

“Some days I don’t know how I got through it, but I did.” The Experience
of Resilience in Survivors of Intimate Partner Violence

by

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ABSTRACT

“SOME DAYS I DON’T KNOW HOW I GOT THROUGH IT, BUT I DID”: THE EXPERIENCE OF RESILIENCE IN SURVIVORS OF INTIMATE PARTNER VIOLENCE

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Little is known about what factors contribute to resilience or how resilience is experienced by survivors of intimate partner violence (IPV). Using in-depth semi-structured interviews, two qualitative studies examined how resilience is defined, conceptualized, and experienced by survivors of IPV. Ten adult women participated in study 1 and data was analyzed using thematic analysis (Braun & Clarke, 2006) to identify a variety of internal and external factors and mechanisms that contributed to resilience. Sixteen adult women participated in study 2 and data was analyzed using Colaizzi’s (1978) phenomenological method. Resilience was experienced as a series of cognitive, emotional, and behavioural shifts across three theme areas: toward resistance, in the experience of control, and toward positivity. Together, these studies suggest that for survivors of IPV, resilience is experienced as a personalized, ongoing, and dynamic process involving multiple internal and external pathways that facilitate shift experiences.

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TABLE OF CONTENTS

INTRODUCTION	1
Intimate Partner Violence	2
Resilience	3
Conceptualization and Measurement	4
Protective Factors	9
Resilience and Related Concepts in the IPV Literature	10
THE CURRENT RESEARCH	13
STUDY 1	14
METHOD	15
Participants	15
Recruitment	16
Procedure	16
DATA ANALYSIS	17
RESULTS	18
Definitions of Resilience	18
External Pathways for Resilience	19
Internal Pathways for Resilience	22
Resilience Scales	25
Resilience is a Personalized, Ongoing, and Dynamic Process	26
STUDY 1 DISCUSSION	28
STUDY 2	32
METHOD	34
Participants	34
Recruitment	35
Procedure	35
DATA ANALYSIS	36
RESULTS	38

Shifts toward Resistance.....	40
Pathways that Facilitated Shifts Toward Resistance	46
Shifts in the Experience of Control	48
Pathways that Facilitated Shifts in the Experience of Control	54
Shifts toward Positivity.....	55
Pathways that Facilitated Shifts Toward Positivity	60
Women’s Explicit Definitions of Resilience	62
Women’s Experiences of Non-Resilience	64
Resilience is a Personalized, Ongoing, and Dynamic Process	66
STUDY 2 DISCUSSION	70
OVERALL DISCUSSION	80
LIMITATIONS.....	87
APPLICATIONS OF RESEARCH.....	88
References.....	92
Appendix A: Resilience Scale for Adults	108
Appendix B: Connor-Davidson Resilience Scale.....	110
Appendix C: Study 1 Interview Questions	111
Appendix D: Study 2 Interview Questions.....	113

LIST OF TABLES

Table	Page
1. <i>Shifts Experiences and Examples of Pathways that Facilitated Shifts</i>	105

LIST OF FIGURES

Figure	Page
1. <i>Dynamic relationship between internal and external pathways</i>	106
2. <i>Case study example of the dynamic relationship between internal and external pathways</i>	107

Intimate Partner Violence

Violence against women is a complex and pervasive social problem. Intimate partner violence (IPV) is a specific form of violence against women that is experienced worldwide. The World Health Organization (2002) defines intimate partner violence as “any behaviour within an intimate relationship that causes physical, psychological, or sexual harm; including physical aggression, psychological abuse, forced intercourse and other forms of sexual coercion, and various controlling behaviours such as isolating a person from family and friends or restricting access to information and assistance.” A multi-country study of physical and sexual violence found prevalence estimates of IPV against women ranged from 15% to 71% among several industrialized and non-industrialized countries (WHO, 2006). Rates of physical injury as a result of IPV in Canada, where the current data was collected, and in the United States are also unacceptably high (23.6% and 26.7% respectively) (Thompson, Saltzman, & Johnson, 2003). The results of a national Canadian survey found that 29% of women reported experiencing at least one incidence of physical abuse, while an astonishing 51% of Canadian women are estimated to have experienced at least one incidence of intimate partner abuse in their lifetime (Statistics Canada, 1993). Intimate partner violence is gendered, as women continue to experience more severe violence, are more likely to be injured, and more likely to fear for their lives than men (Statistics Canada, 2005). IPV can occur across life circumstances, including socioeconomic status, ethnicity, age, sexual orientation (Tjaden & Thoennes, 2000), and relationship status (Puzone, Saltzman, Kresnow, Thompson, & Mercy, 2000). The complexity, pervasiveness, and significant consequences of intimate partner violence have elicited considerable interest from psychological researchers trying to better understand the causes, interacting factors, and implications of IPV.

