Female Sexuality And Intimate Partner Violence

A Thesis
Submitted to the Faculty of Graduate Studies and Research
In Partial Fulfillment of the Requirements
For the Degree of
Masters of Arts
In Clinical Psychology
University of Regina

by
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July, 2012

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Danaka Raine Safinuk, candidate for the degree of Master of Arts in Psychology, has presented a thesis titled, *Female Sexuality and Intimate Partner Violence*, in an oral examination held on June 29, 2012. The following committee members have found the thesis acceptable in form and content, and that the candidate demonstrated satisfactory knowledge of the subject material.

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ABSTRACT

Sexuality is a broad term that is used to include biological sex, sexual acts, sexual feelings, gender roles, and attitudes towards sexual behaviour (Jackson & Scott, 1996). It is a dynamic construct that can be influenced by many factors, including experiences of violence and abuse. Intimate partner violence (IPV) is one factor that can affect women in many ways, including their physical health, mental health, parenting, and sexuality (Burgess, 1983; Faravelli, Giugni, Salvatori, & Ricca, 2004). The focus of this qualitative study is to understand how IPV impacts women’s sexuality in a sample of women who have experienced IPV. A review of the literature describes the many existing barriers that make it difficult for women to develop a positive sexuality, and discuss what role IPV may have in this development (Russell, 2005). IPV has been shown to influence women’s sexuality both directly, by a partner inflicting physical injuries and conditions that interfere with sexual functioning, and indirectly, through resulting lowered self-esteem, flash-back memories, mental health problems, and various other consequences of IPV (Cobia, Robinson, & Edwards, 2008; Faravelli et al., 2004; Meston, Rellini, & Heiman, 2006). This research project examined IPV survivors’ experience of their sexuality by analyzing 31 qualitative interviews using grounded theory methods (Strauss & Corbin, 1998). A propositional theory was discovered, grounded in the words of the participants, that allows for a better understanding of the impact that IPV has on female sexuality. This theory states that IPV negatively impacts both sense of self and sexuality. Damage to sense of self through abusive relationships could also act to damage sexuality, while regaining sense of self could contribute to the healing of sexuality. Emotional abuse aimed at weight, appearance, sexuality, or gender was found to be particularly damaging
to sexuality. The women in this sample helped to define emotional-sexual abuse, which may inform future research attempting to understand specific types of abuse that impact sexuality. The findings from this study may provide insight and understanding about female sexuality and IPV that can inform sexuality education programs, and front-line staff and programs.
ACKNOWLEDGEMENT

I would like to acknowledge my thesis supervisor, Dr. Mary Hampton, for your kindness and support. I am truly blessed to have a supervisor who invests so much of herself in her students. It has been such a joy to be your student, as you consistently nurture my personal and professional development. I have learned so much through your mentorship. You are inspirational!

I would also like to thank my committee members, Dr. Angelina Baydala, and Dr. Darlene Juschka – I have learned so much from these strong, brilliant, feminist women.

Thank you to all of the participants included in this study. Although I did not have the opportunity to meet you, you have touched me. You are all so courageous and strong. Thank you for sharing your stories.

I would also like to acknowledge the Canadian Institute of Health Research (CIHR) and the Faculty of Graduate Studies and Research at the University of Regina for their financial support in this endeavour.
DEDICATION

I would like to dedicate this thesis to my friends and family. Thank you for supporting me through this process. I know that I could not have enjoyed the experience as much as I did without your love, support, and encouragement. Special thanks to my partner, Matthew, who put up with my stressful moments throughout this process. Thank you for your patience and for being there when I needed you.
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INTRODUCTION

Defining sex and sexuality can be complicated. The term sex can be conceptualized in two ways: sex can refer to being biologically male or female, or it can refer to the act of sexual intercourse between intimate partners or an act of erotic intimacy. Sexuality, on the other hand, is a broader term that is used to include both meanings of sex, – this includes biological sex, as well as sexual acts – sexual feelings, gender roles, and attitudes towards sexual behaviour (Jackson & Scott, 1996). The focus of this research is on women’s sexuality, so definitions and literature will use this gender lens to describe the purpose of the research and to define parameters of the literature review. Sexuality refers to “aspects of personal and social life which have erotic significance” (Jackson & Scott, 1996, p. 2). Existing literature has been criticized by some researchers for tending to examine female sexuality apart from the context within which it is experienced (Schwartz & Young, 2009).

There is also limited theoretical literature describing the relationship between intimate partner violence (IPV) and women’s sexuality. Conceptually, IPV can be understood as violence or abuse (emotional, physical, or sexual) within an intimate relationship (Hegarty, Sheehan, & Schonfeld, 1999). IPV has been shown to have many lasting consequences that may influence sexuality; examples in the literature of these long-lasting physical and mental health problems resulting from IPV are depression, anxiety, drug and alcohol abuse, chronic pelvic pain, unwanted pregnancies, self-induced abortions, higher risk of sexually transmitted infections (STI) including HIV/AIDS, and lowered self-esteem (Carlson, McNutt, Choi, & Rose, 2002; Coker, 2007; Ellsberg, Jansen, Heise, Watts, & Garcia-Moreno, 2008; Gerber, Ganz, Lichter, Williams, &
McCloskey, 2005; Thomas, Joshi, Wittenberg, & McCloskey, 2008). Further, after having experienced IPV, a survivor may find that trusting a new partner is difficult, and female heterosexual survivors may have problems relating to men (Ansara & Hindin, 2010). This literature suggests that it is important to explore the relationship between IPV and sexuality. I will go on to discuss sexuality in more detail, as well as IPV and its consequences, and how IPV and sexuality may be connected. Lastly, I will describe the qualitative research project, which will examine this phenomenon by utilizing archival data from a larger tri-provincial research project called “The Healing Journey: A Longitudinal Study of Women Affected by Intimate Partner Violence,” funded by SSHRC/CURA, conducted by Research and Education for Solutions to Violence and Abuse (RESOLVE).

1.1 Researcher Perspective

Consistent with ‘reflexivity’ used in feminist research methodological perspectives and qualitative methods, I will discuss my interest in this topic briefly and reveal relevant aspects of my personal life (Olesen, 2007). Coming from an educated, white, middle-class family, I am a relatively privileged woman. I recognize that my experiences growing up likely differ from many other young Canadian women, and I am very aware of how my social position has granted me certain opportunities, and protected me from certain oppressions. However, I have experienced patriarchal oppressions that seem to come part and parcel with being a woman. I have also experienced multiple relationships with men where I felt pressure to act or look a certain way, and where I felt coerced into crossing personally set boundaries in regard to my sexual expression. I have been in situations where I was all too aware of the power that men have, whether it be the
social power that men seem to be able to exert over women to make them act in a certain way in order to avoid rejection or abandonment or the physical difference between women and men (for example, I am a 105 pound female and men I know are almost double my weight). On a spectrum, my experience with sexual harassment or assault would be at the very low end, which may separate me from my participants; however, I will rely on my compassion and empathy to bridge the gap between my lack of experience and my ability to understand my participants’ experiences. In regard to sexuality, I consider myself to have a positive attitude about my sexuality; that is, I enjoy being intimate and experience pleasure when expressing my sexuality, I can negotiate likes and dislikes with my partner, and I feel safe and in control. When I discuss sex and sexuality with my female peers, it is clear that not all women experience their sexuality in a positive way. I am interested in pursuing a research career that focuses on sexuality, specifically, what factors enhance a woman’s experience of her sexuality, and what factors detract from it. I am interested in exploring and understanding how women experience and construct their sexuality, particularly women who have experienced more severe forms of oppression (i.e. racism, classism, sexism) in the face of current patriarchal relations. I believe this research will inform my future clinical work, as I would like to work in the field of sex therapy and couples therapy in addition to my general practice.

1.2 Literature Review

1.2.1 Sexuality

Sexuality has been described as a complex and multidimensional facet that plays a significant role in shaping identity (Jackson & Scott, 1996). It is dynamic and ever-
developing, in that it changes depending on time, place, and partner(s). Sexuality is part of a person’s overall wellbeing, and can impact various areas of her life. For example, researchers have found that sexual satisfaction and marital satisfaction are strongly correlated (Trudel & Goldfarb, 2010). Marital dysfunction can increase risk of depression and anxiety, which in turn can influence sexuality (both the symptoms of anxiety and depression and the medication used to treat these symptoms). Sexual dysfunction refers to difficulty that can be experienced during any stage of the sexual response cycle, which includes desire, excitement, orgasm, and resolution, and can be a major concern for partners by causing distress or interpersonal problems (APA, 2000). A majority of couples that participate in marital counselling report being dissatisfied with their sex lives (Trudel & Goldfarb, 2010). This dissatisfaction correlates with marital dysfunction often resulting in the couples experiencing depression and anxiety, as well as further sexual dysfunction. Results of these studies suggest that sexuality (and sexual dysfunction therein) has a strong effect on marital satisfaction, and understanding this relationship can be useful for counsellors who work with couples seeking treatment for marital problems. This is just one example of how sexuality can impact a person’s life.

Using a constructivist perspective, sexuality has been described as both an individual experience, based on personal experience, and an experience constructed on a societal level; this constructivist perspective suggests that people ascribe meaning to their sexuality based not only on their own individual experience, but also on the dominant perspective that society ascribes to female and male (gendered) sexuality (Bernhard, 2002; Russell, 2005). Existing psychological literature on sexuality tends to ignore much of the societal context involved in constructing the meaning of our sexuality (Schwartz &
Young, 2009). It is important to understand both the societal and personal context that exist in a sexual relationship, as there are many socially imposed restrictions and expectations surrounding female sexuality (Beres & Farvid, 2010; Brickell, 2009; Impett, Schooler, & Tolman, 2006; Parker, 2010; Straka & Montminy, 2008). From a feminist perspective, it is understood that sexuality has been androcentrically constructed and therefore men are represented as active agents in sex acts, whereas women are depicted as passive recipients of male advances (Powell, 2010). This creates an environment wherein coercive sex becomes considered a normal sexual interaction, because women are supposed to resist these advances to some degree before ‘giving in’ (Powell, 2010).

Another example of male-privileged sexuality is evident in the context of marriage; wives are expected to be sexually available for their partners, while ignoring their own desires or reservations (Boonzaier, 2008). There is a notion that once consent is given, it cannot be revoked (Powell, 2010). Understanding pressures that a typical woman in a particular society may face will help to understand aspects of her sexuality, and being aware of these issues will help the researcher recognize societal impact when mentioned in participants’ transcripts for the current study.

There is a long history of a double standard dividing men and women’s experience of sexuality. When engaging in heterosexual relationships women risk their reputation and their personal safety by becoming vulnerable to sexual coercion, abuse, or unwanted pregnancies whereas men, typically, do not (Jackson & Scott, 1996). Further, Russell (2005) suggests that there is a socio-political strategy for managing female sexuality in order for society to exert social control over women’s bodies, which is done through enforcing social normative restrictions on young women’s behaviour. Russell (2005)
suggests that young women’s sexuality is highly surveilled, meaning that efforts are put forth to regulate, restrict, and control women’s sexuality. This type of social control serves as a barrier to women experiencing their sexuality in a positive way (Tolman, 2006). For many women there is no middle ground for exploring sexuality; they are forced into the Madonna/whore binary and are deemed either a “good girl” or a “slut” based on their behaviour with no alternatives for sexual expression outside of the patriarchal ideal (LeMoncheck, 1997). Fear of being labelled can create a great deal of pressure for young women to suppress their sexual urges (Attwood, 2007). Further, when sexuality is portrayed in the media, it is frequently linked with violence; evidence has shown that this type of social construction creates a culture where it is accepted (if not expected) that sex and violence will occur in the same context (Parker, 2010; Tolman, 2006). Linking violence to sex creates a dangerous climate for women.

This study uses a feminist sociological lens to critique and understand the larger socio-political context that may influence participants’ experience of sexuality. Most feminists posit that women cannot fully be free until they can exert control over their own bodies, gender roles, and sexuality (Scholz, 2010). This perspective expresses the belief that gender/sex ideology is important to determining their experiences, and under a patriarchal system both the male sex and male sexuality have been socially constructed as to be privileged over those marked as females and their sexuality (Jackson & Scott, 1996; Scholz, 2010). It is this socially constructed ‘power-over’ that allots privilege to men, which they then exert over women. This allocation of power creates an environment in which women are oppressed. The oppression of women is maintained through the patriarchal social agenda that reinforces heterosexual monogamy, which allows for the
continuous control of female sexuality, and therefore reproduction, by men (Scholz, 2010).

From this feminist sociological perspective, theorists suggest that girls are taught at a very young age that men’s sexuality is privileged over their own, and that their worth is measured by their ability to maintain intimate relationships (Powell, 2010; Tolman, 2006). Girls are socialized into the feminine role and are taught that maintaining intimate relationships can best be done by avoiding conflict, suppressing their own needs, and obliging partner’s needs and desires (Beres & Farvid, 2010; Hirschman, Impett, & Schooler, 2006; Impett et al., 2006). Young girls may continue to hold these values as they grow into adulthood; researchers have found that many young women continue to navigate their sexuality in a way that may be harmful to themselves by putting themselves at greater risk for violence (Impett et al., 2006; Tolman, Hirschman, & Impett, 2005).

This combination of societal pressure and surveillance can create a difficult climate for women to freely explore their sexuality. There is a need for more research that explores how women experience their sexuality, what role sexuality plays in their lives, and what meaning women give to sexuality (Schwartz & Young, 2009; Straka & Montminy, 2008). Existing literature on female sexuality tends to look at sexuality from a deficit model, focusing on risks and aversive consequences of sexuality. More research is needed that looks at female sexuality from a positive perspective.

1.2.1.1 The need for a positive perspective on sexuality

Previous research on female sexuality has focused mainly on sexual health problems or sexual dysfunctions using the lens of a deficit, or have-not, model (Mollen &
Stabb, 2010). Looking at female sexuality in this way, especially when considering the experience of women who have experienced IPV, can be harmful. Women may come to see themselves as ‘dysfunctional’ rather than ‘functional’ when it comes to their sexuality when media, societal images, and the medical community construct their sexuality as problematic. In contrast to the deficit model of examining female sexuality, some feminist researchers have looked at women’s sexuality in a more positive way (Mollen & Stabb, 2010). For example, when looking at women’s sexuality within the context of society, women who have been subjected to IPV or sexual assault and who then react with decreased sexual pleasure and desire could be regarded as responding in a normal way to an abnormal event, rather than pathologizing women’s responses to sexual violence (Kirk & Okazawa-Rey, 2004; Lips, 2003).

In North America, there is a dominant conservative political agenda that tends to advocate for monogamy as well as abstinence. It influences attitudes and education that are aimed at restricting young women’s sexual activity through fear mongering about adverse health consequences as a result of engaging in risky sex, such as unwanted pregnancies and STI’s (Jackson & Scott, 1996; LeMoncheck, 1997). This risk-centered fear mongering around sexuality, with the omission of positive frameworks, is paradoxical, as it emphasizes sexual risks in the absence of providing education about how to reduce those risks. It is almost like telling people that driving a vehicle is dangerous, the number one killer, and that if you get in an accident you will die, without ever informing those same people about the built in safety features of the car, like seatbelts and airbags, or even teaching them the basics on how to drive. Empowering women with the tools to enable them to take control of their sexuality by negotiating
safety, condom use, and pleasure would help women to reduce the risks that they are so heavily warned about, while enhancing their level of sexual enjoyment (Powell, 2010). LeMoncheck (1997) suggests that if female sexuality was not silenced, women could act as active agents and navigate their sexuality in safe and consensual ways that fit with their own sexual health agenda.

Some women, despite being sexually active, have been shown to be unable to negotiate sexual behaviour in healthy and protective ways, therefore they may become at risk for coercion, violence, unwanted pregnancies, and STIs (Jackson & Scott, 1996; Powell, 2010). These women may be less prepared to physically and emotionally protect themselves from negative consequences resulting from their sexual behaviour (Russell, 2005). It is important that women be given an opportunity to learn how to negotiate safe sexual behaviour in a healthy way in order to be in control of their sexuality. What we are striving for is a positive perspective on female sexuality that would allow women to be active agents in their sexuality. An agentic perspective on human functioning views people as proactive, self-regulating, and self-reflecting (Bandura, 2001). Agency in sexuality, or agentic sexuality, would ideally be free from coercion, violence, and fear, and instead include the experience of pleasure and intimacy. Agentic sexuality will include mutual decision-making, safety, a set of skills to make good judgment calls and the agency to follow through with them, and knowledge about the realities of sexuality and intimacy from both personal and cultural points (Russell, 2005; Tolman, 2006). Lastly, agentic sexuality, for heterosexual women specifically, should include empowerment, and equal power dynamics between male and female partners (Tolman, 2006).
1.2.2 IPV Definition and Prevalence

The current study integrates both the concept of female sexuality and intimate partner violence to deepen our understanding of women’s experience of sexuality after surviving intimate partner violence. Intimate partner violence (IPV) is any act of violence from one current or ex intimate partner to another and this can include, but is not limited to: physical violence, such as hitting, slapping, and breaking bones; sexual violence, such as coercion, unwanted touching, and rape; and emotional/psychological violence, such as yelling, insulting, degrading, threatening and controlling. IPV is often used purposefully to punish or control the victim; this is referred to as instrumental violence (Hegarty et al., 1999). Researchers have consistently found that women are more often victims of IPV than men and suffer more severe consequences of IPV; so for this research, a gendered lens was used to look at female survivors of IPV (Ansara & Hindin, 2010). Although men also experience IPV, the Canadian General Social Survey (GSS) results indicate that women are far more likely to report sexual abuse than men; women are more likely to experience multiple instances of IPV than men (57% compared to 40% respectively; Statistics Canada, 2011), women are more likely to report an injury due to IPV than men (42% compared to 18% respectively; Statistics Canada, 2011), and women are more likely to experience three or more forms of IPV (Romans, Forte, Cohen, Du Mont, & Hyman, 2007). Further, in 2009 the GSS indicated that women were far more likely than men to experience severe forms of violence, including incidents of sexual assault, being beaten, choked, or threatened with a weapon (34% compared to 10% respectively; Statistics Canada, 2011).
Although reported percentages vary widely, all researchers in this field conclude that IPV is a serious problem for women in Canada. Results of the 1993 Violence Against Women survey conducted by Statistics Canada (as cited in Cohen & Maclean, 2004) found that 51% of women reported experiencing physical or sexual assault at least one time in their lifetime since age sixteen. Looking at the Canadian GSS conducted in 1999, Cohen and Maclean (2004) found that instances of IPV in Canada ranged from 3.9% to 25% in five years prior to the interview. Overall rates of violence were slightly higher in Saskatchewan (8% compared to as low as 4% in other provinces; Statistics Canada, 2011). Rates of severe physical violence were also higher in both Saskatchewan and Manitoba compared to the other Canadian provinces (Cohen & Maclean, 2004). Overall rates of spousal violence (IPV) from the 2004 GSS and the most recent 2009 GSS have remained relatively stable, reporting that approximately 6% of Canadians who had a current or former spouse reported experiencing physical or sexual violence from their partner in the five years prior to the interview, with equal reporting between men and women (Statistics Canada, 2011). These rates are slightly lower than rates reported in the 1999 GSS (Statistics Canada, 2011). As discussed above, spousal violence is a more serious problem for women than men, despite the seemingly equal reporting of violence.

1.2.2.1 Consequences of IPV

IPV has both immediate and lasting effects that are of concern to mental and physical health care providers. Some health consequences are a result of overt attacks and may cause chronic pain, scarring, dental problems, and problems with hearing and vision (Thomas et al., 2008). The most common physical consequence of abuse is bruising, and 95% of female victims reported bruising in the 2009 GSS. Other injuries reported in the
2009 GSS included cuts, scratches, burns, and less frequently, bone fractures (Statistics Canada, 2011). Other health consequences are the result of stress from the abuse. These consequences can include headaches or migraines, vomiting, high blood pressure, and increased drug use or addiction (Thomas et al., 2008). Women who have experienced IPV have also reported difficulty walking, memory loss, dizziness, and poor self-reported health (Ellsberg et al., 2008). Apart from temporary or lasting injuries that result from physical IPV, survivors also have higher rates of depression and anxiety when compared to the general population (Carlson et al., 2002; Faravelli, Giugni, Salvatori, & Ricca, 2004), and 23.8% of women who have experienced IPV used medication for depression, anxiety, or sleep (Cohen & Maclean, 2004). Survivors have also reported low self-esteem, permanent disfigurement, and weight issues, which may add to the survivor’s dependency or reluctance to leave their current abusive partner for fear that no one else would want them (Thomas et al., 2008). Some resilience and protective factors (e.g., social support, education, employment, and self-esteem) have been noted that may be helpful to women when leaving an abusive relationship; however, the more severe the abuse that a woman experiences, the less likely she is to benefit from such protective factors (Carlson et al., 2002). IPV has also been linked to increased likelihood of smoking, problem drinking (Gerber et al., 2005), and substance abuse (Cobia, Robinson, & Edwards, 2008; Faravelli et al., 2004), which have their own set of health-related problems.

1.2.3 IPV and Sexuality

The purpose of this research is to understand the experience of sexuality among a sample of women who have experienced IPV. It was expected that some participants
would report having experienced sexual abuse, while others may report having survived other types of IPV including physical, emotional and mental abuse. Previous research has found that women have negative consequences regarding their sexuality and sexual functioning after having experienced sexual abuse (Cobia et al., 2008; Faravelli et al., 2004; Meston, Rellini, & Heiman, 2006), including; posttraumatic stress disorder, sexual disorders, depression, eating disorders, substance abuse, and anxiety disorders (Faravelli et al., 2004). Rape victims may also experience severe sexual disruption, including pain during intercourse, worries about intimacy, intrusive memories, and changes in the frequency of intercourse or orgasmic response (Burgess, 1983). Women who had reported rape or physical assault reported severely decreased quality of life (Cohen & Maclean, 2004). Rape or physical assault within the context of IPV has been shown to be particularly debilitating; researchers suggest that most women who experience sexual assault have some type of pre-existing relationship with the perpetrator, which suggests that most sexual assault is within the context of IPV. Women who have experienced sexual or physical assault may experience a loss of control and agency, which can make it particularly difficult to refuse sex, negotiate condom use, and negotiate pleasurable activities (Impett et al., 2006).

