Building conditional safety “brick by brick”:

Conceptualizing safety among women who experience intimate partner violence

by

Jennifer Root

A thesis submitted in conformity with the requirements for the degree of Doctor of Philosophy

Factor-Inwentash Faculty of Social Work
University of Toronto

© Copyright by Jennifer Root (2014)
Building conditional safety “brick by brick”: Conceptualizing safety among women who experience intimate partner violence

Jennifer Root
Doctor of Philosophy
Factor-Inwentash Faculty of Social Work
University of Toronto

2014

Abstract
Empirical evidence and practice wisdom indicates women simultaneously endure and resist intimate partner violence (IPV) in an effort to protect themselves – to be safe. But what does it mean to be safe? Contemporary discourses and interventions often position physical safety, and reducing the threat of future harm, to be the primary goal of women’s help-seeking behaviour, and by extension, the primary feature of what it means to be safe. However, there is no evidence indicating the elimination or minimization of direct physical harm is the primary feature of feeling safe. The purpose of this study was to examine 1) women’s conceptualizations of safety and 2) how safety was achieved, in order to theorize about the broader construct of safety. Underpinned by intersectional and feminist theories, and guided by grounded theory methodology, 14 semi-structured interviews were conducted with women who self-identified as experiencing IPV. Analysis revealed women who experience IPV conceptualized safety in complicated, complex, and conditional ways. A key finding of this study revealed the notion of safety goes beyond the direct, embodied harms inherent in many abusive relationships. A broader formulation of safety emerged suggesting the concept spans economic, physical, emotional, psychological, and social domains. Building conditional safety across these various domains contributed to a variety of possible safety dispositions ranging from provisional safety to
considerable safety. Data suggested women feel safest when they have power to make decisions; access to information about IPV; time and space to heal; housing and economic self-sufficiency; access to unconditional support; and most importantly no ongoing experience of IPV. While working to eliminate the impacts and consequences of IPV should certainly remain at the core of social work prevention and intervention strategies, the dynamic and ever-changing sense of safety women experience over the course of an abusive relationship must be more fully considered in future practice with survivors.
Acknowledgments

I always imagined writing the acknowledgements for my dissertation would be the easy part of this process. Surely thanking everyone who supported me on this incredible doctoral journey would be fairly straightforward. And yet, it’s really difficult to find the words to adequately convey the depth of my gratitude and love for those who supported me in so many ways during the past five years. Having reached the finish line, I can’t imagine anyone making it to the end without an amazing support system; and my support system was filled with an incredible group of people.

First, I want to thank the women who made this research possible. Thank you for sharing your stories with me. Thank you for your incredible generosity of spirit and for wanting to contribute to this research project.

Next, I’d like to thank my parents. Your never-ending support and encouragement was always something I relied on and certainly turned to during the difficult phases of this process. I’ll always remember writing furiously in the little house and the relief I felt knowing you were both there to erase my doubts. And of course I want to thank my brother who has always been steadfast in his support of me, long before I decided to pursue doctoral studies.

To Russ, this is where words really begin to fail. I was able to dedicate myself to working on this PhD because of you – because of your amazingly generous spirit and unwavering support. You took on so many burdens during the past five years, and yet you never let me feel the weight of that. Thank you for walking alongside me and holding my hand. Thank you for gifting me with endless patience and that sweet smiling nod when this process consumed so much of our time.

To Eric, it’s just as hard to capture the right words to say thank you. You knew before I did that this path would lead to an amazing experience. And as usual, you weren’t wrong. Thank you for constantly believing in me and keeping me focused on my path. You always held the faith from day one and you never let me forget that my voice and my capability were always there. As always, you were my constant reality check and touchstone.
To my amazing committee, to whom I will be forever grateful, thank you. I was truly fortunate to begin my doctoral work with an incredible advisor, Ramona Alaggia. Thank you for your endless care and consideration, as well as every piece of guidance you offered during our time together. Especially during the ‘sprint’, your encouragement was invaluable. To Betty, I wouldn’t have found the holes in my knowledge and understanding without your gentle ‘pushing’. Thank you for seeing the potential in my work and asking more of me. To Angelique, thank you for always giving it to me straight, and most importantly, for always being a phone-call away. Our conversations, and dreaming big, inspired me on so many levels. Finally, thank you to my external & internal examiners for providing incredible feedback and support in furthering the ideas of this study.

There are so many members of the FIFSW community who offered mentorship and opportunities to grow. To Faye, thank you for being my biggest cheerleader and for including me in the incredible work you do. To Eileen, thank you for giving me the opportunity to engage in student-centered work and for guiding me through the experience of field-based learning and teaching. To Barb, our incredible PhD Director, I can’t thank you enough for your thoughtfulness and constant support. Your enthusiasm was so appreciated.

While it’s impossible to thank everyone individually, especially my PhD colleagues and friends, I’m so grateful to have walked this path with you. Corry, thank you for our pancake dates! There isn’t a problem we can’t solve when pancakes are involved. And to my girls – my BSW girls – you’re like home to me. Thank you for being there.

This was an experience like no other, and for that, I am truly grateful.
# Table of Contents

Abstract .......................................................................................................................... ii  
Acknowledgments ......................................................................................................... iv  
Table of Contents .......................................................................................................... vi  
List of Tables ................................................................................................................ x  
List of Figures ............................................................................................................... xi  
List of Appendices ....................................................................................................... xii  

**Chapter 1 Introduction & Background** ................................................................... 1  
1 Study Rationale .......................................................................................................... 3  
2 Intimate partner violence and social work ............................................................... 4  
   2.1 IPV and direct social work practice ................................................................... 5  
   2.2 IPV and social work education ......................................................................... 7  
3 Relevance to social work ......................................................................................... 8  
   3.1 Social work practice ......................................................................................... 8  
   3.2 Social work knowledge and education ............................................................. 9  
4 Summary .................................................................................................................... 9  

**Chapter 2 Epistemological & Theoretical Frames** ............................................... 10  
5 Language and terminology ...................................................................................... 10  
6 Critical paradigm .................................................................................................... 11  
   6.1 Feminist theories ............................................................................................. 12  
   6.2 Feminist intersectional frameworks ................................................................. 15  
7 Conceptual frames .................................................................................................. 17  
   7.1 Survivor theory ............................................................................................... 18  
   7.2 Multi-theoretical help-seeking model ............................................................. 22  
8 Summary ................................................................................................................... 27  

**Chapter 3 Literature Review** ................................................................................ 28  
9 Method ....................................................................................................................... 28  
10 Safety ....................................................................................................................... 29  
   10.1 Staying or leaving: The relationship to safety .................................................. 30  
   10.2 Relationship termination .............................................................................. 31  
11 Resistance strategies and coping with IPV ............................................................. 32
### Chapter 4 Design and Methods ................................................................. 50

13 Study design ......................................................................................... 50
   13.1 Grounded theory ........................................................................... 50
   13.2 Feminist-informed grounded theory ............................................. 51
   13.3 Sensitizing concepts .................................................................... 52
   13.4 Research questions ........................................................................ 52

14 Data collection ...................................................................................... 53
   14.1 Inclusion criteria ........................................................................... 53
   14.2 Initial sample & recruitment strategies ....................................... 53
   14.3 Developing an initial sample ....................................................... 54
   14.4 Interviews ..................................................................................... 55

15 Data management and analysis procedures ...................................... 58
   15.1 Theoretical sampling ................................................................... 59
   15.2 Constant comparison .................................................................... 60
   15.3 Coding ........................................................................................ 64
   15.4 Memoing ...................................................................................... 68
   15.5 Theoretical saturation .................................................................. 69
   15.6 Transcription ................................................................................ 70
   15.7 Ethical considerations ................................................................... 71
   15.8 Reflexivity and role of the researcher .......................................... 72

16 Strategies for rigor ............................................................................... 74

17 Methodological limitations ................................................................. 78

### Chapter 5 Findings .............................................................................. 80

18 Description of participants ................................................................. 80

19 Building conditional safety ................................................................. 84

20 Women’s conceptualization of safety ............................................... 86
   20.1 Economic safety ........................................................................... 87
Chapter 6 Discussion and Implications for Practice ................................................. 115

25 Introduction .............................................................................................................. 115
26 Conceptualizing safety .............................................................................................. 118
   26.1 Safety is fluid, dynamic, and individual .............................................................. 118
   26.2 Characteristics of safety are context specific ..................................................... 119
   26.3 Safety is conceptualized as more than physical safety ................................ ........ 120
27 Women do not simply ‘arrive at’ safety ................................................................. 127
   27.1 Mobilizing helping resources ............................................................................. 128
   27.2 Acquiring knowledge and confidence ............................................................... 130
   27.3 Creating space: Relationship termination ......................................................... 131
28 Theoretically developing the concept of safety ....................................................... 132
29 Implications for social work .................................................................................... 135
   29.1 Social work practice ......................................................................................... 135
   29.2 Social work knowledge .................................................................................... 138
   29.3 Social work education ..................................................................................... 139
30 Contributions ........................................................................................................... 140
31 Limitations ............................................................................................................... 141
List of Tables

Table 1. Studies identifying women’s IPV resistance strategies ............................................. 33

Table 2. Comparing demographics among safe and unsafe women (N=14) ................................. 61

Table 3. Phases of coding and analysis procedures ..................................................................... 67

Table 4. Participant characteristics ............................................................................................. 82

Table 5. Experiences of childhood and adult abuse ................................................................. 83

Table 6. Type of harm experienced based on self-identified safety disposition ......................... 84
List of Figures

Figure 1. Proposed grounded theory of Building Conditional Safety .......................... 117

Figure 2. Participant safety dispositions plotted using the theory of Conditional Safety......... 134
List of Appendices

Appendix A. Recruitment flyer ........................................................................................................ 162
Appendix B. Demographic form ........................................................................................................ 163
Appendix C. Interview guide ........................................................................................................... 168
Appendix D. Information letter and consent form .......................................................................... 170
Appendix E. Codes, categories, and sub-categories ...................................................................... 174
Chapter 1 Introduction & Background

Violence against women (VAW) has reached epidemic proportions across the globe. Perpetrated against women, because they are women, gendered violence takes many forms ranging from systematic abuses caused by war, slavery, trafficking, and colonization to inter-personal forms of harm caused by sexual abuse, rape, and intimate partner violence (IPV). Violence perpetrated by male partners is one of the most universal and widespread forms of violence against women (Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002). Findings from Alhabib, Nur & Jones’ (2010) systematic review of 134 prevalence studies of intimate partner violence, conducted across 6 continents, reveals lifetime rates of violence among women ranging from 2% - 70%. While this is a very wide range, likely reflecting methodological variations and/or constraints, the global reach of this problem is evident. Femicide, the intentional killing of women and girls because they are women, is recognized as a serious and growing problem worldwide (Campbell, Glass, Sharps, Laughon, & Bloom, 2007; World Health Organization, 2010). Based on prevalence data from 198 studies across 66 countries, almost 38% of women who are murdered are reportedly killed by their male intimate partner (Stockl et al., 2013). Ongoing concerns about ineffective and inconclusive treatment outcomes for perpetrators of intimate partner violence (Babcock, Green, & Robie, 2004; Feder & Wilson, 2005) further highlight the persistent, structural challenges faced by the violence prevention and intervention community with respect to ending violence in the lives of women.

Canada is not immune from the severe impacts of IPV among women. Incidence rates based on the General Social Survey have remained relatively steady over the past 10 years, impacting between 6%-8% of married/common-law women living in Canada (Statistics Canada, 1999, 2005, 2011). Clark and DuMont’s (2003) review of prevalence studies in Canada indicate rates of IPV among women between 0.4% and 23% annually. The wide discrepancy in estimates of national prevalence rates could be attributed to disclosure issues among women who experience IPV. In fact, Alhabib and colleagues (2010) contend we have yet to achieve a true prevalence picture because women continue to under-report experiences of IPV. Nevertheless, in Canada, physical and sexual violence continues to be a more severe problem for women than men (Romans, Forte, Cohen, Du Mont, & Hyman, 2007). These rates of violence and poor primary
prevention outcomes paint a devastating picture about the pervasive, global nature of the problem.

Unsurprisingly, given the rates of IPV, empirical studies exploring risk factors and impacts of IPV continue to grow as helping professionals, organizations, and governments attempt to find evidence-informed ways to respond to IPV and VAW. Recent studies indicate depression and fear of the perpetrator are the greatest risk factors of IPV victimization (Stith, Smith, Penn, Ward, & Tritt, 2004); physical health consequences include chronic pain, gastrointestinal problems (i.e., appetite loss, eating disorders), fibroids, migraines, and pelvic pain (Campbell, 2002; Coker, Smith, Bethea, King, & McKeown, 2000); psychological health consequences include depressive symptomology, anxiety, lower self-esteem, and lower life satisfaction (Zlotnick, Johnson, & Kohn, 2006); severe injuries related to strangulation, blunt force trauma, weapon use, and sexual assault are more likely for women who experience physical abuse (for a review see Sheridan & Nash, 2007); and increased risk and presence of physical, emotional, and psychological harms for children exposed to IPV (Rhodes, Cerulli, Dichter, Kothari, & Barg, 2010; Wolfe, Crooks, Lee, McIntyre-Smith, & Jaffe, 2003). The risk factors most relevant to this study reveal women who seek formal help often report receiving ineffective or inadequate help (Fanslow & Robinson, 2010; Moe, 2007). Protective factors, such as social support (Coker, Watkins, Smith, & Brandt, 2003), resiliency (Humphreys, 2003), access to economic resources (Dalal, 2011), and coping strategies (Canady & Babcock, 2009) have been identified as potential mitigating factors of the negative consequences of IPV. Clearly, the consequences of IPV go beyond affecting women’s physical and mental well-being, creating social, cultural, relational, and financial vulnerabilities.

Given the prevalence and impact data, it becomes obvious there are huge numbers of women in Canada, and around the world, who are being physically, emotionally, psychologically, and sexually injured as a result of experiencing IPV. Anecdotally, based on practice wisdom and observation, social workers and helping professionals understand that being subjected to IPV profoundly changes the way women experience the world around them – often times in very negative and damaging ways. And while it remains critically important to purposefully acknowledge and maintain discourses about the devastating harms caused by IPV, simply exposing the calamity of IPV should not be the sole purpose of empirical and theoretical inquiry.
Women demonstrate incredible strength, resilience, and resistance when violence is enacted upon them. Saturating the IPV and VAW literature with primarily incident-based, problem-focused conceptualizations of violence does a great disservice to the broader discourse, and by extension women who experience IPV, when their active resistance and sites of agency are eroded from the story. In fact, Hyden (1999), a grounded theory researcher studying fear in the lives of women who experience IPV, suggests “the resistance theme has been almost completely missing from research on the abuse of women” (p. 44). Until very recently, women’s experience of IPV, the knowledge they hold about managing risk, and the coping mechanisms and strategies they use to respond to violence have been under-valued and under-utilized in violence prevention and intervention work. However, in the past 10 years, researchers have begun to explore how women actively disrupt and manage IPV, in order to safeguard their emotional and psychological health (Chang, 1989; Davis, 2002; Sabina & Tindale, 2008), and physical safety (Goodman, Dutton, Weinfurt, & Cook, 2003; Goodman, Dutton, Weinfurt, & Vankos, 2005; Goodman, Smyth, Borges, & Singer, 2009). Essentially, these studies illustrate how women simultaneously endure and resist IPV in an effort to protect themselves – to *be safe*.

But do women feel safe?

Based on practice wisdom, probably not. But we have no evidence to the contrary. More importantly, we have no evidence outlining the processes, content, and features of what safety looks like in the lives of women who experience IPV.

1 **Study Rationale**

So how do women define safety?

Social workers and other helping professionals often imagine physical safety, and reducing the threat of future harm, to be the primary goal of women’s help-seeking behaviour (Goodkind, Sullivan, & Bybee, 2004; Lindhorst, Nurius, & Macy, 2005), and by extension the primary feature of what it means to be safe. However, there is no empirical evidence indicating the elimination or minimization of direct physical harm is the *primary* motivation for women’s help-seeking, nor the primary factor contributing to women feeling *safe*. These gaps in our social
work knowledge and practice literatures set the stage for further research and questioning about what makes women feel safe and how their understanding of safety is formed. Furthermore, while social workers and other helping professionals have put forth enormous effort to understand and predict relationships between various socio-demographic factors, help-seeking behaviours, and coping strategies, we don’t have evidence about the definition, features, and construction of safety, from women’s point of view. For instance, is reducing direct physical harm a primary feature of safety? Do other pieces such as emotional safety, economic security, child safety, socio-cultural safety, or the safety of her partner contribute to her definition of safety? While there is considerable research positioning these various factors as outcomes of IPV, there remains a paucity of research exploring their influence on the broader construct of safety. The ever-growing body of literature dedicated to safety planning (Davies, Lyon, & Monti-Catania, 1998; Goodkind, et al., 2004; Lindhorst, et al., 2005) and lethality assessment (Campbell, et al., 2007; Campbell et al., 2009; Campbell, 2004), and the lack of empirical evidence illustrating how our understanding of safety goes beyond protecting women from physical harm, further highlights the lack of knowledge and insight we hold about the concept of safety.

It is important to state that the intention of this study is not to dilute the very real and persistent threat of femicide, serious physical and sexual injury, and embodied harms women face at alarming rates in both Canada and around the world. Rather, the intention is to provide empirical evidence about how and in what ways women’s understanding of safety is shaped beyond and in addition to personal harm. Social work, as a discipline and a profession, can benefit from learning more about how women’s feelings of safety are constructed, understood, and operationalized in the context of intimate partner violence. It stands to reason that a fuller, more nuanced understanding of safety can better inform social work practice, research, and education.

2 Intimate partner violence and social work

The working relationship between social workers and women who experience IPV must be positive and supportive if we want to create real opportunities to keep women safe. The knowledge and skills required to engage in a meaningful working relationship with women who experience IPV must be continually evaluated and honed in order to mitigate unintended
consequences, secondary victimization, and further oppression of women exposed to IPV. In fact, study findings indicate optimizing services to match survivor needs is the most essential service change needed across formal helping systems (Arriaga & Capezza, 2005; Lerner & Kennedy, 2000; Waldrop & Resick, 2004). Unfortunately, there have been barriers to achieving a harmonious and productive working relationship between formal systems and women who experience IPV.

Interventions across formal systems, which social work is enmeshed in, are largely ineffective at meeting the most pressing needs of women who experience IPV (Fanslow & Robinson, 2010; Gondolf & Fisher, 1988; Moe, 2007). In fact, when formal services are utilized – at very high rates in some cases – the responsiveness of major helping sectors, such as healthcare and criminal justice, are often times inadequate (Anderson et al., 2003; Barrett, St. Pierre, & Vaillancourt, 2011; Peckover, 2003; Postmus, Severson, Berry, & Yoo, 2009). As a result, the VAW sector across the US and Canada has begun to shift its thinking about current methods of assessing, investigating, and advocating with abused women; moving from static, binary explanations of women’s help-seeking (i.e., staying or leaving) toward woman-defined, survivor-informed models that capture a wider spectrum of protective behaviours (Davies, 2008, 2009; Goodman & Epstein, 2008; Jenney, 2011). Prescriptive, pathologizing, and normative responses to women who experience IPV are now closely scrutinized, and often rejected, by women’s advocates and social workers.

2.1 IPV and direct social work practice

The ability of social work, as a profession and a discipline, to effectively align with the feminist and activist principles inherent to the US and Canadian VAW movements, has been raised by various scholars and researchers over the past 25 years (e.g., Dobash & Dobash, 1992; Gutierrez, 1987). Recent studies have also raised questions about our participation in contemporary anti-violence work, specifically direct practice work with survivors. For example, a perceived lack of caring and competent social work interaction with women is evidenced in recent violence prevention and social work literatures (Danis & Lockhart, 2003; Kanuha, 1998; Pyles & Postmus, 2004). In fact, Danis and Lockhart (2003), leading scholars and researchers exploring IPV and social work practice, reported an important anecdote from a domestic violence
advocate: “The battered women’s movement went downhill when the MSWs took over” (p. 215). However, earlier research (Dobash & Dobash, 1992) suggests the tensions lie not in the profession proper, but rather in the individual approaches and theoretical perspectives of any given ‘professional’.

One explanation for this continued struggle in the work could be related to differing practice approaches. Feminist approaches to social work continue to be individually operationalized rather than collectively, and as mentioned earlier, principles guiding IPV prevention and intervention initiatives are often framed by feminist principles. Furthermore, one wonders what proportion of our profession is made up of feminist identified social workers. Given I identify as a feminist social worker, it has been my experience that there is not a huge proportion of social workers who openly and explicitly declare this positionality – which is not to say there aren’t feminist identified social workers contributing to the goals of the broader VAW movements; rather that a feminist perspective is not a widely adopted or reflected stance within the broader profession. It stands to reasons that if there are only a small proportion of social workers doing feminist-informed work, our ability to positively affect a gender-based social movement would also be potentially hampered.

While there is evidence outlining our struggles, valuable contributions have been made by the profession, and individual social workers, in supporting the elimination of violence against women. For example, women-centered practice, conceptualized by Hanmer and Statham (1988) in the late 80s, represents a social work practice model designed specifically to attend to gender-based work with women. The theoretical and empirical work of feminist-identified researchers is also present throughout social work and IPV literatures (for a review see Valentich, 2011).

In summary, the absence of a universal feminist social work theory or approach (which itself would presents with its own limitations around essentializing) should not preclude practitioners (feminist and non-feminist alike), from anchoring their practice values in a key social work ethic as defined by the Canadian Association of Social Workers: the pursuit of social justice. It would be difficult to dispute that both feminist and non-feminist social workers are concerned with notions of social justice, which in some ways compliments and mirrors some key tenets of feminist principles; namely anchoring our work and knowledge production in ways that
acknowledge the presence of violence, oppression, and marginalization. In fact, the Canadian Association of Social Workers (2005) describes the pursuit of social justice as, “providing resources, services, and opportunities for the overall benefit of humanity and to **afford them protection from harm** [emphasis added]” (p. 5).

While current and historical tensions remain relevant, it stands to reason that contemporary social work has the potential to 1) support and further the work of feminist social work practitioners, researchers, and educators, and 2) mend historical difficulties by changing any trajectories not leading to effective, non-pathologizing, and non-judgmental work with women who experience IPV. If we continue to critically consider where our blind spots and challenges lie in supporting women and the broader VAW movement we may find meaningful ways to transform our approach to the problem of violence against women. One important piece of this transformation could be the purposeful - and careful – incorporation of knowledge and insight shared by the women, families, and communities we work alongside.

### 2.2 IPV and social work education

Upon examination of both Canadian and US educational accreditation standards (Canadian Association for Social Work Education, 2008; Council on Social Work Education, 2008), and confirmed by Black and colleagues (2010), there appear to be no clearly articulated standards of practice or education directives specifically related to IPV. In fact, Colarossi states:

> The profession [of social work] has not yet developed standards of practice, policy statements, nor consistent educational curricula or texts that have been rigorously examined. If we do not take steps to correct this, the field will continue to be criticized for its inappropriate response to violence against women. (2005, p. 153)

The social work profession has also fallen behind our colleagues in nursing and law as competency work has already been completed by the American Association of Colleges of Nursing (2000) and the American Bar Association (Goelman & Valente, 1997). The lack of clearly articulated social work education standards related to IPV provides some rationale for our historical difficulties in adequately participating in violence prevention and intervention work as a discipline. It is conceivable the chronic absence of education standards has resulted in the stunting of practitioner competency when working with women who experience IPV. Rectifying
this deficiency is important – not only to social work educators, who require clear, evidence-informed directives and guidelines related to teaching about IPV – but also to ensure emerging social work practitioners are prepared to effectively engage in anti-violence work.

3 Relevance to social work

There is unrealized potential among social workers, and the broader social work profession, to effectively support and contribute to positive changes in the lives of women who experience IPV. The findings of this study will directly inform 1) social work practice and 2) social work knowledge and education.

3.1 Social work practice

As a social worker and woman’s advocate, I wanted to better understand how women conceptualize and think about safety – how safety is shaped and understood in the context of intimate partner violence – from their unique perspective. I pursued this area of research because I consider some of our current social work responses and practices to be potentially pathologizing and lacking a survivor-informed frame. While there is incredibly transformative social work research, practice, and education being pursued and accomplished by other survivor-informed and intersectional feminist social workers, taking a critical view of our existing practices is done so in good faith and with an aim to contribute to positive change. Ideally, the outcome of this study will contribute to the ongoing transformation of contemporary social work practice, education, and research about engaging with and supporting women who experience IPV.

Furthermore, there is a perceptible practice shift happening within the broader VAW movement based on reviewing the theoretical, practice, and empirical literatures related to IPV. It is a philosophical and epistemological shift that problematizes the legitimacy of questions such as ‘why doesn’t she leave’, while posing more holistic, survivor-informed questions such as ‘how does she seek help’ or ‘what does safety look like for her’. This shift signals a key turning point in violence prevention and intervention work. The findings of this study will contribute to the
forward momentum of this paradigmatic shift by infusing new knowledge and theoretical ideas into our evidence base, practice models, and social work curricula.

3.2 Social work knowledge and education

Prioritizing women’s voices in social work research, to better understand their experience of being in the world, can reveal valuable situated knowledge related to IPV, systemic oppression, and institutional barriers. Women’s gendered, politicized, situated knowledge, accessed through empirical research, can directly inform evidence-based prevention and intervention initiatives, especially within the field of social work practice with IPV victims and survivors. In fact, social work scholarship and knowledge production related to women’s responses to IPV is critical in order to continue developing positive, supportive working relationships between social workers and women who experience IPV given our professional reliance on evidence-based practices. Through data analysis and positioning of the study findings I will be able to comment on and contribute to social work knowledge and education about women’s conceptualization of safety.

4 Summary

Theorizing about safety, by investigating its meaning among women who experience IPV, is an important and yet to be explored construct within the IPV literature. Determining the meaning of safety from the points-of-view of women who have experienced IPV will contribute to contemporary social work discourse and practice which is currently undergoing a considerable transformation.
Chapter 2 Epistemological & Theoretical Frames

Two feminist theoretical perspectives from the critical paradigm serve as the foundation of this study: feminist standpoint theory and feminist intersectional frameworks. The study in its entirety, from conceptualization, to implementation, through dissemination was built upon feminist and intersectional principles. Additionally, two middle range theories are utilized to further refine and illustrate the epistemological and theoretical tone of the study. Specifically, these lenses reveal how contemporary social work practice with women was conceptualized, as well as, how survivor-informed and help-seeking theories sensitized the researcher to a grounded theory study of safety. These two middle-range theories are: survivor theory and a multi-theoretical model of help-seeking.

Taken together these grand and middle-range theories not only frame the study, but also directly speak to the positionality and presence of the researcher. Because I’m intrinsically tied to these epistemological and theoretical approaches as a social work researcher, practitioner, and also personally as a woman living in an inherently patriarchal and structurally violent world, it becomes methodologically important to articulate the theoretical underpinnings of this study.

5 Language and terminology

For the purpose of this study, and consistent with the empirical literature, the term violence against women is understood to mean “any verbal, physical, and sexual assaults which violate a woman’s physical body, sense of self and sense of trust, regardless of age, race, ethnicity, or country” (Campbell, 1995 as cited in Alhabib, et al., 2010, p. 369). This definition is further complimented by the most recent World Health Organization (2010) definition which describes IPV as any “behaviour within an intimate relationship that causes physical, sexual or psychological harm, including acts of physical aggression, sexual coercion, psychological abuse, and controlling behaviours.” (p. 11). It is also important to note that this study, while framed by intersectional and feminist understandings of VAW and IPV, largely focuses on the experiences of women who identify as heterosexual, and are partnered with men. This focus should not be interpreted as a dismissal of the importance of understanding how gender affects violence by and
toward both women and men, or women who are partnered with women. However, the theoretical and epistemological direction of this study remains focused on exploring IPV impacts on cisgendered women who are in violent intimate relationships with cisgendered men. This focus is supported by evidence indicating IPV perpetrated by male partners is one of the most universal and widespread forms of violence against women (Krug, et al., 2002) and, in Canada, physical and sexual violence continues to be a more severe problem for women than men (Romans, et al., 2007).

6 Critical paradigm

Generally speaking, theoretical approaches rooted in the critical paradigm are concerned with examining perceptions and experiences humans have in the spirit of developing knowledge for emancipatory political aims. Emerging as a means for critiquing positivist paradigms – which were historically less concerned with how power and political will influences knowledge production - critical approaches to qualitative research politicize and problematize taken-for-granted understandings of social realities (Kincheloe & McLaren, 2005; Lindlof & Taylor, 2002). More specifically, critical research purposefully explores the vast constructions, negotiations, and absences of power in order to reveal and make explicit oppressive and/or concealed social relationships, identities, and meanings within the human experience. For example, a critical questioning of current social work practice with women who experience IPV would be: do we conceptualize, imagine, or propose to know about the lives of the women based on their appraisal of their life experiences which exist within inherently oppressive, patriarchal, and violent systems? Ideally, yes. However, I contend helping professionals, including social workers and advocates, often rely on taken for granted notions and naïve assumptions about women’s experiences of IPV. For instance, as it relates to the topic of this study, do we critically consider whether women’s understanding of safety is primarily related to their physical safety; or if all women want to end violent relationships; or if love in abusive relationships is anything other than pathological? I suggest social workers, including myself at times, are uncomfortable with the idea of accessing women’s situated knowledge because it might trouble our ‘common sense’ approaches or our under-lying assumptions about how to best respond and intervene in violent relationships. In fact, other IPV researchers indicate the most relevant pieces needed to
inform future discourse, practice, and education of those engaged in anti-violence work are the voices and lived experiences of abused women (McCloskey & Sitaker, 2009). Prioritizing women’s voices in research to better understand their experience of being in the world can reveal valuable situated knowledge related to structural violence, systemic oppression, and global injustice. Social work is an applied profession and women’s gendered, politicized, situated knowledge directly informs evidence-based prevention and intervention initiatives, especially within the VAW sector.

6.1 Feminist theories

The study of IPV is often approached from feminist perspectives as a means for emphasizing the etiology of male perpetrated violence rooted in oppressive patriarchal social systems and enacted through violent, controlling, and abusive behaviours (Dobash & Dobash, 2004; Nixon & Humphreys, 2010). Feminist research, as described by Olesen (2005), “problematises women’s diverse situations as well as the gendered institutions, material, and historical structures that frame those” (p. 236). Similarly, Ackerly & True (2010), provide a politically-based definition of feminism as “the search to render visible and to explain patterns of injustice in organizations, behavior, and normative values that systemically manifest themselves in gender differentiated ways.” (p. 464). These explanations of feminism capture a degree of convergence with respect to how gender is shaped and understood within contemporary society. However, it is important to note there remains wide divergence in feminist thought with respect to the purpose, motivation, and direction of feminist activism, research, and knowledge production. For instance, feminist schools of thought including radical, standpoint, socialist, liberalist, structuralist, Marxist, post-colonial, post-modern, post-structural, and psychoanalytic to name a few (for a review see Lorber, 2005) have a great degree of variance in their approach to and understanding of ‘feminism’. The epistemological underpinnings of this study are based on feminist standpoint theory.

6.1.1 Feminist standpoint theory

Researchers often utilize feminist standpoint theory (FST) to orient qualitative research projects, including those related to IPV (Keeling & van Wormer, 2011). Frequently associated with the
work of Hartsock (1987, 1998), Harding (1987), Smith (1987), and Hill-Collins (1990), FST – in
the most basic sense - asserts situated knowledge held by women (a traditionally subordinate
group) is uniquely different than that held by men (a traditionally dominant group). FST
operationalizes gender differences between men and women “in order to shed a distinct light on
epistemological issues, to espouse women’s ways of knowing, and to reclaim their voice” (Dietz,
2003, p. 405). The idea of women possessing particular standpoints is highly valued in FST
research projects and the concept is not just “ another word for viewpoint or perspective, but
rather makes visible a different, somewhat hidden phenomenon that we must work to grasp.”
(Harding, 2004, p. 8). Indeed, standpoint analysts are concerned with more than merely noting
gender-based differences. For example, as a researcher utilizing a standpoint lens, I’m not only
concerned with gendered research findings (i.e., a theoretical model derived from women’s
standpoint knowledge) but also with the process of doing standpoint work. Utilizing an FST
approach - “studying up” as Harding (2004, p. 6) suggests - means creating meaningful
opportunities to listen to women, explore their personal epistemologies, and critically interrogate
the systems used to subjugate these knowledges.

As noted above, FST has been theorized by a number of feminist writers and researchers across
disciplines. While there are considerable differences in their stated purpose and understanding of
FST, there are two main (and mostly agreed upon) epistemological claims consistent across these
various conceptualizations: 1) knowledge can’t, and shouldn’t be, separated from the knower,
and 2) all knowledge is socially situated. These claims are most consistent with Harding’s
(1991, 1993) conceptualization of FST, but again, each theorist pulls on these epistemological
strings when crafting their understanding of FST. By using this collective understanding of FST
to anchor this study, I was able to hold women’s situated knowledge in considerable epistemic
esteem at each stage of research design in order to counter prevailing hegemonic discourses,
especially those housed within an applied and academic discipline such as social work.

Claims of essentialism among various feminist and non-feminist theorists are myriad. It is argued
a standpoint analysis essentializes gender resulting in an ineffective, collective concept of
‘women’s experience’ (Lemert, 1992; Smart, 2009). Building on this critique, emerging feminist
scholars suggest a categorical understanding of gender (especially a binary understanding of
gender) is no longer sufficient as the sole explanation of knowledge production among women
(Mehrotra, 2010; Samuels & Ross-Sheriff, 2008). The question of essentialism continues to plague feminist theorists: are we [as feminist researchers] universalizing the notion of ‘women’ and by extension their experiences by failing to consider how other social locations and identities alter gender-based knowledge? This critique of FST has grown stronger with the emergence of diversity feminism (Butler, 1990; hooks, 1984) and intersectionality theories (Bograd, 1999; Crenshaw, 1991; Nixon & Humphreys, 2010), particularly within emerging feminist social work discourse (Mehrotra, 2010). These theoretical stances contend standpoint approaches fail to adequately address the individual differences among women and argue women’s intersecting identities (e.g., race, class, status,) remain unexamined.

While feminist theorists have yet to fully reconcile essentialist criticisms of FST, a standpoint analysis of women’s responses to IPV remains pertinent for the following reasons. First, acknowledging women’s lived realities as a departure from hegemonic discourse remains a vital component of feminist praxis. In fact, researchers and practitioners indicate the most relevant pieces needed to inform future discourse, practice, and education about IPV are the voices and lived experiences of abused women (for a review see McCloskey & Sitaker, 2009). Second, the professionalization of social work and its ongoing pursuit for interdisciplinary legitimacy (Thyer, 2002) has resulted in a tendency to pathologize and individualize client problems without much consideration for the impact of social contexts and systemic oppressions (Dietz, 2000). An analysis and critique of the IPV and social work literatures from a standpoint perspective reduces an over-reliance on pathologizing and/or deficit-based explanations of IPV. Finally, because FST is concerned with notions of subjectivity, voice, and authorship in knowledge production, this perspective: (1) positions the writer, and (2) places the content of this paper within a feminist framework. Meaning, as a feminist participating in an academic or research activity, my personal, political, and theoretical inclinations toward feminist approaches are acknowledged. My experiences as a woman, a feminist, a social worker, and an advocate working in the VAW field influence the way this review is shaped and presented.

