

**RESILIENCY IN THE FACE OF INTERPARENTAL VIOLENCE: A QUALITATIVE
INVESTIGATION**

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By

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ABSTRACT

Childhood exposure to family violence is a risk factor for dysfunctional intimate relationships in adulthood (e.g., Fagan & Browne, 1994). Family violence research has commonly utilized Social Learning Theory to explain cross-generational patterns of family violence. However, not all individuals who experience a violent home environment become abusers or victims in their parental or marital roles (e.g., Duffy & Momirov, 1997), which illustrates resiliency - positive adaptation or development in spite of serious threats or significant adversity (Masten, 2001). Considering strengths and resources, rather than risks and vulnerabilities, is relatively new in the field of family violence. Consequently, a basic interpretive qualitative research design (Merriam, 2002) was utilized to investigate the experiences of three heterosexual women who self-identified as (a) having observed a pattern of interparental violence in childhood and (b) currently being in non-violent intimate adult relationships. The study's purpose was to describe and understand this phenomenon, with special attention given to identifying possible resiliency and protective factors. Interviews were conducted on multiple occasions and transcripts were analyzed in terms of Kearney's (2001) shared meaning and descriptive categories. The shared meaning involved the role of emotional work required, and the descriptive categories included five themes (i.e., Diverse Experiences of Family Violence, Family Violence is Always with You, Complex Daughter-Mother Relationships, Understanding and Making Sense of Healthy Relationships, and Sources of Strength and Positive Influences). Findings are described alongside implications for counselling practice and future research.

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Resiliency in the Face of Interparental Violence: A Qualitative Investigation

Chapter 1: Introduction

Once an issue deemed appropriate only for the private sphere of the family and home environment, family violence is no longer a silent social issue. Family violence was brought to Canadians' attention throughout the 1970's and 1980's with the implementation of shelters and transition homes for battered women and their children, and with various changes in legislature regarding wife battering. The term 'rape' was replaced by the broader term 'sexual assault', which included unwanted touching (i.e., acts not involving penetration), and it became possible to prosecute spouses (Wright & Miller, 2005). Furthermore, it was recognized that family violence is not uncommon and that it affects all levels of socioeconomic status and ethnic backgrounds (Davidson, 1978; Roy, 1977; MacLeod, 1987; Koss et al., 1994; Fletcher, 2002). For example, the Department of Justice (Government of Canada, 2004) reported that in 1999 approximately half a million children in Canadian households had seen or heard one parent being assaulted by the other (i.e., interparental violence), typically female by male. Both short- and long-term detrimental consequences exist for men and women reared in homes characterized by family violence, including depressive, self-destructive, and criminal behaviour.

Biological, sociological, psychological, and anthropological theoretical frameworks have been used to explain violence (Campbell & Humphreys, 1993). Nonetheless, Bandura's (1973) social learning theory, a psychological framework, has predominated family violence research (Chung, 2005). Specifically, the last 30 years of research on family violence has identified a pattern of intergenerational transmission, commonly explained by social learning theory with an emphasis on social modeling. The premise of social learning theory is that patterns of behaviour

can be acquired either through direct experience or by observing the behaviour of others. Two presumptions regarding the cyclical nature of interparental violence include:

1. A male abusee grows up to be the abuser in his intimate adult relationship or family of procreation; and,
2. Females who witness their mothers being abused will become victims themselves in adulthood (Herzberger, 1990; Jaffe, Wolfe, & Wilson, 1990; Fagan & Browne, 1994; Koss et al., 1994).

However, not all individuals who experience a violent home environment become abusers or victims in their parental or marital roles (Duffy & Momirov, 1997; Egeland, 1993; Kaufman & Zigler, 1993; Knutson & Mehm, 1988). This finding reflects the concept of resiliency, which is defined as positive adaptation or development in spite of serious threats or significant adversity (Masten, 2001; Luthar, Cicchetti, & Becker, 2000), and the role of protective factors. This shift in focus considers strengths and resources, rather than risks and vulnerabilities, and is a relatively new perspective in the field of psychology.

Scholars such as Spanier (1989), Widom (1989), Egeland (1993), Kaufman and Zigler (1993), and Jackson (1999) have suggested the need to examine resiliency and protective factors within family violence research, yet this line of research remains understudied. The current literature on women and violence continues to be inundated by social learning theory. Another perspective on the transmission of interparental violence, such as the resiliency framework, needs to be considered. Therefore, what factors contribute to individuals with a history of interparental violence not becoming abusive towards their partner and/or children? What factors contribute to women developing non-violent, healthy intimate adult relationships despite their

exposure as children to volatile interparental violence? An empowering alternate perspective may be introduced through research that explores resiliency and protective factors.

Current Study

The current study focused on the experience of women who identified with a childhood history of interparental violence and developed non-violent heterosexual intimate adult relationships. The purpose of the study was to describe and understand this phenomenon, with special attention given to the identification of possible resiliency and protective factors. A qualitative research design was most appropriate, given the exploratory nature of the study (e.g., Morse & Richards, 2002) and my interest in obtaining rich descriptive data (e.g., Jackson, 1999).

The research question that guided this inquiry was as follows: What is the experience and meaning of developing a non-violent, heterosexual, intimate adult relationship for women who, as children, observed a family pattern of interparental violence?

Chapter 2: Literature Review

This chapter provides a literature review conducted to examine existing research regarding intimate relationships, family violence, social learning theory, and resiliency. First, research into healthy, non-violent intimate relationships is described. Second, both behavioural and psychological repercussions of exposure to family violence in childhood and later adult years, such as depression, criminality, violence and/or mistrust in future intimate relationships (MacLeod, 1987; Finkelhor, 1990; Smith, 1996; Feerick & Haugaard, 1999) is delineated. Third, Bandura's (1973) social learning theory and the resulting negative narrative of intergenerational transmission as the dominant theoretical perspective utilized for family violence research will be described. Finally, a description of a resiliency framework, that is positive and empowering, will be described in order to understand why intergenerational transmission of family violence does not hold true for all individuals exposed.

Characteristics of Healthy Intimate Relationships

The examination of intimate adult relationships has been primarily conducted in evolutionary or social psychological research (Wade & Cirese, 1991; Fletcher, 2002). Undoubtedly, a healthy intimate relationship is characterized by an absence of physical, sexual, verbal, psychological, or financial abuse, but what qualities positively define a healthy relationship? Fletcher (2002) discussed that 'successful' relationships are defined in two ways: a) extent to which relationships survive (i.e., stability), and b) perceptions of relationship quality by partners in ongoing relationships. Previous research has also examined the role of self-disclosure, personal validation, love and affection, and conflict resolution in healthy relationships. Although there is not a full scientific consensus amongst academics as to what

comprises a 'good' adult relationship (Hassebrauck, 1997), there are some common themes, such as intimate self-disclosure, warmth, loyalty, trust, communication, and conflict resolution.

A 1988 literature review by Clark and Reis reported that perceptions associated with self-disclosure constituted the defining characteristics of intimacy. That is, intimate relationships are characterized by feelings of being understood, cared for, and validated, which are feelings that result from a romantic partner's self-disclosure. For example, Hassebrauck (1997) had male and female college students ($N = 120$) describe what characteristics they felt distinguished a good romantic relationship. Sixty-four characteristics were identified. The most frequently reported characteristics were trust (60.0%), followed by tolerance (35.8%), similar interests (32.5%), having and allowing for freedom (29.1%), understanding (26.6%), and love (25.8%). However, there were gender differences, as male participants were more likely to report characteristics associated with harmony, such as few quarrels and deferral of partner's wishes as central to an intimate relationship. In contrast, female participants were more likely to name characteristics associated with an open, equal, and dialogue-oriented relationship, such as paying attention to one's partner, displaying emotions, and talking with each other.

Similar to Hassebrauck (1997), Fletcher and colleagues (2002) also had male and female college students identify characteristics associated with their perceptions of an ideal partner. Using factor analysis with the categories of items reported by the participants, results indicated a total of 49 items over three main categories. Specifically, both genders sought a) warmth and loyalty (e.g., understanding, supportive, considerate, kind, a good listener, sensitive), b) vitality/attractiveness (e.g., adventurous, nice body, outgoing, sexy, attractive, good lover), and c) status/resources (e.g., good job, financially secure, nice house or apartment, successful) in potential partners.

Van Horn et al. (1997) devised a comprehensive model of nine intimacy processes in adult relationships based on previous literature. These nine processes include: intimate self-disclosure (i.e., sharing of personal, private information with one's partner), descriptive self-disclosure (i.e., sharing of factual information with one's partner), receiving affection, enhancement of worth (i.e., feeling validated by the other partner), reliable alliance (i.e., having confidence in the relationship), experiencing companionship, receiving instrumental help, partner's perspective taking (i.e., feeling understood), and giving nurturance.

In their attempt to summarize the research findings on intimacy processes, Hook, Gerstein, Deterich, and Gridley (2003) conducted factor analyses with items purporting to measure intimacy ($N = 360$; 125 males, 235 females). Using items from the *Miller Social Intimacy Scale*, the *Personal Assessment of Intimacy in Relationships*, and the *Fear of Intimacy Scale*, the researchers found a four-factor solution. Factor one was self-disclosure (e.g., "I would feel comfortable telling ___ things that I do not tell other people"), followed by love and affection (e.g., "How important is it to you that she/he show you affection?"), personal validation (e.g., "My partner can really understand my hurts and joys"), and finally, factor four was trust (e.g., "I have held back feelings in previous relationships"; p. 470). It is also interesting to note that Hook et al. reported gender differences for two of the four intimacy factors. For both love and affection and personal validation, women scored higher than men. The researchers interpreted this finding by discussing that women, compared to men, place more emphasis on love, affection, expression of warm feelings, and emotional sharing in relationships as consistent with previous literature.

The way in which couples deal with inevitable conflict or problems that occur in relationships and how they communicate their subsequent thoughts and feelings to one another is

a critical element in determining the success of intimate relationships (Fletcher, 2002). However, Wade and Cirese (1991) pointed out that conflict does not mean that the couple has stopped loving each other or that the relationship is doomed. For example, Fletcher (2002) described two models of dealing with conflict in intimate relationships. The “good communication” model involves: a) partners freely expressing negative feelings and cognitions, although in a diplomatic fashion, b) dealing openly with conflict, rather than withdrawing, and finally, c) honestly attempting to solve the conflict or problems. If conflict or problems are not dealt with initially, then it is believed their effects will linger and disrupt the foundations of the relationship over time or return at a later date possibly in a more threatening form. In contrast, the “good management” model suggests that regular and open expression of negative thoughts and feelings is detrimental for relationships, and that good communication skills often involve compromise and accommodation to the partner’s behaviour. Moreover, the good management model suggests that relationships will always have conflict or problems many of which cannot be solved; therefore, people in successful relationships supposedly recognize them, accept them as unsolvable, and place them on the ‘cognitive backburner’ of their minds. Fletcher suggested that it is not healthy for partners to conform routinely to either model, and that one must also consider compatibility between partners’ choices of models (e.g., both partners adopt good management model vs. one partner adopts good communication and one adopts good management model).

As a caveat, one critical summary of the research on intimate relationships involves a combination of these characteristics previously described. Hassebrauck (1997) pointed out that no real-life relationship possesses all of these characteristics, and it is not realistic to expect there to be characteristics that correspond to all healthy relationships. Rather, most intimate relationships will possess some combination of these characteristics. Furthermore, Van Horn et

al. (1997) and Fletcher (2002) also highlighted that couples will vary in the importance attached to specific intimacy processes and characteristics.

Intimacy and Violence

Family violence as a broad term encompasses physical, sexual, emotional, and verbal abuse occurring within an individual's family of origin or procreation. The most current information from Statistics Canada (2005a) reported that children and young women are most at risk for family violence. For example, of the 15,000 sexual assaults reported to police in 2003, 61% of victims were aged 17 and under, girls were predominantly the victims (i.e., 80%), and family members accounted for almost half of the perpetrators.

Gendered Nature of Violence

It is imperative to recognize that violence is gendered and in most cases can best be understood in the context of gender inequality (Schwartz, 2005). Men are generally more aggressive and violent than women (Fletcher, 2002), and some scholars propose that the phrase 'male violence against women' is most appropriate rather than the phrase 'violence against women' (e.g., Koss et al., 1994). Research consistently demonstrates that males commit the most acts of violence, and although females exhibit some violent behaviour, it is far less prevalent and often done for very different reasons (Fletcher, 2002; Schwartz, 2005). For example, women are more likely than men to be injured and to express fear in response to intimate partner violence (Jackson, 1999; Schwartz, 2005; Smith, 2003). Statistics Canada (2005b) reported that the violence experienced by Canadian women tends to be more severe and occur more often – they are almost twice as likely as men to be threatened with, or have a gun or knife used against them, and are more likely than men to be killed by their spouses.

Previously, studies (e.g., Straus, 1979; Straus & Gelles, 1990) that utilized the *Conflict Tactics Scales (CTS)* purported that men and women had comparable rates of violence. However, Martin (2005) pointed out that the *CTS* is problematic; it does not differentiate among the degree of violence demonstrated. For example, verbal comments and homicide are treated similarly (Fletcher, 2002; Martin, 2005). Furthermore, the *CTS* fails to take into account the context, meaning, motivation, and consequences (e.g., severity of injuries sustained) of violence (Langhinrichsen-Rohling, 2005). Only recently has the *CTS* (i.e., *CTS2*; Straus, Hamby, Boney-McCoy, & Sugarman, 1996) been revised to examine the context, motivation, and consequences.

When women do engage in partner violence, their motivation is often driven by retaliation. Hamberger, Lohr, Bonge, and Tolin (1997) examined both men and women's motivations for physical violence in intimate relationships. They found that women's motivations for physical violence against their male partners included: retaliation for previous violence from their partner, retaliation for verbal and emotional abuse, self-defense, and escape. In contrast, men's motivations for violence against their female partners involved issues with domination and control, for example, punishment for unwanted behaviour, physical control, and coercive power. Thus, some violence perpetrated by women is committed in retaliation to their partner's violence. In summary, "men are bigger, stronger, and more skilled at inflicting violence than women; hence, acts of violence by men against women are bound to usually cause more severe injuries and physical damage than the same acts carried out by women against men" (Fletcher, 2002, p. 241).

Effects of Family Violence: Childhood and Adulthood Consequences

Detrimental ramifications have been demonstrated across the lifespan for individuals exposed to various forms of family violence. Immediate consequences may include boys who

exhibit aggression (i.e., externalizing behavior) and girls who exhibit depression (i.e., internalizing behavior) (Finkelhor, 1990). Long-term effects may include intimate adult relationships characterized by mistrust and sexual difficulties (e.g., Mullen, Martin, Anderson, Romans, & Herbison, 1994).

Childhood Consequences

Negative outcomes have been identified for children exposed to family violence, whether they have observed violence directed against mothers (i.e., indirect victims) or experienced violence directed at themselves (i.e., direct victim). Approximately 30 to 60% of children whose mothers are abused are likely to be abused themselves (Edleson, 2001). Some children observe violence directly, seeing their father or another intimate male partner threaten or physically assault their mother, or indirectly by overhearing this behaviour from another part of their residence (Jaffe et al, 1990). In addition, children may be exposed to the results of interparental violence without hearing or seeing any physical violence (e.g., child sees mother's bruises, child sees police officer arrest the perpetrator) (Black, 2000; Edleson, 2001). Rouse (1991) highlighted that children are emotionally drawn into interparental violence (e.g., son comforts his sobbing mother after an episode of violence) even when they are not physically abused themselves, and that interparental violence is often part of a dysfunctional family environment in which children are also directly abused. In summary, there are a myriad of ways to experience family violence other than being physically assaulted, and all forms of violence have implications for well-being.

Research has often focused on children's externalizing and internalizing behavioural problems stemming from exposure to family violence. Attala, Bauza, Pratt, and Vieier's (1995) comprehensive literature review reported that children from families with domestic violence

tended to have more emotional and behavioural problems than children from families not characterized by domestic violence. Comparison across 14 studies identified depression, physical aggression towards others, and academic difficulties as common experiences for children exposed to family violence (Attala et al., 1995). Similarly, Finkelhor's (1990) earlier literature review found that the most common symptoms associated with a history of childhood sexual abuse included fear, anxiety, depression, anger, aggression, self-destructive behaviour, substance abuse, and sexually inappropriate behaviour.

Adulthood Consequences

Long-term consequences in adulthood have also been identified. Maker, Kimmelmeier, and Peterson (1998) examined psychological functioning in regards to depression, trauma symptoms, suicidality, antisocial behaviours, and violence in dating relationships among women who witnessed interparental violence and experienced sexual and physical abuse in childhood ($N = 131$). Results indicated that women, who witnessed interparental physical violence and suffered childhood abuse, exhibited more antisocial behaviours (i.e., criminality, arrests, physical altercations), showed more symptoms of trauma (i.e., dissociation, anxiety, sleep disturbances), and were more depressed than the control group.

Childhood sexual abuse has been found to affect women's sexual functioning and intimate relationships in adulthood. Using both questionnaire and interview data, Mullen et al. (1994) found that their community sample of women ($N = 248$) with a history of childhood sexual abuse reported a disturbance in intimacy, with disturbances in meeting sexual needs as well as care and emotional needs. Results indicated that these women had difficulty trusting their current male partners, felt their partners were too controlling and uncaring, and finally, were less likely than controls to report being satisfied with their current sexual functioning (i.e.,

either too frequent to too infrequent sexual activity). Similarly, Smith (1996) found that undergraduate women ($N = 263$) with a childhood history of psychological and physical abuse reported mistrust and fear of intimacy (e.g., ability to disclose and share personal information, strong feelings about personal information disclosed, esteem for one's intimate partner) with their current spouse or dating partner. Smith proposed that psychological abuse by fathers induces anxiety about later intimate relationships with men. In summary, the family violence literature demonstrates the potential for not only short-term emotional and behavioural consequences during childhood, but also long-term, psychological consequences in adulthood including issues of trust in intimate relationships.

Pattern of Abuse in Adult Intimate Relationships: Intergenerational Transmission

Women's intimate adult relationships have been found to reflect a pattern of abuse similar to their childhood exposure of family violence. Hotaling and Sugarman's (1986) meta-analysis involving 52 studies found that witnessing interparental violence as a child was consistently associated with being a victim of marital violence in adulthood for women. Out of 97 potential risk factors (e.g., drug usage, dominance, self-esteem) for husband to wife violence, the only consistent risk factor for future marital violence among women was the witnessing of interparental violence in childhood.

MacLeod's (1987) national study on wife battering in Canada highlighted the pertinent role of interparental physical violence in childhood and later intimate violence in adult relationships. Women residing in shelters for battered women were interviewed, and shelter workers completed questionnaires. Results showed that 61% of the women residing in the shelters in 1985 were abused as children. One shelter worker wrote:

What really gets me down is seeing the daughters of women we sheltered and counselled ten years ago coming to us as battered wives. Even when their mothers 'got their heads together' and got away from the violence, their daughters are repeating the pattern. (p.33)

More recently, Hanna (2002) found that women, who were sexually or physically abused as children, were vulnerable to further abuse in later intimate adult relationships and struggled with issues of trust and self-blame. For example, 90% of the sexually abused and 54% of the physically abused women in her sample ($N = 86$) reported later partner sexual assault. Similarly, Maker et al. (1998) found exposure to both interparental physical violence and abuse in childhood was associated with violence in women's dating relationships. College women ($N = 131$) who reported exposure to interparental physical violence and childhood physical and sexual abuse experienced more intimate partner violence (e.g., threats, physical assault, use of a weapon or knife) than controls. DiLillo, Giuffre, Tremblay, and Peterson (2001) examined child sexual abuse and later intimate violence in adulthood using data collected from a community sample of low-income mothers ($N = 240$). Results indicated that women who reported a history of child sexual abuse, committed primarily by male family members, were twice as likely to have experienced male partner physical violence (e.g., being hit and kicked, threatened with a weapon, hit with objects, and battered physically) compared to women without a history of childhood sexual abuse.