Lifelong effects on women’s sexuality are also common in women who have experienced other forms of IPV as well, specifically emotional and physical abuse (Bernhard, 2002; Burgess, 1983; Coker, 2007; Safinuk, Taylor, Woods, Hampton, & George, 2010; Straight, Harper, & Arias, 2003). The available literature on the consequences of IPV and sexuality is often limited to a negative perspective. Victim blaming may occur, where others blame the victim, and the victim may blame herself for
the situation and the consequences that follow. Women who have experienced sexual abuse are more likely to use both illicit, and prescription drugs (Cohen & Maclean, 2004), which may lower sexual desire or increase the likelihood of sexual dysfunction (Bernhard, 2002). Abuse in a relationship may create ambivalence, which may negatively affect sexual functioning, as many women believe that love is a prerequisite for sex. Women who are questioning whether they are happy with their relationship may not be as willing to participate in sexual activities (Bernhard, 2002). Women can experience flashbacks of the abuse (Burgess, 1983) that interfere with their sexual expression. Physical IPV has been shown to increase the likelihood of sexual risk-taking behaviours, including inconsistent condom use (Coker, 2007). A history of physical IPV also increases the risk of sexually transmitted infections (STIs), unwanted pregnancies, self-induced abortions, chronic pelvic pain, abnormal pap tests, and sexual dysfunction or sexual pain disorders (Cohen & Maclean, 2004; Coker, 2007). While it is important to understand the possible consequences of experiencing IPV, it is perhaps more important to understand that these consequences are natural reactions to that violence. Women should not be thought less of due to the consequences of the abuse they experienced.

Aside from the lack of an agentic and positive perspective in the literature, there is also limited theoretical literature describing the relationship between IPV and female sexuality. Current research to date regarding IPV and sexuality focuses primarily on sexual risk behaviours and is often focused on one type of abuse (e.g., physical abuse; Bonomi et al., 2006; Coker, 2007). However, it is rarely the case that a woman will experience only one type of abuse in isolation, making it difficult to measure the effects of IPV on sexuality when women suffer multiple forms of abuse (Cobia et al., 2008).
Sexual behaviour may be less crucial in gaining insight into female sexuality than the meanings attributed to women’s experiences.

In addition to the lack of literature on the topic of sexuality and IPV, my colleagues and I have conducted some research which suggests that a more in-depth analysis of the experience of sexuality among survivors of IPV is warranted. In a brief analysis of open-ended responses from women participating in the Healing Journey study (a tri-provincial (Alberta, Saskatchewan, and Manitoba), longitudinal study of women who have experienced physical violence from an intimate partner), Juschka, McKenzie, Safinuk, McKenna, and Bourassa (2012) found that Saskatchewan participants had mixed responses when describing their sexuality. Many of the participants reported negative associations with sexuality, and some of the participants connected their negative feelings directly to the abuse they had experienced. Many women also reported engaging in sex out of a sense of obligation, or fear of what would ensue if they refused (Juschka et al., 2010).

In a systematic review of the literature, Coker (2007) suggested that women who experienced physical IPV were likely to report a deficit in sexual pleasure or desire. It is unclear what forms of abuse result in decreased sexual pleasure and, in turn, what kind of impact decreased sexual pleasure has on women’s lives. Future research could consider a more complete account of the complex experiences of sexuality for women who have experienced various forms of IPV (Johnson & Fraser, 2009; Schwartz & Young, 2009). Previous research has noted possible factors that influence sexuality including work, stress, body image, smoking, drinking, drug use, and relationship satisfaction (Bernhard,
2002; Schwartz & Young, 2009). It is yet to be determined how significant these factors are in influencing the sexuality of IPV survivors.

1.3 Research Questions

A qualitative examination of survivors’ experiences may help to understand the complexities of sexuality as it is manifested in the lives of survivors of IPV. The sexuality of women has long been devalued in comparison to male sexuality, and therefore, this research focuses on female sexuality in the context of a white-settler, masculinist society that privileges the male over the female, European over Aboriginal, heterosexual over homosexual.

The purpose of this study is to better understand how female survivors of IPV in Saskatchewan experience their sexuality. Specifically, I hoped to determine how different combinations of physical, emotional, and sexual violence impact sexuality. My research questions were: (1) How do women who have experienced IPV describe their sexuality? (2) Are there differences in experiences of IPV between women who describe their sexuality in agentic versus passive ways? (3) And, are there any common factors between women who provided positive and negative descriptions of their sexuality? This research takes a feminist perspective by attempting to understand gender inequalities and power differentials that permeate sexuality, sexual relations, and abuse (Jackson & Scott, 1996; Tolman et al., 2005). Further, this research takes a positive perspective on female sexuality as described above. Qualitative methods were used in an effort to answer these research questions.
METHOD

2.1 Qualitative methods

Qualitative methods in general have several basic components that set them apart from quantitative methods. Qualitative research is inductive and becomes more and more abstract with each phase of analysis; interpretations and meanings arise directly from the data collected from participants (Creswell, 2007). This type of research attempts to maintain focus on participants’ subjective experience and the meanings they ascribe to their experiences; it also recognizes and incorporates the researcher’s personal experience, background, and bias and acknowledges the subjectivity of the researcher during data collection, analysis, and interpretation. Qualitative research methods attempt to give a full picture of the topic of inquiry, creating richer and more complex understandings of the issue. It does this by gathering information through open-ended interviewing, recognizing the participant as the expert of their own experience, rather than creating surveys or measures that allow for little flexibility in responses and are often unsuccessful in capturing the full experience of the participants (Creswell, 2007).

Using qualitative methods may also allow for a deeper understanding of how different forms of IPV interact with and influence sexuality. This current study used grounded theory methods to analyze qualitative interviews conducted with a sample of survivors of IPV (Strauss & Corbin, 1998). Further, the current study utilizes a constructivist feminist perspective by assuming that participants’ subjective experiences are complex and are formed through various social, historical, and contextual factors (Creswell, 2007; 2009). This perspective fits well with Strauss and Corbin’s (1990) grounded theory approach, as it allows room for subjectivity by recognizing that
complete objectivity is near impossible (Plummer & Young, 2010; Strauss & Corbin, 1998). Also fitting to a constructivist perspective is the resulting propositional theory that is discovered through using grounded theory methods. Consistent with a constructivist worldview and with feminist perspectives, I, the researcher, recognize that my experience has influenced my interpretations of the data, and that I do not necessarily have to separate myself from my research (Creswell, 2007; 2009; Plummer & Young, 2010). Charmaz’s (2006) perspective on grounded theory fits with both constructivist theory and feminist theory particularly well, whereas Glaser & Strauss’ original 1967 model emphasized more objectivity and more distance between the researcher and her research (Mills, Bonner, & Francis, 2006a). The interview process used in the Healing Journey Project further supports the use of constructivist grounded theory approach to data analysis. The interviewers were trained to view the participants as the experts of their own experiences. In addition, the interviewers worked to remove the power differentials that are inherent in the researcher-participant relationship. Having the participant act as a partner in research, rather than a mere subject, is essential to the constructivist grounded theory approach (Mills et al., 2006a).

2.1.1 Grounded Theory

Grounded theory is the specific type of qualitative research method that has been used in this study. In addition to the basic elements of qualitative research, grounded theory has specific rules and structures that define it, and can be differentiated from other qualitative methods because it includes the development of a theory (Walker & Myrick, 2006). This section will discuss some of the key elements of grounded theory, focusing
on Strauss and Corbin’s method (1990), but will also include some discussion on the emergence and development of grounded theory since its inception.

Developed by Glaser and Strauss in 1967 (Strauss & Corbin, 1990), grounded theory was a means by which to bring theory to more closely fit the data or participants’ experiences (Walker & Myrick, 2006). This innovative concept was adopted widely by anthropologists; while researchers from other disciplines often sought to validate theory, the aim of grounded theory was to generate theory (Walker & Myrick, 2006). This grounded theory method increased the likelihood that the theory would be realistic and fit the data closely. Grounded theory has been widely used in the social sciences since 1967, particularly by feminist researchers or researchers who are attempting to discover new theory from participants’ (particularly women’s) perspectives. Part of its popularity may be due to the scientific rigor and systematic process that are incorporated into the method and valued in the scientific research fields (Walker & Myrick, 2006). Since its inception, it has been further developed and altered by Strauss & Corbin (1990); methodological historians have described the “split” resulting from differences of opinion between Glaser and Strauss, the originators of the method (Walker & Myrick, 2006).

In Strauss and Corbin’s grounded theory method (1990), the data analysis begins with open coding. Open coding allows the researcher to identify and name concepts, group like concepts into categories, and discover the properties and dimensions that describe each category. However, part of the difference of opinion that divided Glaser and Strauss resulted from different analyses. Glaser argues that dimensionalizing data at this early stage in coding imposes the researcher onto the data by ‘forcing’ existing
frameworks onto the data and doing so can interfere with the grounded theory process (Walker & Myrick, 2006).

Glaser also differs from Strauss and Corbin in his ideas about theoretical sensitivity. Theoretical sensitivity refers to the ability of the researcher to be in tune with the participants’ experiences, and with their ability to create and discern meaning from the data (Mills, Bonner, & Francis, 2006b). While Glaser believes that theoretical sensitivity will come from immersing oneself in the data and letting the data speak for itself, Strauss and Corbin identify tools that the researcher can use in order to enhance theoretical sensitivity and recognize bias (Strauss & Corbin, 1990; Walker & Myrick, 2006). These tools include questioning, comparing one concept to its opposite to elicit potential properties and dimensions, and planned comparisons of experiences (Strauss & Corbin, 1990). Glaser argues that these techniques ‘force’ emergence of properties and theory, rather than allow for a more natural emergence; however, the techniques proposed by Strauss and Corbin may be descriptions of the natural process that researchers go through when attempting to tease out such details from the data (Walker & Myrick, 2006). In order to avoid forcing data into preconceived or even emerging categories, it may be wise for researchers to be aware of the potential for creating distance from the data when using Strauss and Corbin’s techniques for creating theoretical sensitivity.

Comparisons to phenomenon that are only remotely related to the data may take the researcher away from what is actually being described or experienced by the participants. For example, Strauss and Corbin (1990) provide an example of research about weight lifting, and using a ‘Far-out Comparison’ they compare weight lifting to playing the violin in order to gain some new insights into weight lifting. While this type of
comparison may provide insights that the researcher may have otherwise missed, it may also lead the researcher farther away from the data, and in turn the emerging theory may not be as ‘grounded’ in the data as it could have been. These methods, therefore, should be exercised with caution.

Kathy Charmaz, a student of Strauss and Corbin’s, is a strong advocate of constructivist grounded theory (Mills et al., 2006b). Charmaz (2006) argues that theory does not merely emerge; rather interpretations and theory are constructed by the researcher’s past and present experiences interacting with the data analysis. After Strauss’ passing, Corbin published a third edition of Basics of Qualitative Research (Corbin & Strauss, 2008), in which she addresses the notion of constructivist grounded theory, Corbin states that grounded theory can indeed work with a constructivist model, as people, including researchers, construct their own meanings from events. She asserts that researchers can represent these constructed meanings through the use of categories and concepts as analytic tools, which allow for a mutual understanding of these meanings, as categories elicit automatic properties that are recognized by members of a particular culture. In turn, the readers can learn from the research, and at the same time construct their own interpretations of it, based on their unique perspectives and past experiences (Corbin & Strauss, 2008). Corbin goes on to insist that there is room for flexibility within the grounded theory model, and students are encouraged to follow the basic structure of the methods, pick and choose tools that aid their analysis, and follow their instincts throughout the process in order to make it work for them (Corbin & Strauss, 2008).
2.2.2 Use of the Literature

Strauss and Corbin (1990; 1998) posit, in line with Glaser and Strauss’ original view, that use of the literature prior to data collection and analysis should be limited in order to avoid forcing the data to fit preconceived categories previously developed in other theories. They suggest that theoretical sensitivity be gained through the researchers’ pre-existing knowledge and experience with the discipline of study, not from reading about existing theories (Lempert, 2007; Strauss & Corbin, 1990).

Lempert (2007) provides an alternative view regarding using the literature. She contends that if one were not to make use of the existing literature prior to analysis, she may believe that she has made a great theoretical discovery, when, in fact, the ‘discovery’ already exists in the literature. She states that “a literature review provides me with the current parameters of the conversation that I hope to enter. Utilizing comparisons from the literature alerts me to gaps in theorizing, as well as the ways that my data tell a different, or more nuanced, story” (Lempert, 2007, p 254). In a similar way, I have used a literature review in order to position my research and gain theoretical sensitivity. As a student with little existing theoretical knowledge, it is important that I used a literature review to provide me with the basic background information about the topics involved in this research (sexuality and IPV). This background knowledge has aided in the development of properties and dimensions of the categories that arose from the data. Lastly, using literature has allowed for comparisons to be made between the data in the current study, and what exists in the literature, and why similarities and differences exist between the two.
2.2.3 Using Archival Data

Grounded theorists emphasize the importance of integrating the process of data gathering with data analysis and building theory (Bryant & Charmaz, 2007). Since the data in this study was archival, my approach to grounded theory has been altered slightly. In their 1998 edition of *Basics of Qualitative Research*, Strauss and Corbin address working with archival data and equate it with doing a second analysis with data that has already been collected. They suggest that the researcher can then use sampling methods within the archival data by sampling from the existing transcripts (e.g. if there are thirty archival interviews, a researcher can select transcripts from those thirty interviews based on a strategic selection criteria until they reach categorical saturation. They may or may not utilize all thirty interviews). However, as a caveat, the researcher may not be able to saturate categories and may, therefore, have to deal with holes in her theory. A saturated category means that the dimensions and properties of the category are well developed as well as the relationships between categories (Strauss & Corbin, 1998). As will be discussed in the following sections, the 31 participants whose transcripts were used in the current study were selected strategically to represent a wide variety of demographic characteristics, which has helped to create variation in the data and contribute to saturation. Further, Strauss and Corbin (1998) suggest that more interviews will increase the likelihood of saturating categories. The 31 interviews were sufficient for the purpose of this research, and provided enough data to create saturated categories. Strauss and Corbin (1998) also state that using previously gathered data does not discredit the research being conducted, and rigorous data analysis can still be done.
2.2 Data collection

2.2.4 The Healing Journey Study

The data for this research was previously collected as part of a larger tri-provincial research project called “The Healing Journey: A Longitudinal Study of Women Affected by Intimate Partner Violence,” conducted by RESOLVE (Research and Education for Solutions to Violence and Abuse). The purpose of the Healing Journey Project was to understand the experiences of women who have survived IPV in the Prairie Provinces (i.e. Alberta, Manitoba, and Saskatchewan). In addition to a large battery of questionnaires and quantitative measures, approximately thirty participants (one additional participant was added to the original sampling pool) were selected from each province to complete extensive qualitative interviews. For the current study, only data from the 31 Saskatchewan women who participated in the qualitative interviews were used.

The Healing Journey study was funded by the Social Sciences and Humanities Research Council/ Community-University Research Alliances (SSHRC/CURA) program and was conducted in the three Prairie Provinces from 2004-2009. The research team (university/community researchers) developed questionnaires that asked about experiences of women who experienced IPV in several areas of their lives: demographic information, experience of abuse, health and parenting, and coping and support. Since this was a prospective longitudinal study, researchers designed a data collection method that allowed for recruitment of participants in the first year of study, then interviews at six-month intervals during the remaining four years of study for a total of seven “waves” of interviews. Qualitative interviews were conducted with a subset of participants in each
province. For the current study, there were 31 qualitative interviews available for analysis, in addition to a sub-set of variables from two other interview schedules for those same 31 participants. Interviewers in each province were hired to recruit, retain and interview a designated number of participants. These interviewers were trained in interviewing methods, ethics, and dynamics of IPV in order to conduct valid and usable interviews.

In order to understand the demographics of the sample as well as determine the type of abuse each participant experienced, I have analyzed data that corresponds to each of the 31 participants; these data were collected prior to the qualitative interview and guided sampling. The three sources of data included for analysis in the current research includes: (1) demographic information collected at Wave One and analysis of the Composite Abuse Scale (CAS) from Wave One (2004); (2) three open-ended sexuality questions developed by the Healing Journey researchers from Wave Two (6 months after Wave One in 2004); (3) the 31 qualitative interview transcripts. As a research assistant on this project, I was granted access to these data for the purpose of conducting my M.A. thesis (Appendix A). In addition, ethics approval was received by the University of Regina and University of Saskatchewan ethics boards for collection of the longitudinal data, including data that has be analyzed in the current study (Appendix B; Appendix C). Each participant received $50 honorarium/incentive for each wave of interviews and for the qualitative interview.

2.2.5 Participants

2.2.2.1 Recruitment.
Participants from the Healing Journey Project were recruited with assistance from community partners working in shelters and victim assistance programs and were selected based on specific inclusion criteria (Appendix D). The participants had to be over eighteen years old, identify as female, and have a history of at least one instance of physical violence from an intimate partner since the year 2000 (self-report); and no longer be in crisis, as evaluated by the front-line service providers who recruited participants. The rationale behind this inclusion criteria is two-fold; physical violence has a relatively straightforward definition, is easy to measure, and creates a homogenous group of participants, while memory decays over time and so a cut-off of 2000 was proposed. Secondly, the study required that the women be beyond crisis in order to participate in our research and also wanted them to be associated with ongoing supports and counselling. Women who were in a crisis during recruitment were not retained for the study because participation may have exacerbated their crisis or any stress that they were experiencing. Lastly, the participants had to be willing and able to meet approximately every six months for three and a half years. Information about the study was presented to potential participants by front-line service providers who were community partners in this study (i.e., shelter workers and victim assistance workers). Potential participants then decided whether they wished to participate; if they decided to participate, they filled out the form acknowledging willingness to participate (Appendix D). This form was given to the receptionist in the agency, who then mailed the forms to the Saskatchewan coordinator for the study (Dr. Hampton). Dr. Hampton referred the participants to research assistants, who contacted the potential participant for subsequent interviews.
For the qualitative interviews, participants were strategically selected from the larger sample of 216 participants recruited in Saskatchewan based on recommendations from Strauss and Corbin’s (1998) grounded theory in order to represent a wide range of demographic information and abuse history. The 31 participants in Saskatchewan chosen to participate in qualitative interviews were chosen by members of the research team based on demographic information, as well as the participants’ demonstration of a strong interest in being further involved with the study, having a good working relationship with their interviewer, and being from diverse regions in Saskatchewan (i.e., urban, rural, northern; Appendix E). Although members of the research team identified 31 potential participants, anonymity was maintained and no identifying information was shared with the team. All participants received and signed a consent and confidentiality form from the Healing Journey Project (Appendix F). Members of the Healing Journey research team designed the interview questions. Interviewers were assigned participants at Wave I and were asked to keep track of these participants so that they could be interviewed at each remaining wave. The qualitative interviews were conducted between Wave III and Wave IV (i.e., during 2007-2008).

All 31 interviews were available for analysis for the current study. All of the interviews were used in order to ensure that saturation of themes was achieved. All 31 transcripts were utilized in the analysis due to the varying experiences of the participants, although some themes reached saturation using fewer than the full 31 transcripts, others had not, and themes continued to be filled out up until the last interview was coded.

2.2.2.2 Participant Demographics
All women in the current sample were women residing in Saskatchewan at the time of the Healing Journey Study. The mean age at which the 31 participants included in the qualitative interviews were first interviewed for the Healing Journey study was 39.71 (SD = 12.36), and the mean age at which the qualitative interview was conducted was 41.02 (SD = 12.36). The mean family income of this sample was 34292.44 (SD = 39684.69). In this sample, 39.9% of the women were working full-time, 12.9% were working part-time, and 51.6% were not working. In this sample, 61.3% had achieved their grade twelve education or higher (ranging from high school diploma to a post graduate degree). The percentage of women in this sample who had children is 87.1%. The majority of the participants were heterosexual (87.1%), but the sample includes one woman who identified as bisexual (3.2%), one woman who identified as a lesbian (3.2%), and two Aboriginal women who identified as two spirited (6.5%). In this sample, 67.7% of the participants were residing in urban regions of the province, 19.4% were residing in rural regions, and 12.9% were from northern Saskatchewan. Approximately half (48.4%) of the participants were Aboriginal, whereas the remaining half were non-Aboriginal (51.6%). Lastly, 54.8% of this sample identified as having a disability or long-term illness, 41.9% did not identify this way, and 3.2% were unsure about their disability or long-term illness status.

2.2.6 Instruments and Qualitative Interview

Qualitative interviews were conducted with the 31 Saskatchewan participants described above. For the most part, the interviewers and participants had already established a comfortable and trusting relationship, which served to maximize the amount of disclosure and comfort that would take place during the extensive qualitative
interviews. An interview guide (Appendix H) was created by the Healing Journey team’s qualitative committee, and ten researchers from the Saskatchewan Healing Journey team carried out the interviews. The interviewers did not ask directly about participants’ experiences with sexuality, instead they asked a general question that invited women to share their experiences with IPV and include anything that was important to them. Therefore, it was expected that if sexuality was important to the survivor, or if her abuse centered around her sexuality, then sexuality would be discussed. When doing a quick search in the transcripts for the word “sex,” 12 of the 31 participants mentioned sex explicitly (other than in the context of sexual abuse). It was expected that the remaining nineteen participants will have alluded to sexuality in a less overt manner.