In summary, FST offers a gender-based, epistemological framework for expanding knowledge and shifting prevailing discourses about social identity, experience, and meaning. Approaching qualitative research using a gendered lens can provide an important view from the bottom (or from the margin) offering valuable information, not only about women, but also about the nature
of the oppressive top. Keeping this in mind, intersectionality will be explored as an additional theoretical lens, complementing an FST lens. Nixon and Humphreys (2010) aptly describe the importance of considering the utility of intersectionality given there are likely a “significant group of women who find themselves ‘on the margins’ and do not necessarily identify gender oppression as the primary frame through which they understand their lives” (p. 150).

### 6.2 Feminist intersectional frameworks

Intersectional approaches to research involve interrogating the multiple social locations we all occupy, which are shaped and changed by our often *simultaneous* experiences of power, privilege, access, structural violence and oppression, and other inequities perpetuated through the very multiplicity of our identities. Samuels and Ross-Sheriff (2008) suggest coinciding experiences of privilege and oppression among women as a group means “what is oppression in one context may be privilege in another” (p. 6). It cannot be underestimated how vastly different the experience of ‘being a woman’ is and that our ways of moving through the world are equally different. What intersectionality offers researchers, and ideally research-practitioners in the field of social work, is the opportunity to better understand how and where women’s unique experiences overlap and diverge as a means for producing gendered, intersectional knowledge.

While this broad understanding of intersectionality offers some parameters for understanding the essence of the theory, many intersectional theorists (e.g., Crenshaw, 1991; Hancock, 2007a, 2007b; Samuels & Ross-Sheriff, 2008) continue to grapple with issues of difference and divergence about the very core principles of intersectionality. For instance, some intersectional feminists (e.g., Bograd, 1999; Zack, 2005) primarily use a gendered lens to understand the various social locations of women, creating a de facto prioritization of gender in relation to other intersecting factors. Other intersectional theorists consider gender to be one of many important variables converging to create unique, situated knowledges among women – without prioritizing the gendered experience (e.g., Crenshaw, 1991; hooks, 1984). While IPV is traditionally explored from feminist perspectives, I propose gender cannot be the primary analytic frame for exploring women’s experiences of IPV. Rather, exploring interlocking oppressions across gender, race, social class, and economic status must be attended to in contemporary feminist projects, especially those concerned with exploring women’s situated knowledge.
Critique of intersectionality, as a theoretical framework and practice principle, is present within the literature. For instance, is the term “intersectionality” a theoretical buzzword? Given Davis (2008) implicitly poses this question in the title of her recent article “Intersectionality as buzzword”, there is a clear tension within the literature with respect the theoretical and epistemological veracity of the theory. However, Nash (2008) disagrees with the seemingly sudden fascination with an urgency to utilize intersectionality as a conceptual and analytic tool. She suggests racialized women and Black feminists have been contesting traditional feminist assumptions and essentialized notions of ‘woman’ for decades using intersectional analyses. The rich history of feminist critique of essentialized ‘womanhood’ offers a certain amount of legitimacy in thinking about the importance of maintaining an intersectional gaze in future feminist and/or intersectional research. In fact, this highlights an important tension within the literature about whether intersectionality is a “theory of marginalized subjectivity” (Nash, 2008, p. 10) or perhaps, based on my review, a re-interpretation of divergence feminism as described by Butler (1990) and hooks (1984). This conceptual tension, while important to interrogate during ongoing theoretical development, is itself valuable to the theoretical cohesion and congruence of underlying this study. I suggest, based on my review of the work of various intersectional feminists (Mehrotra, 2010; Nash, 2008; Shields, 2008), that feminist research projects are well-suited to incorporating an intersectional stance in conceptualizing, designing, and conducting gender-based research.

Weaving together the strands of both feminist and intersectional theories capitalizes on their conceptual similarities resulting in an overarching study framework which can be described as a feminist research approach with an intersectional axiology. Given one of the hallmarks of social work practice and discourse is ‘start where the client is at’, I propose a feminist intersectional framework offers a wider frame for understanding ‘more’ of where the client is at - or in this case - the research participant. More specifically, it allows me to conceptualize beyond women’s gendered experiences. Based on reviewing the substantive literature related to FST and intersectional theory, I put forward the following arguments about how the strengths and tensions within each theory, when taken together, result in a stronger conceptual and analytic frame for exploring women’s conceptualization of safety. In no particular order, these statements are presented as a means for justifying and illustrating how FST and intersectionality framed this study:
1. Both FST and intersectional theory are concerned with how power is operationalized within and between individual and structural systems through gender, race, class, etc.;
2. FST offered a unified understanding across disciplines of the existence of gender-differentiated experiences;
3. Feminist standpoint epistemology created space for situated knowledge;
4. Women’s situated knowledge was held in epistemic esteem at each stage of the study design in order to counter prevailing hegemonic discourses;
5. Intersectionality provided an opportunity to better understand how and where women’s experiences overlap and diverge as a means for producing gendered, intersectional knowledge;
6. Intersectionality provided a frame for considering women’s simultaneous experiences of privilege and oppression. This created space for discussions about women’s power and agency; and
7. Women’s situated knowledge was conceptualized as ‘sitting’ at the intersection of various multiple identities and social locations.

In summary, using both feminist and intersectional theories to frame this study provides a solid gender-based foundation for exploring questions of meaning and understanding among abused women. While the prospect of marrying two critical approaches in the spirit of maximizing overlapping strengths while dissolving individual weaknesses does create the potential for diluting their unique and historically rooted features, this should not prevent ongoing pursuit of theoretical innovation. To this end, I integrated and relied on feminist standpoint and intersectional theories to focus my analytic and interpretive work. By looking beyond the importance of gender as a sole analytic category I was better able to acknowledge the qualitative differences among and between women’s multiple social locations and identities.

7 Conceptual frames

Complementing the critical theories and paradigmatic bounds of this study are two mid-range concepts: survivor theory and a multi-theoretical model of help-seeking. These two conceptual frameworks provide insight into how women’s stories, decisions, actions, and behaviours are conceptually understood within the context of this study.
7.1 Survivor theory

Developed over 20 years ago, as a counterpoint to Lenore Walker’s theory of learned helplessness (1979), survivor theory (Gondolf & Fisher, 1988) captures the inherent struggle women face when responding to IPV: to ask for help, or not. Following Gondolf and Fisher’s seminal study examining the help-seeking behaviours of 6,612 shelter seeking women in Texas, survivor theory emerged to highlight women’s vast service utilization related to their experience of IPV. This study was the first to position women’s help-seeking as an active response to the increasing violence perpetrated by an abusive partner. Attempting to counter the common belief that women were unable or unwilling to seek help for IPV, Gondolf and Fisher’s findings revealed women’s decisions were not stunted due to passivity or learned helplessness; rather their active responses were likely met with unhelpful or inadequate services. They state:

The survivor tendency we see in battered women is more than self-assertion, self-actualization, or self-determination. An inner strength, yearn for dignity, desire for good, or will to live appears despite one’s previous conditioning and present circumstances…many battered women seek help, adapt, and push on. (Gondolf & Fisher, 1988, p. 20)

Akin to attribution theory (Fisher, Nadler, & Whitcher-Alagna, 1983; Kelley, 1967) in terms of recognizing the role of others in women’s help-seeking behaviour, survivor theory considers the ineffective response of formal systems as directly contributing to women’s ability to reach out, obtain help, and repair the consequences of violence. Survivor theory problematizes the actions of the helping sector as directly contributing to women’s continued exposure to IPV, calling attention to the structural factors impacting some women’s lives; namely women without the benefit of economic privilege.

A number of recent studies utilize Gondolf and Fisher’s survivor theory to frame study design and contextualize findings. Generally speaking, these studies continue to report women actively respond to the violence in their lives. Goodkind, Sullivan, and Bybee (2004), in their study exploring various strategies of responding to IPV (including connecting with formal systems), report women use numerous and diverse strategies to keep themselves safe. In their prediction study exploring informal and formal system usage, Barrett and St. Pierre (2011) refute the notion of women’s passivity revealing women use a wide range of help-seeking resources. In fact, they
call on future theorizing and empirical study to move away from distinctions of ‘formal’ or ‘informal’ help-seeking choices altogether as this may be an overly simplistic conceptualization of women’s decision-making. Similarly, Bui (2003) positions newcomer and immigrant women as being constantly active in their help-seeking in her study exploring the help-seeking experiences of Vietnamese-American women. Again, in the absence of a survivor framework to position these strategies as active, the tendency to look upon women’s ‘staying’ behaviours as passive or non-safety seeking is probable. Finally, Leone, Johnson, and Cohan’s (2007) study exploring the predictive value of the type of violence women experience state “women who experience partner violence of any kind are not passive victims but rather actively cope with the violence” (p.436). Again, the focus remains on countering the notion of some women’s responses to IPV being passive.

Presenting women as active rather than passive (for a review of passivity see Walker, 1979) in responding to the violence in their lives, survivor theory offers a clear framework of the constancy of women’s management of IPV. In doing so, it does not reduce decision-making processes to simple pathology and/or individual-level characteristics. Rather, the theory carefully considers the intersections and multiplicities of women’s lives by accounting for variations in resistance strategies and the related impact of ineffective help systems. For this reason, survivor theory was adopted as a complimentary framework for sensitizing the researcher to constructs of strength, active decision-making, help-seeking behaviour, risk, and vulnerability.

Gondolf and Fisher’s theory certainly underscores a contemporary practice model being widely adopted among feminist advocates and researchers exploring women who experience IPV – survivor-informed advocacy model.

### 7.1.1 Survivor-informed practice model

Survivor-informed practice models, also referred to as survivor-centered advocacy, women-defined advocacy, or advocacy beyond leaving, are most often attributed to the work of Goodman and Epstein (2008) and Davies (2008, 2009). However, one could argue these recent works parallel the important work of many other survivor-informed theorists and researchers (e.g., Gilfus, 1999; Gilfus et al., 1999; Gondolf & Fisher, 1988; Goodkind, et al., 2004; Goodman, et al., 2005). In general, a survivor-informed stance focuses on women’s self-
determination and prioritizes knowledge that furthers women’s agency (Goodman & Epstein, 2008). Gilfus (1999) illustrates the potential of a survivor-informed stance:

The construction of the pathologized trauma survivor, known primarily by a checklist of symptoms, tells us little about the worlds of violence through which survivors have traveled and about which they can teach us. It also raises questions about what we can know of the survivor if we see her only as not us, if we see her only as not whole, and not a subject in her own right. (p.1253)

Similarly, Davies (2009) describes “survivor-centered work as an understanding of the needs, resources, perspectives, and culture of each victim – according to the victim” (p. 5). The key features of a survivor-informed model are: a) preserving women’s right to make decisions about her life and her family, b) holding women in the expert role related to determining safety, risk level, and support needs, c) moving beyond ‘just leave’ strategies in order to expand advocacy services to all women, and d) emphasizing perpetrator treatment as a means of ‘true’ primary prevention of IPV (for a review see Davies, 2008).

Broader theorizing about survivor-informed advocacy by Goodman and Epstein (2008) compliments the practice model most recently developed by Davies (2008, 2009). Her survivor-informed advocacy model prioritizes the notion of moving beyond the predominant just leave intervention framework. In fact, survivor-informed advocacy models are focused on normalizing women’s decisions to remain with abusive partners as legitimate protective strategies. This model disputes pathologizing discourses that state women who choose not to terminate an abusive relationship as being ‘in denial’ about the impact and consequences of the violence.

A number of recent studies have utilized a survivor-informed stance for studying women’s experiences of IPV (Bell, Goodman, & Dutton, 2009; Grauwiler, 2008; Kaukinen, 2002a, 2002b; Krishnan, Hilbert, & VanLeeuwen, 2001; Macy, Nurius, Kernic, & Holt, 2005; Nurius, Macy, Nwabuzor, & Holt, 2011). The common thread tying these studies together is their focus on bringing the voices and subjective narratives of women to the forefront of empirical research. In fact they indicate “victim’s voices are conspicuously absent from the ongoing [help-seeking] discourse; thus their unique perspectives, which illuminate the experience of women living with IPV and which reflect their views of the laws and other social services are also missing” (Grauwiler, 2008, p. 311). These qualitative and quantitative studies have purposefully utilized a
survivor-informed stance in the research design and discussion of their findings. For example Bell and colleagues’ (2009), in positioning their findings about how the life course of a violent relationship influences help-seeking, suggest women continue to have the best assessment of their own risk regardless of remaining or terminating a violent relationship. Even general crime victim studies, such as Kaukinen’s (2002a) study about the effect of offender relationship on help-seeking patterns, frames the purpose of the research within the context of victim agency. By doing so, the author’s focus on victim agency necessitates a view of victims as being active in their help-seeking behavior.

The adjustment of social work practice, to include survivor-informed concepts and approaches, is the purpose behind Macy and colleague’s (2005) study exploring how to anticipate the needs of IPV victims. This study is perfectly aligned with a survivor-informed stance given it aims to discover how social workers can adjust their work to be more needs-based, focusing on the active, individual strategies of women who experience IPV. The authors report women are extremely active in their help-seeking, but more importantly they state “women who sought no services differed from battered women who did; rather than being passive or overwhelmed, they appeared to be less acutely in need of formal intervention based on less extensive abuse in the preceding year.” (p. 142).

While a survivor-informed stance can directly inform practice with women who experience IPV, it remains just that: a practice model. The underlying theoretical foundations have not yet been fully developed (McDermott & Garofalo, 2004) or even elevated beyond Gondolf & Fisher’s (1998) development of survivor theory. While survivor-informed models have not yet achieved theoretical status in the same way as FST or intersectionality, studies utilizing the notion of a survivor stance in research is growing (Allen, Bybee, & Sullivan, 2004; Davies, et al., 1998; Lindhorst, et al., 2005; Macy, Giattina, Sangster, Crosby, & Montijo, 2009; Nurius, et al., 2011). Another key criticism of a survivor-informed stance relates to the potential for victim blaming and the misplacement of responsibility for perpetrator behaviour. McDermott & Garofalo (2004) pose an intriguing argument about a potential unintended consequence of utilizing survivor-informed approaches: are we [the intervention community] potentially setting victims up to be blamed for their self-directed choices should they result in unfortunate consequences (i.e., harm to themselves, their children, etc.)? While certainly a valid concern, victim blaming and backlash
has yet to be fully eradicated within the VAW movement, in general (Dragiewicz, 2011); the reality of victim blaming and holding women responsible for the violence perpetrated against them is ever present regardless of shifts in practice trends.

7.2 Multi-theoretical help-seeking model

Three middle-range theories, taken together to form a multi-theoretical understanding of help-seeking, were used to frame and inform the design of this study. Examining theoretical explanations of help-seeking served as a sensitizing exercise during the preliminary stages of conceptualizing and designing this study. The concepts of help-seeking and safety share conceptual and empirical literatures and thus it was methodologically important to examine these theories of help-seeking. I imagined this conceptual overlap would shape the types of questions I asked, the analytic lens I used, and how I positioned the findings. After reviewing 7 different mid-range theories of help-seeking I was able to identify three which 1) matched with the epistemological and theoretical frames of this study, and 2) provided sensitizing material for data collection and analysis phases of the study. If nothing more, identifying, reviewing, and differentiating between numerous theories of help-seeking sensitized me to the probability that women in this study would conceptualize safety in a myriad of different ways.

7.2.1 Help-seeking theories

Within the context of IPV, help-seeking typically refers to the series of decisions and actions, both visible and invisible, women make related to the presence of violence in their lives. Ansara and Hindin’s (2010) definition describes help-seeking as “women's efforts to reduce or end the violence or leave an abusive partner, involving a series of internal and external actions rather than an event that occurs at a single point in time” (p. 1012). While this definition is fairly comprehensive, the volume of theoretical perspectives related to help-seeking suggests the concept remains diffuse and loosely defined within the academic literature. For example, theories such as learned helplessness (Walker, 1979), social entrapment theory (Landenberger, 1989; Ptacek, 1999; Stark, 2009), readiness/stages of change theories (Liang, Goodman, Tummala-Narra, & Weintraub, 2005), protection motivation theory, choice model (Choice & Lamke, 1997), barriers model (Grigsby & Hartman, 1997; Ptacek, 1999; Stark, 2009), attribution theory
(Fisher, Nadler, & Whitcher-Alagna, 1983; Kelley, 1967), and investment model (Rusbult, 1980; Rusbult, Martz, & Agnew, 1998) all warrant consideration in terms of conceptualizing women’s help-seeking. However, theories utilizing non-pathologizing, non-normative, and survivor-informed conceptualizations of help-seeking are reviewed in order to provide additional insight into the researcher’s theoretical and analytic lens. Specifically, 1) Liang and colleagues (2005) process model, 2) social entrapment (Landenberger, 1989; Ptacek, 1999; Stark, 2009), and 3) the Choice model (Choice & Lamke, 1997).

7.2.1.1 Liang and colleagues’ process model

Similar to the Transtheoretical Model of Behaviour Change (Prochaska & Di Clemente, 1982; 1983; Prochaska, Johnson, & Lee, 1998), but developed specifically for examining help-seeking among women who experience IPV, Liang and colleagues (2005) developed a survivor-informed, process-oriented model of help-seeking. Similar to other stage-based models which focus on internal cognitions and change processes, Liang and colleagues’ model includes three, non-linear stages: 1) problem recognition and definition, 2) the decision to seek help, and 3) the selection of a help provider. While the overall model is organized to examine stage-based decision-making, the crux of the model is built upon the different, over-lapping influences impacting women’s decisions. The authors recognize the intersection of various individual, interpersonal, and social-cultural influences are different for every woman, hence reflecting different trajectories through the stages. For instance, women who experience varying types of IPV (e.g., injurious, psychological, and/or sexual etc.) will likely have different definitions of abuse and recognize different consequences; some women may need to protect their personal relationships with family and friends or maintain close ties to their cultural and spiritual communities; and some may have feelings of individual competence, others incompetence.

In the context of this study, Liang’s process model offers two clear sensitizing and theoretically important concepts. First, the inclusion of mediating factors and emotions involved in the help-seeking process encourages a holistic view of women’s help-seeking beyond just cognitive appraisals of the problem. By accounting for the important contribution of emotions, this process-model of help-seeking creates space to more closely examine emotion-focused strategies and their impact on help-seeking patterns. In this way, the model seeks to go beyond
contemporary understandings of help-seeking by including emotions. Much like the purpose of this study is to reach beyond our current understanding of safety as being strictly about embodied harm. Second, interactions with various informal and formal help-seeking systems illustrate women’s non-linear, back and forth movement in their decision-making process. The model focuses on socio-cultural influences, such as previous experiences with service organizations and other social support systems. Again, much like this study, Liang and colleagues’ sought to move their understanding of help-seeking beyond the individual, tapping into structural and non-relationship based factors.

7.2.1.2 Social entrapment

Social entrapment theory (Landenberger, 1989; Ptacek, 1999; Stark, 2009) proposes external factors are the predominant reason for women’s inability to live freely without violence. The notion of entrapment has grown and developed over time, describing more than just help-seeking behaviour. In fact, Landenberger (1989) used the term entrapment to describe the entire experience of living in a violent relationship, particularly as means for explaining IPV causation. As the theory of social entrapment evolved, researchers began to apply the idea of entrapment to women’s responses to IPV. Currently, social entrapment theory is predominantly used to explain how external factors constrain and limit women’s resistance strategies, help-seeking, and the broader issue of staying/leaving (Ptacek, 1999; Stark, 2009). According to Ptacek and Stark, factors such as ineffective services, systemic oppressions, coercive and controlling behaviours, and societal or cultural norms trap and keep women in abusive relationships. Ptacek identifies the locus of social entrapment within a broader system of ineffective and oppressive service responses, while Stark’s definition of entrapment describes the coercive and controlling behaviour perpetrators utilize to physically, psychologically, and financially entrap women. Each author’s model share the common purpose of illustrating the enormity of the external barriers, both societal and relational, abused women face when responding and seeking help for IPV.

Reviewing and interrogating the notion of social entrapment allowed for the glaring absence of women’s agency and resistance to come to the forefront. While the presence of oppressive external factors in the lives of IPV victims is undeniable, continuing to utilize a social entrapment model as a sole, explanatory framework for women’s responses to IPV is one-
dimensional. The model is predicated on the notion of examining how women are limited in their abilities to ‘achieve’ safety and violence-free relationships. It removes any inclusion of women’s agency or the likelihood of intersecting internal and external factors contributing to decision-making. By neglecting to acknowledge women’s agency, this model has a tendency to over-emphasize the impact of external factors in the lives of women (i.e., essentializing coercive control and entrapment) and unintentionally evoke a return to viewing IPV victims as helpless and passive. Granted, the difficulty of recognizing women as both entrapped and having agency within a violent relationship remains a struggle within academic discourse.

7.2.1.3 Choice model

As the name suggests, this model examines women’s agency and the choices they make about managing the violence in their lives. While not necessarily a theory of help-seeking, the choice model specifically examines decision-making related to staying in or leaving a violent relationship. Because the stay/leave discourse is so entrenched and entangled within the broader IPV discourse, including the theoretical and analytic frames of this study, the choice model provides conceptual material for thinking about the decision-making processes of women who experience IPV.

The primary developers of this model, Choice and Lamke (1997), integrated four predominant help-seeking theories in an attempt to offer a more holistic picture of decisions related to remaining in or leaving an abusive relationship. Drawing from social entrapment, the investment model, theory of learned helplessness, and reasoned action/planned behavior theory, the authors distilled the most salient aspects of each theory into two discrete questions meant to illustrate the crux of the stay/leave decision-making process for IPV victims: “Will I be better off?” and “Can I do it?” (p.294). The broad purpose of the model is to identify factors contributing to answering these two questions, including socio-demographic factors, structural barriers, relationship factors, and access to supportive resources.

The choice model was, and continues to be, progressive as it promotes the notion of women’s agency and voice being fundamentally important to understanding women’s responses to IPV. By emphasizing women’s decisions to stay in a violent relationship as legitimate, active, strategic, and rational choices it departs from the still common belief that women’s decisions to
remain in a violent relationship are (at least partially) pathologically and/or masochistically motivated (Caplan, 2005; Young & Gerson, 1991).

While this model is certainly aligned with a feminist, survivor-informed approach to examining help-seeking among IPV victims, the integration of the four theories used to develop the choice model warrants further examination. For example, utilizing social entrapment theory necessitates at least some acknowledgement of the structural oppressions and perpetrator influences (i.e., coercive, controlling, and violent behaviour) impacting IPV victims. Given the presence of these factors, one could argue women are not always in a position to act on their preferred choices and in some cases women may not recognize or perceive having a choice at all. Therefore, while all women should be able to exercise free will and autonomy in the choices they make about their life, the universal idea of unencumbered choice may over-simplify the process of responding to IPV.

Attempting to untangle some of this over-simplification, Ben-Ari, Winstok, and Eisikovits, (2003) utilized choice and social entrapment theory to frame their qualitative study exploring decision-making among 120 women who remained in a violent relationship. They applied a dual framework of choice and entrapment in order to illustrate the problem with a dichotomized explanation of staying/leaving. They articulated the dichotomy as being: when women leave a violent relationship it’s based on a choice; when women stay in a violent relationship it’s due to being trapped. Thirty percent of the women interviewed reported choosing to stay in the relationship and 70% indicated they were prevented from leaving. In this study, staying was a choice for some women - but not the majority. These findings suggest a choice framework is limited in its ability to fully capture and explain the decision-making process of IPV victims. Ben-Ari and colleagues’ findings further emphasize the importance of moving away from dichotomies (i.e., choice=leave and trapped=stay) when trying to explain women’s responses to IPV. Based on this study, it can be posited that women’s decisions are influenced by both choice and entrapment. Exploring the intersection of these two models would offer more explanatory value rather than relying solely on choice or entrapment to explore decisions related to stay/leaving. Especially from a survivor-informed perspective, exploring the context of women’s decision-making – including both choice and entrapment - could guide future theorizing and study about help-seeking decisions.
8 Summary

In sum, the epistemological and theoretical underpinnings of this study are built upon feminist standpoint theory, feminist intersectional perspectives, survivor theory, and a multi-theoretical model of help-seeking. Taken together, these perspectives require me, as the researcher, to hold women’s situated knowledge in considerable epistemic esteem – and unapologetically – prioritize their self-reported experiences and explanations as a means for countering hegemonic discourses. Essentially, I treated women’s descriptions of IPV as evidence of a phenomenon, exempt from challenges by ‘experts’ or researchers, strictly because of epistemological privileging. The idea of positioning women’s experiences as privileged, not only epistemologically but politically, is clearly consistent with a feminist research project. While some theorists (Allen & Cloyes, 2005) present the notion of political privileging as somewhat undesirable, and not in keeping with a post-structural framework, this notion resonated for me in terms of strengthening my justification for utilizing experience-as-evidence. Coupled with epistemological privilege, positioning women’s experiences of IPV and the findings of this study within feminist, intersectional, and survivor-informed frameworks, is a clear and powerful way to demonstrate and acknowledge my analytic decision-making.
Chapter 3 Literature Review

There is a substantial gap in both the theoretical and empirical literatures about the construct of safety within the context of IPV. This absence is evident when reviewing other closely related concepts such as system responses, resistance and coping strategies, and safety planning. While notions of safety or achieving safety are peppered throughout parallel literatures, there remains an assumed understanding of what safety actually means and how feelings of safety are arrived at in the lives of abused women. The taken-for-granted idea of safety, without the benefit of theoretical development or empirical evidence, marks a significant gap in the IPV literature.

By thinking about the concept of safety and how it might intersect with and influence the lives of women who experience IPV, parallel literatures exploring 1) safety, 2) coping and resistance strategies, and 3) the effectiveness of formal systems were sought as a means for establishing the current state of knowledge related to the study topic, as well as, providing methodological aid in shaping sensitizing concepts. In the brief review of these three domains, I outline how the empirical and theoretical contributions of each body of literature, while extremely valuable to understanding how women respond to IPV, fail to articulate, consider, or contribute to a specific knowledge about safety.

9  Method

In keeping with more contemporary applications of grounded theory, the review of literature was not delayed until phases of inductive analysis were complete. Rather, the literature was consulted at the beginning of study design to identify sensitizing concepts and frequently thereafter as an additional means of conducting constant comparison. Thornberg (2012) describes non-Glasarian approaches to grounded theory as embracing the methodological potential of the literature review process:

The researcher takes advantage of pre-existing theories and research findings in the substantive field in a sensitive, creative, and flexible way. These are not uncritically adopted in the analysis but are judged in terms of their relevance, fit, and utility. The informed grounded theorists do not use the literature as forcing applications or deductions, but are guided by a set of data sensitizing principles. (p. 255)
Conceptual and empirical studies were drawn together using a series of keyword searches across five electronic databases, as well as the grey literature produced by various IPV and advocacy organizations (e.g., The Center for Survivor Agency and Justice, Minnesota Center against Violence and Abuse, VAWnet, etc.). Using combinations of the key words “safety or safety-planning”, “help-seeking or help-seeking behavior”, “intimate partner violence or domestic violence or woman abuse”, and “resistance or coping or coping strategies” the following electronic databases were searched: Medline, PsychINFO, Social Work Abstracts, Sociological Abstracts, and Applied Social Sciences Index and Abstracts. In total, 252 articles were reviewed for the current study based on their direct relevance to at least 2 of the 4 keywords. The findings from the reviewed literature are organized across the following domains: 1) safety, 2) resistance and coping strategies, and 3) accessing helping systems.

10 Safety

Numerous studies throughout the IPV literature make mention of safety, yet fail to fully operationalize or concretize the concept. Scholars and IPV researchers reference achieving safety or being safe or feeling safe while studying areas such as protective behaviour, help-seeking, coping, and safety planning. For example, consider Dichter and Rhodes’ (2011) description of their recent study exploring survivor needs and informal supports:

In this cross-sectional study, 173 adult, English-speaking women who had experienced police response to IPV completed a self-report questionnaire about their use of, interest in, and need for various social services and whether or not each type of service helped (or would help) them to feel safer [emphasis added]. (p. 481)

The findings of their study, while valuable in their own right, are discussed in the context of making women feel safer. They report a particular finding related to childcare stating “half of all participants with children were interested in parenting education or support programs, and more than a third said that such programs would help them to feel safer” (p. 486). But the notion of what it means to feel safe, or how the feeling of safety is achieved, is never articulated. To be clear, the value of the authors’ finding isn’t being questioned here, rather the notion of what feeling safer entails and what the features of feeling safer are, is being highlighted for further scrutiny.
Another example, based on the title of the article, is Hoyle’s (2008) study connecting risk assessment to safety: “Will she be safe? A critical analysis of risk assessment in domestic violence cases” (p. 323). Also, Nichols’ (2013) qualitative study linking protective order procedures attends to victim safety:

> Findings illustrate that the effectiveness and benefits that an order of protection offered varied from case to case; consequently advocates used survivor-defined approaches to address the specific needs of each woman to better ensure safety [emphasis added]. (p. 403)

Again there is the question of what safety might mean or what the parameters of this type of safety are? Many studies utilize the idea of safety as an outcome variable (Dichter & Rhodes, 2011; Goodman, et al., 2005), as a feature of safety planning (Morse, Lafleur, Fogarty, Mittal, & Cerulli, 2012), or as a means for positioning study findings that could increase or enhance women’s safety (Goodman, et al., 2003; Johnson, 2010). There is even a body of methodological literature suggesting safety concerns directly relate to research decline rates among IPV victims (for a review see Ranney, Madsen, & Gjelsvik, 2012). In each of these exemplars, the construct of safety is left undefined and relies on a taken-for-granted understanding of what safety means in the context of IPV.

Granted the explicit purpose or overarching focus of these respective studies is not to elevate the theoretical development of safety, but it does showcase how theoretically underdeveloped and how imprecise the notion of safety is across various IPV studies. One particular discourse in the IPV literature which makes implicit and explicit connections to the notion of safety is the discourse around women’s decisions to stay in or leave an abusive relationship.

### 10.1 Staying or leaving: The relationship to safety

There is a vast body of literature specifically dedicated to exploring women’s decision to stay in or leave a violent relationship (Anderson, et al., 2003; Baly, 2010; Bell & Naugle, 2005; Bell, Goodman, & Dutton, 2007; Burke, Gielen, McDonnell, O'Campo, & Maman, 2001; Burkitt & Larkin, 2008; Koepsell, Kernic, & Holt, 2006; Martin et al., 2000; Murray, 2008). Especially with respect to the physical harm of women, as opposed to psycho-emotional and socio-cultural harms, this literature is focused on identifying stay/leave decisions and determining how
associated outcomes limit or enhance women’s overall safety. When women stay in or leave a violent relationship there is an implied relationship to whether or not this will impact her safety. But again, the construct of safety isn’t fully conceptualized in the majority of these studies.

10.2 Relationship termination

In a recent review of the help-seeking literature, I proposed conceptual linkages continue to be made between relationship termination and violence prevention/cessation (Root, 2012). In a literal sense, relationship termination could end a woman’s experience of IPV; no relationship, no IPV. However, this drastically over-simplifies the likelihood of relationship termination “ending violence” in a number of ways, and evidence related to the increased dangers of relationship termination are vast (Campbell, et al., 2007; Campbell, et al., 2009; Campbell, 2004; Griffing et al., 2002; Hyden, 1999; Martin, et al., 2000; Stockl, et al., 2013).

First, giving passing acknowledgement of studies demonstrating the increase in severity and lethality following the end/separation of a violent relationship does not absolve researchers from conducting further studies which examine relationship termination with respect to 1) safety, 2) effective help-seeking, 3) effective system response, or 4) the cessation of and exposure to violent behaviour. Studies positioning the ending of a relationship as evidence of successful help-seeking efforts fail to appreciate the broader spectrum of risks and vulnerability which often outlive the relationship. Second, when a woman terminates an abusive relationship it does not necessarily end exposure to further violence. It’s the end of the relationship, but not necessarily the end of violent perpetrator behaviour. Unless a perpetrator is held accountable and receives effective treatment and intervention, he is likely left in a position to continue using abusive behaviours with his current partner and/or with subsequent partners. Violence hasn’t been prevented - it’s been put on hold. Finally, continuing to focus on relationship termination as a measurable outcome of successful help-seeking may prompt helping professionals to hold women accountable for the violence they experience (e.g., failure to protect policies in child welfare). While walking a fine line between agency and responsibility, I contend conceptualizing relationship termination as evidence of safety or effective help-seeking holds women (rather than abusive men) accountable for ending violence and turns a blind eye to the ongoing risk of harm
related to ending an abusive relationship (Campbell, 2002; Campbell, 2004; Johnson & Hotten, 2003).

11 Resistance strategies and coping with IPV

Help-seeking entails more than simply utilizing different formal or informal resources. While visible strategies appear more often within experimental and quasi-experimental studies, it is equally important to consider and describe the myriad of other ways women manage the violence in their lives. These lesser-studied strategies often reflect the inner resources, strength, and agency related to women’s ability to manage IPV. In reviewing these sets of strategies, the overall purpose is to recognize women’s responses to IPV as more than merely components of a help-seeking strategy, but as part of a broader resistance strategy.