Feerick and Haugaard (1999) also reported that interparental violence and childhood abuse affected later intimate adult relationships. A sample of undergraduate women ($N = 313$) completed questionnaire measures regarding familial mental health, experience of violence as a child and adult, physical and sexual abuse in dating relationships, symptoms of trauma, social avoidance and distress, post-traumatic distress symptoms, attachment styles, and current relationship functioning. Results indicated that 9% ($n = 27$) reported at least one incident of

interparental physical violence during childhood and that these women also reported more childhood sexual and physical abuse experiences compared to women reporting no interparental violence. Relationship functioning was also affected for women who witnessed interparental violence and experienced childhood abuse, as they scored lower on trust and security in regards to their intimate relationships. Finally, Banyard, Arnold, and Smith (2000) found that undergraduate women ($N = 219$) who experienced interparental violence and sexual abuse in their childhood were more likely to have experienced physical and psychological dating violence (e.g., insults, threats, throwing objects) in their later intimate adult relationships.

Social Learning Theory and Intergenerational Effects of Violence

It appears that women who experience interparental violence and suffer physical, sexual, or psychological abuse themselves as children are at-risk for abuse by their male partner or spouse in adulthood (Hotelling & Sugarman, 1986; MacLeod, 1987; Fagan & Browne, 1994; Duffy & Momirov, 1997; Banyard, Arnold, & Smith, 2000; DiLillo et al., 2001; Hanna, 2002). Many researchers have hypothesized that girls who witness their mothers suffer abuse by a husband or another intimate male partner may learn to expect and accept violence in their own intimate adult relationships (Duffy & Momirov, 1997; Fagan & Browne, 1994). This perspective is Bandura's (1973) social learning theory and its premise is that patterns of behaviour can be acquired either through direct experience or by observation of others' behaviour. Observing the behaviour of others also provides clues as to whether the action will be rewarded or punished when it occurs. For example, if children see a parent or partner gain status, domination, resources, or power by using violence, they will be more likely to use it.

Bandura (1973) argued that modelling plays an especially critical role in the 'rapid contagion' of aggression. That is, children in a violent and volatile family environment learn

vicariously through their parents' violent behaviour, and then transfer this learning of intimate violence to their adult partners. Campbell and Humphreys (1993) also explained:

When children are hit by their parents, even as a disciplinary measure, the child learns a powerful message. First, the parents are demonstrating that violence is an acceptable way to deal with conflict, and second, that love and violence are intertwined. (pp. 285)

Social Learning and Family Violence

Present research suggests that exposure to violence as a child, either as a witness of interparental violence or as a direct victim, is a precursor to violence in later parental or marital roles. This concept of intergenerational transmission in family violence is highlighted by Davidson (1978):

The witnessing children are the most pathetic victims of conjugal crime because their childhood conditioning will color their entire lives. All other input will be processed through the mire of the first marriage they ever saw and their earliest role models of husband and wife, father and mother. Daddy is cruel to mommy, who can't do anything to change it. (pp.119)

Moreover, Jaffe et al. (1990) suggested that a child who learns violent patterns of behaviour in his or her home environment will be more likely to engage in similar patterns later in life. It is assumed that physical violence in the home environment provides both a model for learning violent behaviour and a supportive environment that views such behaviour as appropriate. Duffy and Momirov (1997) described that male abusers learn from observing their fathers that violence is an appropriate and acceptable method of asserting control in the home environment, whereas girls who witness violence towards their mothers may be learning to both expect and accept violence in their future intimate relationships.

Critique of Social Learning Theory and Intergenerational Family Violence

Social learning theory (Bandura, 1973) and intergenerational transmission is a negative, yet dominant, narrative in family violence research. The influence of Bandura's theory has been

so persuasive that research has been limited in its breadth. Specifically, numerous researchers have utilized a social learning perspective (e.g., Fagan & Brown, 1994; Knutson & Mehm, 1988; Ney, 1992), but have failed to examine resiliency or protective processes.

Some researchers have alluded to the limitations of the social learning perspective because of the lack of convincing empirical support for the intergenerational transmission of family violence as the sole cause of family violence (e.g., Campbell & Humphreys, 1993; Chung, 2005; Dutton, 1999; Egeland, 1993; Kaufman & Zigler, 1993). That is, the presence of family violence in childhood does not mandate physical, sexual, or psychological adult perpetration, nor does the absence of family violence insulate against the possibility of family violence perpetration later in adult life in parental or marital roles (Duffy & Momirov, 1997; Dutton, 1999; Egeland, 1993; Kaufman & Zigler, 1993). Furthermore, Campbell and Humphreys (1993) discussed that social learning theory suggests a causal relationship between the observation of family violence and subsequent behaviour, yet a direct causal link has not been empirically established. Both Chung (2005) and Campbell and Humphreys (1993) also noted that social learning theory presumes individuals have little agency in the choices they make about their behaviour in intimate relationships. Specifically, Campbell and Humphreys (1993) explained: “social learning theory implies that once violence is modeled and observed, then violent actions will automatically follow, [thus], individuals are not allowed to change or grow after examining *how* the violence affects the victims” (p. 23).

Knutson and Mehm (1988) failed to demonstrate that a childhood history of physical abuse could predict coercion or violence in later intimate adult relationships. Using three diverse samples of women (i.e., college undergraduates, pregnant women in an obstetrical care facility, and mothers of children referred to a psychiatric clinic), participants ($N = 498$) completed both a

questionnaire and an interview. Results were unable to discriminate among women with a childhood history of physical abuse and intimate violence in their current relationship among those women without a history of physical abuse and currently experiencing intimate violence. Knutson and Mehm suggested that intimate violence in adult relationships may be multidetermined, thus, social learning theory does not adequately describe a causal link among family violence in childhood and later intimate violence in adult relationships.

Egeland and Susman-Stillman (1996) found that dissociative processes and symptomatology, rather than primarily social learning theory, play a role in the intergenerational transmission of family violence. Participants were recruited from a larger sample of low-income mothers receiving prenatal care through public assistance at a clinic ($N = 267$). Utilizing interviews and both in-home and laboratory observations, participants were coded into two groups: those who broke the cycle of family violence (i.e., “exception group”; $n = 14$) compared to those participants who did not (i.e., “continuity group”; $n = 10$). Interviews were also coded for dissociative symptoms (e.g., idealizations, denial, inconsistencies, avoidance, escapism). Participants completed the *Dissociative Experience Scale (DES)*, a self-report questionnaire, and the *Shipley Hartford Scale for Measuring Intellectual Impairment* to control for any possible IQ differences.

Results indicated significant differences for idealization, inconsistency, and escapism dissociative symptom variables. That is, mothers in the continuity group described the care they received as children in an idealized and inconsistent fashion compared to the mothers in the exception group. For example, for idealization, the descriptions were very positive and in some instances, “sounded like a fairy tale” (p. 1127), and their idealized version was incongruent with actual childhood experiences. Furthermore, for escapism, mothers in the continuity group

engaged in heavy use of alcohol and drugs at an earlier age and reported more suicide attempts. Significant differences were also reported on the *DES*, as mothers in the continuity group had significantly higher scores on dissociative variables than mothers who broke the cycle of family violence.

Egeland and Susman-Stillman (1996) proposed that dissociative processes need to be considered in understanding intergenerational transmission of family violence, as mothers who broke the cycle of violence recalled their childhood experiences in an integrative fashion and discussed their history in a way that sounded like it happened to them. That is, they did not avoid their experiences and they reflected on them in a way that was future-oriented, and understood that their past history was part of their identity. They also possessed clear beliefs about nurturance, discipline, and other aspects of caregiving; they were very aware of the hurt they experienced as children and made sure that this was not repeated with their children.

Kaufman and Zigler's (1987) review of the family violence literature found an average rate of intergenerational transmission of only 30%, which corresponds to 2/3 of adults who experience family violence in childhood not engaging in later violence in their own families of procreation. Subsequent reviews of family violence and intergenerational transmission literature (Widom, 1989; Herzberger, 1990) argued that the hypothesis 'violence breeds violence' is flawed based on methodology utilized in the violence research. For example, infrequent use of control groups, and self-report and retrospective accounts serving as sources of evidence dominate this line of research, and these methodological flaws lead to variable rates of intergenerational transmission, with rates as low as 7% to as high as 70%.

Due to social learning theory's (Bandura, 1973) inability to demonstrate intergenerational transmission as the sole cause of family violence, protective factors that allow individuals with a

childhood history of family violence to develop non-violent, intimate relationships in adulthood must exist.

A Resiliency Perspective

The last two decades of research in psychology have experienced a transition from a deficit-based model to a more resiliency-based model (Masten, 2001). Previously, research tended to focus on risk factors, such as difficult infant temperament, low birth weight, parental neglect, and parental psychopathology, which predisposed children reared in adverse environments to detrimental psychological outcomes. Today, psychologists rarely refer to risk factors without assessing protective factors as well.

Resiliency is referred to as a class of phenomena characterized by positive adaptation in spite of serious threats or significant adversity to adaptation or development (e.g., Masten, 2001; Luthar, Cicchetti, & Becker, 2000). Moreover, it is the observation of positive adaptation or development when one might expect problems or a disorder (Luthar, 2003). Initially, research suggested that children with good outcomes (e.g., high academic ranking, several friends, abstinence from alcohol and drugs) despite several risk factors (e.g., single parent environment, poverty) must possess some remarkable intrapersonal attribute (Masten, 2001). However, today the construct of resilience is recognized as a not uncommon phenomenon, which results from the operation of basic human adaptational systems, such as attachment, mastery motivation, self-regulation, cognitive development and learning, extended families, and religious systems (Masten, 2001). Development in the face of adversity is robust if these basic systems are functioning; however, if these systems are impaired, then the risk for developmental problems is much greater. A synopsis of resiliency research is best captured by the question: what makes a

difference in the lives of children threatened by adversity or burdened by risk? (Masten & Powell, 2003).

Resilience is an inference about an individual's life, based on two fundamental judgments (Luthar et al., 2003; Masten, 2001; Masten & Powell, 2003). The first judgment involves risk; that is, there must be previous or current significant risk or adversity to derail normative development. Risk factors are often based on conditions that are statistically associated with a higher probability of an adverse outcome in the future. For example, low socioeconomic status, massive community trauma, and parental divorce have been consistently identified as risk factors for later adverse outcomes, such as low level of education and unemployment (Masten, 2001). In the context of the present study, a paramount risk factor for experiencing violence in an adult intimate relationship involves witnessing interparental violence as a child (Hotaling & Sugarman, 1986). Moreover, the co-occurrence or accumulation of risk factors over time is related to an increased risk for detrimental outcomes. The second judgment involves whether the individual's developmental outcome is evaluated as 'good' or 'doing okay'. There is much debate around issues of what constitutes a good outcome. Some researchers define a good outcome as an absence of psychopathology (e.g., Conrad & Hammen, 1993), whereas other researchers define resilience as meeting major societal or cultural expectations in relation to age or behavioural characteristics (e.g., Elder, 1998).

It is pertinent to recognize that resiliency is not a child attribute that can be directly measured (Luthar, 1993). Rather, it is a process that is inferred from the dual coexisting conditions of high adversity and relatively positive adaptation. Moreover, resilience is not a uniform construct, in that high-risk children can display differing levels of success across different domains of adjustment (Luthar, 1993).

Protective Factors

Three broad categories of protective factors have been identified in the resiliency research: individual attributes, family qualities, and supportive systems outside the family (Luthar et al., 2003; Masten, 2001; Masten & Powell, 2003). Examples of individual attributes include positive temperament, good intellectual skills, and positive views of the self (Fergusson & Horwood, 2003; Masten & Powell, 2003). Some protective factors within a child's family include high warmth, cohesion, nurturance, and a supportive relationship with at least one parent. Finally, supportive systems outside the family may include an attachment with a confiding adult outside their immediate family, positive schools and communities, and even external interests and activities beyond the family, such as involvement in a religious youth group (Fergusson & Horwood, 2003).

Application of Resiliency in Family Violence and Women's Intimate Relationships

In the context of the present study, it is assumed that women with a childhood history of interparental violence can initiate and maintain non-violent, intimate relationships in adulthood. This assumption contrasts with the current popular narrative emphasizing the risk and negative outcomes for children who observe interparental violence. An empowering alternate narrative has positive implications for practice, theory, and research. For example, when counselling women with a childhood history of family violence, clinicians and clients can work collaboratively to highlight sources of strength (e.g., a supportive confidant, involvement with a religious affiliation) for these at-risk women in the cessation of intergenerational transmission of family violence.

Despite the detrimental psychological consequences of family violence, and the warranted need for effective counselling interventions, there is a paucity of both qualitative and

quantitative studies in the area of resiliency and family violence. To date, only two studies involving resiliency and family violence have been conducted (e.g., Bolger & Patterson, 2001; Davis, 2002), and even fewer exist with samples of adult women with a childhood history of interparental violence (e.g., Burton, 2003; Egeland, Jacobvitz, & Sroufe, 1988; Hall, 2000; Lake, 2002).

The Virginia Longitudinal Study of Child Maltreatment (Bolger & Patterson, 2001) examined resiliency in children aged 8 to 10 years who suffered parental abuse or neglect as identified by state social service records ($N = 107$). Participants completed questionnaires (e.g., *Multidimensional Measure of Children's Perceptions of Control*, *Classroom Adjustment Rating Scales*, *Iowa Test of Basic Skills*) designed to assess resiliency in four domains (i.e., internalizing problems, externalizing problems, peer acceptance, academic achievement). The researchers found that abused children, who identified with at least one reciprocal friendship and possessed an internal locus of control, were resilient in at least one of the four domains. Thus, Bolger and Patterson's study highlighted the role of supportive systems outside the family (i.e., friends) and intra-individual (i.e., internal locus of control) protective factors in abused and neglected children contributing to their resiliency.

Hall (2000) interviewed adolescent females (ages 11 to 13; $N = 9$) with a history of interparental and community violence. Results indicated that the local community centre was a resource associated with resiliency in their lives. For example, one participant described fleeing an episode of interparental violence by running to the community centre in the middle of the night. These girls all desired an escape from their abusive backgrounds as they wanted to pursue further education upon the completion of high school and have successful careers (e.g., teacher, carpentry, chemist). In addition, all but one of the participants described that they wanted to

avoid marriage and childbearing; that is, the “girls claim they are looking to the life of a single career woman as a way to circumvent the abuse that they see inscribed in future families or relationships with men” (Hall, 2000, p. 635).

Hall’s ethnographic study suggests that adolescent females with a history of interparental violence may seek to avoid intimate relationships in adulthood because of the threat of succumbing to intimate violence in their own future relationships. Specifically, her quotation demonstrates how this popular, yet negative, narrative of social learning theory and intergenerational transmission of family violence inscribes a notion of fear for individuals exposed to family violence in childhood. Therefore, there is a call to develop an alternate empowering narrative, such as a resiliency perspective.

Davis’ (2002) study specifically examined intimate partner violence and resiliency processes in adult women who left their male assailant. In her phenomenological study with adult women (ages 27 to 56 years; $N = 17$), data generation consisted of interviews regarding partner violence, outside resources (e.g., lawyers, ministers, social workers), and personal reflections of the violent experiences. Results indicated that these women experienced a range of physical, psychological, and sexual abuse by their male partners (e.g., shoving, degrading remarks, partner rape). However, the women were able to leave their abusers and results indicated that the women commonly identified intra-individual protective factors (i.e., spirituality, sense of humour, hope), family qualities (e.g., support from family members), and finally, supportive systems outside the family (e.g., close friends, community resources) as factors in facilitating the process of disengaging from the violent relationship.

These three studies on resiliency and family violence are promising, as they offer an empowering narrative in contrast to social learning theory and intergenerational transmission.

Nonetheless, they do possess some limitations. Bolger and Patterson (2001) only examined protective factors with a sample of abused or neglected children. Hall's (2000) study was limited because it is possible that the sample of adolescent females may change their views of dating and intimate relationships over time as they mature. Davis' (2002) study did involve older women (i.e., ages 27 to 56), but criteria for participation did not include a history of family violence in childhood.

Resiliency in Interparental Violence and Women's Intimate Adult Relationships

Further research is needed which examines women's intimate relationships in adulthood following childhood exposure to interparental violence. One such study, although dated, is Egeland, Jacobvitz, and Sroufe's (1988), which highlighted the pertinent role of a supportive person during childhood in terminating intergenerational transmission of family violence. Utilizing both questionnaire and interview data, Egeland and colleagues found that the women in their study ($N = 30$) who experienced physical violence as children, but were not violent towards their own children in adulthood, reported the presence of emotionally supportive relationships (e.g., "when I needed someone to talk to, my dad was always there") with relatives or foster parents during their childhood. More importantly, within the context of the present study, the women who experienced violence in their childhood reported a satisfying and emotionally supportive (e.g., characterized by nurturance, feeling cared for, absence of abuse, etc.) intimate relationship with their current partner in adulthood. They described their relationships as intact, stable, and satisfying. Egeland and colleagues' (1988) research demonstrated that their sample of adult women were resilient in that they were able to initiate and maintain non-violent, intimate relationships (i.e., length of relationships ranged from 1 to 5 years) in adulthood despite the risk factor of experiencing family violence in childhood.

An additional study, which examined childhood exposure to interparental violence and current adult dating relationships in both men and women ($N = 10$), is Lake's (2002) doctoral study. Using semi-structured interviews, she found that the women in her sample ($n = 5$), who did not become victims of intimate partner violence and identified their relationships as positive and loving, commonly identified two protective factors, a positive relationship with their mother and a supportive network of friends. During their childhood, the women tended to identify with their mothers, who were the victims, and distanced themselves from their fathers, who were the perpetrators. They continued to possess strong relationships with their mothers now as adults (e.g., "best friends"; p. 71). In addition, the women described how meaningful their relationships with friends, peers, and co-workers are, as these relationships are rewarding and "make life complete" (p. 83).

Another recent doctoral dissertation includes Burton's (2003) phenomenological study of men and women's exposure to interparental violence as children, and any resulting long-term effects on their current adult lives. She explored the impact that exposure to interparental violence (e.g., physical, verbal, emotional abuse; alcoholism) as children had on their lives now as adults focusing on coping and resiliency factors. Using two semi-structured interviews, participants ($N = 4$; 2 males, 2 females; ages 23 to 67) described their experiences of exposure to interparental violence, current intimate relationships, role of friendships or supportive individuals, and their interpretation of the impact of interparental violence on their current lives.

Results demonstrated several facets of resiliency in the participants' adult lives, such as in healthy intimate relationships, close friendships, and education (Burton, 2003). The two women in the study described positive relationships with their husbands and the development of stable home environments. For example, one woman (i.e., Ms. Stoic) had been married for 47

years at the time of the research and the other woman (i.e., Jo) was expecting her first child. The women articulated that they made conscious decisions not to marry alcoholics or controlling partners. Jo described her relationship with her husband as close and she talked about “his helping her to grow” (p. 164). That is, they spend a lot of time talking about their issues and when they do experience problems, they are able to work them out. The two women also discussed how they had close friendships in both their childhood and college years. Jo also described that although she developed bulimia and anorexia nervosa as an adolescent, now she places emphasis on healthy eating and cooking. In fact, at the time of the study, she was intent on enrolling in a culinary course. Burton’s quotation appropriately summarized her findings:

The major contribution to the literature is the finding that regardless of one’s childhood circumstances, one can transform and transcend those experiences. Not all children who were exposed to family violence have insurmountable problems in adulthood. These participants all spoke to the resiliency of human beings to be knocked down and to then get up and continue on with their lives. (pp. 213)

Summary

Research into the phenomenon of healthy intimate relationships has revealed that trust (Hassebrauck, 1997) and self-disclosure (Van Horn et al., 1997) are paramount. Exposure to family violence has both behavioural and psychological repercussions in childhood and later adult years, such as depression, criminality, violence and/or mistrust in future intimate relationships (MacLeod, 1987; Finkelhor, 1990; Smith, 1996; Feerick & Haugaard, 1999). Bandura’s (1973) social learning theory and the resulting negative narrative of intergenerational transmission is the dominant theoretical perspective utilized for family violence research. However, a resiliency framework that is positive and empowering also warrants attention in order to understand why intergenerational transmission of family violence does not hold true for all individuals exposed.

As demonstrated, current research in the area of family violence that utilizes a resiliency perspective is limited and, therefore, there is a warranted need to contribute to this growing understanding. Specifically, this basic interpretive qualitative study sought to address the research question: “What is the experience and meaning of developing a non-violent, heterosexual, intimate relationship for women who, as children, observed a pattern of interparental violence?”

