fighting like really, it was really bad too. Took a hammer and like threatened to hit me with it. And then I had a, got a black eye and like, uh, so my

mom gave me the info [about shelter]. So I was like OK, well then I'll just go [to shelter] like fuck this, you know, I'm done. It's, yea. She probably would have killed me cuz she, she just got out of the pen like she did manslaughter and I could easily see her doing something like that again, you know.

Phoenix described a violent attack that directly preceded her entrance to shelter, perpetrated by a partner she had met through Alcoholics Anonymous (AA). Phoenix had been staying in shelter for roughly one month at the time of the interview:

PHOENIX: Um. It was when I was like living in a, in my own apartment, second stage housing in recovery I believe. And I met him at an AA meeting. Um. I was, it was just like good at first, um, he was nice, and we always met up. But then he just started getting like jealous and tell me not to talk to certain people and just like, I kind of like ignored it but yea. Didn't, didn't last that long.

RESEARCHER: So, he started getting jealous and then at what point did the violence start?

PHOENIX: That was the day I came to shelter. That was back in January. Yea. I wasn't talking to him. I was looking on Facebook and then I saw him on the street, he was drunk. I could smell alcohol. And then he just, he started attacking me. I kind of don't remember because it happened so fast.

Another woman, Ruth, described a short and violent relationship with a man she met that lived in her new building. She explained that he lived in one of the other units but would often stay with her. When I asked her why she had come to shelter at this time, she explained that she had taken Tylenol in response to having her door broken down and being threatened by the boyfriend, and realized later on that she had overdosed, and went to the hospital for help before being sent to shelter:

I ended up ODing because, that guy threatened me. I even locked the door and I used 2 X 4's and he managed to open it. He's like open the door he says, I know you're there. I can hear you! And he used his big knife and kicked the door open and I'm sitting and like oh no. What's going to happen to me? So he threatened me and pointed his knife at me. And. I'm laying on the bed. And then like I didn't cry oooh, or help! I didn't do that. I was going to take it like a man. Like if he was going to beat me, I was going to take it. And sure enough, he says, he says to me he goes, if I hear you leaving, he says, I'll hear you

from downstairs. He says, I'll stab you up. So I grabbed Tylenol and I took it, and I was like, I was scared for my life because I couldn't get out of the building. It was either out the window or...but that would have made me look more crazy if I jumped out the window at the top floor. And I laid in bed and I couldn't get out of bed. [On the] third day I looked in my backpack purse and there was a bus ticket there. So, I was like I better go to the hospital. My stomach is sore. And [I was] throwing up blood.

RESEARCHER: Because you had taken lots of Tylenol?

RUTH: Yea. And sure enough, I made it to the hospital. I got seen right away. And they kept me there for a week. And I seen a social worker there. And I told her about what happened and she asked me, how come you did this to yourself? What? What was the reason? And I told her the truth because that social worker, I've always seen her when I was trying to reach out for help. [Name] at HSC? Her. She helped me.

Earlier in the interview, Ruth spoke about a feeling of mistrust towards the social worker who worked on her case with her children who had been apprehended. She talked about that social worker being younger than she, and often feeling that she had been lied to or manipulated by the system. Understanding Ruth's mistrust of this social worker and the health care system generally helps us to understand her ambivalence about seeking help at the hospital and demonstrates that her trust in the hospital social worker was important in helping her to access shelter as a resource.

Because my children are in permanent ward. She [the social worker] lied to me. Um. She told me it was my son [name], if I would find my own accommodation, my own place to rent then I would be getting my son back. And I found my own accommodation in December, and January came, went, of course she's, well I have no choice to put him under permanent ward. And I said, didn't you just tell me that if I found my own place, then I would be getting [name] back. She says, that's not what I said. I said, that's what you said. We're in court. And I said, I wouldn't lie on my father's name and my father. And she was, OK, whatever [name], I'm like I wouldn't lie on my father's name. And she didn't say nothing after that. So, I'm still fighting today and I'm not giving up. I'm still going to go through the reunification program. She lied. She lied about me. And everything that she said to me, like even in the visits she said that I was being aggressive, and I was crying. And I said, there's nothing wrong with crying. I said, I was crying

because I was happy to see my children because it's, I said because you took, you took those, um, privileges away from me for no, for no reason. And she said that I went there under the influence or being high. And I said, I never did that once. I even went through drug tests and like it came out 100%. It so... she's lying about me and I can't even change the social worker. She's younger than me. And all she knows is behind a book. For Ruth, having to live her life with the threat and fear of having her children taken away, and working hard to be reunited with them means she has considerations outside of her own safety and wellbeing to attend to – this context is also helpful in understanding her fear of “looking crazy” when she considered jumping out the window of her apartment to flee from the violent and threatening man. She also had not considered going to the hospital before realizing she had the means to get herself there (finding a bus ticket in her purse), and at other points in the interview Ruth spoke about the challenges finding bus fare, including having been in a very hurtful argument with her son over bus fare. Ruth's context puts her in a situation where she must consider many factors that people in privileged situations don't need to consider. These complicating factors extend through many aspects of her life, not just her relationships.

Although violence was an important precipitating factor for going to shelter, it was rarely the sole reason. For example, Rainbow Woman, who was in the hospital giving birth to her child, did not decide to come to shelter until workers from CFS told her that she needed to do so to prevent her from losing her son to the foster care system. This ultimatum came after her partner showed up to the hospital to threaten her and demand money and cigarettes from her. While violence was a consistent feature of their relationship, Rainbow Woman sought shelter in this case as a way to keep her child and access housing: “they were either going to take my son away from me or put me in a place of safety. So I took that.” Rainbow Woman was also hoping that being in shelter would help her secure housing once she had reached the maximum time allowed for the shelter stay.

Children were a motivating factor when seeking shelter for Ruth as well. Ruth has six children, three of which are permanent wards of the child welfare system. In her case, Ruth's motivation for seeking shelter was to reunite with her children who were already in CFS care: “I'm just trying to get my children back and unify with them.” She believed that going to shelter, in a similar way that she would go to addictions treatment centers, would be beneficial to her case. When I asked her what her time in shelter has been like, she replied:

I like it here. it's a new, it's a new thing like, um, I used to, I used to. I was addicted with drugs and alcohol. And at the shelters where I was at, I would always go and get what I wanted. But now I just don't care for drugs and alcohol anymore. I miss being a parent. I want to be a mother again. I want, I want that, um, how do you say that word, I want that, I want that [knocking on desk] I want that [pause] responsibility. It's far. And like by the time I get back I'm thinking, OK, I'm not going back out. I'm not going back out there for a couple of days and only if I have appointments and, uh, programs.

Ruth explained that the shelter's location and distance from her community and typical activities was helpful in motivating her to stay away from drugs and alcohol and to stay in and focused:

It tires me out and I'm like thinking, OK, well I don't really have to go back out there unless I have appointments. [...] Being here, it's a new start. Other shelters I was at, I was still doing drugs and drinking. Because I wasn't, how do you say that? I wasn't, I wasn't being truthful to myself. And being here is a new start.

When Rachel described her relationship timeline (i.e., when she left the relationship, when she charged her partner, when she entered shelter), it became clear that in her case, there was a gap in time between the violent relationship and her entry to shelter. She left him, charged him, and stayed with some family before entering shelter. She also did not endorse feeling afraid about her ex-partner finding her, so her motivation for entering shelter at the time she did remained slightly unclear:

RESEARCHER: When did you leave him and charge him? When was that?

RACHEL: Um. Well I charged him in June of this past year and then I went back a couple of times after that when we weren't supposed to be together. And then the last time, um, there was a fight was in October and that's when I, was the last time I talked to him.

RESEARCHER: Uh huh. And then where were you living after that?

RACHEL: I went back to my reserve. And I stayed with uncle. With some family out there.

RESEARCHER: Until coming here [to shelter]?

RACHEL: Uh huh.

RESEARCHER: Are you worried about him knowing where you are? Is that kind of a concern for you?

RACHEL: Hm. [long pause]....No. I mean I just, I don't know, I just kind of think like, maybe he finally gave up because I changed my number. He changed his number. He has no like... I've blocked him on social media so he has no way of contacting me.... And I don't know. Yea. I don't think he would go out and try to look for me or anything like that. Cause he ... he lives out of Winnipeg and he doesn't like coming to the city.

Using shelter to access housing was a theme evident in the narratives of many participants. Sarah's decision to access shelter seems to be based mostly on a need for housing. Sarah's partner, who was controlling and verbally abusive, had died seven months prior to when she sought the services of shelter:

I lived with him for three years up until he passed away seven months ago. Um. He was really controlling but he never ever like actually physically abused me. It was more like he was telling me like what I can and what I cannot do. But to him, he was allowed to do whatever he wanted. And, yea, he liked controlling me like financially, and, verbally. It was like always about money with him. I never ever had money while I was with him. And it's too bad that he's deceased now because of his drinking. He, um, he had a massive heart attack while he was drinking. He was drinking for three days, and he was a diabetic. So, yea. It was hard living with him like. And then it was hard, it's hard living without him. Because I had just like I got so dependent like on him like OK, well who's going to. If I need this, then he'll get it for me or if I need that, whatever like. And now it's like, that he's gone, I'm like, OK, I gotta get my independency back again.