Resistance is generally considered to be “any mental or behavioural act through which a person attempts to oppose mistreatment” (Wade, 1997 as cited in Warner, Baro, & Eigenberg, 2005, p. 25). Building on Wade’s definition, Campbell and colleagues’ define resistance among IPV victims as:

> Any action taken or tactic employed by women to prevent, avoid, reduce, or stop violence and/or abuse in intimate relationships. Resistance may include a variety of tactics such as fighting back, calling the police, threatening to leave, or even seemingly passive behaviors like remaining silent in order to avoid an argument or physical injury. (Campbell, Rose, Kub, & Nedd, 2001 as cited in Warner et al., p. 23)

Resistance strategies have been explored within a number of qualitative and quantitative studies related to women’s strategic responses to IPV (Table 1). These studies achieve the important goal of conceptualizing women’s strategies as resistance thereby shifting the discourse away from pathologizing, passive understandings of how women manage IPV. In fact, passivity is often referred to as “passive resistance” in feminist descriptions (see Lempert, 1996), highlighting the subtle ways women respond to severe physical and emotional abuse. A number of researchers contend women’s resistance is inherent in their responses to IPV, regardless of the particular type of strategy they use (Anderson & Danis, 2006; Anderson, Renner, & Danis, 2012; hooks, 1984; Hyden, 1999, 2005).
Table 1. Studies identifying women’s IPV resistance strategies

<table>
<thead>
<tr>
<th>Study</th>
<th>Features/Characteristics of Resistance</th>
</tr>
</thead>
</table>
| Lempert, 1996                              | • Consciously modify behaviour  
• Maintain the appearance of a happy relationship  
• Accepting blame and responsibility for the abuse  
• Maintain invisibility as a face-saving strategy  
• Refuse to name the violence to avoid destroying credibility |
| Davis, 2002                                | • Be strongly attuned to the disposition of the batterer  
• Develop an escape/safety plan (hide money, plan to leave)  
• Keeping family/friends informed plans  
• Obtaining additional education and skills  
• Depend on intuition  
• Learn how to minimize the abuse – “Take it” to avoid more serious abuse  
• Encourage violence at a time when the abuse will be less severe than another  
• Pay attention to ‘red flag’ moments; learn abuser triggers and behaviour  
• Live in the moment; not be too future thinking – try not to plan anything too far ahead because it creates a lot of hope and uncertainty that is too difficult to manage  
• Using formal service; tap into resources for information and support |
| Yount, 2011                                | • Use “strategic conformity” – do what is asked, while knowing it is to prevent abuse  
• Enact the “good wife” – obliged what husband wants |
| Goodman, Dutton, Weinfurt, and Cook, 2003   | • Fought back physically  
• Fought back verbally  
• Slept separately  
• Refused to do what he said  
• Used/threatened to use weapon against him  
• Left home to get away from him  
• Ended (or tried to end) relationship |

While some suggest the notion of women’s resistance has lost favour within the IPV literature (Hyden, 1999), replaced by studies exploring the various sequelae of IPV, studies continuing to explore resistance and IPV report findings of constant, active resistance among women. For example, one of the first studies to postulate women’s resistance to IPV as an “ongoing process of strategy development” (Lempert, 1996, p. 280) suggests women only move on to more public forms of resistance as private strategies become less effective. Based on a study of 32 IPV victims, Lempert (1996) suggests when women’s strategies to manage the violence fail, their sense of self is undermined – women come to feel more and more responsible for not being able
to manage the violence on their own. Similarly, in Davis’ (2002) study exploring women’s inner resources for surviving IPV, findings from the 17 interviews revealed women are most likely to utilize strategies which protect their sense of self in the present moment, but also those which will preserve the most important parts of self in the future. When these personal resistance strategies fail, women look to outside sources of help to manage the violence. Importantly, Lempert suggests seeking outside help to manage the violence often isn’t about terminating the relationship, but rather to seek help for ‘fixing’ the relationship.

For the most part, the IPV literature employs a dichotomy for understanding the strategies women use in responding to IPV. With the exception of Goodman, Smyth, Borges, and Singer’s (2009) recent formulation of survival-focused strategies, and collective coping strategies described by Kuo (2012), the literature tends to categorize women’s strategic responses as either problem-focused or emotion-focused. These various strategies are described below.

11.1 Problem-focused strategies

The classic definition of problem-focused strategies was first articulated by Lazarus and Folkman (1984). These authors suggest people employ particular strategies aimed to control the risk of violence and minimize the likelihood of physical or emotional harm. These strategies later came be known as the ‘invisible’ or ‘private’ strategies women engage in to directly change the impact of IPV. The original features of problem-focused strategies, including rationalization, reframing the significance of IPV to self and others, and self-blame, were built upon by Chang (1989). Chang defined problem-focused strategies as attempts to “control the violence and to keep the sense of self intact” (as cited in Lempert, 1996, p. 280). Sabina and Tindale (2008) continued to build on this definition by including “problem-solving, gathering information, weighing options, choosing between options, and acting upon choice” (p. 438). This iteration of problem-focused strategies is the most commonly understood definition and is reflected in the empirical literature.

In their landmark study of help-seeking strategies, Goodman and colleagues’ (2003) developed an entirely problem-focused index of strategies women use in response to IPV. The first study to explore patterns of women’s strategies use, the Intimate Partner Violence Strategies Index was
developed and piloted with 406 women in order to capture specific behaviours women use in response to the violence they experience. Aligned with the traditional understanding of problem-focused strategies, this study conceptualized resistance strategies as the private and public attempts to change batterer behaviour. Through face validity and inter-rater reliability testing, strategies were grouped into 6 categories: *placating behaviours* (change batterer behaviour without challenging; private realm); *resistance behaviours* (change batterer behaviour by challenging control/power; private realm); *safety planning behaviours* (increase resources and protect against future harm; private realm no formal services); *legal strategies* (change batterer behaviour; public realm); *formal strategies* (change batterer behaviour non-legally through medical and social support; public realm); and *informal strategies* (increase resources protect against future harm; public realm). Findings from the study indicate 54% of participants reported using at least one strategy from each category. The most frequently used strategy (86%) was a resistance strategy (refusing to do what he said) which 57% rated as being a helpful strategy. Importantly, the authors utilized an induced variable model (vs. a latent model) in constructing their scale. Given women’s responses are highly context specific and dynamic, an induced model recognizes that the use of one particular strategy doesn’t preclude using other sets of strategies. The major finding of this study revealed women are more likely to use placating and resistance strategies than public strategies involving help-seeking from legal systems or other agencies. However these commonly used strategies were also rated as the least helpful. The most helpful strategies were calling police (74%) and connecting with a DV program (78%).

Building on this study, using the same sample, Goodman, Dutton, Weinfurt, and Vankos (2005) examined the relationship between placating and resistance strategies and re-abuse over time. Unfortunately, the findings indicate these two strategies predicted an increased likelihood of re-victimization. In fact women were 2.3 times more likely to be re-abused when they used these strategies compared to more public forms of help-seeking. And in the multivariate model, resistance maintained its relationship to re-abuse, even after controlling for prior violence. The authors ponder if these two types of strategies might be more aptly considered as risk factors for re-abuse given the regression results.

Given the large number of women who primarily rely on problem-focused strategies to manage IPV, a recent study utilizing data from the Chicago Women’s Health Risk Study (N=478) examined predictors of problem-focused strategizing (Sabina & Tindale, 2008). The authors
sought to determine the predictive relationship of abuse characteristics and other coping resources on using problem-focused strategies. Just over 90% of the sample endorsed utilizing problem-focused coping (i.e., used at least one of three strategies: talking to someone; seeking an order for protection; staying away from abuser). The authors found a significant relationship between abuse severity and problem-focused help-seeking; as abuse severity increases the amount of help-seeking also increases. While these findings indicate a large majority of women use problem-focused coping, the strategies they use are still linked to individual circumstances. One could argue, as indicated by Sabina and Tindale (2008), that a contextual understanding of strategy use remains “imperative” for intervention approaches (p.453).

11.2 Emotion-focused strategies

Vastly different from problem-focused approaches, emotion-focused strategies can be described as adaptive responses to uncontrollable situations. These strategies are meant to change the subjective understanding of the situation, but not the actual situation itself. Essentially women use emotions and cognitions to cope with the consequences of IPV by regulating their own reactions to perpetrator behaviours. In addition to problem-focused strategies, Lazarus and Folkman (1984) also defined emotion-focused strategies:

> Emotion-focused coping is directed at lessening the emotional distress produced by a stressor. This includes such acts as avoidance, minimization, distancing, selective attention, positive comparisons, and extracting positive value from negative events. (Lazarus & Folkman, 1984 as cited in Sabina & Tindale, 2008, p. 438)

In reviewing the empirical literature, studies describing the impact of emotion-focused strategies within IPV relationships are abundant (Bauman, Haaga, & Dutton, 2008; Lerner & Kennedy, 2000; Parker & Lee, 2007; Zink, Jacobson, Pabst, Regan, & Fisher, 2006). For instance, Parker and Lee’s (2007) study of 143 Australian abused women indicates emotion-focused strategies have a negative effect on psychological health (albeit indirect through its relationship with a sense of coherence). Zink and colleagues’ (2006) qualitative study of emotion-focused coping in women over the age of 55 (N=38) concludes emotion-focused strategies are used more frequently among older women than problem-focused. Finally, Lerner and Kennedy (2000) surveyed a non-clinical, volunteer sample of women (N=191) from a rural community who self-identified as currently living in a violent relationship. Findings revealed the majority of women
employ emotion-focused strategies compared to problem-focused. Endorsement of using emotion-focused strategies occurred more often among women who had recently left a violent relationship compared to women who had been gone from the relationship for a longer period of time.

Each of these studies offer conclusions similar to those of Goodman et al. (2003) in their study of placating and resistance strategies; while strategies are reported to be used frequently, they are often rated as less helpful in preventing re-victimization. One exception to this is Bauman, Haage, and Dutton’s (2008) recent study of emotion-focused coping. Their findings indicate the most frequently used emotion-focused strategies are also rated as the most helpful. The authors utilized a sample of 406 women from various domestic violence organizations to specifically investigate the helpfulness of emotion-focused strategies with the aim of informing intervention approaches. Using the Strategies for Dealing with the IPV Effects Questionnaire (29 strategies/items), women were asked to identify all of the strategies used in the previous year to manage IPV. If a woman endorsed using a particular strategy she was asked how helpful it was on a scale of 1 to 5 (1=very unhelpful; 5=very helpful). The three most helpful strategies, based on mean helpfulness scores across the 29 items, were ‘praying for guidance and strength’ (M=4.26), ‘becoming more independent and learning to do things for myself’ (M=4.12), and ‘imagining myself in a better time or place’ (M=3.90). The three least helpful strategies were ‘using alcohol to relax’ (M=2.56), ‘taking it out on other people when angry, upset, or depressed’ (M=2.41), and ‘thoughts of suicide’ (M=2.40). Each of the strategies identified as being most helpful were also the most frequently used; more than 80% of participants utilized each of the most helpful strategies.

Two emotions which are intrinsically connected to resistance, yet are strangely absent from discussions of emotion-focused coping are fear and love. While not directly operationalized within current definitions of emotion-focused strategies, one could argue these emotional reactions are imbedded within women’s responses to IPV. The merits of this argument are briefly presented below.
11.2.1 Fear

Fear for one’s life is reported as one of the strongest predictors among Canadian women seeking formal support for IPV (Barrett & St. Pierre, 2011). Based on the predictive strength of fear, it seems appropriate to more fully consider the strategic role of fear in emotion-focused coping. In fact, Hyden (2005) considers fear an important form of resistance. She states fear “can be a force which makes women notice that which may happen is something she doesn’t want to see happen” (p. 172). This sentiment is echoed in Lindgren and Renck’s (2008) grounded theory study of women engaging in the process of terminating a violent relationship. Based on interviews with 14 women living in a currently violent relationship in Sweden, the core theme developed from this study was “fearfulness as a driving force to leave” (p.115). This finding illustrates the presence of fear underlying all strategies used by women from the beginning of the violence until the end of the relationship, and beyond in some cases. Furthermore, the authors discuss how fear is nested within strong feelings of love and emotional bonds during the entire course of a violent relationship.

The most influential piece of work related to examining fear-based responses to IPV is Hyden’s qualitative exploration among IPV victims (1999). Drawn from a shelter sample, based on multiple interviews with 10 women over the course of 2 years, this study specifically focused on fear related to the process of leaving and its functionality in the lives of IPV victims. Interestingly, Hyden endeavoured to study fear as resistance based on her belief that “the resistance theme has been almost completely missing from research on the abuse of women” (1999, p. 44). In this initial study, findings indicate fear changes over time from being completely overwhelming and debilitating (related to perpetrator behaviour and harm) to a background emotion which no longer incapacitates women. The author suggests fear can be both a positive and/or negative emotion for women; negative because fear is painful and can lead to emotional and physical health difficulties and positive because it can alert women to the things that she doesn’t want to happen. Most important to the field of social work, Hyden describes a “chasm” women experience when trying to explain chronic fear to service providers who have little understanding of that reality:

Others have not experienced the danger-filled situation or met the person she is afraid of. How can they know what the situation really is? How can they know whether he’s really
as dangerous as she thinks? Perhaps when they met him, he was as nice as anyone could be. How can others know whether she is exaggerating or not, when they have not seen it with their own eyes? Or imagined that he is even more dangerous than she thinks? There is only one person who has been present with the woman during the battering situation, only one person who knows what it has been like – the man who has been beating her. (1999, p.466)

The small body of empirical and conceptual research related to women’s fears highlights, if nothing else, a critical gap in our understanding of the role fear plays in women’s responses to IPV. The construction of women’s fear as it relates to direct and indirect harm has not yet been fully explored in the literature. For instance, in addition to fear of direct personal harm, indirect fears may be related to fear of losing employment or housing; fear of losing of ‘face’, being shamed, or isolated; fear of stigma associated with help-seeking; fear of institutional victimization, such as deportation; fear of being labeled as a victim; and/or fear of being reported to child welfare. While not an exhaustive list, these examples are meant to illustrate the types of fear left unexamined within the broader IPV literature.

11.2.2 Love

Much like the construct of fear, the notion of love as an emotional element of abusive intimate relationships is effectively absent from the empirical literature. While not necessarily a ‘strategy’ for responding to IPV, one could argue it would be extremely difficult and unlikely to separate feelings of love from emotion-focused strategies meant to minimize the distress caused by IPV. For example, an emotion-focused strategy such as “trying to see the good in him” (i.e., endorsed by 88% of the women in Bauman et. al, 2008) would seem to be associated with loving or caring feelings. Therefore, it seems incumbent on social workers and other helping professionals to consider the complicated and confounding role love plays in emotion-focused coping.

The largest body of work exploring the construct of love and its role in IPV is Fraser’s (2003, 2005, 2008) extensive conceptual work describing the role of social workers in understanding the influence of love among women who experience IPV. Emotional attachment has been found to be significantly related to relationship duration (Griffing et al., 2005; Griffing, et al., 2002). In her most recent work, Fraser (2008) outlines a model for examining the love narratives of women who experience IPV for the purpose of developing greater collaboration and alliance between social workers and abused women via narrative feminist therapy and research. Based
on Fraser’s work, one could argue that by minimizing and superficially acknowledging women’s feelings of love (i.e., often not even referring to their feelings as love), social workers and other helping professionals do a disservice to women by negating the importance of having and maintaining intimate relationships, regardless of the presence of violence.

Beyond the important conceptual work related to love, one study has examined love and the prescriptive role it plays in women’s responses to IPV. Jackson, Koch, Kralik, and Power’s (2006) secondary analysis of interviews with women who experienced IPV (N=28) explores the functionality of love in violent relationships. While the study produces some intriguing findings, there are some concerning study design and interpretation issues which contradict feminist and survivor-informed approaches to understanding love and IPV. First, the author-defined characteristics of “romantic love” are described as “constant attention seeking, numerous daily telephone calls, jealousy, exclusion of pre-existing friendships, and driving to and from work” (p.177). This definition of love, predicated on popular depictions in media, describe abusive and stalking behaviour more so than traditional understandings of love (i.e., warmth, caring, trust, and compassion). Based on their definition, the authors determined women often miss early indicators of abusive behaviour because their desire for a ‘loving’ relationship masks the abusive intent of perpetrators. This finding is somewhat perplexing given the authors’ definition of love is inherently abusive – how can women miss abusive signs when they are by definition experiencing nothing but abuse. Overall, the study reports that women in violent relationships were often “desperate for a man” (p. 180) or interpreting “jealously as a sign of love” (p. 182). This study fails to adequately convey the extreme contradiction women must experience in the face of both loving and fearing a violent partner. A more useful interpretation of these findings could have spoken to how maintaining a relationship that falls clearly outside of the dominant understanding of a “loving relationship” (as defined by warmth, caring, trust, etc.) likely places women in a constant state of conflict and insecurity related to sharing an intimate connection with someone.

11.3 Survival-focused strategies

While problem-focused and emotion-focused strategies dominate the majority of coping literature, Goodman and colleagues’ (2009) propose a third set of strategies which illustrate the
unique circumstances and coping of women living in poverty: survival-focused strategies. This set of strategies is defined as:

Survival-focused coping is distinct from either emotion or problem-focused coping. Instead, it is aimed at surviving in the short term, meeting basic needs, and keeping oneself and one’s loved ones as safe as possible. Sometimes, it is about creating breathing room in hopes that something dramatic will change. It is composed of constant negotiations, small steps, and trade-offs to minimize the harm of specific situations and people, while protecting things that are too costly to risk—perhaps children, a family member, or a sense of one’s self as not a failure as a girlfriend or wife. (p.318)

The authors suggest the prevailing models are insufficient to explain women’s “stress, powerlessness, and social isolation bred by IPV in the context of persistent poverty” (p.317). In fact, women living in poverty may not consider the impact or consequences of IPV to be their primary problem (Purvin, 2007). Survival-focused strategies have yet to be tested within the empirical literature, however suggesting this set of strategies is required to more fully understand help-seeking at the intersection of poverty and IPV raises further questions about the seeming importance of considering women’s individual differences. Certainly poverty, as measure of class, is a predominant intersecting identity for many abused women. However, it stands to reason, other intersecting identities could also be individually mapped onto coping. This lends even more legitimacy to the notion of utilizing a survivor-informed stance within practice and advocacy approaches, but also perhaps in research and program evaluation.

11.4 Collective strategies

Unlike individualistic coping strategies described above, collective coping describes a means of dealing with the stress of taxing or harmful events in a more collectivist fashion. Moore and Constantine (2005) suggest “collective coping efforts are intended to (a) engage others in meaningful, purposeful, and culturally congruent ways, and (b) give consideration to the wellbeing of important others during the process of coping” (as cited in Kuo, 2012, p. 4).

Kuo’s (2012) recent review of collectivism and coping suggests developing a deeper understanding of collective coping strategies is critical because “they stand in stark contrast to the dominance of culture-independent, intrapersonal, individualistic views of stress and coping in the extant coping literature” (p. 2). While a recent review of the IPV literature did not yield any empirical or theoretical evidence related to collective coping and IPV, it stands to reason that
collective coping might be included in the range of coping responses multiple-marginalized women employ in resisting violence.

In summary, the strategies women use to mitigate and manage the harm caused by IPV does not – and should not – make women primarily responsible for ending violence, nor does it replace the need for direct and ongoing work with perpetrators. Problem-focused, emotion-focused, survival-focused, and collective strategies are ultimately protective strategies, not prevention strategies (in terms of primary prevention).

12 Accessing helping systems

Since the first Canadian IPV prevalence study in 1993 (i.e., the Violence Against Women Survey), and in subsequent iterations of the 1999, 2004, and 2009 General Social Survey (GSS), data related to married (or common-law) women’s formal and informal system usage has been collected. The GSS tracks women’s usage of formal supports including counselors, crisis centers, doctors, lawyers, and/or clergy. Interestingly, police/law enforcement are not tracked as a support service; police involvement is tracked in relationship to reporting and disclosure patterns, not as formal support. Types of informal support tracked include family, friends/neighbours, and/or co-workers. According to the most recent Family Violence in Canada Statistical Profile (2011), which utilizes data from the 2009 GSS on Victimization, roughly 70% of female victims sought assistance for IPV from informal sources of support. This was more than double the percentage of women who reported contacting or using a formal service (28%). It’s important to note that these figures are likely not mutually exclusive. Statistics Canada does not distinguish between women who only use informal support or only use formal support; women may be using a combination of informal and formal supports, albeit at very different rates based on the wide discrepancy (i.e., 70% vs. 28%). However, the fact remains informal support is the most widely utilized among help-seeking women. In fact, fewer victims of IPV used or contacted formal victim services in 2009 than in 2004 (28% versus 34%). Johnson’s (2006) report for Statistics Canada illustrates the changing help-seeking rates among women from 1993 through 2004. Findings from this analysis, combined with the most recent Statistics Canada report (2011), illustrate a decrease in help-seeking rates over the past 10 years. In 1993, 37% of women sought help from formal services; 48% in 1999; 34% in 2004; and 28% in 2009.
The apparent decrease should be interpreted with caution given the problematic sampling strategy related to landline phone use in later cycles of the GSS. Specifically, the 2009 cycle revealed surprising changes in the sample size; decreased overall response rates should be considered when interpreting changes over time. Based on response rates data from a 2010 report (Perreault & Brennan, 2010), “of the 31,510 households that were selected for the GSS Cycle 23 sample, 19,422 usable responses were obtained. This represents a response rate of 61.6%, a decrease from 2004 (74.5%)” (p. 31).

While these decreasing rates signal a potential systemic problem related to formal system use and effectiveness in Canada, having the political and social means for even tracking national prevalence data should not be under-valued. There is something to be said for the willingness to identify and systematically track the impact of IPV in the lives of women. These important data inform national and provincial legislative and policy directions related to responding to IPV. Until recently, in the United States, there had not been a national prevalence study conducted since the National Violence Against Women Survey during 1993-1996. Prior to most recent release of a National Intimate Partner and Sexual Violence Survey conducted by the Centers for Disease Control (Black et al., 2011), there had been no single, comprehensive study examining national IPV prevalence or incidence within the US, beyond a collection of small studies (Larence, 2006). Furthermore, while the National Violence Against Women Survey provided valuable information related to physical abuse, sexual abuse, and stalking, there was no data related to the help-seeking or service utilization of women (for a review see Tjaden & Thoennes, 2000).

Prevalence findings from the UK reveal interesting information about IPV and help-seeking. The most recent British Crime Survey (Walby & Allen, 2004) tracks lifetime prevalence rates among female victims of IPV based on the worst incident of domestic and/or sexual violence reported to police. One could argue this method of tracking prevalence (i.e., focusing on the ‘worst’ incident and only on reports to police) speaks more to a disclosure rate than women’s lifetime experience of IPV. However, among those who reported their worst incident of violence to police, just over half of female victims (58%) sought help from friends, relatives, and neighbours compared to formal services (21%). Unfortunately, women in the UK were more likely to not tell anyone about the violence (34%) than contact a formal service for help.
Finally, findings from a secondary analysis of the 2003 International Violence Against Women Survey (N=2,276) in Australia generally align with the help-seeking rates noted in Canada and the UK (Meyer, 2010), except with respect to formal system usage which was extremely low comparatively. Overall, women utilize informal supports more frequently than formal services. Among help-seeking women, 57% only utilized informal sources of support including friends and family; 34% utilized some combination of formal and informal; and 7% used only formal services. Finally, almost one-quarter of women surveyed (24%) talked to no one about the abuse.

While prevalence and usage data aids in understanding the scope of women’s help-seeking, the empirical literature provides more information about the effectiveness of formal systems in meeting the identified needs of IPV victims.

### 12.1 Effectiveness of Formal Supports

With the growth of the IPV help-seeking literature over the past 10 years, researchers have moved from the important task of describing the frequency of service usage to evaluating service effectiveness. Women’s over-reliance on and preference for using informal supports, along with findings related to ineffective formal system responses, highlights the drastic under-utilization of formal supports. The majority of female survivors of married/common-law IPV in Canada (54%) indicate they do not seek formal support because help is “not wanted or needed” (Statistics Canada, 2007). Furthermore, the majority of studies examining service effectiveness have been conducted with specialized domestic violence interventions, with some exploring police, healthcare, and social service responses. Even more promising and of particular relevance to this paper, recent studies (Fugate, Landis, Riordan, Naureckas, & Engel, 2005; Postmus, et al., 2009) are examining the effectiveness of these services from women’s perspectives as opposed to other indicators of perceived service effectiveness, such as relationship termination. One of the biggest questions related to formal service efficacy, and still largely unanswered within the literature, relates to the likelihood of formal service usage to reduce further abuse and victimization. Beyond system responses meant to hold perpetrators accountable and change their violent behaviours, do other formal services increase women’s feelings of safety and meet their self-identified needs? Some suggest, for formal services to be truly effective “outside options
must provide a higher level of well-being than that which can be achieved independently” (Paterson, 2011, p. 143).

One of the most insightful studies of service effectiveness investigates the frequency of use and the associated helpfulness of each service based on the self-reports of 423 IPV victims (Postmus, et al., 2009). The findings of this study demonstrate frequency of use is not an endorsement of the quality or effectiveness of the services received. In comparing the most frequently utilized resources vs. the most helpful resources, there is a huge discrepancy between what is used and what is helpful. Based on participant rankings, the three most often used formal services were professional counseling (64%), healthcare (53%), and welfare benefits (50%). However, the least frequently used services were reported to be the most helpful. Women ranked, in order of importance, subsidized day care (used by 15%), religious counseling (used by 39%), and subsidized housing (used by 20%), as the three most helpful services accessed. Essentially, the material resources women need most, such as day care and affordable housing, are likely to be the most difficult resources to access. Another interesting finding of Postmus and colleagues’ study, especially given front-line child protection workers are typically social workers, is the reported helpfulness of child protection services. Child protection was ranked as the least (ranked 24 out 24 resources) helpful resource. Given the child welfare sector is intrinsically connected to the social work profession, this finding has serious implications for ongoing child maltreatment and IPV co-occurrence work among front line social workers. Overall, these findings suggest women’s physical and practical needs must be met prior to any emotional or therapeutic work related to the consequences of IPV.

Prior to examining the specific effectiveness of police, healthcare, and specialized domestic violence services, the notion of restrictions (imposed by some supportive services) warrants further consideration within the context of effective services. First, any restriction placed on women by formal services will directly impact their ability to be widely effective. For example, requiring women to end their relationship as a term of receiving service is a very punitive and limiting restriction. This restriction will automatically limit the number of women able to be effectively helped by a formal service. Therefore, before a determination of effectiveness can be made amongst the women who are able to receive these services, the negative cases (i.e., the women who opt not to use these services or are prevented from using services) need to be
accounted for in discussions of effectiveness. Another example of restricting women’s access are formal services (such as shelters) which sometimes limit admission based on child gender and/or age. Unsurprisingly, shelter services are sometimes deemed by women to be less effective when their children are unable to be with them and/or ‘prevent’ their admission to shelter entirely (Grauwiler, 2008).

12.1.1 Law enforcement and criminal justice

Determining the effectiveness of police responses from the perspective of IPV victims is likely a complicated task given the vast number of confounding factors present when considering the overall helpfulness of police response. For instance, the presence or absence of pro-arrest policies, the number and type of charges laid against the perpetrator and/or victim, the availability or unavailability of court diversion programs, use of specialized domestic violence courts, officer demeanour, etc. could all contribute to the perceived effectiveness/ineffectiveness of law enforcement services. However, few studies untangle these intersecting variables. For instance, Anderson and colleagues’ (2003) study of 485 help-seeking women reported a large number (77%) of women contacted police for help, however of these women 13% indicated a lack of support from police was the primary reason for remaining with an abusive partner. The reported “lack of support” was never fully defined in terms of the original expectation of the IPV victims, nor the specifics of what was lacking in the support offered. The “lack of support” finding is consistent with Grauwiler’s (2008) in-depth, qualitative study findings suggesting unsupportive and blaming responses from police. When asked about the effectiveness of police response, one participant stated:

    My response to them [the police] always was, take him out of the apartment, and they were like, “We can't. You have to go down and fill out a protection order.” When I did that they gave [partner's name] this paperwork that showed him everything that I said, which made him more angry…They made me feel like I was responsible, why didn't I leave, they allowed [partner's name] to speak to me in a deplorable way, no one tried to stop him…and his response to the police, “She's a fucking n*gger bitch.” I didn't feel protected…I didn't feel safe. (Grauwiler, 2008, p. 315)

These findings are contrasted with Goodman et al.’s (2003) finding which indicate contacting police was one of the most helpful protective strategies used by women in their study. Based on
the rankings of 406 women, 74% found calling the police to be a helpful strategy for managing IPV.

Based on the limited number of studies gauging effectiveness of police responses from the point of view of women, it’s not possible to fully generalize about the effectiveness of police responses to women’s help-seeking. Furthermore, a more in-depth examination of effectiveness, based on other indicators of support such as arrest data, crime reduction data, and sentencing outcomes, are beyond the scope of this paper.

12.1.2 Healthcare

As noted above, the effectiveness of police response to women has generally been described as lacking in support, and in some cases outright blaming. This theme is less pronounced when looking at the perceived effectiveness of social services and healthcare providers. Peckover’s (2003) qualitative study explores the help-seeking accounts of women (N=16) with particular focus on their experience of interacting with home healthcare visitors. Women from this study reported the services they received alleviated some of the immediate emotional distress, however it did not protect against further harm or contribute to ongoing relief from the impact of IPV. While the short-term emotional needs of women are effectively met, the longer term impacts of these services diminish over time. Feelings of ineffective healthcare service are also echoed in Bacchus, Mezey, and Bewley’s (2003) qualitative study (N=16) of self-identified IPV victims recruited from a hospital setting. Among the women who felt able to disclose IPV to their general physician (n=4), all of them perceived their GP’s response as particularly unhelpful. One participant described the interaction:

I mean you rarely see your GP, and when you do, you see all different ones. They’re always busy, so they haven’t got time to sit and listen to all your problems. I’ve lost faith in health professionals because I’ve had such bad experiences with them. (p. 14)

Similar accounts are also relayed in Lutenbacher, Cohen, and Mitzel’s (2003) qualitative study (N=20) exploring women’s experiences disclosing IPV within the healthcare system. A major theme of the research was related to ‘invalidation’ of women’s experiences of IPV. One participant described her disclosure and the subsequent ineffective response from a nurse:
When I gave birth to my third child, my body was bruised and the nurse asked me, and I’m sitting here trying to cover bruises as I’m laboring.... And she said, ‘Oh, my God, were you in a car accident?’ and I said ‘No, my husband did this,’ and nothing else was ever said or done.... I was beaten the day or so before, and they never said a word about it once I told her what happened. (p. 60)

12.1.3 Specialized domestic violence services

Specialized domestic violence services, such as shelters, intervention programs, and outreach initiatives, have been more extensively studied than other formal service providers with respect to effectiveness. In addition to qualitative studies, such as those describing police and healthcare effectiveness, there are a few experimental studies which demonstrate the effectiveness of specialized domestic violence interventions (Bell & Goodman, 2001; Sullivan, 1991; Sullivan & Bybee, 1999). These studies use aggregate data to illustrate the effectiveness of services, and draw conclusions of effectiveness based on a reduction in IPV re-victimization. What these studies lack in subjective voice and victim perspective, they make up for with generalizable results. For instance, Sullivan and Bybee’s (1999) findings from a study of 278 women living in shelter, reveal more than twice as many women who received advocacy services experienced no further IPV compared with women who did not receive advocacy services. Similarly, Bell and Goodman’s (2001) experimental study exploring the effectiveness of a specialized legal advocacy program found a reduction in re-victimization rates and improvement in emotional and tangible supports (i.e., protection orders) in the intervention group compared to the control.

Based on the findings of both studies, some level of service effectiveness can be assumed given women who worked with specially trained domestic violence and legal advocates experienced less IPV over time and reported less difficulty obtaining other resources. These findings can be contrasted with other studies suggesting women do not necessarily find targeted interventions helpful (Zweig & Burt, 2007), and that responses which are effective for some women will be ineffective for others; “there is no one best strategy” (Goodkind, et al., 2004, p. 527).

In summary, the overarching message to be gleaned from women’s reports of formal service effectiveness is best captured by Goodkind and colleagues (2004): there is no one best strategy. Based on the review of empirical findings, it seems as though there are many indicators of ineffective services being reported by abused women, particularly across law enforcement and healthcare sectors. While specialized domestic violence services appear to fare better in terms of
meeting the identified needs of IPV victims, we know this sector has historically experienced its fair share of difficulties in effectively serving abused women (Danis & Lockhart, 2003). As the field continues to examine the effectiveness of formal support responses, the findings from Grauwiler’s (2008) program evaluation emphasizes the importance of social worker attitudes, aligned with a survivor-informed stance, in contributing to effective service. Participants from this study overwhelming cited non-judgmental and respectful attitudes towards women’s relationship decisions to be the greatest indicator of the program’s effectiveness. This sentiment is explicitly reflected in a qualitative study examining the “little things” that impact women’s experiences of healing after violence exposure. The authors state “women find caring individuals and a safe environment yield the greatest benefits. It is not so much what people do to help, but how they do it” (Stenius & Bonita, 2005, p. 1155).
Chapter 4 Design and Methods

“Research for women should extend and amplify research merely about women, to ensure that even the most revealing descriptions of unknown or recognized aspects of women’s situations do not remain merely descriptions.” – Olesen, 2005, p. 236

13 Study design

This study employed a feminist-informed grounded theory methodology consistent with Charmaz’s (2006) constructivist approach, given the primary aim of this study was to do data-grounded theorizing about women’s conceptualization of safety in the context of intimate partner violence.

13.1 Grounded theory

Grounded theory was specifically designed to attend to qualitative analyses of interview data, particularly text and transcript-based analysis (Glaser & Strauss, 1967). Often thought of as simply a methodological approach, grounded theory can be thought of in a broader sense - as a research approach, methodology, and method. According to Tweed and Charmaz (2011), “the grounded theory method provides explicit strategies for data collection and analysis and aims to produce an inductively driven theory of social or psychological processes grounded in the material from which it was derived” (p. 132). While it could be argued that most, if not all, qualitative and quantitative research inquiries are to some degree ‘grounded’ in the data (or arise from the data), the distinction with a grounded theory study lies in the inductive nature of the research. As such, this study did not set out to test an already existing theory or hypothesis, but rather was designed to allow for theoretical insights to develop without strict attachments to any particular truth or reality, or any a priori assumptions held by the researcher. As a result, the findings of this study culminated in what Charmaz describes as an “abstract theoretical understanding of the studied experience” (Charmaz, 2006, p. 4). It is important to highlight that these findings, when taken together, represent an empirically based middle-range or substantive theory, as opposed to a meta-theory, of the studied phenomena.
Grounded theory is particularly well positioned to explore processes, experiences, and contexts present in the stories and insights shared by research participants. In fact, it has been utilized extensively as the primary methodology in a number of studies exploring the presence, impact, and outcomes of intimate partner violence in the lives of women and children (Allen, 2011; Latta & Goodman, 2011; Lindgren & Renck, 2008; Moe, 2007; Wuest & Merritt-Gray, 1999). It is easy to appreciate why qualitative researchers use this particular methodology when working with vulnerable and/or marginalized groups because it purposefully requires the researcher to conceptualize the research problem – and all associated steps in the research process – from the participant’s points-of-view. Especially during stages of phases of coding and sorting, the participant’s point of view was considered the point of departure.

### 13.2 Feminist-informed grounded theory

While grounded theory was certainly the predominant methodology used in the study design and analytic process, feminist theories served as a broader methodological foundation. I, along with other grounded theory methodologists (Allen & Cloyes, 2005; Allen, 2011; Allen, et al., 2004; Ford-Gilboe, Wuest, & Merritt-Gray, 2005; Weaver, Wuest, & Ciliska, 2005; Wuest, 2000; Wuest & Merritt-Gray, 1999), contend feminist theory and grounded theory can be used in a complimentary manner without violating the integrity or intention of either approach. Furthermore, and as discussed in detail at the conclusion of this chapter, the role of the researcher in a qualitative, grounded theory study cannot be underestimated. As a feminist scholar and researcher, my personal and professional understandings and ways of being in the world, as a woman and a feminist, impact this study. The old adage ‘the personal is political’ requires that I provide a certain amount of transparency in how I, as the researcher, approached the application and utilization of grounded theory. I approached this project as not just a grounded theory study, but as a feminist-informed grounded theory study and offer the following arguments as justification for the suitability of this approach.