Chapter 3: Research Methodology

Qualitative Inquiry

Qualitative or naturalistic inquiry is a blanket term designating a diverse range of research methods including ethnography, phenomenology, case study research, life history methodology, grounded theory, and narrative inquiry (Schwandt, 1997). Qualitative researchers strive to understand and make sense of phenomena from the participants' perspectives (Merriam, 2002) through field notes, interviews, conversations, photographs, recordings, and a researcher's journal (Denzin & Lincoln, 2000). Merriam (2002, p. 6) wrote: "all qualitative research is characterized by the search for meaning and understanding, the researcher as the primary instrument of data collection and analysis, an inductive investigative strategy, and a richly descriptive end product".

Merriam (2002) delineated several characteristics regarding the major constituents of a qualitative inquiry paradigm. First, qualitative researchers emphasize that individuals in interaction with their world socially construct meaning. In direct contrast to a quantitative research paradigm, qualitative researchers highlight the world or reality not as a fixed, single, agreed upon, or measurable phenomenon; rather, reality as multiple constructions and interpretations that are in a state of constant flux and change throughout time. Qualitative researchers are interested in understanding specific interpretations at a particular point in time and in a particular context. Second, in qualitative inquiry, the researcher is the primary instrument for data generation and data analysis. The researcher processes data immediately, clarifies and summarizes material, checks with participants for accuracy of interpretation, and explores unusual or unanticipated responses. Third, the qualitative research process is inductive, as researchers use data to generate concepts, hypotheses, or theories rather than deductively

deriving postulates or hypotheses to be tested. Finally, the end product of a qualitative inquiry is richly descriptive, as data in the form of words, quotations, field notes, documents, or participant interviews are used to convey what the researcher has learned about a particular phenomenon.

As outlined by Merriam (2002), a qualitative inquiry is most appropriate when the goal of a research project is to “understand a phenomenon, uncover the meaning a situation has for those involved, or delineate a process” (p. 11). Morse and Richards (2002) have suggested that research topics amenable to qualitative inquiry are those topics that either have been relatively ignored in the literature or require a new way of examining them. Furthermore, Jackson (1999) noted that using open-ended questions allow for more depth in understanding the consequences and meaning of violence. The purpose of the present study was to investigate heterosexual women’s experiences of interparental violence in childhood and their subsequent development of a non-violent, intimate adult relationship with a current male partner. In addition, I sought to describe the meaning these women attributed to these experiences. In utilizing a qualitative inquiry approach, I intended to develop an in-depth understanding of the participants’ experiences and meaning these women constructed from their experiences, with attentiveness to themes and language of resilience.

Feminist Research

What is feminist research? The primary characteristic of feminist research involves focusing on women’s diverse situations as well as the institutions that frame those situations (Denzin & Lincoln, 2000; Kvale, 1996). Feminist research approaches have in common a focus on the everyday world of women, work with methods appropriate for understanding the very lives and situations of women, and understanding is a means for changing the conditions studied

(Kvale, 1996). McCormick and Bunting's (2002) review of the literature outlined several characteristics of feminist research:

- a) a valuing of women and attaching validity to their experiences, ideas, and needs;
- b) a recognition of the conditions that oppress women;
- c) a desire to bring about social change through criticisms and political action;
- d) women and issues of gender are the central concern;
- e) research questions and answers are for the benefit of some groups of women rather than simply about women;
- f) women's current and historical context relevant to the research variables (e.g., reproduction, political implications) are recognized;
- g) there is an emphasis on subjectivity and women's context of experiences;
- h) there is a collegiality and mutual dialogue between different levels of the research team and between the researchers and the participant women;
- i) interactions are nonhierarchical in nature and structure;
- j) reflexivity, the self-questioning of the researchers' assumptions and biases, is ongoing;
- k) flexible open boundaries are honoured;
- l) there is a recognition that bias is impossible to eliminate completely. (p. 822)

The current research study is situated in a qualitative feminist research orientation because of its primary focus on women's experiences and the research method utilized. First, the research focused on the participants' everyday world of their experiences of interparental violence in childhood and development of healthy, intimate relationships in adulthood. Second, open-ended interviews as the primary method of data generation allowed for mutuality and nonhierarchical interactions between the researcher and the participants.

Basic Interpretive Design

Merriam's (2002) method of basic interpretive qualitative research was utilized to explore and understand participants' experiences of interparental violence and their subsequent development of non-violent, intimate adult relationships. In a basic interpretive design, the

researcher is interested in understanding how participants make meaning of a specific situation or phenomenon (Merriam, 2002) without adhering to a guiding set of philosophic assumptions, such as in grounded theory (Caelli, Ray, & Mill, 2003). A researcher seeks to discover and understand a phenomenon, a process, the perspectives, and worldviews of the people involved (Merriam, 2002). Data is collected through interviews, observations, or document analysis, and is analyzed by identifying recurrent patterns or common themes within the data. Furthermore, the qualitative researcher works inductively with the data and presents the findings descriptively as to convey the findings accurately. A basic interpretive design possesses all of the previously described characteristics of a qualitative inquiry, but does not have an additional purpose such as the creation of new theoretical concepts as in grounded theory (Merriam, 2002).

Participant Selection

In the current study, purposeful sampling was used to obtain information-rich cases (Merriam, 2002; Morse & Richards, 2002). In qualitative inquiry, researchers deliberately select participants so that the phenomenon under study is described and revealed by participants who are knowledgeable within the area of investigation and are willing to participate (Morse & Richards, 2002). Participants included three adult heterosexual women who self-identified as having observed interparental physical violence as a child and currently in a non-violent, intimate relationship. Final sample size was determined by the quality of participant experiences as demonstrated by participants' ability to reflect on and report their experiences of past interparental violence and current intimate relationships. Criteria used to determine participant eligibility included:

- a) Gender: All participants were female.
- b) Age: All participants were over 35 years of age.

- c) Experience: Participants had observed physical violence (e.g., hitting, kicking, throwing objects, etc.) between her parents during childhood or adolescence.
- d) Sexuality and Relationship Status: Participants were currently in heterosexual cohabiting or marital relationships that they identified as non-violent.
- e) Duration of Relationships: Participants had been in these relationships for a minimum of 12 months.

Participants were recruited through a “Call to Participate” notice (refer to Appendix B).

The notice was posted on the University of Saskatchewan campus located in the city of Saskatoon, Saskatchewan, Canada. In addition, the notice was posted throughout the city of Saskatoon, such as in local libraries, women’s workout facilities, doctors’ offices, and recreational centres. The poster described the research project and provided the researcher’s contact information. In order to obtain a diverse sample and allow for rich, in-depth data, it was hoped that by posting the notice both on campus and throughout the city of Saskatoon, participants would vary in age (i.e., 35 years and older) and length of time in their intimate relationship. Potential participants were screened via phone or email in order to determine if they met participation criteria (refer to Appendix C). If participants met participation criteria, a mutually agreed upon date and time for the first interview was established. It is important to note that one participant was 34 years old at the time of the first interview. The purpose of the age criterion was to establish maturity and until this individual expressed interest, there were no other participants to date. Committee members were in agreement to proceed with the interview.

Data Generation

Following the recruitment of participants, each participant met with the researcher for two individual, open-ended interviews. All interviews were conducted in a research laboratory

on campus. Prior to the interview commencing, participants signed the consent form, indicating that they were informed of the purpose and procedures of the study and their rights, including the right to withdraw at any time (refer to Appendix D). The interviews were audiotaped and transcribed verbatim, and the researcher completed a summary, based on the interview. Each interview consisted of the researcher asking some open-ended questions and prompts (Kvale, 1996), such as “What prompted you to respond to the advertisement?”, “How is your relationship like your mother and father’s?” “How is it different?”, “What events or people in your life have affected your ability to establish and maintain your current healthy relationship?”, and “How do you think your experience of parental violence affected your present intimate relationship?” (refer to Appendix E). Following the interview, the participants were verbally debriefed and thanked for their participation. A second interview date and time was established approximately 8 to 10 weeks later. During the second interview, participants reviewed the summary and transcript from the first interview as part of member checking. Participants then signed the transcript release form (refer to Appendix F). Following review of the summary and transcript, follow-up and clarification questions from the first interview were addressed.

Data Analysis

Kearney (2001) discussed five categories of levels and applications of qualitative health evidence. Even though her article was directed at health research specifically, her work transfers well in regards to data analysis for the present basic interpretive design. Two of her five categories, descriptive categories and shared pathway or meaning, were particularly appropriate.

Formulating descriptive categories involves presenting the findings in a series of labeled data categories (Kearney, 2001). Clusters of data are labeled with brief headings that indicate the topic or type of data contained therein. This method of data analysis is beneficial in

exploratory research and holds the potential to lay the foundation for future research (Kearney, 2001). Descriptive categories are associated with high levels of discovery, and a high level of discovery is obtained when a new perspective of a phenomenon is portrayed through the presentation of vivid and informative data in clear and helpful set of categories.

A shared pathway or meaning category captures the commonality, core, or essence of the experience by the researcher (Kearney, 2001). This involves a researcher's interpretation of the findings synthesized into a shared experience or process. Concepts and themes throughout the data are integrated into a linked, logical, and holistic portrayal.

Evaluation Criteria

In order to establish trustworthiness for the present basic interpretive design, the study incorporated both traditional and relational evaluation criteria. Traditional evaluation criteria for qualitative inquiry included credibility and auditability (Lincoln & Guba, 1985).

Positionality/standpoint judgments, critical subjectivity, reciprocity, voice, sharing perquisites of privilege, and community as arbiter of quality were utilized in meeting relational evaluation criteria (Lincoln, 1995).

Credibility

One aspect of trustworthiness involves truth value or credibility – “how can an inquirer persuade his or her audience (including self) that the findings of an inquiry are worth paying attention to, worth taking account of?” (Lincoln & Guba, 1985, p. 290). Truth value is described as a twofold task: a) conduct the qualitative inquiry in such a fashion that the probability that the findings will be credible is enhanced; b) demonstrate the credibility of the findings by having them approved by the participants of the multiple realities being studied (Lincoln & Guba, 1985). Sandelowski (1986) pointed out that “a qualitative study is credible when it presents such faithful

descriptions or interpretations of a human experience that the people having that experience would immediately recognize it from those descriptions or interpretations as their own” (p. 30). Sandelowski also suggested that credibility is enhanced when the researcher describes and interprets his or her own behaviour and experiences as a researcher in relation to the behaviour and experiences of the participants.

In order to add to the credibility of the present data and findings, Lincoln and Guba (1985) recommend several techniques be implemented throughout the research process. Specifically, the study made use of participants’ language, prolonged engagement, member checking, and triangulation. First, in preparing the data and findings for the study, the thesis was written in a way that made explicit use of the participants’ language, allowing for representation in establishing credibility. For example, one participant devised a unique term or a phrase during the interview (i.e., “off the track”), and I used the participant’s words accordingly with other participants.

Second, Lincoln and Guba (1985) defined prolonged engagement as the investment of sufficient time in learning the culture one is studying, testing misinformation introduced by participants or the self, building trust with the participants, and spending enough time in becoming oriented to the research context. Prolonged engagement was accomplished by my investment of time to the research project being approximately two years. In addition, I engaged in reading research involving women, violence, resiliency, intimate relationships, basic interpretive qualitative design, and evaluation criteria. Third, member checking, which involved asking participants whether or not the researcher accurately described their experiences, served two purposes in regards to the present qualitative inquiry. Not only was it part of ethical approval, but member checks provided the opportunity to assess intentionality – what it was that

the participants intended to state. Additionally, it provided participants with the opportunity to correct errors of fact and to recall and add facts or feelings that were not mentioned during the first meeting.

Triangulation is an additional technique in improving the probability that the findings and interpretations will be found credible (Lincoln & Guba, 1985). Oliver-Hoya and Allen (2006) defined triangulation as “the careful reviewing of data collected through different methods in order to achieve a more accurate and valid estimate of qualitative results for a particular construct” (p. 42). However, in the present study, the concept of triangulation refers to the gaining of multiple perspectives through additional, completed studies addressing the same research topic (Morse & Richards, 2002). Furthermore, in order to be considered triangulated, “studies must meet – that is, one must encounter another in order to challenge it (for clarification), illuminate it (add to it conceptually or theoretically), or verify it (provide the same conclusions)” (Morse & Richards, 2002, p. 76). Specifically, in an attempt to triangulate my findings with additional research, I referred to the few studies available to date (e.g., additional articles, theses, dissertations, and books).

Auditability

In order for the present research process to be logical, traceable, and documented, an audit trail or a decision trail was constructed (Lincoln & Guba, 1985; Sandelowski, 1986). Auditability is achieved when a researcher leaves a clear decision trail concerning the study from its inception to its conclusions, or in simpler terms, it means that another researcher can follow the progression of events in the study and understand their logic (Sandelowski, 1986). This involved describing the specific purposes of the study, how data were collected, how data were reduced or transformed for analysis, techniques for evaluation criteria, etc. In regards to the

present study, all background literature, the researcher's journal, interview questions, interview audiotapes, transcriptions, and any additional material was adequately described in order for a logical and traceable methodology.

Positionality/Standpoint Judgments

Positionality or standpoint judgments involves a qualitative researcher 'coming clean' about his or her own stance and position (Lincoln, 1995; 1998). Similarly, Caelli et al. (2003) referred to this as 'theoretical positioning of the researcher' and stated that the theoretical positioning of the researcher's motives, presuppositions, and personal history subsequently shape a qualitative inquiry. Moreover, Caelli and colleagues argued that a researcher's motives for investigating a particular research topic are never a naïve choice, and identification of the researcher's position is of utmost importance in 'coming clean'. This relational evaluation criterion was pertinent to me personally. As a clinician and researcher operating from a feminist perspective, I strove to reduce power imbalances and was cognizant of my position in society. As a white, middle class, heterosexual woman, I have not experienced interparental violence; nonetheless, I do know several women in my life who have been affected by violence. As a feminist researcher, I was cognizant of the fact that I would have to monitor and explicate my own biases, feelings, and societal position in conducting the research.

Critical Subjectivity

Critical subjectivity involves an acute awareness for the personal and psychological states of both the research participants and the researcher him/her self (Lincoln, 1995). In order to satisfy this relational evaluation criterion, during the individual interviews, I was cognizant of any signs of participant distress and acted accordingly within ethical guidelines, such as discontinuing the interview. As a graduate student in counselling psychology, I possess

professional training and experience in monitoring client distress. For example, one participant became emotional and began to cry when reflecting upon her mother. I asked the participant if she would like to take a break, switch topics, or discontinue the interview. She took a few minutes to relax and indicated she wanted to proceed with the interview. Furthermore, I made use of a researcher's journal and recorded my thoughts, feelings, emotions, and reactions throughout the research process, but in particular, before, during, and after each individual interview with participants.

Reciprocity

Lincoln (1995; 1998) proposed that reciprocity is essential in establishing rigor due to the person-centred nature of qualitative research. Participant-researcher relationships should be characterized by a deep sense of trust, caring, and mutuality. As a researcher, I responded empathically and demonstrated respect and care for the participants, as I viewed them as the experts and hoped to convey a sense of mutuality in working with them. For example, I explicitly informed the participants that I viewed them as the experts and hoped to describe their experiences as they see them. In addition, I repeatedly informed participants of confidentiality and anonymity and kept their interview data, audiotapes, and transcriptions in a secured and locked location.

Voice

Qualitative researchers have a responsibility to seek out those who are silenced and make their voices heard (Lincoln, 1995). Despite the plethora of research regarding violence against women, I argue that the voices of women who experienced interparental violence in childhood, but yet believe they are successful in developing and maintaining non-violent, healthy intimate

relationships in adulthood are unheard in the literature. Therefore, the present study sought to ‘give voice’ to these women.

Sharing Perquisites of Privilege

Sharing the perquisites of privilege is defined as the debt researchers owe to those participants whose lives they portray (Lincoln, 1995). The present qualitative inquiry was utilized as my Master’s thesis and upon completion I received a graduate degree, prestige, and respect. However, a researcher should consider the question: “who owns the lives we study?” (Lincoln, 1995, p. 285) and therefore, a researcher should consider possible economic return, dedication, or honour for participants in the final project. Throughout the interview phase, I strove for balanced participant-researcher relationships and informed the participants that they were the experts on the topic of interparental violence and intimate relationships. In addition, I formally thanked them for their participation in the final project’s dedication section.

Community as Arbiter of Quality

In studying interparental violence and later intimate relationships, my intention was not to publish a thesis and have it filed away. Rather, I hope it will serve the community in which the research was conducted (Lincoln, 1995; 1998) by presenting the findings both at academic and professional practice conferences. Specifically, my thesis possesses implications for practice for clinicians who work with women and issues of violence. Upon completion, if my thesis is readable by a variety of audiences and consists of rich and in-depth data, then I will have offered a new perspective on interparental violence and intimate relationships in adulthood.

Participant Protection & Ethical Approval

Participants were protected through the regulations and conditions that the University of Saskatchewan Advisory Committee on Ethics in Behavioural Science Research endorses for

research protocol approval (refer to Appendix A). Participation was strictly voluntary and participants had the right to withdraw from the study at any time. Informed consent was established prior to conducting the interview. Audiotapes of the interviews were available only to the researcher. Data will be securely stored for the required five years in the office of my supervisor in the Department of Educational Psychology and Special Education in accordance with the University of Saskatchewan regulations. A copy of the notice to participate, consent form, interview protocol, and transcript release form are attached (refer to Appendices D, E, and F).

Chapter 4: Results

In this chapter, I start by describing the identified shared meaning followed by detailing of five themes. In order to maximize confidentiality and anonymity, I selected participant pseudonyms, and the names of spouses/partners, children, and geographical locations, were also altered. Participants' quotations were also edited for confidentiality and ease of reading. For example, identifying context information was altered and repetitive and filler words (e.g., uh hmm, you know) were deleted and represented by ellipses. Added words were represented by square parenthesis. Rather than presenting the participants in a single undifferentiated voice, the voices were retained. This decision represents my wish to convey utmost respect for their individual experiences.

Participants

Ann, Karen, and Elizabeth, the three women who participated in the research, were middle- to upper-social class, Caucasian, and their ages ranged from mid 30's to late 40's. The duration of their intimate relationships ranged from 7.5 years to 27 years. The women can be described as being at different points in a journey that involves negotiating and solidifying their healthy, non-violent adult intimate relationships. Karen and Elizabeth seemed to have achieved a certain solidity, whereas Ann, who has been with her husband for 7.5 years, was currently actively negotiating her relationship with her husband. She continued to experience both triumphs and obstacles as she tried to make meaning of her experiences and the relationship. In fact, at the time of the interviews, she was uncertain as to whether her relationship would endure the challenges arising between her and her husband. In contrast, Karen, who has been with her partner for 13 years, and Elizabeth, for 27 years, established the foundations of their relationships, and now continue to do some 'maintenance work' to sustain their healthy and non-

violent relationships. Nonetheless, there are commonalities that intersect the women's experiences and the meaning of developing healthy, non-violent relationships in adulthood following exposure to interparental violence during childhood.

Shared Meaning of Exposure to Interparental Violence and Development of Non-violent, Healthy Intimate Relationships in Adulthood: The Role of Emotional Work

“Sometimes it does get emotional and complicated, but we do okay.”

What was the shared meaning in exploring Ann, Karen, and Elizabeth's non-violent, healthy relationships? What do they see as essential in maintaining their relationships? In order for the women to establish and maintain their non-violent, healthy intimate relationships with their partners/husbands, there was an ongoing element of emotional work. Sometimes the work was messy and complicated, yet they remained engaged in the relationship and did not succumb to its termination. That is, in the past the women worked at the relationship and today, they continue to work in regards to negotiating roles, expectations, and concerns. Ann, on her journey, was currently actively engaged in the emotional work at the time of interviews. She was grappling with perceived roadblocks in the relationship. On the other hand, Karen devoted more time and emotional energy upon initially meeting her partner than now, and Elizabeth believed that she does less emotional work perhaps than other couples, but nonetheless, she does engage in the work.