During their relationship, he provided Sarah with access to housing. After he died, she was allowed six months to live in his home. After moving in with a family member for a month, she went to shelter, citing unwanted attention and stalking behaviours from an ex-partner. While Sarah experienced abuse within her previous relationship, Sarah's current stay in shelter did not come in the wake of a violent or scary incident. For Sarah, it appears that the decision to go to shelter may have been primarily triggered by the need to obtain stable and secure housing:

And then after he passed away, I felt like, what am I going to do? And like how am I going to do this? Or how am I going to do that? The place where we lived, that was his house. So. But after he died, I had 180 days to live there. So that was like what, six months. And, yea, I did. I only stayed til September, the end of September. And I left because I felt like his family was just harassing me constantly and I didn't like it. So, I

just, I decided to move back to Winnipeg. And when I did move back to Winnipeg, all of a sudden, my ex was there.

Notwithstanding that there was a risk for violence from ex-partners, it appears that Sarah perceived a need to perform a narrative about feeling threatened and abused in order to ensure access to shelter resources that would assist in meeting her need for housing.

Like Sarah, CJ experienced extreme violence in a previous relationship, but her current stay in shelter did not come in the wake of violence. It instead came during a period of housing insecurity. CJ's mom got evicted leaving CJ without a place to stay. She ended up beginning a casual relationship with a neighbour. She hoped to stay with her new partner, but he wouldn't let her stay with him. Soon thereafter, she entered shelter. For her, shelter provided an answer to her need to secure housing. When asked what she valued about shelter she replied: "I like how it's a new stepping stone where they can help me with my own house and stuff like that."

Nancy also discussed the ability of shelter to provide secure housing in what she valued about shelter. She ended up in shelter after being admitted to the hospital by her partner after experiencing symptoms of psychosis. No longer trusting her partner, she did not want to return to her home with him, so she sought shelter. Explaining her reasoning, she said: "It was basically, I had no place to go." She spoke about a recent experience (last year) when she had attempted to leave her husband, and she signed a lease with a friend of hers. She described the challenges of working with EIA to cover her expenses and how they ultimately led her to move back in with her abusive partner as a result:

Last year I tried to create my own path. Last year I left him, last year I signed a lease with my girlfriend. I had to be out of the house for EIA to help me for 30 months. So we found a place in Southdale. And she couldn't afford it without me. But I thought hey, this is perfect. I left him amicably the last time, luckily, because I was forced to go back. By the third month, EIA cut me off because of a frickin' letter that I couldn't provide from the government. And I was so distraught that, you know, it was like, it was for my pension. And all you had to do is also request from city government or a different... you know what I mean? It was just to say that I couldn't touch it. But it wasn't my fault I didn't get this letter yet. And then I get the letter saying "I'm sorry, you haven't provided us with the document, you're cut off." So my girlfriend had to kick me out. Lucky she's still my friend, right? But she doesn't have the place anymore So I'm dealing with some

anxiety [now] when it comes to my EIA appointment. Are they even going to help? What's going to happen? Is my CPP disability going to come in time? It's not like I haven't tried. It's just that, everything seems to be hard.

While in shelter, Nancy felt very anxious about needing to sort out details about how to apply for various sources of income, especially because she had tried and failed to navigate these complex systems “on her own” in the past, resulting in a loss of her safe residence. Nancy is navigating these new systems after having never worked with finances throughout her entire marriage:

I wish that he [her husband] had more of an understanding. I wish that he could be able to talk about his stress. I wish that he wouldn't put the world on his shoulders. Maybe if he gave me some responsibility, um, whether it be helping. Not that I can pay them but I don't even know our budget. I don't even know our bills? I don't even know how much our mortgage is.

Whether due to her inability to work or manage many tasks, the result is that Nancy has been stripped of any financial independence that is important for adults to have. Nancy cited financial abuse as well as spiritual abuse on top of controlling behaviour as ways she has experienced pain in her relationship.

While shelters are predominantly seen by the public as a means to immediately secure refuge from a violent situation, the experiences of the participants in this study show that this is not necessarily the case. The women in this study understood the multiple functions of shelter and were able to utilize them as a means of addressing a variety of needs besides escaping violence. Shelter was able to help women protect or reclaim their relationships with themselves, with their children and/or offer housing and mental health resources during periods of homelessness, housing insecurity, and mental health crises.

Agency and Hopes for the Future

Many women reported that their time in shelter was helpful for them to be able to pause, reflect on their life and relationships, and consider what is important to them. When asked what they hope for in leaving shelter, many of the women reported a sense of wanting to “work on themselves,” not wanting to be in a relationship, and stated some broad hopes for taking care of their families and themselves as a priority above involvement in romantic relationships. However, here again a tension between these broad hopes and the reality of their lived experiences began to emerge. Though they identified long-term and immediate goals, in the

reality of their lives, more pressing day-to-day needs usurped the larger-picture goals and desires they talked about. In a similar manner to how their desire for an ideal relationship gave way to more immediate, pressing needs such as housing, protection, financial support, and childcare, so too did immediate, concrete considerations replace women's idealized visions of their futures. Achieving their post-shelter goals was complicated by the existence of extensive social barriers that seemed poised to prevent these women from achieving their hopeful desires. While they were able to articulate an ideal future, the realities of their lived experiences at the intersection of multiple vulnerable identities meant that they needed to shift their focus and resources to meeting more urgent needs for housing, transportation, and financial stability.

Rainbow Woman talked about her time in shelter having been helpful for understanding who she is and what she wants – and she has big goals, like quitting drugs and alcohol, going back to school, and being there for her child. She also noted the many obstacles she constantly feels up against:

[Being in shelter] really helped me to figure out who I am and what I want. I want to be positive now. I don't, I want to be a drug free parent. I want to be, I want to go back to school. These things I used to love. I loved going to school. But like I was doing upgrading like so many times and so many years like in my time. But addictions got in the way. Pregnancy. CFS. Like all these things got in that way of me succeeding in that, in that direction. So that's why I'm, education is, because some, there's always obstacles that corrupt what you're trying to build. I've had all the time to actually do think about it. And double think and triple think of it. To make sure it's really what I want. If I was out there, I probably would be high with my baby that are high because somebody came over and offered it free. But in here, it just, I don't. I quit smoking this, the moment I walked in the doors. I quit smoking cigarettes. And that's a step to my sobriety. I just want to be a single mother and make my son the man of my life. Like to help him to not treat women the way his dad treats me. To show him, to teach him like. I've given the opportunity again to raise a man how I want him to treat women and how I want him to look at me. That's the most best thing. And I didn't realize that before, til now.

When asked: "What do you want in your next relationship?" she said:

I want patience, honesty loyalty, respect and constant communication...Actually, you know, for now, I just want to be in a relationship right with myself. To pamper myself. If

I could do that and have more respect for myself, then maybe I would get into another relationship but I'm not going to take the time to go to somewhere to meet this guy. He's going to have to approach me now.

Her response aligns with the narrative of going to shelter as a turning point; it upholds the value of being independent, picking yourself up, and dreaming of a better life for yourself and your family. When asked about how long she planned to stay in shelter, she reported that her time had already elapsed and that she had received an extension for a few more days, and was hoping to arrange housing in that time: "My time was up on the 7th, and I got an extension to the 15th and then working on trying to get housing and stuff for that." She wants to go to school and become an independent mother, and her first step on this trajectory was to extend her stay in shelter as long as possible. These goals are not necessarily mutually exclusive, although there appears to be a large gap between the hoped-for future and the resources she has available to attain those goals.

Benefits and Frustrations with the Shelter Experience

The role of the shelter in supporting the women is further understood by considering the ways women talked about benefiting from their stay in shelter as well as the aspects of shelter that they identified as a source of frustration. Women's experiences of helpful versus frustrating services within shelter reflect their differing needs and priorities. Some women discussed feeling frustrated at the pressure to talk with a counsellor every day to check in, while others found this counselling to be enjoyable and empowering. Some women reported feeling a sense of freedom and agency in the ability to leave shelter, visit friends and family, and even come back to shelter having used drugs or alcohol, and appreciated the safe haven it provided. Other women spoke about that same freedom as being a "trigger" to them in battling their own addictions, and that it irritated them that there were women in shelter that were using drugs and returning to the same space as their children.

Ruth reported seeing this shelter experience as a "new start," even though this was her third shelter stay. "Other shelters I was at, I was still doing drugs and drinking, because I wasn't being truthful to myself. And being here is a new start." She reported that speaking to me for the interview was the first time she was able to discuss relationships while being in shelter, and that she yearned for more of those opportunities. She became emotional at the end of the interview in thanking me for allowing her to speak about these hard parts of her life. For Ruth, emotional connection, and space to share her story felt powerful.

CJ spoke about her time in shelter being like a “new stepping stone, [shelter staff] can help me with my own house and stuff like that. When I was on drugs, I used to forget that it was my responsibility as an individual to get it together.” CJ had very few close connections and relationships outside of shelter, and she reported positive benefits from the friendships of women she had met in shelter, and the good influence they had on her.

Summary of Theme 2

Clear and important messages from the narratives of these participants highlighted the need to tailor shelter resources and programming to each individual, and the need to broaden our understanding of the multiple uses that domestic violence shelters have in the lives of women. The women’s ability to navigate these complex systems to meet a variety of different challenging needs is a way that marginalized women demonstrate resilience. Their ability to advocate for themselves, persevere through hardships, and gain access to resources from systems that are difficult to navigate is indicative of great strength and resilience.

