

INTIMATE PARTNER ABUSE AND OLDER WOMEN: EXPLORING THE
CONNECTION

BETWEEN ABUSE, AGEING AND HEALTH

A Thesis

Submitted to the Faculty of Graduate Studies and Research

In Partial Fulfillment of the Requirements

For the Degree of

Master of Arts

In

Gerontology

University of Regina

By

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Regina, Saskatchewan

March, 2018

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Abstract

Intimate Partner Abuse (IPA) has been shown to negatively affect health in ageing women (McGarry et al., 2010). As the population in Canada matures, understanding how IPA affects and intersects with health and ageing becomes important for women, our health care system and governments. This research explores perspectives of women over 65, who have experienced IPA in an earlier stage of their lives, and how this experience intersects and affects with their health and ageing. The experiences of ten women who have lived through IPA relationships are investigated using the qualitative method of grounded theory. The significance of this research is three-fold. First, it serves to generate awareness about women's perceptions of their own health and aging processes following IPA. Second, it adds to what is known about older women who have experienced abuse. And finally, this research has the potential to improve health care for older women who have experienced abuse.

Acknowledgments

First and foremost, a huge thank you to all the women who shared their stories as participants in this research. I appreciate how open all of you were about your personal experiences. Your perspectives and stories have moved me and made this research possible.

Thank you to my supervisor, Dr. Mary Hampton and the members of my advisory committee: Dr. Joan Wagner and Dr. Rebecca Genoe. I appreciate all your time and guidance with this research.

Thank you to my mother, Nancy and my future mother in law, Gail, for spreading the word about my thesis. Without you both I would still be recruiting participants. I will forever be grateful for your help.

And last but not least thank you to my little family, Jordan, Squeegie and Kitty, for your patience, love and support.

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Chapter 1: Introduction

1.1 Overview and Summary

The number of women over 65 continues to grow in Canada (Statistics Canada, 2015). In 2014, the proportion of senior women exceeded that of girls, with 17% of the population comprised of women aged 65 and older and 16% of girls aged 14 and under (Statistics Canada, 2015). Women in Canada continue to live longer than men and this has called for more financial and social support to meet the needs of these women (Statistics Canada, 2015). Age is one of the biggest risk factors for the major diseases affecting developed countries (Niccoli & Partridge, 2012). Compound age with experience(s) with Intimate Partner Abuse (IPA) and studies show that chronic pain, anxiety and depression, mobility issues and hearing loss are even more prevalent for this population (Campbell, 2002). In his 2016 Report on the State of Public Health in Canada, Canada's Chief Public Health Officer identified IPA as an important phenomenon to address to improve multigenerational health, social and economic outcomes of Canadians (Public Health Agency of Canada, 2016). Unfortunately, among the provinces, Saskatchewan reported the highest incident rates of IPA (666 per 100,000) (Burczycka & Conroy, 2017). More study is needed on this group of women over 65, and this research hopes to advance the conversation by exploring the connection between ageing, IPA and health through the perspective of women. In this study I will examine, in the women who participate's own words, what the impact of having an experience of IPA does to health and the ageing process. I will do this by conducting interviews with participants and come up with themes from these interviews to explore further the connection of IPA, ageing and health.

1.2 Literature Review

To conduct the literature review, keywords such as *older women*, *ageing women*, *intimate partner abuse*, *intimate partner violence*, *domestic violence* and *partner abuse* were searched. Several electronic databases were searched including PsycInfo, PubMed, Social Services Abstracts and Social Work Abstracts.

When conducting the review, several issues arose. First, definitions of the term women in the literature ranged greatly from study to study. For the purpose of this research, older women refers to women over 65 years of age. Second, while there is research on the health effects of IPA on women there is little known about women over 65 and their perspectives on how their experience(s) with IPA have impacted their health and ageing processes.

IPA includes physical, sexual or psychological abuse by an intimate partner (defined as a current or former spouse or cohabitating intimate partner regardless of gender) (Coker et al., 2002). Estimates suggest that IPA disproportionately affects women, with 1 in 4 women and 1 in 7 men experiencing it in their lifetimes (Black et al., 2011). In addition, women are more likely to be injured as a result of their IPA experiences with 14% of women being injured and 3.5% of men (Breiding et al., 2008). Due to the disproportionate amount of women affected by this phenomenon, I have chosen to study women's experiences of IPA for this research.

i. IPA and women

Intimate partner abuse (IPA) of women "...is a complex social phenomenon that cuts across all age, ethnic, racial, religious, and socioeconomic categories" (Teaster et al., 2006). Estimates from the National Intimate Partner and Sexual Violence Survey

(NISVS) suggest that 1 in 4 women in the United States will experience IPA in their lifetime (Black et al., 2011). In the European Union (EU), 1 in every 3 women over 15 years old has experienced physical and/or sexual abuse. Moreover, this report also states that 1 in 3 women has endured psychological abuse by a partner (FRA 2014). According to Statistics Canada (2000), 8% of Canadian women had experienced IPA over a five-year time frame with 26% reporting having been the target of more than ten incidents of violence during that time. Of the women reporting abuse, 34% indicated that they were scared for their life, 29% reported they had to take time off from everyday activities as a result of violence and 40% of women reported experiencing physical injury as a result of assault (Statistics Canada, 2000). In Saskatchewan, 11 % of women living reported abuse from a partner, a rate second only to Prince Edward Island (Statistics Canada, 2000). Six percent of Canadian women report having experienced some form of emotionally abusive behaviour (Statistics Canada, 2009).

Bonomi et al. (2006) found that, compared with women who had never experienced IPA, women who reported any incidents of IPA throughout their lifetime were more likely to have a lower annual income, higher mean body mass index and less likely to be in a current intimate relationship. According to Tjaden and Thoennes (2000), women between ages 18 and 30 are at the highest risk of experiencing IPA. With the increase of women in the workforce (U.S. Department of Labor, Bureau of Labor Statistics, 2007) and the high prevalence of IPA among working-age women (Thompson et al., 2006) researchers have studied the connection between IPA and employment (Crowne et al., 2011). Honeycutt, Marshall and Weston (2001) studied the relationship between ethnicity, IPA and employment and found that relationships between these factors may

be, based on ethnicity. The authors' findings suggested that abuse by past partners affected current employment by anglo women but had no effect in the regression equation on black women's employment (Honeycutt et al., 2001). The study also suggested that Mexican-American women's employment was negatively impacted by abuse from current partners (Honeycutt et al., 2001). Studies by Meisel, Chandler and Rienzi (2003) found that IPA may be associated with decreased employment, while studies by others such as Honeycutt et al., (2001) found that this relationship is unclear. Lindhorst et al. (2001) found that experiencing IPA during the ages of 18 to 22 had a negative effect on the likelihood of being employed four and five years later in a sample of young women with children. Additionally, experiences of IPA have been shown to affect women's work life and lead to more incidents of tardiness, absenteeism, use of sick days, problems with concentration, job performance and productivity (Moe & Bell, 2004). Evidence suggests that women in IPA relationships often experience tactics by their partner that interfere with their efforts to work, such as hiding or stealing keys and money for transportation or not showing up to care for children (Moe & Bell, 2004). Moreover, women who are in IPA relationships tend to experience high rates of job loss and turnover and are more prone to being fired (Bell, 2003). These difficulties can negatively impact future employment opportunities.

IPA has also been shown to affect women's ability to parent. Many women who have experienced IPA find it can drain their emotional resources leaving less patience and ability to cope with children (Holt, Buckley, & Whelan, 2008). Holt et al. (2008) found that IPA may place a strain upon and limit a woman's abilities to use warm and nurturing parenting strategies with their children.

ii. Coping

Coping is a stabilizing factor that can assist people in adapting to stressful and traumatic life situations (Holahan, Moos, & Schaefer, 1996). Research suggests that women employ many strategies to cope with ongoing abuse including forgoing parts of their identities that they once valued, such as professional practice, physical attractiveness, displays of intelligence and ties to family. Religious involvement was found to promote a greater psychological wellbeing for women who experienced IPA (Gillum, Sullivan, & Bybee, 2006). Heightened religious involvement has been found to predict increased social support for women of colour (Gillum et al., 2006).