In addition to the qualitative data, I have also analyzed data collected in three other interviews: demographic data (collected in Wave One), sexuality questions (collected in Wave Two), and responses to the Composite Abuse Scale (CAS) (collected in Wave One; Hegarty et al., 1999; Hegarty, Bush, & Sheehan, 2005; Appendix G). Demographic information for the 31 participants was collected during the first wave of interviews in 2004 through a self-report questionnaire developed by the Healing Journey team that includes information about age, ethnicity, education, employment, parenting, relationship status, sexual orientation, urban/rural identification, household income, and other general information about the participants’ current status. The demographic information will comprise part of the discussion and will inform parts of the data analysis. I will report the means and/or frequencies of the demographic items in order to provide the reader with a better understanding of the participants.
The Healing Journey team developed three open-ended questions asking about participants’ experience of their sexuality. These questions are: “Do you feel comfortable initiating sex”, “Are you comfortable with sexual intimacy”, and “After having engaged in sexual relations, how do you feel?” These three questions were designed by the Saskatchewan research team and were generated based on review of the literature and consultation with community partners. The responses to these questions were intended to provide further insight into how the participants experience their sexuality, in the case that they did not directly discuss their sexuality in the qualitative interviews. Responses to open-ended questions were transcribed into a word document for further coding and analysis.

The CAS is a thirty item questionnaire that was created by researchers specializing in IPV by combining items from existing measures that were selected through content analysis to provide information regarding the types, frequency, and severity of abuse (Hegarty et al., 1999; 2005). Participants respond by endorsing a number on a six-point Likert scale (0-5), where higher numbers are indicative of more frequent experiences of abuse. The scale is usually tallied in order to provide a score that represents the severity of the abuse the victim experienced. This measure is a widely used and accepted instrument by researchers in the field. This type of information was useful for developing the properties and dimensions of abuse categories. Including the CAS in the data analysis has assisted in making connections between different experiences of sexuality and diverse experiences of abuse.
2.3 Data Analysis

2.2.7 Demographic Data

Demographic data is reported in the interview schedules. The data were originally entered into access, and were then transferred into SPSS in the form of numeric variables, which allow for statistical procedures. The education variable is in grades until 12, and then is in number of years of a post-secondary or trade program completed, for example, if a participant responded “18,” it would mean that she has her grade 12 education as well as 6 years of post-secondary or trade education. The cultural background variable was originally an open-ended question that was then coded according to a code-book that was created by a sub-committee of the Healing Journey team. The term Caucasian was used when participants indicated that they were Caucasian or white, without indicating a European country of origin. Responses were coded as First Nations if the participant indicated that they were First Nations, Treaty Indian, or identified a specific first nation (i.e., Cree). Although the term “Caucasian” is used in this thesis to refer to three participants, I recognize that it is an outdated and unscientific term (Teo, 2009). Since this project is part of a larger project, identification of participants should remain consistent across sub-studies; for this reason, the term remains in this thesis. Future researchers should avoid using this term, as its origin is racist and unscientific. It is now only a common-sense term used mainly in North America to describe all “white” people (Teo, 2009). In order to analyze the demographic information, I have used a computerized statistical program (SPSS, specifically using the descriptive statistics function) to compute the means and standard deviations of the participants’ responses to age ($n = 31; M = 39.71, SD = 12.36; \text{Min} = 20, \text{Max} = 78$), education ($n = 31; M = 12.16,
This analysis highlights some demographic information for this sample and serves to position the reader to better understand the participants involved in the study. Table 1 describes participants’ demographic information. Participants are identified by pseudonyms and sorted by age.

TABLE 1

<table>
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<th>#</th>
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<th>Age</th>
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<th>Income</th>
<th>Children</th>
<th>Sexual Orientation</th>
<th>Cultural Background</th>
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<td>Education</td>
<td>Income</td>
<td>Children</td>
<td>Sexual Orientation</td>
<td>Cultural Background</td>
</tr>
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</tr>
<tr>
<td>29</td>
<td>Gemma</td>
<td>55</td>
<td>12</td>
<td>50 000</td>
<td>Yes</td>
<td>Heterosexual</td>
<td>European</td>
</tr>
<tr>
<td>30</td>
<td>Patricia</td>
<td>60</td>
<td>7</td>
<td>6000</td>
<td>Yes</td>
<td>Heterosexual</td>
<td>European</td>
</tr>
<tr>
<td>31</td>
<td>Tessa</td>
<td>78</td>
<td>14</td>
<td>23 000</td>
<td>Yes</td>
<td>Bisexual</td>
<td>European</td>
</tr>
</tbody>
</table>

2.2.8 Open-ended Questions

The open-ended sexuality questions were used to develop a better understanding of three aspects of the participants’ sexuality; whether or not they are comfortable with initiating sex, whether or not they are comfortable with sexual intimacy, and how they feel after having engaged in sex. These data were analyzed as a form of elicited texts. Elicited texts are things like surveys or open-ended questionnaires to which the participants respond, and are usually in addition to the main qualitative interviews (Charmaz, 2006). These texts act as an additional source of qualitative data that were incorporated into the grounded theory data analysis, meaning that they were coded for themes and used to develop theory along with the qualitative data.

2.2.9 Composite Abuse Scale

The CAS also served as elicited text that acts as additional data for each of the 31 participants. For the purpose of this study, the CAS was not analyzed statistically (i.e. scored and totalled). Rather, the CAS was transformed into a series of statements based on the way the participant answered each item. For example, the first item of the CAS is “Told me that I wasn’t good enough”, with the possible response options being “never,” “only once,” “several times,” “once a month,” “once a week,” and “daily.” If the participant endorsed “daily” as her response, the statement added to her qualitative data would be “in the past 12 months, my partner told me that I wasn’t good enough on a daily basis.” Rather than having a numeric score to summarize experiences of IPV, the created
statements have allowed for a more detailed exploration of the specific experiences and
details of abuse using qualitative methods. The statements were included as part of each
participants’ qualitative data in the same way as the open-ended sexuality questions
(described above).

2.2.10 Qualitative Analysis of Interview Transcripts

For the current research project, I have used grounded theory methods to analyze
data from the qualitative interviews that have been transcribed. For the remainder of this
paper, “qualitative data” will refer to the entire qualitative data set, which includes the
statements provided from the open-ended sexuality questions, and the statements created
from the CAS. I have analyzed the qualitative data using qualitative methods and the
analytic strategies described by Strauss and Corbin (1998). Because of the large amount
of data in this project (over 1100 pages of transcripts), a computer program was used for
the first level of coding. NVivo version 7 (QSR, 2006), is a computer program that is
intended for qualitative analysis. NVivo was used primarily as a tool to organize and
store data, which is a recommended application when using a computer program for
qualitative research (Creswell, 2007). Through this program, I was able to label open
codes and have them filed and sorted into categories that I could then print out and
analyze by hand at the axial and selective levels, thus saving a substantial amount of time
that could have been spent cutting and pasting (Goertzen, Fahlman, Hampton, & Jeffery,
2003). Further, Goertzen et al. (2003) demonstrate that NVivo does not have to be used in
its entirety, rather that the researcher can pick and choose which tools and features to
utilize when operating NVivo. Although NVivo could have been used for the entire
analysis, once the data was organized and manageable I analyzed the data by hand to
allow for a deeper connection with the data than a computer program may have allowed (Creswell, 2007). Using grounded theory means to begin data analysis without preconceived expectations. This ensures that the analysis, and the theory derived from the analysis are very closely connected to the data. This type of examination has allowed for a deeper understanding of the impact that various forms of IPV have on women’s sexuality, intimacy, and sexual relationships, according to what was meaningful to the participants. I have developed coding categories using my research questions as guides. The constant comparative method and the three levels of coding as described by Strauss and Corbin (1998) were used for analysis. A list of open codes was generated; the generation of these codes was guided by the research questions, a review of the literature, and close reading of the transcripts. Open codes were created in NVivo by highlighting the selected text and placing it into a “free node,” or category. These nodes acted as organizing and retrieval tools. Each coded section was then linked to a category that had its own file. Quotations organized around open codes were then removed from NVivo and copied into word documents, where they were printed off for further analysis to be done by hand.

Although not entirely separate from open coding, the next step in Strauss and Corbin’s (1990) grounded theory is axial coding. Axial coding takes the broken up data and puts it back together in a new way, connecting categories to subcategories, and identifying relationships between categories. Axial coding includes the paradigm model, which is part of connecting subcategories to categories and describing relationships. The analytic model is a prescribed, systematic way of identifying and explaining relationships between/amongst categories by looking at: the causal conditions in which the
phenomenon occurred; the phenomenon; the context in which responses to the phenomenon occurred; the intervening conditions that interfered with or contributed to the responses; the action/interaction strategies used; and the consequences of responses to the phenomenon (Strauss & Corbin, 1990). Theory begins to emerge through this process, and the researcher can then take her ideas and verify them with other instances of the phenomenon. One incident of something is not enough to create theory; therefore, I needed to keep going back to the data to verify that my propositional theory fit the data (Strauss & Corbin, 1990). This level of analysis, axial coding, has allowed for discovery of regularities, themes, and has assisted me in understanding experiences of the participants at a more abstract level. After analyzing all transcripts, I have developed a propositional theory. My field notebook has assisted with this process as I recorded my observations and developing theory in this notebook.

The final level of analysis, selective coding, follows axial coding in Strauss and Corbin’s (1990) method. Participants were identified by pseudonym as quotations were selected to illustrate the themes. This step took place when I began writing my theory in the results section of my thesis. I worked with my supervisor to integrate the data in a more abstract way around one central theme, as by this time, data revealed first a core category and then a propositional theory as well as numerous themes that describe my theory. It was important to note patterns, or conditions in which the consequences did or did not occur in order to create specificity to my data (Strauss & Corbin, 1990), which I kept track of in my field notebook. I began writing my results as a means to organize the data in a more abstract way, during which I began to conceptualize the propositional theory that answered my research questions. The results section of my thesis is organized
by themes and selective coding has facilitated description of my results. During and after
the completion of writing my results section, I continuously went back to the original
data to ensure that my theory was rooted in the raw data.

Lastly, I have generated a matrix that visually depicts my propositional theory
through illustrating several sets of conditions and consequences related to the
phenomenon. I continued to keep track of the entire process of analysing data through the
use of memos (which are created in all three stages of coding, and include the coding
process, and summarization notes), and diagrams (which illustrate relationships).
Recording each step of the analysis has contributed to the finished written product
(Strauss & Corbin, 1990). The propositional theory developed will help to determine
how IPV impacts women’s sexuality.

2.2.11 Field Notebook

While embarking on this research journey, I have utilized a field notebook as an
analytical tool to help me keep track of my thoughts, reactions, and interpretations of the
data (Creswell, 2007). Keeping a field notebook in which I wrote my initial thoughts and
feelings has helped me to become aware of my own reactions and biases. Once my
thoughts were written down, it was easier to identify certain biases. Being aware of biases
has helped to keep them from interfering with the analysis process. Further, the field
notebook helped to keep track of ideas and emerging themes as I analyzed the data so that
I could return to certain ideas and thoughts without interrupting my current level of
analyses.
3.1 Propositional Theory

The description of sexuality amongst the participants was often subtle, and was dependent upon the stage in which the participant was at in her healing. There was substantial variability among descriptions of sexuality, ranging from very negative and impacted by abuse, to ambivalent, to positive. Often, women with negative descriptions of their sexuality were still in abusive relationships, or more recently out of them compared to participants who had positive or ambivalent descriptions. Safety, agency, and having a new partner were all common factors for women with a positive description of their sexuality. It was discovered through this research that emotional abuse aimed at body size and shape, appearance, sexuality, and gender were very harmful to sexuality. Experiencing physical sexual abuse and rape had a negative impact on sexuality in this sample of women.

It is important to note that regaining or establishing a positive and agentic sexuality was dependent upon the stage of healing, and stage of regaining self. The participants in this study were all in a different place of healing, which includes the healing of their sexuality. Some participants’ sexuality was still very strongly affected by the abuse they had experienced. One factor that seemed to contribute to a positive change in sexuality was the presence of a new, non-abusive partner. Passivity was more common in earlier stages of healing, where agentic sexuality became more common in later stages of healing. Further, the participants in this study described some of the other parameters for developing a positive and agentic sexuality, by providing examples of both positive and negative experiences that detracted from or contributed to reclaiming a healthy and
agentic sexuality. Specifically, regardless of attitude and experience of sexuality, women would often discuss past abuse and its impact on sexuality. Women’s identity and sense of self played a role in impacting the description of sexuality regardless if it was positive or negative. Safety and trust in relationships made positive sexual experiences possible; alternatively, a lack of safety most often contributed to negative experiences.

Sexuality and intimacy seemed an integral part of identity. Abusive partners could use sexuality and gender to impair the participants’ self-worth and self-confidence. Emotional abuse that attacked sexuality and physical appearance appeared to be very damaging to the participants’ sexuality and identity. Participants’ identity and sexuality were inextricably linked to one another, where effects on one would impact the other. This reciprocal relationship was true for damage to self and sexuality, as well as the healing of self or sexuality. Therefore, factors that were discussed as impacting healing of self, such as breaking silence, leaving the abusive relationship, and gaining supports, among others, could also impact the healing of sexuality. Likewise, gaining sexual assertiveness, control, and building self-confidence to improve sexuality also had an impact on overall feelings of self. These findings indicate that female sexuality is more than just behaviour; rather, it is an integral part of a woman’s identity and who they are as a person. Identity was severely impacted by abuse, and played a huge role in the experience of sexuality, which is why IPV can be so damaging to women –because it disrupts their entire being. Identity encompasses every aspect of life. Women in this study lost their sense of self during the abusive relationship, and then regained their identity after the abusive relationship had ended. Having a new, non-abusive partner could act as a source of healing for women, in regard to both their sexuality and their identity.
sense of self. Aspects of this propositional theory have been depicted through a Matrix, found in Appendix K.

The participants of this study provided a new definition of sexuality; which included self-esteem and self-worth, body image, comfort with physical intimacy, feelings associated with sex and intimacy, mothering and gender roles. Women also provided insight into an alternative way of viewing sexual violence. Women described verbal-sexual abuse or emotional-sexual abuse that impacted their sexuality and will be described later in the results of this study. Women described a number of factors that contributed to, or detracted from, an agentic sexuality. Specifically, trust, safety, a sense of control, getting needs met, and satisfaction were implied as essential for positive and agentic sexuality. Abuse, a sexually selfish partner, lack of intimacy, coercion, lack of self-confidence, and body-image issues were factors that detracted from experiencing sexuality in a positive and agentic way.

3.2 Themes and Subcategories

Following the methodology that was described above, I was able to discover seven themes. The themes were based on the participants’ telling of their journey of healing from intimate partner violence. As previously mentioned, the generation of themes was guided by the research questions to enhance the likelihood of understanding participants’ experiences of identity or sexuality. The themes are: experiencing intimate partner violence, sexual intimate partner violence, silence/breaking the silence, gender assumptions, forming new relationships after the abuse, deconstruction and rebuilding of self, and sexuality as experienced by female survivors of intimate partner violence. These
themes have a number of subcategories that will be discussed in this section, and are summarized in Appendix J.

3.2.1 Experiencing Intimate Partner Violence

As the purpose of the interview was to discuss the journey from intimate partner violence (IPV; see Appendix H), this was a very salient topic. The exploration and discussion of IPV will help to position the reader to better understand the experience of the participants in this study. IPV contributes to the damage to participants’ sense of self and sexuality, and in the absence of this abuse, a woman can begin to rebuild her identity through self-discovery and newfound agency.

I have divided this large topic into several subthemes, however, some women made general statements about IPV that I would like to share. Many women talked about how abuse could happen to anybody, specifically, women would discuss this when they had never experienced abuse in previous relationships nor witnessed abuse in childhood. One woman, Sarah, was asked if being Aboriginal influenced her experience with abuse, and she replied:

No, I don’t think so. I think that any woman, no matter what their race is can be abused by anybody. It doesn’t matter about race or where, where you’re from or what background you have. It’s just that violence is there, it’s there in the household, and anybody can be abused.

Other women discussed how, in a similar way, anyone could become an abuser. One participant discussed her misconceptions about abusers, as she previously thought you had to be abused to become an abuser, but later learned that abuse is a choice. Michelle discussed her experience with being caught off guard by abuse coming from a partner: “I
was really surprised that it doesn't matter how long or how well I think I know someone, um, it's still the same person just in a different environment that they become domineering and abusive.”

Many women tried to discuss the impact or experience of abuse and found this process difficult. Many of the participants downplayed their experience of abuse, by saying things like, “I know mine isn’t the worst story,” or “somehow when you are living it, you think it is a lot worse than when you are saying it … it almost seems like I am telling a story.” Other women recognized the severity of the abusive situation and what women go through, but recognize that it is difficult for others to truly understand. When attempting to discuss aspects of the abuse, some women used language that depicted how difficult it was to describe. For example, Katherine stated, “what’s really forgotten about the battered woman … is her own anger. There is severe anger, like anger the likes of which no one could imagine.” By saying, “the likes of which no one could imagine,” she is demonstrating how indescribable some experiences are. Another woman, Janet, talked about how not even abusers truly know their partners’ experience or realize the depth to which they damage their partners. She said:

I don’t think that abusers really understand what they do to people, they sure may look mean and look like they're trying to do it, but I don't know if they understand the full breadth of what they do to people, because you can't be human and do that other people. You're very sick if you do it to other people. But, they're vicious and ill.
Tessa, shares a similar idea, where her partner didn’t even recognize the major role he played in the physical injuries he inflicted on his partner. He tried to minimize his responsibility in causing those injuries, as Tessa describes:

He said, ‘I don’t beat you!’ I said, ‘then how did all these bones get broken? I’ve had my ribs broken, my wrist broken, my collar bone broken, my fingers broken, my leg slashed, my dislocated vertebrae here’ that still shows from his violence …I said, ‘ how did all these bones get broken?’ And he said, ‘they break so easy.’

It is important to notice that it was a difficult process for many women to describe their experience in a way that mirrored reality, because that reality is so layered and complicated. One participant, Naomi, eloquently described this inability to fully describe her situation through metaphor:

The best way to describe it is you could sit here and tell me how wonderful Disneyland is. How great the Matterhorn Mountain [is], how dark and how scary, and how fast you go in there, but until you figure that out and until you’ve been there, until you’ve experienced it, you don’t really know.

This metaphor works on two levels; on one level, she describes a situation where you have to experience it to understand what she means, just like IPV. On the other level, if you notice the terminology that she uses to describe the ride (dark, scary, how fast you go in there), you start to get a better picture of what this might be like. In the same way, the participants were often at a loss for explicit language to describe their experiences and consequently elements were lost in translation.

3.2.1.1 Emotional abuse
Emotional abuse has so many different forms and was discussed or alluded to by virtually all of the participants. For the purpose of this study, emotional abuse that the participants discussed was analysed with the specific focus of the research questions in mind. Some women addressed how emotional abuse did not seem so bad, when compared to the physical abuse they had experienced in the past. For example, Olivia said, “…because I had been physically abused before that, the verbal and financial didn’t seem so bad.” Other women discussed not recognizing emotional abuse as a form of abuse, or not knowing how to deal with the emotional abuse; as one participant said, “I didn’t know that was abuse, I didn’t.” Many women recognized the detrimental effects that the emotional abuse had on them, and also recognized that the effects of mental abuse were perhaps longer lasting. Naomi said, “I wished he would hit me. It would be quick and easy, hit me walk away, hit me walk away, but when he’d talk it hurt so bad, every part of me hurt really bad.” Directly comparing the pain of physical abuse she argues that at least physical pain ends, but emotional abuse continues nonstop.

Emotional abuse seemed to be one of the main forms of abuse that influenced the participants’ self-conception; the experience of emotional abuse will be discussed in more detail later in this study. Verbal abuse regarding appearance was a salient theme that was discussed by many different women, and appears to have lasting and damaging effects on self-concept and self-esteem. What became clear in the interviews was that the participants were often scrutinized and appraised by their partners, and were constantly told that they were coming up short. As commented by one participant when speaking of her abusive partner: he spotting an arm hair that he deemed was “too long” and he was
“disgusted by me”. Another participant, Paula, recalls her partner systematically taking away her ability to take pride in her appearance:

I wasn’t allowed to go get my hair done; if I wanted it cut I had to cut it myself. I used to wear makeup, that was gone, thrown in the garbage … I’d go to my closet and see that I had nothing, nothing to wear, sweat pants, t-shirts, whatever, but nothing. And when I met him I was wearing skirts, blouses, and high heeled shoes and all that, and all that I have no idea even to this day where all that went, it just slowly worked its way out of my wardrobe … and we’d go out, we’d go out to these functions and I’d, I’d sit there, being embarrassed about myself that everybody all dressed up and everything and he’d be out there, but it got so that I didn’t even want to go out with him anymore.

Abusive partners also focus on the body size of women as a primary target. Even when Paula was no longer allowed to take care of her appearance, her partner continued to criticize her appearance:

he had it instilled in me that he used to tell me over and over that I was fat, I was ugly, I had too many children, nobody would ever, ever like me or ever look at me … I was stuck with him, no matter what, cause nobody would ever want me anyway.

Another participant was nicknamed “fatso” by her partner. Attacking body image, with comments about gaining weight was a common theme when participants discussed their experiences with emotional abuse.

Like Paula, another participant described how her partner also used her children as a means to degrade and emotionally abuse her. Sandra said, “I was nothing. He used to
say that I was nothing, nobody would take me because I got kids, I was useless.” Some abusive partners would turn being a mother into a negative attribute that could be used against women. Similarly, some abusers used their children as a tool to emotionally abuse their partners. Abusers would attempt to turn participants’ children against them, by telling the children that their mother was “slutty” or abusive. Kim describes how far her partner went in trying to turn her children against her as a means to cause her even more emotional pain; she says, “He started brainwashing them. Telling them stuff like, ‘mom tried to kill, kill you guys when you were small. Mom was in the psych ward; mom is sick.’” Another participant, Melanie, talked about how her partner told her kids that she slept with another man and that is why their parents are no longer together. Many participants experienced this type of abuse where their partner “bad-mouthed” them to their children.