Previous research on intimate partner violence has identified the experience of abuse as a fluid process that changes over time (Campbell, Miller, Cardwell, & Belknap, 1994; Landenburger, 1989; Merritt-Gray & Wuest, 1995; Mills, 1985). Researchers have identified various stages of abuse that women may experience over the course of an abusive relationship (Campbell et al., 1994; Doherty, 1997). For example, Campbell et al. (1994) identified three statuses of relationship abuse labeled 'no violence', 'battered', and 'mutual violence' and found that women moved across different abuse statuses over time, indicating that the experience of abuse changes temporally. Doherty (1997) identified five stages of abuse in a sample of African American battered women, with stage one beginning prior to the abuse when the learned behaviors for an intimate relationship are passed through the family, to stage five, when the survivor stabilizes her life and integrates the abusive experience. Additional research has identified several stages in the process of leaving that women in abusive relationships may experience (Landenburger, 1989; Merritt-Gray & Wuest, 1995; Mills, 1985). For example, Landenburger (1989) identified four stages in the process of leaving, which she labeled binding, enduring, disengagement, and recovery. Binding occurs when the violence is being rationalized or denied and the positive aspects of the relationship are emphasized. Enduring occurs when the women's perceptions of the abuse changes and the abuse is endured by making excuses or covering it up. Disengagement occurs when the woman identifies the abuse and seeks help from others, which can lead to the recovery stage, which is the period of initial readjustment where the woman gains balance in her life. Some researchers have described the earlier stages of abuse (binding and enduring) as 'losing the self', while the process of disengagement can be viewed as 'gaining the self' and can be a time of personal empowerment (Ellsberg, Winkvist, Pena, and Stenlund, 2001).

Previous research on IPV has focused largely on the negative psychological (Cobb, Tedeschi, Calhoun, & Cann, 2006) and physical (Campbell, 2002) effects on women. For example, IPV is associated with low self-esteem, anxiety, posttraumatic stress disorder, eating disorders, sexual dysfunction (Clements & Sawhney 2000), depression (Gleason, 1993), and increased suicidal ideation (Bergman & Brismar, 1991), as well as many physical health problems including death and injuries (Campbell, 2002), gastrointestinal disorders (Leserman & Drossman, 2007), and even cervical cancer (Coker, Sanderson, Fadden, & Pirisi, 2000).

Nevertheless, there is a growing body of research that is examining how women cope and move through their experiences of abuse (Cobb et al., 2006; Cowen, 1991). Within this body of work, resilience, broadly conceptualized as the underlying mechanism in women's ability to move beyond their experiences of IPV without long-term negative consequences (Carlson, 1997), has emerged as an important concept. In the examination of resilience in survivors of intimate partner violence, it is important to acknowledge the fluid nature of an abusive relationship, as the experience of resilience may manifest and operate differently across time.

The purpose of the current research is to examine the concept of resilience in the context of intimate partner violence. While resilience has been conceptualized as an important concept in women's ability to move past their experiences of abuse, there is surprisingly little research in this area. As an important next step in IPV research, the current research will qualitatively explore how women who have experienced intimate partner violence define, perceive, and experience resilience.

Resilience

The concept of resilience has become an area of increasing interest to psychological researchers over the past several decades (Lam & Grossman, 1997; Madsen & Abell, 2010) and

is part of the positive psychology movement (Tedeschi & Calhoun, 2004). Resilience emerged in the psychological literature in the early 1970's almost exclusively in the domain of developmental psychopathology (Luthar, 2006). The first wave of resilience research focused on the individual and sought to identify factors that protected children at risk for developmental psychopathology from adversity and lay the foundation for future resilience research across various contexts (O'Leary & Bhaju, 2006). The focus of resilience research eventually expanded to include adults (Bonanno, 2005), and away from cataloguing protective factors toward trying to better understand underlying protective processes (Luthar, Cicchetti, & Becker, 2000). More recent research has expanded focus to examine the influence of the broader systems surrounding the individual (Stewart, 2010) and has sought to understand how some individuals are better able to avoid "maladaptive responses to risk" and their consequences than others (Luthar et al., 2000; Zimmerman & Arunkumar, 1994, p. 2).

Resilience has historically been considered a rare phenomenon, but as recent research has shown, resilience may be a common response when exposed to adversity (Bonanno, 2004; Zautra, Hall, & Murray, 2010). However, previous research also suggests that individual difference (Gallo, Bogart, Vranceanu, & Matthews, 2005) and contextual and environmental factors likely influence an individual's response to stress. Therefore, while previous research suggests that most individuals likely display a resilient response to adversity, it is unlikely this response is uniform across individuals or contexts due to the various interacting factors.

Conceptualization and Measurement

The resilience literature is fraught with definitional and conceptual complexities, and as a result there is, as of yet, no single coherent framework to guide the research (Dutton & Green, 2010; Madsen & Abell, 2010; McElwee, 2007). Definitions of resilience vary widely across the

literature. For example, Agaibi and Wilson (2005) define resilience as “the resumption of healthy functioning in survivors of extreme trauma” (p. 197), while others define resilience as “the ability to transform traumatic experiences into positive personal growth experiences, generative experiences, and positive emotions” (Lepore & Revenson, 2006, p. 29), or as the ability to maintain positive and stable patterns of psychological and physical functioning following exposure to adversity (Bonanno, 2004; Masten, 2006). For Reich, Zautra, and Hall (2010), resilience is determined by “the amount of stress that a person can endure without a fundamental change in capacity to pursue aims that give life meaning” (p. 6). In other words, an individual’s level of resilience is contingent on their capacity to stay on a “satisfying life course” (Reich et al., 2010, p. 6). As evidenced by this small sample of definitions, resilience has been defined in terms of maintenance, resumption, and growth. In a similar vein, there exists considerable variation in the definition and operationalization of what is broadly referred to as ‘positive adjustment’ following adversity (Luthar et al., 2000; Luthar & Brown, 2007), and this variation is evident in this sample of definitions (e.g., ‘positive and stable patterns of psychological functioning’, ‘healthy functioning’, ‘positive emotions’).