Wikstrom and Loeber (2000) found that the social context in which an individual chooses to live has a huge influence on that person's choices, perspectives and behavior. Similarly, Baumgartner (1993) found that the likelihood of a woman being in an IPA relationship decreases as the amount of social support available to her increases. Therefore, women with a lot of support from family and friends seem to be better protected from IPA relationships than women without such support systems. In addition, research has found that social support plays a role in women's ability to manage stressful life conditions (Schaefer, Coyne, & Lazarus, 1981). Liang et al. (2005) found that women who have social support may be less susceptible to the negative psychological impacts of abuse such as anxiety, depression and post-traumatic stress disorder. Moreover, Carlson et al. (2002) posit that social support has a buffering effect for women's health, allowing women to better deal with the stress of IPA.

iii. IPA and Health

IPA manifests as lower health status, lower quality of life and higher utilization of

health services (Weisner et al., 1999). IPA victimization may contribute to chronic conditions such as fibromyalgia, irritable bowel syndrome, surgeries, hospitalization and more doctor's visits than women with no IPA history (Plichta, 2004). In addition, women who experience IPA are more likely to acquire sexually transmitted diseases, pelvic inflammatory diseases, bladder, kidney and urinary tract infections, broken bones, seizures, headaches, stomach ulcers, spastic colon, indigestion and hypertension (Coker et al., 2002).

Women who reported the occurrence of IPA some time during their lives, were more likely to be current smokers and to engage in risky behaviours and binge drinking during the past year (Bonomi et al., 2006). Substance abuse was one of the most frequently reported problems in women who have experienced IPA (Campbell, 2002). Dutton et al. (2006) found that women who have experienced IPA are five times more likely to abuse a substance than other women. Some women responded to IPA by increasing substance use, which in turn increased their odds of being in an IPA relationship (Kilpatrick et al., 1997). In addition to substance use, women who have experienced IPA often had a high number of sexual partners and are more likely to have engaged in risky sexual behaviour (Logan et al., 2002). Women with recent IPA were also 2.3 times more likely to report depressive symptoms than women who had never experienced IPA. Depending on the length and severity of the violence, women who are abused by an intimate partner have an increased risk of traumatic brain injury (Corrigan et al., 2003). In a review by Oram et al. (2013), researchers found a 30% lifetime prevalence of IPA among women within psychiatric in-patient care.

Research by Thomas et al. (2008) looks at how younger women understand that IPA affects and intersects with their health over time. In this research, women talked about how stress from physical and psychological abuse took a toll on their health (Thomas et al, 2008). One woman in their study described it as:

Anxiety can make you sick. It can make you very sick....I'd be fine all day long. As soon as I heard his key turn in that door, heard his voice, I'd be sick as a dog. I'd be sick, vomiting in the kitchen sink (Thomas et al., 2008, p. 1261).

iv. IPA and Ageing

Ageing is a natural process in the human experience. Bernard (2000, p.176)

expresses it best when she writes:

We don't just suddenly age: we slowly move towards old age, passing biological and social signposts such as the menopause and retirement. We bring with us on the journey, baggage from the past and identities shaped by earlier periods in life. Attitudes, aspirations and expectations develop and shape our responses as we age, whether it be in the realm of, health, work or education. Loss is a constant and continual experience, without which we cannot go on. Ageing also intersects with the social, economic and political developments which shape the terrain and a wide diversity of experience is the inevitable result.

Worldwide, women outnumber men in older age groups with 123 women for every 100 men over the age of 60 (WHO, 2007). The maladies of later life can pose a challenge in differentiating between the effects of abuse on health and the ageing process (Band-Winterstein & Eisikovits, 2009). Research in the area of Intimate Partner Abuse (IPA) is largely centered on the experience of younger women with little emphasis on the multilayered nature of IPA that older women experience (McGarry et al., 2011). Romito et al. (2005) found that older women experience IPA less than younger women overall, but the cumulative effect of long term exposure is possibly more serious. That said, some behaviours, such as stalking, occur at the same rates for both older and younger women (Jasinski et al., 2003). Moreover, Weeks and LeBlanc (2011) found that some

health care professionals assume that IPA diminishes with age. For women over the age of 60, the abusive relationship is transformed by the evolving circumstances that later life brings and psychological/emotional abuse becomes more prevalent than physical abuse (Poole & Rietschlin, 2012).

In a review of 20 qualitative studies published about IPA and older women from 1996 to 2013, Finfgeld-Connet (2014) found several interesting points. As couples age, IPA tends to become less about physical and sexual violence and more about psychological abuse (Finfgel-Connet, 2014). Many older women feel ashamed of their situation and opt to stay with their partners and not seek out professional services (McGarry et al., 2010). Even when IPA is suspected in a health care setting, older women feel that providers avoid getting involved or probing for information (Lazenbatt et al., 2013). In general, older women know about shelters but perceive that they are geared towards younger women and that the services offered would not be appropriate for them (Leisey et al., 2009; Weeks et al., 2011). Services targeted towards women who have experienced IPA are typically centered on removing the woman who has experienced IPA from the abusive relationship, this may not be suitable for older women as leaving is not always financially possible for them (Beaulaurier et al., 2007).

In research with older women who have experienced IPA, Zink et al. (2005) found that older women have significantly more chronic health problems such as pain and depression. Depression is the most common symptom reported by abused populations (Campbell, 2002). The extent of mental health problems experienced is related to the severity and duration of abuse (Bonomi et al., 2006). Older women also report a host of physical and psychological problems after prolonged exposure to IPA including:

mobility issues resulting from fractures and hearing loss (McGarry et al., 2010), chronic frustration as well as anxiety (Lazenbatt et al., 2013). Some older women who have experience IPA also present with clinically diagnosable forms of substance abuse (McGarry et al., 2010). But the risks for older women do not stop there; women who are abused also are more likely to experience gastrointestinal disorders and other stress related problems such as post-traumatic stress disorder. The women in this study all described how illness and disability increased their dependency upon their partner (Thomas et al., 2008, p. 1264) by saying:

I wanted to get the surgery, the bypass surgery, because of my health, because I have...borderline diabetes and all that, and he said “well if you lose weight I’m gonna leave you. It’s scary cause it’s like he gonna leave me...I don’t wanna lose him and all that, but my health is being put on the back burner.

In this analysis they found there were three overall pathways between IPA and health: (a) IPA directly produces adverse health effects; (b) IPA worsens already-compromised health; and (c) ill health and disability increase dependency on abusive partners (Thomas et al., 2008).

v. Gaps in Literature for IPA and Older Women

Qualitative analysis of how experience(s) with IPA have affected the health and aging process of over 65 has yet to be fully described. Teaster, Roberto and Dugar (2006) speculate this could be in part because the literature on elder abuse typically does not separate out IPA as a separate study group. However, several studies have told us that older women report a host of physical and psychological problems after prolonged exposure to IPA including: mobility issues resulting from fractures and hearing loss (McGarry et al., 2010), chronic frustration as well as anxiety (Lazenbatt et al., 2013).

As women age, it may be difficult to differentiate between normal ageing and effects of abuse over the long term (Band-Winterstein & Eisikovits, 2009). Individual ageing occurs in a wider societal context (Bernard, 2000). The individual and the environment both influence and are influenced by each other (Bernard, 2000).

Browne (1998, p. xxix) says:

Gerontologists and feminists must examine how to make these later years of life worthwhile and successful for today's and tomorrow's older women. [Finally] there is an important role for middle-aged and older women. They must insist that their voices be heard and respected, not only by feminists and gerontologists but by society at large.

As women age, many experience a decline in physical health which can make them more dependent on their partners (Teaster et al., 2006). Moreover, many shelters and services for women are set up for younger women and can make older women feel out of place (Vinton, 1998). More research is needed to understand how health is affected as women with experiences with IPA grow older. This research aims to give voice to women over 65 who have had experience(s) with IPA and to more fully understand the ways in which they believe it has impacted how they age.

1.3 Research Question

While conducting the literature review on Intimate Partner Abuse (IPA) and older women, I discovered that little was known about how older women perceived their own health and aging after their experience(s) with IPA in an earlier phase of their life. Research showed that many women experienced anxiety, depression, mobility issues, hearing loss and chronic conditions but that begged the question, what were the factors that women, over 65, who had experienced IPA felt had impacted their health and ageing?

Description and purpose. The purpose of this study is to: a) explore the experiences of women over 65, who are not currently experiencing IPA but have experienced it in the past, and b) understand what factors impact this woman's perceptions of her own health and ageing.