It should be noted that there may have been some pressure to produce a narrative centered on violence to gain access to a stay in shelter, and there may have been some pressure to produce a narrative centered on violence at the level of this research study, given that participants were only eligible if they were in shelter *because of experiences of intimate partner violence* and the specific questions and probes I used served to further center the experiences of violence. The context of the research may have helped shape the narratives of participants to emphasize this part of their story in order to be allowed to participate.

Chapter 4: Discussion

This thesis set out to explore the ways women who have experienced intimate partner violence view relationships. Over the course of the narrative interviews, in which eight women from a variety of intersectional positionalities shared their stories, it became clear that certain assumptions and constructions that are typically used to discuss relationships could not be applied to their lived experiences which occur at the intersection of a variety of marginalized identities. At these intersections and within their narratives, common considerations gave way to more complex considerations, problematizing some of the aspects of my initial questioning and revealing resonant layers of significance and poignancy. One of the main benefits of qualitative research is that it eschews certainty and tidiness for the messy complexity of the specific (Brodsky et al., 2016). My hope is that by focusing on the complexity of these women’s

experiences through an intersectional, feminist, post-colonial lens, we can shift our discourses and interventions to better reflect the lived experiences of the marginalized women who typically access shelter in Manitoba.

In this discussion I will connect my findings to broader discussions within IPV literature. I will first discuss how the lived experiences of marginalized women problematize the stay/leave dichotomy. In this section I will outline how factors such as housing insecurity, the need for protection, involvement with the child welfare system, and chronic health issues complicate the presentation of staying/leaving as a choice for marginalized women in violent relationships. I will further discuss how this dichotomization can lead to stigmatization and create barriers to women accessing help. Then I will discuss the role personal and dominant narratives have on women who have experienced IPV. I will consider the ways the women silenced their own narratives to conform to more dominant narratives and investigate the disruptive impact IPV has on the personal narratives of those who experience it. Finally, I will lay out a series of recommendations for shelter service providers, counsellors/therapists working with women who have experienced IPV, and governments/policy-makers while also noting possible future directions for research in the field.

Lived Experiences of Marginalized Women Problematize Stay/Leave Dichotomy

The main disconnect between the framing of my questions, which reflected the assumptions I was making about relationships, and the lived experiences of the women who shared their stories is that I presented staying/leaving violent relationships as a dichotomous choice (see Appendix F). Through the women's narratives, it became clear that conceptualizing the process of remaining in/leaving a violent relationship as a choice did not reflect the complexity of these women's situations. Due to their positionality at the intersection of various marginalized identities, it would be naive to conflate the fact that these women remained in violent relationships with these women actively choosing to remain in violent relationships. As Mahoney (1992) so poignantly puts it, presenting leaving a violent relationship, or in her words, "exit" as a choice ignores and enables the systemic forces that perpetuate the oppression of the marginalized: "The image of exit hides oppression behind a mask of choice" (p. 1283).

The idea of the "mask of choice" that Mahoney names in her work was a theme that resonated through the narratives of the women I interviewed. Viewing their narratives through a post-modern, feminist, post-colonial lens, their lived experiences, at the intersection of a number

of marginalized identities, supports Mahoney's contention that choice in the context of abusive relationships, like a mask, can be illusory. As Mahoney's metaphor suggests, when we problematize the idea of the stay/leave dichotomy and remove the "mask of choice," hegemonic forces of oppression are revealed to be the source of the harm.

When examining these women's experiences, violent relationships were not something they could leave without great difficulty. While Phoenix succinctly encapsulated the phenomenon in her interview ("I felt like I was trapped. I couldn't get out."), all of the women discussed unsuccessful attempts to leave their relationships and reported feelings of being trapped, stuck, and isolated. This points to what is at the heart of the inability to apply a dichotomous portrait of stay/leave decision-making. These women, due to the complexity of their situations and identities, had to take on many external considerations as they evaluated their relationships. Two integral external considerations are the need for protection (e.g., Rainbow Woman, Ruth, Sarah, Jane) and financial support/housing (e.g., Rachel, CJ, Nancy, Phoenix, Jane, Ruth). These external factors are in stark contrast with what the internal factors (such as trust, humour, and communication) they identified as desirable when discussing an ideal relationship.

This contrast is also reflected in the literature where women who experience marginalization are more likely to have to take external factors into account when evaluating their relationships (Meyer, 2012) than women who are in positions of greater privilege (Edwards et al., 2011). Although, as shown by Enander (2010) who conducted interviews with middle-class women in Sweden, even for more privileged women, leaving is a difficult process. A look at some of the language in these articles about more privileged populations reveals the inability to apply middle-class, privileged relationship conceptualizations to the experiences of marginalized populations. For example, this quote from Arriaga et al. (2013): "Dating relationships, however, typically are not characterized by financial dependence or legal ties" (p. 677) does not apply to the relationships of more marginalized populations. For service providers, it is important to ensure that the information and research that is informing policy is relevant to the demographics of women who are likely to access shelter.

To further illustrate the illusory nature of choice, consider that three of the women—Rainbow Woman, Ruth, and Nancy—only left their violent relationships immediately following a stay in hospital. Only Ruth was in the hospital immediately following an episode of violence.

Rainbow Woman was there to give birth and Nancy was there for treatment following a psychotic episode. For these women, being a patient in the hospital granted them physical and emotional distance from their partner as well as access to resources and supports, such as social workers and hospital staff, who were able to connect them with shelter resources. That they were unable to leave their relationships without the distance from their partners provided by a stay in hospital raises questions about whether their relationships in the period prior to the hospitalization were the result of an active, persistent choice to stay. Another woman, Sarah, never left her violent relationship; her relationship only ended with the death of her partner.

It is not only the shape of these narratives that problematize the applicability of the stay/leave dichotomy to their lived experiences. The women's own reflections on their relationships reveal the poor applicability of the stay/leave framework to their lives. These poignant reflections provide a clear portrait of their inability to choose leaving. Take this quote from Ruth: "I wanted to leave... I wanted to leave numerous times and I was trying to reach out for help. Trying to get into a treatment center, I was reaching out [...]and nobody helped me." Even though Ruth knew where she could access help and sought that help, those resources did not prove helpful toward the goal of leaving her relationship. This quote reveals how framing staying/leaving as an active choice simply does not work for many women. When Rainbow Woman was in the hospital having recently given birth, her ex-partner kept coming to harass her, despite her voicing that he was not welcome. In this case, even in a public place, housed within a help-providing institution, Rainbow Woman was unable to escape her partner, further revealing the illusion of choice within her context.

Rainbow Woman's experience points to the importance of raising awareness and knowledge about IPV generally and specifically in healthcare and social service settings, so that professionals have an understanding of warning signs for someone who needs help. The hospital should have been a safe place away from her abuser, but instead Rainbow Woman was confined to a place where he could easily find her and come to see her whenever he wanted.

Faced with many barriers to leaving, the women continued in their relationships, resisting and exercising agency through means besides leaving until their circumstances allowed, pressured, or forced them out of their relationships. Next, I will investigate the systemic and personal factors that emerged within this study that problematize the idea of choice and the dichotomization of staying and leaving violent relationships.

Housing Insecurity and Homelessness

One of the main intersectional points of marginalization that problematized the dichotomous framing of the stay/leave choice is living in poverty. All of the women interviewed reported being financially unstable. This aspect of their lived experiences limited their options, forcing them to rely on their partners for housing, food, clothing, and other necessities. A poignant encapsulation of this phenomenon is found in Rachel's interview where she cites her feelings of desperation as a reason for staying: "I never thought that I would experience that kind of like a violent relationship. Like I can't believe I stayed for so long, you know. Now that I think of it, I just think of like myself being desperate." The literature shows a relationship between financial dependence and difficulties seeking help within relationships (Reisenhofer & Taft, 2013; Storer, Rodriguez & Franklin, 2018). In my interviews, housing instability was the most common factor that women cited as a barrier that limited their choice around leaving. All the women interviewed were "provisionally accommodated" at various points in their narratives which means they were living in temporary housing situations with friends, family, or partners (Groenig et al., 2019). This type of housing arrangement was especially resonant in CJ's narrative, making her more susceptible to partner violence and limiting her choice. Prior to her most recent relationship, CJ had been living with her mom, who, in the midst of a pending frigid Manitoba winter, was evicted leaving CJ without a place to stay. CJ, at least partially motivated by her need to secure housing, began a casual relationship with an older neighbour. When he became verbally abusive, the relationship broke down, and CJ, who was homeless and without anywhere else to go, sought shelter support. Precarious living situations, like CJ's, force women into a choice between two undesirable scenarios: remain in a dangerous relationship, or leave and become homeless (Groenig et al., 2019).

Through these lived realities, presenting marginalized women's decisions to enter or remain in relationships as a matter of choice becomes problematic. This is especially poignant for women in Manitoba where it is extremely difficult to find suitable housing (Rappaport, 2019). After comparing housing statistics that outline the required annual income to afford different types of accommodations in Manitoba, none of the women interviewed in this study would be able to afford even a bachelor apartment in any region of Manitoba based on their reported household income, forcing them to rely on an underdeveloped and problematic public housing system that is difficult to navigate and difficult to access (Rappaport, 2019). This dearth

of affordable housing within Manitoba is highlighted in Ruth's narrative. Ruth valued her placement in Manitoba Housing so much that even when groups of men were threatening violence against her in her home, she would not give up the placement. The complex barriers and processes to access housing are also an issue. Nancy was denied access to the housing funding she needed to leave her partner and, due to misfiled paperwork, she was left without a place to stay, and had to return to her partner.