There is also contention in the literature around the length and severity of disruption in functioning that an individual can experience and still be considered resilient. Bonnano (2005) argues that positive adjustment following adversity (i.e. resilience) is a distinct trajectory from recovery. Resilient individuals may experience a brief period of distress following adversity, but generally maintain positive functioning, whereas individuals who experience more severe and longer disruption are considered ‘recovered’ (Bonnano, Moskowitz, Papa, & Folkman, 2005).

In addition to the multiple definitions, there are also several conceptual understandings of resilience present in the literature. The first, and perhaps easiest, way to conceptualize resilience

is as a stable entity or trait (Reich et al., 2010). Within a psychological framework, traits are traditionally thought of as unchanging characteristics of a person. However, the concept of traits reduces the capacity for systems to be dynamic and adaptive (Reich et al., 2010) and resilience conceptualized as a trait creates perceptions that “some individuals simply do not have what it takes to overcome adversity” (Luthar et al., 2000, p. 5). Luthar and colleagues view the trait conceptualization of resilience not only as misinformed, but also as contributing little insight into the underlying processes or application of the research.

A second way to conceptualize resilience is as an outcome of pre-existing variables or processes (Reich et al., 2010), “reflecting adaptive functioning in the face of adversity” (Mancini & Bonanno, 2006, p. 259). Some researchers (e.g., Calhoun and Tedeschi, 2006) suggest that resilience is not a personality trait, but is the product of the person, past experiences, and current life context. In this understanding, resilience is seen as the positive end of a distribution of outcomes (Egeland, Carlson, & Sroufe, 1993), opposite vulnerability (Kaplan, 1999). In research that conceptualizes resilience as an outcome, adaptive functioning often appears to be synonymous with positive psychological functioning (i.e., a lack of a clinical diagnosis).

The trait model has been rejected by some researchers (e.g., Masten, Best, & Garmezy, 1990) in favour of a process model of resilience. As a process, “resilience is fostered by stress rather than representing evidence of having overcome stress” (Kaplan, 1999, p. 25) because it creates the opportunity for development beyond what would have been possible without exposure to adversity and can promote the development of new skills and resources (Schaefer & Moos, 1992). Furthermore, “adaptation to stress is conceived of as a dynamic process involving internal capacities and strengths, and external resources such as a healthy family environment” (Masten et al., 1990 as cited in Reich et al., 2010, p. xiii). According to Macini and Bonanno

(2006), process models have most often been used in resilience research on children experiencing significant and enduring trauma, while outcome models are used to examine resilience in adults, who are more likely to experience acute and time-limited stressors. The researchers also suggest that there are no meaningful differences in the construct of resilience regardless of whether it is conceptualized as a process or outcome and that this conceptual distinction simply reflects the types of questions being asked, duration of stressor, and population under study (Macini & Bonanno, 2006).

The fourth conceptualization of resilience is a synthesis of outcome and process models. Some researchers have begun to understand resilience as both an outcome following adversity, and a biopsychosocial developmental process underlying individual variations in outcome (Friborg, Hjemdal, Martinussen, & Rosenvinge, 2009; Luthar & Brown, 2007). The development and maintenance of physical and mental health involves complex interactions from the biological, psychological, and social processes within and around an individual (Friborg et al., 2009), and a dynamic understanding of resilience is considered necessary to take into account these complex and multi-level interactions. However, some researchers caution against the synthesis of process and outcome models, arguing that for the field to advance it is essential to keep processes and outcomes conceptually distinct so as not to confuse the independent and dependent variables (Reich et al., 2010).

A review of the theoretical construct of resilience summarizes the multiple ways to define and conceptualize resilience, while bringing attention to the complexities of conducting resilience research. Although researchers have provided explanations of the various conceptualizations of resilience, how they are operationalized and play out in actual research is often unclear or undefined. As one example, Masten et al. (1990) define resilience as “the

process of, capacity for, and outcome of successful adaptation” (p. 426), with no explanation of what is meant by process and outcome and how these conceptualizations work together.

Furthermore, the broadness and complexity of resilience presents significant challenges in operationalizing and assessing it in a valid way (Friborg et al., 2009). Depending on the definition, conceptualization, and indicators of resilience used in research, an individual may be deemed resilient according to one study, but not according to another. In the case of research that conceptualizes resilience as a process, labeling an individual resilient (or not resilient) may not be particularly appropriate or useful. Kaplan (1999) cautions that it can often be difficult to determine how researchers have conceptualized resilience, as outcomes in one study (e.g., self-esteem) may be considered influences upon outcomes in another (Schuldberg, 1993). As a solution, Reich et al. (2010) suggest that how a researcher ought to conceptualize resilience will largely depend on the type of stressors and the population characteristics under investigation.

The social and cultural context surrounding the individual must also be taken into consideration to facilitate the most complete understanding of resilience. What is considered a resilient outcome in one sociocultural milieu may not be relevant in a different context (Masten, 1994). Even within a group, such as survivors of intimate partner violence, there can be a range of contexts, supported by the research on stages of abuse (e.g., Doherty, 1997) and stages of leaving (e.g., Landenburger, 1989). For a woman who is subjected to IPV but does not want to or cannot leave the relationship, resilience may manifest itself in a much different way than for a woman who is no longer in an abusive relationship. In the former example, her resilience may be the ability to perform daily tasks and be a loving, supportive mother to her children, while in the latter example, resilience may manifest as an increased ability to maintain future healthy relationships. The issues raised about the conceptualization of resilience speak loudly to the

need for contextualized research that is sensitive to the social and cultural experiences of different groups of individuals, including survivors of intimate partner violence.