Chapter 2: Methods

2.1 Ethical Considerations

Before undertaking this study, ethical clearance was obtained from the University of Regina Research Ethics Board (see Appendix A). Consent was obtained in writing from each participant prior to participating in the interview as well as orally before the interview started.

In a telephone conversation with potential participants, I screened them to ensure that they were over the age of 65 and had experienced intimate partner abuse (IPA). I briefly explained the purpose of the research, informed them of the main questions I would be asking and asked them if they were interested in participating in the study. Once participants confirmed they were willing to participate, a telephone interview or face to face meeting was scheduled. After the interview date was decided, each participant was sent the informed consent form (See Appendix B) to sign and return prior to their interview. When I called or met with participants for their scheduled interview, I reminded them about the purpose of the study and informed them that they could pass on any question or stop the interview at anytime, without penalty, if they felt uncomfortable.

2.2 Procedure and Design

Qualitative research is a field of inquiry that is used across disciplines, fields, and

subject matters. The goal of this type of research is to study phenomena in their natural setting in an effort to interpret or make sense of the meaning it holds for people in their lives (Denzin & Lincoln, 2000). More specifically, grounded theory guided this study.

Grounded theory, as outlined by Strauss and Corbin (2006), is used to bring forward a theory from the data presented on issues of importance in people's lives (Mills & Francis, 2006). This theory takes into consideration that our beliefs and reality are influenced by who we are, how we were raised and the society and culture we live in (Mills & Francis, 2006). Therefore, instead of the researcher theorizing before doing the research, the issues of importance emerge from the information that the participants reveal (Mills & Francis, 2006). Strauss and Corbin (2004) emphasize that the results of research should include the voice of the participants.

Grounded theory is a widely used approach in qualitative research. Grounded theory is rooted in the symbolic interactionist tradition (Robrecht, 1995). This approach is based in the understanding that individuals are self-aware and can see how they come across to others to adapt their behavior within a given situation. In this logic, social interactions are seen to create meaning and shape society (Corbin & Strauss, 2008). The discovery of grounded theory as a paradigm and style of research is the result of a combination of work from Barney Glaser and Anselm Strauss (Duchscher & Morgan, 2004). Historically, theorists in the late 1930s used qualitative data derived from research conducted in ways that were not systematic or rigorous, and were rooted in common sense and personal logic (Glaser & Strauss, 1967). At the time, this approach to qualitative research was considered to be non-theoretical. Qualitative researchers had not developed their methodology to the point that they could accurately collect evidence

(Glaser & Strauss, 1967). Through the blending of the richness of qualitative approaches with the systematic rigor and analysis of quantitative approaches, grounded theory was born (Walker & Myrick, 2006). The classic version of grounded theory developed by Glaser and Strauss was an inductive and analytic process comprised of coding, constant comparison, and theoretical sampling.

2.3 Grounded Theory Analysis

Interview data were qualitatively analyzed using the grounded theory method as described by Corbin and Strauss (1998). Qualitative analysis involves a process of inductive reasoning, theorizing as well as intuition (Lincoln & Guba, 1985). With grounded theory, there are two steps to analyzing data: 1) open coding, 2) axial coding.

In this research, analysis was carried out in the following way: transcripts were hand coded and then entered into NVivo to generate a list of themes and categories. Once the open coding process was complete and core themes were identified I began axial coding, where I looked for connections and links between the themes and narrowed them down further.

2.4 Coding

Coding is an analytic process used by researchers to move data into to theory (Walker & Myrick, 2006). The coding process in the original version of grounded theory was comprised of two parts; substantive and theoretical coding (Glaser & Strauss, 1967). Under substantive coding there was open and selective coding, which focus on the development of categories and the properties that make them. Theoretical coding involved the development of categories into a hypothesis or theory (Glaser & Strauss,

1967). The use of constant comparison and analysis of the connection between codes lead to higher levels of theoretical understanding (Duchscher & Morgan, 2004).

i. Open coding

The first type of coding I engaged in is called open coding. Open coding is an interpretive process where the data is categorized to provide insights into the phenomena reflected through the use of constant comparison (Corbin & Strauss, 1990). In this process words, events, actions, and interactions in the transcripts are compared and given conceptual labels called codes. Open coding stimulates generative and comparative questions that serve to guide future researchers in the field (Corbin & Strauss, 1990). Some of the open codes that came up in the transcripts were: Hardships, Stressors, New Relationships, Friends, Family, Emotions, Sex Trade Work, Programming and Drug and alcohol use. These codes were then broken down into axial codes and eventually to the selective codes listed below.

ii. Axial coding

In axial coding, the researcher will analyze the data to relate the categories to the subcategories to test the relationships (Corbin & Strauss, 1990). The purpose of axial coding is to put the pieces of the data back together in new ways (Strauss & Corbin, 1990). Subcategories are related to categories through consideration of conditions, contexts, strategies and consequences (Corbin & Strauss, 1990). Any hypothetical relationships that come from codes are continually verified amongst incoming data from new interviews or participants (Corbin & Strauss, 1990).

iii. Selective coding

After open and axial coding, I engaged in a selective coding step to link the categories and develop a theory. Selective coding is “the process of selecting the core category, systematically relating it to the other categories, validating these relationships, and filling the categories that need further refinement and development” (Strauss & Corbin, 1990, p.116). Selective coding occurs when coded categories become saturated, this allows the researcher to have a sense of the emergent core category (Duchscher & Morgan, 2004).

2.5 Data Collection

i. Participants

A total of ten women over the age of sixty-five who had experience(s) with IPA were recruited for data collection through recruitment flyers as well as by referral from other participants who had been interviewed. Each woman was screened through an initial phone call or email to ensure they met the inclusion criteria of: 1) Out of the abusive relationship for at least a year, 2) Over 65 years old, 3) Had at least one experience with IPA in their life.

ii. Open-ended interviews

The benefits of a qualitative interview are that it gives voice to groups who have been silenced or marginalized while allowing for the importance of context and individual experience (Rubin & Rubin, 1995). Understanding participants’ perspectives is pivotal to grounded theory research (Strauss & Corbin, 1998). Thus, this research aimed to fully understand the perspectives of women over 65 on how their experience(s) with IPA affected and intersected with their health and aging.

Each woman's perspectives and thoughts were examined through one 45 to 60-minute interview session, to obtain as much detail as possible. Each participant was provided with a copy of the interview guide and advised that there were no right or wrong answers to the interview questions. They were instructed that the questions were created to gather their perspective and their thoughts about their own experience(s). How much and what the women wanted to say was left open to them.

All participants were also informed that if they felt uncomfortable we could stop the interview at any time, without penalty. They were advised that they would still receive their gift card if they chose to stop the interview. None of the participants chose to stop the interview or declined to answer any of the questions.

In each of the interviews, I allowed the interview to flow naturally and let the participant go where they wanted with the question. They answered the question from their perspectives and I prompted them to provide more detail on their perceptions. Each of the participants seemed to describe and perceive their experience(s) differently and I wanted to fully understand what their experience meant to them as applied to their health and aging processes. Questioning was open and kept to a minimum in order to allow each participant to share their story and perceptions in their own unique ways.

With each participant's permission, all interviews were recorded and later transcribed by the researcher. All participants were advised that they had the option to see their transcript once it was completed. None of the participants opted to see their transcript. However, several of the participants did send an e-mail after their interview saying that they had later thought of some points that they wanted to add to their data.

Upon completion of each interview, I documented my reflections and observations about the interview as well as any personal reactions that came up in a separate notebook. Corbin and Strauss (2008) speak to the importance of keeping a journal or field notes during research as it helps us, as researchers, be aware of who we are and how we are affected by what we experience. It is important that as researchers, we are self-reflective about how who we are and what we believe inevitably influences the research process (Corbin & Strauss, 2008). Lincoln and Guba (1985) argue that establishing trustworthiness in qualitative research depends upon interpretations developed from the data being true to the descriptions of the experiences shared by the participants.