These untenable housing realities forced many of the participants into a no-win choice between being without shelter or remaining in a violent relationship. This no-win scenario problematizes the dichotomous presentation of staying and leaving. Unfortunately, even when in shelter, with distance from their partners, housing remained a central concern for many women as they discussed their post-shelter plans (e.g., Rainbow Woman, Sarah, Rachel, Ruth, Phoenix, Nancy, CJ). This points to a desperate need for improved housing availability and resources in Manitoba.

Housing concerns are especially salient for Indigenous women in Manitoba who have experienced IPV (Groenig et al., 2019). For Indigenous people in Canada, violence within the family is a major social challenge that is the result of the injustice and oppression inherent to the process of colonization (Moffitt et al., 2013). Reported rates of spousal violence are three times higher for Indigenous women compared to non-Indigenous women (Social and Aboriginal Statistics Division, 2019). Indigenous identity is also a major risk factor for homelessness. Indigenous people in big cities are eight times more likely to be housing insecure than the rest of the population (Belanger et al., 2013). These housing issues are interrelated with the issue of IPV and are especially significant for Indigenous women who are more likely to experience IPV and more likely to experience housing insecurity and homelessness than the general population. Seven of the eight participants identified as Indigenous and all of these women experienced housing insecurity and IPV; these identities compounded, putting the women at their intersection at an increased risk for both.

The Need for Protection

Another central element of their contexts that shaped the experiences of six of the eight women was that their lives were marked by high levels of danger, even outside of their abusive relationships, causing them to consider other factors in addition to their partner's violence when examining their relationships. These high levels of danger are interwoven with addictions issues.

Six of the women interviewed reported addictions issues. The partners of these six women also had addictions issues which was a factor that led to perpetrating violence or making the violence more severe. In these cases, addictions issues made their lives more dangerous and chaotic generally, not just within their own relationships, but also within their community dealings, and caused the participants to consider other factors besides their partner's violence when examining their relationships.

While it may seem paradoxical, some of the women interviewed considered the protective benefits of having an intimate partner even when that partner was violent toward her. In this telling of the relationship narrative, remaining in the relationship was a decision that took personal safety into account. While on the surface, as discussed above, remaining in a violent relationship appears to be choosing to remain in a dangerous situation, for some of the women interviewed (e.g., Rainbow Woman, Ruth, Sarah, Jane), remaining actually meant being protected from dangers greater than the violence perpetrated by their partners. This was the case for Rainbow Woman, who was raped at gunpoint and narrowly escaped becoming a victim of human trafficking. For her, the predictable violence of her partner was a trade-off for the potential protections her partner could provide. Similar ideas were woven throughout the narratives of Jane, Sarah, and Rachel who also considered the protective benefits of their relationships.

That these Indigenous women considered their need for protection is a reflection of the danger inherent in their social context and can only be understood through a post-colonial lens that acknowledges the systemic injustices that make life especially dangerous for Indigenous women and girls. The National Inquiry into Missing and Murdered Indigenous Women and Girls (2019) names the ongoing violence against Canada's Indigenous peoples, and especially Indigenous women and girls, as a genocide that has been "empowered by colonial structures evidenced notably by the Indian Act, the Sixties Scoop, residential schools and breaches of human and Indigenous rights, leading directly to the current increased rates of violence, death, and suicide in Indigenous populations" (p. 50). The statistics presented in this report outline the heightened danger that accompanies life as an Indigenous woman. Between 1980 and 2012, Indigenous women made up 16% of female homicide victims despite being only 4% of the female population. Furthermore, Indigenous women are 12 times more likely to be murdered or missing than non-Indigenous women. They are also more likely to be victims of IPV, stranger

violence, and death by both acquaintances and serial killers. These statistics describe the experiences of Indigenous women in Canada, and were reflected in the narratives of seven of the eight women who I interviewed. As they considered the need for protection, the women in this study did so aware that they are at a heightened risk of violence, that they needed to make complex considerations as they resist a society organized in such a way that makes living dangerous. These women are individuals fighting for survival against a myriad of racist, discriminatory, misogynistic societal forces that result in economic, social, and political marginalization (National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019). In response to this historical and ongoing trauma, many become involved with substance abuse to numb the distress felt in the wake of trauma (Brave Heart, 2003).

Viewing the addiction experiences of the women interviewed through a post-colonial lens problematizes the stay/leave dichotomy by drawing attention to the illusory nature of choice within their highly marginalized realities. In their lifetimes, Phoenix, Sarah, CJ, Jane, and Rainbow Woman, all of whom are Indigenous, reported issues with addiction. Their own drug and alcohol use add complexity to their narratives as they reported difficulties with decision-making and vulnerability. For all six of these women who reported addictions issues in their own lives, addictions were also a major element in their romantic partners' lives and thus, were also a major factor in their violent relationships. These six women drew a direct connection between their partner's substance use and their partner's violent behaviour. "It's due to the drugs," said CJ, referring to her partner's violence. Jane discussed the effects substance use had on her and her partner: "That just made her ugly. And then it made me ugly, you know, like over time it made me ugly too." Amazingly, as it often led to great harm to her, Sarah took an empathic stance toward her partner's drinking, becoming his caretaker when he drank too much, and identifying the substance use as the main barrier between them and a happy, fulfilling relationship. It is interesting to note that their partners' issues with addictions were also a major factor in the violence. This aligns with IPV literature which highlights connections between addictions issues and perpetrating IPV (Radcliffe & Gilchrist, 2016; Resko & Brown, 2016).

Canada provides less addictions and mental health funding than most other wealthy nations and Manitoba is well below the national benchmark (5.1% of health funding compared to 7.2% nationally). It is not surprising then, that addictions issues are more prevalent in Manitoba than any other province (Virgo, 2018). This study clearly identified substance use as a problem

for some women who experience IPV. It also demonstrates a connection between substance use and the perpetration of IPV. Manitoba should consider adopting best practices for addictions and mental health treatment including harm reduction strategies to address addictions issues in the community. Furthermore, shelters and other help-providers should ensure they provide trauma- and culturally- informed services to women who have experienced IPV that acknowledge and recognize connections between historical trauma, substance use, and IPV.

Involvement with Child Welfare System

One of the ways the women in my study were disempowered was through involvement in the child welfare system. This is best understood through a post-colonial lens. Four of the six Indigenous mothers who shared their stories had extensive involvement with CFS (e.g., Ruth, Rainbow Woman, Phoenix, Sarah). The other two each had one child of whom they were not a legal guardian (Jane and CJ): one lived with their father, the other was adopted. Nancy, the only non-Indigenous woman in the sample, was the only mother I interviewed who retained parental custody of all her children. While Sarah, whose nine children were all permanent wards of the state, did not discuss CFS involvement extensively through her interview, for Rainbow Woman, Phoenix, and Ruth, struggles with CFS were major parts of their narratives and served to make them feel disempowered.

In child custody proceedings that resulted in her children being placed in care, Ruth felt her assigned social worker had lied and misrepresented her, causing her to feel disempowered and mistrustful. Rainbow Woman's most recent involvement with CFS occurred just prior to her stay in shelter shortly after giving birth to a newborn baby. She was given an ultimatum by her social worker in which she either had to enter shelter or have her newborn baby taken from her and placed into the foster system. While this interaction did cause Rainbow Woman to seek shelter, it also reveals the limits put on choice for marginalized, Indigenous women involved with CFS. Conversely, CFS involvement was weaponized by her partner to coerce her into remaining in the relationship. For Rainbow Woman, the threat of CFS involvement both from the agency itself, and from her abusive partner, functioned to put limits on her ability to choose, further problematizing the presentation of staying/leaving as a clear, dichotomous choice.

A wide body of scholarship discusses how Manitoba's child welfare system disempowers Indigenous women through patriarchal and colonial systems of oppression. The statistical portrait painted in the "Transforming Child Welfare Legislation in Manitoba" (2018) report on

child welfare in Manitoba reveals a broken, unjust system. As of 2017, nearly 90% of all children in care in Manitoba were Indigenous with 60% being permanent wards of Child and Family Services (CFS), which means the guardianship rights of parents had been terminated. The current CFS system in Manitoba is a continuation of the colonial project that separates Indigenous children from their parents, stretching back to the residential school system and the sixties scoop (for more detailed accounts, see Harris-Short, 2012; Riel-Johns, 2016). Child welfare involvement has negative effects for children including developing attachment issues (West et al., 2020), increasing likelihood of engaging in criminal activity (Herz et al., 2010), and increasing likelihood of experiencing mental health challenges, unsafe substance use, and delinquency (Grogan-Kaylor et al., 2008). Having children taken into care is also shown to have negative effects on mothers including increased substance use and criminal activity (Harp & Oser, 2018) which make it more difficult for women to get their children out of care.

The role that CFS plays in Indigenous mothers' lives is a historically and contemporaneously disempowering and choice-limiting force that has negative outcomes for both children and their mothers. Major reforms to the child welfare system have been identified as necessary in Manitoba (Manitoba Legislative Review Committee, 2018), though recent legislation, that has prompted legal action from the Manitoba Southern Chiefs and other advocacy organizations, draws the current government's commitment to stopping colonial practices in the child welfare system into question (Dumas, 2020). For Ruth, Phoenix, Rainbow Woman, and Sarah, reuniting with their children or retaining custody over their children was a major goal of post-shelter life. The same was true for Rachel, who was pregnant with her first child during her stay in shelter. These findings suggest that shelter staff need to consider the effects of CFS involvement on children and mothers alike when working with mothers of children in care and should consider developing strategies that help marginalized, Indigenous women as they interact with the child welfare system. This recommendation is supported by the Truth and Reconciliation Commission (2016), a document in which the first four recommendations are specific to reforming and decolonizing the child welfare system in Canada.