Not surprisingly, the various conceptualizations of resilience have subsequently led to the use of various indicators and methods of measurement. Previous research has typically used three broad categories as psychosocial indicators of resilience: the absence of psychopathology (e.g., lack of a clinical diagnosis or scoring below the clinical cut-off on a measure of psychopathology) (Luthar & Cushing, 1999), the presence of resilience proxy measures (e.g., factors associated with resilience, such self-efficacy or hardiness) (Friborg et al., 2009), and self-report measures of resilience (e.g., Connor-Davidson Resilience Scale) (Zautra et al., 2010). These indicators reflect resilience conceptualized as a trait and outcome, but do not adequately reflect or measure resilience conceptualized as a process. An exception is the Resilience Scale for Adults (Friborg et al., 2009), whose authors conceptualize resilience as both an outcome and a process, and as such the RSA may capture some degree of resilience as process.

Previous research that has examined resilience in survivors of intimate partner violence has typically used the absence of psychopathology as an indicator of resilience, determined by self-report measures of posttraumatic stress disorder (e.g., Bradley, Schwartz, & Kaslow, 2005; Wright, Perez, & Johnson, 2010) depression (e.g., Wright et al., 2010), general psychological distress (e.g., Humphreys, 2003) and low suicidality (e.g., Meadows, Kaslow, Thompson, & Jurkovic, 2005).

Protective Factors

Protective and risk factors are viewed as the “key to understanding resiliency” (Christiansen & Evans, 2005, p. 300). Protective factors interact with risk factors to reduce the likelihood of a negative outcome (O’Leary & Bhaju, 2006). Protective factors associated with

resilience are assumed to assist with adaptive functioning in the face of adversity as they help to moderate the effects of stress (Suzuki, Geffner, & Bucky, 2008). Previous research has organized protective factors for resilience into three broad categories: individual characteristics, social bonds/supportive families, and broader social functioning and support (Garmezy, 1983; Lam & Grossman, 1997; McElwee, 2007). The relationship between protective and risk factors is often dynamic, and should not be considered to always exist on opposite ends of the continuum, as protective factors can mitigate the negative effects of risk factors (Calhoun & Tedeschi, 2003). Protective factors have been identified as the mechanisms responsible for positive mental health outcomes in the aftermath of intimate partner violence (Carlson, McNutt, Choi & Rose, 2002).

Resilience and Related Concepts in the IPV Literature

A small and emerging body of research has found consistent support for a number of protective factors for positive functioning, adaptation, and resilience in adult survivors of IPV (herein referred to as the IPV-resilience literature), including social support (Carlson et al., 2002; Mertin & Mohr, 2001), self-esteem (Bradley, Schwartz, & Kaslow, 2005; Carlson et al., 2002; Meadows, Kaslow, Thompson & Jurkovic, 2005), positive health, absence of economic hardship (Carlson et al., 2002), higher levels of education and employment (Carlson et al., 2002; Coker et al., 2005), religious coping and spirituality (Bradley et al., 2005; Meadows et al., 2005), hope, self-efficacy, effectiveness of obtaining resources (Meadows et al., 2005), coping (Canady and Babcock, 2009; Meadows et al., 2005), being currently married and reporting that the IPV had stopped (Coker et al., 2005), and increased safety (Mertin and Mohr, 2001). Survivors of IPV have also identified community resources such as initial interventions with trusted health care professionals, validation through community response, use of shelters, and being offered protection and options after disclosing abuse to health care professionals, law enforcement

officers and others (McLeod, Hays, & Chang, 2010) as positive experiences that helped them move through their experience of abuse.

Previous research on resilience within the context of IPV has largely focused on examining the relationship between protective factors and resilience in children exposed to IPV (e.g., Luthar, 1991; Schultz, Tharp-Taylor, Haviland, & Jaycox, 2009; Smokowski, Reynolds, & Bezruczko, 1999; Masten & Coatsworth, 1998; McElwee, 2007), and as a result, it is still unclear which mechanisms and factors adult women who have experienced IPV identify as important in their own resilience. While there does exist some recent research that has begun to explore how various factors influence resilience in adult survivors of IPV (e.g., Bradley et al., 2005; Carlson et al., 2002; Meadows et al., 2005), it is often restricted by the previously discussed issues involved in the definition, conceptualization, and measurement of resilience. This body of research has emerged only recently and a critical reflection on how resilience is defined, conceptualized, and measured has yet to be fully incorporated.

Similar to the critiques of the broad resilience literature discussed above, the definition of resilience in the IPV literature has been somewhat constrained by methodology, and as such resilience is often defined and measured as the absence of psychopathology. As previously noted, the broad resilience literature typically uses three types of resilience indicators, however in the much newer IPV-resilience literature resilience is most often conceptualized as an outcome and measured as the absence of psychopathology. In other words, the concept of resilience in the context of IPV is very much still in its infancy.