2.6 Sampling

i. Purposive sampling

Participants for this research were chosen using a purposive sampling method called criterion sampling. Criterion sampling, or choosing participants based on specific criterion was employed (Palys, 2008). Under this sampling method participants were chosen based on two inclusion criteria: 1) That they were 65 years of age, or older and, 2) that they had experienced IPA in the past, but were not currently experiencing IPA.

ii. Theoretical sampling

A hallmark component of grounded theory is theoretical sampling. It is a method of data collection based on concepts derived from data (Corbin & Strauss, 2008). The collection of new data is directed by gaps, unanswered questions, and underdeveloped ideas in the emerging theory (Corbin & Strauss, 2008). Theoretical sampling involves

continual data gathering and analysis until the codes are fully saturated and integrated into the emerging theory (Corbin & Strauss, 2008). The purpose of this continual sampling is to verify that the newly derived coded categories are verified (Fassinger, 2005). The sampling process is complete when saturation is reached which allows for an unnecessary redundancy in the data to be avoided (Fassinger, 2005). To engage in theoretical sampling in my research I read, coded and wrote notes upon completion of each interview. This allowed me to see which coded categories were continually appearing, as well as expand on categories that came up occasionally. Codes were analyzed throughout to ensure that they continued to remain relevant and each code was saturated with data.

Chapter 3: Results

3.1 Impact on Researcher

Starting this research I felt unsure of what to expect and I questioned if the women would be open and willing to talk with me about such a sensitive and personal topic. Especially as a 29 year-old woman with no prior personal experience of IPA. I chose this topic as I, along with many women, have personal acquaintances and relatives who have experienced IPA. I have seen the effects on their lives and I wanted to advance understanding for programs targeted for these women to truly make a difference and help put an end to this problem. I had often wondered what was available for older women in terms of services and resources. I knew from a relative's experience that age brought different challenges for women in IPA relationships, which could make it harder to leave the situation especially if finances were limited.

All of the women I interviewed opened up and shared how they believed their experience(s) impacted them, their health and their overall aging. I was glad several of the interviews were over the phone as it was hard at times to hold back tears at the experiences the women described. Some women shared in depth, stories and grievances, while others focused on how their experience(s) have impacted their health and aging today. The participants' courage in sharing their stories and their optimism in what the rest of their lives had in store, inspired me and pushed me to find new participants and complete this research to the best of my abilities. The recruitment process was lengthy and challenging. At times it seemed that I could not come in contact with willing participants for this research. Sometimes months would go by without word from any new participants or leads. I hoped that I would find enough participants to give voice to the women who had so willingly shared their stories and moved me with their strength.

The stories the women shared with forever stay with me. Having not experienced this type of violence myself, many of the stories felt surreal to hear. Participant Victoria, 65, who at a young age had gotten into the sex trade, recounted the violence she endured during her pregnancy:

I was pregnant, I left the house for the night and he called me and said he locked himself out of the house. I went back, let him in, went to put my mail on the nook and was going to leave and I was heading for the door and he called my name and I turned around and he had a gun pointed at my head and I thought yeah you're going to have to shoot me in the back so I just kept going and I kind of got to the door and he got there and he pistol whipped me and he was letting me answer my phone as he had a gun to my head and a knife to my throat, threatening to cut the baby out of my stomach and trying to drag me down the stairs. And it proceeded that a friend called me and she had been in between us one other time when he had a gun at a night club we were at and uh, she said you're not okay and I said no and she said he's got a gun to your head again and I said yep. So she dialed 9-1-1 and they called me and kept me on the phone and pretended they were a phone company. And I had just moved into that house and a cable company came that day, I forgot they were coming to put a booster in the upstairs and when they knocked on the door I

said to him, I said, you know, just go and hide the gun and I got to the door and it was a cable company and I was like are you serious, you are really a cable company, you in here? And he just looked and I said I'm having a very violent domestic dispute and he took off but that got me out the door and as I'm walking a news company was there and they were like how'd you get in this area and I was just going to take off and then they realized it was me coming out of the house and there was blood all over the back of my head so they started filming me and yeah so I was in the news for 4 days with that one. Yeah kinda really sucked, you know

I could not believe the lack of help and the readiness to film her news story in the middle of this traumatic event. This story stuck with me and bothered me for days after. I wondered, how could they film this and not respect her privacy, how could have she been better supported after her experience to heal? Unfortunately, Victoria's surreal experiences were not unique; other participants also spoke of extreme violence and traumatic events like being kidnapped by their partner and the fear they lived with for many years that they partner would end their lives. However, despite all of the hard times and violence they endured, the participants demonstrated such resilience and strength that it inspired me. They spoke of wanting to help other women in similar situations and to help end such violence for others.

Ultimately, I loved conducting the interviews with the participants and interacting with the women was my favourite part. In each interview I had the chance to get to know a small part of each woman's experiences with IPA. I felt very honored that these women so openly shared such a personal and intimate part of their lives. In many of the interviews I felt inspired by the participants and what they have done since their experience(s) to help other women in similar situations.

I feel very humbled and privileged to have had the chance to talk with each and every one of the participants and to have had them take time out of their days to help with this research. The stories that the women who participated in this study shared will

stay with me. Their courage and optimism will forever inspire me.

3.2 Introduction of Participants

Ten women, ranging in age from sixty-five to seventy-six years old, informed this research. Their demographic information is summarized in Table 1. To maintain confidentiality, all participants are referred to by pseudonym, chosen by the researcher.

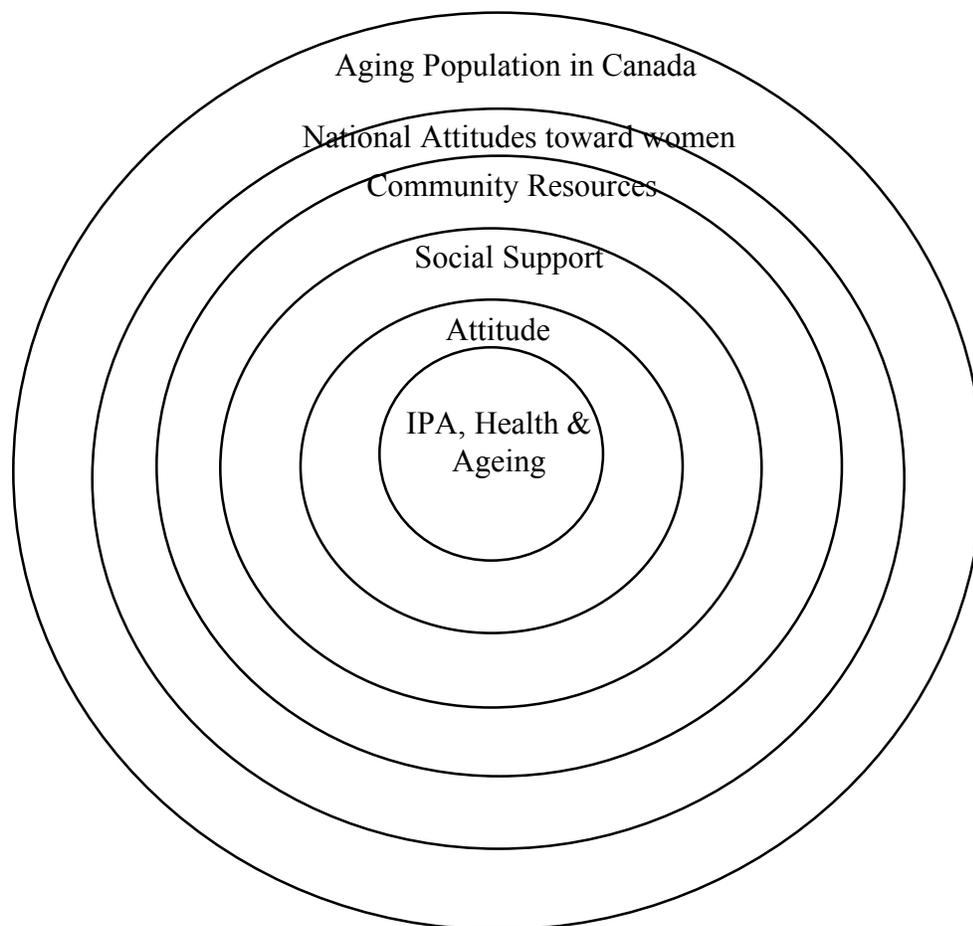
Table 1 – Participant Demographic Information

Name	Age	Years of Abuse	Health Concerns	Ageing Concerns	Interview Time	Interview Location
Jane	72	27	- Hearing problems	- Splinters in shin	1:26:12	Phone
Susan	71	25	- Flashbacks - 3 hip surgeries - panic attacks	- Trouble walking - Memory Problems	1:23:43	Home
Clara	68	25	- Iron high - Heart problems - stress - depression	None.	18:31	Phone
Ruby	71	25	- stress induced psoriasis - stress from current relationship	- aches in knees - back pain	26:55	Phone

			- depression			
Hazel	66	17	- None	None	17:48	Phone
Violet	76	3	- COPD - fibromyalgia - sclerosis	None	28:34	Phone
Victoria	65	5	- hyper-vigilance for signs of abuse -trust issues for men - addictions issues - back problems & neck problems - chronic pain - on disability	- difficulty walking - can't live alone	47:51	Home
Margaret	70	10	- residual fears	None	52:36	Phone
Evelyn	65	5	- anxiety	None	19:20	Phone
Grace	69	13	- depression - fibromyalgia - nightmares - spinal stenosis - polymyalgia	-movement issues	33:29	Phone

Figure 1 represents a model that depicts IPA, Ageing and Health as a phenomenon from the literature.