To summarize, emotional abuse is not always recognized as a form of abuse by those who experienced it, and yet can be one of the most damaging experiences women go through. Specifically, emotional abuse can get at the vulnerable places that physical abuse cannot, like body image, self-conception, mothering, and self-esteem. It is clear in this study of thirty-one participants, that emotional abuse can be just as painful as physical violence.

3.2.1.2 Witnessing/experiencing violence in childhood

Approximately half of the participants in this study discussed growing up witnessing or experiencing violence and abuse. They discussed how being exposed to abuse at a young age primed them for later abuse. For example Patricia discussed the abuse she experienced from her partner by saying, “I just accepted it because it was just
the way I grew up, and I figured you know; it was no worse than when I grew up from
the start.” Claire demonstrates how witnessing violence desensitized her to gendered
violence:

I thought it was right, it was right men used to push women around, I thought that
was the way it goes because that’s how I lived my life with my mom and dad. My
dad used to abuse my mom, so … when I went into my relationship … that’s how
I thought it was supposed to be.

Only one woman, Kim, talked about witnessing violence in childhood as a resiliency
factor; she said, “you know, after growing up seeing my mom being beaten senseless,
ever helping herself, I had the out, no man is ever going to touch me.” She went on to
describe how her husband attempted to be physically violent to her on three occasions,
but she fought back each time; he gave up on physical abuse and switched to emotional
abuse. Two participants attempted to take the point of view of someone who had a
different upbringing. The first, Patricia, witnessed abuse in childhood, and discusses what
it may have been like if she hadn’t:

But I was so used to it, you know, I don’t know how it would have been if I
wouldn’t have been used to it, you know then he probably wouldn’t have gotten
away with it, I guess, huh? Because then I would have noticed if I would have
always been treated good and then all of a sudden someone comes and treats you
like that, then you would notice it, wouldn’t you?

Another woman, Katherine, who did not witness abuse in childhood, stated, “I never saw
my parents lay a hand on each other. But I can imagine if I had been a child that had seen
[abuse] in her household I may have accepted more abuse from this guy.” Both of these
women attempt to understand the experience different from their own. Both of these women also suggest that an upbringing free from witnessing or experiencing abuse is more likely to facilitate intolerance of abuse in future adult relationships.

In sum, the participants who first experienced or witnessed abuse in childhood seemed to be more accustomed to the abuse. Whether this impacted the severity of the abuse they experienced, the number of abusive partners, or the length of time they remained in the abusive relationship is still unclear. Other than one incident, the participants viewed experiencing abuse in childhood as negatively impacting their future relationships.

3.2.2.3 First Instance/start of abuse

Many of the participants discussed a specific starting point of the abuse. They remember an age (“the abuse started when I was fourteen years old”), or an event (“he told me to shut up and I said ‘no I don’t have to,’ and he heaved a hard cover book at me. And that was the first time and after that it just became regular routine”) that they associate with the beginning of the violence they experienced. Other women were able to recognize the beginning of abuse when reflecting back on their relationship, but they did not recognize it at the time the abuse was happening. For example, Katie said, “at first, it started out with little things that, once again, I didn’t see as being abusive.” This participant went on to describe how the abuse progressed:

At first it would be stuff like holding me down and just tickling me until I’d be crying because I’d be laugh so hard, but like, I wouldn’t like it but he’d still be doing it. I remember another time we were wrestling and I was trying to get away from him and he bit me so hard that he left his teeth imprint and a bruise around
the whole outside of my arm, and the bruise didn’t go away for three weeks … it was like kids play, but yet, abusive at the same time, right. From there it went into like full out punching, ripping off clothes, choking, blacking out, yeah, like pretty serious stuff.

Many participants like Katie described the start of the abuse in similar ways, where it started out almost indiscernible and got progressively worse: “It started out mainly with arm grabbing, shoving, pushing, there was no actual slapping, hitting, punching, anything like that.” Nicole had a similar experience:

At first it was just a small hit, just a slap, then it was a punch, and then it was a punch and a kick, and then it was a punch, a kick, and a punch … it just escalated from just a slap to throwing me down the stairs to locking me in the bathroom to … smothering me and trying to choke me.

Once more severe violence has been experienced, the women tended to down-play the initial abuse, as we can see when Nicole said, “just a slap,” or when Katie noted that there was no actual hitting. This is somewhat similar to how some women negated emotional abuse, because when compared to physical abuse, in some instances it just did not seem as bad.

Some participants located the start of their abuse with an act of physical violence, others considered emotional abuse to be the starting point, and still others considered abuse that they experienced or witnessed in childhood as the first incident of abuse. Others described multiple ‘first’ times, for different types of abuse, as Naomi described the first time her father hit her, and when later discussing abuse from her partner recalls that “the first time he actually, physically beat me, from head to toe, and didn’t stop.”
This was not the first time her partner was abusive to her, as she had described earlier in the interview that, “I’d get a slap, I’d get a push, I’d get an open fist … but he never closed fisted punched me in the face before.” Yet she still defined it as a ‘first time.’ In this way, she is organizing her abuse in terms of its progression, as many of the participants have also done.

3.1.2.4 Leaving the abuse

Just like many of the women could pinpoint a specific incident where the abuse started, they could also remember what it was that made them leave. A majority of the participants in this study have left their abusive partners, and many women remember an exact date that they left. This reflects the significance of the act of leaving. One woman, Gemma, celebrates an anniversary of the day she left every year stating that, “I’m getting to my 7th anniversary [since she left the abusive relationship]… that’s the day my life began.” Some of the participants said they left because there was finally an opportunity for them to leave, as Laura describes when she recalls her point of departure, “when I got those cheques I started shaking, thinking I gotta go, this is my chance.” Most of the participants hit a breaking point before leaving (e.g. “I just couldn’t take it anymore, then I had to leave”), or described a severe incident of violence as the motivation to leave. An example of this comes from Gemma, who said, “The day I left I had a gun in my face. I was bruised … Hair torn out of my crotch, hair torn out of my head.” Sandra tells her story about how she came to leave her partner after an incident of severe violence:

The last time he beat me was the time I finally got out. He broke both my arms with a baseball bat. I had to run out of the house and hide in the bush. I could hear
him looking for me. It was night. I was so worried about my kids in the house. I waited until I was sure he was sleeping then I walked to the road … I have scars on both arms from surgery and I can’t straighten one arm all the way.

For some women, some instance of abuse served as the motivation to leave, as seen in Gemma’s and Sandra’s story. Kim spoke about how even after a long absence from her partner, he continued to be emotionally abusive towards her, calling her fat and ugly but this, she said, “gave me the power I needed to, you know, be persistent in leaving him.”

Some women described their children as a strong force that propelled them to leave the abusive relationship. Janet discussed how she ended up leaving her partner because she thought it was an “unacceptable environment” to raise her child. She says, “I really didn’t want [my daughter] to come from a broken home, but one parent is better than the situation that we were in.” Another participant, Brooke, describes her motivation for leaving her partner:

I definitely knew that I didn’t want the boys to go through this their whole life or to grow up with no self-confidence, or else to be abusers themselves; that was the other thought. I thought [leaving] wasn’t so important for myself but, but then I also realized that if I’m not feeling confident I can’t be a good parent either, so I, I realized I had to help myself too in order to, for the whole situation to correct itself. And, I, I finally decided in about October that … I would have to get out of the relationship if things were gonna improve, because we just, cause I just couldn’t do it with him around.

Many other participants discussed how their children were part of their escape, or contributed to the strength it took to leave their abusers.
One woman, Katherine, talks about the difficulties of both leaving the relationship, and staying in the abuse, “I think that women in this situation, they’re courageous to stay, and they’re courageous to leave, either way is hard, either way is fraught with perils, difficulties.” Many participants brought up some barriers to leaving, such as loving their partner, worrying about their children, or threats from their partner about leaving; these threats included harm to the participants’ children, or death threats to themselves or their family members. One woman was stalked so badly after leaving that she said she got back with her partner because she felt safer knowing at least where he was. A common theme was the financial strain that women experienced while leaving. Brooke, for example, discussed the role of finances when leaving her relationship,

It definitely made things a lot easier because it certainly gave me the freedom to walk out when I, when I decided that’s what I wanted to do because I knew that financially we would not have any problems eh. We’d, I mean we’d have, I still have to work, but at least it gave us the freedom that we could, we would be okay. … I think it would be very serious to some people, who, who can’t, who can’t support themselves financially. That would be very, very difficult situation, so I considered myself very fortunate…

Brooke considered herself lucky for having the financial resources to leave her relationship, and recognized that not all women have these resources. This idea is reflected in Laura’s story and how she waited to get her cheques before leaving. Even after having left the relationship, financial abuse was often still a problem for many of the participants of the study. Denial of spousal support or child support was the most common form of economic abuse.
Some participants discussed failed attempts at leaving, like the participant who was stalked and returned to her partner once before finally leaving him for good. Some participants tried to leave, but were physically prevented from leaving by their partners, and others left, but went back for various reasons. One participant mused over something she had heard about abusive relationships saying:

And it’s, I don’t know one time I heard something like, the first time you leave an abused relationship you’re an abused wife, but if you keep going back than you’re no longer an abused wife, you’re a volunteer (laughs).

Statements like this are what contribute to society’s ‘blame the victim’ attitude, and this participant went on to say how she believes this to be true, but ends the statement with “no woman should go through that.” Stigma and judgement can contribute to the difficulty women experience when trying to leave their partners. As Katherine said, “you know, a person can talk to you about it or what they would do in that situation, but you’re only going to have to figure your own way out, and it’s a damn maze.” Some of the participants mentioned the frustration of others and withdrawal of support that occurred if they went back to their abusive relationships, or stayed in an abusive relationship.

Further, many women talked about the lasting consequences of the IPV, as Claire said, “it’s never over, it’s never over.” In the same way, many women talked about how even though the relationship had ended, the abuse had not, or conversely how even after the abuse had stopped, the fear and hypervigilence had not. Three women talked about how, after leaving their partner, they now sleep with a weapon by their bed, and several others discussed how they became hypervigilent to danger and felt in a constant state of
fear. Participants discussed how long the healing process is, and many of them are still in that healing process, and may be for some time.

The overall consensus from the participants was that leaving was better. Once they left their abusive relationship for good, and moved on from it, they felt better off. Gemma considered leaving her partner as a new beginning and still celebrates the anniversary of the day she left, as mentioned above. Katherine concurs saying, “it’s always better to leave, it’s always better to leave, it’s way better to leave.” Although they discussed how difficult it was to leave their relationships, and how long the healing process is, the consensus seems to be that participants were better off having left their abusive relationships, once it was possible for them to leave successfully.

To summarize, leaving abusive relationships isn’t always as simple as making that conscious choice to do so, as a majority of these abused women were emotionally abused and strictly controlled by their partners, or feared for their lives or the lives of their children if they were to were caught trying to leaving. Sometimes it was a matter of logistics that were keeping the women in their relationships, such as finances. By representing the process of leaving as straightforward and simple, and failing to recognize the multitude of barriers that women face when attempting to leave these situations, people can adopt a victim blaming attitude further undercutting a woman in an already precarious situation. After having left, some women still experience abuse from their ex-partners, and continue to feel at risk and vulnerable. The healing process is variable from person to person, and may take a lifetime to complete. As we will see later on, leaving the abusive relationship can be an important step towards (re)gaining agency.

3.2.1.5 Fighting back
Many of the participants talked about fighting back or standing up to their partners at some point during the relationship. Some women discussed the negative repercussions of fighting back, as Anne says, “I’m just so upset sometimes I yell back, you know, and like when you yell back, afterwards he really hits you.” Another woman, Rachel, acknowledges the fear that prevented her from fighting back when she says, “I’d never really fought back ‘cause, like, I was just so scared of him.” Most women who talked about fighting back discussed physically fighting their partner, like Kim, who, as indicated earlier, fought back against her partner until he stopped being physically violent towards her. Katherine also discussed the first time she fought back against her partner:

This was the first time I’d ever lost my temper so bad that I actually hit someone. But I was so incensed that he could touch me when I’m pregnant that I hauled off and whacked him one across the face. And he’s like, ‘oh, you shouldn’t have done that. You stupid fucking bitch, you shouldn’t have done that.’ And it was on. It went on for like forty-five minutes. I went, I did everything to defend myself [that] I could. I grabbed his balls, I grabbed his hair, he was pulling my hair, he was hitting me, he was banging my head against the floor, I was on top of him, he was on top of me, and then by the end of it … it was like a draw, it was definitely a draw. Nobody won; if you can win a fight like that.

When participants did fight back against their partner, many of them discussed what it felt like to have fought back. Some participants felt bad about hurting their partner. For example, Katherine cried after her fight with her partner, and when her partner asked her why she was crying, she told him, “I just feel terrible, you know, I’ve never raised a hand to anybody in my life. And now I’m hitting you and stuff, you think that feels good?”
Another participant, Kelly described her feelings about hitting her partner, “I guess he had a black eye and that was the shittiest I’d ever felt in my entire life.” Several other participants described a more positive resolve after fighting back against their partners, for example, Naomi recognized that:

> The first time I hit him back, the look on his face was priceless. And I know it’s not the right thing to do, I really do know that, but it was a choice that I made … I wanted him to know that I was standing my ground.

Several other women talked about how the abuse slowed down after they started fighting back, because their abusive partners didn’t want to be struck back. Nicole described this phenomenon in her relationship, “when I started fighting back, he became more hesitant to hit me … he knew that I wasn’t going to just take it anymore. If you’re going to hit me, I’m going to hit you back.”

Although not a common theme amongst many women, Tessa fantasized about fighting back, and one day was able to feel what it was like without ever having to engage in physical violence with her partner. She recalls:

> And I got thinking, ‘If I was 7 feet tall with a whole bunch of muscles, and I could just pick him up by the front of his shirt and hold him against the wall and say, “how do you feel?” Shake him a little. Let him know I’m serious. And there came a day when I had support from the police and those counsellors and my ministers that I said to him, “You know, for the first time in my life, I am 7 feet tall. Take your hands off me.” And that’s where you don’t have to be mean to have a bit of power.
Not all participants were lucky enough to have this type of support, and did engage in physical violence as a means either to protect themselves, or because they reached their breaking point. It is important to recognize Tessa’s experience, as it seems to be more positive compared to the other women for whom these supports were not available at the time when they felt the need to fight back. Tessa helps us recognize the value of community services and supports, which will be discussed in more detail further on.

To summarize, many participants discussed fighting back against the abuse they were experiencing, and several of them acted on it. While some felt remorse about causing physical harm to their partners, others felt that fighting back was their only option at the time. Some found that the abuse slowed down after they stood up for themselves, at least for a small window of time. Lastly, it seems possible that there may be other ways to fight back against abusive partners without having to physically engage them.

Overall, the *experiencing intimate partner violence* theme covers a diverse amount of the participants’ experiences, not all of which related to the research questions. Many experiences with IPV were excluded from the results because they did not relate to the research question. Without limiting the analysis of IPV to some degree, this thesis may have lost its focus. Incidents of IPV described by participants in this sample could potentially be the basis of a separate thesis, as the data is so rich. This is not to say that physical IPV was not an important category in the current project, but that some detail is lost due to the vastness of the category. Experiences of abuse were analysed more broadly compared to other categories to provide a general framework of the experiences of the participants so that the reader can better understand the context of the following
categories and themes. IPV was the most frequently mentioned theme in the interviews, creating the most data-rich theme presented in this thesis. Despite its size and richness, the themes that follow are of equal importance and often provide more insight into the experiences of sexuality of the participants.

3.2.2 Sexual Intimate Partner Violence

Due to the nature of the research questions and the focus on sexuality, sexual IPV was coded separately from other forms of IPV and forms its own theme. Through this theme, participants led us to discover that sexual intimate partner violence was not always physical. Descriptions of emotional and verbal sexual IPV are discussed. Twenty-seven of the participants discussed sexual IPV. Considering that this is not a group of women intentionally collected based on experiencing sexual violence, this is a rather high number. This may provide insight into the rate at which physically abused women may also be experiencing sexual violence. The sexual IPV experienced by participants ranged from verbal/emotional, to sexual harassment, to rape.

The participants’ abusive partners accused many women of committing infidelities. Often these accusations were verbal, such as Kim recalls, “If I was even late a minute getting home he’d start accusing me of, you know, fucking the teachers (laughs).” Many women had a similar experience where their partners would throw accusations at them. One participant, Katie, shares how her partner went even further than accusations; “[I] woke up – he was smelling [my] crotch.” Her partner was looking for evidence that she had cheated on him, and his actions really “freaked” her out. Accusations such as this most commonly came from abusive partners who were cheating on the participants.
Another form of emotional sexual abuse was name-calling. Many participants in the study were called names that were sexually degrading, such as “slut,” and “whore.” Samantha shares some choice words her partner used, “[he was] calling me every name possible. I was a tramp, slut, whore, bitch, skank, wench…” Some women had their sexuality attacked in similar ways, as Rachel’s partner told her, “you’re all stretched,” while he was accusing her of cheating on him. This reference to a stretched or a “loose” woman is meant to imply that they had multiple sex partners, and how any such woman is less desirable. Several other participants experienced similar insults, such as Melanie when she says, “that’s when he said, ‘if you didn’t have such a big fucking box, no cock is big enough for that fucking huge box’…” These types of comments are intended to make women feel ashamed of their bodies and their sexuality.

Another emotional sexual IPV tactic that abusive partners engaged in was using past sexual assault against their partners. This was less frequent in this sample, but still occurred for some participants. One participant in particular, Melanie, told her partner about being molested by her sister as a child. She speaks about how he used her past abuse against her:

I told [him], ‘I’m sorry, like I struggle, because [my sister] used to do these things to us and make us do this to her and stuff, and it kind of grosses me out, right away as soon as anything sexual comes up, you know, I’m in that same place.’ So then [my partner] started calling me a lesbian because I wouldn’t have sex. And then he’d say, ‘oh, did you want me to call [your sister]? Do you want [your sister] to come over so you can fuck [her]?’
Another participant, Kim, had disclosed her past sexual assaults with her abusive partner, which he later used as an abusive tool against her, while raping her. She describes:

So one night I just denied him, I said ‘no, I’m tired, I don’t feel like it,’ and he just grabbed me. And, and you know just, oh I fought him back but he was much too strong for me and eventually he wore me out and he raped me. And then he was staying stuff like, you know like, ‘oh you’re, you’re enjoying this aren’t you?’ You know because I had told him about my rape, and I had told him about my husband doing the same thing to me. And then he was doing that to me. And then he was saying stuff like, ‘you enjoy it, don’t you? You enjoy being raped.’

Other women were told by their abusive partners that they “deserved” to be raped, or they “liked” to be raped. This can be very damaging to women, and contribute to feelings of low self-esteem and low self-worth, sexual confusion, suppression of desire, or self-hate.

Later, Kim describes her healing from her experiences with this form of abuse.

She says:

I no longer carry the shame; I guess I’ve kind of put it on him where it belongs. He’s the one that’s supposed to be ashamed, not me. I didn’t do anything wrong. And I guess deep down I know that, no matter what my past partners have said to me about deserving to be raped and all that, nobody deserves to be raped. And I guess I’ve healed from that.

Not all participants were able to heal, as Kim has. For many participants, the sexual abuse they experienced stays with them for a very long time, and continues to be very damaging. One participant, Jennifer, described how difficult it is to talk about her sexual abuse from residential schools, and how it affected her; she said, “I really don’t care
about myself anymore, after that sexual abuse happened.” Jillian describes a similar lasting consequence from the sexual abuse she experienced when she said, “just talking about it I still feel ashamed and guilty and grossed out and dirty.” When asked about her comfort with sexual intimacy Jillian said:

Yes, usually, but sometimes a certain touch will remind me of my abusive ex-partner and make me feel dirty and disgusted … Current [partner] has never made me feel bad or pressured. Sometimes I need the lights on so I’m looking at him and thinking of him.

Clearly Jillian is experiencing residual effects from the abuse she experienced. She described having flashbacks of the abuse, but that having lights on was helpful so that she could think about her current, non-abusive partner. Several participants had lasting consequences from the sexual abuse in one form or another.

Experiencing sexual violence can have multiple consequences. As seen above, Jillian experienced sexual violence, and then had some difficulty with intimacy where she would experience flashbacks or feel dirty. Again, Melanie described having experienced sexual abuse, and later having difficulty expressing herself sexually, or engaging in sexual intimacy. Alternatively, a few participants’ sexual abuse had different implications. Katie described being forced to give oral sex when she was 12 or 13, and then raped by an adult when she was 13 years old. She describes her reaction to the abuse she experienced:

After that last incident I didn’t have sex again until I was about sixteen. But then once I did, it was just kind of like, I kind of ran with it, like off the deep end. Like I became very, very promiscuous, and I know that happens a lot. Like I was just
watching a program on that the other day, on how that’s really common for women who have experienced sexual abuse to become promiscuous. … you feel that you have a sense of power and control and you’re the one that, you know, is in control of the situation.

Katie went on to work in the sex trade and described sex as an “addiction.” Another participant, Katherine described a similar experience with early sexual abuse and promiscuity. After she found out her father had sexually abused her she said:

He was expecting me to pop up with sexual behaviours; he must have read somewhere in a book that sometimes girls become promiscuous because of [sexual abuse] … and I would say that there might be some truth to that, I do think that I was sexualized early and I think that that lead into this behaviour when I was young.”

After the sexual abuse she experienced from her father, she became sexually active with several partners at quite a young age. She recognized the role that early sexualisation may have played in her sexual behaviour as a young teen. It is difficult to predict what response women will have when experiencing sexual IPV, but it is important not to blame the victim no matter what response she has, and recognize that she is reacting to a very traumatizing and abnormal situation.