As noted earlier, previous research has shown the experience of abuse is non-linear, fluid, and changes over time (Campbell, Miller, Cardwell, & Belknap, 1994; Landenburger, 1989; Meritt-Gray & Wuest, 1995). The predominant use of survey design within the IPV-resilience

literature limits the conceptualization of resilience by overlooking the fluid and dynamic nature of abuse, and omitting the voices and experiences of survivors from the literature. It also assumes that the pathway to resilience, as well as the experience of resilience, is uniform across individuals. Furthermore, conceptualizing and measuring resilience in this way overlooks the surrounding psychosocial, cultural, and environmental influences on the development and maintenance of resilience in women who have experienced abuse.

Newer conceptualizations of resilience (e.g., process or synthesis models) take into account complex interactions from the biological, psychological, and social processes within and around an individual and argue that resilience is more than the counterpart to vulnerability (Friborg et al., 2009). This conceptualization is likely a better fit for research on survivors of IPV as it creates the possibility for resilience to reflect the influence and interaction of various psychological and social protective factors that have previously been identified in the resilience literature (e.g., self-esteem, social support, religiosity). A conceptualization of resilience, and accompanying methodology, that acknowledges and accounts for the surrounding psychosocial, cultural, and environmental processes will help ground the phenomenon in context, increasing the theoretical utility and applicability of the research.

Specifically, there is a need for qualitative research in order to help further the understanding of resilience (Luthar et al., 2000; Rutter, 2006b) and practical value of the research within an IPV context. There is also a need to reduce researcher bias and assumptions about what resilience is and how it is experienced by survivors of IPV. As Kaplan (1999) notes, a major limitation of resilience research is that it is conceptually tied to “normative judgment relating to particular outcomes” (p. 31). For example, in a cultural or social context where personal happiness and mental health is highly valued, high levels of functioning in other areas,

such as maintaining the happiness and health of your family over your own, may be overlooked or disregarded. This is particularly relevant for IPV research because resilience has been so narrowly defined in this area (i.e., as the absence of psychopathology). The multidimensional nature of resilience suggests that individuals may fail to meet resilient indicators (for example, by having a diagnosis of PTSD), yet be functioning well in other domains of adjustment, such as school or work performance (Luthar et al., 2000). Therefore, it is important to consider multiple domains of functioning, not simply the presence or absence of psychopathology. Furthermore, survivors of IPV are not a singular group, and research designs and methodologies being used to better understand the experience of survivors must reflect this. It is therefore important that the conceptualization of resilience for survivors of IPV is informed by women's different experiences so that, for example, a woman who remains with her partner, or a woman who experiences enduring mental health problems, is not automatically labeled non-resilient.

The Current Research

Two qualitative studies explored the construct of resilience as it is defined, conceptualized, and experienced by women who have experienced intimate partner violence. Agaibi and Wilson (2005), in their review of resilience literature, contend that the study of at-risk populations is especially important in helping to determine what influences "optimal functioning in the face of trauma, extreme stress, and adversity in life" (Agaibi & Wilson, 2005, p. 199). Additionally, some researchers (e.g., Cowen, 1991; Worell, 2001) have called for a more positively focused approach to resilience research, stating "it is time to move beyond symptom-focused research" (Worell, 2001, p. 341) and that better knowledge of resilience can inform prevention and intervention strategies for enhancing positive outcomes following exposure to trauma (Dutton & Greene, 2010).

Resilience research has traditionally used quantitative methods, and a call for an expansion of methodology has been made, as qualitative findings can validate existing quantitative findings and inform the definition and conceptualization of resilience for survivors of IPV. Furthermore, qualitative research can contribute to the contextualization of resilience research, and uncover new information, not only about the protective factors and mechanisms for survivors of IPV, but also about the lived experience of becoming and being resilient, which has been largely overlooked in the existing research. Additionally, the process of collecting qualitative data can be inclusive, engaging, and empowering (Zimmerman, 1990), which is an important consideration when engaging with individuals who have experienced trauma.

The current research aims to address the concerns identified above and contribute to the resilience and IPV literatures using qualitative inquiry and a feminist lens. The overarching purpose of this research is to incorporate women's voices and experiences into the literature as a way to better understand how survivors of intimate partner violence understand and experience resilience.

Study 1

In light of the paucity of research on resilience in the context of IPV and the limitations of the research that currently exists, the purpose of study 1 was to better understand the meanings, perceptions, and experiences of resilience in survivors of intimate partner violence. Specifically, this study explored (1) how women who identified as survivors of IPV understood and defined resilience in the context of their own experiences; (2) which factors and mechanisms survivors identified as important in the development of their resilience; and (3) it assessed the relevancy of previously established resilience scales in relation to survivors' experiences. Semi-structured interviews with adult women survivors of intimate partner violence who, after their

abuse began, participated in an advocacy role to end violence against women were analyzed using thematic analysis. The results of study 1 were used to guide the theoretical focus of, and inform the development of interview questions for, study 2.