First, grounded theory lends itself well to a feminist study of women’s experiences given a central feature of method is inductive knowledge production. There is an implicit, and I would argue explicit, congruence between feminist philosophical assumptions and the primary methods
& procedures of doing grounded theory work. Both are concerned with notions of subjectivity, participant voice, and inductive ways of dealing with data.

Second, grounded theory is a well-known, well-developed, and established methodology based on the early works of Glaser, Strauss, and Corbin (Glaser & Strauss, 1967; Strauss & Corbin, 1990). Furthermore, this approach continues to gain methodological traction and scientific legitimacy based on Charmaz’s development of constructivist grounded theory and Clarke’s (2005) extension of the method through situational analysis.

Finally, women’s narratives and stories about safety, while individual and situated, take place within a broader structural and social context, providing a valuable means for illustrating the political and social messages women get about how to ‘be’ safe. These structural pieces matter in the context of a feminist study and can be drawn out through a grounded theory analysis.

13.3 Sensitizing concepts

Building from the work of Blumer (1969), Charmaz (2006) considers sensitizing concepts to be integral to the beginning phases of grounded theory studies. Generally speaking, sensitizing concepts are markers which help direct researchers in pursuing certain questions about a topic. Most importantly, sensitizing concepts often provide clear points of departure within the data which can contribute to furthering analytic ideas and adaptations of interview questions, analysis strategies, and theoretical sampling, or as a way to begin thinking about a research problem. For instance, I began this study with an interest in the meaning of safety from the points-of-view of abused women, especially the processes and content of arriving at feelings of safety. My interest in this topic drew from sensitizing concepts such as help-seeking behaviour, intersecting identities and social locations, coping strategies, the role of others, and the role of formal systems.

13.4 Research questions

Using these sensitizing concepts to stimulate my thinking and narrow my study focus, my aim was to explore both the processes and content contributing to women’s conceptualization of
safety in the context of violent intimate relationships. The following research questions shaped the research design:

1) How do women arrive at an idea of safety?

2) In what ways is safety conceptualized by women who experience intimate partner violence?

3) How do conceptualizations of safety influence help-seeking behaviors, resistance, and coping?

14 Data collection

14.1 Inclusion criteria

Three main criteria guided inclusion for this study: age, self-defined experience of intimate partner violence, and no longer experiencing harm or abuse by a current or former partner. Adult women, over the age of 18, were recruited for this study because of 1) the increased likelihood of lived experience and exposure to help-seeking challenges, and 2) the potential for multiple contributing factors to their construction of safety (i.e., children’s safety, partner’s history with criminal justice, housing/homelessness, or secondary victimization within service provision). Women’s experience of violence, abuse, or harm was self-defined including any experience of physical, sexual, emotional, psychological, spiritual, or financial forms of violence. Finally, as per REB parameters related to women’s experience of intimate partner violence, only women who identified as not being in a violent relationship at the time of the interview met inclusion criteria.

14.2 Initial sample & recruitment strategies

Recruitment procedures for hidden, hard-to-reach, or potentially vulnerable populations (Campbell, Sefl, Wasco, & Aherns, 2004) were used in this study resulting in an initial sample of 8 women. Generally speaking, Campbell and colleagues’ strategy resembles more of a philosophical or ethical guideline with respect to recruitment, than a set of rigid procedures. The
spirit of this strategy recognizes that accessing communities or populations who are at risk for experiencing further victimization or secondary victimization as a result of interfacing with formal systems – which I argue a social work research project would parallel- necessitates a thoughtful, targeted recruitment approach. To this end, recruitment for this study relied on two methods:

1) Posting flyers and study information sheets at local women and children’s hospitals, children’s mental health agencies, and shelter-based services (See Appendix A), and

2) an email request, containing the research flyer, distributed through the regional Woman Abuse Council member listserv.

It was expected the initial recruitment strategy would result in a preliminary sample typically described as a voluntary, ‘clinical’ (help-seeking) population. While strictly speaking this initial sample is more of a clinical sample than a community sample, the heterogeneity of the group in terms of experiences, demographics, current engagement with formal services, and relationship status is important to note. A number of the initially recruited participants were unconnected to any formal helping services and long removed from their violent relationship. In this respect, I don’t consider the sample to be representative of a truly ‘clinical’ or ‘treatment’-type sample. My explanation for this, despite the recruitment sites described above, is related to the power of technology. The email distributed via the Woman Abuse Council made its way to women who were non-helping-seeking and in non-violent relationships for many years. In fact a large number of the initial participants received the recruitment flyer from friends-of-friends rather than helping professionals. In some ways, technology allowed for this recruitment method to garner both a community sample and clinical sample.

14.3 Developing an initial sample

Following initial recruitment, a combination of theoretical and convenience sampling (described in further detail below) was used as a means to recruit additional participants in order to explore and refine emergent categories. In total, 14 women participated in this study. This sample size provided ample conceptual material to analyze and is consistent with other grounded theory studies exploring intimate partner violence (Allen, 2011; Keeling & Van Wormer, 2011; Latta &
14.4 Interviews

Participants meeting the inclusion criteria were asked to participate in an individual, semi-structured interview about safety in violent intimate partner relationships. All women who contacted me met the inclusion criteria, except one ineligible participant who was under the age of 18. In total, 28 women made initial phone contact related to participating in the study. Of these, 22 women were reached via phone and invited, after meeting inclusion criteria, to participate. Eight of the eligible women did not show up for their interview, cancelled, and/or did not return calls to re-schedule. Of the 22 eligible women, 14 were interviewed.

In addition to the interview, participants also completed a background questionnaire (Appendix B) in order to identify participant characteristics such as age, relationship status, housing information, and other pertinent demographic information. These data were used for descriptive purposes only and were entered into SPSS 18.0 for basic analysis of frequencies.

14.4.1 Interview guide

Semi-structured interviews were conducted with the aide of an interview guide. The interview guide (Appendix C) was drafted with initial, open-ended questions developed by the researcher. This guide was used to set the pace, tone, and direction of the interviews. The interview guide was altered and adjusted approximately three times over the course of the interviews. Adjustments were made with respect to the flow of questions, different wording, and the addition of new questions based on emerging conceptual and theoretical material gleaned from simultaneous analysis.

14.4.2 Setting

This study took place in a large metropolitan city in Ontario, Canada. Participants were invited to choose a preferred location for a face-to-face interview. Some participants chose to be
interviewed at a private office at the University of Toronto (n=8), while others preferred a location close to their home or place of employment. Participants interviewed in their communities often self-selected a coffee shop, shopping mall, or similar venue. I was careful to explicitly ask if women were comfortable speaking about their experiences of IPV in a public place, as well as re-iterating to participants the importance of stopping the interview at any time should they feel unsafe or uncomfortable. It was my intention to increase women’s comfort and reduce some of the inherent structural power associated with holding interviews at a University office. While none of the participants gave explicit reasons for their choice of interview location, creating space for women to choose was a methodological decision.

After greeting women and thanking them for their interest in the study, I engaged participants in a conversation about informed consent, confidentiality, and the process of a research interview, in general. Participants were invited to ask questions and verbally indicate they understood my explanation of informed consent and the purpose of the research project. During this process, participants signed a consent form and reviewed an informational letter about the study (Appendix D). Using the interview guide to ensure adequate coverage of concepts, each interview was digitally recorded, ranging from 1 – 2.5 hours.

In keeping with the tenets of feminist research, an honorarium ($30.00 and subway tokens when needed) was provided to participants as a means of acknowledging the value of their time. During the first few interviews, honoraria were provided at the conclusion of the conversation. Two of the early participants remarked that ‘they hoped they had given me enough’ – alluding to enough information about their story and the impact of the violence in their lives. This sentiment - providing me with enough - seemed to be triggered when remitting the honorarium to participants. Because of the sensitive and sometimes vulnerable feelings attached to speaking about intimate partner violence, I was mindful of women feeling as though they were trading on their experience of harm. I was uncomfortable with the possibility of women feeling obligated, because of the honorarium, to go beyond their comfortable level or personal privacy threshold. In an effort to offer more control over how and in what ways women shared their story, I reconsidered when to give the honorarium to participants. For the reminder of the interviews, I provided the thirty dollars prior to initiating the interview portion of the meeting.
14.4.3 Audio field notes

Immediately following each interview, I audio-recorded field notes related to emerging ideas, surprises, or wonderings related to the details of the conversation. These field notes were integral in capturing ideas and reactions to individual interviews and stories that would later inform coding, theoretical analysis, and memo-writing. Often times, these audio field notes served as the basis for more carefully crafted analytic memos and refined codes.

14.4.4 Transcript-based data

Each interview was digitally recorded and transcribed verbatim, by the researcher, in order to produce an electronic transcript. These transcripts were both hand-coded and entered into MAXQDA 10.0 (a computer program designed to organize and facilitate qualitative data analysis) for computer-assisted coding and categorization. The transcripts for this study represent approximately 600 pages of text-based data.

As an emerging researcher, it was important to me to carefully consider and justify how participant accounts were gathered in order to adequately defend the claims of this study. To this end, my interview questions were crafted in ways consistent with the theoretical and methodological purpose of the study, and reflect a logical relationship between the empirical literature and sensitizing concepts. Allen and Cloyes (2005) outline how the crafting of interview questions can point experience-based research toward exploring 1) the event/phenomena or 2) the experience of the individual. For example, in this study my questions were framed in such a way as to explore women’s experiences related to intimate partner violence rather than simply the issue of domestic violence. For example, I asked women “what was it like to be afraid of your partner?” (focused on the experience of individual) rather than “what happened that made you afraid?” (focused on event/phenomena). Making this distinction, especially in a study reliant on transcript-based data, becomes especially important in order to determine what kind of evidence is being gathered through the language of experience. In this way, the language of experience “is not the medium, but the material” (Allen & Cloyes, 2005, p. 103). Focusing on how women describe their experiences and how they talk about themselves allowed my analysis to move beyond simple descriptions of the evidence into higher theoretical levels.
Being purposeful in developing the interview questions afforded me the opportunity to think about the production and analysis of interview data. In particular I was attuned to the subtle differences between an *evidentiary* interview and a *confessional* interview. As described by Allen and Cloyes (2005), when an interview functions as a confession the personal thoughts and insights of the research participant are regarded as data – their thoughts and feelings are taken up as evidence. Conversely, in a testimonial or evidentiary interview, participants provide information or speak to something they witnessed – they’re not speaking to their personal understanding or experience of an event or phenomena. In this study, I regarded the descriptions and accounts provided by women to be evidence of what she thinks, feels, and knows about intimate partner violence. Conceptualizing interview responses as ‘confessional’ ties into my previously discussed ideas about epistemological privileging. Because I’m wasn’t concerned with whether a woman’s account is ‘valid’ or ‘truthful’ – and in fact I propose a critical feminist researcher would be remiss in attempting to establish whether women’s experiences of intimate partner violence are ‘valid’ or ‘truthful’ - I turned my analytic eye toward other intricacies in the data. For example, a participant might have described being afraid and hiding in a closet to avoid being physically assaulted. As the researcher, I was less concerned with determining if she *actually* hid or if she was *really* at risk of being physically assaulted and more interested in thinking about (and interpreting) why that example was called to her mind, or why she may have chosen those particular words to describe her experience, and how her account may have differed depending on who asked the question. Furthermore, if I had discovered that her account of hiding to avoid physical assault was somehow ‘inaccurate’ (i.e., perhaps she didn’t hide at all) I would have been more interested in trying to determine why the participant told the story she did, rather than trying to arrive at the ‘truth’.

15 Data management and analysis procedures

Unlike more traditional or positivistic applications of grounded theory (i.e., Glaser and Strauss’ original conceptualization of grounded theory), the analytic procedures used in this study are consistent with more contemporary approaches to qualitative inquiry and grounded theory (i.e., Charmaz, 2006; Clarke, 2005; Oktay, 2012). Philosophically and conceptually, this study relied on analytic procedures consistent with Charmaz’s constructivist conceptualization of the method,
incorporating analytic techniques including: theoretical sampling, constant comparison of data, coding and sorting, analytic memoing, and theoretical saturation. These techniques were complemented by additional analytic approaches consistent with interpretive qualitative research methodologies such as verbatim transcription (by the researcher), reflective memoing, and attending to safety considerations of the sample. Taken together, this collection of techniques and tools represent the procedure used to arrive at a data-grounded theory of safety.

15.1 Theoretical sampling

The concept of theoretical sampling is typically regarded as a defining feature of grounded theory methodology, and yet can be taken up by researchers in very different ways. Some utilize theoretical sampling as a non-probability sampling strategy (Leipert & Reutter, 2005; Weaver, et al., 2005), as evidence for simultaneous data collection and analysis (Ford-Gilboe, et al., 2005), or to demonstrate how emergent findings necessitated further sampling (Beck, 2002). Theoretical sampling informed this study in the following way. First, theoretical sampling was used as an analytic technique during initial and focused phases of coding. This is consistent with Charmaz’s explanation of theoretical sampling, indicating theoretical sampling occurs only after analytic work has begun (see Tweed & Charmaz, 2011). Second, theoretical sampling was not used to recruit a certain ‘type’ or ‘population’ of research participant, but rather was used as a methodological tool for refining and rounding out codes, concepts, and categories. Evidenced by the attrition rate during recruitment (22 to 14), it could be argued this was a hard to reach population, especially for in-depth interviews. As a result, theoretical sampling was not implemented in a traditional way (i.e., such as a Glasiarian approach to theoretical sampling). In fact, the initial participant pool grew from 8 to 14 participants, not because of theoretical sampling, but through a process more accurately described as convenience sampling.

The inclusion and recruitment of participants using convenience methods does not completely negate or dilute a form of conceptual sampling that occurred with each subsequent interview. For example, the initial 8 participants spent a great deal of time conceptualizing safety in terms of the past, present, and future. This temporal understanding of safety was considered conceptually important for broadening the concept of safety and was investigated specifically during the remaining interviews. Another example: as women began to identify times in their life when they
felt safe, beyond the abusive relationship, the idea of exploring factors beyond interpersonal
dynamics began to take shape and informed ongoing data collection and analysis. Conceptually
sampling and testing out the features and bounds of safety was a key analytic tool used during
each interview.

15.2 Constant comparison

In keeping with tenets of grounded theory, data collection and analysis occurred simultaneously
during the course of this study. One major of component of this simultaneous data collection and
analysis involved the constant comparison of concepts and ideas within and across interviews.
While the notion of constant comparison is practically synonymous with grounded theory
research, the constant comparison method is not exclusive to the methodology (Fram, 2013).
This is important to note given qualitative methodologists, including grounded theorists,
continue to call for increased specificity and direction with respect to 1) the process of constant
comparison and 2) making the mechanics of this process more visible and distinctive (Boeije,
2002). Tweed and Charmaz describes this process as happening when:

All elements of the analysis – data, codes, categories and concepts – are constantly
compared within and between each other. This comparative process entails looking for
similarities, differences, and nuances between all the elements of the analysis in order to
generate a more abstract understanding of the material (2011, p. 132).

Constant comparison of codes and conceptual ideas certainly occurred during initial, focused,
and axial phases of data analysis, as described by Charmaz (2006). I would argue constant
comparison was also occurring long before the transcript-based analysis of data was underway.
Prior to working with transcript-based data (i.e., exploring the similarities and differences across
codes, concepts, and participant characteristics) I was engaged in comparative analysis after
completing the second interview. Making field notes, memoing, thinking about upcoming
interviews, adjusting the interview guide and ordering of the questions, making language choices
to reflect emerging concepts; all of these pieces were informed by my analytic thinking and
comparison of emerging concepts. Essentially, I was thinking and processing comparatively with
every subsequent interview and/or transcriptions of recordings.
Engaging in a more purposeful exercise of constant comparison, I started with a simple question to begin fleshing out the conditions and properties of the concept of safety: who is safe? And then, who is unsafe? The ‘who’ question pushed me towards examining various pieces of women’s identities spanning socio-demographic characteristics such as childhood histories of violence, type of IPV, income, age, etc. (see Table 1). The objective of this comparison was to determine which, if any, individual features might provide conceptual insight into the concept of safety.

Table 2. Comparing demographics among safe and unsafe women (N=14)

<table>
<thead>
<tr>
<th>Self-identified characteristics (N):</th>
<th>Safe</th>
<th>Unsafe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child sexual abuse (5)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safe (3)</td>
<td>-</td>
<td>- Some therapy</td>
</tr>
<tr>
<td>Unsafe (2)</td>
<td>- Extensive therapy as adult</td>
<td>- Disclosure to family (negative reaction)</td>
</tr>
<tr>
<td></td>
<td>- Disclosure to family (negative reaction)</td>
<td>- Never felt safe</td>
</tr>
<tr>
<td></td>
<td>- No child/adult familial support</td>
<td>- No familial support</td>
</tr>
<tr>
<td>Child physical abuse (6)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safe (3)</td>
<td>-</td>
<td>- Never felt safe</td>
</tr>
<tr>
<td>Unsafe (3)</td>
<td>- Attributed little significance to the impacts of CPA</td>
<td>- No connection to family</td>
</tr>
<tr>
<td></td>
<td>- Referred to self as ‘fighter’</td>
<td>- Untrusting of service providers and helping professionals</td>
</tr>
<tr>
<td></td>
<td>- Family connection varies from none to some</td>
<td>- No intervention as child, but some as adult</td>
</tr>
<tr>
<td></td>
<td>- No intervention as child, but some as adult</td>
<td></td>
</tr>
<tr>
<td>Sexual violence (IPV) (8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safe (3)</td>
<td>-</td>
<td>- “Was a dead body for him” – both children resulted from her partner raping her.</td>
</tr>
<tr>
<td>Unsafe (5)</td>
<td>- Extensive therapy and healing of IPV in general</td>
<td>- Unmet basic needs, inadequate housing, inadequate financial resources</td>
</tr>
<tr>
<td></td>
<td>- Little/no data to compare impacts of sexual violence (i.e., while self-identified, never fully explored or described during the interviews)</td>
<td>- Fear of partner</td>
</tr>
<tr>
<td></td>
<td>- Emotionally disconnected from their partner; no investment in the relationship</td>
<td>- Fear for children’s involvement</td>
</tr>
<tr>
<td>Physical violence (IPV) (12)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safe (7)</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Unsafe (5)</td>
<td>- Emotionally disconnected from their partner; no investment in the relationship</td>
<td>- Unmet basic needs, inadequate housing, inadequate financial resources</td>
</tr>
<tr>
<td></td>
<td>- Some ongoing fear of partner/uncertain of further IPV</td>
<td>- Fear of partner</td>
</tr>
<tr>
<td></td>
<td>- Fear for children’s involvement</td>
<td>- Fear for children’s involvement</td>
</tr>
</tbody>
</table>
### Helpful, effective interactions with systems
- Helpful, effective interactions with systems
- Hopeful and in stages of healing

### with abuser
- Some unhelpful responses from family/friends, but also some helpful
- Both helpful and unhelpful system responses

<table>
<thead>
<tr>
<th>Child exposure to domestic violence (CEDV) (2) Safe (2)</th>
<th>- Wanted relationships different from their parents - No meaningful/negative impact on sense of self or safety</th>
<th>- no data to compare</th>
</tr>
</thead>
<tbody>
<tr>
<td>No/lower income (6 under 15K) Safe (3) Unsafe (3)</td>
<td>- Disability/social assistance provided basics including geared to income housing - Independence more valuable than income</td>
<td>- No access to partner’s income/uncertain about how to obtain social assistance - Remained in relationship to access partner’s income</td>
</tr>
<tr>
<td>Mid Income (5 between 15-41K) Safe (2) Unsafe (3)</td>
<td>- University/college educated - Multiple years separated - Supporting children</td>
<td>- University/educated - Multiple years separated - Supporting children</td>
</tr>
<tr>
<td>Higher Income (3 between 58 – 80K+) Safe (1) Unsafe (1) Unsure (1)</td>
<td>- Racialized woman - Historical and current sexual/physical abuse - First experience of IPV - Post-graduate degree - Full time employment</td>
<td>- White woman - No historical sexual/physical violence - University graduate - Fulltime employment</td>
</tr>
<tr>
<td>Racialized women(^1) (6)</td>
<td>- Considerable healing and purposing of the experience</td>
<td>- Apart less than one year; other woman 6+ years apart</td>
</tr>
</tbody>
</table>

\(^1\) This grouping of racialized women does not represent women’s self-described identity (i.e., racialized). Rather the researcher has made a determination, based on women’s self-described racial or cultural ethnicity taken from a self-report form, that it would be reasonable to consider this group of women as racialized. However, this should be interpreted with caution given some women, for example Aboriginal and First Nations women, do not necessarily consider themselves racialized. Nor, for example, are all Latina women White or Caucasian; some consider themselves Women of Colour. Arbitrarily assigning women a label of ‘racialized’ was not done in a cavalier manner, nor was it meant to homogenize women. Making a distinction between racialized and White women was done so in the spirit of acknowledging the potential structural and historical impacts that could be weighing on conceptualizations of safety.
<table>
<thead>
<tr>
<th>Category</th>
<th>Safe</th>
<th>Unsafe</th>
<th>Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women in their 20s (3)</td>
<td>Safe (2)</td>
<td>Unsafe (1)</td>
<td></td>
</tr>
<tr>
<td>Women in their 30s (6)</td>
<td>Safe (2)</td>
<td>Unsafe (3)</td>
<td></td>
</tr>
<tr>
<td>Immigrant (4)</td>
<td>Safe (1)</td>
<td>Unsafe (3)</td>
<td></td>
</tr>
<tr>
<td>Children under 18$^2$ (7)</td>
<td>Safe (3)</td>
<td>Unsafe (4)</td>
<td></td>
</tr>
<tr>
<td>No children (4)</td>
<td>Safe (2)</td>
<td>Unsafe (1)</td>
<td>Unsure (1)</td>
</tr>
<tr>
<td></td>
<td>All were separated from abuser between 3-5 years</td>
<td></td>
<td>One woman described a ‘lifetime’ of violence with partner; other woman has no historical or current physical/sexual violence</td>
</tr>
<tr>
<td></td>
<td>Achieving Permanent Residency a big part of feeling safe - 6 years as resident</td>
<td>One women no resources; other woman earns mid income</td>
<td>Two lived in Canada for 15+ years; both received citizenship; didn’t articulate how/if immigration experience contributed to sense of safety</td>
</tr>
<tr>
<td></td>
<td>Connected to supportive services to help children (i.e., CAS)</td>
<td>Protective instincts</td>
<td>All but one have access to living income</td>
</tr>
<tr>
<td></td>
<td>Both under 20/young</td>
<td>Low to mid income</td>
<td>Low to high income</td>
</tr>
<tr>
<td></td>
<td>CPA</td>
<td>Adult PA and SV</td>
<td>CSA and CPA</td>
</tr>
<tr>
<td></td>
<td>Family supportive</td>
<td>Some positive intervention</td>
<td>Adult PA and SV</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Unhelpful and helpful intervention (police helpful; courts unhelpful)</td>
</tr>
<tr>
<td></td>
<td>No children</td>
<td>No involvement with abusive partners</td>
<td>No children</td>
</tr>
<tr>
<td></td>
<td>Supportive family</td>
<td>CPA and CEDV</td>
<td>Less time away from abusive partner; ongoing court involvement</td>
</tr>
<tr>
<td></td>
<td>CPA and CEDV</td>
<td>Low to income to over 80K</td>
<td>History of CPA and CSA</td>
</tr>
<tr>
<td></td>
<td>All have children</td>
<td>CSA and CPA</td>
<td>No children</td>
</tr>
<tr>
<td></td>
<td>CSA and CPA</td>
<td>No income to over 80K</td>
<td></td>
</tr>
</tbody>
</table>

$^2$ Three women had only adult children.
As previously noted, my analytic engagement with the data started long before I sat down to code, sort, or categorize the data in a methodical way. Much like constant comparison is equated with grounded theory, the notion of *coding* is just as ubiquitous in qualitative inquiries. Tweed and Charmaz (2011) define a code as “a shorthand analytic label that a researcher defines. Grounded theorists aim to make their codes active, short, specific and spontaneous” (p. 136). Guided by my research questions related to the processes, content, and meaning of safety in the context of intimate partner violence, I set out to code the data.

### 15.3.1 Initial coding and in vivo codes

Coding provided the first opportunity to break apart the data, interpret meanings, and assign initial labels. In terms of procedure, I first conducted *initial coding* of hardcopy transcripts. This involved carefully reading each transcript and assigning temporary labels, typically in the form of a gerund, to represent a general phenomenon or event.

Initial coding occurred in batches. The first batch included the first 8 interviews, then the next 4 interviews, and then the final 2 interviews. Procedurally, as referenced in Table 3, I employed the following process for engaging with the data:

1. An audio field note was recorded;
2. Digitally recorded audio file was transcribed;
3. The hardcopy transcript was printed, followed by hand-coding;
4. Reflective and analytic memoing was hand-written;
5. The transcript and associated initial codes were entered into MAXQDA.

15.3.2 Hand-coding and hand-written memos

All transcribed interviews were printed in hardcopy for the first phase of coding. Initial coding was conducted using highlighters and hand-written codes in the margins. Working through the transcripts in this manner offered a very tactile and visceral way to interact with and breakdown the data. Emerging definitions of the initial codes, conceptualizations and first impressions of the data, and emerging concepts were hand written in a journal.

15.3.3 Computer-assisted initial coding

After each transcript was hand coded, the transcript and its associated codes were entered into MAXQDA 10.0 for further initial coding. Once all 14 transcripts were entered into MAXQDA, the initial codes were defined, and a second read of all transcripts was conducted.

15.3.4 Focused coding

Once two passes of initial coding was completed, I moved into what Charmaz (2006) describes as focused coding. This phase required considerable conceptual and theoretical thinking about the codes and concepts emerging from the data, as captured by the initial codes. During this phase I manually entered the initial codes (and each transcript) into computer assisted software. Subsequently, the initial codes were interrogated and further defined in order to identify more enduring and analytical categories.

15.3.5 Axial coding

Finally, in axial phases of coding, initial codes began to fall away and/or become absorbed in higher order categories. Most importantly, as I moved through from focused to axial levels of coding, I was looking for and constantly redefining the relationships between the codes, and eventually, the categories (Appendix E). These categories formed rudimentary themes, representing the beginning phases of substantive theory development. During these final stages of coding and sorting, I returned to a manual, hand-coding process to sort through the emerging
themes and further elucidate the relationships between and across each core category and theme, in order to produce a middle-range grounded theory of safety.
<table>
<thead>
<tr>
<th>Phase</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Phase I: Initial Coding</strong></td>
<td>106 initial codes: 8 women interviewed. Initial hand coding, memoing, transcription, conceptual comparison. 4 additional women interviewed. Initial hand coding, memoing, transcription, conceptual comparison. 2 additional women interviewed. Initial hand coding, memoing, transcription, conceptual comparison.</td>
</tr>
<tr>
<td><strong>Phase II: Initial to Focused Coding</strong></td>
<td>87 initial codes: 14 transcripts moved into MAXQDA 10.0. 2nd round of initial coding, memoing, constant comparison. Code book developed. 5 rudimentary concepts emerge.</td>
</tr>
<tr>
<td><strong>Phase III: Focused to Axial Coding</strong></td>
<td>4 categories &amp; 53 codes: Transcripts re-read in hardcopy and coded for relationship to higher order, axial codes/categories. Reflective and analytic memoing. Refining of emerging concepts and development of tentative core category and subcategories.</td>
</tr>
<tr>
<td><strong>Phase IV: Selective Coding &amp; Theory Development</strong></td>
<td>Core category &amp; 3 sub-categories: Theoretical conceptualization, refining, and validating of core category. Proposed grounded theory of safety.</td>
</tr>
</tbody>
</table>
15.4 Memoing

During the various phases of coding and constant comparison, the process of analytic and reflective writing was ongoing. Tweed and Charmaz (2011) describe memo-writing as a key “intermediate stage between data collection and write-up and involves the detailed capturing of the researcher’s thoughts, hunches, interpretations and decision-making throughout the analysis” (p. 132). The concept of reflexively writing – whether through field notes, memoing, audit-trails, etc. - is recognized as an integral component of most qualitative research methodologies, but especially those approaches consistent with the interpretivist paradigm. Interestingly, Birks and colleagues (2008) point out how the epistemological positioning of a research study can impact the utility, and appropriateness, of memoing and reflective writing:

> Within the positivist paradigm, such subjectivity would be viewed as counter-productive to the search for a single verifiable truth. In qualitative research, however, the interplay between researcher and data is crucial to the generation of knowledge that reflects the breadth and depth of human experience. (p. 69)

This study relied on the use of a notebook for analytic and reflective writing, the ‘memoing’ function available through MAXQDA, and audio-memos recorded immediately after each interview. Taken together, these various memos tracked my decision-making and engagement with all phases of the study from conception, through data collection and analysis, and finally during write-up phases. The process of writing allowed me to purposefully track and consider my preliminary thoughts, definitions, questions, and next steps. It also provided an opportunity to ‘look back’. For example, I found it immensely helpful to return to the audio-memos I created following each interview when I was having conceptual difficulties related to a particular code or category.

15.4.1 Analytic memoing

Hand-written and computer-assisted analytic memos were developed to track developing codes, the code book, relationships between codes and categories, and any decisions I made with respect to collapsing or changing the direction of my analytic process (i.e., changes to the interview guide, moving from hand-coding to computer-assisted coding, etc.), or ideas that emerged in reviewing the literature related to the analytic process.
15.4.2 Reflective memoing

Reflective memos were created as a means for identifying my own influence on and interpretation of the data during various phases of data collection, analysis, and write-up. The focus of this writing was to explore my thoughts and conceptualizations about my engagement with data. Mainly my theoretical thinking, questions about what I might be missing, how I might think differently, how my presence in a particular interview might be showing up, etc. This memoing strictly allowed me to work through my ideas about the data and, in a tangible way, link and identify important relationships and concepts in the data that could contribute to building a substantive theory of safety.

15.5 Theoretical saturation

The concepts of theoretical sampling and theoretical saturation are closely linked. Ideally, when sufficient analytic material is collected through the process of theoretical sampling, theoretical saturation can be achieved. Charmaz (2006) articulates the meaning of theoretical saturation by stating “that you [the researcher] keep sampling until your categories are saturated and that this logic supersedes sample size – which may be very small” (p. 114). While Charmaz emphasizes the importance of demonstrating categorical saturation based on thick descriptions of the data – achieved by sampling until no new conceptual material is obtained – she is also critical of grounded theory studies which rely solely on claims of saturation to demonstrate arriving at empirically grounded theory. In this study, theoretical saturation was reached during the final two interviews. The participant narratives, while confirming and validating already existing conceptual material, offered no new insight or conceptual codes with respect to the features and processes of safety. In revisiting my field note following interview 13, I indicated I was not as surprised or struck by the participant’s responses as I had been during initial interviews; I wondered aloud if this was perhaps a sign of having reached saturation. While saturation is the primary means for determining the conclusion of theoretical sampling (and essentially the arrival at grounded theory), it should be offered within the context of other criteria for determining theoretical sufficiency and quality including credibility, originality, resonance, and usefulness (Charmaz, 2006).
15.6 Transcription

All interviews were transcribed verbatim by the researcher, as opposed to a transcription service or research assistant. The process of transcription is typically a taken-for-granted and under-valued component of a qualitative research project; often times entirely absent in scholarly publications and research reports (Duranti, 2007; Tilley & Powick, 2002). However, this seemingly pragmatic activity offers a certain degree of methodological value, and, should not be discounted in terms of its presence in the researcher’s analytic process. In addition to contributing to the broader epistemological and methodological congruence of this study, personally transcribing the recordings offered another analytic opportunity to engage with the data. Positioning this decision as a methodological choice is supported by other qualitative methodologists, specifically discourse analysts, who argue transcription – by the researcher - is a vital component of the analytic process (Bucholtz, 2000; Charmaz, 2006). Therefore, as the sole transcriptionist, it was important to carefully consider and make clear the interpretative and representative choices I made during transcription. Bucholtz (2000) argues “the interpretation of a recording cannot be neutral; it always has a point of view.” (p. 1441). I found Bucholtz’s assertion to be valid. In the same way my overarching role as the researcher does not stand apart from or outside of the analytic and interpretative process, my theoretical and conceptual lenses were present in the way I transcribed these interviews. For example, I was immediately faced with transcription decisions related to silences, utterances, inaudible pieces, emotional responses (i.e., crying, laughing), changes in tone (i.e., whispering, raised voice, yelling), stuttering and pauses, and place-holding words such as ‘umm’ and ‘uhh’. Analytically, I was continuously making decisions about how to interpret and represent spoken language in text-based form. Essentially, I determined how, why, and to what degree to capture (or not capture) the verbal, and sometimes non-verbal, pieces in the transcript. Again this illustrates how the transcription process represents an important analytical process. As analysis moved forward, into phases of coding, sorting and categorization, these transcription-level decisions came to bear on how I recalled, interpreted, and analyzed the text-based data.

In terms of a transcription procedure, I developed the following guidelines based on my review of various qualitative methods related to transcription as method (Bucholtz, 2000; Lapadat, 2000).
1. Emotional responses and changes in tone were noted using square brackets (e.g., [crying]);
2. Silences were noted, with a second count, when I considered the pause to be emotionally motivated (e.g., [5 second silence, deep breaths]);
3. Repetition of words was transcribed verbatim as this sometimes offered insight into the context, tone, and intensity of the statement. (e.g., I…I…I…I just didn’t know what to do);
4. Interruptions by the researcher were indicated with a notation (e.g., /interruption/)
5. Any adjustment to word choice or hesitancy around word choice was noted (e.g., I luh…I still care for him deeply [she was perhaps going to say love?]).

These transcription conventions were generated to reflect the purpose and focus on the research study. Women who experience violence or personal harm are often very careful and purposeful about what they share and how it is shared. The subtle cues, silences, and redirection or change of language can provide valuable insight into the meaning and impact of a particular story or explanation.