Ann described the emotional work required in her relationship using a seesaw metaphor:

I think the work is very important. It takes two people. ... So I either need to decide if I want to push and tire myself out [on a seesaw] in a short amount of time or if I want to continually sit at the bottom or if I just want to get off. And realizing that if I get off, the other person is going to fall. So I need to decide what I want and anything takes work, but if you're working by yourself when it's supposed to be two people, you do more work and there's more of a struggle and you don't seem to get as far. I mean two people pushing an object in the same direction, they're going to get farther than if one's pushing in opposite or the other person standing there is the block and of course, you have to push

the object and then of course, push the person. ... It's work. I don't see him working, I see myself. Not that I am perfect and I work at it and he doesn't, he just doesn't see the need.

She placed emphasis on reciprocity, yet realized that both she and her husband play a role in establishing and maintaining the relationship:

And in some instances I can't fault Don because if someone doesn't know something's wrong, how can they fix it. So I mean the plumber doesn't magically assume that you have a broken pipe, he can't come to your house and fix it if you don't call him and tell him about it and inform him of the problem. And I guess it's like that in a marriage as well or any relationship, you can't fix what you don't know is broken. So I am partly to blame.

In the past, Ann and her husband attended marital counselling in order to enhance their relationship. They both attended individual and couple sessions; however, they did not find their therapist to be helpful. Today, Ann engages in on-line journal writing:

I do a lot of writing. I have a blog now and I find a lot of release in writing and I find it very powerful just to be able to and it's amazing how honest you can be in your writing.

Ann also mentioned that she was learning how to express her needs and concerns, and feels hopeful for their relationship, despite her husband's diagnosed attention deficit hyperactivity disorder (ADHD).

I've written long letters to Don about feelings and 'we need to talk, I don't know if you feel this way' and 'oh yeah I do' and then for about 20 minutes he's pretty responsive so I wonder if it's a question of can't or won't like I've said. Is he just choosing not to for whatever reason or he just physically can't.

Specifically, Ann described a recent incident in which she acted without "walking on eggs":

Actually it was after the first interview. I thought 'damn it' and so I said some things and felt awful and then realized I had nothing to feel awful about because I was just expressing my concern and because I didn't know how to do that, it came out as rage. ... And so I just could have said 'you know I really have some concerns about moving', but I didn't know how to broach the subject – I couldn't do it and then I finally decided I was going to do it, but I didn't know how to do it with tact and those kinds of things. And it just became explosive and I started screaming. So will I repeat that? No. Will I try to broach subjects like that that are difficult? Probably not, but I mean I am sure I could train myself to be better at that but I had never done it before so to bring up those kinds of

topics and issues ... it was a first step for me to talk about something ... And so I see that I am starting to initiate and say things more and I am developing the tact and it's not explosive.

Another example of Ann working at her relationship involved being strategic about when to initiate discussions (e.g., express needs or concerns and raise discussions) with her husband:

When the net of his ADHD is off of him or you know whenever he has those few moments. ... I find those are the times when if I need to discuss something with him it's a good time because he is in a great frame of mind. ... The other thing is, I see him there and he doesn't seem to be under his ADHD, is that I try to cram the last 6 weeks since I've seen him into that and it just really doesn't work, he feels smothered [laughs]; 'hold me, dance with me, talk and you know' and it doesn't happen; you only have, you know, it's maybe a minute or two, sometimes about five minutes, but that's about it.

In reflecting on the emotional work required for her relationship, Ann discussed a need to find herself and establish her own identity as well. She was uncertain as to whether this required continuing to work at the relationship or moving on without her husband, and the thought of separation scared her. She used a road metaphor to explain:

I keep looking and I have to decide – and on any journey we have to decide on what elements we are willing to take with us ... and what we want to leave and what we're willing to stay for and postpone our journey. And I think for me right now I know where I want to get, but I am not sure what I am willing to take with me. So does that mean I am willing to move to get to my new road? Does it mean I have to break free from my marriage to do that or does it mean that I am content right now and will be happy postponing my inevitable journey to this road for what I am working with. What comes along the way, so, you know. You have to decide and some people never complete their journey for whatever reason. They are enjoying where they are or they are up against such a roadblock or a barrier that they see it as being impassable or impenetrable and can't get there. ... I just don't know if the face of the person whose standing there waiting for me is actually the person I am married to which scares me. Really, it does. And you want that person to step out and say 'I'm ready to go with you. I'm ready to be your life partner to support, to guide, and to nourish, and to cherish and when they're not, you just feel, you know, I am actually starting to move on this journey and this person is staying on the same spot, if not reverting and going backwards. And you think 'how many times do I stop, come back and get you and we move a little farther forward?'

Ann's perseverance and ability to withstand the troubling times continued to be present now as it was in childhood. Despite the fact that there might not be a readily available or foreseeable solution, she kept navigating her way.

Karen and her partner actively and intentionally approached the emotional work in establishing and maintaining their relationship, and they still continue working today. As a couple, they negotiated communication strategies, and articulated what they both desired in the relationship:

So because he's a big guy, – he's the most gentle person in the world – but at first he's big and intimidating. [So] well the very first thing that we had to overcome was ... I had to be able to talk to him, which I couldn't do at first at all, ... and now I talk more than he does and he hates it. [laughs]. No I am just kidding, he doesn't hate it. So that was probably the first thing, was that I had to figure out how to talk to him and then once I figured out how to talk to him about things – he's just a really great person so he made it very easy for me. ... And I mean that about anything like about anything, I don't mean about even about problems in the relationship or anything, I just mean about anything.

Prior to moving in together, Karen and her partner established their "deal breakers". Even though they did not want to get married, they engaged in long conversations and laid out their beliefs for their relationship so that they were clear about what really mattered to each other:

His deal breakers were: I couldn't join the American army [laughs], I couldn't develop addictions, and oh cheat on him of course. ... And my deal breakers were: you have to ... respect that your share of the housework is negotiable, but doing A share is not, and that he can't hurt me physically. ... and I did promise him that I was never going to have children without agreeing, without making an agreement in advance. ... And I was thinking how weird it was that we both had very different deal breakers, but somehow the rest is just a given. Some of it is just a given and the rest had to be specified.

Karen and Bill still argue today; however, they continue to work on their arguments as well:

Well, sometimes we yelled. We still do yell sometimes, but we had to figure out how like ... like we have rules about it that ... I can say or he can say at anytime 'I just need to take a break' and the other person has to respect that and it helps if I don't feel cornered in anyway even though ... I mean he would never be the kind of person to corner you, but we live in a pretty small space and we've lived in even smaller places where it

wouldn't matter what happened I would feel cornered, you know, so stuff like that. ... [And] I don't argue in cars because I get really panicky. Like anytime I can be fine in a situation, but if it turns into an argument, I get very, very panicky and I have to make sure I have a – like I said, but we've figured out if I just stand in the doorway kind of thing with the doorknob on my hand then I'm just fine I can talk normally, but otherwise I get very upset. ... And we always apologize. We have no trouble apologizing to each other like it's never a big deal.

Karen and Bill's ability to work on their arguments highlighted their commitment to one another as a couple.

It is pertinent to highlight Bill's contribution of emotional work in the relationship. In fact, Karen saw him doing more of the work:

Like I remember being relieved that Bill could do lots of that emotional stuff because I could never figure out how to do it. He was the one who could do all that, you know, [said in a stereotypical feminine voice] 'I don't know where we're going' you know, all that kind of talk like 'what is this?'. And he still does lots of it actually. ... It's maybe like 70 – 30 or 65 – 35 [split].

For example, Bill uses both humor to console and to motivate one another to continue working on their relationship following an argument:

Well like at the end of a fight, you know, if I've been a jerk and said stupid stuff or if he's been a jerk and said stupid stuff, he will often be the one to make the bizarre or jokey comment that gets us laughing. Like he will be that person ... who kind of gives us both the out by summing out why we're feeling stressed and behaving the way we are. And then he will give a little thing about, this little sermon, about how we just have to stick together and try harder, you know, like he does all those things you know what I mean, like the coaching kind of stuff [chuckles]. Sometimes it drives me crazy because it goes on for a really long time [chuckles], but he does it so well.

Karen made meaning out of the emotional work required by placing importance on authentic communication with her partner. They still encounter arguments today, yet are able to resolve an argument by terminating it and apologizing to one another.

Elizabeth and her husband negotiated parenting concerns and prioritized their household. When asked about the role of emotional work in regards to establishing and maintaining the relationship, she commented:

I know I am blessed in that we have a marriage that's relatively free from conflict. So it's the chicken and egg question, isn't it? Have we worked to make it like that or are we just two souls that mesh? You know. And it's probably a bit of both. We were older when we got married; we were older when we had children. I did a lot when I was younger that took care of me and so did Tom. ... So yeah we do work on it, but I can't say to you that we had to sit down and say 'this is how we fight fairly' and 'you did this to me, please don't do that again', no. We haven't had to put all the effort ... I know is out there.

Elizabeth did comment on her own personal work, for example, she learned how to be a "better partner":

I used to yell and scream when things went wrong and then Tom, my husband, would say 'I don't know why you have to do that? Why are you doing that?' and I realize that it's a pattern [from her childhood experiences with family violence].

Elizabeth and her husband also worked out parenting concerns, specifically spanking as a means of disciplining their children:

My children have never been hit and my husband says 'it's not hitting, it's spanking; spanking isn't hitting', it doesn't matter. No one to my knowledge that I am aware of has ever hit our kids; we had some disagreements about that. Tom felt a little swat here and if they reach for something they weren't supposed to have, you could smack their hand, you know, I – no way, none – ... no one ever raised a hand to my kids and my husband included. He went with that. So we didn't argue about it, but it was something we disagreed on.

Elizabeth attributed the quality of her relationship to her and her husband's priority on their family and household:

And we, very seldom will one of us make a decision that affects the family without talking about it. I mean my husband will say 'I want to go in a curling bonspiel on this weekend. Is that going to work for us?', right, and so there isn't a lot of – it's about respect, you know. And he used to coach a competitive football team and he was great at it, he was one of the coaches and everybody loved him, but my kids cried when he left and I kept saying to him 'you need to coach Tom, you need to coach' and he wouldn't. He stopped because he couldn't stand the children and we were okay, but he couldn't do it. ... [It's] mostly kind of amazing things roll along, you know, but we work at it I think. And it goes back to understanding that we're different people and a tremendous amount of respect we have for each other. And well we didn't sit down and have this talk, no matter what Tom and I do, our children come first. Our family comes before anything. And he makes decisions that demonstrate that and so do I. So it's not – there's none of this like I see in some couples 'well he's gone out again, he hasn't been home' it just

doesn't happen because we both put our family before anything. And I am lucky that somebody ... you know walks that same path as me.

For Elizabeth, the emotional work was accomplished by prioritizing her family and household. She felt that both her and her husband make decisions to best support their family. This may be seen as intentionally creating a home environment that she did not have while growing up.

In summary, there was significant emotional work evident in all of the women's relationships. Ann discussed uncertainty towards her relationship as she is currently in the process of negotiating and working out roles, expectations, and concerns. Karen felt relieved that her partner, Bill, does a lot of the emotional work and is "good at it". Finally, Elizabeth saw the quality of her relationship as a result of both her and her husband's work and their priority and commitment to their family and household.

In addition to the shared meaning of emotional work, five themes that described the lived experience and meaning of exposure to interparental violence and the subsequent development of healthy, non-violent intimate relationships in adulthood were identified from the data.

Theme 1 - Diverse Experiences of Family Violence

"My father was an alcoholic, and a verbally abusive alcoholic. Physical abuse was not a core theme that ran through. Verbal abuse was constant, never-ending."

Ann, Karen, and Elizabeth observed a wide range of verbal, physical, financial, and psychological interparental violence, sometimes coupled with alcoholism. Common to all three women's experiences was a father who perpetrated the violence and a mother who was the victim. For example, Ann explained:

It was something my mom would say or do that instigated the violence, which I know now isn't true because what she was doing was normal behaviour, just he [her father] was reacting and she was the 'cause'.

And Elizabeth described:

My mom didn't fight – like I mean I should be clear, my mom never did fight – like it was all very one-sided and she did whatever it would take to, you know, to keep the home as civil and as reasonably calm as possible.

The women, as children and adolescents, were direct and indirect victims of their father's violence; that is, they observed violence directed to their mothers and they experienced violence directed to themselves. For example, Ann recalled the following incident of being a direct victim:

I know my dad told me once I was like an angel and I was like 'wow, this is beautiful, he's never said anything'. He goes 'you have paper wings, you will never get anywhere'. I thought 'wow, thanks for that, just what I needed'.

Karen also described physical abuse directed towards her by her father:

And one [incident] in particular I remember was I wasn't washing the dishes and I was supposed to be washing the dishes and I don't know why my dad was there because my dad is the kind of guy that he would eat and then just go [to] the living room – right, like he's an old-fashioned guy, right – and I'm the only girl in the family so that was my job, but for some reasoning – I don't know if my mom was maybe not functioning all that well that day – but he was standing at the sink and he booted me really hard ... to tell me to get up and do the dishes and ... that is one [incident] I guess in particular that does stick in my head.

The women's experiences of being victimized as children were representative of home environments that were extremely tense and volatile. For example, Elizabeth described one holiday incident:

Physical abuse that I witnessed: A holiday, carving the turkey, something set him [her father] off, he took the knife and chased my mom around the house. My mom is a very tiny woman, she's still alive, my father has passed away. She really couldn't really reciprocate the physical violence and every now and then reciprocated the verbal abuse, but not much. It was very much him. He did shove her and push her.

Ann wished for her father's death:

And it's hard as a child always wishing for your father's death ... for your birthday wishes, and I know that sounds morbid, but it is the only thing that will bring you

happiness. You know other kids wish for Barbie dolls or dollhouses, but that's what you need to bring your happiness.

Karen's friendships were affected:

My dad was calling me names and chasing me around the house and she [Karen's friend] had just arrived at the door to come and get me for school ... and this was the last time we walked to school ... and he was coming to get me and she was in the way and I just zoomed out the door and she was left standing there facing my dad. She said it was the scariest day of her life and then we realized that after that, she never ... walked to school with me anymore because of that.

In summary, Ann, Karen, and Elizabeth described experiences of interparental violence in which they witnessed their father's violence towards their mothers and experienced abuse themselves as children. Although criteria for inclusion did not require being victimized as a child, the interviews revealed that the women were also targets of family violence as children. This is illustrative of interparental violence affecting all family members.

Theme 2 - Family Violence is Always With You

"I think it's something that never leaves you."

The women's experiences were permeated with the self-knowledge that their experiences of family violence will be with them throughout their entire lives. Although the women did not reflect on their experiences of family violence daily, they were aware of its lingering presence.

For example, Ann commented:

So not only is your mother the victim, you're also the victim of the violence even though people just think it's indirectly and there's not as much harm. But there still is a lot of harm, a lot of emotional baggage for lack of a better word. You spend most of your life in fear still ... even though the person has passed away in the last year; you still carry the fear from their rage and their violence and their constant negativity. ... They're always with you, you know comments or phrases, even smells of food that are triggers for past violence.

It's funny when he became older, very much older in the last 5 years, was very sick, was very ill and needed care and actually, you know, changed; was nice, and was courteous, and for the most part, halfway decent, but you know, you grew up with your life being a

roll of the dice so how are you supposed to react? ... And you don't even – well you know people are so quick to say 'I'm sorry' and expect you to forgive them and you think 'good luck, you should be paying for my therapy, man!' cause it's got a lot more than a please forgive me issue when 'I'm dying'. And then you have to wonder if they're asking for forgiveness that they know they've done something wrong, so why did they continue it. ... You try to function and you try to be, but it's [experience of family violence] always with you.

Elizabeth described how she thought her experiences of family violence would leave her when she left home:

I recognize that my childhood impacts upon me much more than I ever realized. I thought when I would get older I would forget all this and things would get better. I remember clearly being in university thinking: 'once I get through university and get a job, this will leave me because I will leave it' right? And I left. When I was 21 with my degree, I left, I got out as soon as I could; really hard though cause I was leaving my poor little mom in a terrible situation. So I got out and I think what I've realized is it's always with me. So knowing it's always with me, helps me deal with it. And just trying to be understanding and trying to be patient and I can tell you ... having children ... has impacted upon me tremendously because I am now responsible. I must behave in the way that I would have wanted my childhood to have been.

She used a metaphor to illustrate the long-term effects of family violence on her:

I've heard someone speak once about children that had been abused and they talked about: 'what you want is, you'll never take it [experience of family violence] away, but you want it to be a little icon on their computer, you don't want it to be their screensaver'. And I've never forgotten that and that's what it is for me. It's not my screensaver anymore, it used to be, not anymore, it's in a little file. And I know that file opens fast, but I don't open it as much as I used to.

Another aspect of the theme that family violence never leaves the three women was the role of intentionality in determining how much their experiences of family violence will impact upon them:

I think it's always with you, it's always gonna be a part of you. And you have to decide how much it's going to affect you and how much you're going to let it affect you because just copping out and saying 'well I saw these things, so then I in turn will allow them to affect me'. It's fine, but it's how they will affect you.

In reflecting on their experiences of family violence, the women described that their experiences from their childhood and adolescence are not forgotten. In fact, they appear to be important

reminders of who they are today as individuals, possessing strength and the ability to carry forward on in their lives.

Theme 3 - Complex Daughter-Mother Relationships

“I wanted to spend time at home to save my mom, but I didn’t want to spend time at home.”

Ann, Karen, and Elizabeth all shared aspects of their experiences with their mothers during the interviews. While growing up, the women assumed the role of their mothers’ protectors. Today, Ann and Elizabeth continue to have a positive mother-daughter relationship, and even though Karen’s mother is deceased, the importance and meaning of their relationship was still apparent. For example, when reflecting on her mother, Karen became emotional and began to cry during the interview.

As their fathers were the perpetrators, Ann, Karen, and Elizabeth were their mothers’ protectors. Ann vividly recalled:

I remember as a child, you know, being very young and having to pull my mother together because she’s been crying and we have people coming over and having to help her cook and do the laundry. ... So, yes, very much I took on the role of the protector.

Similarly, Elizabeth commented: “So yeah well I picked her up and supported her, it was more to fight my dad on her behalf, right, or to step in”. Elizabeth described the paradox of not wanting to be at home, while simultaneously worrying about her mother’s personal safety and well-being:

I wanted to spend time at home to save my mom, but I didn’t want to spend time at home. ... I used to go away to track meets and be worried because, you know, I had no idea what I was gonna find when I got home.

Karen continued to care for her mother as an adult: “My mom is gone. ... as my mom got ill, my dad grew angrier and angrier at me. I was looking after my mom”. Karen found managing her mother’s financial affairs to be symbolic of their supportive mother-daughter relationship, which

was against Karen's father. Upon marrying and having children, Karen's mother was not allowed to return to work and her father took authority over her mother's account and lifesavings. Several years later, her mother began to work casually in different low-paying positions to build up her own savings again:

She would ask me to take care [of her finances] when she couldn't anymore [because of illness]; like she would just do it herself, but when she couldn't anymore, she would ask me to take care of her financial affairs ... and my dad was very angry about that.

Growing up, all three women questioned their mothers' decision not to leave the abusive and violent home environment:

And I would remember I would always be upset at my mother for not leaving, furious with her, you know 'we're miserable here, what are you doing?' But she had no options that she could see. I am sure if she went to Social Services, all those kinds of things, but she never would have left.

I look back at it in the 90's there for awhile ... my mom would say 'well when you kids are grown, that's when I'll leave' right, but then we grew up and she didn't. So then I would always kind of ask her about that and she'd kind of say 'well now what difference does this make?'

Elizabeth believed her mother did not leave because her mother had no support (i.e., was isolated, had no good friends or extended family members), did not drive, had a low-paying job, possessed a strong religious affiliation that emphasized the importance of marriage vows, and finally, for "fear of the unknown": "It was probably fear of the unknown, you know. How could she do this without any support?" Now as an adult and mother of her own children, Elizabeth recognized her mother's strength despite remaining in the volatile home environment:

What's interesting is my mom is a very strong woman in her own way. I would verbally spar with my dad; my mom really didn't get into it. She took it. So while you think that she's not strong, she really is strong because she's trying to diffuse the situation. And I remember one time she said to me 'Elizabeth, when you fight with him, you might think you win, but you make it worse for everybody'. That's very true because I would think that 'oh I told you' – especially when I was in high school; they were real tough times – but I didn't really tell him [her father] because he just took it out on somebody else and it was just the two of us left at home by that time. So you start to really value what she did.