Method

Participants

Participants were 10 adult English-speaking women who identified as ‘survivors’ of IPV and who had some experience working, volunteering, or participating in an advocacy role to end violence against women. Intimate partner violence was defined as any physical, sexual, psychological, emotional, or financial abuse by an intimate partner, such as a spouse, common-law partner, boyfriend/girlfriend, or dating partner. It was assumed that women who had experienced IPV and had gone on to participate in an advocacy role would demonstrate some degree of resilience because the ability to work with other survivors in an environment that may be triggering requires some degree of having overcome their experience of abuse. Participant ages ranged from 18-65. Six participants identified as White/European, one as Caribbean, two as Arab, and one as ‘other’. Six participants identified as heterosexual, one as lesbian, two as bisexual, and one as queer. All 10 participants had completed at least some university or college education. Other demographic information was also diverse, with women identifying with various religions and citizenships. Half of the participants reported their household income between \$0 and \$19,999, three reported income between \$40,000 and \$59,999, and one participant reported her income over \$100,000.

Recruitment. The researcher contacted various women’s centres and shelters in nearby cities found through an internet search, and inquired whether or not organizations would be willing to circulate information about the study to staff and volunteers. The recruitment strategy

was fairly successful and as a result participants were primarily recruited through the organizations with which they were affiliated, including women's centers, immigration services, and shelters, via the recruitment posters circulated to staff and volunteers. Three participants were recruited through snowball techniques and referrals from friends or colleagues who had already participated in the study. Women who were interested in participating contacted the researcher to learn more information, determine eligibility, and to set up an interview date and location.

Procedure

After obtaining written informed consent, participants completed two commonly used resilience scales. The Resilience Scale for Adults (RSA; Friborg, Hjermadal, Rosenvinge, & Martinussen, 2003) is a 33 item 7-point semantic differential scale with scores ranging from 33-251. The scale is intended to assess the presence of protective factors associated with regaining and maintaining mental health. It measures protective factors in five domains: personal competence, social competence, family coherence, social support, and personal structure. Sample questions include "when something unforeseen happens I often feel bewildered...always find a solution", "belief in myself gets me through difficult periods...is of little help in difficult periods" and "I get support from friends/family members...no one" (Appendix A). The Connor-Davidson Resilience Scale (CD-RISC-10; Campbell-Sills & Stein, 2007) is a 10 item 5-point scale with scores ranging from 0-40. Sample questions include "I try to see the humorous side of things when I am faced with problems", "I tend to bounce back after illness, injury, or other hardships" and "I am able to handle unpleasant or painful feelings like sadness, fear, and anger" (Appendix B). Both scales have been found to be reliable and valid in measuring resilience in the general population whereby higher scores reflect a higher degree of resilience. In addition to

completing the measures, participants were asked to make note of scale items that were of particular relevance or irrelevance to their own experiences, including any gaps in item content, as this would be addressed as a part of the interview. Interviews were private, completed in person, semi-structured and lasted approximately 1 to 1½ hours. All interviews were audio-recorded and transcribed verbatim.

Interview questions (Appendix C) sought to elicit the internal and external factors and mechanisms women found helpful in their process of regaining or maintaining their mental health and well-being following their experience of abuse, and well as which supports or resources, if any, they wish had been available to them. Women were also asked to define resilience in their own words. Several questions focused on the participants' advocacy work and its relationship to their resilience, and the final questions focused on the RSA and CD-RISC-10 and how the scale items were relevant or irrelevant to their experiences. At the end of the interview participants received \$30 as remuneration for their participation in the study, reimbursement for required childcare (up to \$10 per child) and parking/public transportation (up to \$5), and a list of local women's community resources and support services.

Data Analysis

The data was analyzed using thematic analysis, a method of identifying and analyzing patterns within data (Braun & Clarke, 2006). To facilitate this process, interview responses were coded and analyzed using NVivo9 software. Responses were initially coded using microanalysis, a procedure involving detailed line-by-line analysis used to help generate initial categories of themes and provide preliminary insight in to relationships between the categories (Strauss & Corbin, 1998). Once the initial coding of themes was complete, comparisons were

made within and between themes and interviews (Braun & Clarke, 2006) leading to the refinement, reorganization, and collapse/expansion of categories.

Results

Results of the RSA and CD-RISC-10 were analyzed using descriptive statistics. The mean score for the RSA was 170.5 (SD = 21.62), ranging from 134 to 210. The mean score for the CD-RISC-10 was 25.8 (SD = 7.03), with scores ranging from 16-34.

The qualitative analysis resulted in several major themes, each with several sub-themes. Major themes included definitions of resilience, external and internal pathways for resilience, and reflections on the RSA and CD-RISC-10 scales. Underlying all of these themes was the overarching theme that resilience is a personalized, ongoing, and dynamic process for survivors of IPV. Participant names have been replaced with pseudonyms.

Definitions of Resilience

For half of the participants, resilience was defined as not giving up, and was described by participants as “moving on”, “finding ways to cope”, “surviving”, or “recovering”. For other participants, resilience required more than simply “not giving up”, as they described resilience as “doing something to make yourself better”, “learning from your experiences”, “living a more positive life than before”, or “to be thriving”. For these women, personal growth in some capacity was required in order to be resilient. Several participants described resilience in relation to a specific internal characteristic, most commonly endurance and inner strength. It was not uncommon for women to define resilience in multiple ways, such as defining resilience as inner strength and surviving.

External Pathways for Resilience

Women identified a wide variety of external factors and mechanisms that were helpful to them in the development and maintenance of their resilience. Although these factors and mechanisms are typically labeled ‘protective factors’ in the existing IPV-resilience literature, I have labeled them ‘pathways’ to better reflect a process conceptualization of resilience.