15.7 Ethical considerations

Women who are subjected to intimate partner violence, specifically those who have accessed criminal justice, social service, health care, or child welfare sectors, often experience secondary victimization or unintended, negative consequences related to their help-seeking. Keeping this in mind, I was careful to clearly outline the voluntary nature of participating in this study. As part of the interview process, and consistent with the University of Toronto REB protocol governing this study, I purposefully reviewed a research information sheet and the informed consent form with each participant. Confidentiality, and its limits, was reviewed at the time of scheduling the interview and during the interview. The potential risks and benefits of participating were also reviewed with potential participants. Additionally, I was prepared to offer referral information to women who may have been emotionally triggered by the interview process; however all of the participants reported enjoying the interview and did not require this supportive assistance. At no time did the gathering of research data supersede the emotional health or safety of a participant.
15.8 Reflexivity and role of the researcher

Do qualitative researchers continue to strive for objectivity? Frost and colleagues (2010) pose this very question when examining the findings of their pluralism in qualitative research project, uncovering some of the tensions surrounding the perceived importance of demonstrating ‘objectivity’ during the analytic process. Findings from their study suggest researchers are “striving to be objective” (p. 449) often operating under a “guise of objectivity” (p. 456). This makes me wonder why qualitative researchers are afraid, or hesitant, or reluctant to acknowledge our subjectivities. Subjectivity is described as “the living knowledge of an individual, which is drawn upon in the co-construction of the meaning of an experience by researcher and researched” (Frost et. al, 2010, p. 454). I argue researchers who strive to bracket or diminish or constrain their subjectivities are missing an opportunity to fully engage with their data in a way that is unavailable when one adopts an objective stance. In fact, if I had adopted an objective stance in this study, simply because it’s perceived to signal a more scientific or superior approach to analysis, it would have illustrated a serious inconsistency between my theoretical approach and analytic strategy.

Imagining the researcher as having a direct impact on all phases of the research design demonstrates a clear adoption of a subjective stance. This is an ontological statement about how I view myself, and other qualitative researchers, in relationship to the larger research process. The researcher inevitably impacts study design in both implicit and explicit ways. I’m not comfortable with a stance that suggests objectivity as desirable, or even possible. Through my choice of language, analytic procedures, and overall transparency I aimed to create markers or signals for the reader which clearly demonstrate that ‘objectivity’ is not a logical or congruent piece of my approach. My approach to analysis involved highly relational pieces of work during the recruitment, interview, analytic, and writing phases, resulting in findings shaped by my intentions, knowledge, experiences, reactions, (mis)interpretations, wonderings, and theoretical lenses. To me, making these positionalities explicit and making my read of the data a central feature of my methodological explanation, offers a much richer and valuable means for determining the rigor or quality of this study.
There is a growing consensus among qualitative methodologists, and interpretative researchers in particular, to unapologetically acknowledge that there is no precise ‘formula’ on how to conduct qualitative analysis (Eakin & Mykhalovskiy, 2003; Watt, 2007). A key part of this argument rests on the importance and role of the researcher in impacting all aspects of study design, analysis, and positioning of findings. In fact, Watt (2007) suggests “the researcher is the primary “instrument” of data collection and analysis, reflexivity is deemed essential” (p. 82).

My positionality and social location are important pieces to consider in the context of a feminist-informed study given the researcher is not conceived as an “all-knowing, unified, distanced, and context-free seeker of objectified knowledge” (Olesen, 2005, p. 248). My positionality, experiences, how I live in the world, and role as ‘the researcher’ influenced my decision-making and the way I approached research design and implementation in very implicit and explicit ways.

Making my perspective explicit is not being offered in a confessional sense as simply providing a laundry list of various descriptors, social locations, and identities does little to illustrate how I ‘show up’ in the data. Rather, I am providing some context and description about who I am, using labels, in the spirit of acknowledging the inherent power I had in shaping the design and process of the study. It is also my attempt to establish a certain degree of transparency in the research process as it relates to my interests and motivations. To locate my perspective: I write as a post-structural, intersectional feminist. I am trained as a social worker, with many years of advocacy and research work related to issues of IPV. My intrinsically connected personal, professional, and political stances are predominantly shaped by a gendered analysis of structural and institutional oppressions, anchored in a broad social justice framework. In this way, I consider myself epistemologically feminist in the sense that I come to this work with an understanding of knowledge being situated in the knower, as well as, socially situated.

Ontologically, I believe women are abused because they walk through the world and are taken up as women (including cisgendered and trans women). This ontological position directly reflects my gendered understanding of structural violence and institutional oppression. To locate myself and who I am with respect to this research project: I was not born into violence – my immediate family, my community, and my family history were not sites of trauma or harm for me. As a white, economically privileged woman, my place in the world and where I live is reasonably free from the threat of war, systematic or sustained violence, and instability. My understanding of
intimate partner violence, and its impact, is an experience outside of my lived experience. While partnered, during both adolescence and adulthood, I have not experienced direct harm or physically violent behaviour by an intimate partner. I don’t identify as a survivor or victim of intimate partner violence.

My experience of being a woman, in this time and space, and the oppressions I have experienced because of my gender in no way suggests a shared lived experience with the women who participated in the research. Not simply because they have experienced some form of intimate partner violence and I have not, but also because the multitude of social locations we share as women, and the infinite intersections of these social, political, and cultural identities, illustrates the potential differences more so than the probable similarities in our experience of interlocking oppressions and privileges. My being a woman, and my allied work with women who have experienced violence, may have eased the development of rapport during the research interview in some instances, but perhaps not in all cases given my other social identities and non-survivor status. I am potentially positioned (through my role as ‘researcher’) to hold a certain amount of access to and power over the collection and shaping of research data. To this end, I was mindful of how my training as a social work practitioner and researcher was potentially being taken up by the research participants.

16 Strategies for rigor

The term rigor is being used as a means to signal my awareness of and the need to demonstrate the trustworthiness of the methods used in this grounded theory study, as well as, the overall quality of the resulting substantive theory. I did not operationalize the concept of rigor in ways consistent with naturalistic or positivistic approaches to research. The idea of these findings being replicable, generalizable, reliable, or valid is inconsistent with an interpretivist or critical research paradigm. Some qualitative researchers, operating from a more positivistic paradigm, utilize frameworks loosely based on these notions of validity, reliability, and generalizability (i.e., Lincoln & Guba, 1985), bounded by various caveats and qualifying statements about how their adapted framework is well suited to less positivistic and naturalistic inquiries. While not ideal, from my point-of-view, this study did utilize a more positivistic framework to illustrate the various strategies used to establish a sense of trustworthy, rigorous data and analysis. To this
end, I have employed two main strategies to illustrate 1) the trustworthiness of data collection and analysis methods and 2) the quality of the substantive theory. Taken together, these strategies can be used to judge both the process and the product of this study.

First, the data collection and analysis methods used in this study can be mapped onto Lincoln & Guba’s (1985) trustworthiness framework based on their four criteria of credibility, transferability, dependability, and confirmability. I do acknowledge that applying these particular criteria is more consistent with a positivistic approach to qualitative research; however I found this framework useful for organizing and demonstrating how the methods used in this study meet both the traditional and contemporary understandings of trustworthy data. The analytic techniques of memo-writing, constant comparison, verbatim transcription, etc. can easily be catalogued within one of the four criteria. For example:

**Credibility.** The activities contained within this criterion are meant to “promote confidence that researchers have accurately recorded the phenomena under scrutiny” (Shenton, 2004, p. 64). The following activities were used as means for demonstrating credibility: use of a well-established research methodology; audio-recorded interviews and verbatim transcription; reflective and analytic memo-writing; negative case comparison; analytic triangulation using constant comparison, hand-coding, and computer-assisted coding; researcher familiarity with the research topic; and debriefing and review with project supervisors.

The debriefing process occurred in scheduled and ad hoc ways. Periodic meetings with the project advisor provided opportunities to consider the methodological challenges of recruiting hard to reach groups, the conceptual difficulties related to examining a nebulous concept such as safety, and review of the transcribed material in order to confirm and question the analytic engagement with the data. Scheduled de-briefing allowed for the presentation of emerging concepts and ideas, as well as, the exchange of ideas about the meaning and content of the data.

While all supervising members of this study have considerable expertise in the area of IPV, and are familiar with and/or identify with feminist perspectives, the positionality of each member offered distinct and unique interpretations of the data. For example, one project supervisor holds a deeply developmental and psycho-dynamic understanding of women’s experiences of IPV;
another, an ecological and trauma-informed understanding of IPV; and another, an intersectional and structurally-anchored understanding of the issue. Taken together, the divergent (yet often complimentary) positions of the supervisory group offered a variety of interpretations and meanings of the data. These varied positions complimented, and challenged, my own structurally informed understanding of IPV. In fact, it wasn’t until the conclusion of this project – in the writing phases in fact – that I realized there was little data supporting a structural analysis of the concept of safety. I’m not certain I would have arrived at this conclusion without the careful guidance and debriefing of this study’s supervisors.

**Transferability.** The notion of transferability is closely related to the concept of external validity. Again, the epistemological and methodological underpinnings of this study preclude the idea of these findings being verifiable and/or replicable by another researcher, regardless of how closely my analytic methods and procedures are followed. This perspective is echoed by Shenton (2004) who notes “the findings of a qualitative project are specific to a small number of particular environments and individuals, it is impossible to demonstrate that the findings and conclusions are applicable to other situations and populations” (p. 69). However, because this is a grounded theory study designed to produce a middle-range theory about safety and intimate partner violence, it is important to talk methodologically about how these findings can be re-purposed or studied by other researchers in the spirit of growing and testing our theoretical knowledge. Furthermore, readers will need to make a determination about the transferability of these findings based solely on the context I provide with respect to the way this study was designed and carried out. To this end, I am not making broad claims about external validity, or even generalizability of findings, but rather I am inviting the reader to make linkages between the findings of this study and their own experience and understanding of the research problem.

This study attended to issues of transferability by: carefully articulating the theoretical and epistemological frameworks bounding this study; accounting for the role and positionality of the researcher; describing the interview setting; noting the inclusion criteria; mapping the methodological choices and analytic techniques; creating a transcript-based data source; preserving the audio and text-based versions of the interviews; and providing thick descriptions and quotes from the raw data.
**Dependability.** Again, in the positivistic paradigm, issues of reliability are attended to by demonstrating how a particular finding or result from Study A could be replicated using the same formula or methods, in Study B. The concept of dependability follows a similar logic; a researcher should be able to track, and even perform the analytic tasks outlined in qualitative study, but without the expectation of arriving at the same result. In this sense the procedures of the study are considered dependable in terms of pulling the researcher toward a methodologically sound conclusion, but it would be incongruent with an interpretivist study, given the value placed on role of the researcher, to expect replication of results. This study attended to issues of dependability by: creating transparency around methodological decision-making throughout all phases of the study design; including examples and descriptions of analytic procedures where possible; and incorporating reflective appraisals about the analytic value and limitations of this study.

**Confirmability.** Finally, the concept of confirmability is akin to the notion of objectivity. Certainly in most positivistic research, there is great value and importance placed on attaining and maintaining an objective stance in relation to all phases of study design and implementation. While this is not the case for interpretivist or critical forms of qualitative research – the subjective stance and role of the researcher is valued - it is important to clearly outline my stance as a means of demonstrating how this study attends to the concept of confirmability. The stance I held throughout the design and investigation of this study is that there is no one true way to understand or read the transcript-based data generated for this study. Nor is it possible, or even necessary, to reduce any potential for researcher bias. I reject the notion of the researcher being able to stand apart from the data as an objective analyst or onlooker. However, adopting a subjective stance and acknowledging my presence in all aspects of the research does not diminish the importance (and necessity) of demonstrating the analytic trustworthiness and confirmability of this study. To add to the confirmability of this study I was purposeful in delineating how emerging categories and preliminary ideas about the substantive theory were discarded or diluted based on further conceptualization and theorization. Furthermore, I have included thick descriptions and quotes from the raw data as a means for demonstrating confirmability of findings to the reader.
17 Methodological limitations

A major challenge of this study was remaining aware and vigilant of my attempts to resolve the tension between excessive conceptualization and interpretation of the data and remaining ‘close to the data’. Over-engagement and theorization of the data would be in stark contrast to a more traditional feminist standpoint project, yet analytically important to a grounded theory study. A major methodological hurdle to overcome with the application of grounded theory is the possibility for heavy handed abstraction of the data by the researcher, which would conflict with a strictly feminist approach that prioritizes the subjective voices of women. In an effort to temper the possibility of diluting women’s voice through categorization and theoretical abstraction during analysis phases, I focused on developing ‘representational concepts’ vs. generalizable ‘theory’. I propose my attempts to remain cognizant of how my interpretations and theorizing of the data helped to preserve some of the integrity of women’s individual narratives and experiences while contributing to a broader substantive theory of safety.

Because of REB restrictions, and ethical considerations with respect to the safety of women, women who were in a violent relationship at the time of the study were not eligible for participation. This unique perspective and experience of IPV, and its potential contribution to shaping the construct of safety, is not captured in the findings of this study.

Another procedural limitation of this study related to member checking. Member checking was not implemented as a means for demonstrating rigor given the anticipated difficulty in locating participants following each interview, and based on participant attrition during recruitment, the anticipated difficulty of being able to re-establish contact with a hard-to-reach (and potentially unsafe) sample. Given this study is anchored in the notion of bringing women’s narratives and explanations of IPV to the forefront of empirical research, this limitation represents a considerable departure from the theoretical foundation of the study, but was made in an attempt to mitigate difficulties in demonstrating rigor and in consideration of participant safety.

Ideally, the raw data used to anchor and justify the findings of this study would have been equally distributed among all participants. Having each woman’s story equally represented as a means for supporting the claims of this study was methodologically and theoretically important.
However, the reader will note P01 and P13 are referenced infrequently throughout the findings chapter. While data from these interviews were incredibly valuable to conceptualizing and theorizing the broader concept of safety (for example, conducting a negative case analysis of P01 was instrumental in supporting the theoretical direction of the proposed grounded theory), opportunities to incorporate raw data were few. This was mainly due to the quality of the interview in terms of capturing data specifically related to the notion of safety. While this poses a potential methodological weakness, it is fair to suggest that these interviews provided opportunities to engage in constant comparison and conceptual sampling.

Finally, there is no question that generalizing findings is an important goal of any research study, quantitative or qualitative. However, in qualitative research there is a tendency for researchers to make declarations – sometimes in an apologetic way – about the lack of “generalizability” related to smaller sample sizes, and therefore the study findings. I propose the lack of statistical generalizability is not a limitation of qualitative research, but rather a key characteristic of qualitative inquiry. Interestingly, some qualitative researchers question the veracity of generalization claims in general:

The statistical generalizability model is almost never fully realized, even though the research community usually acts as though it is. It is therefore somewhat ironic that critics of constructivist approaches often cite “the generalizability problem” as a critical factor for not giving qualitative research its due (Sandelowski, 1997 as cited in Polit & Beck, 2010, p. 1457).

The purpose or desired outcome of this research is not statistical generalization, but rather analytic or conceptual generalizability. Qualitative researchers Popay, Rogers, and Williams (1998) emphasize “the aim is to make logical generalizations to a theoretical understanding of a similar class of phenomena rather than probabilistic generalizations to a population” (p. 348). Conceptual generalization transcends particular cases or participants. The research participants (i.e., the ‘sample’) are not the unit of analysis that requires, or allows for, generalizability. Rather the concepts and ideas proposed in the findings could be explored in future study of women’s conceptualization of safety.
Chapter 5 Findings

Guided by the primary research questions, this chapter discusses key findings as they relate to women’s conceptualization of safety, factors impacting safety, and the influence of safety on help-seeking, resistance, and coping behaviours. Through a process of inductive analysis, a core phenomenon of Building Conditional Safety, linking three supporting sub-categories, emerged. The sub-categories include: Seeking Safety, Provisional Safety, and Considerable Safety. These categories allowed the researcher to theoretically develop a concept of safety, and together, they support the proposed grounded theory of safety presented in the Discussion chapter.

This chapter begins with a brief description of the study participants. The core category of Building Conditional Safety, along with each of the sub-categories, is then described using women’s narratives to support the theoretical claims and findings of this chapter.

18 Description of participants

The sample consisted of 14 women who self-identified as having been in an abusive relationship (see Table 4). Participant ID numbers were assigned sequentially following each interview. Women heard about the study from a range of sources including a VAW organization (6), mental health service provider (3), VAW shelter (2), friend-of-a-friend (2), and a community agency (1). The women ranged in age from 22-52 years of age, with an average age of 38 years. The majority of women were mothers (10) with between one and five children. Seven of these children were adults (7), and the remaining (14) were under age 18. At the time of the interview, three mothers had only adult children. Women self-described their cultural or ethnic heritage as being: White/Caucasian (7); South Asian (2); Aboriginal (2); Afro-Caribbean (1); Latin American (1); and Serbian (1). Four women self-identified as being an immigrant, with an average of 11 years living in Canada.

More than half of the women were employed full or part-time (8), with four drawing from social assistance, and two drawing from other income sources (i.e., pension, partner’s income). Almost half of the participants (6) earned less than $15,000 annually, with the remainder of the sample...
earning $15,000 - $40,000 (5), $58 – $80,000 (1), and more than $80,000 (2) per year. More than half of the sample had a college/university education (8), and post-graduate education (2). All women identified being separated and not planning to reconcile (v. hoping to reconcile) with their abusive partner.

Using a self-report form designed to collect information about experiences of adult and childhood abuse, women reported significant physical, sexual, or other forms of harm during their lifetime (see Table 5). All women, except two, reported some form of physical abuse during their life. Just under half of women reported experiencing physical abuse as a child or youth (6). Similarly, the majority of participants reported some form of sexual abuse during their life (9). Some women reported a history of child or youth experiences of sexual abuse (5), and just over 1/2 of participants reported sexual abuse by their intimate partner (8). The type of harm experienced did not differ drastically based on whether women identified as safe or unsafe (see Table 6). All women reported trying to seek or access helping systems – either formal or informal. At the time of the interview, women self-identified as feeling safe (6) or unsafe (7), and one participant was unsure about whether she felt safe or not.
Table 4. Participant characteristics

<table>
<thead>
<tr>
<th>ID#</th>
<th>Referral Source</th>
<th>Age</th>
<th>Children</th>
<th>Self-Identified Ethnicity</th>
<th>Immigration Status (Years in Canada)</th>
<th>Access to Income/Year</th>
<th>Access to Education</th>
<th>Years Separated from Abuser</th>
</tr>
</thead>
<tbody>
<tr>
<td>P01</td>
<td>Shelter</td>
<td>32</td>
<td>2</td>
<td>South Asian</td>
<td>Permanent resident (5)</td>
<td>No income</td>
<td>Post-graduate degree</td>
<td>&lt; 1 year</td>
</tr>
<tr>
<td>P02</td>
<td>Shelter</td>
<td>50</td>
<td>1 (adult)</td>
<td>Caucasian</td>
<td>-</td>
<td>&lt; $15,000</td>
<td>Some college coursework</td>
<td>&lt; 1 year</td>
</tr>
<tr>
<td>P03</td>
<td>Community agency</td>
<td>49</td>
<td>5 (2 adult)</td>
<td>Aboriginal</td>
<td>-</td>
<td>&lt; $15,000</td>
<td>Some college coursework</td>
<td>3+ years</td>
</tr>
<tr>
<td>P04</td>
<td>Mental health provider</td>
<td>22</td>
<td>0</td>
<td>Caucasian</td>
<td>-</td>
<td>&lt; $15,000</td>
<td>Some college coursework</td>
<td>Unknown</td>
</tr>
<tr>
<td>P05</td>
<td>Mental health provider</td>
<td>26</td>
<td>0</td>
<td>Caucasian</td>
<td>-</td>
<td>&lt; $15,000</td>
<td>University graduate</td>
<td>2+ years</td>
</tr>
<tr>
<td>P06</td>
<td>Mental health provider</td>
<td>52</td>
<td>2 (adult)</td>
<td>Caucasian</td>
<td>-</td>
<td>$15 – 24,999</td>
<td>Some college coursework</td>
<td>5+ years</td>
</tr>
<tr>
<td>P07</td>
<td>VAW organization</td>
<td>39</td>
<td>1</td>
<td>South Asian</td>
<td>-</td>
<td>$80,000+</td>
<td>Post-graduate</td>
<td>4+ years</td>
</tr>
<tr>
<td>P08</td>
<td>VAW organization</td>
<td>34</td>
<td>1</td>
<td>Latin American</td>
<td>Permanent resident (6)</td>
<td>&lt; $15,000</td>
<td>University graduate</td>
<td>3+ years</td>
</tr>
<tr>
<td>P09</td>
<td>VAW organization</td>
<td>49</td>
<td>2 (adult)</td>
<td>Caucasian</td>
<td>-</td>
<td>$58 – 80,000</td>
<td>University graduate</td>
<td>16+ years</td>
</tr>
<tr>
<td>P10</td>
<td>VAW organization</td>
<td>24</td>
<td>0</td>
<td>Afro-Caribbean</td>
<td>-</td>
<td>$25 – 40,999</td>
<td>University graduate</td>
<td>5+ years</td>
</tr>
<tr>
<td>P11</td>
<td>VAW organization</td>
<td>50</td>
<td>3</td>
<td>Caucasian</td>
<td>Citizen (16)</td>
<td>$15 – 24,999</td>
<td>University graduate (not recognized in Canada)</td>
<td>3+ years</td>
</tr>
<tr>
<td>P12</td>
<td>VAW organization</td>
<td>32</td>
<td>2</td>
<td>Serbian</td>
<td>Citizen (18)</td>
<td>$25 – 40,999</td>
<td>University graduate</td>
<td>5+ years</td>
</tr>
<tr>
<td>P13</td>
<td>Word of mouth</td>
<td>37</td>
<td>0</td>
<td>Caucasian</td>
<td>-</td>
<td>$80,000+</td>
<td>University graduate</td>
<td>2+ years</td>
</tr>
<tr>
<td>P14</td>
<td>Word of mouth</td>
<td>36</td>
<td>2</td>
<td>Aboriginal</td>
<td>-</td>
<td>$25 – 40,999</td>
<td>University graduate</td>
<td>6+ years</td>
</tr>
</tbody>
</table>
Table 5. Experiences of childhood and adult abuse

<table>
<thead>
<tr>
<th></th>
<th>Self-identified Physical Abuse</th>
<th>Self-identified Sexual Abuse</th>
<th>CEDV</th>
<th>Other Abuse (Financial, Emotional, Verbal, Stalking)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Child/Youth</td>
<td>Partner</td>
<td>Child/Youth</td>
<td>Partner</td>
</tr>
<tr>
<td>P01</td>
<td></td>
<td>✓</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>P02</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>❌</td>
</tr>
<tr>
<td>P03</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>P04</td>
<td></td>
<td>❌</td>
<td></td>
<td>❌</td>
</tr>
<tr>
<td>P05</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>P06</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>P07</td>
<td>✓</td>
<td>✓</td>
<td>❌</td>
<td>❌</td>
</tr>
<tr>
<td>P08</td>
<td>❌</td>
<td>✓</td>
<td></td>
<td>❌</td>
</tr>
<tr>
<td>P09</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>P10</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>P11</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>P12</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>P13</td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>P14</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 6. Type of harm experienced based on self-identified safety disposition

<table>
<thead>
<tr>
<th></th>
<th>Child/Youth PA</th>
<th>Child/Youth SA</th>
<th>Partner PA</th>
<th>Partner SA</th>
<th>CEDV</th>
<th>Other Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safe</td>
<td>3</td>
<td>3</td>
<td>5</td>
<td>3</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Unsafe</td>
<td>3</td>
<td>2</td>
<td>6</td>
<td>5</td>
<td>0</td>
<td>5</td>
</tr>
</tbody>
</table>

PA=Physical abuse, SA=Sexual abuse, CEDV=Child exposure to domestic violence

19 Building conditional safety

Building Conditional Safety represents the core phenomenon emerging from this study. The idea of building safety conveys women’s constant efforts to deliberately act (and react) in ways that will create or maintain a measure of safety in the context of IPV. The process of building requires dedication, commitment, effort, and methodical thinking with respect to putting parts of a whole together. Framing safety as conditional was purposeful, and conceptually important, because it provides a means for acknowledging that safety is often fleeting, and, it is intrinsically connected to the individual contexts of women’s lives; it is tied to the conditions of her life and her experiences of managing and resisting IPV. By treating safety as a conditional phenomenon – with only some of many conditions being met at any given time – the active resistance and capacity for women to secure even small sites of safety becomes apparent.

When women articulated their conceptualization of safety, often with some degree of difficulty, they described Seeking Safety across various domains. Economic, physical, emotional, psychological, and social safety were identified as key elements in constructing a sense of safety. The conditions of safety are described as Provisionally Safe/Unsafe and Considerably Safer. Provisional safety describes the tentative, seemingly momentary, glimpses of safety women may

---

3 The phrase “measure of safety” or “sense of safety” is meant to convey the idea that women in this study were never able to achieve a full or complete sense of safety; there seems to be no ultimate state of “safety”. To acknowledge that women were, at best, able to secure moments of provisional or tentative or incomplete safety the researcher has attempted to consistently phrase safety as a “measure” or “sense” of safety.
be able to secure, but remain inherently unsafe. Women who were Provisionally Safe/Unsafe were often unable to secure safety across multiple domains – in fact securing safety in one domain was often done so at the expense of another. Women who considered themselves unsafe, or at best provisionally safe, were often impacted by two primary factors – the looming threat of an abusive partner and the availability of effective supports. Women were often required to make difficult choices and decisions as they sought to secure safety across various domains. The notion of having to make trade-offs, thereby sacrificing some sites of safety for others was evident among women considered to be Provisionally Safe/Unsafe. This concept specifically illustrates the difficult and impossible choices women are often forced to make in order to secure some measure of safety.

Women worked to secure safety across all domains in order to build toward a more complete or holistic sense of safety. As women secured safety across multiple domains – especially domains of physical and psychological safety – they appeared to be Considerably Safer than women who were Provisionally Safe/Unsafe. This makes logical sense; as women secure more sites of safety, the greater their overall sense of safety will be. When women were able to hold more control and exercise more autonomy in the ways they resisted and managed IPV, it seemed as though they were more likely to consider themselves safer(r) compared to women who were Provisionally Safe/Unsafe. Women who were Considerably Safer appeared to seek out therapeutic interventions, counselling, and forge new relationships as a means to sustain the sense of safety they secured. Women who considered themselves safe were more likely to articulate accessing various personal strengths than women who were Provisionally Safe/Unsafe.

Finally, even among women who endorsed feeling safe, and especially among women who were unsafe, the idea that you never really know if or when an abusive partner might strike in the future – served as a larger frame for situating any conceptualization of safety. To this end, the concept of safety is situated within a larger context of never knowing, and importantly, this uncertainty prevented women from achieving a more complete or holistic sense of safety.
Women’s conceptualization of safety

Safety was conceptualized across economic, physical, emotional, psychological, and social domains. More specifically, the importance of Seeking Safety across multiple domains was evident based on the data explored below.

It’s important to note these domains are not mutually exclusive, nor were they examined in isolation from each other. Rather they are inter-connected and inter-dependent, and as a result, were often spoken about in relation to each other. For example, participants talked about their income and its relationship to housing and its overarching relationship to isolation, etc. In terms of presenting these data, it was not always possible to fully untangle exemplars of these domains and neatly catalogue them into distinct, static categories without fragmenting the meaning and nuance of the story. In this way, the reader can expect to take in rich descriptions of safety that cut across these domains. For example, the complexity of the notion of safety is captured by one participant’s attempt to distinguish between various types of safety – safety related to the abusive relationship; safety related to basic needs; and safety related to children. She describes safety in a way that cuts across numerous domains including physical safety, emotional safety, and psychological safety.

Going through the world, safety is bad enough. It gives you little indignities, little slaps. Slaps you up. But that abuse thing, it’s like the post coming at you [smack hands together]. Whoomp. It’s what causes you to not come back. And I guarantee you, especially for some women, [choking up, crying] it was their children being taken – and it was the abuse - that’s why they don’t make it [out of abusive relationships]. Enough of those indignities against a person - that’s it. They don’t find safety. They find programs, you utilize your survival stuff and bla bla bla, but to get to that actual feeling of peace and safety and not always just surviving or not always just looking for something to help you get through now...just never comes. (P03)

Another participant illustrates how multiple domains of safety inform a broader conceptualization of safety, in this case, including more than the safety associated with physical safety:

Researcher: Looking back, if your partner’s behavior magically changed – so he was no longer abusive or violent in anyway – to you, would that mean you’re safe?

P02: Oh yeah
Researcher: So you’d feel safe?

P02: Well…no that’s entirely true. Because I think there are other factors involved.

These data are offered as a means for demonstrating the multi-domain conceptualization of safety, even though exemplars of the concept are presented in discrete categories below.

20.1 Economic safety

Securing financial resources, as well as safe, affordable housing, were key components of women’s conceptualization of safety. Being able to access finances – and the related security afforded through affordable and safe housing – was revealed by a number of participants. In fact, the importance of maintaining employment was strongly endorsed by participants.

One participant clearly illustrated the difficult process of weighing safety options related to economic security versus a measure of physical safety obtained by moving to shelter: “Think about it financially - I would have to quit my job to go to a shelter. What sense does that make?” (P14). Sharing this perspective, another participant described how her place of employment offered her the financial resources she required to meet the basic needs of herself and her children. In this instance, employment offered both economic safety and emotional safety because it was a predictable and reliable source of income, and also a means for reducing feelings of loneliness and isolation.

I would say in the beginning when we were together, my job was definitely a safe haven. It was just the only place I felt safe. And then after we were apart, it was kinda still like that for me. And then it became a necessity. I needed the job, I needed the benefits for my kids. I think my life would’ve been a lot different though [had I not been in an abusive relationship]. I think I would’ve been a lot more – I woulda had more incentive to advance. To do other things. To climb higher up in a company. But I never left [that job], cause I had to have that security. (P09)

As a result of preserving economic safety in the context of a violent relationship, this participant was robbed of an opportunity to further develop a chosen career. The importance of maintaining access to economic security was demonstrated among non-working women as well. When women were not employed, prevented from accessing shared income, or reliant on a partner’s financial resources to meet their basic needs, the importance of sustaining access to a partner’s financial resources, perhaps at the expense of physical safety, was evident.
Well he had a good job – like there was financial safety, financial security. You know he bought all my cigarettes. He was - in those ways – sometimes good to me. Like he had to have the money and dole it out, like I was never given carte blanche so to speak, but there was that. And you know, I had a roof over my head and food to eat. (P02)

You’re already married 3 years when he slaps you the first time, and by that time you don’t have any money and you’re alienated from your family. (P12)

The potential stigma of being without financial resources and its impact on making decisions about safety were illustrated by one participant:

You adopt a lower standard of living. You know, that’s a come down. That’s hard to accept that you maybe have to go to food banks and can’t afford cable. You know? Basically living sub-standard in some ways. And that’s very hard. The resolve that it takes. (P02)

Finally, the importance of economic safety – and its role in alleviating the need to choose between various domains of safety – is illustrated by one participant who enthusiastically spoke to the importance of income:

P03: If you give me a couple months I’ll find someone else. That’s how I used to be. Right, I’d be finding someone else...now I’m like no, you stay there, I’ll stay here. I’m quite content – that’s my freedom.

Researcher: Does some of that comfort come with being self-sufficient?

P03: YES! It’s the housing. And my income - I have low income, yes.

Researcher: But it’s your income...

P03: It’s my income, I’m independent. Right. And I have a home, and it’s geared to that income.

20.1.1.1 Housing

In some cases, women remained in their home because it offered a sense of safety, or familiarity, or comfort that superseded the fear, abuse, or threat of violence posed by living in close quarters with an abusive partner. Even in relationships participants described as having potential for lethal and/or severe violence, their struggle to maintain or acquire reliable, secure, and affordable housing was evident. One participant indicated: “I thought I had nowhere to go. And it was easier to stay. But I didn’t feel safe.” (P12). Other participants described difficulty obtaining
affordable housing – or affording housing at all - resulting in continued shared housing with their abusive partner:

To be honest, moving out on my own, I can’t afford it. On a financial level, I can’t afford to move right now. I want to move out at some point, but I can’t afford it. You know what I mean, that’s just the situation. (P05)

Like they say they’re gonna subsidize it, but then they mark it up, and then you’re kinda stuck and then you have to scramble and move out. In my case that’s what happened. They don’t really provide services to help you get into an apartment - you’re just on your own again. So in the end I just went back. (P10)

The data also points to the possibility of feeling both safe and unsafe simultaneously. One participant emphasized how competing safety needs are sometimes contemplated in seemingly arbitrary ways, yet it could be argued the subtext of her comment speaks to the daunting probability of never really achieving a sense of safety across domains, namely economic safety and physical safety:

| P02: You know, do I feel safe here? No I have other safety issues here. Like I’m far enough away from him – but - I’m not really comfortable in the city. You know? |
| Researcher: Why is that? |
| P02: Because I don’t know this place... |
| Researcher: How do you then decide which is the safer option? |
| P02: Enee meenie. |
| Researcher: Is it really enee meenie? Truthfully...? |
| P02: Truthfully, yes – probably. If I can get transitional housing here I would stay. Or if I could get housing here I would probably stay for a couple of years and work on my options. |

Finally, data suggest that explicitly resisting abusive behavior can occur when shared housing and close proximity isn’t one of the options needing to be weighed. The possibility of confronting abusive behavior presented when affordable, safe, and reliable housing options were available to women. One participant, who was able to have her abusive partner removed from the home, indicated “knowing that I didn’t need to share a bed with him that night, I started to feel a little more confident in saying no, you can’t treat me like this” (P05).
20.2 Physical safety

The importance of protecting self from the direct and indirect harms of IPV was a key characteristic of safety among women in this study. Establishing physical safety from abusive acts and physical harm (as well as other embodied experiences of harm including emotional pain, psychological pain, spiritual pain, etc.) was frequently identified as a key component of safety. In this study, the majority of women indicated that protecting themselves from harm caused by their abusive partner was not something that could happen while remaining in the relationship or in contact (i.e., custody arrangements). One woman stated: “If I allow him to hit me, emotionally I will be fully crushed. Shut down” (P14).

As suggested in the example above, physical safety was often achieved when there was both physical and emotional separation from an abusive partner. For the women in this study, this was accomplished in one of two ways: relationship termination and/or incarceration of the abusive partner.

All women in this study terminated their relationship as means of securing physical safety from the physical, sexual, emotional, financial, and spiritual harms perpetrated by their intimate partner. Dissolving a partnership was necessary in most cases for some women to feel physically safer. Women described ending a relationship as a means of establishing some measure of physical safety (compared to remaining in the relationship).