Chronic Health Issues and Disability

Health issues were central to understanding one woman's experience with IPV and the breakdown of choice in her context. Nancy experienced mental and physical health issues that prevented her from working and resulted in numerous hospitalizations, most recently for a

psychotic episode just prior to seeking shelter resources. As outlined in the findings, Nancy's inability to work not only made her financially dependent on her partner who provided her with housing and other basic necessities, it also affected her self-concept, causing her to have a more negative self-image and feel a lack of confidence in her own ability. Her physical and mental health issues greatly reduced her capacity, and these factors alongside the physical and emotional abuse she survived combined to cause her to view herself negatively and prevent her from leaving over the course of her 30-year relationship. Other aspects of her disability made her unable to complete personal grooming, do work around the house, and take care of herself. At various points, she attempted leaving unsuccessfully but, unable to secure housing on her own, returned to her partner. Here, we see Nancy's positionality as a woman living with disabilities become compounded with her financial instability, limiting her ability to choose. Even with distance from her partner, while in shelter, Nancy's concerns about living independently persisted and she seemed greatly distressed about how her independence was impacted by her disability.

Chronic health issues and disability are discussed in IPV literature. Both greatly increase one's likelihood of experiencing IPV (Brownridge, 2006; Iudici, 2019) likely due to increased vulnerability, dependence, and large power imbalances in the relationships (Petersilia, 2001). Women living with chronic health concerns or disabilities also face greater barriers to leaving their violent relationships (Nosek, 2006) and are more likely to feel the persistent negative effects of IPV for longer (Tutty et al. 2020). For Nancy, leaving was not something she could readily choose, just as staying was not something she actively wanted, bringing into question the usefulness and applicability of a binary stay/leave framework. More research should be done to examine the resources available for women with disabilities who have experienced IPV and to develop best practices.

Stigma and the Stay/Leave Dichotomy

Poignant reflections on the limits of choice when considering staying/leaving resonate throughout the interviews and findings section of this thesis. Unfortunately, the roadblocks these women faced while attempting to leave their relationships sometimes left them feeling as if they had done something wrong, as if not leaving was a sign of weakness on their part. This sometimes led to negative self-talk on the part of the women, causing them to question their own decision-making and judgement or blame themselves for the violence they endured. Rainbow

Woman, after outlining various attempts to leave her relationship that were unsuccessful due to her partner's relentless pursuit of her, still felt at least partially responsible for the treatment she received in her relationship and felt unworthy and unclean in the aftermath. Nancy also discussed her feelings of guilt, particularly for the impact her partner's abuse had on her children. Phoenix also viewed herself negatively for staying in the relationship. In addition, her experience with IPV caused her to see abuse as something that was almost inevitable in all relationships: "Abuse. Just expect [it]."

This pattern of negative self-talk and feelings of guilt experienced by the participants tracks with the literature related to IPV stigmatization as a barrier to help-seeking. In their review of IPV stigmatization literature, Overstreet and Quinn (2013) outline the toxic relationship between experiencing IPV and negative characteristics which results in a delegitimization of women's experiences and a perception that they are dependent, unassertive, helpless, depressed, and dependent. These labels are not only placed on those who have experienced IPV by others. IPV victimization also negatively impacts women's self-concept, leading to a type of self-stigma that can lead to feelings of worthlessness and shame (Beaulaurier et al., 2005; McLeod, Hays, & Chang, 2010) and can lead to women labelling themselves as "stupid" (Enander, 2010). This internalized stigma, alongside cultural stigma and anticipated stigma, function to limit women's help seeking behaviours (Overstreet & Quinn, 2013). This pattern of stigmatization limiting help-seeking behaviours appeared in some of the women's narratives. For example, Rachel did not inform her family of the abuse until she had formally charged her partner.

A history of negative encounters with help providers also caused participants to feel stigmatized, preventing them from accessing help. Consider Ruth's varied relationships with her two social workers. Her social worker made her feel blamed and stigmatized, which led her to have negative feelings and lose trust in that social worker and the system. At the center of this mistrust is a belief that the social worker had been misrepresenting her and did not understand her lived experience: "She's lying about me and I can't even change the social worker. She's younger than me. And all she knows is behind a book." Attending to the feelings of disempowerment experienced by Ruth, illuminated in this excerpt, is integral. She is acutely aware of the lack of control she has over who was assigned as her social worker, the person who serves as the gatekeeper between her and her children. The resulting stigmatization experienced by Ruth caused her to shut down and not want to deal with the social worker. Luckily, a different

social worker, one who had established a climate of trust, met with Ruth at the hospital immediately following a violent incident and was able to arrange getting her help at a shelter. This experience demonstrates the importance of validating the experiences of women who have experienced IPV and working to establish feelings of trust between service providers and those who have experienced IPV.

As we examine and outline the ways in which the stay/leave dichotomy does not align with the narratives of women who experience IPV, it is important to be careful not to characterize women for whom choice is not an option as helpless. Notwithstanding the barriers to leaving which are reflected in the participants' narratives and the literature and include fear of retaliation, financial dependence, feelings of shame, and health concerns (Reisenhofer & Taft, 2013), it is important to avoid portraying women who experience IPV as lacking in all agency. Women exercise their agency in the context of violent relationships through various means besides leaving. Other ways that women exercise agency include avoidance, help-seeking, and active opposition (Rajah & Osborn, 2020). In some cases, even survival can be viewed as an empowered, agentic act (Black et al., 2020; Kenyon, 2016). It is important that service providers and researchers acknowledge and respect this resistance and strength.

The problematization of the stay/leave dichotomy is part of a larger movement within IPV research, and indeed within all fields informed by critical theory which is to carefully examine the hegemonic dichotomies on which our Western, patriarchal, capitalist society is built (for a feminist critique of dichotomization see Prokhovnik, 1999). As outlined by Follingstad and Ryan (2013) in the introduction to a special issue dedicated to IPV research, questioning/breaking down dichotomies has become a critical area of study within IPV and promotes the idea that thinking in dichotomies does not allow one to fully understand the complexities of IPV.

Other dichotomy-problematizing research in IPV is well underway. Through such research, the dichotomization of the public/private, which has been woven into various aspects of society, has been revealed to be a construction that perpetuates patriarchal systems (Thornton, 1991, p. 459) and perpetuates IPV (Kosham, 1997; Moore, 2003; Slabbert, 2003). Other research has revealed the harmful binary construction of victim/agent within IPV discourse which tends to reduce women who have experienced IPV into broad categories of either helpless victims or heroic agents of change (Black et al., 2020; Paterson, 2010). This oversimplified, dichotomous

thinking serves to undermine the complex realities of women who experience IPV (Bilge, 2010; Midson, 2014), and ignores their autonomy (Stauffer, 2017).

Whether or not a woman who has experienced IPV is cast as victimized or empowered is often rooted in the binary construction at the heart of this section of my discussion: the woman's decision to stay or leave a relationship. Questioning and shaming around stay/leave decision-making is commonplace in public discourse and even in clinical settings, as outlined by Cravens et al. (2015). Help-providers in shelter and other settings should be mindful of their language and posture when discussing staying and leaving with women who have experienced IPV, avoiding judgement or accusation in these interactions, and ensuring that conversations recognize and accept the many complex, nuanced factors that limited or removed their ability to choose.

The Role of Personal and Dominant Narratives about Romantic Relationships

In their narratives, the women made attempts to align themselves with the “ideal relationship” at different points, regardless of the realities of their lived experiences in relationships and the many factors that complicated their relationship evaluations. This could be due in part to the influence of dominant narratives that exist about romantic relationships. In this section, I will discuss “personal narratives” as the stories we tell about ourselves to describe our identities and make sense of our many experiences and “dominant narratives” as broad cultural and societal discourses that influence and shape personal narratives.

Dominant Narratives as Powerful Societal Teachers

Dominant narratives are powerful messages from society that teach us, from a young age, about what is to be “desired” in romantic relationships. Many studies have highlighted the impact of dominant narratives about relationships on children as young as age 4, relating to gender roles and the types of relationship qualities that are sought after (i.e., “Prince Charming”). Some dynamics in the interviews about relationships reflect those dynamics highlighted in these studies that explored dominant narratives about relationships (see Baly, 2010; Boonzaier, 2008 and Eaton & Matamala, 2014;). The women in shelter are the isolated “victims,” while the abusive partners are actively seeking to disempower them through factors such as isolation, controlling behaviour, and physical violence. Those who grow up with these dominant narratives are impacted in subtle and overt ways; narratives can influence relationships, values, and desires. When the participants in this study spoke about “ideal relationships,” they were drawing on ideals outlined by dominant narratives about romance in Western society. The colonization and

cultural genocide in Canada's history has purposefully set out to destroy Indigenous cultures and stories, forcing (through violence, residential schools, and other forms of oppression), Indigenous people to conform with Western narratives and values systems, and reject and erase their own (Truth and Reconciliation Commission, 2016). For some of the Indigenous women interviewed, their discussions of relationships included adopting these dominant, colonial narratives. When asked about a relationship she admired, Phoenix pointed to a couple she had met at a family camp: "Well there's these people from family camp. Some friends. They're like Christians and stuff." The primary detail Phoenix gives about this couple is their Christianity, the dominant colonial religion. When looking forward to future relationships, Rainbow Woman's response echoes the aforementioned dominant Western notions of romance in which men are active and women are passive: "I'm tired of being the one, the pursuer. I want to be pursued." These typical Western notions of romance were reflected not only in their answers, but also in their dynamics of their relationships. Riel-Johns (2016) explains how the process of colonization forcefully and violently replaced the matrilineal, non-hierarchical, Indigenous social structures with a patriarchal, hierarchical, unequal social structure that led to the current state of inequality and danger for Canada's Indigenous women. The legacy of this forced adoption of patriarchal values on Indigenous women puts them in a situation where the narratives they adopt around relationships are the product of the colonial system that continues to oppress them. Interestingly, some of the women in this study demonstrated resistance towards these colonial narratives by expressing a desire to connect with their Indigenous culture. For example, Ruth, in describing what she hopes for in a future relationship, said:

And I'm not a racist or anything but I like the tradition, like I'm a drum singer as well. And my 11-year-old son, he was a grass dancer. He forgot. And my 7-year-old girl, she's a drum singer and she forgot. So it doesn't really have anything to do with colour or race. It's just that if he respects my tradition and that he would, how do you say that, participate with my family. Respect and participate.