... She is very strong in her own way. Very strong. Stronger than I am sure I gave her credit for when I was a kid, you know. ... As I get older and when I had children, I held my mom in even higher esteem when I look at what she did in light of everything. It's amazing.

Today, Karen and Elizabeth recognized how supportive their mothers have been and continue to be towards them:

My mom doesn't pass judgment on people. My mom does not tell me what to do; my mom supports me and watches me, but she has NEVER questioned a major life decision I have made.

When my mom was alive, she would never-, you know, she's not the kind of person to pressure or meddle ... you know, she really just ... always really saw my life as my life and, you know, how some people's mothers [are] you know – my mom wasn't like that.

The three women's complex relationships with their mothers reflect their experiences of family violence. Reversal of parent and child roles and responsibilities occurred. The women feared for their mothers' safety and became their mothers' protectors at an early age, which was a tremendous responsibility for little girls.

Theme 4 - Understanding and Making Sense of Healthy Relationships

“And so was I waiting for it to go off the tracks? More just wondering if this guy was going to stick with me, right, if this guy was the real deal.”

In reflecting on their healthy, non-violent intimate relationships, the women provided examples and rich descriptions about their relationships, thus, demonstrating the importance and meaning of these relationships. Several components to understanding and making sense of healthy relationships were identified as cutting across all three women's experiences: components of a healthy relationship, never seen a healthy relationship before, intentionality in selecting a potential partner, and vigilance.

Components of a Healthy Relationship

Each of the women was asked to identify what they believe makes their relationship healthy. Several components were identified, including their partner/husbands' characteristics, similar interests and values, reciprocity, and supportive extended family.

Some of the characteristics used by the three women to describe their relationships included: their partner/spouses' physical attractiveness, gentleness, kindness, considerateness of others, and responsibility. Key to all of the women's relationships was the absence of physical, emotional, sexual, verbal, or financial abuse, and the presence of mutual respect.

Elizabeth commented on the role of mutual respect between her and her husband:

We get along, we understand that each of us has our strengths and weaknesses and we don't prey upon them. My father preyed on my mother's weaknesses always throwing them in her face, you know. We don't do that, we respect each other.

When asked to elaborate on her and her husband's "strengths and weaknesses", Elizabeth answered:

For example, my husband is a very organized person and he likes things done in an organized fashion and I am much more easy-going ... I am very driven, I work very hard at my career, and he's much more easy-going about his [career]. He likes things very, very neat and I just choose not to put my energy into having a spotless home. I am ... a very emotional person and he tends to be a little bit more guarded. ... so it's like that, but we don't throw this stuff in each other's faces.

Karen also commented on the role of respect in her relationship: "Well I guess if I have to put words on it, it was just mostly, just respect for each other I guess". For example, Karen and her partner shared household duties, which was important and appears to hold a larger, symbolic meaning:

You have that respect [that] your share of the housework is negotiable, but doing A share is not. ... for me it's not about the housework obviously, it's just about what, you know, what the housework kind of represents, you know, as a sign that you don't expect the person you're living with to be your servant kind of thing.

Karen also identified similar values and interests between her and her partner as meaningful.

She felt these common values and interests have assisted them in establishing their non-violent, healthy relationship:

We have a lot of the same things in common I think and we're close to the same age I think and that probably helped. We have a lot of generational similarities. ... And we just liked each other's company. Like I still – he's my favourite company. If I can choose to spend any time with anyone in the world, it would be him and I think he feels the same. ... He is really a low maintenance kind of person. Like he could care less if I make a meal or bring in a paycheque or do anything as long as I just AM, you know, he doesn't really care; he just kind of likes hanging out with me and that's all he cares about.

Ann echoed Karen's sentiments by also identifying similar values and interests with her husband, including the importance of purpose in careers, enjoying nature, and appreciating art:

Wanting to be successful, not really successful but the feeling that we are fulfilling a purpose through our work and we enjoy what we do and we see the purpose for it. I don't mean necessarily money as success, but finding something we do, that's one of the things we have in common. ... [And] an appreciation in nature and art those kinds of things. ... We go to art galleries together and we both like being outdoors.

Karen and Elizabeth emphasized their partner/husbands' approach to the relationship, whereas Ann emphasized the 'small things' that her husband does. For example, Ann described the times when she sees the person her husband really is, when his ADHD is not totally consuming him as "euphoric", "mind-boggling", "just really good, wonderful". During these times, the meaning of the small things he does was apparent and appreciated:

I'll say 'wow, he put the salt and pepper away, wow' and I think that's such a big deal, and I think really, you know, in the scheme of things that's not a big deal, but you don't have those other things so smaller things seem to just – [be important]. ... [He'll also do] things like he'll hold the door ... [and] he'll comment on something 'supper was good, thanks for cooking' or 'how are you today?' when those things are never asked or noticed or just those kinds of things. Or little things, he'll comment or I'll say something and he'll express concern or he'll validate me or he'll inquire more about the situation just not a standard answer of 'oh well, oh okay', you know, so its more of a reciprocal conversation as well. [Finally, when] he sees me like physically, but also, you know, literally and figuratively. Knows that I am there and is in tune and aware of me being there and what I need and who I am and all those kinds of things.

The times when her husband's ADHD were not totally consuming him were not that often, but when they did occur, Ann experienced them as a double-edged sword. That is, she enjoyed these times (e.g., "euphoric", "just really good, wonderful"), yet struggled with the pain because of the potential of what her husband could be all the time:

What I'll do is, he will say something and I will touch him and I will say 'I SEE you in there' and he just kind of looks at me and then of course your heart breaks because he is gone.

She described her husband's ADHD and the resulting behavioural fluctuations with a metaphor:

Your turn signals – sometimes the car ahead of you for a few seconds you're exact and then you're off and then for a few more seconds later on you'll line up and I think that's what it is with [his ADHD], everything lines up and he shines out there and then everything gets out of whack again and then it's awhile for it to happen [again].

It is pertinent to note that Karen and Elizabeth included their partner/spouses' families and the familial relationships when describing what made their relationships healthy:

I think a key factor that makes my relationship [healthy] is that my husband comes from a very stable, loving family and that's a key part. ... I think a lot of it has to do with him and how he grew up and I learned from it.

He's [her partner] just a really good person and really in tune with how relationships work. Like I think maybe partly because he was raised by a single mom who's educated and intelligent and successful and very great herself.

The three women also discussed the role of reciprocity between their partner/spouses and themselves. Karen and Elizabeth readily articulated that their partner/husbands' approach to the relationship was reciprocal – both in regards to household duties and emotional work, and Ann described how she seeks reciprocity. For example, Karen commented, "But I mean part of it – he does all those things too really so it's not just me. ... I think he does all those things, too", and Elizabeth said, "What my husband does is he lets me be who I am. ... There's no screaming because there's not enough salt on the potatoes or the dishes aren't washed. ... we share

parenting and we share household duties”. Ann described how she strives for reciprocity as well in her relationship:

It kind of feels like I am on a seesaw and I’ve been at the bottom and now I am learning that if I push my legs really hard, I can get up a little ways, but until the other person on the other side starts to cooperate, I am not going to get anywhere.

In summary, Ann, Karen, and Elizabeth described the role of mutual respect and possession of similar interests and values when reflecting on what makes their relationship healthy. They also do not take sole credit for their non-violent, healthy relationships; rather, they saw them as reciprocal and involving extended family.

Absence of Healthy Relationship Models

The women described how as children and adolescents, models of healthy relationships were absent. Prior to meeting their future partner/husbands, they dated other individuals. Ann was in an abusive relationship and struggled with her sense of normalcy:

And then the first serious relationship I was in was very abusive and [I] ended up in a women’s shelter – you don’t know any different. You haven’t seen those patterns of healthy behaviour and healthy relationships because some of my siblings are in the same thing. So you see the same patterns; their husbands are degrading and controlling and those kinds of things, so you see – well you start to question the norm in which the situation you’re living in and then you’re starting to see the same patterns outside so then it seems to be even more normal.

Elizabeth and Karen did not identify intimate partner violence as part of their previous relationships, although Elizabeth experienced infidelity and Karen described being locked in a car by a potential boyfriend:

I would never, and I would never let anybody – like one time a guy locked me in a car and that was the end of it. Like and that’s as close as I’ve ever even come to letting anybody outside my family hurt me in any way, you know. ... He wasn’t even very big I didn’t think he could hurt me even if he wanted to, but I just knew what I didn’t want.

Despite lacking models of healthy relationships, Karen and Elizabeth acknowledged that they know they are in healthy, non-violent relationships, and are surprised at this:

I find myself often kind of amazed that I can have this kind of relationship because I didn't see it. ... I mean when I first went to his [her husband's] home, they frequently will have Sunday dinners. I remember thinking 'this is bizarre', you know, and one of the [things] about alcoholics – they have a strange sense of normalcy they call it – I did not know that this was more typical than atypical, right because I've never seen it, people get along. But when they [her 2 brothers] came back for my wedding, both of them remarked 'is this what it was like? do you think this is what a family was like?' [when referring to her husband's family] cause we have no idea. ... my eldest brother looked at me and said 'this is the Cleavers [her husband's family] for crying out loud' because they get along, they laugh, they drink responsibly, they have fun.

In Ann's journey to establish and maintain her healthy relationship, the lack of healthy relationship models has been difficult:

But just the fact that it's an intimate relationship that you've never seen patterned, never have experienced, so of course you in turn have difficulty developing those kinds of things as well. ... [For example] how do you create intimacy when you've never really [seen it] because I mean intimacy is the top step right in a relationship, you ascend the staircase step-by-step and building each step at a time and it's just you haven't had those steps so it's really hard to get there.

Ann knew she wants to get to the top of the staircase, but does not really know what the landing looks like, nor the steps to get there. The other women, Karen and Elizabeth, did not know exactly what the landing or stairs looked like either, but they recognized it now that they see it and were surprised to have managed the staircase to get there.

Intentionality in Selecting a Partner

Karen, Elizabeth, and Ann spoke of their intentionality in selecting a partner, as they knew they did not want to be in relationships characterized by abuse and violence. That is, they used a negative model of intimate relationships, based on their parents' relationships, to generate a mental checklist of characteristics to search for in potential partners. Karen and Elizabeth discussed being able to spot the "good guys" from the "bad guys". For example, Karen said, "I

wasn't ever sure what I wanted I guess, ... until I found Bill, but I knew what I didn't want really easily and I guess I think I am able spot it". Similarly, Elizabeth discussed:

You really can see the good people, the good guys from the bad guys, right, and everything about Tom was good. Everybody liked him. Everybody respected him. ... I did the screening long before ... I let somebody get close to me.

When asked to reflect on the characteristics of "good guys", Karen and Elizabeth listed the following:

Doesn't put you down, doesn't ridicule you in front of people, is truly, truly proud of you, I mean, you know, obviously loves you but what does that mean? What exactly does that mean? Stands by you. ... [Also,] a marvellous sense of humour ... the kind of sense of humour that wasn't based on putting other people down.

And in contrast, the characteristics associated with "bad guys" included:

Well no respect ... But power, control, demeaning, holding things over your head, always making sure that the other person knows that they are beneath you in intellect, in wage earning, in anything. And I mean I think that's what happens, you hold them in that spot, you cripple them, right, you make them so dependent on you. So no valuing of an individual and honouring of an individual's soul and spirit – none. ... constant put downs and no support and no praise.

Right off the bat like sexual aggressivity, too, I guess is a definite thing. ... [And] well I think the one thing that I really became aware of early on was, I guess having played lots of sports with my brothers and with other guys, was I knew right away that a hyper-competitive guy, who can't keep his temper in a game is nobody you want to hang out with.

Elizabeth also described an incident in which she articulated her decision not to date individuals who drank excessively:

She [her mother] never went to Al-Anon, ... but one night she decided to go – crazy – so she said 'the meeting place is across from the library, will you drive me?' 'Absolutely' cause I went to the library. So I drove her and I went over to the meeting and I came back and got her and on the way home she said to me – and my mom doesn't talk about a thing, she's a very private person, you know – she said 'Elizabeth, there are people your age who have married alcoholics'. And I remember distinctly driving down Portage Ave. in Winnipeg and looking at her and saying 'NEVER, EVER, will I do that' and that's a pivotal moment that I actually verbalized 'never'. So why has it not turned out [as in repeating the pattern of alcoholism & family violence] gosh I don't know. I made a decision that I would try so hard to never let it happen.

The significance of her intentionality not to date individuals who drank excessively was represented by actually verbalizing her decision and being determined to stick with it.

Karen first met her partner-to-be during a recreational sport event. During the event, Karen noticed the good things about him:

I knew by the end of that tennis match what kind of person he was. ... I guess you can't generalize right, but I think the kind of guys that I know of right, they are hyper-competitive people, ... I mean my dad wouldn't even play a sport with me, ... so the fact that Bill would ask me a) means something right there and then ... the way he played was just hilarious, like he had this running commentary and he knew weird facts about the game, but he played like hell, but he had a great time and I knew right away like somebody who plays like that is just a sweet, good person. ... I knew that ... my dad or even my brothers, who struggle with their own demons, would not play like that. ... And I knew by the end of the tennis match. ... he was wearing this goofy t-shirt and I knew that guys who wear t-shirts like that are just too, you know, are too much in their own world [laughs] to bother – ... I just am nuts and loved that about him and I knew right away and I was right.

The meaning of intentionality for Karen was represented by trust in her own judgment and self-confidence that Bill would indeed be a “good guy”.

For Karen, humour, attitude towards money, and sportsmanship were key in “spotting a good guy”:

His ability to come up with corny lines and then laugh at himself. He was always looking for an opportunity to make a corny line that made me feel good, but that he knew it was corny and treat it ironically.

Also he never made a big deal about paying and money. Like I knew just to see his attitude towards money I guess right on the first night date we went on, which was to a movie, like I just paid for my own and he paid for his own and he never made a big deal out of it either way. Not that he's cheap, cause he's not, he's very generous, but he'd never, I mean there was no weirdness about money early on kind of thing.

Ann painted a slightly different picture when discussing the role of intentionality.

Originally, her intentionality in selecting a potential partner was based on three attributes:

“Strength: to protect me from the situation I was in; complimenting me: because I never had this

happen at home; and making me feel loved and cared for”. As previously discussed, Ann was currently negotiating her relationship and struggling through its roadblocks. Despite the three initial attributes she used to screen for a potential partner, these attributes changed when she met her husband, and now more emphasis was placed on:

He had a job with a lot of responsibility and with a good reputation that was already established and people knew what he was like. He was goal oriented or driven to excel. He also had friends so I could see how he acted in social situations. And he was honest; he talked about his past.

Ann’s intentionality reflected the complex dynamics of her relationship. She recognized that her husband’s ADHD can interfere with their relationship and therefore, his other attributes became important to her.

Karen and Elizabeth not only looked for the good things in their partners-to-be, but also to their partners’ families, paying particular attention to the way their partners treated their mothers.

What do you spot? You spot the way he treats his mom, you know, and you spot the way his dad treats his mom. ... You spot that and you think, ... ‘that’s the way he’s been raised’ and my husband’s father treats his wife with the utmost of respect and my husband would defend and support his mother all the way.

You watch that and you watch his whole family dynamic. I knew. I knew when I visited that home that I was in a very, very good, good place, a very good place, yes. So that’s what you spot. And ... just the way he treats everybody.

Ann’s husband did not come from a healthy, supportive family. In fact, her husband, Don, also experienced family violence growing up. Today, Ann and Don’s relationship with his parents remained distant:

His mom was never a single mom. His dad was present throughout the 16 years he lived at home. Don left home early and worked while he finished high school. We thought it was his dad who had the ‘problem’ but after visiting with them for three weeks last summer I see that it is HER that instigates EVERYTHING. She is evil and that is not a word I use lightly and I know exactly what it means. It was the worst three weeks I have had in eight years. I felt like a victimized child all over again. Don and I have not

spoken with his parents since then and I don't think it will change. We have sent cards, gifts and left messages on their machine and they have not made any attempt to contact us.

In summary, the three women were very intentional in dating. Based on their families' model of violent relating, the women recognized both what they desired and what they detested in potential partners.

Vigilance

Upon meeting their potential partners, Ann, Karen, and Elizabeth all talked about waiting for the relationship to go off-track. One woman first introduced the notion of waiting for the relationship to go off-track and when it was mentioned to the other women, it also resonated with them. All three women emphasized that they knew their partners would never be violent towards them (i.e., role of intentionality in selecting a potential partner), rather it was more figuring out if the relationship would endure. For example, Elizabeth found herself wondering:

So some of it was just trying to figure out what was going on and trying to understand my role and I am sure in the first few years I kept waiting for it to go off the track, you know. ... So with Tom, yeah, you know, he was very kind and consistently kind and I had already had a boyfriend that had cheated on me and did I wonder if it was going to happen again? Absolutely.

Similarly, Karen acknowledged, "Like really honestly, ... I always knew he was a great guy, but I never knew that he would stick with me, you know". It was some time before both Elizabeth and Karen figured out that their relationships would endure:

Maybe I think it's kind of grown. Like I can't really pinpoint when; maybe the second year or third year [of dating] or something that we knew we'd just do this forever and whatever happened, we would live with it together. And mostly we just kind of take it everyday at a time. ... I don't know how I know, but I know ... we just plan to stay together.

I think we had been together a year and my brother was in a horrific car accident and Tom was there for all that and I think that's when ... I realized that no matter what happened, he was going to be there. About a year I bet, about a year.

Nonetheless, despite Elizabeth's belief in the relationship, to this day she still felt that based on her childhood experiences of family violence:

If my husband became an alcoholic or drug dependent or ... gambler [or] whatever, would I stay with him? I do not think so. And you know what part of that is too? I made sure – and this is a conscious decision – I have a good job, I have a good career. I do not depend on my husband and I love him and I love him and I hope I never leave him, but I would I know it. I would for the sake of my children and I will not go through that again. I must sound so hard. ... But it's just me, I won't do it and I will not put my children through it, no way.

On her journey in her relationship, Ann was still waiting for her relationship to go off-track:

I am still waiting just cause you're always – I mean my parents married for a reason cause they were in love and then it went wrong or went awry or off-track. So you think 'well what was that?' Was it my mother's lack of responsiveness or her lack of sexual desire or her lack of cleanliness or creativity in the kitchen, cooking or whatever. So you always try to be all of those things and hope you won't be the determinant factor that crosses it over or that shifts it over. Yeah, you don't want to be the cause for it to go off-track.

Ann was less certain about the status of her relationship:

I think the big thing for me is that I never knew what on-track was initially. So it's hard to recognize if I was ever on-track to have come off-track or if I was just never on track at all.

Having not been exposed to healthy relationships as children, perhaps it was not surprising that Ann, Karen, and Elizabeth displayed vigilance by waiting for their relationships to go off-track.

In summary, my understanding and making sense of Ann, Karen, and Elizabeth's non-violent, healthy intimate relationships consisted of several components. First, the three women talked about how they believe mutual respect, similar interests and value, and supportive extended family are prominent components of their non-violent, healthy relationships. Second,

the women were all amazed by the fact that they can have non-violent and healthy relationships because they did not observe healthy relationships as children and youth. Third, the women also spoke of their intentionality in screening for both good and bad characteristics in potential partners. Finally, vigilance, characterized by waiting for the relationship to go off-track, resonated with Ann, Karen, and Elizabeth. Ann discussed that she was still waiting for her relationship to go off-track; she referred to how her parents were in love at one time and their relationship still went off-track.

Theme 5 - Sources of Strength and Positive Influences

“No matter what was going [on] around me and how awful my home was, I had something to come back to, I had sort of a touchstone.”

Growing up in violent and abusive home environments, Ann, Karen, and Elizabeth were at-risk for later intimate partner violence as adults. As previously discussed, prior to meeting her husband, Ann was in an abusive relationship and ended up in a women’s shelter. Although Karen and Elizabeth may have experienced negative incidents in previous relationships (e.g., locked in a car, boyfriend being unfaithful), they never experienced physical violence. Despite risk, the women were successful in establishing and maintaining their current non-violent, healthy relationships today. In addition, Ann, Karen, and Elizabeth have also been successful in acquiring education and financial independence. Thus, they demonstrated the ability to take care of themselves as both children and adults. When asked to describe what events or people in their lives have affected their ability to establish and maintain a healthy relationship, the women identified supportive family members, organized sports, stuffed animals, and nature during their childhood and adolescent years, and securing financial independence by completing post-secondary education during adulthood.