He just slapped me once and there were threats of hurting me...coming closer and closer and closer. And for me, that was completely wrong. For me it was unacceptable. I have a strong sense of that...that, I could not tolerate that. (P08)

While some did report periods of reconciliation, they ultimately dissolved the relationship in order to establish a more enduring sense of physical safety. Establishing a measure of physical safety, through relationship termination, was often weighed against other factors. Often times when physical safety was (re)established, other sites of safety were drastically compromised. One participant described that while terminating the abusive relationship afforded her some safety from ongoing physical harm, the result of this decision was her abusive partner adjusted his abusive tactics and threatened her in other ways. While perhaps no longer vulnerable in an
embodied way, she was now exposed and much more vulnerable to systemic and institutional forms of violence instigated by her abusive partner:

\[ \text{Physically I’m fine. He’s no longer beating me. But I have no...power, no money, no ability to properly oppose him [abusive partner]. He’s now so vengeful. He uses all the money, all the power. He’s using his full force to use all the systems against me, to destroy me.} \text{ (P11)} \]

When a sense of physical safety was achieved by accessing shelter, it often came at the expense of emotional or psychological safety:

\[ \text{They [shelter staff] made me feel safe in the sense that they’ve taken me in and I live in a contained environment – sure I’m safe – but have they made me feel safe in aspects of my relationship or moving forward – nope. Like god bless the shelter because there would be a lot of women who would be in abusive situations without them, but a lot of times I find we just stagnate. We come out as sick as we went in.} \text{ (P02)} \]

Two participants remarked on the sense of safety they felt when their partner was arrested and detained for perpetrating IPV:

\[ \text{I felt safe when he was in custody. When he was in jail I felt free to live my life and walk around. I mean he still contacted me from jail, he called me from jail. But like, I felt free and at peace and I could go where I wanna go and don’t have to worry about seeing him. I had 7 months of freedom. So, that - that’s the truth of it, knowing that I wasn’t gonna run into him, made a huge difference in how I felt.} \text{ (P05)} \]

\[ \text{As stupid as it may sound, a part of me felt bad that he was gonna go to jail. But I felt relieved that I was safe. Because I knew if, I knew that tonight was the night that I was probably was going to die if I didn’t take certain measures to protect myself.} \text{ (P10)} \]

20.3 Emotional safety

Emotional safety was primarily shaped by feelings of 1) loneliness, loss, and love for an intimate partner and 2) relief that came from protecting others from harm.

20.3.1 Loneliness and loss of love

Just as economic and physical safety contributed to women’s broad conceptualization of safety, the need for human connection (i.e., love and companionship) was revealed as another component of safety for women. Faced with the possibility of loneliness, isolation, and/or the loss of an intimate relationship, some women chose to sustain some form of connection to their
partner in order to avoid feeling emotionally unsafe. For example, participants explained how emotional safety is weighed in abusive relationships:

*It’s that feeling of just wanting that, that fairy tale life. That it’s gonna happen. It never happened as a child – but I read about it. You know. I saw people. I saw…you know…I yearned for it and I desired it and I wanted it and I needed it. And if it meant that I had 98% abuse and 2% love then - guess what - because seriously my abusers were the only ones that would put up with me.* (P06)

*I can see why women go back to their partners or pick a partner who’s very similar to what they had cause they’re lonesome or they’re drowning in debt. When I went home at Christmas I thought of him and that’s the thing that most of the women I’ve talked to anyways can’t understand is that - the emotional attachment. That we still wanna call them. They’re mean to us and in many instances beat on us and cruel things and we still wanna call them.* (P02)

When asked if she could further describe how being alone impacts her sense of safety, she went on to describe both the pragmatic and emotional impacts of being without a partner:

| P02: This…feeling of lonely – being alone – by myself. I think that’s a lot of the reason too women don’t leave. It’s because of the loneliness, being alone, having to do everything. |
| Researcher: Is it the practical day-to-day of being alone or the emotional piece of being alone? |
| P02: I think it’s both. Emotionally, you know you’re dependent on yourself and you’re not always dependable – but also too, the day-to-day living. You have to do it all. And I don’t know. You can get lonely – you’re talking to yourself. Even the abuser, at times of kindness, when you could talk to them or write to them, discuss articles in the paper... |

Another participant echoed the difficulty in balancing physical safety versus emotional safety. She described the importance of avoiding the loneliness and isolation that can come with ending an abusive relationship:

*I know so many times when I would come from the shelter and then step into my apartment – I’m so alone. At times when I’d come outta there - a lot of times we’re gonna go back in that relationship because …. you still don’t have safety - that feeling inside - because you know you’re probably gonna go back – because you do get alone.* (P03)

Closely related to the idea of preventing isolation and loneliness, was the notion of losing love. Losing and mourning the loss of love was described (quite viscerally in some interviews) as
being at the core of women’s conceptualization of safety. One participant succinctly described this paradox: “I wanted to save our relationship, even more so than I really wanted to save myself” (P14). Others re-enforced this perspective:

*When I left him, I felt like I did something terrible for leaving him. How could I have done that to him? I never really had time to sit down and mourn the loss of my marriage. Because at the end of the day, I did love him. I loved him so much. And I picked him. And it wasn’t a mistake at the time. I don’t think it was a mistake, I picked him - and I - we had good times. I can’t say we didn’t and I miss that.* (P12)

*When he was being sweet to me, I actually felt in some ways the safest I’d ever felt in my life. I always felt it was him and I against the world kinda thing. So, I felt like we had our own little bubble. And within that bubble, I felt very safe and protected by him. I found somebody who knows all the worst things about me and still wants to be with me. So that was like amazing, I wanted to hold onto that.* (P05)

*Probably two years and a half after separation were two years and a half of fighting with my heart. And saying no, this is not the right person to be with, this is not a right person to be with, this is not a right person to be with. Period.* (P08)

The possibility of losing an intimate partner was not the only relationship women were concerned with losing. Women described being fearful of losing other loved ones:

*Sometimes I miss the closeness of having somebody and I don’t have people – a lot of people – that come to my house. That part is hard for me. Because of social housing I live in a really rough neighborhood, unfortunately they don’t wanna come because - they’re afraid. I don’t blame that. But it does isolate me.* (P03)

### 20.3.2 Protecting others

While protecting self offered women a sense of physical safety, women described the emotional importance of protecting others from the impacts of IPV, specifically children and pets. Protecting and prioritizing the physical and emotional safety of children and pets was not only incredibly important for obvious reasons – of course women did not want their children or pets harmed or exposed to IPV – but it also helped women feel emotionally safe. When children and pets were safe, women developed a type of vicarious safety. The safety of mothers and children (and pets) was clearly connected and in some cases women were not able to describe feeling emotionally safe if their children remained at risk for being harmed by their abusive partner:
I was in a situation that - no one is going to protect this child - and I thought, you know, that’s enough. I can’t willingly bring a child in here...I think for once I thought, I can’t break down. It can’t be about me right now. (P14)

I have my role as a woman, and my role as a mom. And I can’t separate my safety, from her safety. I can...but I can’t. It’s inter-connected. I’m clear about that. I need to be safe in all the senses of physically, emotionally, and mentally in order to provide that for her. (P08)

You know my sons, they were both young then, they lost everything. They lost all their friends, their school, they played hockey. They lost everything. That’s why women don’t go to shelters. It mostly because of their kids and they don’t wanna uproot their lives more than they already have. (P09)

Similarly, after many years of separation, one participant contemplated the possibility of returning to her abusive partner in order to shield her children from potentially abusive behavior.

I look back on all these 5 years that I’ve been away from him, there have been so many times when I wanted to go back. So many times. So many times. At least I would be able to protect my kids better because I’m there, I can deflect that abuse off of them. (P12)

Similarly, participants indicated the emotional safety afforded by being close to their children superseded any physical safety that might be afforded by terminating the relationship:

He [abusive partner] would at different times take my son from me which would get me going back with him and that’s what it was the last time – he had my son. I let him come back cause he brought my son. (P03)

We went back and forth and he was physically abusive. We went back and forth back and forth for many years. But because he gained custody – he had a very good job –he gained custody in the custody battle, so I would leave and would go back because he had my child. Leave and go back. (P02)

The idea of protecting children wasn’t restricted to dependent children. One woman spoke about the importance of protecting her adult daughter from harm.

I never had anywhere to go because everywhere I’ll go he’ll follow and those people will be in trouble. So I didn’t want to put anyone in trouble, especially not my daughter. (P11)

Much like women considered the safety of children, pets were also factored into the process of achieving a sense of emotional safety. As described by one participant, the need to protect and provide a safe environment for pets was an important piece of emotional safety:
“I tell them [shelter workers] I have cats. If he comes bursting into the house and I lock myself in my bathroom he’s gonna kill my cats - that’s exactly what he said he was gonna do. And they’re like ‘well, you have to think of yourself in these situations’. Clearly they don’t get it. How would I gather up three cats and get us all to safety? Doesn’t make any sense. It’s impossible. And again – it’s clearly about only my physical safety, not my psychologically safety. Because that’s obviously gonna be psychologically disturbing to me. But that’s not the priority because it’s just like, make sure you don’t get killed. Which I guess is a priority. (P05)

20.4 Psychological safety

Women frequently spoke about the importance of 1) feeling safe inside and 2) having power.

20.4.1 Feeling safe inside

The notion of feeling safe was frequently discussed by participants as being an internal, individual experience – something they felt inside. This was sometimes a difficult concept for women to fully articulate, and they would frequently struggle to find the words to describe what exactly feeling safe ‘inside’ truly meant. As the concept was refined during analysis it became clear that women often contextualize their sense of safety, not only inter-personally, but also intra-personally. As described by one participant, developing trust in one’s self, in addition to others, contributed to feeling safe inside or rather “safe in your own self that the things you are feeling are valid.” (P04). Another participant echoed this idea in terms of locating safety within the context of self and self-worth:

One day my mother and I were driving somewhere. We were going shopping, and I was chatty, chatty, chatty. And my mother said you know what, you’re like a totally different person than you were when I was with him. Totally different person. Because I was myself. And I think that...I think it just takes...you have to get to know yourself. Until you do that I don’t think you really realize that you have self-worth. You have to feel that to feel safe inside. (P09)

Another participant, who described retrospectively her feeling of safety while navigating her way out of an abusive relationship, immediately spoke to the intra-personal sense of safety that must be attended to in order to feel safe:

There’s different ways to be safe you know. So, safe as in... [pause]...I don’t know...[pause]...it’s just so broad - it’s a word. Because I’ve been in an abusive relationship and been in the shelter where I was safe because I’m inside the shelter, my partner doesn’t know where I am, but inside I don’t feel safe.” (P03)
When asked to elaborate, she described how achieving a *whole* sense of safety is both internally and externally located. Note the end of the quotation where she remarks on the importance of having both the physical threat (her abusive partner) and emotional threat (love and connection) resolved in order to feel safe inside:

> I’m still feeling the pain, the hurt, the shame, the embarrassment...so, inside of ME I don’t feel safe. I feel an anxiety, a panic. So those things aren’t giving me safety inside. Because you don’t feel safe in your emotions or feelings, or healing maybe... you can get away from the person, you can go to the shelter, but you’re not away from the person. You’re still mentally, spiritually, still connected right. The stuff that happened, it happened. It’s inside your memory or your mind...so yeah...I think the only time I really felt safe was when the person was completely gone and I knew I was emotionally disconnected from them. (P03)

Participants who self-identified as feeling unsafe had not yet achieved this sense of internal safety. When women self-identified as feeling unsafe, they often alluded to the idea of having lost themselves, which one could argue, contributes to not feeling safe inside. For example, one participant adamantly spoke to the need to reclaim her sense of self: “*The day started with the abuse and I said ‘I want my life, I want to be me, myself. I WANT ME [raises voice]’*” (P01). This participant, who did not consider herself safe at the time of the interview, clearly illustrated how her life and sense of self had fallen away as a result of IPV. Feeling safe inside was not a familiar feeling for women who encountered inter-personal violence over the course of their life. In one instance, a woman described never having a sense of safety: “*I suppose I must have been. But no...no I’ve never felt safe. Just the nature of it I guess...you know after being harmed and harmed...umm...you tend to...you know...*” (P02).

Closely related to, and perhaps a contributing factor to feeling safe inside, was women’s shedding of responsibility and self-blame for their experience of IPV. One participant was able to acknowledge that the cause of the violent relationship and responsibility for abusive acts lied solely with the abusive partner.

> *I think coming out of the last relationship I searched for freedom for myself and I did come to realize that the pain – it was his cruelty – and it wasn’t me. I guess I hadn’t really got that yet, throughout the repeated abusers I was with.* (P03)
20.4.2 Having power

Almost all women who considered themselves safe described having power or feeling powerful. While power could certainly be operationalized as a social phenomenon, impacted by various intersecting social locations and identities, the notion of power appeared to be conceptualized in an intra-personal way in this study. Descriptions of power (and having power) connoted images of innate, personal power, as opposed to, a collective or structurally conceived description of power. For example, one participant described how power helped her to sustain a level of physical safety:

*Power. Power over my behaviour. Over the way people are behaving towards me. And I don’t know that I could feel safe without knowing that I had some control over the outcome of the relationship or the interactions. Cause if not, I’m being manipulated and that’s not safe for me.* (P04)

Similarly, another participant articulates how ‘standing firm’ – arguably a means of exercising personal power – also helped to secure and maintain a measure of physical safety:

*It’s been three years of battle, resisting him, fights, and receiving too many threats and things. But when you start to stand to firm, and don’t be responsive to… I don’t have a reaction you know. He realized that his control doesn’t work anymore. But. But! This is very personal. There are levels of abusers. There are levels of how dangerous they are and what worked here for me, maybe not for other women”* (P08)

Another participant – who stated she wouldn’t feel truly safe until her abusive partner died - made a very powerful statement with respect to her physical safety: *“Nobody is ever going to do that to me again. That’s where I’m at”* (P09).

The idea of power was often used to distinguish or characterize women in a ‘before and ‘after’ way; comparing a woman’s power before the violent relationship, and then after the relationship. For instance, a number of women spoke about their power as directly contributing to their sense of physical and psychological safety:

*I’ve had some time on my own where I’ve seen myself develop... you know getting my poetry published, doing my peer support... I’m becoming who I am. I have my power back. My power is not in someone else. They’re not telling me who to be, putting me on hold, and not allowing myself to come out.* (P03)
Another participant describes the link between ‘being in control’ – which one could argue requires a sense of power to exercise – and trusting her gut. These internal processes speak to the connection between power and psychological safety.

> Now I know very quickly into a situation whether or not I feel safe. And if I act on that feeling, and I just don’t continue the situation - I remove myself or set a boundary or whatever I need to do, whatever it is the gut feeling is telling me to do - then I feel safe. I feel in control of the situation. (P05)

### 20.5 Social safety

This domain captures a conceptualization of safety related to interacting with and navigating the world. Each of our worlds is made up of social networks, relationships, and communities. The sense of belonging, familiarity, and security the social realm offered some women came through in the data. Women seemed to weigh or consider how safety could be improved (or undone) by engaging in their social worlds. Factors such as social supports, neighbourhood safety, and immigration status are offered as examples as of social safety women in this study attempted to secure.

#### 20.5.1 Towing the line: Maintaining social supports

Some women protected themselves from embodied harm but were not supported in their efforts. When confronted with suggestions of not subscribing to socially sanctioned and expected roles (i.e., being a ‘good wife’, being a ‘good mother’), women were forced to sacrifice their physical and emotional safety in order to maintain their informal networks, community, and sense of belonging. One participant described an exchange with her only real support, a close friend, who encouraged the participant to return to her abusive husband:

> I left. I said I can’t stay in this house anymore, I took my baby, and my daughter ran after me. I said I’m never coming back there again. I called my friend and I talked to her and said ‘I can’t stay there, I can’t take it anymore.’ She said ‘go home, you have to listen to your husband, there is nothing to do, just go and stop being so naughty.’ So we sat in Tim Hortons [coffee shop] until midnight maybe, and I went back. (P11)

Maintaining these important networks – as unsupportive and unhelpful as they might be in terms of protecting the physical and emotional safety of women – may offer women a source of social safety. In the participant’s story above, losing connection with a sole source of support may not
be an option, even when maintaining that sense of social safety results in losing physical safety. Again, this demonstrates the often impossible positions women are put in with respect to securing safety when the choices are less than desirable, or unlikely to contribute to a complete sense of safety.

20.5.2 Fearing general crime

When women removed themselves from the relationship, their home, and/or their community they were often confronted by other safety issues. For instance, when physical safety was secured through accessing shelter or an alternate dwelling, social safety concerns emerged related to fears of general crime and/or neighbourhood violence.

> I gave up my house. I moved to an apartment because I didn't want him to know where I lived. So as soon as I could get outta the house, I did. So everything I do really, it’s all strategic. Being alone though – in this part of town – I can’t say I feel that safe here either. (P09)

20.5.3 Immigration status

The rights, protections, and resources afforded women with citizenship and/or residency was highly valued and not easily risked by women experiencing IPV. While only two participants from this study spoke to the issues of immigration status and its relationship to safety, it is important to note how precarious status can impact women’s sense of social safety. One participant remarked on the importance of not “risking” her pending residency application by separating from her sponsoring husband:

> He was always telling me, ‘I’m going to throw you to the street. You have no rights. I’m gonna take my daughter from you.’ And at that time, my request for permanent resident was in process. I couldn’t risk that. (P08)

The connection between immigration status and social safety is further illustrated by a participant who described a sense of relief upon returning to her country of citizenship:

> Researcher: Does being back here [Canada] offer any sense of safety...

P07: Absolutely. Absolutely.

> Researcher: So that would be something you wouldn’t have had in [Country Name]...
20.6 Summary

Data revealed women were Seeking Safety across various domains including economic, physical, emotional, psychological, and social. Women’s conceptualizations of safety appear to be connected to the direct and indirect consequences of violence rather than individual demographics of participants. Recall Table 2 illustrating comparisons of various demographic characteristics based on women’s safety disposition (i.e., safe or unsafe). Based on the data in Table 2, there appeared to be no link or connection between various socio-demographic characteristics and whether participants were safe or unsafe. To be clear, these various characteristics certainly played a role in each woman’s individual conceptualization of and sense of safety, as outlined throughout the raw data examined above. But as a group – as women who experienced some form of IPV – no singular demographic characteristic helped to theoretically elevate the conditions of the proposed theory of Building Conditional Safety.

Finally, securing a measure of safety in any domain was impacted by two primary factors outlined below. When the relationship between these two factors was considered, as well as, their interactions with women’s conceptualizations of safety, it became apparent that participants were experiencing moments of Provisional Safety (or were unsafe).

21 Provisional safety

Recall from the beginning of this chapter, that provisional safety describes the tenuous and piecemeal moments of safety women may be able to secure. For example, these moments of safety may offer a temporary or fragmented sense of physical safety, emotional safety, etc. But, in a broader sense, women typically remained inherently unsafe. Women who were Provisionally Safe/Unsafe were often unable to secure safety across multiple domains – in fact
securing safety in one domain was often done so at the expense of another. Women were often required to make difficult choices and decisions as they sought to secure safety across various domains. The notion of having to make trade-offs, thereby sacrificing some sites of safety for others was evident among women considered to be Provisionally Safe/Unsafe.

Women who considered themselves unsafe, or at best provisionally safe, were often impacted by two primary factors: 1) the looming threat of an abusive partner and 2) the availability of effective supports.

21.1 Looming threat of the perpetrator

One of the more enduring initial, in vivo codes - you never really know - perfectly described the impact of perpetrator behaviour and tactics on women’s conceptualization of safety, as well as, the likelihood of them being safe or unsafe. This notion, relayed by a majority of participants, represents women being constantly on guard, regardless of how safe or unsafe she considers herself to be. The constant uncertainty and unpredictability of perpetrator behaviour always loomed for women in this study. Being unable to anticipate the actions of an abusive partner eliminated women’s ability to secure a complete sense of safety. As described by one participant: “I don’t think I will feel safe, honestly...100% until he’s dead. Really. Because you never know with somebody like that” (P09). Similarly, another participant acknowledges the unpredictable nature of her abusive partner: “I did not think that he was ever going to be physically abusive, but then I can’t get inside his mind. He’s been doing all these things and I have no idea” (P14).

By framing safety within the context of perpetual uncertainty, the weight of the abusive partner’s role with respect to influencing the notion of safety is unmistakable. For example, as told by one woman: “Safety? What do I know about safety? What do I know about his frame of mind?” (P02). Securing a measure of safety is directly tied to and influenced by the behaviour and threat posed by an abusive partner. It seems as though women are prevented from fully anchoring their sense of safety – from really internalizing a sense of a safety – as a result of their (ex)partner’s unpredictable, violent behaviour. While this survival mechanism is likely vital to day-to-day engagement with the world, and is certainly not being contextualized in a deficit-based way, a key finding of this study is that perpetrator behaviour and the potential threat they continue to
pose long after separation prevents women from achieving a full sense of safety. This is echoed by another participant: “I’m great at living my life as if I’m safe, even if I’m really not” (P13).

Even when women were able to disentangle themselves from both the abusive relationship and re-victimizing system responses, a shroud remained over their ability to be and feel completely safe from the internal and external harms of a violent partner.

\[ He\ can\ do\ what\ he’s\ gonna\ do,\ he\ can\ still\ kill\ me,\ that’s\ not\ an\ impossibility.\ What\ still\ terrifies\ me\ and\ makes\ me\ feel\ unsafe\ is\ that\ I\ have\ no\ control\ over\ his\ behaviour\ and\ I\ know\ what\ he’s\ capable\ of.\ (P05)\]

She goes on to further explain the impact of her abusive (ex)partner on her sense of safety:

\[ It’s\ like\ ‘yes\ I\ have\ a\ door,\ yes\ I\ have\ a\ lock\ on\ it’\ and\ ‘yes\ I\ can\ call\ the\ police’.\ But\ do\ I\ really\ feel\ safe?\ No.\ I\ don’t\ really\ feel\ safe.\ There’s\ a\ person\ living\ in\ the\ city\ who\ tried\ to\ kill\ me\ and\ he’s\ free\ and\ he’s\ running\ around\ and\ he\ can\ do\ whatever\ he\ wants.\ And\ like,\ he\ might\ possibly\ try\ to\ kill\ me\ at\ any\ given\ time.\ And\ to\ gauge\ that,\ to\ be\ like\ ‘do\ I\ think\ it’s\ likely\ that\ he\ will?\ I\ have\ no\ idea,\ probably – I’m\ hoping\ not – but\ I\ also\ don’t\ really\ know\ what\ that\ would\ be,\ to\ truly\ feel,\ like,\ safe.\ (P05)\]

And another example of ‘never knowing’:

\[ It’s\ already\ so\ inside\ the\ fear,\ that\ the\ person\ is\ unpredictable\ he\ can\ appear\ anywhere.\ He’s\ searching\ for\ you.\ I\ always\ feel\ a\ target\ even\ in\ the\ safety\ of\ my\ own\ home.\ And\ I\ never\ know\ what\ to\ expect.\ (P11)\]

The unpredictability and uncertainty about an abusive partner’s behaviour is clear in one participant’s story. Abusive partners often stalked, threatened, and harassed participants when they attempted to create space and/or terminate their relationship. After leaving and remaining hidden for seven months, one participant recalls how the time and distance she managed to put in place as a safety mechanism was undone by her abusive partner:

\[ I\ made\ a\ call\ to\ his\ dad,\ he\ happened\ to\ answer\ the\ phone,\ I\ hung\ up\ the\ phone,\ he\ called\ the\ operator,\ operator\ gave\ him\ my\ number\ and\ that’s\ where\ it\ began.\ I\ knew\ in\ my\ heart\ of\ all\ hearts\ that\ I\ was\ in\ for\ some\ trouble.\ (P08)\]

While almost half the women in the study self-identified as feeling safe or safer at the time of the interview, women never really knew when or if that sense of safety might have changed.
21.2 Availability of effective resources

The importance of helpful, unconditional, non-judgmental, and timely support from formal and informal systems cannot be overstated in this study. Women’s ability to access and mobilize helpful resources was a critical ingredient in securing a sense of safety across any domain. In fact, the absence of helpful resources – or worse, the presence of unhelpful or institutionally oppressive responses – often contributed to women’s ability to build toward a greater sense of safety.

In this study, women accessed a variety of formal and informal resources in order to achieve a sense of safety including healthcare, police, counselors, family and friends, and faith.

21.2.1.1 Formal resources

The importance of accessing non-judgmental formal services across various helping sectors was touched on throughout the study and key to women securing a sense of safety. Maintaining a woman’s dignity and offering her non-judgmental and supportive intervention following a violent encounter, or as she managed chronic experiences of IPV, contributed to an immediate sense of safety, but also created an opportunity to build a more complete sense of safety in the long term.

One participant, working to secure a sense of physical safety, accessed healthcare on the advice and support of police officers she engaged with during the arrest of her abusive partner:

Taking their notes, they weren’t over intrusive, they just said ‘give whatever you need to give, we also have a counselor downstairs if you wanna see her, I think you would benefit from it.’ They realized I was younger – and it, they weren’t talking down to me, they weren’t talking rudely to me, just I’m a human being who’s gone through something traumatic. And they knew exactly how to talk to somebody like that. (P10)

The importance of securing physical safety prompted her to 1) call police and 2) seek medical care. Furthermore, she appears to describe her engagement with these systems as effective and helpful.

Similarly, another participant echoed the value of a non-judgmental, supportive response from police:
I have to say – I’ve heard horrible experiences – but in my case they [police] were so kind and so understanding. Throughout it all, there was so much understanding and not a single judgment passed. It made all the difference. (P12)

A number of women in the study described accessing some form of therapeutic intervention or counselling as a means to secure some sense of safety, typically related to physical safety. This process created a somewhat reciprocal relationship in that their experience of accessing supports also contributed to their sense of safety – both in terms of their physical and emotional safety. In some cases, the supportive relationships built between counselors and women were integral to moving participants along in the process of achieving a sense of safety. For example, one participant stated, “my social worker was really amazing. She’s the person I would say that got me thinking about what I needed to do. No one else gave me that reality check” (P13). Another stated, “I don’t think I would’ve recovered as much as I have had I not gone to counseling” (P04). Over time, the value of the relationship, and its ability to contribute to a sense of emotional safety, can be appreciated in this participants account:

Slowly, slowly over time the self-worth that I had completely put into him, I slowly, slowly started to be able to get that for myself. And I truly did get that from counseling. And I still feel like I have work to do, but like, the changes in myself have been massive. Like how to value myself and have any kind of self-worth – and then the slow process of beginning to trust myself. (P05)

The majority of participants who described themselves as feeling unsafe had encountered unhelpful and unsupportive formal system responses. When women accessed unhelpful formal services, the sense of defeat and re-victimization was apparent. These experiences seemed to curtail or limit women’s ability to secure a sense of safety. For example, the idea of being believed – that a woman is experiencing the harm and violation she claims - continued to be an issue for women accessing formal services. One woman described the ongoing practice of systems and other helping professionals (i.e., child protection workers, physicians, educators) questioning the legitimacy of her experience: “Everything became ‘allegedly’. What I wanted to hear was, for somebody to say, ‘I believe you, I believe you, I believe he is the monster you’re describing him to be.’” (P12). Similarly, other participants described unhelpful responses across various helping systems and how their faith in the broader system simply disappeared, and as a result women’s utilization of formal resources disappeared:
I was always trying to stand up – but I learned to be quiet. Because when I did call police, when I did go to the doctors, I was told suck it up. Be quiet. The police told me ‘mind your husband’, be quiet. Right. I wasn’t believed. I learned to just kinda go away. They could’ve acknowledged my feelings. They could’ve offered programs. But they didn’t. (P02)

I called the police and I reported that, ‘he’s on probation, he’s supposed to be keeping the peace’. And I was told by the police officer that I need to just ‘let it go’, and this is ‘no longer about me, this is not a domestic violence situation’. And so, he’s on probation and he’s doing this [drunk in public], he’s breaking the law, but because I got that response from police I didn’t report several other things that happened after that, which were in fact breaches in his probation. (P05)

Another participant experience of the criminal justice system resulted in her not reporting further experiences of violence because of an unhelpful and re-victimizing experience in the court system:

*The court experience for domestic violence was very scary. You’re going to this place and you don’t really have support and you might have to see the person. It’s just… alone. So the court system was horrible. Because of that – because of what I went through with the domestic violence court system, later on, I didn’t report a sexual assault because it was horrible how that part of the system is set up.* (P10)

### 21.2.1.2 Informal resources

Just as formal supports were key sites of building women’s sense of safety, family, friends, and faith were considered to be somewhat important in the process of achieving safety. Familial support, especially the unconditional love and support of parents was a noticeably relevant component with respect to helping women move toward autonomy and restored agency. It appeared as though the presence of a supportive family boosted women’s ability to continue making difficult decisions to resist and survive IPV.

*My parents – when he would physically abuse [me] – they keep on holding my hands. My mom, my dad, my brothers, my sisters fought against him. Fought – saying ‘why are you saying that about my daughter? She’s not like that.’ They never gave up on me, even when I wanted to.* (P01)

One participant described how activating her informal support system (i.e., her sponsor) aided in her efforts to secure physical, emotional, and psychological safety:
Without being 100%, in that moment, and I think nothing else in life has to be 100% except at that moment. I think that has to be where in yourself, you say to yourself ‘I’m never going back’ – but I knew that my words were just words before. But when that time came, it was just it. That was it. I asked for help and it was just a total, total like - I’m done. And then...[pause] you know...[pause] I even showed up differently that day. Something happened. And then it was people. People came and showed up. And they were willing because I was willing. (P06)

Conversely, when women were unsupported by their family – blamed for their experience of IPV even – it appeared as though they were less likely to secure a sense of safety. For the participants who described feeling unsafe in their life, at least two of them described having an unsupportive family. For example, one participant, who was separated from her abusive partner for over 16 years, still described feeling unsafe in the world, and shared this story about her family:

They made me feel like – almost like - it was all my own fault anyway. That’s exactly how I felt. It’s all my fault. It’s not like I was walking down the street and someone attacked me. You know, I was there, it was my choice. That’s really what they made me feel. I made the choice to marry him, my problem. (P09)

The role of friends was mentioned infrequently in this study with respect to being a source of informal support. Two participants made mention of their friend networks with respect to the support offered and its relationship to their sense of safety. One participant remarked her friends “didn’t pry too much. They mostly wanted to know that I was getting the help that I needed” (P04). Similar to unhelpful formal responses, when friends and informal networks responded in judgmental or unsupportive ways, women were clear in their lack of trust in these supports. Furthermore, the likelihood of a woman seeking out or considering friends as a resource, following an unhelpful response, was diminished. This lack of trust meant women were unlikely to consider these relationships as contributing to their sense of overall safety.

I don’t have anybody. I don’t have anybody in my close circle that has gone through the same thing. That’s why they’re so judgmental. My best friend – I love her – but I remember when I first came out of the relationship, she said to me ‘why did you let him slap you the first time, I would’ve left after the first time.’ (P12)

Finally, women’s faith or spirituality was frequently referenced as an invaluable resource when trying to put elements of safety in place. A number of participants spoke to a spiritual or faith-based resource as alleviating some of the emotional drain and worry that accompanies trying to keep oneself and others safe from harm. One participant clearly described how her connection to
God provided an emotional and spiritual means for managing the impacts of IPV, and also guided her decisions around increasing her sense of safety:

*God is love, and when you have love, there is no space for fear. And you don’t have to fear every evil, tricky thing that he does. For example, if he says – because he says many horrible things to me – my organic reaction can be fear, anger, this is not fair...but again, who am I gonna listen to? God. Which words am I gonna pay attention to? His.* (P08)

## 22 Considerably safer

Making a distinction between being **Provisionally Safe/Unsafe** and **Considerably Safer** may seem precious or unnecessary, however, one could argue that language can be incredibly powerful when framing and conceptualizing a notion like safety. While securing safety across multiple domains seemed to contribute to a greater likelihood of being **Considerably Safer**, the domain of psychological safety, in particular, seemed to promote a larger sense of safety among women. While only 6 women in this study considered themselves to be safe, there is evidence to suggest this sense of safety is informed by 1) securing multiple domains of safety and 2) their ability to hone and utilize their personal strengths.

### 22.1 Accessing personal strengths

The findings related to being **Considerably Safer** are somewhat less robust than being **Provisionally Safe** given all participants could recall and share experiences of feeling unsafe, but only 6 women were able to contribute data to the concept of **Considerably Safer**. Keeping this in mind, participants demonstrated enormous strength and were often engaged in a constant process of resisting and surviving the impacts and consequences of abuse. The data indicate that acquiring knowledge, having access to information, learning about the impacts and consequences of IPV, and finding out about programs and resources strengthened women’s ability to resist IPV.

#### 22.1.1 Acquiring knowledge

Having knowledge and feeling informed about how to survive, resist, and reduce the impacts of IPV propelled women toward a greater sense of safety. When asked about the contributing factors – the things that helped them to move toward feeling safer – participants clearly spoke
about the importance of information and knowledge. Without hesitation, one woman stated: “Access to knowledge. It’s huge! Because when you don’t know what’s going on, when you don’t know...you’re blindly going and believing and trusting everybody.” (P03). The participant went on to explain how access to information and growing her knowledge of IPV propelled her toward restoring her sense of agency:

I went on a two year spiritual journey – where I literally took books from the library, from the women’s hospital. I went inside myself and I think that’s where the finale of my healing happened. Because the physical is healing, the emotional I was healing, but there’s still the stigma. I researched about women who are abused and what the expectations of who she will be, is. And I read about that and I wasn’t happy with that. I didn’t want to be that statistic. I didn’t want to be that woman. (P03)

This sentiment was endorsed by other participants as well:

When I was in shelter, they have many areas, and they have one area full of bookshelves with booklets and flyers and I start – I like to read – and I start reading and reading and reading. And I start to understand more and more and more. His behaviour. I never knew before. I thought was me. But now, no. I can’t accept this. (P08)

It’s having knowledge. Knowledge. I did a lot of research about abuse. I did a lot of...you know...talking to other survivors. Women who’ve been through it already, women who are going through it. (P09)

Closely connected to the notion of acquiring knowledge, developing confidence was an important aspect of women’s strength.

22.1.2 Having confidence

Having confidence to make decisions, resist and confront abusive behaviours, and challenge oppressive, unhelpful formal and informal systems was described by a number of participants as a needed characteristic for establishing a sense of agency and autonomy. For some women developing confidence was interconnected, and in some cases an outcome of acquiring knowledge.

I would say in order to be safe women need to understand what abuse is about, to understand what emotionally she’s going through, to become compassionate with herself, she needs to build or re-build or re-gain a certainness – a confidence. (P08)

She goes onto explain how this confidence also translates into setting boundaries:
We need to build boundaries. Boundaries. This often has to be built... I tell you from my side, is built brick by brick, brick by brick, brick by brick. It’s not magical, it’s a process, take a lot of time, take a lot of will, take a lot of don’t give up. You are not where you wanna go, but you are not where you were. You’re working through it. You’re able to do that because of confidence. (P08)

A final strength, perhaps not typically associated with individual characteristics, was women’s ability to create space.

22.1.3 Creating space

Purposefully building opportunities to put time, distance, and space around their decision-making process or the status of their relationship (i.e., separating and/or ending the relationship) was an important factor for women to secure safety across many domains. A number of participants indicated they would not have been able to secure a sense of physical safety had they remained in the abusive relationship. This is not to suggest women can’t actively resist, protect, and achieve some level of safety while remaining in an abusive relationship or when remaining in contact with an abuser. Rather the data highlights how abusive partners constrain women’s ability to create the needed space to build toward safety. As one participant described it, “it’s the space. In those seven months [of separation] I started to get my voice back.” (P08). This space afforded women the opportunity to further refine and hone their strengths, which were needed in order to continue mobilizing resources and restoring a sense of agency.