Social support, which included both institutional and personal social support, was identified as an important external pathway by all the women. Institutional support (i.e. community and government programs and services) included both logistical support, such as having access to a shelter, and emotional support, such as receiving counseling. The majority of women (n=9) discussed the importance and benefit of having access to at least one form of institutional social support. For example, Jackie says:

I started seeing a counselor afterward to talk about it more in-depth because I was just talking about it with my family and friends constantly and it was something that I knew that I had to, kind of, seek professional help to go a little bit deeper.

For another woman, it was the safety and security of the shelter that she found helpful: “So it’s not just the psychologists and the social workers. It’s also the shelter, the place, and that they have security there that make you strong, make you, make you feel safe” (Maria).

Similarly, personal social support included both logistical support, such as financial support from family or friends, and emotional support, such as having her experiences validated by friends and family. Every woman felt that some form of personal social support was an important factor in the development of her resilience. For example, Juliana talks about the financial support she received from a friend:

A woman friend, who didn't really know me that well, she lent me five thousand dollars and that, kind of, that was one of the things, because then I could ensure that I could buy some things for the children and I could pay rent for a while till something else was going to happen.

The importance of personal support also featured prominently in Michelle's narrative:

I would say that my sister, strictly my sister, has been very supportive, and, so supportive in the idea that she was pretty much there 24 hours a day if I needed her. I think that, so it was her understanding of the situation, and kind of my validation after having left the situation to have friends and family be able to say, you know, we saw this happening and it's not your fault.

Several women (n=3) discussed the importance of self-care for resilience. They identified activities like exercising, enjoying a small passion, reading, listening to music, and taking time off work as important pathways for their resilience.

For four women, their experience in the violence against women advocacy field began prior to their experience of IPV as adults. The importance of their advocacy work in the development of their resilience after abuse was a prominent theme in all of these women's narratives. Advocacy work that began before abuse was discussed as helpful in two ways. First, working in the field helped women identify the abuse that was occurring in their lives:

I was facilitating a group...and I started to think about violence more...I remember pulling out, like, the cycle of violence...and just looking at it and being like, "wow I'm experiencing that and that and that", and it really helped me to kind of recognize that, like, this is not okay...this is violence that is happening (Lisa).

Second, working in the field prior to the experience of IPV helped provide the women with practical skills and information about programs and services for survivors, as well as knowledge about abuse and violence:

When I started to experience intimate partner abuse in my adulthood, I was actually enrolled in a program for working with women who are experiencing violence. So I think in that I had a lot of information, a lot of resources, um, and a lot of different ways to think about violence (Jackie).

All of the participants in study 1 worked as advocates in some capacity after their abuse and eight of these women discussed these experiences as relevant to their own resilience in two ways. For five women, their advocacy work helped them make meaning of their abuse experience. (It should be noted that women also identified meaning making as an internal pathway outside of the context of advocacy work, which is discussed below). Referring to meaning making as a result of her advocacy work, Anna says:

I believe by taking this [advocacy] role I am helping myself. Yes, I will be helping other women, but I'm helping myself because I am not a victim anymore...I want to get over that, I want to overcome my experience and use it for benefit, for some benefit, for myself, for anyone who can benefit from it. So I believe this completely different being a victim or feeling that "no, I'm not a victim anymore", I will use my being a victim for better purpose.

For seven women, their advocacy work had a positive effect on their self, including increased self-esteem, inner strength, empowerment, personal growth, learning to set boundaries, and allowing her to focus on herself. For example, Heather talks about the positive effect her advocacy work had:

It's a positive thing that I'm doing, this isn't negative, you know? It gives me a good feeling about myself, you know? I'm doing something positive...It validates, you know, what I've been through, what I believe in. It also gives me a really good sense of being able to help others...but it's, it's a way to feel, um, stronger and more positive about myself. And to feel that I'm actually, that I can make a difference and there is a purpose.

Internal Pathways for Resilience

In addition to the various external pathways, women identified a similarly wide variety of internal pathways that were helpful to them in the development and maintenance of their resilience.

The influence of faith, prayer, and belief in God was instrumental in the resilience of two women and the importance of faith was an ongoing theme throughout their narratives. Heather talks about her belief in God helping her to keep pushing forward in life, no matter how difficult things were:

The first thing is my belief in God, because I always had very good faith in God, I was a religious person and that what helped me to go through all my life with my ex-husband because if not I would either kill myself or do something wrong or do something bad, or I don't know what, so my belief in God helped me.

Several women (n=3) identified the process of making meaning of their experience of abuse as an important internal factor in their resilience when it was beyond the context of their advocacy work. Interestingly, the process of meaning making was unique for each woman and this can be seen through meaning making evolving through advocacy work for some women, but outside the context of advocacy work for others. For one woman it was about comparing her

personal politics and values to the reality of her relationship, while for another it was about stepping back from her experience of abuse to assess and process it. For Lisa, meaning making was about connecting her experience of abuse to other women's experiences:

I think knowing that that's not an experience that is singular to me, so being able to connect my experience with other women's experiences was really important, because I think often abuse happens in isolation, and so we start to internalize all these ideas about, like, who we are and our relationships and why this is happening, um, so I think that was really important, just as a resource of having connections with other people.