Karen's supportive family members. Karen described the role of supportive family members: her siblings and her mother. She referred to herself as a “tomboy” in reflecting on the time spent playing sports and games, such as rugby and hockey, with her brothers while growing up:

I was really involved with my brothers and loved them and admired them and the relationships that I have with them. I am very close with one in particular. He is just a great positive influence. I was just a tomboy. I really did love him growing up. He was very charismatic, you know, intelligent person, who taught me lots of things ... lots of stuff like everything from math to ... we'd play catch, we'd play like every kind of sport you can think of. ... When I look back on our [childhood], like we really did get along really well together and I have a great deal of respect and love for him and I think he does for me.

In her experiences of family violence, perpetrated by her father, Karen still had important connections with male role models, being her brothers. Her mother's teachings and actions also assisted Karen in establishing a non-violent, healthy adult relationship. Her mother 'justified' her decision to remain in the marriage, yet this action still empowered Karen to avoid a similar situation:

My mom ... has said a million things about, you know, ... about how to just – because she had figured that out in the 70's when she was choosing between staying or going and chose to just stay, but make her own life, it was her own compromise. And she shared lots of that with me about, you know, just concentrating on yourself and, you know, just not be critical and stuff like that.

What did making her own life and concentrating on oneself look like?

Well she had her own room. ... Like he [Karen's father] was the generation that didn't want his wife to work and it caused no end of fighting between them, but she always did whenever she could with young children at home. ... She really just did persist in living her own life regardless and she started – well he took her money – and wouldn't allow her access to the account, so she just opened her own account and never asked him for money. ... And she always very active in volunteering, she was just so, like what she got done in a day and now we know she had cancer during some of those years and she makes me look like a wimp [chuckles] even now, you know what I mean? ... Well she just, there was a time when I was bugging her cause I always wanted her to leave cause I wanted to leave with her, but she wouldn't go and she just explained to me that 'you can never change another person, and all you can do is change yourself' and 'all you can do is

live your life'. But that never meant leaving to her. And umm, yes that's just what she had to do.

Paradoxically, Karen's mother articulated to her daughter the importance of concentrating on oneself, yet her own actions were not representative of those teachings (e.g., 'do as I say, not as I do').

Elizabeth's organized sports. Elizabeth described how organized sports, specifically track and field, was her "touchstone", something she was "good at" and something that no one could take away from her. During her school years, Elizabeth became heavily involved with school sports so that she would not have to be at home: "The biggest event in my life for me was being an athlete". Her comments represent the importance and meaning track and field had in her life:

I have no idea how much the school system knew about my home, I have no clue, nobody ever mentioned me, nobody ever suggested I get counselling, no guidance counsellor ever called me in ... But I was blessed in that ... I had a teacher in grade 8 who saw I had talent before I knew it and connected with me. And I'd love to find her and ask her if she knew, you know, what I was going through. I did not want to spend time at home. I wanted to spend time at home to save my mom, but I didn't want to spend time at home. So I was [at] any athletic event, anything at the school I'd be there. So the events that surrounded me with that and then I became very skilled at track and was coached by someone who was an exceptional coach. He basically took care of me through high school; we had a big team and I was very successful. So I made it into [a] big national team and all the rest of that and that is an event that changed my life.

In fact, she saw the importance of sports in children and adolescents' lives now because of what sports provided her with while growing up:

I was pretty good in school, very good in sports. Sounds like I'm bragging, but that's what it did. And that saw me through, gave me confidence when I had none, gave me friends when I had few, and gave me friends that didn't need to come to my house and that was key ... That was really key for me. So when I work with children now, I am certainly not Mother Theresa, but I have a whole different view of sports because of what it did for me, because what I needed it to do.

Now a parent herself, Elizabeth placed importance on positive opportunities (e.g., education) and access to role models, such as in organized sports, for her daughter. Furthermore, Elizabeth viewed these opportunities as a means of teaching her daughter the “skills” to avoid abusive relationships as a young woman:

My goal is to have her [her daughter] reach a level, ... a place in her life where she will not allow people to treat her badly, you know. ... I want her to have a backbone and that's very important. And she watches me closely – she knows I am a strong advocate for women and women's rights and she watches it very, very closely. ... So all I can do is give her the skills so that she feels so strong that she will not be drawn into a destructive relationship. And I think that's really key. ... Plus, I mean Kayla is up at university. She sees the coaches, she meets high performance athletes, you know – and I do that on purpose – absolutely. I make sure that positive, strong role models are part of her life. Absolutely. So that she can see the possibilities. I mean she may never have the talent to play university athletics at all, that's not the point. The point is a strong woman who worked for it. Yeah, that's really important to me. ... And she will be educated – whether it's – ... the best hairdresser around if that's her deal; ... she will go to the best school, she will have every opportunity to be the best hairdresser if that's what she chooses, but she will be well-educated. Absolutely.

And I hope that sports will allow her to have that, too. I mean it's not the only way – I think strong musicians, you know, strong people that – I do a lot of work with adolescent girls and the ones I see that are in trouble often don't have a place to come back to where they say 'well Sam dumped me, but I am a fabulous musician. I am a fabulous friend. I am a fabulous athlete.' You know something that they can come back to when their love life, which is huge for girls and young women, crashes down. Cause that's what I had, you know, I had a guy cheat on me with my best friend, but I was on the national track team, you know, 'so you're a jerk; I am still good at this', you know, that kind of thing.

As Elizabeth's home environment was void of nurturance, organized sports provided her with positive opportunities for increasing her self-confidence and developing friendships. As an adult now, she recognized how important positive opportunities and access to role models are for children and youth.

Ann's stuffed animals and exploring nature. Ann turned to her stuffed animals, which took on real-life qualities, and she also escaped to the mountain and lake regions near her home.

When exploring what was pertinent about her stuffed animals, Ann commented on the emotional support and companionship they provided, and the fact that they were something tactile:

They'd listen. I'd talk to them. ... And they would never tell or they would never talk back to you – and I always wanted animals with the great big long arms so that something could hug me cause I never got hugged. [For example, I had] ... a dancing bear of Captain Kangaroo and so he was life-size; he was like a person to me. So you know he was good, just that feel of a, you know, they kind of took on a human, I mean they didn't talk to me or anything, but just that they're like a friend or the size of a friend. They could sit in my chair and be in my tea party.

In addition to the emotional support and companionship Ann's stuffed animals provided her with, she utilized nature as a way to escape:

I did a lot of nature hiking ... It was an escape because if I went to a friend's house he [her father] knew where I was. If I went out hiking, he couldn't find me and it was just nice to be lost in the forest. I mean I never ever really got lost, but just to be encompassed by something that was kind of the protector – the trees. ... It was a chance to get away. No one was there telling me what to do and it was quiet, it was peaceful, it was serene – you know the water, I mean babbling brooks and ocean waves are one of my favourite things even now and so it was the same there. You could just escape and no one needed you to be there for them or to do things for them.

Even at a young age, Ann also showed the ability to take care of herself while growing up in a volatile home environment:

I think that's the big thing. I've always had trouble sleeping, you know, just because you know the violence is there and you never know and you become paranoid. I mean as a young child I would always sleep with my bedroom door closed, I had pop cans stacked against the back of my door, and my window was always kept open – like you know open so it would be easier to get out of it – with shoes. So as soon as my door opened, I would hear the pop cans and it would give me that extra time to get out my window. And subsequently, when I realized – cause I would always every week do the practice drill out my window – ... and once I realized that I was starting to grow and hit puberty and couldn't fit out my window, I developed anorexia so I could still get out my window to escape the violence.

Ann's ability to turn to her stuffed animals, utilize nature for serenity and peace, and practice her escape drill out her bedroom window demonstrate that when Ann's life was unpredictable, she would turn to sources of strength and positive influences.

Education. Pursuing post-secondary education and establishing financial independence was another way the women looked after themselves. All three women possessed undergraduate, as well as graduate degrees, in various disciplines. Post-secondary education provided them with independence so that they were not financially dependent on their partner/husbands.

Ann distinctly recalled how her mother emphasized the importance of education in Ann's life:

My mother always told me ... to never settle and to always have a good education no matter what. And I think that was her way of telling me 'you have to be able to create options for yourself because I had no options'. I mean my mother had a little bit of grade 1 and that's all she ever had for education and so I think she instilled in me that education was very important just because it's your ticket out if things get rough.

However, Ann also experienced the emphasis on education as paradoxical:

I've always tried to have an avenue out if I needed one. And I think that's also problematic because I've never allowed myself to be actually in the relationship because I've always been looking for the exit before I've even got through the entry door. I am always looking for the way out.

Karen's mother's actions also reinforced the importance of education. As previously mentioned, Karen's father took over her mother's life savings and as a result, her mother sought employment and started saving money all over again. When possible, her mother assisted Karen financially throughout university:

She did help me as much as she ever could, but she never had – she'd given me money here and there. ... But for someone that, you know, doesn't have much cause she never did get back what [she had saved initially], you know, ... like she did try, like she worked in day cares and they don't pay well.

Karen's emphasis on personal financial independence was evident in her present relationship. She explained that during the 13 years her partner and her have been together, she has moved multiple times to different cities, provinces, and even countries for short-term employment.

Despite her travels, they continued their relationship as a long-distance couple. Her partner was always very supportive of her decisions involving employment because:

If I couldn't get work here, I would take work wherever I could and go, although his work kept him here. ... We always agreed to stay together. He knows I don't like not having my own source of income.

Elizabeth was very determined in the pursuit of higher education:

I was driven, I knew I wanted a Master's degree and I knew someday I would have a PhD or I really wanted that to happen. And part of it was I loved it [education], but the other part was 'I'm going to be well-educated because if I am well-educated no man or no circumstance is going to put me under'. ... It [pursuit of education] was mostly about ME and achieving my goals and making sure that I was set, right, and that was very key to me.

In summary, Ann, Karen, and Elizabeth identified sources of strength and positive influences that they relied on throughout their childhood and adolescent years in dealing with their violent home environments. Specifically, Karen possessed strong relationships with her brothers and mother, Elizabeth excelled in organized sports, and Ann utilized stuffed animals and escaped to nature. In addition, the women pursued post-secondary education, and today, they value their financial independence, thus, illustrating their ability to take care of themselves even as adults.

Summary

The rich descriptions shared in this chapter illuminate Ann, Karen, and Elizabeth's experiences of living with interparental violence in childhood, and developing later intimate relationships in adulthood. In listening to the women talk, I came to believe that the shared meaning of the experience was 'relationships take work'. Ann saw herself on a journey and was currently negotiating her relationship with her husband. Several circumstances made her relationship difficult. To date, she was unsure as to whether her relationship would endure these challenges. In describing the work required to establish her relationship, Karen described her

and her partner's discussion regarding "deal breakers" prior to moving in together. She also expressed relief that her partner, Bill, did a lot of the emotional work (e.g., use of humour to end an argument) and was "good at it". Finally, Elizabeth and her husband negotiated parenting concerns, specifically the role of spanking. She felt her and her husband prioritized their family and household, thus, they work together in maintaining their relationship.

In addition to the shared meaning, I identified several themes. The women described childhood home environments that were characterized by a wide range of verbal, physical, financial, and psychological interparental violence, sometimes coupled with alcoholism – that is, their experiences were diverse. Ann, Karen, and Elizabeth also described how their experiences of family violence will always be with them despite attempts at forgetting it. Complex daughter-mother relationships were also evident, as there was a reversal of parent-child roles and responsibilities. For example, the women as children were their mothers' protectors from the violence.

In my understanding and making sense of their relationships, several sub themes emerged, such as characteristics of their relationships they see as healthy. For example, Ann placed emphasis on the 'little things' her partner does; Elizabeth discussed the role of reciprocal respect for one another; and Karen saw the importance of independent financial security in her relationship. The women also spoke of intentionality or the ability to "spot the good guys from the bad guys". Specifically, Karen avoided any potential partners who were hyper-competitive towards sports. Vigilance (i.e., "waiting for the relationship to go off-track") was also common to the women's relationships, as it was some time before Elizabeth and Karen recognized their relationships would endure; Ann was still questioning whether her relationship would indeed endure.

When asked to reflect on what events or people in their lives affected their ability to establish and maintain a healthy relationship, Ann, Karen, and Elizabeth identified supportive family members, organized sports, stuffed animals, and exploring nature. Karen had close relationships with her brothers while growing up and spent a lot of time with them “hanging out” and playing sports and games. Ann viewed her stuffed animals as emotionally supportive in that they could hug her, as hugs from her parents were absent. She also escaped her home environment by spending time in a forest near her home. Elizabeth believed that her experiences of organized sports were instrumental in dealing with her home environment. As children, the women took care of themselves in a variety of ways and even as adults, their pursuit of post-secondary education enabled them to take care of themselves financially.

Ann, Karen, and Elizabeth’s lived experiences and the meaning they make of exposure to interparental violence and the subsequent development of their healthy, non-violent relationships is best captured by answering the question: how do their experiences differ from women in intimate relationships without a childhood history of interparental violence? First, the women’s experiences of family violence will always be with them, such as being triggered to past episodes of violence or being able to recognize familial patterns of screaming and yelling. Second, they experienced a reversal of parent and child roles and responsibilities, as they were their mothers’ protectors. Third, they navigated their way in establishing and maintaining their relationships without a map, and initially, this was marked by vigilance. Finally, since their childhoods, the women have engaged in behaviours to take care of themselves by turning to sources of strength and positive influences, such as supportive family members, organized sports, exploring nature, and post-secondary education.

Chapter 5: Discussion

This basic interpretive qualitative study (Merriam, 2002) was conducted to understand more about the phenomenon of women's childhood exposure to interparental violence and their subsequent development of healthy, non-violent intimate relationships in adulthood, with special attention given to sources of strength and positive influences. This chapter reviews and summarizes the main findings of the study, and extends the findings to existing literature in the areas of family violence, resiliency, and intimate relationships. Practice implications for counselling psychology, alongside both the strengths and limitations of the present study, and areas for future research are described.

Summary of Findings

The shared meaning of Ann, Karen, and Elizabeth's lived experiences of exposure to interparental violence in childhood and their subsequent development of healthy, non-violent intimate relationships in adulthood was one of significant ongoing emotional work in their relationships. Sometimes the work was messy and complicated, yet they kept engaged in the relationship and did not succumb to its termination. That is, in the past the women have worked and today, continue to work at the relationship in regards to negotiating roles, expectations, and concerns. Ann was currently actively engaged in the work and was grappling with its roadblocks in her journey to a healthy and non-violent relationship. Karen and her partner, Bill, set out their expectations for their relationship prior to moving in together, and Elizabeth and her husband, Tom, negotiated the discipline of their children and placed importance on their family. It is pertinent to note that the emotional work was reciprocal in their relationships, as their partner/husbands also engaged in the work. For example, Karen felt that Bill does more of the work (e.g., "65 to 35% split") and does it well. Ann expressed that she sees herself doing more

of the work than her husband, yet she also recognized that she needs to inform Don too when she has a concern. She has recently begun working to express her needs and concerns. Elizabeth talked about how she learned to be a “better partner” in that she used to yell and scream, however, she later recognized this behaviour was a pattern from her childhood experiences.

In addition to a common shared meaning, I also identified five pertinent themes from the data: a) diverse experiences of family violence, b) family violence is always with you, c) complex daughter-mother relationships, d) understanding and making sense of healthy relationships, and e) sources of strength and positive influences.

Ann, Karen, and Elizabeth’s lived experiences of exposure to interparental violence was characterized by a diverse range of abuse, such as physical, verbal, psychological, and financial abuse, primarily perpetrated by their fathers and directed towards their mothers. However, the women were also victimized themselves as children and adolescents. For example, Karen recalled being “booted really hard” and Ann described an incident of verbal abuse. The profound impact of family violence on the women cannot be ignored. All three women articulated that their experiences of family violence will always be with them, despite attempts at forgetting it by leaving home for example. When Elizabeth completed university, she left home and thought she could forget her traumatic childhood experiences. However, years later as a parent herself, she recognized the impact of family violence on her. In fact, she described internal pressure (e.g., “it’s a constant bar I set for myself”) to raise her children the way she would have wanted to be raised.

During the interviews, all three women talked about experiences with their mothers. As their mothers were the primary victims, Ann, Karen, and Elizabeth took on the role of their mothers’ protectors, indicating a reversal of parent and child roles and responsibilities. It is

interesting to note that their mothers did not leave their abusive marriages; rather they chose to remain in the marriage. However, as adult women today, Ann, Karen, and Elizabeth all described their mothers as strong considering the volatile home environment. The women and their mothers continued to possess positive and supportive relationships today, with the exception of Karen's mother who is deceased.

Ann, Karen, and Elizabeth's understanding and making sense of their healthy, non-violent relationships involved several sub themes. First, in describing what they feel made their relationship healthy, the women pointed out that the absence of physical, emotional, sexual, verbal, or financial abuse was key, alongside positive characteristics they saw in their partner/husbands, such as physical attractiveness, gentleness, kindness, considerate of others, responsible, mutual respect, reciprocity, and similar interests and values. The women also commented on both their partner/husbands' reciprocity towards their relationships and supportive extended family members in establishing and maintaining their relationships. Second, Karen and Elizabeth expressed awareness and surprise at their ability to establish and maintain healthy, non-violent relationships despite positive models of intimate relationships in their families during childhood and adolescence. Third, based on their childhood experiences of family violence, the women were also intentional in regards to the individuals they would consider dating. Elizabeth would not date men who drank excessively and Karen avoided hyper-competitive men. Ann initially looked for three attributes (i.e., strength for protection, love and care, and compliments) in a potential partner; however, she later placed emphasis on her husband's career success, honesty, and his actions in social situations. Finally, the women also spoke of vigilance in their relationships; as they began dating their partners, they wondered if their relationships would endure or go "off the track". To date, Ann was still unsure about the

status of her relationship. There were several obstacles in her journey, such as her husband's diagnosed ADHD, and a possible job re-location without her husband.

In the context of the present study, a paramount risk factor for experiencing intimate partner violence as an adult involves witnessing interparental violence as a child (Hotelling & Sugarman, 1986). In responding to the recruitment poster, Ann, Karen, and Elizabeth judged themselves to be in non-violent, healthy relationships despite being exposed to interparental violence in childhood and adolescence. The three women possessed a tremendous ability to take care of themselves by turning to sources of strength and positive influences in their lives, such as supportive family members, organized sports, nature, and stuffed animals. For example, Karen had supportive relationships with her mother and brothers, Elizabeth excelled in organized sports, and Ann turned to both exploring nature to escape the violence and her stuffed animals for love and support. An additional aspect of the women's sources of strength and the ability to take care of themselves involved the role of education. All three women possessed undergraduate as well as graduate degrees and emphasized their pursuit of higher education and the resulting financial independence as adult women. Having financial independence was viewed as a "ticket out if things get rough"; that is, if necessary, the women could leave their partners. With unpredictable and unstable home environments, the women demonstrated a unique ability to take care of themselves, and this continued throughout their entire lifetime as children, adolescents, and adults by turning to sources of strength and positive influences.

In summary, the shared meaning of exposure to interparental violence and the development of healthy, non-violent intimate relationships in adulthood involved the role of emotional work required to establish and maintain the relationship. There were also five themes that I identified from the data, such as complex daughter-mother relationships, understanding and

making sense of healthy, non-violent relationships, and sources of strength and positive influences.

Integration of Findings to Existing Literature

How do the current findings apply to other literature in the area of family violence and resiliency, and intimate relationships? The present findings raise questions about the role of positive or successful coping as a process versus a static judgment of resiliency, and the reciprocity of emotional work in the women's relationships presents a new understanding from previous research in intimate relationships.