Ruth also mentioned that participating actively in Pow Wow with her community was important to her. Rainbow Woman, in explaining the part of her previous relationship that frustrated her the most, described her partner trying to control her by making sure she was home when he called her from jail, which would have held her back from things she loved, such as her drumming and other cultural programs:

I would stay home just for his calls. But that's where he wanted me. He wanted that control. And I didn't give it to him because I would go to my programs. I would go drumming. I would do me.

While the dominant narratives were still present in their narratives, these women found some ways to resist them.

Women Silencing Their Lived Experiences to Align with Dominant Narratives

Having engaged in reflexivity about the questions I initially set out to answer, I recognize that the framing of the questions I asked in the interviews might have both *revealed* the disconnect between the dominant narrative and lived experiences of these marginalized women, and to some extent, *primed* the disconnect. My own positionality as a White, middle class, educated, heterosexual married woman led to the framing of research questions that may have perpetuated dominant narratives. For example, questions like “Would you describe this relationship as healthy/good? Why? Why not?” and “What factors do you consider when you think about staying or leaving a relationship?” By asking questions that subtly perpetuate potentially harmful binaries as well as questions somewhat rooted in dominant narratives about relationships that may not fit with marginalized women's experiences, and by highlighting their “choices,” I wonder if these questions subtly pressured them to conform to those dominant narratives in the framing of their responses. In some ways, this was brought to my attention through some of the performative aspects of the narrative analysis. For example, Nancy, in responding to the question “can you think of some reasons that you have been or you would be willing to put up with violence in a relationship?” responded that she would not be willing to put up with violence, and said somewhat defensively, “I have more self-worth than that.” However, at many points throughout her interview, she described violence she has experienced throughout her marriage by the same partner. In fact, just a few moments after she talked about not being willing to “put up with” violence, she described one of the worst escalations of violence she had experienced in that relationship: “I was scared because that was the first time to be woken up choking, being choked. That was the first time I had ever experienced that. But I went back to him.”

Similarly, Rainbow Woman said “If I say no, it's no. If I say bye, it's bye. And I said bye to him like so many times.” Even in this one statement, she performed both a “strong” narrative about putting her foot down and leaving, while also indicating that she has said/done this many

times without actually leaving the relationship, and much of her narrative described her trying and failing to leave the relationship. Later in the interview she reiterated a similar conflict:

I was fed up. I was like, I'm not taking this anymore. I don't deserve this shit. Then I gave him another chance. Because everything deserves a second chance. But if you fuck it up like seven to eight times, it's like, get rid of him. I honestly have been trying for the past three years to get rid of him.

These subtle disconnects can serve to blame and shame women instead of empowering them to see their narratives more broadly, and to help them explore the different ways they could have their complex needs met. It could be something as simple as shifting the question to impose less direct “responsibility” on the participant. A question like “can you think of some reasons that you have been or you would be willing to put up with violence in relationships?” is informed by an assumption of choice that, as discussed, may not be applicable to all marginalized women’s realities. The subtle enforcement of the dominant narrative and requisite exclusion of their own experiences happens at the societal level, at the shelter and community resource level, through beliefs held among family, friends and community, as well as at the level of the individual. It is important for service-providers working with women who have experienced IPV to have an understanding of dominant narratives including the colonial erasure of Indigenous culture.

The Impact of IPV on Personal Narratives

Many scholars have discussed the notion of narratives allowing humans to make sense of their selves, experiences, and circumstances through stories or narratives (Fisher, 1989). One reason for this is to make our lives coherent to ourselves and others, which Fisher defines as “symbolic actions... that have sequence and meaning for those who live, create or interpret them (p. 72). In a 2001 study aimed at understanding women’s narratives of love and violence in their relationships, Wood (2001) posits that narrative theories can offer insight into understanding violence and women’s tolerance of it in romantic relationships (p. 241). She explains that there are three central tenets of the literature related to narrative work that are relevant to understanding violence in relationships: firstly, that humans make sense of themselves through stories or narratives (Fisher, 1989; Gergen, 1994; Shotter, 1993); secondly, that narratives are social in nature or, put another way, that narratives are “culturally constructed and sustained” (p. 242); and thirdly, that narratives are most urgently sought when an experience does not make sense. For example, when people develop life-threatening medical conditions, they search for

narratives to try to make sense of a curve in the life path that was not wanted nor anticipated. In a similar manner, Wood argues, the experience of violence in a relationship becomes incoherent and distressing:

When romantic relationships do not adhere to the central romance narrative – when Prince Charming is not charming, when he does not rescue the damsel in distress, when ever-after is not happy. Confronted with a partner who hurts them, women cannot easily fit their experience within the central romance narrative offered by the culture. Thus, they are motivated to discover some way to make sense of what is not sensible: the simultaneity of professed love and enacted violence, the romantic times and the brutal ones, the tender embraces and the black eyes, the unpredictable transformations of Prince Charming to frog and back again (p. 243).

Nancy discussed how she developed a coping strategy to allow her to make sense of the misalignment between her experience and the cultural narrative:

It's like you learned to live in the moments. You learned to, OK, this is a great moment. I'm going to sit and listen as much as I can. And then the next moment comes along and you go, OK, I'm going to wait until this one flies by. Do you know what I mean? So. And then you don't, I don't focus on this one. I have to focus on the positive.

Nancy was able to live with the disconnect between her negative experiences in her relationship and what she wanted/expected from her relationship by attempting to slow down time during positive moments and speed past difficult times.

The findings of this study include many “ideal relationship” traits that women identified as important in relationships. Some women spoke about the promises of protection (Ruth, Rainbow Woman, CJ, Phoenix), some spoke about their relationships as having been perfect prior to the start of the violence (Jane, Nancy, Rainbow Woman), and others referenced things they were attracted to such as their partner's looks, sense of humour, or resources. Dominant narratives resonate with these images of idealized relationships projected in the interviews.

Personal Narratives Are Important to Establish and Maintain a Sense of Self

We know that factors related to trauma, sudden life changes, and IPV lead to challenges in coping, and specifically, challenges in forming a coherent personal narrative (see Fisher, 1989; Gergen, 1994; and Shotter, 1993). Beyond the attempts to align with a dominant narrative, some women had more “coherence” in their narratives than did others. This could be due in part, to the

timing of the interviews, which took place while the women were in shelter. For some women, that meant that the interview occurred in the midst of, or very soon after, a recent trauma or experience of violence. They may still have been in a state of processing. Rachel's quote highlights her incomplete narrative, not yet having an understanding of what happened in her relationship, or why: "I never thought that I would experience that kind of like a violent relationship. Like I can't believe I stayed for so long, you know." At various points throughout her interview, she made reference to her disbelief at her current situation. Similarly, Jane talked with uncertainty about why she "allowed" her partner to abuse her:

She had control over my Facebook, my phone, my Instagram, my Snapchat...and I let her. Like I don't know why, I, I just thought she cared for me and, you know, like she'd be like, you're mine and nobody else can have you. And then, yea, like I thought it was like OK at first. And then after a while, I'm like OK this isn't... she's fucked up. She's fucking me up, you know.

Nancy's physical and mental health challenges added confusion to her narrative, and this caused her considerable distress:

I'm discombobulated. Sometimes I'm brainless. Like I said to the doctor yesterday, like I literally lost about four days in here. Maybe that was me not being "here" but it was like, when they told me I was here 11 days, in my head I thought it was only seven.

We see another attempt to understand her life story in the meaning she made of a past suicide attempt. She endorsed believing that there is a reason she is still alive: "I don't think I will do harm to myself... because I tried that, I took a bottle of hydromorphone and... I'm still here. There's a reason for that."

For some women, their time in shelter was an important marker in their narrative. When asked about her time in shelter, Rainbow Woman described the change she has felt in herself since arriving:

It's really helped me to figure out who I am and what I want. I want to be positive now. I want to be a drug free parent. I want to go back to school. These things I used to love. I loved going to school. But like I was doing upgrading like so many times and so many years like in my time. But addictions got in the way. Pregnancy. CFS. Like all these things got in that way of me succeeding in that, in that direction.... [in shelter] I've had all this time to actually think about it. And double think and triple think of it. To make

sure it's really what I want. If I'm out there, I probably would be high with my baby because somebody came over and offered it free. But in here, it just, I don't. I quit smoking the moment I walked in the doors. I quit smoking cigarettes. And that's a step to my sobriety.