Figure 1.



3.3 Major Themes Identified Through Interviews

As women described the circumstances of their experience with IPA and the impact it had on their health and aging, several themes emerged. The major themes identified from the coding of their interviews were attitude, self-esteem, health, ageing concerns, social support, helping other women, lasting effects, finding peace.

Attitude

This was suggested, by several of the participants, to be the most important factor in how older women perceived their experience(s) with IPA. Many of the participants expressed that while their experience of IPA was very hard and testing, but that they also learnt a lot about themselves and now appreciate their freedom and their life so much more. For example, Hazel, 66, said,

... it's made me more positive. It didn't do a negative thing, because after I got out I always stayed on the positive side. I think I'm way stronger than I was going into that relationship mentally and emotionally. I got stronger from it because I learned from it and I stood up, stood my ground. I went the other way, I didn't let it affect my life.

Several of the women mentioned a similar sentiment, where they learned from the situation and moved on to become more positive, selective and thankful for the freedom they now have in their lives. Clara, 68, said:

I'm happier. You know you wish, why didn't I do this. I mean I know why I didn't do it before. You stay because of fear, I guess. I do feel better that way. Emotionally, totally emotionally, I feel so much better.

How women reflected back on their experience seems to have impacted how their relationships have impacted their health today. For example, Evelyn, 65, mentioned that because of the support she received she said:

I was very lucky. I came out of that a whole lot smarter and I was very certain in what I wanted and what I didn't want. I learned a lot from that relationship. It just made me smarter, it didn't bring me down.

Jane, 72, also talked about how having a positive attitude helped her leave the situation and deal with after effects of this huge change:

But, then you just have to just keep on going on. I'm like, "You will get better." You've just got to be positive, but there were some dark days. I'm not kidding. When you leave ... Well, they always say you've got to have a plan, and I did not have a plan. I did it, and you need to have a plan. You need to save some money and get someone to help you, or go to a shelter and stay there, and get established,

and then move on, or you will wither and die; you will.

Hazel, 66, felt that as she grew older she has become wiser and better able to cope with the situations of her life. She said,

[m]y favorite saying is, "This, too, shall pass. Yeah, you feel shitty about things, but everything, I think, happens for a reason, and I believe that it made me just really ... I used to be kind of quiet and shy, but it just made me stronger, and at times maybe a little more verbal than I should be, but at least I know I have opinion, and I will not get stepped on. I won't do it at work, and if anyone is ... I don't tolerate any kind of physical abuse.

Upon reflection of her experience with IPA, Victoria, 65, adopted the attitude that she is the creator of her experience and has the autonomy to choose how she reacts to the events and stressors that come up in her life when she said:

If I got through what I got through in my past, the stresses I go through now are nothing and maybe they are a lot but it's how I choose to deal with it now. Instead of sitting and feeding into the negativity and having resentments and getting all upset about it.

Self-Esteem

Research by Shackelford, 2001 suggests that self-esteem is positively correlated with relationship satisfaction. Orth, Robins, Widaman and King (2012) suggest that this relationship may be due to the fact that individuals with high self-esteem show more relationship enhancing behaviours, whereas, in contrast, individuals with low self-esteem show more dysfunctional behaviours. Victoria, 65, talked about how in her self-esteem was torn down by her mother in her childhood. She recounts how:

Both my sibling and I were adopted and for some reason, I guess cause I was such a rebellious child, we were treated differently. And my sibling was so easy to handle. So, and I still struggle with that. Even now. My sibling and I got into a fight the other night and it was over our mother. She still does it. First, you know, she was good for a few months and I was really trying to have a relationship with her and then she starts the pulling down of the self-esteem right. Oh well maybe you should lose some weight, maybe you should cut your hair. You know, that kind of thing. And I'm like, you know mom, I don't need this and I just kind of

set my boundaries.

Victoria believed her mother's tearing down of her self worth, contributed to many IPA relationships. Furthermore, she talked about her feeling of extreme guilt after not prosecuting one of her violent partners who went on to do commit the same acts of violence to another woman. She said these feelings kept her in a cycle of addiction and jail time. After attending a self-esteem and healing program during one of her sentences she talked about how she was able to come to terms with her guilt and love herself again when she said, "[s]o that really helped me a lot [referring to the programming]. So now I've learned to love myself today, which is great and I just live positive." She went on to explain that, "it took me a long time to get to where I am now. You know, I really messed my life up over the abuse, being in the sex trade... you know all the stuff that goes with that you know." She continued to say that her journey of self esteem is ongoing and said:

[s]ometimes I'm strong enough to deal with it [the trauma from her past] and sometimes I'm not. So those are the defects of character I still try to work on like you know, that's their stuff, not mine. And I do know that, but it still messes with me.

Participants spoke of loss of sense of self and confidence after the abuse. Clara, 68, described it by saying, "I was not feeling comfortable within myself anymore because of the types of things I wasn't allowed to wear. I'd feel like I looked like a slut." Here Clara was describing one of the ways her partner would tear her down by picking apart what she was wearing and making her feel self-conscious about herself. "I'm becoming more accepting of myself. Like people notice a change in me. You know, like I'm not walking around with my head down" said Clara. Participants mentioned losing their sense of selves in their relationship and Hazel, 66, said, "[a]lso, in the relationship I had

lost my sense of self, my sense of confidence. That was all eroded away by the abuse. It took a lot to get that back too.” It seems that self esteem could play a crucial role for women who experience relationships of IPA. Victoria, 65, talked about her experience using the addictions and counselling services in prison and how she was able to work on her self-esteem when she said, “...they sent me to that program and that’s what really helped me, working through my guilt and shame and my inner child issues like the self esteem being torn down as a young child.” Orth et al., (2012) suggest that individuals with higher self-esteem may seek out social support, experience less stress, and show more adaptive coping behaviors, thereby enhancing their health.

Health

In one of the first interviews I conducted, participant Margaret, 70, described her brief relationship as toxic and detrimental to her health and speculated on the effect that would have for women who had endured a similar relationship for many year of their life,

He actually, truly he sucked the joy out of me. He sucked the life right out of me. Even when I was laughing, he'd just glare at me, you know, and to live like that, I cried every day for five years. It's horrible. It does a lot to your body. My hair was falling out, my skin was very pasty, my eyes were dark. Yeah, if someone did that for 25 years, I would think lots of things develop physically and mentally.

When initially questioned, many women were not sure how their health could have been affected by their experience(s) with IPA. Jane, 72, explained it by saying, “[h]e was like Dr. Jekyll and Mr. Hyde I feel, so you can’t say it didn’t affect your health, I guess, because it did...”. After the initial interview many women later thought of things that upon reflection, they felt that were affected by the abuse. There was also a sentiment

that it was hard to differentiate between what could be related to the abuse and what could be related to normal aging. Others suggested that in relation to how they felt during their IPA experiences, they now felt much healthier. Hazel, 66, expressed feeling better than she felt when she was in the IPA relationship, “ten times better than what it was being in that relationship with the abuse.”

The majority of the women interviewed mentioned several lasting effects on their health and aging processes. Susan, 71, described this by saying, “[t]o say that none of this stuff has effect on your health, well, mentally there is some effect, because even though on rare occasion, I still get a flashback from something.” Ruby, 71, described the lasting health effects of psoriasis, which developed during her IPA relationship, “I still do have to deal with psoriasis because it’s part of the nerve. Whenever I’m stressed out it reacts.” She went on to describe how she was also relatively young when she went through menopause at 46 years old and contributes that to the stress of her relationship. She went through a depression for a while after her IPA relationship and described it as having “blindness on”. She talked about how she was since able to talk about how the relationship was abusive and how she did not realize the extent to which it did affect her mental health.