Family Violence and Resiliency

A resiliency theoretical framework, defined as positive adaptation in spite of serious threats or significant adversity to adaptation or development, (Masten, 2001) was utilized in the present research (refer to Chapter 2 for further description). In regards to the current study, exposure to interparental violence as a child was an established risk factor for later intimate partner violence as an adult woman (Hotelling & Sugarman, 1986). However, the study sought to examine women who self-identified as currently being in healthy, non-violent intimate relationships in adulthood despite their risk. Special attention was given to identifying sources of strength and positive influences. However, as a limitation of the resiliency research, resiliency cannot be directly measured (Luthar, 1993), and this limitation raised questions in examining resiliency in the current study. The findings described how the women who participated in the research demonstrated a unique ability to take care of themselves since their childhood by turning to sources of strength and positive influences, such as supportive family members, organized sports, stuffed animals and exploring nature, and the pursuit of higher education. One may consider these sources of strength and positive influences to be protective

factors in utilizing a resiliency framework; however, I also question whether these ‘protective factors’ are more related to positive or successful coping. That is, for these women, when their home environments were volatile and unpredictable, they coped by turning to sources of strength and positive influences in their lives.

Coping. Recently, the coping literature has been referenced to within resiliency literature (e.g., Goldblatt, 2003; Bennett, 1991). Possibly, Ann, Karen, and Elizabeth positively coped as young children and adolescents by turning to sources of strength in their lives (e.g., supportive relationships, organized sports, nature, and stuffed animals) and continued to positively cope today by doing ‘maintenance work’ in their relationships, thus contributing to their healthy, non-violent relationships.

What exactly is coping? Lazarus (1966) defined coping as “strategies for dealing with threat” (p. 151). He discussed that the most important situations requiring coping includes crises in an individual’s life, such as childhood maltreatment, vehicular accident, and in the case of the present research, exposure to interparental violence. More recently, Snyder (2001) defined coping as “what must be done to keep his or her life at a reasonably high level of satisfaction” (p. 4). Coping may involve a variety of thoughts, emotions, and actions. Two predominant coping pathways include: approach (or problem) and avoidance (or emotion; Lazarus & Folkman, 1984). Hopper (2001), in her review of the literature, emphasized that approach coping strategies generally result in better physical and mental health. However, Snyder (2001) discussed that both approach and avoidance coping strategies are equally beneficial depending on the particular situation and individual differences. Therefore, positive coping strategies include: obtaining social support, finding meaning, using humour, comparing with others, revealing secrets, remaining physically active, and engaging in meditation. In contrast,

rumination, focusing attention on oneself, procrastinating, and experiencing hostility are negative coping strategies.

The role of coping and exposure to family violence with samples of adult women remains severely understudied. However, recent research has examined coping in adolescents exposed to interparental violence. Utilizing a phenomenological perspective, Goldblatt (2003) examined exposure to interparental violence and resiliency with adolescent males and females ($N = 21$, 10 males, 11 females; ages 13 to 18). Goldblatt emphasized that previous research has examined detrimental outcomes for adolescents exposed to interparental violence without examining resiliency outcomes. She argued that there needs to be more focus on positive outcomes, such as competence and coping, as adolescents are more aware of social values and more efficient in expressing their attitudes regarding family violence.

Through semi-structured interviews, results identified that coping for these adolescents was twofold (Goldblatt, 2003). That is, they employed a mode of action to survive in their violent environment (e.g., stepping in to stop the abuser, avoiding being home), and they sought positive outcomes in life in spite of their negative experiences. The females in Goldblatt's study spoke of developing non-violent intimate relationships and future marriages. For example, they spoke of avoiding a potentially abusive partner, intentionality in being a non-violent mother in the future, and how they have helped others experiencing similar experiences in terms of emotional support. The males described their life planning in terms of establishing a good career, marrying a supportive partner, and establishing a warm, secure family in direct opposite to their parental and marital models experienced at home. Goldblatt's (2003) study highlighted adolescents' coping mechanisms within their violent families, and more importantly, they felt capable of affecting their own lives and those of their future families. That is, they were

intentionally attuned to their future characterized by living safely as non-violent adults. Similar to the present study, the findings revealed that Ann, Karen, and Elizabeth also took care of themselves during childhood and adolescence in order to survive their violent home environment, and as adults, were intentional in establishing their non-violent relationships and, in the case of Elizabeth, her own family of procreation.

Bennett's (1991) phenomenological study also highlighted the role of coping for adolescent girls exposed to interparental violence. Using unstructured interviews, adolescent girls ($N = 5$; ages 15 to 24) described what it was like to grow up in a violent home and reflected on the meaning of their experiences. Results indicated that participants coped by blocking aspects of their experiences of family violence from their awareness. However, they did not view their experiences of family violence as totally meaningless, rather they expressed a need to redefine and integrate their experiences which permitted them to "grow stronger and wiser" (p. 437) as described by one participant. In addition, participants coped with feelings of fear and helplessness stemming from family violence through a close bond with their mother or siblings. Bennett concluded her article by highlighting the participants' positive coping and resolution efforts. In the context of the present findings, Ann, Karen, and Elizabeth also possessed a strong bond with their mothers, and, in the case of Karen, she also possessed strong relationships with her brothers. However, it is also interesting to note that participants in Bennett's research did not describe any coping mechanisms outside supportive relationships, such as organized sports, nature, or stuffed animals as the women in the present research described.

Despite the paucity of research attention to family violence, coping, and resiliency, Hopper's (2001) doctoral dissertation offered some insight. Hopper noted that little research had been attended to differing levels of adjustment or well being in battered women. Therefore, she

sought to identify resiliency factors and to examine mechanisms by which resiliency factors operate. Hopper pointed out that despite some of the effects of intimate partner violence, such as depression, post-traumatic stress disorder (PTSD), and feelings of shame and humiliation, there is wide variability in individuals' functioning and this variability may be related to personal and environmental resources and coping strategies in dealing with the trauma. Personal and environmental factors, such as cognitive styles, problem-solving abilities, hardiness (i.e., affects how an individual perceives and responds to various situations and events), self-efficacy (i.e., people's belief to exercise control over given events), and social support, may operate directly on adjustment or indirectly through coping.

Participants were battered women ($N = 140$), primarily African American, with low incomes residing in a women's shelter (Hopper, 2001). In order to examine the mechanisms by which resiliency factors operate, Hopper tested direct, mediational, and moderating models utilizing hierarchical regression models. Participants completed the following standardized measures: the *Dispositional Resiliency Scale*, the *Self-Efficacy Scale*, *Provisions of Social Relations*, the *Ways of Coping Questionnaire*, the *Impact of Event Scale*, the *Brief Symptom Inventory*, the *Index of Well-Being*, and the *Revised Conflict Tactics Scale*.

Results indicated that personal factors of self-efficacy, hardiness (i.e., dispositional resiliency), and coping strategies (i.e., positive reappraisal, planful problem solving, confrontive coping) were directly related to lower psychological distress and symptoms of post-traumatic stress. In addition, higher levels of perceived social support from both family and friends revealed a direct effect, as more social support was associated with less distress. Social support also had an indirect influence on coping (e.g., a friend to support the battered woman that she is not to blame). Hopper concluded that resiliency factors buffer the effects of abuse.

Another limitation of the resiliency research involves judgments about whether an individual displays resiliency. Rather than an ‘all-or-nothing’ or definitive construct, the present findings suggest that resiliency may be seen as more of a process. For example, the women showed the ability to take care of themselves and to experience positive outcomes throughout their childhood and even into their adulthood. Ann turned to her stuffed animals and explored nature, Karen had supportive relationships with her mother and brothers, and Elizabeth excelled in organized sports as children and later as young adults, they completed post-secondary education.

Surviving and transcending interparental violence? Although research that examines family violence, resiliency, and adult intimate relationships remains understudied, DeFrain, Jones, Skogrand, and DeFrain (2003) offered some insight into viewing resiliency more as a process of surviving and transcending, defined as going beyond or excelling. DeFrain and colleagues examined how individuals survive and transcend a traumatic childhood utilizing a mixed methods research design. The purpose of their research was to: a) define what a traumatic childhood is from the individual’s perspective; b) define survival and transcendence from the individual’s perspective; and c) delineate the psychosocial process by which these individuals had survived and transcended their past so that others may learn from these experiences.

Participants ($N = 90$ adults; 17 males, 73 females) self-identified as not only surviving a traumatic childhood, but having transcended or risen above their experiences and grown into “relatively healthy, happy adults” (DeFrain et al., 2003, p. 118). Participants completed a 92-item questionnaire with both likert-type scales and open-ended questions, such as “what happened?, when did it happen?, what are the common feelings associated with the trauma?, who

helped you?, what helped?, and who are you today?” (p. 126). Data was analyzed for themes and categories.

Results indicated that participants experienced an average of 6 to 10 forms of childhood trauma, such as parental alcoholism, poverty, emotional abuse, neglect, natural disaster, and discrimination (DeFrain et al., 2003). Specifically, emotional and physical violence, and sexual abuse was reported by 89 of 90 participants. Thus, the researchers highlighted that abuse is a dominant theme by which individuals categorize traumatic events in their childhood. When asked to reflect upon their feelings associated with their childhood trauma, participants listed: loneliness, isolation, fear, confusion, bitterness, anger, sorrow, skepticism and distrust, guilt and blame (e.g., confusion by co-occurrence of love and abuse), loss of a childhood, and difficulty in trusting others.

In exploring surviving and transcending childhood trauma, 83% of participants indicated that they had indeed survived and transcended their childhood trauma, 11% said they only survived, and 6% did not answer (DeFrain et al., 2003). When asked, “how do you know you’re really okay today?” (p. 141), most participants answered by saying that they were alive, able to function in the world, and were continuing on in the process of transcending through the role of support groups (50%) and hobbies, skills, interests (83%) such as art, music, and poetry in helping to heal from experience. Interestingly, 73% of participants said their traumatic experiences as children made them better people.

Similar to the current findings regarding sources of strength and positive influences, participants described individuals who had helped them both as children and adults. These individuals included: God/Higher being, teachers, coaches, other family relatives, and as adults, counsellors/therapists, friends, and husbands (DeFrain et al., 2003). When asked, “how do

individuals survive and transcend a traumatic childhood from their perspective as adults? Precisely what works?” (p. 135), the participants struggled to explain precisely what helped. Nonetheless, the researchers identified five areas that seemed key elements in the process of surviving and transcending a traumatic childhood: spiritual resources (e.g., not necessarily church, but personal spiritual belief systems), dissociation (e.g., being numb, to have no feeling), escape (e.g., disappearing into books, nature, schoolwork, or school activities that provided self-confidence), accepting life as it is (as adolescents, participants began to see that not all families were like theirs), and survival by default (i.e., children endured somehow).

DeFrain and colleagues (2003) concluded that transcending childhood trauma is a unique, individual, and likely lifelong process for each individual. As described by two participants: “Surviving is just making it. I did that. Transcending is putting everything in perspective, understanding it, and accepting it as part of your life but not letting it rule your life” (p. 142); “It’s like a dark thread woven through a piece of cloth. You can’t pull it out without unraveling the whole thing. And it shows up here and there among all the other threads” (p. 143). DeFrain et al. summarized their findings positively:

Most individuals and families, no matter how dysfunctional, are also likely to have some strengths that can become the foundation for healthy new directions; that a crisis in life can be a catalyst for positive growth. That, in essence, there is always some reason for hope, no matter how desolate one’s life may appear. (p. 120)

Intimate Relationships: Emotional Work

The shared meaning in the present study involved the notion of ongoing emotional work that is required to maintain the relationship. The women placed emphasis on reciprocity of emotional work, that is, their partner/husbands also fulfilled a role in maintaining the relationship. In fact, Karen felt that Bill is better at ‘doing’ the emotional work. How does the shared meaning relate to other literature regarding the role of emotional work in relationships?

The concept of emotional work in relationships first emerged in the 1980's and was termed emotion work or emotion management by Hochschild (1983). Today, other terms have emerged to describe emotional work in intimate relationships, such as Miller's (1976) emotional housework or invisible domestic labour and Maushart's (2001) phrase "doing the intimacy". However, Hochschild distinguished between emotional labour and emotion work; emotion work involves the management of feelings done in a private context with use value, rather than having an exchange value or ability to be sold for a wage as in emotional labour. Maushart argued that the 'doing of intimacy' has historically been and continues to remain "wifework": [a] "lopsided division of emotional labour" (p. 145) in that wives do most and husbands do not reciprocate. In the context of the present study, the definition of Hochschild's term emotion work fit most appropriately, but I intentionally altered the spelling to "emotional work" for reading fluency.

Duncombe and Marsden's (1995) literature review suggested that gender asymmetry in relation to intimacy and emotional work "may be the last and most obstinate manifestation and frontier of gender inequality" (p. 150). In their summary of the research, they highlighted that men show more reluctance to express intimate emotion in heterosexual intimate relationships. Emotional work appears to be a pertinent feature in heterosexual intimate relationships, however, their review found that women consistently complain of their partners inability or unwillingness to express intimate emotion, to 'be there' emotionally, to 'do intimacy' and to assume their fair share of emotional work in the relationship. Women predominantly engage in the emotional work to maintain the relationship, yet their work is undervalued and invisible. In fact, Duncombe and Marsden termed this division of emotional work as "the problem with no name" (p. 165). The authors concluded that until men assume their share of emotional work in intimate

relationships, women will continue to engage in a triple shift, that is, a double-shift characterized by paid employment and household and childrearing duties, but with the added burden of the emotional work necessary to keep their partner, children, and themselves happy in their relationships.

Previous research has emphasized a gendered division of emotional work. In Robinson's (2003) personal and political feminist position of the rejection of marriage and cohabitation, she discussed women's responsibility for emotional work in relationships. In her rejection of marriage and cohabitation, she praised her lack of responsibility for emotional work:

In relation to emotional work, living alone means that I do not fall so readily into the trap of taking responsibility for a male partner's emotional well being. Not all women feel they have to take such responsibility, but in practice many women I know who are living with male partners do end up providing both emotional reassurances and emotional support. This is not always reciprocated by their male partner, which can result in the women in the relationship feeling drained and resentful. (p. 439)

Similarly, Sandfield and Percy's (2003) qualitative feminist research, which they defined as valuing women's phenomenological accounts with a focus on thematic content, explored heterosexual women's experiences of relationships. Data generation consisted of semi-structured interviews with 12 heterosexual women aged 20 to 48 years. Participants were single, cohabiting, married, or divorced. The interviews were designed to elicit women's relationship experiences, expectations, and desires, and the participants were asked to describe past and current relationships.

A major finding in Sandfield and Percy's (2003) research was the construction of fault, blame, and accountability for failure in relationships. Self-doubt and self-blame for failure in relationships were evident in both single and divorced participants' accounts. They constructed themselves as to 'blame' for the termination of past relationships and questioned whether they had fulfilled their obligations as partners (i.e., emotional work to keep relationship functioning).

The participants also identified their own inadequacies as damaging to their relationships rather than extraneous circumstances or corresponding inadequacies in their partners. For example, one participant commented: “I kind of questioned whether I could have really saved it?”, and another explained: “because I’ve been like ... depressed over the last 12 months, I think that’s probably, well, I’m fairly sure that’s probably the reason why we split up in the end” (p. 483). It is interesting to note that extended family members, such as their mothers, held participants responsible for the termination of their relationships as well. The participants described that their families allocated blame for not having *made*¹ the marriage work. Thus, the participants themselves and other family members perceived women to be responsible for maintaining their relationships by engaging in emotional work.

Despite past research indicating that women are responsible for the emotional work required in their intimate relationships, the present research highlighted that for these three women who experienced interparental violence as children and adolescents, their partners played a pertinent role and were often responsible for the emotional work. It is imperative to highlight that although Ann, Karen, and Elizabeth were not exposed to models of healthy relationships, they placed emphasis on their partner/husbands’ ability to do the emotional work. Ann discussed how both her and her husband are responsible for the emotional work required and Karen discussed that her partner Bill was even better than her in doing the emotional work. Elizabeth and her husband shared the responsibility of doing the emotional work by their priority on their children and household. Duncombe and Marsden (1995) suggested that: “People – *men* as well as women – should learn that the sustaining of relationships demands emotion work from *both* partners” (p. 164), and the present findings suggest that these women and their partner/husbands have been successful in negotiating and mutually participating in the emotional work required

¹ Note: Sandfield and Percy’s emphasis denoted by italicizes

for their intimate relationships. I speculate that this may be because the women were not oriented to relationship skills (e.g., empathy, nurturance) because they were not positively modeled in their families; however, their partner/husbands grew up in relatively healthy families and were more 'skilled' and brought this into their relationships.

In summary, the present research applies to existing literature in the areas of family violence and resiliency, yet raises questions in regards to the construct of resiliency, coping, and surviving and transcending interparental violence. Specifically, the findings suggest that positive coping may also play a role, and resiliency may be seen more as a process rather than a definitive construct. In addition, the present research extends the literature in the domain of emotional work in intimate relationships because these three women exposed to interparental violence in childhood described relationships in which their partner/husbands reciprocated, and even assumed more responsibility for the emotional work required in the relationship.

Implications for Counselling Practice

The shared meaning of Ann, Karen, and Elizabeth's exposure to interparental violence and the development of their healthy, non-violent intimate relationships in adulthood involved the notion of ongoing emotional work. Negotiation of roles, expectations, and concerns required 'maintenance work' throughout their relationships. This shared meaning raises interest for helping professions (e.g., psychologists, counsellors, nurses, therapists) as to how they can best meet the needs of female clients developing intimate relationships in adulthood who were exposed to interparental violence in childhood or adolescence. Two pertinent domains for counselling practice were raised by the present study: a) awareness and education, and b) a therapeutic model based on building strengths and skills.

First, the present research highlights the need for awareness and education of the results to the helping professions. One evaluation criterion, community as arbiter of quality (Lincoln, 1995; 1998), speaks to the notion of awareness and education. I believe that publishing and presenting the findings will lead to an increased awareness for offering an empowering perspective on exposure to interparental violence and the notion of emotional work required in establishing and maintaining intimate relationships. The fact that the women in the present study were able to develop healthy, non-violent relationships offers an empowering perspective, rather than the dominant, negative perspective of the effects of intergenerational transmission. In addition, both practitioners and clients need to be made aware that individuals with a childhood history of interparental violence may experience the establishment and maintenance of healthy, non-violent intimate relationships as much more 'labour intensive' emotionally. For example, challenges involving finances and employment, and child rearing practices may need to be negotiated more explicitly as demonstrated by the present research.

Second, the research findings can be transposed to counselling interventions. As the present research examines strengths and positive assets and resources, it is most appropriate to explore implications for counselling practice in reference to a model such as Corcoran's (2005) Strength-and-Skills-Building Model. Despite a recent movement in the helping professions to focus is on people's strengths and resilience, rather than pathology, practice models encompassing these frameworks are few (Corcoran, 2005). Corcoran described an eclectic approach that takes into account both individual resources and the areas where client skills can be bolstered, making use of both strengths-based and skills-based practice approaches. In this capacity, clients are assumed to have the necessary skills to solve their own problems and a major focus of treatment is bolstering motivation and resources. Skills are taught in a

collaborative fashion as much as possible. Therefore, practitioners can utilize the model in exploring clients' ability to take care of themselves by turning to sources of strength and positive influences throughout their life.

The Strength-and-Skills-Building Model (Corcoran, 2005) is an integration of solution-focused therapy, motivational interviewing, and cognitive-behavioural theory. The practitioner works in a collaborative way, with respect for the client's perspective and unique strengths, helps build on existing resources, and identifies areas of limitations to which the client is motivated to work. Some techniques utilized in the model include: a) reframing - a practitioner introduces clients to a new way of viewing problem and clients are given credit for positive aspects of their behaviour; b) normalizing - characterized by depathologizing client concerns, as the original problem is kept in proportion to its nature (e.g., grief = client: "I'm going crazy"; practitioner: provide information about grieving process and time required to grieve); and c) coping questions - validate the extent to which clients have struggled, but also ask clients to reflect on the resources they have used to managed their struggles, such as "How have you coped with the problem?", "How do you manage? How do you have the strength to go on?", "What qualities do you possess that you seem to be able to tap into times of trouble?" (p. 77). In the context of the present study examining interparental violence, an example of a coping question might be: "Has there been abuse (physical, sexual, family violence)? How did you cope? How were you able to survive that time?" (p. 89).