Well over half of the participants in the sample were raped by an abusive partner. One woman, Claudia, said, “even if you’re married, and you’re supposed to sleep with your husband, but you don’t want to, I still see it as rape.” When she says, “supposed to sleep with your husband,” she is really pointing out what is expected of women who are cohabitating with men, and that they have a role to fill that involves being sexually
available to their partners. Another way that abusers raped their partners was through coercion, wherein the participants would “just want to give in just to get it over with.” This idea of ‘sex on demand’ is also found in Kim’s story, when she describes an example of her partner’s expectations of sex from her right after she lost her child and had an emergency surgery; she said, “I was still in pain and I was grieving for the death of my baby and he still wanted sex from me.”

There is an appropriative attitude about women’s bodies and a dismissal of sexual assault that threads through the participants’ narratives. Participants were keen to point out that the severity of sexual assault is not the only determinate of psychological trauma; rather it is the survivors’ experiences of that abuse that define the extent of its damage. This notion is often dismissed. “Less severe” forms of assault are minimized often by others, despite how the survivor felt about the abuse they experienced. Katherine provided an example of this; she shared her experience of being sexually molested in the military, and the way she was treated afterwards:

[They] didn’t see why it was such a big deal because I wasn’t penetrated, I was just, you know, fiddled with. You know there is that stupid attitude out there; that ‘oh he just touched your breast, that’s not a big deal.’ In a lot of women’s minds they’re just as bad, and its rape is rape is rape, no matter how far it went or whatever, but that, that wasn’t the male attitude at the time.

So while people can be dismissive about molestation because it is “not as bad” as rape, or dismiss spousal rape because it is not as bad as other forms of rape, it is a terribly damaging thing to tell a woman who experienced sexual violence that it was “no big
deal” or “not so bad”. The participants in this study make very apparent just how damaging any experience of sexual violence can be.

To summarize, sexual IPV can come in many forms and cause a multitude of behavioural or psychological reactions. Participants in this study have demonstrated the ways in which participants’ sexuality and bodily sense was a weapon for male abusers who accused them of infidelity and used vile names to shame and degrade them. Further, many participants in this study have experienced physical sexual violence that ranged from being kicked in the groin, to being raped (including: spousal rape; rape in front of the participants’ children; rape by the abusers friends; or rape in childhood, including rape by family members). Although one participant described her experience of healing from sexual violence, many others did not. These participants likely have lasting consequences from the abuse they experienced that affect their sexuality as well as capacity for intimacy. It is important to remember that the only person who can evaluate the severity of sexual violence is the person who experienced that violence, and they should not have to justify their response as the response is a rational outcome of the violence.

3.2.3 Silence/Breaking the Silence

3.2.3.1 Silence

There is a silence that surrounds the issue of domestic violence. The participants involved in this study provided some insight into the many factors that feed into that silence. Silencing can prevent women from seeking or receiving help from others. Some discussed “breaking the silence”, and what that means. The silence initially comes from society, as there is a shame surrounding IPV, and an unwillingness to acknowledge the
striking prevalence of IPV. Stemming from the shame that accompanies IPV, there is a form of silence that comes from the participants, as they adhere to social views and place the blame on themselves, the victims of abuse. This shame and internal placement of blame can disrupt healthy identity, and contribute to the wearing down of positive self-conceptions. Many participants discussed the shame they felt about what they had experienced, and how they didn’t want anyone to know, as Ellie said, “I didn’t want anybody to know that he had been abusing me, that he cheated on me with everybody.” Another participant, Anne, said, “I didn’t even want to tell other people that I’m in this situation because I am ashamed because I thought … that he treats me that way because it’s my own fault.” Both of these participants expressed why they wanted to hide their situation from others, and how they seemed to place the blame on themselves. This is seen in Olivia as well, as she describes how difficult it was to disclose to her new partner about her past abuse. She says, “I used to hide it from [him] because I didn’t want him to think less of me, or whatever, that I was abused when I was younger.” Again, there is a theme of internalizing the blame for the abuse the participants experienced.

Some women did not tell people about the abuse they experienced because they were taught that it is not appropriate to discuss private affairs with others. Gemma discusses how she received these messages very early on when she recals, “I was taught as a child you’re quiet, you do what your husband tells you … You don’t talk about stuff outside the home. You just put up with that.” She goes on to describe the journey she has taken to move past the silence and speak out to others, as discussed later in this section. In a similar way, Lilly said, “this is another one of those dirty little dark secrets that, you know, you just don’t air; you just don’t share this kind of stuff.” These participants were
discouraged from involving others in their situations because it would be “socially inappropriate.”

Some participants were afraid of receiving negative reactions if they spoke out about the abuse. Janet described how she had let a few people know about her abusive partner: “My friends, my best friend knew and she was just disgusted and so then she was gone.” This reaction from her friend led to more silence for this participant, where she kept her abuse a secret from others until she went to a shelter. Michelle describes why she was hesitant to discuss her abuse with people, and why she covered up what happened to her, afraid that:

People would think, ‘well why didn’t you just take the vehicle and leave? Why didn’t you go to the hospital?’ And even, um, later, when I was finally talking to a counsellor about it that was her exact reaction. … but it’s scary that that’s the reaction I got from a lot of people, well not a lot of people, but about a third of the people I told.

Here we can see that even Michelle’s counsellor could not just empathise with her and hear what she had to say without placing some blame on Michelle. This type of reaction was common, as Michelle points out, and it was difficult for many people to understand Michelle’s situation. This type of reaction contributes to the internalization of blame for being or staying in an abusive relationship, rather than blaming the perpetrator for their abusive actions.

Some participants found it difficult to talk about their abuse because of their abusive partner. Nicole said, “well, at the time, you really don’t feel like you have a choice, because if you go to the doctor, if you talk to anybody, you feel like you’re going
to get beat up more.” Many other women discussed similar fears about disclosing their abuse and the potential consequences it may have. In a different way, Nicole discussed another factor that prevented her from telling others about her abuse; she said, “when I was in my relationship I never had – I couldn’t have friends, so I couldn’t actually talk about stuff like that.” Similarly, Anne could never tell anybody about her abuse because her husband was always monitoring her emails, or was right there with her. Anne talked about how she would have liked to disclose to someone, but was unable to do so:

You know I would like to tell them my troubles and cry to them. Even if they can’t help me, I would like to cry. I think it would be really good for me. But I can’t. How can you? He would be there with me.

Anne’s avenues of communication were all being controlled by her partner, and she had no outlet.

As demonstrated, there were many factors interfering with the participants’ ability to disclose their abuse to others, such as; humiliation and shame, fear of negative response from others, fear of partner, or isolation from others. Aside from this interference that prevented the participants to share their stories, there are other factors that contribute to the silencing of IPV. Participants discussed how those who witnessed the violence refused to be involved on any level. Kelly described a situation where others were actively watching the abuse she was experiencing, and yet no one acted in order to defend her:

His mom and his brothers and sisters were watching him beat me up, and I was yelling, I wasn’t yelling for them to help me, I was yelling because I was getting punched out, it hurt, you know? And these people were watching me, I could see
them looking out the window and this woman’s son was beating me up and she
didn’t stop it.

Naomi discussed a similar experience where she was hoping for some involvement from
others; she said, “I’d leave the curtains open; if somebody else saw, they’d make the
phone call, not me. And nobody ever did. Nobody ever did.” Many participants discussed
how people so easily turned their backs to the abuse. One participant, Tessa, said, “And
you see, most of the public – first of all, they don’t want to believe it, then they don’t
want to get involved.” She went on to describe what it was like trying to get support from
people who had witnessed her partner abusing her:

When I was looking for people that had seen him abuse me. Actually saw him.

When I asked those people to be witnesses, they said, ‘we don’t want to get
involved.’ And these are good friends of mine. I thought they were.

This lack of willingness to get involved feeds in to the silencing around IPV. This,
perhaps, is why women are reluctant to ask for help, because they know that it is difficult
to find. Tessa describes a situation where she was asking “friends” of hers to write a
statement to act as witnesses for her to charge her partner. Even amongst friends, it was
difficult to get support. Kelly encourages other women to keep trying to be heard and
supported. She says, “tell someone that you need help. You tell your mom, if your mom
doesn’t’ care, tell your aunties, your friends, there is always somebody that would help
you.” Here Kelly acknowledges that there are going to be setbacks, and not everyone will
be willing to help, but still encourages women to speak out until they find someone who
will help them. The following subtheme explores how participants managed to speak out
and break the silence.
3.2.3.2 Breaking the silence

Participants often confided in others about the abuse they experienced at some point in their journey, whether it was during the abuse, or after they had left the relationship. Many of the participants speak to the importance of sharing these stories so that they didn’t have to be alone, so that they could unburden themselves, or so that they could help others. “It felt good…” Kim said, as she discussed what it felt like to finally tell her story to someone, “…I’ve held this in for so many years, and it feels like ten pounds is just bang, gone.” Many women found that talking about the abuse contributed to their healing. Kendra says, “I guess it’s part of the healing too, because we’re telling each other what happened … You know it’s more comforting to talk about it instead of keeping it inside. Like just let it go, like tell other people.” Another woman, Kim, said, “by talking it out, it made me kind of stronger, and it was, I was able to go on with my life.” One participant described what it was that made it easier to disclose her situation to those close to her. Talking about the reaction from her friends and family when she talked about her abuse, Brooke said,

They were all very receptive too, eh? They never made negative comments or something that, that I would have felt that, ‘no I can’t talk to them,’ so, so then yeah. See I felt free to, to, to seek their help and be open about what was happening.”

Unlike women who felt they could not share their stories, Brooke received a judgement-free and receptive welcome from her loved ones. Brooke stated that this made it easier to turn to them for support. Brooke’s friends and relatives set a positive example about how
to react in the case that someone comes to talk about the abuse they have experienced, and how to be helpful and open those lines of communication.

Women who share their experience of violence are important to opening up the conversation of IPV. Many participants in this study have shared their experiences with IPV with others in the hopes that it would make a difference in at least one life. Many other participants found solace in hearing such stories, like Melissa, who said, “you get strength from it, from meeting other people and learning; like, how did you do this?” Paula spoke about her experience of feeling isolated and alone in her experiences of abuse because of the silence and then acknowledges the significance of sharing these stories, and what it meant for her and what it could mean for others:

I’m serious the more we talk the more we, we let it out because we, we held it inside ourselves for so long and it’s just brewing, brewing, brewing, but each time we talk about it, [it] releases, releases, releases. … like I said I thought I was all alone, I couldn’t believe that, I didn’t, I think I thought nobody knew, I thought, ‘how could this be happening to me and not anybody else.’ I didn’t know that it was happening, happening out there, to other people. And, only because nobody ever talked to me about it, but I feel like I, I if I open that door for somebody, just to open that door just a little bit to get them to realize what they’re in, or and to open it and their eyes open while their still young. You know and it’s just, before things get bad for some of them. If I could even just do one you know, I, its, that’s a big accomplishment for me and that’s part of my healing. Paula remembered how isolating it was because no one talked about IPV, and how she felt that she must be the only one experiencing it. She wants to prevent similar feelings in
others who are going through what she already went though. In a similar way, Gemma talked about her experiences of speaking about her abuse to a group several times, saying that:

Yeah [its] very empowering if you get people coming up after, crying. You know darn well they’re dealing with what you’re dealing. And I did get very graphic the one time and there was probably about 300 people in that room and a big long line up; people just wanted a hug and that’s all. That’s all you can do for some people.

It is clear in the words of these participants that it is important for others to hear about IPV, and the impact such narratives can have on a woman experiencing abuse to hear someone’s story that may be similar to their own. Gemma described her motivation to share her story with others; she said, “if I keep it to myself, I feel nobody gets better. If I can share and one person gets helped, or the next generation gets helped.” Gemma recognized the importance of telling and hearing stories of violence, especially for other women experiencing something similar. She also recognized that if she does not tell her story it does not do any good to anyone. This is why breaking the silence surrounding IPV is such an important endeavour.

It seems that speaking out about abuse was a strategy used by participants to deal with the abuse. Specifically with their children, while some mothers would either hide the abuse from their children, others tried to be very open about it. One mother, Donna, was open with her children about the abuse she had experienced. She talked about how her son had learned from her how to break the silence around IPV. Donna recalls how her son does not condone IPV, but discusses it openly amongst his friends:
He’ll say to his friends, like, ‘you guys might not realize this, but,’ you know some of his friends might know around their women or whatever, and he’ll say, ‘you know what, I’ll never do that to her. That’s the one thing I’ll never ever lay a hand on her, but the thing is you guys don’t even understand what she’s been through. She’s been through a lot. She’s told me some things, like, you know, maybe she’s not telling me everything, but I don’t blame her ‘cause I think it kinda sorta affects her in a way that she just can’t talk about it.

Donna can see how her willingness to be open about IPV has affected her son in a positive way. Another participant, Lilly, tells us how her children have learned from her when she says, “My children have learned from my mistakes and I have been very open about my mistakes. And they have probably learned more from my bad example than from anything else. And I’m grateful that they’re willing to learn.” Lilly wants to serve as an example so her children do not have to learn the hard way. Amy discussed how it was important for her to teach her children about abuse:

I don’t want my daughter growing up thinking that it’s alright for her to get beat up for no particular reason or whatever. I just really, I don’t want my son thinking that he can beat on his woman because she didn’t cook pancakes the right way.

In this way, these participants understand the importance about teaching their children about IPV and how teaching may help to break the cycle of violence. Many participants discussed how breaking the silence often had a positive impact, while many are advocates for more IPV awareness for the public. Naomi talks about her mission to help other young girls, and how she thinks that school curriculum should include a class called “When Love Hurts”: 
They need to put that into the schools. They need to know, girls need to know that sex isn’t love. Girls need to know that love never, never, never should hurt. Girls need to know, and understand, that you get to say ‘no,’ and it’s okay.

To summarize, the silence that surrounds IPV ensures its continuance, and can prevent women from leaving abusive relationships and further to their feeling very isolated. When participants were able to speak out, most found this to be a positive experience, specifically if they had a positive interaction. The majority of participants recognized the importance of breaking the silence, and how impactful speaking out to others can be; both to protect and inform victims of abuse and future generations, as well as for their own personal healing.

3.2.4 Gender Assumptions

As discussed previously, there are gender assumptions and expectations that permeate the androcentric society in which we live. The participants in this study spoke about gender stereotypes during their interviews. Gender shaped the participants’, including their sexuality, and their views of themselves in their roles as a wife, and a mother. Gender assumptions, directly and indirectly, shape identity and sexuality. For example, a traditional white Christian heterosexual gender ideology proposes the idea that the female/feminine is sexually passive, supporting the view, then, that women have a non-agentic sexuality, and this has been shown, and indeed is a factor in this study, to be harmful to women.

3.2.4.1 Assumptions about Men

Many women who had experienced IPV began to associate men with abuse. Janet says, “oh yeah, I had condemned the whole male race, and I still don’t like them very
much, frankly. Ninety percent of them I don’t have any use for, I have to tell you that, honest to God. The number of men that are any use for it’s so small.” She goes on to say: From what I hear about [abusers] and there’s something about our society, that’s teaching men that this is acceptable, that helps to create them like that, because there's more [male abusers] than women, I don't know what we’re doing wrong, but we’re doing it from -- or maybe we’re not doing it as bad as we used to, maybe we aren’t socializing in the same way. To get men to the point where they think that is acceptable. I have a hard time to see them as human anymore. I don't really want to know a lot about them. I just want it to be a chapter in the past.

Claire says, “I thought that they make all men the same, like if I ever find a man he’ll be abusive, like he’ll, he’ll boss me around. No, not all men are the same.” Similarly, Katherine says, “I have a kind of suspicion about men now, and ‘cause men are painful, men are hurtful, men are abusive.” These women are sharing how their view of men has changed after the abuse they have experienced.

3.2.4.2 Traditional gender roles

Many women discussed more traditional roles for women and traditional views of marriage. Anne describes how she stayed in her marriage for 23 years because of her traditional views about marriage being forever:

I have this attitude that your husband is supposed to be the head of the family and you shouldn’t be mean to your husband because you should submit to your husband, you should completely submit to your husband because that’s what the Bible says, too.
Anne goes on to describe more about the traditional views that she was taught about marriage, she says, “he’s a man, it’s alright for a man to fool around and come back home, but not right for a wife to fool around: double standards.” It took Anne a long time to leave her abuser, and now her views have changed. “Why didn’t I get out of there earlier,” Anne said, “I should have, that’s the feeling I have now.” In the same way as Anne, Lilly said, “I bought in to the whole thing of, uh, the husband being the head of the [household] and the wife submitting to her husband in everything. So it was like, he basically called the shots.” Several other participants spoke about their partners wanting a submissive housewife for a partner. It was not uncommon for traditional views to be mentioned by participants as a factor in the abusive relationship.

3.2.4.3 Assumptions about women

Aside from gender assumptions about men, and traditional views, the participants also shared some assumptions made about women. Some participants discussed how their worth as a woman was somehow lessened, such as Kelly who said, “I’m ashamed of [my husband’s infidelities], because to me I wasn’t, a woman’s supposed to keep her man satisfied, and I wasn’t doing that.” Janet, another participant, describes how she wasn’t able to fulfill her “duty” as a woman, or more importantly, a wife, because her husband slept with other women during all of her pregnancies. Another woman, Katie, said that her “value as a woman is being depreciated” because she was always in relationships where she was the ‘other’ woman. Both of these participants demonstrate how their identity as a female was harmed through their relationships when they are not the only woman that their partner was intimate with. Lilly inadvertently shared how she thinks women are easily manipulated, when she says, “we had a female counsellor, which I
thought was a huge mistake, cause I thought my husband needed a man to listen to, not another woman that he could manipulate.” Melanie also described how she saw a weakness in women, when she says, “I just wish we weren’t the weaker sex because we are. I wish there wasn’t a weaker sex period.” Both of these women have experienced life where men have power over women, and have bought into the idea that women are weaker than men.

Alternatively, some participants talked about the great strength that women have, such as Melissa, who said, “it’s amazing the power a woman has. Like, God made women to have kids, there’s no way on earth a man could go through that pain.” Further, regarding abuse, Katherine says, “gone are the days where a woman has to put up with that for fifty years and almost be half dead, like, you’ve got the power in your hands, like take it.” Katherine demonstrates a more agentic and forward thinking attitude about the female gender.

Within gender roles, the participants tended to discuss parenting as a primarily female role. Many women raised their children alone, or had very little support from their partners. While most participants identified very much with being a mother, and “lived” for their children, this was not the case for all participants. Some participants did not thrive in their role as a mother, or did not want to be mothers. One participant, Lilly, shared her experience as a mother:

I think I always felt like I couldn’t do it. I never wanted kids in high school, and I didn’t, I never had that, you know 2.5 kids and the dog and the house and the, I never had that, that fantasy. That was not… I wanted to be a career woman. I wanted to have a career and do something with that, and my life turned out
completely different. Uh, why did I feel I wasn’t equipped? Just because I didn’t have any role mom.

She went on to share what she said in a prayer to God, “I do not possess even the natural motherly love. So please come and love [my children], or love them through me. I know you care deeply about them, so please train me to take care of them.” Lilly makes apparent how not all women want to be mothers, and how motherhood does not necessarily come as part of a woman’s identity. Other participants demonstrated how assumptions about womanhood and identity are imposed onto women. Tessa said that her partner screamed at her: “Any married woman that doesn’t want a baby is nothing but a whore!” Another participant, Michelle discussed how her identity as a mother, lesbian, and woman were seen as conflicting according to her partner who said, “if I had another child she’d leave me and then she’d accuse me of not being a lesbian.” Here, Michelle’s abusive partner is placing assumptions on Michelle about what it means to be a lesbian woman that do not fit with what Michelle believes it means to be a lesbian woman. This created a great deal of conflict between them, and Michelle’s partner used motherhood as a tool of abuse to attack Michelle’s sexuality. It is important to examine how motherhood is a part of both sexuality and identity. Demonstrated above, we can see how IPV aimed at mothering can be used as an attack against a woman’s identity and sexuality.

Another gendered assumption that was discussed by participants was that motherhood and sexuality could not mix. The participants who were mothers shared their experiences with relationships (or lack thereof) after leaving their abusive partner with their children. Some participants who had left their abusive partners and entered in to new relationships were accused of being sluts, and their sexuality was used against them.
For example, Ellie said that her ex-partner tried to tell their kids that she was a “sleazy slutty mom.” Katherine described how she avoided dating in order to set an example for her son, she said:

I was very devoted as a mother. I felt a responsibility, I didn’t want my son thinking women are sluts, women are, you know, this is how women should be treated, so I didn’t bring men in and out of his life, nothing, I didn’t even date.

It is clear that Katherine thought that it would be improper to have multiple partners if she was a mother, so she completely avoided dating. While this is a choice that mothers can make, not all women should have to choose between motherhood and their sexuality, as long as women can provide a stable and safe environment for their children while dating. In the following section, more will be discussed about mothers entering new relationships.

To summarize, there are underlying gender assumptions and beliefs about men, women, and relationships that may have an impact on abusive relationships. It is important to recognize that some participants recognized that this can change, and women can gain power and agency. Further, female identity and motherhood do not necessarily coincide. There are assumptions about motherhood and sexuality that can be used against women as a form of abuse.

3.2.5 Forming New Relationships after the Abuse

Many participants had entered into new relationships at the time of the interviews. Additionally, many of these new relationships were non-abusive and much healthier. These healthier relationships often contributed to regaining a sense of self, and building or re-building positive and agentic sexualities for participants. Participants shared what it
was like to be in an abusive relationship, leave that relationship (or remain stuck there),
and enter into a new relationship (or choose to remain single). This section will discuss
the experiences of women after leaving their abusive partners and searching out non-
abusive relationships.

Several participants discussed how they took their time prior to entering a new
relationship. Some participants stated that they developed a relationship out of an existing
friendship, or started a new relationship in which they were not sexually active. Amy
demonstrates the latter:

We’ve been together for just about three years now, but the first year was all about
getting to know each other, like not sleeping wise or anything, but friends, as being
close friends and having him be friends with my kids. … he did wanna be my
friend, he didn’t want me to be, he didn’t wanna see me as a sexual figure or sexual
object that he could just manipulate the ways, however he wished or whatever.