Women described lasting health issues like not being able to sleep, Susan, 71, said:

“[s]ometimes I have trouble sleeping and I’m wondering if it isn’t connected back because.. on the days I worked, he would wake me at night and say ‘you’re snoring, you’re snoring’ so I wouldn’t go back to sleep. I would just literally lay there. Then he would poke me and say I’m snoring and I was awake, so I wasn’t snoring in the first place I don’t think.” Susan also described memory issues when she said, “...still when I talk about things my mind does go so far and it stops on blank. It’s so much better than it used to be, but sometimes it still does...”.

Women also described the lasting effects of the IPA. Jane, 72, said,

[i]t's effects are probably in everything I do because everything I do has to be perfect, organized. I have to know the end before the beginning starts. It's always newness. One of the things that I did develop was that I never do the same thing twice. ... I could never be in the same spot twice, I could never do the same thing twice because he would know from the first time and I'm still doing it.

For some of the participants, one factor affecting their health has been their struggles with addictions, which they suggested contributed to relationships with intimate partner violence. Victoria, 65, confessed she does not believe she would have been in several of her relationships of violence if she had not been in a pattern of addictions. She talked about the guilt of lying in court on her boyfriend's domestic abuse charges:

...that really threw me into a major addiction, criminal charges, going to jail. Then I thought I was okay, and I stayed clean for four years, and then I started back into my addiction, which started me back into selling. Hence another six-year sentence.

Margaret, 70, talked about how during her IPA relationship she went to her doctor for an irregular period. After she left the relationship, three months later, her period returned and she thought, “[o]h my god, it had nothing to do with my body, it had to do with my life”. She said that was a wake up call to her and questioned that if that could affect her body while in her twenties, it could potentially have an even greater effect on someone who is older.

Aging Concerns

Some participants, who experienced physical abuse and violence during their intimate partner relationship(s) expressed concerns about their future as they age.

Victoria, 65, has many health issues due to the abuse, addictions and violence in her life,

during her interview she questioned “I wonder, as I’m getting older, like am I going to be crippled? When I get older am I going to be able to walk? Who is going to be able to help me? As it is, I really can’t live alone.” She continued,

[t]here was a lot of violence in my past due to what I did for a living (sex work), the relationships, physically you know, being thrown around. My physical health is not the greatest, like my nose is broken, my teeth were all cracked up at one point. Yeah my back, my neck. The physical part of me as I’ve gotten older is not the greatest.

She receives a disability payment from the government and commented on how she questions how she can manage with the small amount she receives. She feels her options as she ages are limited because of her health and financial situation. She said:

I can’t work, I have a hard time sitting, I get up in the morning, I can hardly walk because my back is so bad. I have nerve pain that shoots down my legs constantly. So I am on medication for that but as anything, the dose keeps having to be upped. So, are you serious. The chronic pain clinic here has no other alternatives but medication which is really crap. Because I did say to them when I went to see them well he said well I’m going to give you narcotics. And I said I’m not really interested in that. And he said well what are you doing here. And I said well I thought there might be other alternatives. Well for you there is none. And well that’s really hard to hear. Come on there’s got to be something in this day and age. Something more they can do right. So that’s where I’m at. I fought with my addictions. And the stuff they want to give me isn’t stuff that I was ever really, that’s not my thing but still, even if it’s just being used for pain, and you decide you don’t want to take it anymore, the withdrawals are horrible. Thanks but no thanks.

Ruby, 71, shared that “I’m having more back problems, but that’s the age I’m thinking” talking about how her continued stressful relationships have affected her after her experiences with IPA. Other women, like Hazel, 66, shared the sentiment that, “I feel better now than I had when I was with him”. Hazel expressed how she now feels younger being out of the relationship than she felt before. She said, “going through that it wore you out, you always felt exhausted.” She went on to say “The less you do, the

weaker you get. The more you do, the stronger you get. Age don't mean a thing. Now that's one of the things I think I've learned."

Social Support

One of the biggest factors in being able to cope with leaving their abusive partner and regaining self esteem was social support from family, friends and co-workers. Grace, 69, said, "...I know the only thing that keeps on coming back to me is having such good support. I'm sure a lot of people don't have that." Some women expressed feeling lucky to have had such good support upon leaving the relationship and imagined that women who did not have such support would have a harder time dealing with the self-esteem issues, guilt and new life. Another participant who commented on the role of social support upon leaving her IPA relationship was Evelyn, 65. She said, "[f]or me, if I hadn't had that support in and around me all the time, I think I would have experienced more physical ailments related to stress. But I really didn't".

Similarly, Jane, 72, provided an example of how people from her social circle helped her immediately after she left her relationship when she explained how people from her church helped her and her children get back on their feet by donating furniture and helping them secure a safe place to live. Clara, 68, added to this sentiment when she said, "[e]ven my co-workers make me feel that I am okay. Because I'd knock myself down a lot and they'd say no don't do that". She elaborated by saying, her friends were very supportive of her and would push her to go out and "come out" of herself more. Violet shared how "[t]hey help you come out of that feeling lowlife at least a little bit when you're around people that are positive."

Margaret, 70, talked about her experience with IPA with her ex-husband and said, “I had my mom around and I had my brother. They were a great support, and some people don’t have that.” She talked about how it is good to have a plan when leaving your abusive partner and she did not. She went on to say that she was fortunate that she never went to a shelter, she went to her mom’s house. She talked about how her mom was very supportive even though she was in shock that her son-in-law was abusive because of his outward personality and role in the community when she said “...[s]he (referring to her mom) had a hard time believing because he was very charming”.

Victoria, 65, spoke of how her current husband’s support has helped her heal, even though her journey to healing hasn’t been a straight path, when she said:

He loves me unconditionally, and you know that really helps a lot. But he, you know, had to put up with a lot. He’d have to say, you know I’m not the other men so could you please not categorize me like that. And I’d be like, I know I hear you but I was still always looking for him to do something that had happened to me in previous relationships. And so that was really hard to get past. And that took years. Like I mean it’s only really been in the last 3 years that I don’t ever, I trust him fully, I have no worries of what he does. You know. Cause what comes with the abusive relationships is the possessiveness and being cheated on all the time and all the other women so for my husband it was really hard on him and I’m just really lucky that he actually has stuck by me and helped me through my journey which has made me, you know, a really strong woman today. Being positive. Sometimes it’s still challenging and being in the trade I was in, you don’t look at men the same. Yeah. They are sick.

Helping Other Women

Several of the women expressed that they wanted to use their experiences to help other women going through a similar situation. Susan even enrolled in a University Social Work program to be able to help more women. Several of the women also volunteered with support groups to give back to others going through what they went through with their experience(s) with abuse. Susan, 71, said,

I go to a group...and I still learn something each time I go... and I've had people who I've gone to that group with, come up to me, give me a hug and say "you're my mentor". Do you know how beautiful it feels?

Victoria, 65, talked about her work with women who struggle with addiction saying:

Even if one person get something from what I'm saying, it's good. For me, I've learned through my life that you can't make people do things. And I used to try and save people. Well I don't do that anymore. So I just tell them my experiences and what I've been through and what I learned, but I know they have to learn for themselves.

She talks about how everything in her life has been a learning experience and her hopes and dreams are to open a sober living place for women so she can be a part of helping them on their journey to healing.

Lasting Effects

A theme brought up several times across interviews was the lasting effect of not being interested or being wary to date/marry again. Clara, 68, explained,

I don't feel I'd have trust in, if I ever met someone, I'd probably screw up a good person's life. I'm just not interested in dating at all...I just don't see it happening. Cause I am happy that way, without a man.

She went on to say she just does not want to go through the whole scenario again and can come and go as she pleases and doesn't have to answer to anyone. Furthermore, many of the participants mentioned how they now had a fear of men and were weary of their ability to choose a "good" man. For example, Susan, 71, commented,

I've been very afraid of men. When I first came here, if I passed a man in the hall, I walked as close to the wall as I could and as far and kept away. There are still men I'm afraid of.