A particular aspect of Corcoran's (2005) Strength-and-Skills-Building Model is exploring the solution. This involves discussing the strengths that clients display and finding times of exception or when the problem does not present itself. Rather than teaching new skills, exception finding emphasizes the capacities clients already possess. Once an exception is

elicited, the practitioner asks about the resources the client drew upon, including the cognitive resources and details of the context (e.g., “How did you get that to happen?, When is the problem a little bit better?” (p. 83). Exploring the solution is a pertinent opportunity to highlight clients’ ability to take care of themselves through sources of strength and positive influences in their lives. For example, Ann turned to exploring nature as a way to circumvent her violent home environment. By being ‘lost’ in nature, she experienced tranquility.

In addition to Corcoran’s (2005) Strength-and-Skills-Building Model, Holman (2001) offered some interventions for helping professionals to assist couples in establishing and maintaining healthy, non-violent relationships. While an intimate relationship is a ‘fresh start’ in many ways, individuals do not start relationships with a “clean slate” (p. 192), as they bring many attitudes, perceptions, biases, and patterns of behaviour into a new relationship. Some of those come from who we are as individuals, some from our families of origin, and some develop in our interaction with our partners.

Holman (2001) suggested that clients with family histories of addictions, lack of attachments, neglect, and violence could benefit from family of origin groups or couples counselling in which one area of intervention may focus on couples exploring their dysfunctional families of origin. Despite a historical focus, treatment is geared towards the present. For example, some important questions that can be addressed include:

Describe your family of origin and its effects on your personality. Focus on emotional closeness, communication, patterns, family rules, roles, and rituals.

Which family of origin interaction patterns and rules will you transfer to your own relationships? Which will you avoid transferring? Why?

Describe how your parents handled conflict or disagreements in their marriage? How has this affected how you deal with disagreements or conflict?

Discuss the characteristics you like/dislike in your parents' marriage. Which will you transfer to your own marriage? (p. 197)

Similar to Corcoran's (2005) model, I appreciated Holman's reference to clients' strengths and resources in working with clients exposed to family violence: "reassure clients that the negative effects of growing up in a dysfunctional family do not have to be permanent, and can be overcome through education and therapy" (p. 197). However, I would add to Holman's comment that not all individuals exposed to family violence require education and therapy in order to lead successful lives as adults. For example, Elizabeth never attended counselling and she was able to establish and maintain her healthy, non-violent relationship. Therefore, interventions designed to come to terms with or restore experiences of family violence may be suitable for some clients with histories of family violence, but not for all clients.

The present findings hold implications for counselling practice in the area of awareness and education, and add to a therapeutic model based on building strengths and skills. Practitioners need to be aware of a positive and empowering perspective in working with clients exposed to interparental violence. In addition to awareness and education, Corcoran's (2005) Strength-and-Skills-Building Model, alongside Holman's (2001) interventions, offers a model focusing on clients' strengths and resources.

Strengths of the Current Study

Three strengths of the current study exist. First, as discussed previously, research in the area of exposure to family violence, resiliency, and intimate relationships remains understudied. To date, few studies exist that examine healthy, non-violent intimate relationships in adulthood with samples of women exposed to interparental violence as children and adolescents (e.g., Burton, 2003; Egeland, Jacobvitz, & Sroufe, 1988; Lake, 2002). Thus, the current study adds to

both the small, but growing, body of research in this area, and as well to the risk and resiliency and coping literature.

Second, by presenting an in-depth examination into the lived experiences and meaning making of exposure to interparental violence and the subsequent development of healthy, non-violent intimate relationships in adulthood, I hope that it will produce interest in additional research. For example, large-scale, quantitative studies could examine specific protective factors, coping strategies, age at time of exposure to abuse, gender differences, use of intimacy scales, etc. Additional research can assist in painting not such a 'dark and gloomy picture' of exposure to family violence as a child.

A final strength of the present study involves the growth opportunities for participants. Ann, for example, discussed how beneficial it was to participate in the interviews. In fact, upon meeting for the second interview, she described how she began to articulate her needs and concerns with her husband. Although the purpose of the research was not to offer pseudo-counselling or support, evaluation criteria of critical subjectivity and reciprocity was both evident and beneficial for Ann.

Limitations of the Current Study

No research is immune to limitations and neither is the current study. First, generalizing the findings to the larger population is not possible. The purpose was to provide in-depth and rich data into the lived experiences, rather than generalize about populations of women exposed to interparental violence as children and adolescents.

A second limitation involves the role of race and education. The three women who participated in the study were all well-educated, middle to upper class, Caucasian women. One may consider how the findings may have been dissimilar had the sample been more racially and

financially diverse. For example, what would the findings have looked like had the research been conducted with First Nations women, a particularly important racial group in Saskatchewan? Despite an attempt to recruit women from the community (e.g., posters being displayed in doctors' offices, local community centres, women's exercise facilities, libraries, and the University of Saskatchewan campus), the racial and financial diversity of the sample may have been limited by my target recruitment facilities. Possibly, the ability to visit these facilities implies that individuals have the financial assets required, such as transportation, money for exercise fees, and money for tuition, thereby excluding lower income women.

Implications for Future Research

What are the implications for future research based on the current findings regarding family violence, resiliency, and intimate relationships? I strongly believe that a male perspective on the cessation of intergenerational transmission of family violence needs to be explored. Previous research is inundated by the observation that males are the primary perpetrators of violence (e.g., Fletcher, 2002; Schwartz, 2005; Statistics Canada, 2005b), therefore, both qualitative and quantitative research needs to examine men who do break the cycle of abuse utilizing a risk and resiliency perspective.

Another area of future research involves coping. There is a paucity of research examining exposure to family violence, coping, and resiliency. Further research into whether positive coping is another protective factor that exists on its own or possesses additive effects to protective factors already established needs to be conducted.

Conclusion

In conclusion, this basic interpretive qualitative study (Merriam, 2002) illuminated the lived experiences of women's exposure to interparental violence in childhood and their

subsequent development of healthy, non-violent intimate relationships in adulthood. A careful listening to their stories revealed the ways in which the women first looked after themselves during their childhood and later in adulthood. The shared meaning of their experiences was captured by the role of ongoing emotional work required in their relationships. I also identified five themes from the data, such as diverse experiences of family violence and complex daughter-mother relationships. The present study extended the literature in the area of family violence and intimate relationships, yet raised questions to consider in the construct of resiliency and successful coping.

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Appendix A: Application for Ethical Approval

1. Name of Researchers:

Jennifer A.J. Nicol (PhD), Assistant Professor, Department of Educational Psychology & Special Education, University of Saskatchewan

1a. Jacqueline D. Rhinas (MEd Candidate), Department of Educational Psychology & Special Education, University of Saskatchewan

1b. Anticipated start date of the research study is October 2005
Expected completion date of the study is June 2006.

2. Title of Study: Resiliency in the Face of Interparental Violence: A Qualitative Investigation

3. Abstract: Childhood exposure to family violence (e.g., interparental violence) has been identified as a risk factor for numerous negative psychological consequences, including dysfunctional intimate relationships in adulthood (Fagan & Browne, 1994; Jaffe, Wolfe, & Wilson, 1990; Koss et al., 1994). Family violence research has commonly utilized a Social Learning Theory conceptual framework to explain cross-generational patterns of family violence. However, not all individuals who experience a violent home environment become abusers or victims in their parental or marital roles (Duffy & Momirov, 1997; Knutson & Mehm, 1988). This finding reflects the concept of resiliency, which is defined as positive adaptation or development in spite of serious threats or significant adversity (Masten, 2001; Luthar, Cicchetti, & Becker, 2000). Considering strengths and resources, rather than risks and vulnerabilities, is a relatively new perspective in the field of psychology. The proposed study will focus on the experience of women, with a childhood history of interparental violence, who develop non-violent heterosexual intimate adult relationships characterized by nurturance, self-disclosure and affection. The purpose of the study will be to describe and understand this phenomenon, with

special attention given to the identification of possible resiliency and protective factors. A qualitative research design will be used given the exploratory nature of the study (e.g., Morse & Richards, 2002) and an interest in obtaining rich descriptive data (e.g., Jackson, 1999).

4. Funding: The student researcher will provide the primary source of funds to support this research.

5. Expertise: As a graduate student in School & Counselling psychology, I have completed course work and am currently in a counselling practicum in a community agency. Through this practicum, I have experience working with vulnerable groups, such as women healing from the effects of trauma and family violence. I believe working with these vulnerable populations provides me with background experience for conducting this research study with women with a childhood history of interparental violence.

6. Conflict of Interest: There is no potential for conflict of interest in the research study.

7. Participants: Approximately three to five adult heterosexual women (i.e., age 35 years or older), who self-identify as having observed interparental physical violence as a child and currently in a non-violent, healthy, intimate relationship will be asked to volunteer for the study.

Criteria used by the researcher to determine participant eligibility will include:

- a) Be female.
- b) Be at least 35 years of age or older.
- c) Participant has observed physical violence (e.g., hitting, kicking, throwing objects, etc.) between her parents during childhood or adolescence.
- d) Participant is currently in a heterosexual cohabiting or marital relationship that they identify as non-violent and healthy.
- e) Participant has been in this relationship for a minimum of 12 months.

7a. Participants will be recruited through a “Call to Participate” notice (refer to Appendix A).

This notice will be posted on campus and in the campus newspaper at the University of Saskatchewan located in the city of Saskatoon, SK., Canada. In addition, the notice will be posted in the city of Saskatoon’s newspaper and in local libraries and recreational centres. The poster will describe the research project and provide the researcher’s contact information.

Potential participants will be screened via phone or email in order to determine if they meet participation criteria.

8. Consent: Informed consent will be obtained with a written consent form (see Appendix B), introduced at the beginning of the first interview. The form clearly outlines the details of the research project, and participant rights and obligations. Signing the form will signify the participants’ understanding of these rights and obligations, and will be accepted as consent to participate. Participants will receive a copy of the consent form. Consent will be verbally re-affirmed at the beginning of the second interview.

9. Methods/Procedure: Data generation will involve two interviews with each participant over the course of approximately two months. Each interview will last between 45-90 minutes and will be audiotape recorded and transcribed verbatim. Interview questions will be developed prior to the interview and will consist of open-ended questions (refer to Appendix C). Following each interview, the participant will be allowed to peruse the transcript from their previous interview and modify their transcript in any way.

10. Storage of Data: All relevant information obtained during the course of the study will be securely stored in a locked filing cabinet. Following completion of the study, Dr. Jennifer Nicol will be responsible for storage of data for a minimum of five years at the University of Saskatchewan.

11. Dissemination of Results: Data collected will be used for a Master's thesis in partial fulfillment for the requirements for a Master's of Education degree in the Department of Educational Psychology and Special Education at the University of Saskatchewan. Pending outcome, data may be used for publication in a scholarly journal article and presented at conferences.

12. Risks, Benefits and Deception: There is minimal risk and no deception involved in participation in the current study. However, some potential risks may involve discomfort or negative feelings in recalling childhood abusive observances. However, participation will be strictly voluntary and participants have the right to withdraw at any time. In addition, at all times participants will be free to determine what they want to discuss, they can end a discussion or refuse to answer to any question, and can ask for the tape recorder to be turned off at any point. If participants feel agitated or upset during or after an interview, participation may be terminated if they decide they want to end their involvement. If they do experience anxiety or any other negative outcomes as a result of participation, referrals (e.g., Catholic Family Services, U of S Student Counselling Services) will be provided for them.

13. Confidentiality: Participants' names will be coded in order to protect the confidentiality and privacy of the participants. Tapes and transcripts will be identified by a code that will be known only to the researcher. Excerpts of the interview will be included in the final study, but no identifying information will be used. Participants will have the right to request that segments of the transcripts not be included in the thesis.

14. Data/Transcript Release: Following completion of the interviews, each participant will have the opportunity to review their final transcripts and interview summaries, and sign a Data/Transcript Release Form (refer to Appendix D) authorizing their use in the thesis and

possibly future scholarly papers. If a data/transcript release form is not signed, the data will be destroyed.

15. Debriefing and Feedback: At the end of each interview, participants will be verbally debriefed and thanked for their participation. An email distribution list will be compiled for those interested in receiving further information on the research study once it is completed.

16. Required Signatures:

Jacqueline D. Rhinas

Dr. Jennifer Nicol

Acting Department Head (Dr. Sam Robinson)

17. Contact Information:

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Appendix B: Call to Participate



Are you an adult woman who observed physical violence between your parents (e.g., hitting, kicking, shoving) in your home as a child, but now have a non-violent, healthy, intimate relationship with your common-law partner or spouse in adulthood?

Would you be willing to discuss your experiences in confidential research interviews?

Under the supervision of Dr. J A J Nicol, a Registered Psychologist, I am a graduate student researcher in Educational Psychology & Special Education at the University of Saskatchewan. I am interested in women's experiences of observing physical violence between their parents in childhood and now their development of a non-violent, healthy, intimate relationship with a male partner in adulthood. I am seeking volunteers to participate in 2 individual 1 to 1.5 hour interviews.

In order to participate, volunteers must:

- A) Be female.
- B) Be at least 35 years of age or older.
- C) Have observed physical violence (e.g., hitting, kicking, throwing objects, etc.) between your parents during childhood or adolescence).
- D) Feel you are in a non-violent, healthy, intimate relationship with a male partner.
- E) Been in this relationship for a minimum of 12 months.

For more information, please leave a message at 966-5261
or email : jdr586@mail.usask.ca

Appendix C: Telephone Script for Participation Criteria

R: Thank you for expressing interest in the research project. Now I just want to confirm that you meet participation criteria. So first of all, are you 35 years or older?

R: And did you observe physical violence between her parents during your childhood or adolescent years, for example, hitting, kicking, or throwing objects?

R: Now turning to your healthy intimate relationship, how long have you been with your male partner?

Probe (if not indirectly answered by the previous question): Do you live together or are legally married?

Is there any violence or abuse in the relationship?

***If participant asks 'is my relationship healthy?'

The researcher will discuss that a healthy relationship is characterized by respect (e.g., do you and your partner respect each other's feelings, opinions, and differences?); financial partnership (e.g., do you and your partner share financial decisions and responsibilities?); absence of threats (e.g., do you and your partner talk, act, and resolve conflicts in ways that make you both feel comfortable and safe?); fairness (e.g., do you and your partner work through conflict so that both of you are satisfied and are you each willing to compromise?); honesty (e.g., do you and your partner accept responsibility for your actions, admit when you are wrong, and talk openly and honestly with each other?); trust (e.g., do you and your partner respect each other's feelings, wishes, and opinions, and do you support each other?); and responsibility (e.g., do you and your partner make decisions and solve problems or conflicts together?).

R: Great, now that we covered the participation criteria, I would like to set up a time to meet and hear about your experiences. I have an interview room at the U of S campus available; do you require directions and/or bus tickets in order to meet?

Appendix D: Consent Form

You are invited to participate in a study entitled “Resiliency in the Face of Interparental Violence: A Qualitative Investigation”. Please read this form carefully and feel free to ask any questions you might have.

Researchers: Jacqueline D. Rhinas, MEd Candidate & Dr. Jennifer Nicol (Thesis Supervisor), Department of Educational Psychology & Special Education, University of Saskatchewan (email: jdr586@mail.usask.ca, phone: 966-5261)

Purpose and Procedure: The purpose of this study is to describe and understand the experience of women, who observed physical violence between their parents in childhood or adolescence, but yet have been successful in establishing a non-violent, healthy, intimate relationship with their current male partner in adulthood. You are being asked to participate in a series of two interviews designed to provide an overview of your past experiences of observing parental violence and how this has impacted upon your ability to initiate and maintain a healthy intimate relationship. I want you to talk freely about your experiences and I am prepared to listen to you. I would like to interview you twice over a one to two month period. The length of each interview will be approximately 45 to 90 minutes and I will ask your permission to audiotape our interviews. Each interview will be transcribed and then you will be presented with a summary of the interview transcript to read and review during the second interview. The information from the taped recordings will be strictly confidential and your name and identity will be kept anonymous. All interviews will be conducted at a mutually convenient and appropriate time and place.

Potential Risks: Any risk associated with this study is minimal. Participation is strictly voluntary and you have the right to withdraw at any time. It is possible that you may experience some discomfort in recalling family violence memories. However, at all times you are free to determine what you want to discuss, you can end a discussion or refuse to answer to any question, and you have the right to turn off the tape recorder at any time. If you feel agitated or upset during or after an interview, participation may be terminated if you decide you want to end your involvement. If you experience anxiety or any other negative outcome as a result of your participation, a list of appropriate resources will be provided, including counselling services (e.g., Catholic Family Services).

Potential Benefits: Talking about your recollections of family violence, your current relationship, and identifying strengths may be beneficial to you. Many participants have reported that it is helpful and beneficial to talk about one’s experiences in this kind of setting. Taking part in this study will also enable us to more fully understand the experience of family violence and a woman’s ability to move forward in her life, broaden our knowledge about this issue, and importantly, have a positive impact on the practice of helping professionals.

Confidentiality: To protect your confidentiality and privacy, pseudonyms will be used in place of participants’ real names. The consent forms will be stored separately from transcription data so that it will not be possible to associate a name with any given responses. The tapes and

transcripts will be identified by a code that will only be known to the researcher, and the interview tapes will be erased following completion of the thesis. Although excerpts of the transcripts will be included in the final study, no direct identifying information will be used. As a participant, you have the right to request that portions of the transcripts not be included in the thesis. Following completion of the interview and prior to the data being included in the final report, you will be provided with a summary of the interview. In addition, if you desire, you have the opportunity to review the actual transcript of your interview in which you can add, alter, or delete any information you provided in the interview.

Storage of Data: In order to protect the confidentiality and privacy of participants, all information obtained during the study will be stored in a locked filing cabinet. Following completion of the study, data will be kept for 5 years in a locked filing cabinet in Dr. Jennifer Nicol's office.

Right to Withdraw: You may withdraw from the study at any time or refuse to answer any question for any reason, without penalty or loss of services. You can also request that the tape recorder be turned off at any time. If you withdraw from the study at any time, any data that you have contributed will be destroyed.

Questions: If you have any questions concerning the study, please feel free to ask at any time; you are also free to contact the researchers at the numbers provided below if you have questions at a later time. This study has been approved on ethical grounds by the University of Saskatchewan Behavioural Sciences Research Ethics Board on (Oct. 27, 2005). Any questions regarding your rights as a participant may be addressed to that committee through the Office of Research Services (966-2084). Results of the study can be obtained by contacting myself at 978-2687 or jdr586@mail.usask.ca or by calling my thesis supervisor Dr. Jennifer Nicol at 966-5261.

Consent to Participate: I have read and understood the description provided above. I have been provided with an opportunity to ask questions and my questions have been answered satisfactorily. I consent to participate in the study described above, understanding that I may withdraw this consent at any time. A copy of this consent form has been given to me for my records.

(Signature of Participant)

(Date)

(Signature of Researcher)

Appendix E: Interview Guide

Questions for First Interview:

Introductory Questions

1. What prompted you to respond to the advertisement?
2. Talk to me about your general experiences of observing physical violence between your parents as a child or adolescent.

Descriptions of Current Relationship

1. Tell me what makes your relationship healthy.
 Probes: How do you know this is a healthy relationship?
 How do you think your experience of parental violence affected your present intimate relationship?
 What does your partner do that allows for a good relationship?
2. How is your relationship like your mother and father's? How is it different?
3. There's a common theory that if women experience family violence in childhood, they will fall into a similar pattern of violence in their later adult intimate relationship. However, this theory does not seem to fit for you. How would you explain this? What do you think made a difference for you?
4. What events or people in your life have affected your ability to establish and maintain your current healthy relationship?

Questions for Second Interview:

1. After looking over the transcript is there anything you have thought of that you would like to add, alter, or delete from our discussion during the first interview?
2. Have you had any new insights since our first interview?

Appendix F: Data/Transcript Release Form

I, _____, have reviewed the summaries of my personal interviews in this study, and have had the opportunity to add, alter, and delete information from the actual transcripts. I acknowledge that the summary accurately reflects what I said in my personal interviews with Jacqueline D. Rhinas. I hereby authorize the release of this transcript to Jacqueline D. Rhinas to be used in the manner described in the consent form. I have received a copy of this Data/Transcript Release Form for my records.

Participant

Date

Researcher

Date