Amy describes how her relationship with her current non-abusive partner is “deeper” and
“more intimate” than relationships she had in the past. She specifically notes how her
current partner did not want to view her as an “object” and that by holding off on sex and
developing a friendship, they achieved a stronger intimate relationship than they may
have otherwise. Similar to Amy, Gemma described her new relationship beginning as a
platonic one:

There was no sex involved. It was like; I said to him, “I want to be your friend first.
If it’s going to work, I want to be your friend. I don’t want to go to bed with you. If
that’s, that’s your main goal within x number of dates we’ve got to be in bed, it’s
not going to work for me.” So I set my goals. I set who I was. I changed my own attitude about me.

These participants both set new standards for entering a relationship, and gave themselves a buffer period where they were not intimate with their new prospective partner, but rather worked towards developing a meaningful relationship. Jillian discussed how her friend wanted to set her up on a blind date, but she was hesitant to get involved with anyone. She eventually agreed to go on the date, but only to develop a friendship. Describing what happened with that relationship in her interview, she commented that, “we’d talk every night for like 5 hours a night, so he knew me so well before we even physically got… it’s weird, so like our souls fell in love.”

It seems as though, for some participants, they were more reluctant to enter into a new relationship whole-heartedly until they had plenty of time to test the waters. Perhaps these are protective measures put in place as a reflection on the abuse they experienced, and their perceptions of how their previous relationships formed and developed to be abusive.

While many participants talked about developing new relationships where they did not rush in to anything physical, some women also discussed what they wanted or expected from a new partner, or how they were hesitant to be in a new relationship at all. Brooke said, “I do not foresee entering another relationship, but I’m not bitter about it, it’s just that … I would have to just be a little bit more aware of things yet before I would ever enter another relationship (laughing slightly).” Naomi also did not want to get into another relationship:
This guy came up to me at the bar one night (we were there dancing). And he says, “so what’s your name?” and I’m trying to hear him, and I’m yelling, and I’m ughh, now I don’t wanna do this. And I looked at him and I said, “I’m a single mother with two kids,” I said, “I have about ten suitcases full of baggage that I haven’t even begun to unpack yet.” I said, “ya still interested now?” and I walked away. I’m not ready. I haven’t unpacked. I have things that I need to deal with for me, for my kids, for my future.

Naomi brings up having “baggage” as a reason for not wanting to enter into a new relationship, and uses this baggage almost as a tool to turn her pursuer off. She said that she has not yet dealt with her past, and implies that until she does, she is not ready for a new relationship. Olivia also talked about dealing with her own past before involving anyone else saying that “I need to be on my own good path before I can have somebody else accept me for who I am. They don’t need to deal with my garbage, right? I need to deal with my garbage...” These women present a new understanding in their own lives that they need to worry about themselves and their children first, after which they may consider including someone else. As Katherine iterates:

It would be nice to have a companion, but I also keep in mind … I’m a realist. I have three children. That’s a hard thing for a lot of men to accept and I don’t want to just accept the first one that walks through the door, I want to accept the right one.

Many of the participants experienced a change in perception about what a relationship should be like, what it should be based on, or how they would like to be treated. Not all participants discussed thoughts about entering or being in a new
relationship; however, of the ones that became involved in a non-abusive relationship, there was an overall sense of participants developing a sense of safety. Further, the participants involved in non-abusive relationships described having to adjust to the healthy relationship, which fit within the participants’ new set standards. This adjustment can be seen as a process where the participant compares her previous relationship to her current one and gradually becomes comfortable in her new relationship, or the process in which the participants slowly developed their new relationship, or waited to heal prior to entering a new intimate relationship.

3.2.6 Destruction and Rebuilding of Self

There is some debate in the literature regarding the term “self” as being vague and having multiple meanings and interpretations (Stam, 2006). For the purpose of this study, self will refer to an abstract concept of identity and personhood. This term includes such constructs as self-esteem, self-worth, independence, personal memories, attitudes, beliefs, and feelings towards oneself. It also includes how we relate to the world, and in turn, how the world impacts us. Self can refer to a division from others, and also refer to multiple connections to others, and is therefore a mix of individuation and interconnectedness (Cross & Madson, 1997; Hermans, 2002). In line with the constructivist perspective of this thesis, it is fair to say that we shape who we are (self) based on the experiences we have had, including past experiences, present experiences, and anticipation of future experiences. Societal influences also contribute to our construction of self, which helps explain how men and women place importance on different aspects of self. Women’s sense of self is more likely to be impacted by relationships than men in the USA and Canada (Cross & Madson, 1997). This may help to explain why participants in this
sample experienced such extensive damage to their sense of self through the abusive relationships they experienced. Participants in this study described how the abuse contributed to a loss of self. Women would experience this loss of self during the abusive relationship, and for some women who experienced abuse in childhood, they had further difficulties. When the participants were positioned to leave the abusive relationship, the sense of self increases, and once outside of the relationship a sense of self was regained. This process occurred in a temporal manner with regard to the status of the abusive relationship. Many participants were still in the healing stages of regaining a sense of themselves at the time of interview. It is important to note that abuse impacts self, which is the core aspect of identity. Damage to identity can damage other areas of functioning, such as self-esteem, self-love, and sexuality, as seen in this sample of participants. Surprisingly, this theme acts as the central theme in this data analysis, as it seems to tie all the other themes together. A clear sense of self was shattered through IPV, sexual IPV, silencing, traditional and oppressive gender roles, and passive sexuality. Self was then rebuilt through fighting back, leaving the abusive relationship, breaking the silence, and gaining agency in all aspects of life, including sexuality.

3.2.6.1 Loss of self

Participants described how they lost themselves during their abusive relationships. This loss of self was often accompanied by the abuse and some attack on independence, appearance, self-esteem or confidence, or encouraging self-blame. One participant, Amy, discussed how she was affected by the abuse:

I was feeling really self-conscious about myself and about how I appeared to people, like really, inside of myself I feel all my injuries. I feel them all. … And to
have me feel that all the time, constantly, really, really, really bothered me cause like really I just, it’s never gonna be the same, I’m never gonna be the same.

Amy’s description links physical abuse with her personal appearance and how her scars and injuries changed her sense of self. Another participant, Anne, described how her partner used to lock her in the bedroom, and “he didn’t know that for all those hours that I was by myself, like I was imagining that, okay he told me that I’m so ugly and I’m so, he can’t get erect, he can’t get an erection cause I’m so ugly and all that.” Anne went on to describe how she constantly tried to battle these thoughts with remembering her childhood and what her father had told her growing up, that she was “the best” and that she was loved. Anne had found a way to try to cope with her abuse by remembering her “happy childhood.” Other participants associated part of their self-worth with their looks, as Kim said, “you begin to think, ‘I’m ugly, nobody’s even going to want me.’” Kim, like many women, associated her worth with her looks, and was constantly told by her partner that she was ugly. She went on in her interview to describe that part of the reason that she stayed with her partner was because she thought that no one else would want her. This was an experience shared by several participants. This attack on identity and self-worth can contribute to decisions about leaving the relationship. When the participants were led to believe that they were undesirable, they became convinced that they were also worthless as a person. This negative view of self can have an impact on sexuality, as women may perceive themselves as less attractive and suffer a loss of self-confidence.

Other participants talked specifically about how they had lost themselves due to abuse. Many participants described how you “lose who you are,” or how they “have no sense of [them]selves.” One participant, Paula, said, “I had no name, I had no identity”
when she referred to what life was like for her with her abusive partner. She described being only known as his wife, rather than an individual. Many participants shared this phenomenon of losing their identity or changing it because of the abuse they experienced. Gemma described how she began her relationship as an independent woman who paid her own bills, and had a good job, but how quickly it was stripped away from her. She said, “I gave all my power away,” when she describing how she began to give up on her own life:

I found myself with no boundaries, there’s no structure. It’s kind of like building a building that has walls that just fall all over the place, until you get those boundaries of your own beliefs and pride in yourself, nothing changes. You’re just sort of out there, you’re just everybody. … nothing in my life had any meaning, value, there was nothing to be passionate about.

This powerful passage from Gemma really depicts what it was like for her in her abusive relationship, when she said “you’re just everybody,” it almost seems as though she was without identity. Another participant, Patricia, shared a similar sentiment, she described being unable to answer questions from her counsellor after she had left her relationship: “I had no idea how I felt or what I thought. I had no thought process.” This same participant described how she had to learn through counselling about personal space, saying, “I didn’t have a concept of my own personal space. I never had personal space.” Patricia demonstrates the challenges to her sense of self her abuse brought about, to the point where she didn’t have her own thought process, or even her own personal space. This depiction of a complete loss of self helps us to better understand the keen sense of powerlessness experienced by the participants. It appears as though any sense of agency,
identity, or self-confidence has been completely stripped from some of the participants. A lack of agency and identity is likely to seep into other aspects of functioning, such as sexuality.

Some of the participants discussed the permanence of this loss of self, such as Janet describes:

I heard my voice on it [video] and I don’t even sound like myself anymore, I had a kind of innocence and sweetness, I was a sweet person. I am not that now, I am not. I fundamentally believe that I’m not the same. I will never again be that person and I find that I kind of felt remorse for that.

Here we can see what Janet believes she lost, and later in her interview she expresses sadness that her new partner will never meet the person that she used to be. Another participant, Katherine, discussed the permanent changes brought about by the abuse:

I think that the battery itself changes you, as to who you are, how you feel about yourself, so you’ve got a mountain to climb to get back, but you never have your old self back, you never had the old person you were before that happened. You’re a different person.

Both of these participants, like many of the others, described an unchangeable alteration to their sense of self. Much of the damage that occurred in the abusive relationships is not reversible, and is something that participants are still healing from, and will be for a very long time. It is important to note that the injuries sustained go beyond the physical reaching to the core sense of self of the individual being abused. The suppression of a sense of self effected by abusive partners can be used as a tool to further control and damage their victims. Additionally, this helps to provide a deeper understanding of the
extent of the abuse these women experience, and why so many struggle to get out and stay out of abusive relationships. How do you stand up for yourself when you lose the ability to say who you are and what you believe in? Again, this damage to identity can impact many areas of a woman’s life, including her sexuality.

3.2.6.2 Regaining Self

While this permanent change was commonly discussed, several participants described how they healed from the abuse and began to regain a sense of self. As Paula discussed how she found herself again, she commented that:

Losing it, it was gradual, didn’t notice it was going, and finding it and bringing it back happened the same way. And it was just like all of the sudden it was there; I’m back! You know, this is the [person] I was before, and I’m back.

One participant, Katie, fought back against this and said that what she had experienced “doesn’t have to be who I am, it doesn’t have to define me.” Kim discussed how she gained strength from experiencing IPV saying, “I think I changed for the better; I’ve become a stronger person because of what I went through.” Many other participants discovered strength through their journey.

Some participants discussed certain means through which they were able to regain their sense of self, such as educating themselves, gaining independence, leaving their abuser, or receiving support from others. Amy discussed how getting her nursing degree rebuilt her sense of pride. Similarly, many participants gained a sense of pride through continuing or upgrading their education, as Naomi said, “I started to build up a little bit of self-confidence, a little bit of myself, I started getting it back, going to school, getting some good grades, doing really, really well.” She went on to say, “probably one of the
proudest moments of my life was walking across that stage to get my Grade Twelve.” Sarah described what school meant to her, “just being at school just made me feel so much better ‘cause I was a part of a group and that made me part of something.” Here we can see how education was something that participants could use to regain pride and a sense of themselves, or a sense of belonging.

Several women discussed how after leaving their abusive partners, they gained a new sense of independence. This independence or agency was something that helped them rediscover themselves. Naomi discussed how after leaving her abusive partner, she wanted independence, and moving into a new place commented that “I started to get a life, something I hadn’t had in a long time. I went back to work, full-time … I was a manager, I had an apartment, I had my own truck … I was finally independent.” Anne said, “I’m so happy with my freedom now. I don’t have much money, but I have no lack of freedom (laughs) … I have the feeling that I can manage myself, I have the right to my life now.” After leaving her partner, Claire said, “I’m not afraid, I can be by myself, I can be myself. I can do things that I want to do, I can go out when I want to go out.” Claire goes on to say, “I really like myself the way I am, because I’m me, … I don’t have to ask somebody what I can do, I can go ahead and do it.” These participants demonstrate a common theme that was shared amongst the participants; after leaving an abusive partner, gaining agency in your life can help to gain back your sense of self.

To summarize, some participants received support from others that helped them regain their sense of self. Some participants stated how they “needed people around” or weren’t “ready to be alone.” Some participants found validation through new relationships where they could be themselves, and were loved for who they were. Other
participants relied on themselves to build up their own lost self-esteem, by taking care of themselves, spending time alone, and working towards achieving goals. Losing and regaining a sense of self was an important theme discussed by many participants.

3.2.7  Sexuality as Experienced by Female Survivors of Intimate Partner Violence

As anticipated, sex was discussed by participants during their interviews. The elicited text from the sexuality questions proved to be useful in understanding an overall sense of comfort with sex and intimacy from all participants. Participants discussed how abuse had negatively impacted aspects of their sexuality, and what it took to experience sexuality in a more positive way. Conditions that contributed to an agentic and positive sexuality versus negative sexuality were discussed. Specifically, feelings towards and about one’s self and identity had a strong influence on feelings, attitudes, and experiences regarding sexuality.

3.2.7.1 Impact from abuse

Many of the participants described abuse as having an impact on their comfort with sexual intimacy, and contributing to negative feelings after having engaged in sex. For example, Anne describes her abusive relationship as having affected her sexuality in a negative way. Like many other women who were expected to provide “sex on demand,” Anne said that her partner was the one who decided when they had sex and that she “did not enjoy sex at all” and felt “dirty” and “used” afterwards. Anne has not been with a new partner since leaving her abusive partner, nor is she looking for one, and comments, “I miss sex sometimes, but it’s not something that I will die without (laughs) … although there are times where you want that, you wish that you were with someone who would care for you.” Many women shared Anne’s experience of feeling dirty and used after sex.
Although Anne had some negative feelings after having sex with her abusive partner, she still asserts some positive feelings about sex and intimate relationships. Several other participants had similar experiences, where despite the abuse and negative consequences, sex is a part of life that is either missed, or still sought after. Melanie wants sex to be a part of her life; even as she describes her experience with her partner demanding sex and rejecting her at the same time:

He makes me feel like because I’m chubby and I’m not perfect I don’t need sex. His good-looking women, that’s the people that should have sex; not chubby, not stretch marks. I feel like a hooker with him already, because it’s kind of like service him, it kind of makes me feel like he gags if he has to do anything to me, and it’s like, “if you want to get satisfied do it,” you know, do it, like “that’s great, ok you done? Do you want something to eat?” You know I just feel like, I’m so embarrassed, it’s like I’m begging for sex with him, like, “please touch me,” you know? “Please pay attention to me,” and I said, “I just feel like I have to beg you to want to be with me and it’s humiliating, but you expect me to perform your services all the time, like I feel like I should get a $50 bill at the end of it.

Melanie illustrates how she wants sex, and wants to feel wanted, but is not getting her needs met. In her first marriage, she described not enjoying sex at all, and then learned that it can be an enjoyable experience with her new partner. Her sexual relationship with this new partner has now deteriorated, and her partner is no longer contributing to any positive experience with sexuality that she may have once felt. Other participants also experienced emotional abuse that attacked their physical appearance and fostered a sense of rejection, which negatively affected their sexuality. Lilly discussed what it was like
with her partner, who developed a sexual addiction. She said that she had to beg her partner to be intimate with her because the frequency at which they had sex had gone down to two times in one year, and then dropped off all together. She said that she was “afraid [she] was never going to have sex again” and frequently felt rejected. Lilly said, “when you cannot please your partner, it is extremely frustrating … it was physically exhausting; I can only go four or five times and I am done.” Here, Lilly is feeling like she cannot please her partner because she cannot have sex more than five times, which lead to her feeling inadequate, despite the unrealistic expectations. Later in the relationship, her partner did not want to have sex with her at all. And she was “celibate against [her] will” because she considers herself as still married to her partner under God. She cannot visualize herself entering into another sexual relationship again. Many women, like Lilly, felt that rejection had a negative impact on her experiencing sexuality in a positive way. 3.2.7.2 Agentic and positive sexuality

Although many participants in this study experienced some form of sexual abuse, which tends to have a negative effect on sexuality, this subtheme addresses how some women begin to regain a positive and agentic sexuality. The participants also specified the mechanisms through which this is achieved.

A few of the participants in this study began to define and differentiate different kinds of sex. Participants distinguished between sex that provides connection, love, or intimacy from sex that leaves you feeling used and unsatisfied. For example, Naomi described the latter by stating that “our sex life changed, to being on demand, to not involving me.” This differentiation of different kinds of sex discussed by the participants
represents an attitude change about what sex could be about. Naomi went on to say that she now understands that:

Sex can be on [my] terms and can be enjoyed. It doesn’t have to be forced … it should be enjoyed by both parties involved. … Sex is not dirty or bad. It is okay for a woman to want sex and [I] have learned that it is natural for a woman to have a sex drive.

Naomi also stated that she is comfortable with her new partner, and comfortable with herself to “enjoy sex completely” and gain satisfaction from sexual intimacy. She still has some ambiguity surrounding her sexuality, such as feeling guilty afterwards, or wondering if she has sex for the right reasons. Even though she has a more positive and agentic sexuality now, she still experiences some mixed feelings.

Participants who were reclaiming their sexuality would often begin to assert their wants and needs. One participant, Kim, had entered into a new non-abusive relationship, but was not getting the level of intimacy that she wanted. She started talking with her partner about her needs, she said to him, “I want affection; I need affection in my life,” and after she talked to him she said that “things are improving” in their intimate relationship. Kim demonstrated a good example of how asserting needs can lead to more sexual agency and improvements in intimate relationships. Another participant, Olivia, stated that she is comfortable with sexual intimacy only sometimes, she said, “If I’m in control of the intimate situation, I feel better.” This participant does not describe a positive or agentic sexuality for herself at this point in her healing journey, but provides an example of how having control or agency is important to sexuality. Similarly, Jillian described how her new partner does not pressure her to have sex, she said, “he never
wants to have sex if I don’t want to.” Again, we are seeing how mutual decision making and control over the situation is beneficial to the development of agentic sexuality. One participant provided her view of what she thought it would be like to be in the sex trade. Katie said that she thought “it was going to be the most glamorous, wonderful thing.” She said, “I looked at it as, I’m the one that’s in control, I’m the one that has the power, they’re paying to be with me.” Katie went on to discover that “that’s not at all how it was” in the sex trade, but she had an idea beforehand that power and control were important factors that could contribute to sexual agency. Interestingly, she uses the words “power” and “control” that belong to her, and implies that in a normal sexual encounter, they would not.

Olivia, like many other participants, describes being unable to be satisfied during sex. When asked how she feels after having engaged in sexual relations, she responded, “mostly dissatisfied because I never have total sexual release due to past experiences and men getting what they want first but never being concerned about my desires.” Like Olivia, Patricia also describes her needs not getting met. She said, “in the 36 years that I was married, I don’t know if I would, if I would fill one hand of orgasms that I had.” Alternatively, participants who were developing a more positive sexuality were more likely to feel satisfied after sex, like Claudia, who said that her new partner made her “feel special” and helped her “get over the abuse.” Claudia described what it was like with her new partner: “[it] was awesome to have someone interested in my body with respect, [who] cared about my pleasure. [It] was nice to feel comfortable with my body.”

Comfort with one’s partner and feeling safe were important factors for enjoying sexuality. Many participants discussed how safety and trust made positive experiences
possible, and how a lack of safety contributed to negative sexual experiences. Ellie said that she feels “safe with new partner,” and Patricia specified that she was only comfortable with sexual intimacy if she trusted the other person. Likewise, many other participants shared this sentiment that trust, safety and comfort were key elements to enjoying sexual intimacy. Alternatively, other participants, like Melanie, felt uncomfortable with sex because their abusive partners did not foster a supportive environment where they could feel safe and comfortable. As discussed above, Melanie’s partner was very critical of, and bothered by, her body so that after sexual intimacy she felt “ugly, fat, alone” and “cheated.”

To summarize, the participants in this study are all in a different place with their healing, which includes their sexuality. Some participants’ sexuality is still very strongly affected by the abuse they have experienced. One factor that seemed to contribute to a positive change in sexuality was the presence of a new, non-abusive partner. Further, the participants in this study described some of the other parameters for developing a positive and agentic sexuality, by providing examples of both negative and positive experiences that detracted from or contributed to reclaiming a healthy and agentic sexuality. Factors such as control, agency, satisfaction, trust, safety and comfort all contributed to the development of a more agentic sexuality and more positive sexual experiences. Participants with a new partner were more likely to have constructive changes in their sexuality and sexual experiences, particularly if the new partner could fulfil some of the conditions that the participants described as being important to their sexuality. Alternatively, those without a new partner would sometimes speculate that they may be comfortable with the right partner, but have yet to share their sexuality with a new non-
abusive partner. Some were also sure that they would never be able to do so because of the extent to which they now associate sexual intimacy with negative and abusive situations. It is unknown whether these women have a positive or healthy sexuality that they enjoy on their own, but many of them displayed an agentic sexuality, as they chose not to become involved with others, and can navigate their refusal of sexual intimacy.