Similarly, Margaret, 70, said:

But I'll tell you what there's a wall around me and I'm very guarded around who I date and I have no desire to ever marry again because of that fear. There's still, after 20 some years, fear. And also, he followed my daughter on Facebook and I said, you know, make sure you block him. And when I heard that and she told me, there was still, after 24 years, a little bit of fear of me. And I just think I'm a grown woman now, I'm not that 20-year-old anymore. So that to me, probably will always be with me. Has it affected me in my relationships? Probably. I would say yeah it has. If anything, not physically, but probably in any kind of relationship it would kind of come up again. And I'm very aware of it. Very conscious of it.

Margaret recounted that her fear came from the fact that:

On paper I had this charming, wonderful man who would preach at the church and at home he would beat the shit out of me. So if I get married, is that going to happen again? Because I don't know if you know the old movie *Sleeping with the Enemy* with Julia Roberts? I lived that life.

Other women mentioned several other lasting effects that arose like the fear of the dark and crowds. Jane, 72, mentioned,

I'm deadly afraid of the dark. I don't like the dark and I still don't sleep very well at night...I don't like even going from the car to the house without a light coming on...All my trips to town have to be planned around, especially in the winter time, have to be planned around driving when it's still day light.

Jane went on to say,

I would say I'm more nervous. I don't like crowds because that was one of the things I had to do was get lost in a crowd and forever look to the crowd to see if he was going to pop out from being chased and stuff. I have a hard time going slow with a car.

Margaret, 70, mentioned that she refuses to watch violence on TV and in movies because of her experience of IPA in her past relationship. She said, "[o]ther people will say oh it's not real and that's to me, that is not entertainment at all, and it's one of the things I believe um, that's happened to me or I feel really strongly about it, truly." She said that even though people make a lot of money on promoting and showing this on television, she doesn't find it entertaining at all. She went on to say, "[u]nless a story has to be told, but then I don't even watch that, because it's just true to life. I don't need to

see it, I lived it, you know.”

Finding Peace

The distress that results from an IPA relationship can lead to feelings of despair, a bleak outlook on the meaning of life and the perception of a lack of autonomy over how life unfolds (De La Rosa et al., 2016). Participants talked about finding peace after their IPA relationships. Hazel, 66, said,

Just keep telling myself I did nothing wrong. Really looked at him from a different angle and not having the excuse of the brain injury in it, just taking it out. Really looking at his actions, and his comments, and everything, and seeing it for what it really was. Then realizing no, it wasn't my fault. I did 500% trying to make the relationship work. It wouldn't have mattered what I would have done, it would have ended up this way anyway or worse. It could have ended up worse.

Victoria, 65, spoke of finding peace after her journey with IPA, addictions and self esteem. She talked about how her received a lot of tools for coping and healing at some programming she went to. She said:

Women have, like with the abusive relationships, with inner child issues from, you know, from like abandonment, guilt you know anything like that. Like the self esteem being pulled down whether it be by an intimate partner or by your parents or by family members or friends. I think that's, people don't know how to deal with their emotions so they suppress. And it's easy just to, let's not think about it. And get away with being, lets be high or drunk or whatever. And I've learned now that, for myself, my emotions, I'm okay to have them. It's just what I do with them now. So I've learned to sit and resonate in them and figure out okay, why is this. Why do I feel this way and what am I going to do to get past it.

She talked about her journey to liking herself and enjoying spending time alone when she said:

I've had to learn. I mean, for a long time it was really hard when I cleaned up too. Because of being in that world and always having people around. And then I had to learn to like my company again and learn to love myself again and be okay with just being alone. And uh, yeah it's made life much easier. Because I couldn't be alone before, I always had to have people around me. If I was, I just did not want to be alone... Now I know I'm okay with being myself. If people don't like it, it's their

loss. I don't have to have them around me. I don't have to have people like me. If they don't like me that's okay with me too. But I mean, whatever my experiences have made me strong. Very strong.

In addition, evidence suggests that spirituality and religious involvement help buffer the impact of IPA on emotional and physical well-being for women (Cummings, Gonzalez-Guarda & Sandoval, 2013). Some women in this research mentioned their struggle to find peace with their actions in their situations of IPA.

Margaret, 70, talked about her faith and finding peace with her past relationship when she explained:

“...you know, I have a really strong faith and I have forgiven him and...but I just don't want him near me. Um and hopefully he is older and wiser and he's a better man. Truly. I don't know. I do not speak to him.”

She went on to explain how her faith played a huge role for her in her healing journey.

She explained:

“[o]h goodness, if I didn't have any faith in God, I, and go to church, I think things would have played out different for me. My faith and relationship with God carried me through a lot of hard times in my life.”

Faith in God was how some of the women in this study found meaning in their experiences of IPA and something they pointed to in helping them heal and move on from the situation.

Chapter 4: Discussion

In the literature on IPA and health much of the focus is on women under 65 years old. For women over this age, the lasting effects of IPA are not well defined. Studies cite lingering health issues such as mobility issues, hearing loss (McGarry et al., 2010), chronic frustration as well as anxiety and depression (Lazenbatt et al., 2013). Thomas et al. (2008) looked at how younger women understand that IPA affects and intersects with

their health over time. This type of qualitative research has not been fully described with older women, specifically incorporating how health and ageing intersect and affect women over time.

Upon analysis of the transcripts I found some differences between the research described by Thomas et al. (2008) and the data coming from this study. In the research by Thomas et al. (2008) participants were between the age of 18 and 64 and this research was with women 65 to 76. The age of the participants in my research yielded some similarities like lasting stress from abuse and stories of trauma and extreme violence. However, there were also some differences that arose. The biggest one that stood out to me was the issue of care. With age, many women in my research expressed an increased need for care. For example, in our study, Victoria, 65, mentioned her disability and expressed concern for who would care for her now that she did not have a partner. Victoria has many spine-related issues and has trouble with every day activities like walking and standing for long periods of time to cook, clean and take care of her needs. Similarly, participants in Thomas et al., (2008) study did mention care regarding a participant who was diagnosed with cancer and leaned on her abusive partner for help during that time. The care of the participants in their study was more for a shorter term, acute diagnosis.

There were also several similarities that older and younger women both shared. Women under 65 mentioned stress from an abusive relationship and the role it played in substance abuse issues (Thomas et al., 2008). Similarly, in my research, Victoria, 65, openly spoke about her ongoing struggles with substance abuse and how it contributed to the duration of one of her abusive relationships.

A limitation of this research is that the severity of IPA was not measured and examined. The severity of IPA, whether it is minor or violent, has been shown to uniquely impact a woman (Simmons, Knight, & Menard, 2015). For example, Simmons et al. (2015) found that minor IPA victimization is predictive of work dissatisfaction, whereas violent IPA victimization is predictive of relationship instability. One could postulate that the difference between the two could also extend further into the realms of physical and mental health as the women who experienced IPA age. Another limitation of this study was that the difference between the experience of rural and urban participants was not analyzed. Few (2005) indicates that ageing women in rural communities can face different challenges than aging women in urban settings due to geographic isolation, economic constraints, strong social and cultural pressures and a lack of available services. This factor was not analyzed in participant responses and could have played a role as some women in this research were from rural communities when they were in the IPA relationship. I would postulate that there would be differences among the rural participant's experiences as some rural communities are larger and have more access to services in Saskatchewan than others.

Regardless of the limitations of this research, the women's perspectives on how their own health and ageing have been impacted by their experience(s) with IPA remain relevant. This study found that the themes that impact the health and aging of women over 65 with IPA experience(s) are: attitude, self-esteem, health, ageing concerns, social support, helping other women, finding peace, lasting effects. All of these factors were brought forward by participants as contributing to either improving their health and how they perceived they were ageing, or not.

Research on quality of life (QOL) indicates that optimistic disposition, health locus of control and self-efficacy all predict QOL. Health locus of control is "...the extent to which a subject believes he or she can affect his or her health status" (Kostka & Jachimowicz, 2010, p.352). Health locus of control appears to be one of the factors that makes an individual more vulnerable to use medical services (Goldsteen, Counte, & Goldsteen, 1994). For example, women's own attitudes towards their IPA experience(s) and whether they see it through an optimistic or pessimistic lens seem to impact their health today. The women who have an optimistic spin on their experiences seem to have fewer feelings of depression, anxiety and stress.