Similarly, Ruth described this stay in shelter as being a chance to focus on her goals:

I like it here. It's a new, it's a new thing like, I used to... I was addicted with drugs and alcohol. And at the shelter where I was at, I would always go and get what I wanted. But now I just don't care for drugs and alcohol anymore. I'm just trying to get my children back and unify with them. I miss being a parent. I want to be a mother again. I want that responsibility.

We have discussed that other factors such as subtle pressure to “perform” various aspects of a personal narrative can have an impact on the way women express themselves in this way. Similarly, fear of judgment can impact the extent to which people feel freedom to express themselves. Nancy, who deals with significant physical and mental health challenges, spoke about a fear of appearing “crazy” to a mental health support person, having had the recent experience of being put in the hospital for speaking her thoughts out loud during a mental health crisis. She said:

There was an elder [in shelter] and I wanted to speak to the elder, um, but I still, and I thought I had worked on it but... I have fear of judgement. And I was afraid. And I didn't know how to start the conversation. And part of that fear of judgement is just the previous month because there would have been talking about spiritual stuff, but I had just gotten thrown in the hospital for speaking about it... right?

Time in shelter provided these women an opportunity to take stock of where they had come from, to help them process and develop coherent narratives, and to think about where they would like to go next. Narrative research provides strong evidence for the importance of having a coherent personal narrative that demonstrates an understanding of self and lays out goals for the future. Shelter and counselling interventions that emphasize and facilitate this process, paying particular attention to the ways trauma and violence impact the cohesiveness of the personal narrative would be beneficial.

Summary and Recommendations

There is limited research related to women's experiences in domestic violence shelters. This research extends theory about intimate relationships by considering women's narratives about violence in relationships as they relate to their experiences in shelter, their decisions about staying and leaving while considering many factors, and the multiplicity of needs they are forced to balance in order to survive, all while the intersections of their social and cultural contexts are considered. This research challenges the notion that leaving a violent partner is always a goal for women in shelter, as well as the notion that women are seeking shelter with a main priority of safety from violence in mind. This research contributes specifically to understanding the ways that marginalized women who have experienced IPV think about decision-making about close relationships, and confronts the notion of choice.

By asking women directly about their experiences in shelter, this research offers insight into the aspects of shelter intervention most relevant for these women, and the aspects that are less necessary or potentially harmful. Sometimes the same intervention (e.g., meeting with a therapist/counsellor) was helpful for some and irritating for others. This knowledge should be used to increase understanding among shelter staff and to highlight the importance of flexibility, openness, and sensitivity to issues faced by women who are impacted by the intersection of various forms of oppression. Using a qualitative methodology allowed me to assess areas in which there may be a disconnect between women's experiences and dominant IPV discourses, and to identify concepts that should be examined further. My hope is that this knowledge can impact future programming related to relationships and increase sensitivity and knowledge among shelter staff and service providers more generally. Further, the research points to the need for collaboration and coordination within a network of resources to address the multiple, overlapping needs of the women accessing domestic violence shelters. A number of recommendations that were highlighted throughout the thesis are summarized here:

Recommendations for Shelter Service Providers:

- a. Be aware that women may choose shelter for many reasons. Tailor programs to fit the population of women who are using them as a resource, not only for protection from violence, but also as supports for issues related housing, addictions, mental health, childcare, and physical health.
- b. Consider how dominant narratives regarding what constitutes a healthy relationship and what women "should" do when in a violence relationship are embedded in shelter

interventions. Engage women in an exploration of the contextual factors that define their experiences and influence choices they make about their relationships.

- c. Work alongside other community resources in a coordinated effort to support women with overlapping/multiple needs, especially related to housing and addictions support in the community.

Recommendations for Counselling /Clinical Psychologists:

- a. Support women who have experienced significant trauma and abuse in developing cohesive narratives of their experience.
- b. Reflect on the notion of “choice” and ensure that the broader context of women’s lives are considered in interventions that address the violence and women’s responses to it.
- c. Be reflective about some of the dominant narratives and assumptions that as clinicians, we bring to clinical encounters.

Recommendations at a Community or Service Delivery and Policy Level:

- a. Understand IPV within a broader context of supports for meeting the varied needs of women who experience marginalization.
- b. Advocate for increased housing availability and resources in Manitoba.
- c. Promote collaboration between various health and social service sectors to ensure coordinated services and supports are available to women who are experiencing IPV.

Recommendations for Future Research:

- a. Explore how dominant narratives impact different groups of women that experience IPV.
- b. Explore how the narratives of women who experience IPV shift over time.
- c. Explore interventions that support women in forming cohesive narratives of their experience.

Strengths and Limitations

It is important to recognize that what women want in a relationship is an ongoing process that is different for everyone. Accordingly, a limitation of my study is that I only examined the ideas and reflections about relationships at one point in time in the participants’ lives (namely, during their stay in shelter). Further, I did not look at these ideas over the course of their shelter stay, but rather at a single time-point during their stay. Thus, the data may not be representative of women’s perspectives or the shelter experience as a whole. Because I had an inclusion criterion of women who have stayed in shelter for seven days, this excluded groups of women

who may be using shelter resources in a different way, potentially for short-term stays and leaving within one to six days. The findings may not be transferable to this short-term stay shelter population. Another concern is that the presence of a researcher could bias participants' responses. The interview methodology, which situated the interviewer and the interviewee as equals was an attempt to remedy this issue (Eagly & Riger, 2014). Although I have some experience working with individuals who reside in the inner-city, when it comes to the issues facing the women that I interviewed, my sociocultural identity as an educated, middle-class White woman likely still impacted the balance of power (Swift & Levin, 1987). In addition, the questions that I asked may have influenced the answers and narratives that women gave.

A strength of this project is the narrative methodology which fits well within the qualitative research frameworks of feminism and intersectionality (Tracey, 2010). The methodology allowed participants to engage in an empowering approach to data collection that moved beyond numbers or forced-choice responses. The goal of this methodology was to make this story-telling process as life-giving and empowering as possible for participants. My goal as the interviewer was to promote dignity and understanding throughout the process, including presenting the honorarium at the beginning of the interview, providing a formal debriefing, and expressing thanks for participation. The information that I gathered was filtered through the participants' own views and experiences. This is a strength of the study in accordance with a feminist framework. The interview allowed participants to provide personal information about events that I was not able to observe directly, as well as information about their own perceptions and feelings. I was allowed to probe for additional information of interest throughout the interviews, which enabled me to be flexible and empathic. The interviews took place in the natural setting, the shelter. This may have helped facilitate recall of information and help to put participants at ease. Additionally, there were helpful supports available, such as on-site childcare to allow women to focus and be present during the interview. My general impression was that the interviews were positive experiences for all of the women who participated. Many of the women expressed gratitude to me specifically for the opportunity to share their story. Two women, Ruth and Nancy, became emotional at the conclusion of the interview, and thanked me for talking with them. Ruth indicated that she had had a rough day and that it was helpful to have somebody to talk to, and Nancy expressed that having a chance to express herself made her feel more "human."

Although this was a convenience sample of women, the sample appears reflective of the population of women accessing shelter in Manitoba. A recent study examined the demographics of women accessing shelter in Manitoba (Hiebert-Murphy, Graham, & Kenyon, 2017). As part of the “Faces of Shelter” study, this research set out to understand who is accessing shelters, as well as the backgrounds and needs of women entering domestic violence shelters in Winnipeg. They interviewed 100 women as they were entering shelter, and anchored their results in those interviews, questionnaires, and EIA data regarding their shelter stay. The data closely aligns with the demographic information of the women I interviewed in most areas – many of the women they interviewed were low income, identified as Indigenous, were connected to the CFS system, experienced housing insecurity, and had a history of physical health, mental health, and/or addictions issues (Hiebert-Murphy et al., 2017). As such, the data from this study appears to be transferrable to the population accessing shelter in Manitoba. However, this data is not necessarily transferrable to women with very different life experiences (e.g., White, middle-class women). The current project allows us to situate the shelter experience within women’s ongoing process of navigating violence in relationships among a myriad of other social and cultural challenges. A number of suggestions for how shelter staff, shelter organizations, and various other systems could shift their practices and policies to better support marginalized women who experience IPV are offered.

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Appendix A

Recruitment Poster / Handout Information



**University
of Manitoba**

Relationships Study

For female residents who have been in shelter for at least 7 days because they have experienced violence from a current or past partner.

Are you interested in talking about your experiences?

Principal Investigator: Alanna Johnson, University of Manitoba

The Research Project:

I am hoping to learn about what women who are staying in shelter want in relationships. I would like to hear your stories about current or past relationships.

Participation:

If you choose to participate in the study, you will meet with me privately in a room here at Willow Place. You will be asked to provide some background information about yourself and then participate in an interview. I will ask you to tell me about what you want in relationships, and how being in shelter has influenced what you want and the way you think about making decisions to get what you want in your relationships.

How long will it take?

It will take approximately 1 hour to complete this study. You will receive \$25.00 as thanks for your participation.

If you would like to take part in the study, please contact Alanna Johnson. You can phone me at XXX-XXX-XXXX or come to (*room at Willow Place*) between 12:00 p.m. and 5:00 p.m. Monday-Wednesday to learn more about the study, and to set up a time for the interview.

This study is being conducted through the University of Manitoba and funded by the University of Manitoba Faculty of Graduate Studies Research Award.