DISCUSSION

In an attempt to answer my research questions, the analysis of 31 qualitative interviews was conducted. Through the analysis, a propositional theory was formed that seeks to answer the research questions while remaining grounded within the participants’ experiences. The theory posits that identity and sexuality are strongly linked, and several factors causing damage to identity also damage sexuality. Such factors include physical, sexual, and emotional abuse, as well as the newly defined emotional-sexual abuse. Both Emotional-sexual abuse (i.e. using a victim’s past abuse against her, derogatory comments regarding sexuality and/or gender, accusations of infidelities, sexual rejection) and emotional abuse aimed at body image and appearance were particularly harmful to positive self-perceptions and sexuality. Participants in this study indicated that sexuality was complex and encompassed many areas of functioning, including mothering, gender roles, intimacy, feelings and attitudes towards sex, and overall identity. This is in line with recent literature that emphasizes the multiple factors involved in sexuality (Jackson & Scott, 1996). Damage to sexuality, then, can damage multiple areas of functioning and overall well-being. Leaving the abusive partner, beginning healing from the abuse, and rebuilding self-confidence and identity were helpful in repairing damage to sexuality.
Furthermore, entering a new, non-abusive relationship appeared to contribute to healing and gaining an agentic sexuality.

The first research question that this study sought to answer was: How do women who have experienced IPV describe their sexuality? The women in this study were not asked explicitly to describe their sexuality, so often the references to sexuality were implicit; however this question can still be answered to some degree from the results of the study. Women often recognized that abuse had negatively affected their sexuality, and were able to comment about this aspect of their sexuality. When women were asked about their comfort with sexual intimacy and feelings afterwards, they were able to describe how abuse had impacted their comfort levels and attributed to negative post-coital feelings, such as feeling dirty, used, or unsatisfied. Many women provided conflicting responses that indicated some feelings of ambiguity regarding their sexuality. And lastly, some women described a more agentic and positive sexuality in which they could experience pleasure. This last way of discussing sexuality was most often in the context of a new, non-abusive relationship, which conflicts with the current literature (Ansara & Hindin, 2010).

The second research question was: are there differences in experiences of IPV between women who describe their sexuality in agentic versus passive ways? The answer to this question became complicated, and could perhaps be better answered through a quantitative study examining different types of abuse. However, participants in this study were able to describe how abuse affected their sexuality. For example, some participants discussed how their past sexual abuse interfered with current sexual functioning due to experiencing flashbacks. Further, coercive tactics used by abusive partners contributed to
women’s passivity and loss of sexual agency as they “gave in” to unwanted sex or were ashamed of the rejection of their sexual advances. Emotional abuse aimed at physical appearance was damaging to participants’ feelings towards themselves and their bodies. Emotional-sexual abuse had a strong impact on feelings about body, gender, and sexuality. Through this analysis, it is evident that different types of abuse affected the sexuality of the participants in different ways. Previous research has indicated that negative feelings about one’s body and appearance can impact sexual assertiveness (Erbil, 2012; Pujols, Meston, & Seal, 2010).

The last research question was: are there any common factors between women who provided positive and negative descriptions of their sexuality? The stage of healing did much to restore a positive sense of their sexuality. As stated in the propositional theory, healing of self or healing of sexuality are interconnected, and therefore multiple types of healing could influence sexuality. Women who were further along in their healing, out of abusive relationships, and with new, non-abusive partners described their sexuality in more positive terms compared to women who made it clear they had more personal healing to do, and were not engaged in, or seeking, new relationships. Gaining a feeling of trust and safety with a new partner was important for the women in the study. Having agency and experiencing pleasure or satisfaction through sexual intimacy were other common factors for women describing their sexuality in a positive way. Participants who described their sexuality in less positive ways described more associations with abuse directly related to their sexuality.

Researchers suggest that gaining assertiveness and agency in sexuality can aid in preventing revictimization (Livingston, Testa, & VanZile-Tamsen, 2007). There is a
relationship between sexual victimization and sexual unassertiveness, which can lead to more sexual victimization. This is a pattern that increases in strength if there are multiple sexually abusive relationships. Further, Livingston et al. found that the impact on sexual assertiveness was influenced by the recency of the sexual victimization. There is some evidence that cumulative sexual victimization experiences may have a greater impact on reducing sexual assertiveness (Livingston et al., 2007). This research is somewhat contradictory to the findings of the present study, where many participants engaged in sexually assertive behaviour (i.e. refusing sex) immediately after leaving their abusive relationships. Some of these women were still not ready for a sexual relationship at the time of the interview, where others demonstrated a prolonged period of sexual refusal assertiveness in new relationships until they felt ready to engage in sexual relations. Further research could examine which variables are contributing to sexual assertiveness so quickly after leaving an abusive relationship. This difference could be explained by the sample of women involved in each study; in Livingston et al.’s. (2007) study, the women experienced sexual victimization, which was not specified as within a relationship or not, whereas the women in the current study all experienced IPV that often included sexual victimization. Testa and Dermen (1999) found that sexual assertiveness was lower in women who experienced coercive rape rather than physical rape. This could indicate that low assertiveness could lead to coercive rape, or that coercive rape lowers sexual assertiveness. The direction of the relationship is unknown. In the current study, it is evident that self-esteem is damaged through the abusive relationship, which may contribute to low sexual assertiveness. This could indicate that self-esteem and confidence could mediate sexual assertiveness, and therefore building identity and self
could be important in improving sexuality. This was demonstrated by the participants in the current study through the losing and regaining of self that accompanied the damage and healing to sexuality.

Research has demonstrated that subjective perceptions and attitudes about one’s physical appearance and body image are more important factors than actual body weight issues (i.e. Body Mass Index) regarding sexual functioning. This indicates that body-image concerns can greatly impact sexual functioning, such as decreased desire, arousal, lubrication, orgasm, and satisfaction (Erbil, 2012). Likewise, research suggests that higher subjective ratings of body image were related to higher subjective sexual satisfaction for women (Pujols, Meston, & Seal, 2010). The women in the current study had lasting effects from the emotional abuse they experienced that impacted their perceptions and attitudes about their bodies. Combined with previous research, these results reiterate the important role that body confidence and self-appreciation play in achieving a positive and agentic sexuality.

Researchers have described sexuality as an important factor for overall well-being in recent years (Rosen & Bachmann, 2008). Sexual well-being has been related to overall physical and mental health. The Global Study of Sexual Attitudes and Beliefs (GSSAB) was conducted in 29 countries with over 27000 male and female adults aged 40-80 and found that sexual well-being predicted overall well-being for men and women (Laumann et al., 2006). For women, emotional well-being was a higher predictor for sexual well-being compared to physical well-being, and the opposite was true for men (Laumann et al., 2006). It is important to note that female emotional well-being is an important factor
for sexual well-being, particularly as we examine the effects of emotional abuse on sexuality. Laumann et al. (2006) also found that men consistently reported higher levels of sexual satisfaction than women, even in countries with gender-equal beliefs; this is not surprising considering that male sexuality is often privileged over female sexuality (Powel, 2010).

The results of this study emphasize how loss of a sense of self can be particularly damaging for women and is very common among survivors of IPV. This damage to sense of self often occurs through the use of emotional abuse; and, as discussed in the results section, emotional abuse can negatively affect self-esteem, mothering, and sexuality. This is an important finding because studies on IPV tend to focus only on physical violence as it relates to increased sexual risk behaviours (rather than overall sexuality), which can leave out a tremendous amount of experience and lead to a rather limited perspective on IPV and its impact on sexuality (Bonomi et al., 2006; Coker, 2007). Such research ascribes the consequences of abuse that women experience to either the physical or sexual abuse they experienced, when it is more likely to be a combination of multiple types of abuse (Cobia et al., 2008).

Studies attempting to isolate experiences of emotional abuse may be important in isolating the effects of particular forms of abuse, as it is likely the only form of abuse that can occur in isolation from other types of abuse (Follingstad, 2007). Studies attempting to measure emotional abuse face certain problems, such as lack of uniform definition, and difficulty measuring this type of abuse through subjective reports (Kelly, 2004) as women who are victims of emotional abuse often fail to recognize that emotional abuse is occurring until they learn more about definitions about IPV. Results from this study
indicate that once women experience an incident of physical or sexual abuse, they are more likely to minimize their experience of emotional abuse. It was usually only retrospectively that these women recognized the impact of the emotional abuse they experienced in the current sample.

It is certainly easier to conduct research that uses accounts of physical and sexual abuse, as they have more distinct and unified definitions, and are easier to measure based on instance, frequency, and severity. However, it is difficult to determine rates of sexual assault in abusive relationships, as sexual assault and rape are categorized with other forms of severe violence (Statistics Canada, 2011). Estimates of sexual assault refer to the general population, and estimate that approximately 10-18% of women have experience forced sex at some point in their lifetime (Black et al., 2011; Tjaden & Thoennes, 2000). Approximately 10% of U.S. women have experienced rape as an adult, and of those, 61.9% were raped by an intimate partner (Tjaden & Thoennes, 2000).

There have been some estimates that sexual assault or rape occurs in approximately 40-50% of abusive relationships (Johnsen, 2005; NCADW), which is similar but slightly less than the rates of sexual violence in the participants of the current study. The women included in the current study were sought out based on their experience of physical abuse because the researchers sought to have a unified sample of women who had experienced IPV. While the Healing Journey Project sampled women based on physical abuse, it did not attempt to limit the data-gathering to physical abuse; instead the researchers attempted to gather the whole of women’s involvement with IPV, especially through the use of qualitative interviews. This holistic perspective will aide in the understanding of the experiences of women who have experienced IPV.
Women in the current study appeared to benefit from some of the resilience factors that were discussed in the literature review. In particular, education was a powerful part of healing for the participants who sought it out. Education instilled a sense of pride, accomplishment, and self-efficacy within the participants. There is research to suggest that increased education can increase a sense of personal control (Schieman & Plickert, 2008), however, the authors explain that this is likely due to better jobs, leading to higher status and economic rewards that accompany those jobs. This may or may not have been the case for the participants in the current sample. Education specifically was not addressed in the current study. However, the qualitative reports from women implicate education as an important factor for healing. Carlson et al. (2002) indicated education as a potential protective factor for abused women. Additionally, it is likely that education could increase self-esteem and positive self-regard, which have both been found to be protective factors for mental health related issues (Carlson et al., 2002). Further, multiple protective factors have a stronger affect on resiliency (Carlson et al., 2002); in this way, gaining education can positively impact other protective factors (i.e. self-esteem), which could lead to a greater level of resilience.

4.1 Future Directions

Several findings from this research suggest that further exploration in several directions is warranted. Specifically, previous research has indicated that entering new relationships can be difficult for women after experiencing IPV; however, the results of the current research suggest that entering a new relationship can contribute to healing, especially regarding sexuality. Women who do not enter new relationships after experiencing sexual abuse as part of IPV may not have the opportunity to modify their
sexual feelings. If these results are viewed from a learning theory perspective, it would be suggested that participants who are unwilling to engage in new relationships may have associated fear with sexual relationships. The women then participate in avoidance activities in order to reduce feelings of fear, which in this case would mean avoiding new sexual relationships. Through this avoidance, the fear associations do not have an opportunity to be challenged and become extinct, and may actually become strengthened (Resick, Monson, & Rizvi, 2008). This is a theory commonly used to explain PTSD symptoms, which are also highly prevalent in survivors of IPV (Carlson et al, 2002). Research regarding exposure to new healthy relationships as a mechanism for extinction of the fear associations linked with sexual relationships might be important to therapists working with IPV survivors experiencing PTSD. Perhaps entering safe relationships (for example, building trust with a male therapist if the abuser was male) after abuse can work as a form of exposure therapy. Survivors could be encouraged to engage in sexually pleasurable activities by themselves in order to begin to make positive associations with sexuality that would act to extinguish the fear response. Findings regarding new partners are contradictory. Some research suggests women have a difficult time trusting a new partner after experiencing abuse (Ansara & Hindin, 2010), while the research in this study implies that new relationships can be beneficial to healing. Some participants in the current study were not involved in new relationship at the time of interview, and this could have been related to trust issues, although the participants explained that it was more about getting themselves on track and dealing with their past prior to being ready for a new relationship. It would be important to explore under which circumstances a new
relationship contributes to healing, and under which circumstances women prefer to heal on their own.

In terms of future research, qualitative analysis may help develop more complex models to explain and describe the complex phenomenon of psychological abuse and to explore the potential definitions and consequences of emotional violence based on the experiences of IPV survivors. Follingstad (2007) suggests that research in the field of psychological aggression took off too fast, and attempted to utilize methods similar to measuring physical abuse (a far less subjective experience). Further, the measurement of psychological abuse has been occurring without a consensus of definition, therefore the extent to which these quantitative instruments are measuring the construct of psychological abuse is in question (Follingstad, 2007). It is important to consider psychological abuse in context of the relationship and while considering normative behaviour, subjective experience, and intent of the abuser. Recently, the Measure of Psychologically Abusive Behaviours (MPAB; Follingstad 2011) was developed to measure severe psychological abuse, and included a subcategory that taps into abuse aimed at sexuality. Furthermore, wounding sexuality was rated as a more serious form of psychological abuse, as it has the potential to cause harm to the victim’s feelings related to self (Follingstad, 2011). In light of the criticisms to the field of research of emotional/psychological abuse, perhaps mixed-methods should be utilized in future studies in attempting to understand the construct of emotional abuse and whether or not quantitative measures are tapping into this construct. Future mixed-methods research regarding emotional abuse could utilize the MPAB and similar measures to evaluate the utility of these instruments in capturing the experience of survivors of such abuse by
comparing the responses to quantitative instruments to the responses in qualitative interviews.

Perhaps future research could examine the Dialogical Self theory in relation to the propositional theory. This type of research might help to further the understanding of how women who are so lost and passive suddenly become agentic and strong enough to escape their abusive relationship. This speaks to the possibility of having “multiple selves” that are either passive or active (i.e. given voice) at any moment, and that perhaps in abusive relationships, the passive self is most often in control. The agentic self, on the other hand, waits patiently in the background for an opportunity where its efforts will be fruitful. Once such an opportunity is granted, the agentic self may be given voice and act forcefully in an attempt to fight back or flee the violent situation. More theoretical work can be done in this area.

Another important finding from this study could lead to future research; the redefining of sexual abuse to include emotional-sexual abuse. This is particularly important as this type of abuse impacted sexuality. When researching how IPV impacts sexuality it is important to understand how different types of abuse impact sexuality. Future studies could separate physical sexual abuse (sexual assault, rape), from emotional-sexual abuse (defined above), to better understand the implications for different types of abuse. Emotional abuse precedes physical abuse, and it would be interesting to see if this is the case for emotional-sexual abuse preceding physical sexual abuse. It is also important to understand the role that emotional abuse aimed at body image and appearance plays on sexuality. A larger scale study could evaluate whether emotional abuse aimed at gender, sexuality, body shape and weight, and appearance has
different implications on overall well-being, including sexual well-being, than other types of emotional abuse. Isolating types of abuse helps to break down the complexities of IPV to provide a better understanding. Being able to predict consequences based on type of abuse experienced may help to improve treatment strategies by allowing for more individualized treatment approaches.

This research focused on female victims of IPV in primarily heterosexual relationships. It would be interesting to research both male and female victims of sexual abuse and sexual-emotional abuse to better understand the role that gender plays in defining agentic sexuality, and healing from abuse. Perhaps in male-homosexual relationships, the dynamics that contribute to positive and agentic sexuality after experiencing IPV are different than in the types of relationships explored in this study. Heterosexual men who have experienced sexual abuse in childhood, in the military, or in jail may also have a different way of healing, and a different set of factors that impact their healing from abuse and (re)gaining of an agentic and positive sexuality.

4.2 Implications

To date, little research has been generated using these methods. The advantage of this method of analysis is the development of a theory based on experiences of IPV survivors. As this study seeks to elucidate female sexuality and its relationship with IPV, it will contribute to the literature about female sexuality, specifically in relation to IPV.

This methodology has allowed for interpretation of the interplay between different types of IPV, how they interact, how women experience them, and what impact IPV has on women’s sexuality, intimacy, and sexual relationships. Further, a complex examination of many different factors has helped to understand how women heal from
abusive relationships and reclaim their sexuality after IPV. The participants’ experiences could help to inform intervention programs about strategies to help women develop an agentic sexuality that includes intimacy and satisfaction. Learning from survivors who managed to maintain their identity, or gain back their identity after abuse can inform the field about these women’s resiliencies, what factors decrease or increase the likelihood of this type of healing. It was demonstrated through the participants in this study that when identity was rebuilt, sexuality could also begin to heal and be shaped to become positive and include agency.

It is important to note that the women in the current study have redefined both sexuality; to include mothering, gender roles, intimacy, safety, confidence, and overall sense of self, as well as sexual IPV; to include verbal-sexual abuse and emotional-sexual abuse. This type of abuse was particularly damaging to women’s sexuality, and should therefore be an important area of focus for future research regarding sexual violence, particularly as research is demonstrating that emotional abuse is a damaging form of IPV and should be considered seriously when examining consequences of abuse (Follingstad, 2007).

Since such a large portion of women experience abuse at some point in their lifetime, it is important that efforts are made to better understand all aspects of survivors’ lives, including their sexuality. Ideally, information from this study will help to inform sexuality education and violence prevention programs on factors that may help to form and help young women to acquire an active understanding of their sexuality. This research could also help to inform service providers who work with victims of IPV about possible situations in which a woman is able to leave abusive relationships and develop a
positive experience of her sexuality, which seems to come along after or alongside regaining her sense of self. The current study could help to provide insight into what skills and strategies can be taught to women and girls to help them construct or maintain a positive and healthy sexuality, specifically relating to setting boundaries, developing a sense of safety and trust with a new partner, rebuilding self-confidence, and gaining agency. This research has also furthered our understanding of how societal views of female sexuality shape and effect the construction of women’s sexual identities. In the current project we could see examples that demonstrate the extent to which society is responsible when women make statements that exemplify the internalization of societal views both about sexuality, and also violence.

4.3 Limitations

The current study has several limitations. The biggest limitation to this study (as with many qualitative studies) is the perceived lack of generalizability. Because there is a small sample of women with diverse experiences it will be difficult to generalize their experiences to any other population, however, I believe that the research done in this project is trustworthy and that the theory generated through this project can be tested through more research. I believe that the propositional theory will be applicable to many women who have experienced IPV, as the theme was so prominent in the current sample of women. Another limitation of this study is that it used archival data. Grounded theory emphasizes the importance of integrating the process of data collection with data analysis (Strauss & Corbin, 1990). I was not able to take part in this integrative process, as my data was already collected. A further limitation related to the archival data is the format of the qualitative interviews. If I were to have been a part of the interview process or the
development of the interview guide, I would have included a question or probe to foster a discussion around sexuality specifically. However, participants provided information from the open-ended sexuality questions that addressed their sexuality, and I was able to utilize these responses in order to understand the participants’ experiences of their sexuality to some degree. Further, women talked about what was important to them, and many of them did discuss their sexuality without being directed to do so. In addition to this, the women will not be further involved in the study, and therefore will be unable to verify the accuracy of the analysis. This is unfortunate; however, I do not think that the limitations of this study will detract from the findings and theory derived; however, it is important that these limitations are identified and addressed to the best of my ability. It would have been ideal to ask women specifically about their body-image, self-esteem, sexual satisfaction, and change in sexuality before, during, and after the abusive relationship(s).

4.4 Impact on Researcher

During this research project, I was able to learn many things about myself. I found that I was right in thinking that my compassion would bridge the gap between myself and my participants, and I believe that this came through in the writing of this thesis. My main goal was always to ensure that the participants were being represented respectfully. I have developed a passion both for grounded theory research, as well as research in the field of violence against women and sexuality. I believe my work in this area will continue to grow, and I will continue to develop theories based on experiences of women who are survivors of domestic violence. Although this work is emotionally challenging, I have enjoyed working on this project immensely.
4.5 Conclusions

Despite its limitations, this study has been informative for understanding how survivors of IPV experience their sexuality after the abusive relationships. Some important conclusions have been made from the current study, including a propositional theory that attempts to explain how identity plays a role in sexuality and how both identity and sexuality are severely impacted by abuse. It is important that future research recognize how encompassing sexuality is of many aspects of a woman’s life, and how sense of self plays a big role in sexuality. Self-esteem, agency, and self-appreciation can lead to a positive and agentic sexuality, where damage to self-esteem, body image, loss of agency, and self-blame can maintain a passive sexuality. It will be important that future research regards emotional-sexual abuse as part of sexual abuse, as it has a substantial impact on sexual functioning and sexuality. Further, emotional abuse aimed at body-image and appearance can indirectly impact sexuality through deflating body-confidence and sexual self-esteem. Interventions aimed at improving self-esteem, improving body-image issues, and gaining sexual assertiveness and agency could help women to regain a sense of self and promote a positive and agentic sexuality after leaving abusive relationships.
REFERENCES


APPENDIX A: DATA REQUEST AND APPROVAL

Request Form for
Use of Data from the Healing Journey Project
To Review Committee

Fill in the first box then tab over to the next fill-in box. Double click on the □ and click the pop-up box (checked) this will put an X in the box.

<table>
<thead>
<tr>
<th>1) Date Submitted</th>
<th>October 18, 2010</th>
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<tr>
<td>2) Topic:</td>
<td>Examining the role of intimate partner violence on forming the sexualities of survivors: a qualitative grounded theory.</td>
</tr>
<tr>
<td>3) Lead Author:</td>
<td>Danaka Safinuk – I am an M.A. student at the U of R supervised by Dr. Hampton and am working on data entry for the Healing Journey project</td>
</tr>
</tbody>
</table>

4) Co-Authors: Please provide justification for the inclusion of any co-authors who are not members of the Healing Journey project (see project protocol).

Mary Hampton, Ph.D. – Supervisor for MA thesis. Darlene Juschka, Ph.D. – MA committee member

5) Opportunities for other Co-Authors: □ Yes ☒ No

6) Provisions for community/academic collaboration:
Consultation with community members will occur to discuss implications of findings.

6a) Consultation with external experts: Please provide justification for any intended consultation with external experts (see project protocol).