Before I would put myself second. I wouldn’t listen to my intuition about what I wanted if somebody else was telling me otherwise. With time, I just kinda taught myself to go with my instinct, and if I’m not sure what I want or what’s going on, I can take time to figure it out before any decisions are made or any actions are taken. (P04)

He said to me ‘you need to get off my couch and go into the bedroom because I need my space.’ And I just looked at him and I thought...I just remember smiling at him and saying ‘yeah, you’re right, this is your space and I think I finally found mine.’ It was just that simple. (P06)

Women who endorsed the idea of feeling safe, spoke about the importance of having time and space to heal. For example:

Researcher: Would you consider yourself safe right now?
23 Safety and help-seeking, resisting, and coping

As described above, as women were Seeking Safety across various domains, they often sought help across formal and informal systems. However, Building Conditional Safety also influenced the ways women coped with their experience of IPV. For example, forging new relationships (both platonic and romantic), as well as, purposing experiences of IPV assisted women in their own healing and coping with the impacts and consequences of IPV.

23.1 Purposing the experience of IPV

The data suggests that purposing the experience of IPV – making the pain and hurt of IPV a source of insight, knowledge, and healing for self and others – was a consistent thread among participants who described themselves as safe. Especially with respect to other survivors, the shared experience of IPV was something that gave women a sense of community – and by extension – a sense of psychological and social safety.

I have a mission now. My mission is to give back. I’ve learned to facilitate wellness groups – and umm [choked up] those things…they make everything worth it. They make all that pain and stuff - [pause] - having people out there that wanted to help me to have a voice and strengthen and learn…I can give that back. (P03)

Another participant described how she often sought out opportunities, through the VAW community, to purpose her experience of IPV which often meant forming new relationships with other survivors.

That's the beauty of it, because today I can be a sound board or a channel for someone to be able to share something…and just be totally there with them. What used to be extremely painful or a survival mechanism, is not only just giving back, but allows somebody else their healing. (P06)
One participant, who received training and went on to work as a language interpreter in the VAW sector, described the impact of being able to see herself in the story of other women, and how that shared experience fuels her motivation to keep resisting her abusive (ex)partner:

*I have compassion. I don’t judge women. And I see cases that are just...your blood goes cold. But women are brave. Whatever I lived through, at least it’s not for nothing. I can help others in that way. Even though I can’t speak to them, or give any advices, it’s strictly confidential. But I receive kind of – I don’t know how to put it – it gives me the will to keep going”* (P11)

### 23.2 Forging new relationships

Creating and seeking out connection with others – in both platonic and romantic ways – was an important indicator of women taking control and exercising an often newfound sense of safety. It was clear women were engaged in a healing process when they were **Considerably Safer.**

Forging new intimate relationships and its impact on safety presented in the data. One participant remarked on the difference between the abusive relationship she experienced, and her current non-abusive relationship: “*I think this relationship is different in that the person cheers me on, but asks nothing of me*” (P03).

Another participant shared the difficulties of establishing and maintaining a new intimate relationship (following an abusive relationship). This suggests developing a sense of psychological safety in a new relationship could be difficult and not an easy transition to make:

*Today I still do struggle with...my partner will get upset. And of course he’s a man and men can get upset and they’ll go like this [bang the table] – it doesn’t mean he’s gonna…it’s a struggle still, moving on. I think that’s what a lot of women need help in and that’s not there. Feeling safe with new people.* (P02)

One woman avoided subsequent intimate relationships altogether following her most recent violent relationship. Even though she self-identified as having safety across many domains, including physical, economic, psychological, and social, the fear of being hurt again remained a powerful influence over the likelihood of engaging in a new intimate relationship:

*I am a woman that will not tolerate [abuse], because I feel totally safe in my personal space. But am I ready for a relationship? I’ve been 5 years celibate. And I know it’s a direct result of my history. Of the abuse. And I’m not comfortable with that. You know. Because I don’t believe humans are supposed to be alone.* (P06)
Essentially, even when women are Considerably Safer, hints of making trade-offs remain, akin to being Provisionally Safe. In the end, this participant continued to feel a degree of uncertainty or ‘unsafe’ as a result of the consequences of IPV, even though she fully endorsed the notion of securing a good deal of safety in her life.

24 Negative case analysis

Engaging in a process of constant comparison naturally brought to light cases and examples which troubled some of the emerging ideas and categories. While examples of some negative cases have been threaded throughout the findings, two outlying findings bear further examination, and in fact, provide further support with respect to the categories, and proposed grounded theory. Specifically, two participant narratives related to protecting others and securing safety across multiple domains are examined as they offered considerable conceptual materials in terms of shaping the emergent theory.

24.1 Protecting Others

Related to the concept of Protecting Others, namely children, Participant 01 offered compelling contradictory data regarding the importance of protecting others. While the majority of mothers in the study spoke adamantly about the inter-connectedness of their personal safety and the safety of their children – conceptualized in this study as forms of physical safety and emotional safety – Participant 01 indicated that protecting her children was something she was no longer able to turn her mind towards, regardless of the emotional safety it might offer:

I said, no. No. I’m ready to get divorce to you. And I said I don’t want the kids – I’m ready to leave the kids in hands of him. I want myself. I’m going back to my home country. (P01)

Given this participant spoke quite candidly about her husband’s emotionally abusive and coercive behaviour with both her, and her children, Participant 01 offers a narrative that could contradict the emerging theory related to the importance of emotional safety. At first blush, considering this case as a negative case allowed me to ‘push’ my conceptual thinking and wondering about the category of emotional safety, as well as, the relationship between conceptualizations of safety and broader emergent theory of Building Conditional Safety. One
the one hand, Participant 01’s story helped to re-enforce the notion of just how impossible it can be to simultaneously protect self and others in the face of severe and persistent IPV. Participant 01 endured what she described as a “lifetime” of abuse with her (ex)husband. Perhaps as a result, it did seem as though she was prepared to set aside the safety of her children, and the emotional safety their well-being might have afforded her, which is quite different from the experiences of Protecting Others described by other mothers in this study. But upon further examination, in reviewing her demographic profile, Participant 01’s story does fit with the larger proposed theory of Building Conditional Safety, and, it highlighted how women work to secure even a moment of Provisional Safety, when possible. Participant 01 made, or felt forced to make, a trade-off between her physical safety, and the emotional safety that protecting her children may have afforded. She may have also been securing some measure of psychological safety given her description of her experience of sexual violence, and the conception of her children:

_In this country, they say sexual abuse is when a man is forcing you – that’s sexual abuse. But forcing you or rape... [trails off]. If a woman doesn’t want it – and she’s lying down as a dead body – that isn’t called sexual abuse. That’s the thing...[pause], I’m just a dead body for him most of the time._

As the interview went on, she revisited the notion of being a dead body when describing her experience of the Canadian healthcare system, in this case, the experience of giving birth to her second child:

_In this country, they say sexual abuse is when a man is forcing you – that’s sexual abuse. But forcing you or rape... [trails off]. If a woman doesn’t want it – and she’s lying down as a dead body – that isn’t called sexual abuse. That’s the thing...[pause], I’m just a dead body for him most of the time._

I said no for the second baby, but he forced me. He didn’t ask me at all. He didn’t ask me whether we want the second baby, or, whether we want the first baby. Because I’m laying there as a dead body, that’s the truth.

It seems reasonable to wonder if the sexual violence and violation she endured informed her decision to secure some measure of physical and psychological safety, as opposed to the emotional safety she may have acquired by attempting to protect her children from their father.

**24.2 Securing multiple domains of safety**

One participant, Participant 09, considered herself unsafe, yet had technically secured safety across a number of domains including economic, physical, emotional, and social. She had held her current job for over 25 years, earning somewhere between 58 – 80K annually, and held a university degree. She had been separated from her abusive partner for over 16 years, and had no
direct contact with him the majority of the time. She did have informal contact with him through the family court system with respect to issues of child custody. She had initiated a new, non-violent relationship with a male partner and described feeling safe and secure with him, in all respects. She had remained in the neighbourhood she grew up in and felt connected to her community. She participated in the VAW community through a peer support program and worked with other survivors to heal from their experiences of IPV. In essence, she had built conditional safety in almost all domains, except perhaps psychological. Recall, her remark that she would never feel completely safe until her ex-husband was dead: “I don’t think I will feel safe, honestly…100% until he’s dead. Really. Because you never know with somebody like that.”

While it would appear Participant 09’s ability to secure multiple domains of safety, and yet still identify as unsafe, contradicts the main premise of the proposed theory, her experience and story in fact tightens the focus of two key conceptual arguments:

1) **A complete or full sense of safety is elusive and difficult to acquire.** While in most respects she is safe, the fact that she continues to feel unsafe while her ex-partner is out in the world illustrates how elusive a complete sense of safety can be for women who experience IPV. This demonstrates the conceptual weight and centrality of the threat and impact perpetrators pose, not only on physical safety, but on survivors’ ability to truly secure a complete sense of safety.

2) **You never really know.** Participant 09 directly captures how pervasive the notion of never really knowing can be among women who experience IPV. Even 16 years after separation, this participant is still mindful of the potential threat her ex-husband could pose. And this uncertainty leaves her feeling unsafe, even when she has built a considerable amount of safety in her life.
Chapter 6
Discussion and Implications for Practice

This chapter examines the key findings as they relate to the concept of safety. Conditional safety was the central phenomena that emerged from the data. This chapter begins with an examination of the core findings with respect to complimentary and unique contributions to the extant IPV literature. Following this review, the core category, along with supporting categories, are presented as a means for theoretically anchoring a proposed grounded theory of Building Conditional Safety (Figure 1). The relationships and interactions between women’s conceptualizations of safety, the factors impacting these notions of safety, and the influence of safety on help-seeking are highlighted. Finally, as means of demonstrating the plausibility and utility of this model, implications for social work knowledge, practice, and education related to safety among women who experience IPV are discussed.

25 Introduction

The basis for this study was born from a desire to learn more about how women conceptualize and move toward safety. As an emerging feminist researcher, engaged in anti-violence advocacy and activism long before I called myself a social worker, I wanted to better understand how women conceptualized safety, from their points-of-view. The aim of this study, through the positioning, interpretation, and application of findings, was to directly inform the way we think about and engage in anti-violence work alongside women. I imagined the answer to this question would share a place within the growing body of theoretical and empirical knowledge contributing to the perceptible shift in VAW and IPV advocacy work over the past decade; to new, survivor-informed approaches to social work intervention and protection planning with women who experience IPV; to explicitly feminist-informed ways of engaging in IPV prevention and intervention work. I imagined that if we, as social work practitioners, researchers, and educators, could better understand how and in what ways women feel safe, we could respond in even more effective, precise, and comprehensive ways.
The importance of accessing women’s points-of-view and developing a theory grounded in the experience of women was mentioned throughout this study. And while the narratives and stories shared by women served as the sole unit of data in this study, essentially representing the ‘voices’ of women, I was purposeful in not suggesting this study was giving voice to research participants. Women’s individual and collective voices are present regardless of whether researchers ask a question. I contend empirical research, including this study, does not necessarily give voice to women or others who are multiply marginalized and oppressed, but rather, provides a means through academic discourse and professional engagement to call on others to hear these collective voices. This study was truly born from a desire to improve our ability to hear and respond to the voices of women.
Figure 1. Proposed grounded theory of Building Conditional Safety
Conceptualizing safety

So how do women conceptualize safety?

Based on the findings of this study, when multiple domains of safety (i.e., economic, physical, emotional, psychological, and social) are secured simultaneously, non-judgmental and effective support is offered, and opportunities to heal are in place, women seem likely to endorse the notion of being and feeling safe. Women continue to feel unsafe, or at best provisionally safe, when even one of these three aspects remains unattainable or unsustainable. Women who are forced to make trade-offs between various domains of safety, receive ineffective or re-victimizing treatment from support systems, and/or continue to be harmed or threatened by an abusive partner self-identified as being and feeling unsafe, or at best, provisionally safe. And finally, regardless of whether participants felt safe(r), provisionally safe, or unsafe, they articulated that safety is couched within a larger framework of *never really knowing* when an abusive partner might unsettle that state. There remained a constant undertone of fear and worry about the possibility of being harmed again that left women feeling unable to feel *completely* safe and secure.

Safety is fluid, dynamic, and individual

Data support this study’s claim that safety is not a universal concept; it is not a notion that can be easily standardized to describe a common experience among women who are impacted by IPV. In fact, the idea of safety being a fixed or absolute concept is a misnomer. All participants in this study described a process of working towards being and feeling safe that was fixed to their unique social location, history of violence or oppression, experience of various support systems, presence of children, income, and age. Furthermore, it was evident that women often conceived the idea of safety as being drawn from and informed by numerous combinations of individual and structural level factors, and even unknowns (i.e., the prospect of *never really knowing* if one is safe from further harm). In this respect achieving, and then maintaining, a sense of safety was never described as a certainty for women in this study.
When women declared they were either safe or unsafe, or in one case uncertain, the concept of safety was carefully considered and weighed against other competing sites of safety. While this study did flesh out some general commonalities and overlapping descriptions of safety among study participants, the individual nature of what it means to be and feel safe was very apparent. This individualized experience of IPV, and its relationship to safety, is echoed in other studies exploring IPV in the lives of women. For example, Liang and colleagues’ (2005) framework for understanding help-seeking decisions among women who experience IPV highlights the inherently individual, and perhaps intersectional, nature of women’s lives and their associated decision-making processes. The authors identify influences on help-seeking that are very similar to the factors impacting women’s safety:

These internal processes are themselves influenced by interpersonal and sociocultural factors such as the IPV survivor’s individual and relational history and the economic, political, and cultural context in which her life experiences are embedded. (2005, p. 74)

Furthermore, the fact that constant comparison of various demographic variables yielded no clear group-level pattern or relationship to the likelihood of a woman feeling safe or unsafe, strengthens this argument. Considering women’s experiences in categorical or static ways did not create meaningful opportunities to elevate the theoretical concepts of the proposed theory of safety.

26.2 Characteristics of safety are context specific

Based on the findings of this study, it appears there is support for the idea of safety being fluid and dynamic. This suggestion, that women’s construction of safety is not an absolute concept, resonates with Mehrotra’s (2010) assertion that, “the multiplicity in women’s lives resists exact definitions, singular theorizations, or simple metaphors” (p.421).

The characteristics (i.e., domains) of safety are conditional and influenced by individual contexts – the people, places, and things that help women feel safe vary depending on their intersecting social locations, access to helpful resources, and ability to fully disentangle themselves from their abusive partner. In fact, the findings of this study highlight how the fluid and dynamic nature of the process is in itself a feature of safety – it is an unfixed concept, operationalized in
very individualized ways, and in many respects the ability to fully secure safety remains out of women’s control. This represents a new, or perhaps different way, of conceptualizing notions of safety.

There is evidence, in parallel literatures related to help-seeking and IPV, positioning women’s responses and management of IPV in fluid and dynamic ways. For example, Giles and Cureen (2007) identified potential sites of support for women experiencing IPV by connecting women’s help-seeking efforts to their growth process. The authors’ proposed women *grow through adversity*, as they move through three inter-connected and interactive phases of growth, representing the fluid and dynamic nature of the process. Also, while their findings are proposed in the form of a process-model, their conclusion that women face and conquer adversity was echoed in the findings of this study. When women were able to secure safety across multiple domains and moved toward a more complete sense of safety, it required considerable strength to overcome adversities. Both Giles and Cureen’s, and this study’s, findings recognize and account for the significant adversities women face when confronted with the impacts and consequences of IPV, and yet because of their strength and ability to persevere, they demonstrate growth or secure a sense of safety.

Similarly, Giles, Curreen, and Adamson (2005), also suggested women’s process of help-seeking can be fluid. Their grounded theory findings indicated reasons for seeking help change during the course of the relationship, moving from relationship-focused help to help focused on self.

Maintaining a fluid understanding of safety is important in order to account for women’s ever-changing realities, and the associated factors, impacting women’s conceptualization of safety.

26.3 Safety is conceptualized as more than physical safety

One of the sensitizing questions underpinning the development of this study related to the direct and indirect impacts of IPV. Recall from Chapter 1, this general wondering: is physical safety the primary contributing factor to women’s conceptualization of safety? Data support the suggestion that physical safety remains a critically important domain among women who experience IPV. Findings related to *protecting self* and *you never really know* illustrate women are heavily concerned with securing physical safety. However, the data also indicates this is by
no means the *only* site of safety women work to secure. The various domains of safety, including physical safety, are briefly touched upon below as a means for emphasizing the importance of broadening our conceptualization of safety.

### 26.3.1 Securing economic safety

There was a significant range of income reported in this study, from no income to earned annual incomes of over 80,000 dollars. Women who described themselves as having reliable employment and access to living wages were very reluctant to risk or compromise these pieces of economic security. Similarly, women who were unemployed or under-employed described the importance of being able to secure and sustain affordable housing, consistent income (often through full time or part time employment) at any cost. Often the cost of sustaining economic security, and the sense of safety this provided, resulted in women remaining in an abusive relationship. Severing or disrupting the relationship, in terms of its impact on economic security, meant possible displacement from the home (i.e., moving to shelter, or to a family member’s home), community (i.e., potentially requiring a woman to quit her job), the loss of dual income (i.e., perhaps removing any access to financial resources), or the loss of any access to financial resources (i.e., dependent on their partner’s income). The safety afforded by having access to financial resources often superseded any sense of safety that may have come from disentangling from the violent relationship.

When women chose to disrupt or terminate the relationship, they were often forced to accept standards of living that afforded little access to living wages and affordable housing. The economic safety women secured while remaining in an abusive relationship often came at the cost of physical safety. Conversely, when women spoke about the physical safety they achieved by accessing shelter or another abode, the precariousness of living in shelter or an unfamiliar dwelling, being uprooted from their homes, being without financial resources, and potentially being exposed to new forms of violence (i.e., community or neighborhood crime) produced feelings of being unsafe. Again, the complexity and inter-dependence of domains of safety illustrates how women can be simultaneously safe and unsafe.
26.3.2 Securing physical safety

As discussed above, a key finding of this study revealed safety is not *primarily* conceptualized around the domain of physical safety and eliminating the embodied harms of IPV. However, securing physical safety was a widely endorsed and extremely important finding from this study. Women indicated the impact of abusive, controlling, and manipulative behaviours absolutely informed whether they felt safe or not. In this respect, securing physical safety remains a key priority for women who experience IPV. The majority of women in this study considered themselves unsafe when they were actively protecting themselves and others from the harms of IPV.

The ways in which women secured physical safety sometimes differed. For some women, relationship termination offered a sense of physical safety, for others it did not. There was evidence among some of the women in this study, all of whom were separated from their abusive partners (and in one case the participant’s abusive partner had passed away, yet she continued to feel unsafe), that relationship termination did not necessarily result in a sense of physical safety. Given the evidence related to the potential for escalating and lethal violence upon relationship termination (Campbell, et al., 2007; Campbell, et al., 2009; Campbell, 2004; Griffing, et al., 2002; Hyden, 1999; Martin, et al., 2000; Stockl, et al., 2013), this finding offers additional evidence related to the conditional sense of physical safety afforded by retaining a relationship with an abusive partner.

Similarly, while in some cases retaining connection to an abusive partner often resulted in ongoing physical and emotional harm, the trade-offs related to sustaining housing, access to financial support, connection to children, and companionship (even with an abusive partner) contributed to economic and emotional safety, albeit within a physically unsafe environment. Recall findings of Gondolf and Fisher’s (1988) study exploring women’s active resistance indicated retaining a relationship was found to be a coping strategy given the inadequacy of helping resources and the potential for secondary victimization. Not only a coping strategy, but also a protective strategy (from reprisals, homelessness, stalking, etc.) as empirical evidence would later indicate (for a review see Rhodes & McKenzie, 1998).
Finally, the looming threat posed by an abusive partner, especially the fear and uncertainty of never really knowing, is documented in the extant literature. Recall P09’s explanation about her sense of safety - she indicated she would only feel 100% safe upon her partner’s eventual death. This sentiment is echoed in an early study by Browne (1987). Findings from Browne’s study indicate women were not free from the fear of IPV until their partners/husbands were dead. Granted, Browne was examining the broader issue of spousal homicide, and this isn’t to suggest – at all – that women in this study conceived of killing their partners as a means for securing a sense of physical safety. Rather, their sentiment, and the sentiment reflected in the findings of Browne’s study, reveals just how prolonged and intrusive the experience of IPV can be for women, especially as it relates to their sense of safety.

26.3.3 Securing emotional safety

The importance of love and connection was another key finding of this study. The issue of love, affection, and companionship between survivors and perpetrators of violence is not a topic frequently explored within the theoretical and empirical literatures. Data support the suggestion that women carefully consider the impacts of severing the emotional bond they have with their partners. Indeed, securing emotional safety with respect to preventing feelings of loneliness and loss are central features of women’s conceptualization of safety.

26.3.3.1 Importance of love and connection

As described above, women sometimes retained a relationship with their partner in order to secure a measure of physical safety. Women also retained a connection or relationship with their abusive partner for reasons of emotional safety. Staving off feelings associated with being alone offered some women a sense of emotional safety and companionship. However, this sense of safety often left women managing the direct impacts and consequences of IPV.

Love, as experienced through human connection and companionship, was factored into women’s conceptualization of safety – especially their sense of emotional safety. Faced with the possibility of loneliness, isolation, and/or the loss of an intimate relationship, some women chose to sustain some form of connection to their partner, even terribly abusive partners, in order to avoid feeling alone. Feelings such as sadness, confusion, and hopelessness were associated with losing love, mourning the loss of a relationship, and thoughts of wanting to re-establish
emotional connection to an abusive partner. Women often mitigated these feelings by retaining connection and investment in the relationship, resulting in conditional safety. The importance of maintaining an emotional connection with one’s partner is recognized in early research exploring the process of ‘victimization’ among women ‘battered’ by their husbands. Ferraro and Johnson (1983) interviewed 120 shelter-seeking women in the United States to better understand how women described experiencing partner abuse, and their rationale for remaining in an abusive relationship. Regarding the issue of emotional safety, they found:

Battered women may feel that no one else can provide intimacy and companionship. While physical beating is painful and dangerous, the prospect of a lonely, celibate existence is often too frightening to risk. (p. 330)

Given various literatures often use value-laden and potentially stigmatizing labels to describe features of a violent relationship (Frank & Golden, 1992), I anticipated women using belittling or minimizing terms to describe their feelings and commitment to their partner. Unexpectedly, women did not speak in deficit-based or pathologizing ways about the love and emotional connection they felt for their partner. Furthermore, I had expected women to parrot or use stigmatizing language about their feelings or relationship (e.g., unhealthy, co-dependent, disordered, dysfunctional, etc.). On the contrary, while some women expressed confusion or uncertainty about their feelings or why feelings of loving persisted in the face of abuse, the participants spoke about love in deeply meaningful and emotional ways, without a hint of professionalized or ‘medical-model’ style terminology often used in the IPV literature (e.g., ‘traumatic bonding’ as described by Dutton & Painter, 1993; Graham, Rawlings, & Rimini, 1988). In fact, the majority of studies exploring the concept of relationship commitment use the Investment Model (Rusbult, 1980; Rusbult, et al., 1998), a theoretical framework for understanding women’s ‘investment’ in intimate relationships, to examine the series of cost-benefit decisions women make about the value of the relationship (Arias & Pape, 1999; Rhatigan & Axsom, 2006; Rhatigan & Street, 2005). While this framework isn’t necessarily concerned with exploring the construct of love, it is most often applied when researchers want to investigate relational dynamics impacting staying and leaving decisions among IPV victims. One could argue, using non-emotional language and describing feelings of love as ‘relationship satisfaction’ or ‘relationship commitment’ - without ever naming the emotion of love – potentially sanitizes the love women value, develop, and eventually mourn.
This raises a question about women’s disclosure of love and affection in the context of a violent relationship. Given women hadn’t adopted terms frequently used in the helping sectors to describe attachment and love within an abusive relationship, are women even sharing these pieces of their story and experience when they seek help? Are we, as helping professionals, even privy to this information?

Certainly, based on the findings of this study, maintaining human connection and love offered women conditional safety. Given a number of participants, recollecting their feelings and thoughts about the relationship, spoke in very warm, nostalgic, and loving ways about their partners, the relationship between love and safety should not be underestimated. Even though women juxtaposed these feelings and stories of love against incredible harms and experiences of abuse, they held these distinctly different feelings in tandem.

This finding points to the importance of love in the lives of women, regardless of the presence of violence in the relationship. Looking to literature on love and gender, evidence suggests women are socialized to prioritize love (Fraser, 2003, 2005, 2008). We also know that human connection and intimacy, often achieved in ‘loving’ relationships, has long been identified as an essential basic need, as articulated in the classic work of Abraham Maslow, Maslow’s Hierarchy of Needs (Maslow, 1943). In fact, two essential pieces of Maslow’s Hierarchy are: Safety and Love/Belonging. In reviewing Fraser’s (2003, 2005, 2008) body of work, specifically related to the issue of love in violent relationships, she notes the absence of scholarly discourse related to love and IPV is concerning given evidence of women’s strong emotional attachment to their partners. Lempert’s (1996) thoughts related to legitimizing love and fear in the lives of abused women provides an excellent summation: “abused women hold oppositional beliefs in their partners as their sole sources of love and affection and, simultaneously, as the most dangerous persons in their lives…it is this simultaneity that must be grasped analytically to understand how abused women strategize and develop agency to halt, change, and/or cope with the violence” (p. 270).

26.3.4 Securing psychological safety

Psychological safety, namely feeling safe inside, represented a core component of women’s conceptualization of safety, and was a key site of theorizing related to developing the emergent
theory of **Building Conditional Safety** given all women who were considered provisionally safe/unsafe hadn’t yet achieved a sense of psychological safety (see Figure 2).

Not feeling safe inside captured 1) the fear and uncertainty women experienced as a consequence of being abused and harmed by an abusive partner and 2) feelings of not being able to trust one’s own self and decision-making processes. A review of literature at the time of writing did not reveal empirical evidence supporting or exploring a connection between safety and internal working processes such as fear, trusting self, or self-efficacy. Perhaps the closest parallel concept reflected in the literature would be related to the fear of future violence, or the fear of retaliation. An early study by DeMaris and Swinford (1996) proposed a relationship between severity of violence and fear of future violence. The intriguing piece of their finding, also reflected in the findings of this study, relate to potential relationships between fear and help-seeking. They reported:

> The degree to which she [survivor] experiences fear for her future safety as a result of the assault depends upon how severe the assault was, whether she was injured as a result, whether there has been forced sex in the relationship, and whether it was the husband or the wife who initiated the violence. A woman with a higher level of such fear is prompted by it to seek help from friends, family therapists, shelters, or lawyers. (p. 104)

Perhaps a desire to attain a certain degree of psychological safety is what helped women move from a place of **Provisional Safety** to **Considerable safety**.

### 26.3.5 Securing social safety

Women’s conceptualization of social safety pulled together threads of navigating and preserving support networks, and being mindful of the social consequences of their attempts to **Build Conditional Safety**. There is evidence to suggest informal social sanctioning of male perpetrated violence against women continues to persist despite gains in legal sanctions (Giles, Cureen, and Adamson, 2005). Accordingly, women are faced with navigating social networks and peer groups that are possibly influenced by oppressive and patriarchal ideas about the issue of intimate partner violence. However, losing a potential source of support – even an unhelpful and/or judgmental source of support – demonstrated the importance of securing a sense of social safety in the context of a violent relationship.
For women in this study, the idea of being physically, emotionally, psychologically, and sexually hurt was identified as being morally wrong and unacceptable, yet socially sanctioned in some respects. Their experiences of IPV, living in an inherently violent and patriarchal world, and having to navigate often oppressive and re-victimizing services left women with a very real, and very visceral, sense of what is right and what is wrong in terms of relationship dynamics. Women provided rich descriptions about the steps they took to establish and/or maintain a sense of safety that was related to setting something right – whether it was the way their partner treated them, the way systems responded to their needs, or the way they treated themselves with respect to their experience of harm. It was evident that in order to set something right they were attempting to constantly untangle and untwist themselves from an oppressive violent relationship by Seeking Safety across various domains.

27 Women do not simply ‘arrive at’ safety

One of the primary aims of this study was to identify how women arrived at a place of safety. This process-oriented question was designed to attune the researcher to the various ways women described arriving at a sense of safety. However, it became clear during analysis that:

1) At least half (7) of the women in this study did not arrive at, nor endorse, a sense of safety related to their experience of IPV;

2) Women who did self-describe themselves as safe did not simply arrive at a sense of safety; rather their journey toward safety would be more accurately described as being achieved – a hard and often difficult experience requiring purposeful decision-making and considerable fortitude. BUT,

3) Even describing safety as being achieved is inaccurate. Any measure or degree of safety women achieved was tempered by not knowing when/if an abusive partner might unsettle that sense of safety. This suggests safety is never fully or completely achieved.

Although data were consistently interrogated and engaged with in order to identify the process women engaged in to move from Provisional to Considerable safety, conceptual analyses of these data did not result in a traditional process or stage-based understanding of safety’s
trajectory. During final stages of analysis – and more accurately during phases of write-up – it became evident that posing a question to explore a discrete process of arriving at safety was presumptive, and in fact, difficult to empirically demonstrate. Interaction with the data often moved the researcher, and by extension the associated conclusions, away from a process-oriented understanding of the concept of safety toward a continuum-based understanding.

27.1 Mobilizing helping resources

Just as the impacts of perpetrator behaviour and the presence of IPV play a huge role in women’s conceptualization of safety, formal system responses represent a significant variable in whether or not women secure a sense of safety. As women Build Conditional Safety, they often reach out for help and support from both formal and informal resources. In fact, receiving effective and non-judgmental support – either formal or informal – appeared to be one of the primary enabling factors helping women move from Provisional Safety to Considerable Safety. This finding is consistent with those of Grauwiler (2008) and Ansara and Hindin (2010).

27.1.1 Formal support

All women in this study reported accessing formal services in an effort to stop their partner’s abusive and violent behaviours. This is a surprisingly large number given the most recent Canadian prevalence data (Statistics Canada, 2011) indicates just under one third (28%) of spousal assault victims [emphasis reflects Statistics Canada terminology] typically access formal services for IPV. Furthermore, national data suggests more than half of victims (54%) do not seek formal support because help was “not wanted or needed” (Statistics Canada, 2011). Women clearly indicated they wanted and needed help in managing or stopping the violence in their lives as evidenced by their usage of various helping systems including child welfare, criminal justice (i.e., police, criminal court), social services (i.e., shelter, counseling), and healthcare. Additionally, women were strategically making decisions about how and when to seek help, including not re-utilizing services deemed or experienced to be unhelpful.

Helping sector responses that were ineffective, judgmental, or re-victimizing often contributed to women being unable to secure and sustain multiple sites of safety. Given we know formal and informal support usage is most often influenced by the most pressing need at the time (Leone, et
al., 2007), it stands to reason that the effectiveness of formal responses must be non-judgmental, supportive, and timely in order to contribute to women’s sense of safety. This notion is also supported in Liang and colleagues’ (2005) process model which clearly states practitioner values and attitudes must be consistent and reflective of the wants and needs of women in order to maximize the potential positive impact of formal responses. This becomes even more important in the context of IPV because we know women often reach out for help over and over again as they attempt to manage the impacts of abuse. This is supported by the findings of Cattaneo and colleagues’ (2007) longitudinal study of help-seeking patterns. Their findings indicate help-seeking unfolds as part of a larger process, and that it is not an isolated, one-time event which happens to occur multiple times.

These findings address a known gap in the literature related to formal service usage and effectiveness of service usage in reducing further abuse and victimization. Based on the collective experience of women in this study, it is apparent that re-victimizing, judgmental, or insensitive responses to issues of IPV do not contribute to safety, and likely contributes to a sense of being unsafe. In this way, there is a clear relationship between women continuing to be exposed to IPV because of ineffective, and in some cases re-victimizing experiences, when accessing formal systems. Paterson (2011) suggests that in order for formal services to be truly effective “outside options must provide a higher level of well-being than that which can be achieved independently” (p. 143).

27.1.2 Informal support

Women did not discuss informal support as frequently as formal support. As a result, it was difficult to extrapolate findings related to the contribution of informal supports to the process of achieving safety. While not fully conceptualized in this study, anecdotally, the few women who briefly spoke to the importance of informal supports suggests positive support from family and friends could impact the process of achieving a sense of safety. This was an unexpected finding given Canadian prevalence data related to informal support usage indicates roughly 70% of female victims seek assistance for IPV from informal sources of support (Statistics Canada, 2011). Additionally, in Ontario, government and community endorsed bystander prevention campaigns have been implemented to tap into the supportive potential of neighbours, friends,
and families in responding to IPV (i.e., Neighbours, Friends, and Families campaign, www.neighboursfriendsandfamilies.ca). Given provincial policy directives to raise awareness among informal support networks, it is surprising that participants in this study didn’t endorse the notion of accessing their friend and family networks, in order to improve their likelihood of feeling safe.

27.2 Acquiring knowledge and confidence

While strength is a characteristic not easily thwarted, over time the impacts and consequences of IPV can easily erode women’s inherent strength and ability to persevere. Women in this study accessed considerable personal strength, as evidenced in their resistance and survival-focused coping, and spoke about the importance of acquiring knowledge and developing their confidence as enabling factors in the process of Seeking Safety. Acquiring knowledge and developing confidence, including trust in self, was often made possible when women received effective responses from formal and informal systems, which in turn helped to sustain Provisional Safety as they moved toward being Considerably Safer. By acquiring knowledge and developing confidence, women were able to revive and rebuild their sense of autonomy, and subsequently, continue Building Conditional Safety.

Acquiring knowledge and developing confidence represent pragmatic things women described that helped them to move away from Provisional Safety (or being unsafe), propelling them toward a greater sense of safety. And while women in this study did not specifically speak to ‘finding self’ or ‘finding hope’, other interpretive studies exploring the issue of IPV report very similar findings related to the importance of self-development, self-worth, and self-actualization (e.g., Kearney, 2001). It could be argued that building knowledge and developing confidence is implicitly related to growth and personal development.

Another key finding, unique to this study and not often identified within the IPV literature, is the value of acquiring and having knowledge. Not only about the impacts, consequences, and dynamics of abusive relationships, but knowledge about resources, intervention models, program efficacy, outcome research, and coping strategies. Women in this study were adamant about the importance of having access to information about IPV, especially as it related to their unique
experience of harm, in terms of the type of abuse, or the modality of intervention they might be receiving.