Appendix B

Script to Prospective Participants during Initial Phone / In-Person Contact

Hello. My name is Alanna and I am the lead researcher for a project that is studying women who have experienced intimate partner violence and are currently living in shelter. My advisor, Dr. Diane Hiebert-Murphy is working with me on this project. She is a professor at the University of Manitoba.

The purpose of this research is to better understand the experiences of women in shelter. I would like to talk with you about what you want in your relationships, and how being in shelter has affected your thoughts about intimate relationships. Another goal of this research is to ensure that the shelter intervention is as helpful as possible to women who have experienced partner violence.

Participation will involve being interviewed by me about your relationships and ways that you think about things like staying or leaving relationships, and how your time in shelter has influenced these ideas. The interview would take place in an office here at [Willow Place]. You will also be asked some questions about your life situation and background.

Participation

The interview will take about one hour. You will receive a \$25 honorarium to thank you for your participation.

You will be given a *Form* to review before you participate. 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. This can be given to you now if you would like. You would be free to stop being in 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 services that you receive at this shelter.

You must be staying in shelter for a minimum of 7 days before participating in this study.

Do you have any questions?

Would you like a copy of the informed consent form to look over before making a decision about participating?

[If potential participants want time to review the consent form, arrangements will be made for follow-up.]

Appendix C

Script for Data Collection

Hi. My name is Alanna Johnson. I'm a Master's student in the Clinical Psychology program at the University of Manitoba.

This research project is about what women who are staying in shelter want in relationships and how they come to take make decisions about relationships. I want to know about specific things that have happened while you've been staying in shelter that have helped or been a challenge to your understanding about what you want in a relationship.

This project is for the Master's thesis I am writing for school. The staff at this shelter have agreed to help me with my project, but it is important for you to know that none of the information that you share with me will be directly available to anyone else at the shelter. My goal is to present the information that I collect from everyone who participates in this study to staff at this shelter, but only when the information is combined.

These details, as well as more important information is in the *Informed Consent form*. Before you agree to participate, I'd like to go over that information with you.

(Informed Consent)

Again, remember that you can stop participating at any time.

If you're ready to get started, we'll begin with some background questions. After that, I'll ask you to tell me about your experiences.

(Complete the Demographic Questionnaire)

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

Appendix D

Informed Consent Form

Research Consent Form

Project Title: Exploring What Women in Domestic Violence Shelters Want in Relationships.

Principal Investigator: Alanna Johnson B.A., University of Manitoba

Supervisor: Diane Hiebert-Murphy PhD, C Psych, University of Manitoba, XXX-XXX-XXXX

This consent form, a copy of which will be left with you for your records and reference, is part of the process of informed consent. It should give you the basic idea of what the research is about and what you are asked to do. If you would like more detail about something, feel free to ask. Please take the time to read this carefully.

Purpose. The purpose of this study is to better understand what women who have experienced intimate partner violence and who are residing in shelter want in intimate relationships. The goal is to understand how the experiences a woman has within shelter impacts how she thinks about her relationships. This study will help researchers better understand the views and needs of women in shelter and will offer service providers suggestions as to how to better support women while they are residing in shelter.

Between 8 and 10 women will participate in this study.

Participating. If you decide to participate in this study, you will complete one session lasting about 1 hour. You will be asked some basic information about yourself, for example: your age, your employment status, your cultural background, etc. You will then participate in an interview. You will be asked about what you want in relationships, about your goals, and about your experiences associated with residing in shelter that have affected your ideas about what you want in relationships. You will receive a \$25.00 honorarium for your participation in this study. You will receive this cash 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. Shelter staff will not be told whether or not you participate. Your decision not to participate or to withdraw from the study will not affect the services you receive at this shelter. This means that you can stop participating in the study at any time. Please inform the researcher if you would like to end the interview.

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

Results. We would be happy to share the results of the study with you. Since you may not know where you will be living when the study is completed (approximately June 2020), please contact us at that time to discuss the findings and/or to request a summary of the findings. You can contact Alanna Johnson at XXX-XXX-XXXX or (email address) to make this request. A summary of the findings will also be available at the shelter.

Confidentiality. When presenting the results, a summary of what we learn from all of the women in the study will be grouped together. Your name or identifying information will not be

used. The findings may be published or presented in public forums and will be shared with staff at women's shelters.

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, the shelter staff would be told. If you disclose that another person is in imminent danger, the Winnipeg City Police will be called. In addition, please be aware that it is possible for research data to be subpoenaed; if this was to occur we would be required by law to make our data available to the courts.

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

Risks. There is the possibility that answering questions about your experiences could cause you emotional distress. You are free to skip a question that you do not wish to answer or stop participating at any time. If you feel distressed, you may want to consider talking to a counselor

at the shelter. If you are not comfortable speaking with a counselor at the shelter, free counseling services are available from:

Women's Health Clinic at: 204.947.1517 ext. 204

Klinik Drop in Counseling at: 204-784-4067

Klinik 24 Hour Crisis Line at: 204-786-8686

The University of Manitoba Ethics Board has approved this study. 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 June, 2027).

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, Alanna Johnson at XXX-XXX-XXXX or (email address).

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

Statement of Consent

Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to participate. In no way does this waive your legal rights nor release the researchers, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study at any

time, and /or refrain from answering any questions you prefer to omit, without prejudice or consequence. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation.

Please indicate whether or not you agree to the following:

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

My questions have been addressed. Yes No

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

Participant's Signature Date

Researcher and/or Delegate's Signature Date

Appendix E

Demographic Information

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

BACKGROUND INFORMATION

1. How old are you? _____

2. Are you currently working?

___ Yes, full-time (job: _____)

___ Yes, part-time (job: _____)

___ Yes, casual (job: _____)

___ No

Do you receive social assistance: ___ yes ___ no

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

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

If you are Aboriginal/First Nations, do you live: ___ on reserve ___ off reserve

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. 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/year

7. Is English your first language? ___yes ___no

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 extended family

_____ in foster care

_____ other (please specify: _____)

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

14. If children came with you to shelter, how old are they? _____

RELATIONSHIP HISTORY

1. What is your relationship with your current partner?

___1. Married ___5. Boyfriend/girlfriend

___2. Separated ___6. Other _____

___3. Common-law

2. How long have you been together with your partner? _____
3. Do you live together? ___ Yes ___ No
4. Over what period of time has there been physical aggression/violence in the relationship?

5. When was the last incidence of physical violence in your relationship? _____
6. In what other ways has your partner been abusive/hurtful to you? (check all that apply)
- ___ controlling behavior
- ___ emotional abuse
- ___ verbal abuse
- ___ financial abuse
- ___ other (please specify: _____)
7. Have you been in more than one intimate relationship that was abusive? ___ Yes ___ No
- If yes, how many relationships? _____
8. Have you the police ever been called or involved in a fight between you and a partner?
- ___ Yes ___ No
- If yes, how many times? _____
- Were the police helpful in their response? Explain:

HISTORY OF SERVICES RECEIVED

1. Before this visit, have you ever stayed at a shelter for abused women?
- ___ yes (please specify how many times) _____

no

2. Have you ever received help to deal with mental health issues?

yes (please explain: _____)

no

3. Have you ever received help to deal with your use of drugs or alcohol?

yes (please explain: _____)

no

4. Have you ever lived in Manitoba Housing? yes 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 or 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

YOUR SHELTER STAY

1. What happened that made you decide to come to shelter at this time?

2. In your decision to come to shelter, were you afraid of:

physical harm? ___yes ___no

emotional harm? ___yes ___no

3. How long has it been since you were last in shelter? _____

4. How long do you think you will stay in the shelter? _____

5. Have you stayed at Willow Place before? ___yes ___no

6. If yes, for how long did you stay in the past? _____

Appendix F

Narrative Interview Questions and Probes

1A) Can you tell me about your most recent relationship?

- a. What are things that are positive about this relationship?
- b. What are things you wish were different about this partner/relationship?
- c. Would you describe this relationship as healthy/good? Why? Why not?

1B) Can you tell me about what you look for generally in relationships?

- d. What are some things that make a relationship good for you?
- e. What are some things that make a relationship bad for you?
- f. What do you think about violence in relationships? Can you think of some reasons you might be willing to put up with violence in a relationship?

2. When you think about staying or leaving a relationship, what are the things you think about?

- a. Have you left a relationship (or your current relationship) before? What prompted you to leave at that time?
- b. Have you thought about leaving your most current relationship, but chosen to stay? Why?
- c. What are the things that make you want to continue the relationship?
- d. What are the things that make you want to stop the relationship?

3. When you look at relationships among people you're closest to, how would you describe a typical/normal relationship?

- a. Does your most recent relationship feel like it fits into that? Did it feel "normal" or similar to the relationships your close friends and family are in?

4. Have there been opportunities to learn about or talk about relationships while in shelter?

- a. In what programming? Group?
- b. Individual counselling?
- c. Just by being separated from your partner?
- d. What was the intervention, and what was the message?
- e. Have you had discussions or feedback from other women?
- f. How does this message fit in with how *you* think about relationships?

5. Has being in shelter led you to think differently about your relationship? If so, how/in what ways?

- a. Has your experience in shelter been helpful to you as you think about moving forward?
- b. How is being in shelter impacting your decision-making/plans about what you want to do when you leave shelter? Your relationship?
- c. Can you tell me about specific things that have happened while you've been staying in shelter that have impacted your decision to stay or leave your partner?

General Probe Format:

- You said _____. Could you tell me more about what you mean by that?
- Could you tell me more about _____.