Angelina Baydala, Ph.D. – MA Committee member
<table>
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<th>7) Project Description: (1-2paragraphs)</th>
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<td>There is very little research that addresses women’s experience of sexuality, intimacy, and sexual relationships in general. Further, there is limited research on how different types (physical, emotional, and psychological) of intimate partner violence interact and impact women’s lives, specifically their intimate relationships and sexuality. Current research related to IPV and sexuality focuses mostly on sexual health issues, often related to only one type of abuse (Bonomi et al., 2006; Coker, 2007). In a systematic review of the literature, Coker (2007) found that women who experienced physical IPV (with or without psychological and/or sexual abuse) were likely to report a deficit in sexual pleasure or desire. However, it is unknown what impact this lowered pleasure has on the women, and what combination of abuse they experienced to result in experiencing lowered sexual pleasure. It is also difficult to measure the impacts of physical abuse when it is almost never the case that a woman experiences one type of abuse only (Cobia et al., 2008). What is needed is a more complete account of the complex experiences of women who experience intimate partner violence (Johnson &amp; Fraser, 2009), and how they experience their sexuality. The goal of my research is to come to a better understanding and conceptualization of how women in Saskatchewan’s experience with IPV has influenced their sexuality. Using a feminist perspective, which assumes that violence against women is a product of a masculine culture that allows, if not promotes, such violence to occur. Keeping with feminist perspective, it is imperative that the voices of the IPV survivors be presented without distortion (Olesen, 2005), and without being limited by quantitative measures. I will analyze the 31 Qualitative Interviews using Grounded Theory as described by Straus and Corbin (1998). This methodology will allow for interpretation of the interplay between different types of IPV, how they interact, how women experience them, and what impact IPV has on women’s sexuality, intimacy, and sexual relationships. Further, a complex examination of many different factors may help to understand how some women come out of IPV with a positive sexuality, or how women’s experience can shift after the abuse</td>
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to become positive. By comparing these women’s stories to those who have a strictly negative experience, this research may be able to inform intervention programs about strategies to improving sexuality, intimacy, and sexual relationships. Learning from survivors who managed to remain positive, or gain positivity back about their sexuality can inform the field about these women’s resiliencies, what factors decrease this likelihood, which factors increase it etc.

8) Anticipated Audience:
Masters Thesis Committee at the University of Regina, RESOLVE academic and community members, Canadian Psychological Association conference attendees

9) Data Source:

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<tr>
<th>Survey Schedules</th>
<th>Qualitative Data</th>
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<td>Provinces (if multiple, please list provinces):</td>
<td>AB</td>
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<td>Data Waves:</td>
<td>I and II and qualitative interviews</td>
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10) List of Variables: a) Specify questionnaire and variable number

32 Qualitative Interviews from Saskatchewan participants.

Wave 1 Demography questionnaire and Wave 2 Demography Update
- Demographic Information
  - Town ID
  - Cultural Background (DHQ16)
  - Age (DHQ4)
  - Employment Status (DHQ9 & 11)
  - Education Level (DHQ14)
  - DHQ 21 & 22 Children (DHQ 21 & 22)

Wave 2 Health and Parenting Questionnaire
- “Are you comfortable with sexual intimacy” HPQ75
• “Do you feel comfortable initiating sex” HPQ76
• “After having engaged in sexual relations, how do you feel” HPQ77

b) Specify if open ended variables will be used and access to codes required

The Saskatchewan team prepared the codes for the open-ended sexuality questions in the Health and Parenting Questionnaire Q75, Q76, Q77 and for Cultural Background.
I will be coding the Qualitative interview data using Grounded Theory (as described by Strauss and Corbin, 1998).

EMAIL RESPONSE OF APPROVAL FROM REVIEW COMMITTEE

1) Date Submitted: October 18, 2010
2) Topic: Examining the role of intimate partner violence on forming the sexualities of survivors: a qualitative grounded theory.
3) Lead Author: Danaka Safinuk – I am an M.A. student at the U of R supervised by Dr. Hampton and am working on data entry for the Healing Journey project

Jocelyn
APPENDIX B: UNIVERSITY OF REGINA ETHICS APPROVAL FOR THE
HEALING JOURNEY PROJECT

UNIVERSITY OF REGINA
OFFICE OF RESEARCH SERVICES
MEMORANDUM

DATE: October 10, 2007
TO: Dr. Mary Hampton
    Psychology, Luther College
FROM: Bruce Plouffe, Chair
      Research Ethics Board
RE: Revisions – File No: 1R0506

With reference to your memo of October 1, 2007, please be advised the changes have been approved as outlined for your project titled “The Healing Journey: A Longitudinal Study of Women Affected by Intimate Partner Violence” (1R0506).

Your project has been renewed for an additional year, i.e. until August 15, 2008. Please contact us if you have any further questions.

Sincerely,

[Signature]
Bruce Plouffe
KA/rr
APPENDIX C: UNIVERSITY OF SASKATCHEWAN ETHICS APPROVAL FOR
THE HEALING JOURNEY PROJECT

University of Saskatchewan
Behavioural Research Ethics Board (Beh-REB) 10-Apr-2006

Certificate of Approval
Study Revisions

<table>
<thead>
<tr>
<th>PRINCIPAL INVESTIGATOR</th>
<th>DEPARTMENT</th>
<th>BEH#</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stephanie (Lin) L. Martin</td>
<td>Educational Psychology and Special Education</td>
<td>Beh 05-207</td>
</tr>
</tbody>
</table>

INSTITUTION(S) WHERE RESEARCH WILL BE CONDUCTED (STUDY SITE):

SPONSOR

SOCIAL SCIENCES AND HUMANITIES RESEARCH COUNCIL OF CANADA (SSHRC)

TITLE

The Healing Journey: A Longitudinal Study of Women Affected by Intimate Partner Violence

CURRENT APPROVAL DATE

27-Sep-2005

CURRENT RENEWAL DATE

01-Sep-2006

CERTIFICATION UPDATE

Revised Questionnaires

APPROVED ON

10-Apr-2006

CERTIFICATION

The University of Saskatchewan Behavioural Research Ethics Board has reviewed the proposed revisions to your study. The revisions were found to be acceptable on ethical grounds.

Any significant changes to your proposed method, or your consent and recruitment procedures should be reported to the Chair for Research Ethics Board consideration in advance of its implementation.

ONGOING REVIEW REQUIREMENTS

The term of this approval is five years, but the approval must be renewed on an annual basis. In order to receive annual renewal, a status report must be submitted to the REB Chair for Board consideration within one month of the current expiry date each year the study remains open, and upon study completion. Please refer to the following website for further instructions:

http://www.usask.ca/research/ethical.shtml

APPROVED.

Valerie Thompson, Chair
Behavioural Research Ethics Board
University of Saskatchewan

Please send all correspondence to:

Ethics Office
University of Saskatchewan
Room 308, Kirk Hall, 117 Science Place
Saskatoon, SK S7N 0C8
Phone: (306) 966-2084 Fax: (306) 966-2069

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APPENDIX D: RECRUITMENT FORM

Criteria

All participants must meet the following criteria to be considered for the study.

☐ You experienced intimate partner violence and the last incident happened since January 2000.

☐ The last incident happened before 3 months ago and you don't feel like you are in crisis.

☐ You are willing to stay in the study for the next 3 1/2 years.

☐ You are not getting any treatment or on any medication that you feel might interfere with your ability to do a two-hour interview.

Interest in Participating

If you are interested in participating in the study please print your name, a phone number and a time we can call you in the spaces below and return this form to agency staff or mail to the address listed below. If you would prefer we contact you some other way, please tell us how you would like to be contacted. Please print clearly.

____________________________________________________________________
(print name)

____________________________________________________________________
(phone number or other form of contact)

____________________________________________________________________
(day and time when you can be reached)

____________________________________________________________________
(agency where you heard about the project)

Mail to:
Dr. Mary Hampton
Professor of Psychology
Luther College, University of Regina
Regina, SK S4S OA2

Or call: 337-2629
Your participation is voluntary, so you may choose not to participate without any effect on the services you receive from any shelter or service provider agency. If you have any reservations at all about participating in this research process, please feel free to withdraw from the study. Furthermore, you are free to refrain from answering any questions.
APPENDIX E: SELECTION CRITERIA HEALING JOURNEY IN-DEPTH INTERVIEWS

30 women from each province

The women should represent a diverse group, perhaps reflecting the demographics in each province (remember that there will be overlap across categories): i.e.

- Urban/rural/northern;
- Racial background;
- Women with children and without (and some mothers who no longer have custody of their children);
- Straight and lesbian women,
- Immigrant/refugees
- Women with disabilities
- Women involved with the criminal justice system
- Women that have not used services
- Women from various socio-economic groups/age/ at different points in their healing journey

Each provincial team will decide the composition of their interview list in collaboration with the other provinces.

Timing: we will interview the women only once in 2007.
APPENDIX F: FORM OF CONSENT AND CONFIDENTIALITY

The Healing Journey: A Long-Term Study of Women Affected by Intimate Partner Violence

PURPOSE OF THE STUDY: This fall community agencies like (name of agency recruited from) and researchers from the University of Regina will be doing a long-term study of women who have experienced violence in their intimate partner relationship. We are interested in women’s health, wellbeing, support, self perceptions, parenting issues and service utilization of women who have experienced violence by an intimate partner. This study will help to inform services providers and policy makers about effective programming and gaps in services for these women. It will also help us to understand the factors involved in women's survival and healing from partner violence.

ROLE OF THE PARTICIPANTS: Participation involves a 2 hour interview twice a year over a period of 3 1/2 years. However, the first interview might be somewhat longer, about 2 ½ hours. Two different interviews will be done, each given once a year. The first interview will take place in the fall/winter of 2005. It will consist of questions about your employment, occupation, history of abuse, the services you have used and your satisfaction with them, your sources of support, coping strategies, and your perceptions of yourself and your life. The second interview will be conducted in the winter/spring of 2006. It will consist of questions on various aspects of physical and mental health, parenting issues, and an update on some of the questions asked in the first interview. Interviews will rotate along this pattern with questions on demography, revictimization in new relationships, service utilization, coping strategies, and support being done in the fall/winter of each year and the health and parenting questions being done in the
winter/spring of each year until 2008. Brief update questions on the previous set of
interview questions will be done at each interview. Some of the women will also be
chosen to participate in more open interviews that would take place at the beginning of
the study and again at the end of the study. In these interviews we would ask you general
questions about your experiences with intimate partner violence, its effect on your life
and your journey in dealing with these experiences. Each interview would take about 2
hours. We would tape record these interviews to make sure we record your responses
accurately without having to interrupt you as you talk. If you think you might be
interested in participating in these more open interviews, you can indicate your interest at
the end of this form. Not everyone who is interested will be chosen to take part in these
interviews. We are looking for about 20 women from Saskatchewan. Also, just because
you indicate that you are interested does not mean that you can’t change your mind. If
we contact you to take part in the interview, you can always decide not to do it.

POTENTIAL BENEFITS: You will be getting a $50 honorarium for every interview.

POTENTIAL RISKS AND DISCOMFORT: Your participation is voluntary, so you may
choose not to participate without any effect on the services you receive from any shelter
or service provider agency.

CONFIDENTIALITY OF THE DATA: The information in the interviews is personal.
All of this information will be kept very confidential and your name will not be placed on
your interviews. The interviews are number coded and placed in a computer file under a
number code rather than your name. All of the taped open interviews will be transcribed
into a locked computer file and these interviews will also be number coded. In the
transcriptions we will remove any references to names so anyone reading the transcript
will not be able to identify the person by any names they mention. The tapes will be securely locked at the University of Regina offices. They will be sent to our colleagues in Alberta and Manitoba for analysis. We will send them via courier and they will be securely stored at the offices of our colleagues. These colleagues are situated at universities in these provinces and have to abide by the same ethical standards as we have so all the information will be kept very confidential. When they have completed their analysis the tapes will be returned to the University of Regina where they will be kept locked in a cabinet and then destroyed at the end of the study along with the other interviews.

Other than the sharing of tapes of the open interviews with colleagues in other provinces, the information you give will be kept locked in a cabinet at the University of Regina offices and the interviews will be stored separately from this consent form. Service providers/probation officers will never have access to your specific responses. Tapes of open interviews will only be shared with academic colleagues and never with service providers in any of the provinces. We will also be asking you for the best method and procedure for contacting you. The contact information you have given us will also be kept in a locked computer file and only myself, the principal investigator and the person supervising my interviews will have access to this information. The interviews, tapes of the open interviews and contact information will be destroyed about 4 months after the end of the project. The tapes and interviews will be shredded and thus completely destroyed. This will be in August 2009 unless funding for the continuation of the study is obtained. If we do obtain funding but you do not want to continue with the project then your interviews and contact information will be destroyed in August 2009.
Please note that we are required by law to report current and past unreported child abuse or situations dangerous to children to the legal authorities. Also if you reveal to us that you are planning to harm yourself someone else we are obligated to report this to the authorities as well.

You are volunteering to participate so you may stop at any time and you are free not to answer any questions you don't want to.

WITHDRAWAL FROM THE STUDY: Your decision to participate in this research is completely voluntary. You are free to withdraw your consent at any time. If you have any reservations at all about participating in this research process, please feel free to withdraw from the study. Furthermore, you are free to refrain from answering any questions.

OFFER TO ANSWER QUESTIONS: This consent form may contain words or phrases that you do not understand. Please ask a member of the research team to explain the information that is not clear to you. If you have any questions regarding this research, the procedures and/or goals of this study, please feel free to ask before or during the interview. If you have any concerns or inquiries after the interview, please contact any of the research team members. After each interview period, research reports and presentations will be prepared, but your name will never be attached to any piece of information. If you like we will send you a copy of these progress reports and invitations to community presentations and conferences. If you do want the progress reports, we will be asking you about your preferred methods of obtaining this information and making notes of any changes to these instructions over time. Information about the study will be put into progress reports. Progress reports will be available about three to four months after each time we interview you. All of your preferred methods of contact
including contact between interviews will be respected.

*This project was approved by the Research Ethics Board, University of Regina. If research subjects have any questions or concerns about their rights or treatment as subjects, they may contact the Chair of the Research Ethics Board at 585-4775 or by e-mail: research.ethics@uregina.ca.*

**Researchers:**  Drs. Mary Hampton (University of Regina ph: 585-4826), Darlene Juschka (University of Regina, 585-5280), Wendee Kubik (University of Regina, 585-4668); Bonnie Jeffery (University of Regina), Stephanie Martin (University of Saskatchewan)

If you agree to participate in this interview, please place your name and signature in the appropriate spaces below.

I _______________________________________________ (print name) understand what the interview is about and what I will have to do and the signature below means that I agree to participate.

_________________________________________  _______________________
(Signature)       (Date)

_________________________________________  _______________________
(Signature of interviewer)     (Date)

I would like a copy of the progress report  _____Yes  _____No

I would like to receive the report in the following way

I would like to be considered for the open interviews.  _____Yes  _____No
APPENDIX G: COMPOSITE ABUSE SCALE
Taken from the Demographic and History Questionnaire in the Healing Journey Project

I would like to know if you experienced any of the actions/threats below and how often it happened in the last 12 months that you were with your abusive ex/partner. The following items are worded as if you were directly responding to them. Please indicate the number that matches the frequency over the 12 month period.

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Only Once</th>
<th>Several Times</th>
<th>Once a month</th>
<th>Once a week</th>
<th>Daily</th>
</tr>
</thead>
<tbody>
<tr>
<td>92.</td>
<td>Told me that I wasn’t good enough.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>93.</td>
<td>Kept me from medical care.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>94.</td>
<td>Followed me.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>95.</td>
<td>Tried to turn my family, friends and children against me.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>96.</td>
<td>Locked me in the bedroom.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>97.</td>
<td>Slapped me.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>98.</td>
<td>Raped me. (definition: physically forced sexual act)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>99.</td>
<td>Told me that I was ugly.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>100.</td>
<td>Tried to keep me from seeing or talking to my family.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
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</tr>
<tr>
<td>101.</td>
<td>Threw me.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>102.</td>
<td>Hung around outside my house.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>103.</td>
<td>Blamed me for causing their violent behaviour.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>104.</td>
<td>Harassed me over the telephone.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>105.</td>
<td>Shook me.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>106.</td>
<td>Tried to rape me.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>107.</td>
<td>Harassed me at work.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>108.</td>
<td>Pushed, grabbed or shoved me.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>109.</td>
<td>Used a knife or gun or other weapon.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>110.</td>
<td>Became upset if dinner/housework wasn’t done when they thought it should be.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>111.</td>
<td>Told me I was crazy.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>112.</td>
<td>Told me no one would ever want me.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>113.</td>
<td>Took my wallet and left me stranded.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>114.</td>
<td>Hit or tried to hit me with</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
something.

<p>| | | | | | | |</p>
<table>
<thead>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>115.</td>
<td>Did not want me to socialize with my female friends.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>116.</td>
<td>Put foreign objects in my vagina.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>117.</td>
<td>Refused to let me work outside the home.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>118.</td>
<td>Kicked me, bit me or hit me with a fist.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>119.</td>
<td>Tried to convince my family, friends, or children that I was crazy.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>120.</td>
<td>Told me that I was stupid.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>121.</td>
<td>Beat me up.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>122.</td>
<td>LESBIAN WOMEN: Threatened to out you if you didn’t do what they wanted, or if you disclosed or reported abuse.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>123.</td>
<td>IMMIGRANT WOMEN: Threatened to withdraw sponsorship or damage your chances for citizenship if you didn’t do what they wanted, or if you disclosed or reported abuse.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
124. WOMEN WITH DISABILITIES:

Threatened to withdraw essential supports you require because of your disability if you didn’t do what they wanted, or if you disclosed or reported abuse.

125. Please provide any additional experiences/comments (prompts: for example, has he/she threatened any of your family members or other relatives, did he/she ever lock you in a room other than the bedroom, did he/she threaten to or actually abuse a pet, etc...)
APPENDIX H: THE HEALING JOURNEY: INTERVIEW GUIDE

Introduction: This project is called the Healing Journey, not because there is any expectation that you are healed or will be healed soon, but that you are on a journey from intimate partner abuse or you have a story to tell of the abuse you experienced. This interview is to give you a chance to share your journey in your own words, including what is important to you.

When does your journey/story of abuse start? Where is your journey/story of abuse today? Where is your journey/story of abuse taking you in future?

**IF NEEDED, the interviewer can use the following probes to assist the women.**

How did you meet the partner that abused you? When did he/she begin abusing you?

Have you changed through having been abused? If yes, how?

You haven’t said anything about how the abuse affected your health or mental health. Is this important to your journey? If so, tell me more.

You haven’t said anything about how you dealt with or coped with the abuse? Is this important to your journey? If so, tell me more.

**WERE ANY PEOPLE/PROGRAMS HELPFUL TO YOU IN YOUR JOURNEY? IF YES, WHO WERE THESE? (I.E. FRIENDS, FAMILY, RELIGIOUS LEADERS, PROGRAMS? THE POLICE?).**

YOU HAVEN’T SAID ANYTHING ABOUT PARENTING OR YOUR CHILDREN.

**WAS THIS IMPORTANT IN YOUR HEALING JOURNEY? IF SO, HOW?**

Where do you see your journey going in the next year/the next five years? If things go well what will you be experiencing next year? Five years from now?

What is the one thing you’d like other women to know about your journey?
Probes for Aboriginal/Immigrant Women:
You haven’t said anything about whether being Aboriginal/a woman of colour/ an immigrant/refugee was part of the violence you experienced. Is this important to your journey? If yes, tell me more.

You haven’t said anything whether being Aboriginal/a woman of colour/ an immigrant/refugee affected you getting services (facilitated or been a barrier). Is this important to your journey? If yes, tell me more.

Probes for Lesbian/Bisexual/Transgendered and Two Spirited Women:
You haven’t said anything about whether being lesbian/transgendered/bisexual/Two-spirited was part of the violence you experienced. Is this important to your journey? If yes, tell me more.

You haven’t said anything about whether being lesbian/transgendered/bisexual/Two-spirited affected you accessing services (facilitated or been a barrier)? Is this important to your journey? If yes, tell me more.

Probes for Northern/Rural Women:
You haven’t said anything about the remoteness of living in a Northern/Rural area being part of the violence that you experienced? Is this important to your journey? If yes, tell me more.

You haven’t said anything about whether living in a remote community affected your accessing services (facilitated or been a barrier)? Is this important to your journey? If yes, tell me more.
Probes for Women with Disabilities:

You haven’t said anything about your disability being part of the violence that you experienced? Is this important to your journey? If yes, tell me more.

You haven’t said anything about whether your disability affected you accessing services (facilitated or been a barrier)? Is this important to your journey? If yes, tell me more.
APPENDIX I: THEMES AND RELATED SUBTHEMES

1. EXPERIENCING INTIMATE PARTNER VIOLENCE
   Emotional Abuse
   Witnessing/experiencing violence in childhood
   First incidence/start of abuse
   Leaving the abuse
   Fighting back

2. SEXUAL INTIMATE PARTNER VIOLENCE

3. SILENCE/BREAKING THE SILENCE
   Silence
   Breaking the silence

4. GENDER ASSUMPTIONS
   Assumptions about men
   Traditional gender roles
   Assumptions about women

5. FORMING NEW RELATIONSHIPS AFTER THE ABUSE

6. DESTRUCTION AND REBUILDING OF SELF
   Loss of self
   Regaining self

7. SEXUALITY AS EXPERIENCED BY FEMALE SURVIVORS OF INTIMATE PARTNER VIOLENCE
   Impact from abuse
   Agentic and positive sexuality
APPENDIX J: MATRIX

- Losing Self
- Isolation
- Breaking Silence
- Silencing
- Support
- Regaining Self

Severe/multiple types

Abuse

Less Severe/Absent

- Entering Abusive Relationship
- Emotional sexual abuse
- Loss of self-esteem, agency, and control
- Passive sexuality

New Partner or choosing to heal alone

Building Confidence

Leaving Relationship

Agentic Sexuality

Losing Self

APPENDIX J: MATRIX