Chapter 5: Conclusions

In conclusion, I believe this statement by Violet best sums up the sentiment of the participants in this research:

I'm just happy I'm not living the life of hell. I wouldn't change what happened to me, I wouldn't change anything. It's a good experience. If you learn from your experiences in this world you've accomplished something. And if you could help one person learn from your experience, you've accomplished a lot.

There are many interconnected factors that seem to impact women's experiences of abuse, their health and experience of aging. Each woman's experience was different and was impacted by the social support of friends, family and co-workers around her. Some women turned to helping others, support groups and education to get themselves back to healthy while others still struggle with addictions, disability and numerous health problems. Many of the women mentioned, in some form or another, the importance of their attitude regarding what they chose to make of their own situations. Whether they chose to look on the positive side and turned to exercise, education and being healthy or

whether they chose the negative side and turned to drugs, unhealthy relationships and shame.

Many of the women perceive that they are continuing to have lasting effects of their experiences with IPA, on their health and aging processes. The participants spoke of issues of mobility, pain and psychological health brought on by their experiences. They also spoke of issues of addictions, disability and legal actions that still need to be pursued. Some of the women used their experiences to support and mentor other women who experienced IPA. They also spent time and energy educate others on how to best handle the situation to support and protect women involved with IPA. These women describe their health as good with few lasting effects on their health and aging processes. I do not know if the long term effects of IPA will ever fully be calculated as it seems to affect each woman differently depending on other circumstances in her life, the community around her and the support she receives.

5.1 Where do we go from here?

Professionals can continue to hear the voices of women who have experienced IPA. They can continue to listen to their needs and how they feel their experience has impacted their health and ageing. Professionals can, along with them, create programs, services, resources, housing and opportunity to allow them to fully heal, grow and move on from their experience with their best foot forward.

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Appendix A



Research Ethics Board
Certificate of Amendment Approval

PRINCIPAL INVESTIGATOR
Megan Taylor

DEPARTMENT
Gerontology

REB#
2015-141

SUPERVISOR
Dr. Mary Hampton

TITLE
Intimate Partner Abuse and Older Women: Exploring the connection between abuse, ageing and health

AMENDMENT APPROVAL OF	ORIGINAL DATE of APPROVAL	NEXT RENEWAL DATE	DATE OF AMENDMENT APPROVAL
• Interview Guide Questions	November 26, 2015	November 26, 2017	November 16, 2016

Full Board Meeting

Delegated Review

AMENDMENT CERTIFICATION

The University of Regina Research Ethics Board has reviewed the changes to the above-named research project as outlined in your e-mail dated November 16, 2016 and they are approved.

ONGOING REVIEW REQUIREMENTS

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.uregina.ca/research/for-faculty-staff/ethics-compliance/human/forms1/ethics-forms.html>

Ara Steininger
Research Ethics Board

Please send all correspondence to:

Research Office
University of Regina
Research and Innovation Centre 109
Regina, SK S4S 0A2
Telephone: (306) 585-4775 Fax: (306) 585-4893
research.ethics@uregina.ca

Appendix B
Interview Guide

Date: November 10th, 2016

Demographic Information

- Name/Pseudonym:
- Gender:
- Age:

Thank you for taking the time to be interviewed today. I am interested in learning more about how you feel your health and ageing processes have intersected and been affected by your experience with intimate partner violence. I would like to know more about your personal experiences, so there are no right or wrong answers.

Before we begin, I would like to remind you that the interview is voluntary and if there is anything that comes up that you don't feel comfortable answering, please let me know and we'll move on.

Main Question:

- Could you briefly describe your experience with Intimate Partner Violence? How long did it go on for? How old were you at the time?
- How would you describe your health overall?
Prompt: Do you have any specific health concerns?
- How would you describe the ageing process for you?
Prompt: Do you have any specific ageing concerns?
- How do you believe your experiences with Intimate Partner Violence have impacted, if at all, your health and ageing?

Other:

- Is there anything else that you would like to share with us at this time?
- Do you know of anyone else who has been in a similar situation who may be willing to share?

Appendix C



Participant Consent Form

Project Title: Intimate Partner Abuse and Older Women: Exploring the Connection between Abuse, Ageing and Health

Researcher:

- Meagan Taylor - Graduate, Faculty of Arts - Gerontology, University of Regina, 306-216-6787, Taylor9m@uregina.ca

Supervisors:

- Dr. Mary Hampton - Department of Psychology, mary.hampton@uregina.ca, 306-585-4826

Purpose(s) and Objective(s) of the Research:

- The purpose of this research is to understand how each older woman perceives Intimate Partner Abuse has intersected with health and ageing over time.

Procedures:

- Face-to-face interviews will be conducted at the University of Regina in Luther College with participants and will last approximately 45 minutes to 1 hour. Interviews will be recorded using an electronic audio recording device.
- Please feel free to ask any questions regarding the procedures and goals of the study or your role.

Potential Risks:

- There are no known or anticipated risks to you by participating in this research.

Potential Benefits:

- If this research can provide insight into the specific lived experiences of women over 65 years old who've experienced IPA and how these experiences have intersected with ageing and health over time, it is possible to use this information to develop theory to provide service providers the tools to better meet the needs of this population. This can potentially increase the ability of this population to benefit from services. The theory that is developed will be used to provide a framework that service providers can use to foster and promote new tools and strategies to better meet the needs of this population.

Confidentiality:

- Pseudonyms will be used in the finished research in order to keep participants anonymous.
- Confidentiality will be protected through secure storage of data (i.e. audio files of interviews) in which only the researcher will have access to. Participant names will not be used during the interview in order to ensure that there is no record of the participant's identity on the audio file.
- **Storage of Data:**
 - Audio files of the interviews will be stored in password-protected files on a password-protected computer for a minimum of five years. The researcher (Meagan Taylor) and her supervisor (Dr. Mary Hampton) are the only people who will have access to the data.
 - When the data is no longer required, the interviews will be erased and the transcripts will be shredded.

Right to Withdraw:

- Your participation is voluntary and you can answer only those questions that you are comfortable with.
- You may withdraw from the research up until 1 year after transcribing has occurred.
- Whether you choose to participate or not will have no effect on how you will be treated by the researcher
- Should you wish to withdraw, your data will be destroyed immediately and will not be used in conjunction to this research.

Follow up:

- To obtain results from the study, please contact the researcher (see page 1 for contact information)

Questions or Concerns:

- Contact the researcher(s) using the information at the top of page 1;
- This project has been approved on ethical grounds by the UofR Research Ethics Board on (insert date). Any questions regarding your rights as a participant may be addressed to the committee at (585-4775 or research.ethics@uregina.ca). Out of town participants may call collect. OR

Consent**SIGNED CONSENT**

Your signature below indicates that you have read and understand the description provided; I have had an opportunity to ask questions and my/our questions have been answered. I consent to participate in the research project. A copy of this Consent Form has been given to me for my records.

Name of Participant

Signature

Date

Researcher's Signature

Date

A copy of this consent will be left with you, and a copy will be taken by the researcher.

Appendix D
The Evolution of Coding Categories

OPEN CODES	AXIAL CODES	SELECTIVE CODES
Lack of confidence after abuse Losing sense of self	Confidence Self Love Sense of Self	Self Esteem
Being stronger from relationship Being victimized by relationship Stayed on the positive side Learning from the situation	Optimism Victim Mentality Staying Positive	Attitude
Problems with drugs and alcohol Programs for drug and alcohol addictions (AA, NA) Sex work Rehabilitative Programs Feeling healthier out of the relationship Flashbacks from abuse Psoriasis Stress Memory Problems Perfection Alertness	Addictions Sex work Stress Health Problems	Health
Concerns about ability to walk Ability to live independently Aging physically Back problems Feel younger out of abusive relationship Neck pain	Independent Living Mobility Pain	Aging
Help from family members People to listen to you Dealing with guilt from relationship Encouragement from friends Community raised money Donations of furniture from church	Emotional Support Financial Support Community Support	Social Support

Groups for women who've experienced abuse		
Enrolling in University programs to help other women Mentoring other women Talking about experiences in Group Meetings	Supporting Others Mentoring Others Group Classes Education	Helping Other Women
Turning to God Talking to abuse counselors	Higher Power Counselors	Finding Peace and Spirituality
No interest in dating other men Fear of men passing in hallways Happy without a man Lack of trust in men Afraid of the dark Trips have to be planned around driving during the day Nervous in crowds	Fear of Men Fear of the dark Fear of crowds	Lasting Effects