27.3 Creating space: Relationship termination

Women strategically resist IPV and often terminate a violent relationship (or geographically separate themselves from a partner) as a means to prevent further exposure to violence (Burke, et al., 2001), and based on the findings of this study, to improve their chances of securing, at a minimum, Provisional Safety. Even though there is an extensive literature indicating an increased likelihood of harm during times of separation in violent intimate relationships (Campbell, et al., 2007; Campbell, et al., 2009; Campbell, 2004; Griffing, et al., 2002; Hyden, 1999; Martin, et al., 2000; Stockl, et al., 2013), perhaps influencing decisions to remain in a relationship, no participant in this study endorsed having physical safety while remaining in the abusive relationship. At best, as discussed previously, women could secure a Provisional sense of safety; for example being physically unsafe but maintaining economic safety. All women, who at one time or another, made a trade-off by remaining in a violent relationship in order to secure some measure of Provisional Safety, continued to feel physically unsafe with respect to the violent relationship. As a result, all women in this study had purposefully terminated their relationship with their abusive partner as means for increasing their sense of physical safety.

Importantly, a number of women in this study continued to feel Provisionally Safe/Unsafe at the time of the interview based on the potential threat posed by their ex-partner, even after years of separation. This speaks to the serious, and not easily remedied, impacts of IPV. Considering women in this study had been separated from their partner anywhere from 1 – 16 years, with an average separation time of 4 years, it is apparent the process of achieving Considerable Safety is not something that happens quickly, or easily.

This finding, related to the looming threat of an abusive partner, is important to consider in the context of prevention and intervention initiatives with both survivors and perpetrators of violence. Helping professionals, embedded within larger systems (i.e., child welfare, healthcare, criminal justice) and organizational settings (e.g., shelters, mental health organizations, housing advocates) often center their intervention planning around reducing the presence and potential
threat of an abusive partner – and rightly so. But these interventions, because of resource limitations and funding restrictions, are often brief and time-limited. Furthermore, our approaches to traditional ‘safety planning’ are often crisis-focused and happening in the midst of an actively violent relationship. However, given the number of years beyond the end of the relationship that women continue to feel unsafe suggests protection planning and traditional safety planning would benefit from broadening the temporal dimensions to beyond immediate, acute, and crisis-based applications.

28 Theoretically developing the concept of safety

The data suggests that women were able to Build Conditional Safety by securing safety across multiple domains, often “brick by brick” as described by Participant 08. Women seemed most able to do so when they were able to turn inward, make a decision, and then install that needed safety element or feature in their life. This required women to have a certain amount of psychological safety – an ability to feel safe inside – as well as a measure of social safety – an ability to use power to maintain safety across various domains. Keeping in mind of course, the ability to maintain safety is often contingent upon the presence of helpful, supportive, and accessible resources and, the absence of ongoing or threats of IPV. Women in this study worked tirelessly to build up their internal resources to continue pushing against the impacts of IPV in order to build more safety in their lives. When they were able to create safety across multiple domains (i.e., economic, physical, emotional, etc.), they were able to confidently trust their decision-making process, and most importantly, they felt safe inside, had power, and had a voice with respect to maintaining needed safety features.

Conceptually related categories support the proposed grounded theory of Building Conditional Safety (recall Figure 1). The proposed theory of safety illustrates the relationships and conditions among conceptualizations, impacting factors, and states of safety among women who experience IPV. Seeking Safety across various domains was impacted by two primary factors (the looming threat of the perpetrator and availability of effective resources) resulting in states of safety described as Provisional or Considerable.
The proposed grounded theory of **Building Conditional Safety** considers the various conceptualizations of safety, from women’s point of view, as a means for pushing current conceptualizations of safety beyond physical safety. When considering the domains of safety women work to secure, along with impacting factors, it’s possible to construct a sense of whether women are **Provisionally Safe/Unsafe** or **Considerably Safer**. These two states – or categories of safety – are mapped onto the ends of a continuum of **Conditional Safety**.

Finally, as a means for demonstrating the theoretical contribution and utility of this proposed theory, the safety dispositions of the participants in this study have been mapped onto a continuum of Conditional Safety (Figure 2). Figure 2 illustrates how various domains of safety interact with each other to produce various states of safety, that are of course, fluid, dynamic, and dependent on the individual experiences and impacting factors of each woman’s life.
Figure 2. Participant safety dispositions plotted using the theory of Conditional Safety
29 Implications for social work

Across helping sectors, IPV prevention and intervention approaches aim to eliminate violence in the lives of women and children, and at a minimum work to reduce the negative impacts and consequences of harm. The findings of this study offer potential insights into shaping current and future social work practice, research, and education related to IPV intervention and prevention.

29.1 Social work practice

29.1.1 Primary prevention and intervention with perpetrators

When this study was in its infancy, a peripheral wondering – often lingering in the subtext, and then later explicitly stated in the research rationale – related to determining just how much direct harm and embodied experiences of IPV factored into women’s overall assessment of and feeling of safety. As a social worker, working extensively in the VAW sector, I wanted to know just how women negotiated and constructed their understanding of safety, given simultaneous threats to self and others (i.e., abusive and injurious behaviour, unmet basic needs, potential exposure of children, etc.). To me, they seemed to carry equal, yet differing, risks and consequences for women. What became clear, through the analysis and interpretation of findings, was that perpetrator behaviours, in both acute and chronic ways, play a central role in women’s estimation of safety and their ability to secure lasting and meaningful safety across multiple domains.

As a profession, we may have progressed from overt victim blaming language, but we subtly acquiesce to the notion of women continuing to be responsible for ending violence perpetrated against them when we fail to call on continued prevention and intervention work with perpetrators of IPV. To this end, continuing to engage in primary prevention and intervention work with perpetrators of IPV is a central recommendation of this study. Responding to violence and actively resisting IPV in an effort to secure a sense of safety does not mean women should be held responsible for preventing violence perpetrated against them. In fact, this study highlights how little control women often have in securing a sense of safety because of perpetrator tactics and abusive behaviour. Often times when we talk about women’s help-
seeking, especially in the context of stay/leave discourses, we can easily slip into a frame of mind that equates help-seeking and working to secure safety with an implicit responsibility to prevent IPV.

29.1.2 Working alongside survivors

29.1.3 Survivor-informed advocacy

The findings of this study point to the potential value of adopting a survivor-informed framework, in both direct practice and organizational policy. This approach capitalizes on the possibility of increasing the therapeutic alliance and goal consensus between women and social workers. This approach to advocacy - collaboration in the spirit of protection planning and protective work - values women’s voices and their preferred resistance strategies. Adopting this approach troubles the commonly held notion of women not having the ability and/or insight to form an accurate view of perpetrator risk. For example, social work interventions based on cognitive-behavioural models, which often utilize motivational interviewing techniques (Miller, 1983, 1985; Miller & Rollnick, 2002), aim to unsettle or therapeutically ‘push’ a woman to consider how her understandings of violence, resistance, and coping are potentially contributing to her ongoing experience of violence and oppression. This would not be in keeping with a victim-defined or feminist-informed approach and unfortunately contributes to misperceptions about victims’ (in)abilities to self-direct protection planning. The struggle to implement a woman-directed stance often comes to light when social workers question whether victims fully understand risks of lethality. A powerful response to this practice dilemma is offered by Davies (2009): “Sometimes advocates try to break down ‘minimization’ because they think the victim doesn’t understand how dangerous her partner is…These victims don’t need messages about how bad their lives are. They already know” (p. 10) A survivor-informed approach to working with women does not preclude important discussions related to safety planning efficacy, lethality, or danger, quite the contrary. These discussions would be explored in a way that does not undermine her judgment or overwhelm her ability to cope.

Finally, shifting toward a survivor-informed approach is already taking hold in legal, advocacy, housing, and supportive services across the United States and the broader VAW movement. It is incumbent on the field of social work to be aligned with emerging practices and theoretical
developments of the broader anti-violence movement in order to streamline collective change related to improving the effectiveness of services available to abused women.

### 29.1.4 Protection planning

The exercise of ‘safety planning’ is practically synonymous with the idea of working with women who experience IPV. The literature contains numerous studies related to safety planning (Davies, Lyon, & Monti-Catania, 1998; Goodkind et al., 2004), and was frequently mentioned by women throughout this study. In fact, one participant spent a good deal of time remarking on her experience completing a safety plan while living in shelter:

```plaintext
Researcher: So I don’t know if you’ve had this experience or not while in shelter or when you’ve talked to a social worker, but has anyone asked you about completing a safety plan?

P02: Hah! Oh well that’s a joke!

Researcher: [laughing] Okay, so tell me about safety planning...

P02: Joke

Researcher: As a concept...

P02: It’s a joke. Useless. A waste of time.

Researcher: Tell me more...describe for me...

P02: Well...a safety plan? It’s a joke - It’s stupid – It’s inane. It’s – valuable trees were wasted.
```

As was evidenced in this study, any woman involved with a VAW organization or who has accessed some form of intervention for IPV has more than likely completed a safety plan. These plans are typically geared toward escape or crisis planning.

Based on the findings and the proposed theory of safety, a shift in the language, tone, and scope of our ‘safety’ planning work could positively support women’s process of achieving greater safety. Referring to safety planning as *protection planning* might assist social workers and helping professionals to broaden to their own conceptualization of safety, resulting in more effective and aligned work with women. In fact, we must continue focusing our intervention work with women around honing their strengths, and supporting their resistance strategies in
order to help increase women’s chances of securing conditional safety, and building toward more
Considerable Safety.

One of the key over-arching findings of this study is that safety is operationalized in individual
and dynamic ways - there isn’t a one size fits all concept of safety. Accordingly, our safety plans
and actuarial tools for thinking about and measuring safety must be adjusted and transformed to
account for the broader conceptualizations of safety. It’s not simply about crisis planning or
escape planning. While crisis focused assessment and intervention remains a vital piece of IPV
work, our practice models and approaches to assessing for risk and safety must continue to
evolve to reflect the intersectional ways women think about safety. For example, women who are
Provisionally Safe/Unsafe might require more crisis focused plans (similar to the traditional
models of ‘safety planning’), however women who are Considerably Safer may require a
protection plan that hones in on domains not yet secured or strategies for sustaining safety in the
long term.

29.2 Social work knowledge

The literature reviewed in Chapter 3 demonstrated how entrenched the issue of staying/leaving is
within the broader IPV and social work discourses. Specifically, as it relates to this study, there
is an often held belief that when women stay in or leave a violent relationship there is an implied
relationship to whether or not this will impact her safety. But, until this study, the construct of
safety hadn’t been fully fleshed out in terms of the process and features of safety. Based on the
findings of this study, there is some evidence to suggest that focusing our questions – and by
extension our interventions – on women’s decision or ability to stay/leave is perhaps
rudimentary. Staying/leaving isn’t the crux of the issue – safe or unsafe is the crux of the issue,
in whatever form, and whatever context that takes place. If we continue to focus our discourse,
our social work research, and our intervention approaches around staying/leaving decisions, we
may not actually be accessing the ‘right’ kind of information that would offer us the best chance
to assist women as they are Building Conditional Safety. A different kind of question might be:
what kind of conditional safety does retaining the relationship offer? What kind of conditional
safety does terminating the relationship offer?
29.3 Social work education

Across disciplines, those teaching about violence against women – for instance in sociology, medicine, and nursing – are calling on educators to be mindful of including balanced discussions about the violence women experience. For instance, Hollander (2005), a sociologist, issued a call to educators teaching about IPV to carefully consider the impact of inundating largely female student bodies with only messages of victimization and vulnerability. She reported: “My students, approximately 90% of whom were women, seemed profoundly disempowered by the material on violence. They were outraged, yes, and their awareness of violence was heightened, by they were also scared, pessimistic, and hopeless” (2005, p.776). This call for balance is particularly salient given the social work profession is largely dominated by individuals who present and identify as female, mirroring the composition of social work classrooms. Integrating messages of resistance, agency, and strength throughout IPV courses will ideally minimize feelings of student hopelessness and despair and limit our reliance on theoretical frameworks essentializing women as victims.

There is untapped potential within the profession of social work to effectively participate in the elimination of violence against women. One way to realize this potential is to thread notions of resistance and agency throughout social work curricula, especially in the area of IPV. Responding to Hollander’s (2005) challenge requires educators to incorporate readings about resistance, survivor guest speakers, and survivor narratives throughout IPV course curricula. Doing so will equip emerging social work practitioners with a balance of knowledge, skills, and values that both recognize women’s agency and the consequences of violence and victimization.

Finally, by incorporating current research and empirical evidence related to survivor-informed advocacy, resistance, agency, and safety, we’re able to move social work knowledge and practice away from pathologizing, non-normative, individualized understanding of IPV, toward a socially constructed, societal problem (Davies, 2009). Changing our social work focus from an individual-pathology lens to a survivor-informed lens allows social work educators to create learning opportunities and curriculum which focuses on 1) emerging advocacy models and 2) the changing social structures contributing to women’s victimization.
30 Contributions

While some theoretical and methodological strengths of this study have been threaded throughout the discussion, the original and complimentary contributions to 1) the broader IPV discourse, 2) social work practice and knowledge, and 3) social work education bear further explanation.

This study contributes new theoretical material with respect to how safety is conceived from women’s point of view; it offers a different way to think about the concept of safety. Based on a review of peer-reviewed and grey literatures, this is the first study to theoretically engage with the construction, characteristics, and bounds of safety from women’s point of view. The resulting theory provides a nuanced and additive understanding about how women’s sense of safety is shaped and influenced, complimenting parallel studies related to safety planning, help-seeking, and survival-focused coping.

The scope of this study cuts across social work and IPV discourses through its framing and positioning of the proposed grounded theory of safety. Building Conditional Safety, as a theoretical model, illuminates the intersecting facets of women’s lives and its relationship and contribution to social work knowledge, practice, and education is fully elucidated. This study contributes to both a theoretical and empirical gap in these literatures.

Imagining safety as a conditional concept, something that is perhaps never quite achieved or acquired, represents another unique way of considering safety in the lives of women who experience IPV.

The highly endorsed and in vivo concept of you never really know represents a unique, and yet to be empirically articulated, finding of this study. Translating this important theoretical concept to practice is useful for assessment and protection planning with women. Conceptually, it moves discussions of protection planning beyond crisis or escape planning, into a broader discussion of physical, emotional, and relational safety – and importantly perpetrator behaviour becomes centered in all conversations of safety. For instance, by assessing for fear or anxiety related to never really knowing helping professionals are further alerted to the importance of intervening with perpetrators.
31 Limitations

In this study, based on the directives of the Research Ethics Protocol, all participants were not currently involved in an intimate relationship with their abusive (ex)partner at the time of the interview. In this respect, the substantive theory outlined in this study is grounded in data drawn from a pool of women who purposefully terminated the relationship. Therefore, the proposed theory may not speak to the unique experiences of women currently experiencing IPV. However this gap could be somewhat tempered by the inclusion of data provided by women in contact with an abusive ex-partner (i.e., through custody and access, co-parenting, court proceedings, etc.), as well as retrospective accounts and stories of when women were in an abusive relationship. Regardless, it remains important to contextualize these findings as being drawn from a sample of women who were no longer intimately involved with their partner, as well as, not planning to reconcile.

This grounded theory of safety, while emerging from a sample of participants who clearly spoke about fearing for their lives, severe and injurious violence, and experiences of intended lethal violence, was shared by women not actively involved with their abusive partner. Having time, space, and no current exposure to severe and injurious forms of IPV may have amplified the likelihood of women describing themselves as being and feeling safe (even with an acknowledgement of never really knowing).

Saturation of all categories was not possible. For example, the impact of immigration status and its contribution to feeling safe or unsafe could be further explored. While this study did include participants with experiences of immigration and navigating precarious status, the narratives did not allow for full extrapolation of its potential relationship to the process or features of safety. Descriptive level data was referenced and included in the findings as a means of keeping these key variables on the forefront of future grounded theory research related to safety and IPV.

While purposeful in design, this study focused only on the experiences and narratives of women who experience IPV in order to develop a grounded theory of safety. As a result, very little data about the abusive partner, other than anecdotal information shared during the interview, was collected. In retrospect, and now with findings to suggest how integral perpetrator behaviour is to
women’s construction of safety, demographic information and details about the abusive partner may have contributed to an even further refined theory of safety. For example, information about the abusive partners’ history of IPV, arrests or convictions, abusive tactics, income, employment, etc. may have proved valuable to contextualizing the participants stories and explanations of safety. Essentially, it may have offered another site of constant comparison of the emerging concepts.

Important social locations and identities related to disability and sexual orientation were not explicitly touched upon in participant narratives and not self-identified by participants in this study. In reflecting on this, while I did purposefully read for sub-textual or implicit reference to ability and sexual orientation in the data, there is the possibility I did not fully draw out this conceptual material, either during the interview process or during phases of analysis. As a result, this model may have conceptual gaps with respect to the role of disability and sexual orientation on the conditional contexts and characteristics of safety.

Finally, this study did not draw out the structural factors and oppressions likely impacting the women in this study. When examined as a whole, the data in this study offered insight into the intra and inter-personal dynamics and factors impacting conceptualizations of safety, however important information about structural violence and marginalization remained unaccounted for.

32 Future research

Spending a great deal of time immersed in careful analysis and interpretation of findings led to further questions about the construct of safety, its relationship to resistance and healing, and the impacts this new conceptualization will have on social work knowledge and practice. Three recommendations for future research include:

1. Exploring the conceptualization of safety among social work practitioners. Given the importance of receiving effective support from helping professionals, it stands to reason that a shared understanding of safety, what makes women feel safe, and how a sense of safety is achieved, would be valuable to the working relationship between women and social workers. Establishing, through empirical study, how social workers construct notions of safety would
further inform the theoretical precision of the proposed grounded theory. Additionally, determining points of overlap in women’s and practitioner’s conceptualization of safety would further enhance intervention and prevention work aimed at increasing the physical and emotional safety of survivors.

2. What moves women along the continuum besides impacts of perpetrator and support systems? Why are some women provisionally safe and other women able to move toward considerable safety? The findings of this study support the idea that as women secure safety across multiple domains of safety they move along the continuum toward Considerably Safer. Identifying additional enabling factors (or destabilizing factors) that move women’s sense of safety along the continuum would greatly enhance the meaning and depth of this study’s emergent theory of safety. Furthermore, examining if there is a prioritizing or hierarchal approach to securing safety would elucidate relationships between domains of safety and enabling factors.

3. A number of women in this study spoke about the incredible healing they received from participating in peer support work – as both the consumer and the peer support worker. The importance of giving back, purposing the experience of IPV, providing peer support work; these themes emerged from the stories of women who were well into their healing. The importance of peer support work and connecting with other survivors suggests a participatory action research project engaging women who experience IPV to work as peer researchers exploring, sharing, and discussing notions of safety and features of safety would not only be feasible, but born from the narratives of women in this study. This type of inquiry (i.e., peer-to-peer research) could open the door to more candid discussions about safety needs – especially related to interactions with formal systems – as they would be connected with other researchers who ‘get it’.

4. As outlined in the Limitations section, all women in this study were separated from their partner, without any plan of reconciliation. While the findings of this study illustrated a clear relationship between securing physical safety and relationship termination, it would be worthwhile to determine if women are able to secure a measure of safety with a partner who
has received batterer intervention treatment and/or ceased all abusive, coercive, controlling behaviours (regardless of receiving or not receiving intervention). Essentially, can women achieve a sense of safety once an abusive partner has stopped using abusing behavior? This might also garner more insight into the value and role of love in violent relationships. Are feelings of love preserved and sustained when violent behaviours are eliminated?

33 Conclusion

The aim of this research was to conceptualize and theorize about the construct of safety among women who experience IPV, from women’s points-of-view. While the data provided a rich and unique understanding of conditional safety, there remains much to learn, and much to do, with respect to making positive and impactful change in the lives of women. Ideally, theorizing about safety will contribute to our collective knowledge and propel social work practice toward new ways of doing protection planning and survivor-informed advocacy. As one participant remarked: “There are times when I get stuck, could you prop me a bit? I don’t need the answers, they’re all in here. They’re all in here” (P06). Infusing our social work knowledge and practice frameworks with survivor-driven, empirical evidence can only strengthen our allied work while simultaneously honouring the strength and capacity of women.
34 References


146


Hancock, A. M. (2007b). When multiplication doesn’t equal quick addition: Examining intersectionality as a research paradigm. *Perspectives on Politics, 5*, 63-79.


Hyden, M. (2005). "I must have been an idiot to let it go on": Agency and positioning in battered women's narratives of leaving. *Feminism & Psychology, 15*(2), 169-188. doi: 10.1177/0959353505051725


156


Popay, J., Rogers, A., & Williams, G. (1998). Rationale and standards for the systematic review of qualitative literature in health services research. *Qualitative Health Research, 8*(3), 341-351.


Appendices

Appendix A. Recruitment flyer

Woman Abuse & Safety Research Project

Doctoral candidate Jennifer Root at the Faculty of Social Work, University of Toronto is conducting a study to better understand the experiences of women who have been in an abusive relationship.

If you are interested in sharing your experiences about how you keep yourself safe, and answer YES to following three questions, please consider participating in this study. The information you provide will be used to create better responses when assisting other women in abusive relationships.

- Have you been in an abusive or hurtful intimate relationship?
- Are you a woman over age 18?
- Would you be willing to discuss your experiences in a confidential, individual interview?

For more information, or to schedule an individual interview, please contact Jennifer Root at: (416) 554-4613 or jenn.root@utoronto.ca

All messages are confidential. Please leave a message with your first name, and where and when you can be contacted.

Participants will receive a $30.00 gift card for their time.
Appendix B. Demographic form

Demographic Information Sheet

The information you provide will be kept confidential and will only be reported in a summarized manner - not on an individual basis. You may skip any questions.

1. Your age: _________________

2. Number of children: ________

These questions are about the person who hurt you.

3. Your relationship status (choose one):
   - Together
   - Separated, hoping to reconcile
   - Separated, not planning to reconcile
   - Other: ____________________

4. Are you (choose one):
   - Unmarried/single
   - Married/Common law
   - Divorced
   - Widowed
   - Other ____________________

These questions are about your child(ren).

5. Where is your child(ren) currently living?
   - With you
   - With his/her other parent
   - In CAS care
   - With another family member/friend
6. How is the person who hurt you related to your child(ren)?
   - Biological father
   - Step father
   - Adoptive father
   - Unrelated (i.e., boyfriend/girlfriend)

These questions are about you.

7. How would you describe your ethnic identity?
   __________________________________________

8. Are you or have you been an immigrant or refugee?
   - Yes If yes, how many years have you lived in Canada? _______
   - No

9. Is English your first language?
   - Yes
   - No

10. What is your main source of income?
    - Social assistance
    - Full time employment
    - Part time employment
    - Other ____________
11. What is your current annual household income? (Please include child support and financial aid)
   - Less than $15,000
   - $15-24,999
   - $25-40,999
   - $41-57,999
   - $58-80,000
   - Over $80,000

12. Have you ever called 911 for help?
   - Yes
   - No

13. Please indicate if you have sought help from (check all that apply):
   - Women’s shelter
   - Police services
   - Emergency healthcare
   - Counselor/social worker
   - Child protection worker/CAS
   - Friend
   - Family member
   - Neighbor
   - Priest/spiritual leader
   - Other__________
14. Please indicate the highest level of education you have completed.

- Grade 0-8
- Grade 9-11
- High school or GERD
- Some College/University
- College/University Graduate
- Post-Graduate

The following questions are about your previous and current experiences of being hurt.

15. Have you experienced any of the following in your life? (Please mark as many as apply):

**Physical abuse**

<table>
<thead>
<tr>
<th>As a child:</th>
<th>As a youth:</th>
<th>As an adult:</th>
</tr>
</thead>
<tbody>
<tr>
<td>By parent</td>
<td>By parent</td>
<td>By partner</td>
</tr>
<tr>
<td>By relative/family friend</td>
<td>By relative/family friend</td>
<td>By stranger</td>
</tr>
<tr>
<td>By stranger</td>
<td>By stranger</td>
<td>By friend</td>
</tr>
</tbody>
</table>

**Sexual abuse**

<table>
<thead>
<tr>
<th>As a child:</th>
<th>As a youth:</th>
<th>As an adult:</th>
</tr>
</thead>
<tbody>
<tr>
<td>By parent</td>
<td>By parent</td>
<td>By partner</td>
</tr>
<tr>
<td>By relative/family friend</td>
<td>By relative/family friend</td>
<td>By stranger</td>
</tr>
<tr>
<td>By stranger</td>
<td>By stranger</td>
<td>By friend</td>
</tr>
</tbody>
</table>
16. Are there other types of harm or abuse you’ve experienced in your relationship you would like to share?
Appendix C. Interview guide

Interview Guide

Background & Experiences

A. Relationship & patterns of abuse
   1. Could you describe your experience in an abusive relationship?
   2. When did you begin to consider the relationship hurtful or abusive?
   3. Did the abuse change over time?
   4. Were you afraid of your partner? Do you continue to be afraid?

B. Perspectives on safety

5. Did you ever feel safe during your relationship?

<table>
<thead>
<tr>
<th>Yes/Maybe</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>During the relationship, what made you feel safe? Has that changed over time?</td>
<td>What would have to happen in your relationship to make you feel safe?</td>
</tr>
<tr>
<td>What would you say is the main thing that contributed to feeling safe?</td>
<td>If you were to imagine a time and place where you felt completely safe, what would contribute to that picture?</td>
</tr>
<tr>
<td>• Preventing further physical harm?</td>
<td>• neighbourhood/city/country?</td>
</tr>
<tr>
<td>• Preventing emotional/psychological harm?</td>
<td>• family/friends/neighbours/coworkers?</td>
</tr>
<tr>
<td>• Financial stress?</td>
<td>• employment?</td>
</tr>
<tr>
<td>• Maintaining the family unit?</td>
<td>• Child safety?</td>
</tr>
<tr>
<td>• Harm/threat of harm to children?</td>
<td>• service providers?</td>
</tr>
<tr>
<td>• Staying in your home?</td>
<td>• safer staying in the relationship?</td>
</tr>
<tr>
<td>• Being close to friends and support?</td>
<td>• feel safer out of the relationship?</td>
</tr>
<tr>
<td>• Loss of relationship/love/loneliness?</td>
<td></td>
</tr>
</tbody>
</table>
| When you’ve felt safe from harm, how would you describe the **feelings** you have? | If someone – a professional or a friend or a family member - could do one thing to make you feel safe what would it be?
5. At this time in your life, do you feel safe? How is it the same/different than when you were in the relationship?

6. Does the type of abuse you experienced contributes to your definition of safety?

7. When people like me ask you “do you feel safe” – what do you think we mean? (Prompt: if you had to read between the lines, what do you think they’re REALLY asking you when they say “are you safe?”; what do you think they want to know about?)

C. Help-seeking

10. Have you sought the help of others to manage the abuse/violence?
11. What do you expect to happen when you ask for help?
12. Why would that make you feel safe?
13. In general, do you prefer to manage your experience of abuse on your own or with the help of others? Is this choice related to a sense of safety?
14. Do you think others have an understanding of what makes you feel safe?
15. Has anyone ever offered to do a ‘safety plan’ with you? What did that conversation/plan entail?
   a. Did having a safety plan contribute to you feeling safe/unsafe? In what ways?
   b. Did you ever implement your safety plan? Did you feel safe/unsafe following?

D. Coping & Resistance

17. When you’re feeling unsafe, how do you respond to those feelings in the moment?
   a. Are there things you do? What kinds of things/strategies?
   b. Are these strategies successful?
   c. When you’ve used various strategies, do they make you feel safe? Unsafe?

18. If his/her behavior were to change tomorrow – no more violence/control/harm – in your mind, would that mean you’re safe?
Appendix D. Information letter and consent form

Research Information Sheet and Consent Form

Research Project Title:

Safe and Sound: Developing a theory of safety among women who experience intimate partner violence

Investigator:

Jennifer Root, PhD Candidate, Factor-Inwentash Faculty of Social Work, University of Toronto
jenn.root@utoronto.ca
416-554-4613

Supervising Faculty:

Dr. Ramona Alaggia, Factor-Inwentash Faculty of Social Work, University of Toronto

Funding Agency:

Social Sciences and Humanities Research Council of Canada (SSHRC)

You are being invited to participate in a study about safety in relationships. Participation is completely voluntary and there are no consequences for choosing not to participate. This information sheet & consent form, a copy of which will be left with you for your records and reference, is part of the process of informed consent. It gives you information about the research project and what participation involves. Please feel free to ask any questions you may have. Please take the time to read this carefully and to understand any accompanying information. If you have any concerns about the way in which the study is being conducted, you can speak to someone who is not involved in the study at all, but who can advise you on your rights as a participant. You can contact Daniel Gyewu, research ethics officer at the University of Toronto, at (416) 946-5606 or d.gyewu@utoronto.ca.

What is the purpose of this study?

A large number of women in Canada experience violence, abuse, and harm in their intimate relationships. There are numerous services across Toronto aimed at supporting women during
these stressful and potentially dangerous times, however little is known about what makes women feel safe. The majority of helping services are designed to prevent further physical harm to women and their children. But is preventing physical harm the central feature of feeling safe? The purpose of this study is to speak directly with women in order to learn more about what makes them feel safe in the context of an abusive relationship. Ideally, this type of information can be utilized to inform the services and programs developed to stop violence in relationships. This study has three goals: 1) to understand the various ways women describe safety, 2) to explore how women’s definition of safety influences help-seeking behavior and coping, and 3) to understand how women arrive at feeling safe.

**Do I have to take part?**

No. Participation is completely voluntary. It is up to you to decide whether or not to take part. If you are currently accessing services related to violence or relationship difficulties, your choice to not participate will have no negative impact on receiving these services. Furthermore, you are free to withdraw at any time and without giving a reason. If you do decide to take part, please keep this information sheet for your reference.

**What will happen if I do take part?**

If you decide to take part, you will be asked to complete a brief questionnaire prior to an individual interview. The questionnaire is meant to gather general information such as your age, relationship status, education, income, and types of abuse. It should take about 10 minutes to answer the questions. In addition to completing the questionnaire, you will participate in a one-on-one individual interview with the investigator, Jennifer Root. The interview will be approximately 60 to 90 minutes in length. Interviews will be scheduled at the University of Toronto, in a private, secure location or, if you prefer, a location of your choosing.

**What will happen during the interview?**

You will be asked a series of questions related to the harm you have experienced in your intimate relationship. These questions will explore topics such as safety, help-seeking, abuse, and coping. These interviews will be audio recorded for later transcription. No identifying information (i.e., names/places) will be transcribed.

**What are the possible disadvantages and risks of taking part?**

It’s possible you may find some of the questions upsetting or difficult to answer. You can skip answering any questions that make you feel uncomfortable. If you do become upset or
uncertain continuing the interview, please let the investigator know. The researcher will ask how you would like to proceed, including stopping the interview. The researcher will also ask you about your interest in being connected with supportive services to manage your discomfort. Contact details for these services will be made available to you.

**What are the possible benefits of taking part?**

There are no direct benefits for the individuals who take part in the study except that some people feel good about contributing to a study that may help others in your situation. Completing the questionnaire and interview can be time consuming and to honour this time commitment a 30$ gift card is being offered to you, if you choose to participate.

**Will my taking part in the study be kept confidential?**

All information collected about you for the study will be kept confidential. Your name (first name only) and/or any other information that might identify you will not be included in any of the transcribed materials. However, there are some situations that I cannot keep confidential. These are: if you tell me of a child under 16 who is being hurt or at risk of being hurt, wherein I will be obliged to contact professionals (e.g., Children’s Aid Society and/or police) to respond to the situation and assess the risk of harm. As well, there is a remote possibility that transcripts or investigators can be subpoenaed for legal purposes however precautions to provide anonymity will be undertaken. To minimize this risk I will catalogue and store the interview tapes and transcripts by identification numbers.

**What will happen with the results of this study?**

The findings of this study will be written up as part of the investigator’s doctoral dissertation. Also, the findings will be shared with various community service providers in the form of practice guidelines and program development recommendations. Ideally, new information gathered through this study will be used to educate helping professionals about women’s definition of safety. By broadening their understanding, programs and services can be transformed and improved.
Informed Consent Form

I understand:

☐ My participation in this study is completely voluntary. I can decline to participate in the study at any time. Any services I may be receiving will not be impacted should I decline to participate.

☐ I will participate in a 60 to 90 minutes individual interview with Jennifer Root at the University of Toronto or in a location of my choosing.

☐ Unless I request otherwise, my responses to the interview questions will be audio-recorded and transcribed verbatim. All identifying information will be removed. The transcripts will remain in a secure and locked cabinet at the University of Toronto.

☐ My responses will be combined with other participants’ for research purposes and de-identified quotes will be included in resulting publications.

☐ The potential benefits and risks associated with this study and know the information will be kept confidential and will not be given to anyone unless required by law to do so.

☐ Jennifer Root is a doctoral candidate at the University of Toronto Factor-Inwentash Faculty of Social Work who is conducting a study about women’s understanding of safety in the context of abusive relationships.

☐ I can direct any questions to the Investigator, Supervising Faculty, and/or Research Ethics manager as listed on the information sheet.

Based on my review of the Information Sheet and the above listed statements:

☐ I CONSENT  ☐ I DO NOT CONSENT

Participant Name (Please print)  Participant Signature  Date

I confirm that I have explained the nature of the study to the participant named above. I have answered their questions.

Name  Signature  Date
### Appendix E. Codes, categories, and sub-categories

<table>
<thead>
<tr>
<th>Focused Codes</th>
<th>Axial categories</th>
<th>Core sub-categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing</td>
<td>1. Accessing financial means</td>
<td></td>
</tr>
<tr>
<td>Economic security</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintaining familiarity</td>
<td>2. Protecting self</td>
<td><strong>Seeking Safety</strong></td>
</tr>
<tr>
<td>Managing abusive partner</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decreasing proximity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No physical harm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shielding children</td>
<td>3. Protecting others</td>
<td></td>
</tr>
<tr>
<td>Protecting pets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I want to be me</td>
<td>4. Feeling safe inside</td>
<td></td>
</tr>
<tr>
<td>I was an eagle</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inside I don’t feel safe</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Loss of love</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I’d have power</td>
<td>5. Having power</td>
<td></td>
</tr>
<tr>
<td>Agency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Finding voice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Freeing self from blame</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Standing up for self</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Being me</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mend rather than end</td>
<td>6. Preventing loneliness</td>
<td></td>
</tr>
<tr>
<td>Loving despite</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Losing or losing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weighing risks</td>
<td>7. Towing the line</td>
<td></td>
</tr>
<tr>
<td>Rolling the dice</td>
<td>8. Looming threat of perpetrator</td>
<td><strong>Provisionally Safe/Unsafe</strong></td>
</tr>
<tr>
<td>You never really know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Navigating oppressive systems</td>
<td>9. (Un)availability of resources</td>
<td></td>
</tr>
<tr>
<td>Wanting not finding support</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brick by brick</td>
<td>10. Accessing personal strengths</td>
<td><strong>Considerably Safe(r)</strong></td>
</tr>
<tr>
<td>It’s wrong, it’s not okay</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Finding space/time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Honoring intuition</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acquiring knowledge</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Having connection</td>
<td>11. Purposing experience of IPV</td>
<td></td>
</tr>
<tr>
<td>Making a difference</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Testing waters</td>
<td>12. Forging new relationships</td>
<td></td>
</tr>
</tbody>
</table>