Several women (n=4) discussed a variety of ways that regaining control was an important pathway for their resilience. Similar to the theme of meaning making, the process of regaining control was a highly personalized experience. An example of this experience is no longer dismissing her partner's behaviour, which allowed her to acknowledge the abuse and signal to her partner that she was not going to tolerate it anymore. For one woman, regaining control involved taking small steps and making decisions:

When you leave this [abusive] house you can regain control of your decisions or what to do and all this oppression that you feel in your is...slowing starts to disappear...It's complicated to explain, but before you see like a big mountain that you cannot control, like any moment something can come on top of you, but when you slowly, slowly do baby steps and you start going out and make decisions, and then you start smiling again and even sometimes laugh about what happened. (Maria)

Women identified 19 different personality traits and dispositions as important internal pathways for their resilience. The four most commonly identified were (1) determination and persistence (n=7):

When I'm deciding something, if I tell myself "ok this will be my decision", whatever I, it's right, wrong, other people they accept or not, but I believe in it and I am completely confident that this is the right thing, I will do anything to do what I decided, whatever any obstacle in front of me, I will try to find a solution but to reach what I decided to do (Anna).

(2) inner strength (n=6):

Ya, so I just say it's my personal inner strength, all the hell and good things you've been through in your life, how you deal with it, kind of helped me with when I was in a crisis, not to really hit bottom, because I didn't. Suspended, but not bottom. And even if I did, that's not where I want to be, so determined to rise above that (Eugenia).

(3) resourcefulness (n=4), "And, and resourcefulness. I think that's a very important thing in myself, and I can be creative and think, "ok I want to do this. How can we do it?" And, and I find a way" (Juliana), and (4) optimism (n=3), "I look at the positive things in whatever happens" (Eugenia). Other traits and dispositions included positive self-regard (n=2), the ability to prioritize (n=2), sense of humor (n=2) the ability to trust others (n=2), independence (n=2), flexibility (n=2), assertiveness (n=2), anger (n=1), compassion (n=1), confidence (n=1), personal dignity (n=1), forgiveness (n=1), being proactive (n=1), stubbornness (n=1), and tenacity (n=1).

Two women discussed the importance that reflecting on previous experiences had in their ability to move forward in life. By reflecting on previous experiences, whether it was previous

abuse experiences or other difficult periods in their lives, these women were able to acknowledge that they had made it through difficult times before and they would be able to do so again.

Resilience Scales

When asked to critique the RSA and CD-RISC-10 scales, three main issues were salient. First, several women (n=4) identified missing factors that they felt should be included. Not surprisingly, the factors or items were integral to their own resilience, including faith and prayer, resourcefulness, how much you manage to enjoy life, and how you react emotionally. Second, the majority of items on both scales were considered relevant. Most women (n=8) did not identify any items of irrelevance, providing preliminary evidence that overall the RSA and CD-RISC-10 accurately reflect relevant components of resilience for survivors of IPV, at least in the context of the lives of the 10 women. One woman did not consider the question on the CD-RISC about goals (I believe I can achieve my goals, even if there are obstacles) to be relevant because she considers it emotionally safer to avoid setting goals and expectations. The other woman did not feel that the RSA question “For me, thinking of a good topic of conversation is difficult...easy” was relevant to her resilience because she does not see social skills as a component of resilience.

Third, the most salient issue discussed by the women was the need for context when answering the scale items. Half of the women felt that their answers to the scale items would be different depending on what situation they were thinking of when they completed the item, and several women mentioned that their responses would likely be different had they had different experiences. For example, one woman discussed how her answer to the CD-RISC-10 item “I tend to bounce back after illness, injury, or other hardships” would depend on what the item was referring to. She felt that if she gets sick that she can bounce back, but there would be some

hardships that are long and enduring from which she would take much longer to bounce back. Another woman discussed the RSA item “my personal problems I know how to solve...I can’t find any solutions for” and how it would depend on the personal problem, which could be anything from not being able to pay rent that month to something much more serious. She also discussed how what she considers a problem might be different for someone else who had a different experience from what she described as her privileged White position. Another woman discussed how culture would influence the response to the scale items, because the things that are important to her would not be the same as the things that are important to her children, who grew up in a different country. Two women also discussed the influence of time on their responses, indicating that their responses to the scale items would be different had they filled out the survey a month ago, or two years ago.

Resilience is a Personalized, Ongoing, and Dynamic Process

The overarching theme across individual women and within each major theme was that resilience is a personalized, ongoing, and dynamic process. As the previous themes have demonstrated, different women experience resilience in different ways. This was apparent in the definitions, internal and external pathways for resilience, and discussions of the need for context in the quantitative scales. Even within an individual woman, resilience was often described as an ongoing process that could look different over time and could co-occur with very negative experiences. Several women (n=4) discussed how they were still experiencing the negative effects of the abuse, but felt they were coping effectively and still considered themselves to be resilient. As one woman described it: “Whatever trauma or adversity you experience, you might be depressed for a while because it’s a terrible situation but that doesn’t necessarily mean that down the road you don’t cope with it and become resilient” (Juliana). This suggests that

diminished mental health and resilience are not mutually exclusive. Harvey (2007) referred to this as “suffering and surviving” (p. 15). Similarly, continued abuse and resilience were not mutually exclusive. Two women discussed how they were still currently experiencing, or had continued to experience abuse, while simultaneously feeling resilient:

The violence was very, very much still present, um, and so that was kind of like, the, the moment when that resilience really started because I went from being in this place of, like, complete despair to, like, no, that’s not how I’m going to deal with this, I’m not going to just let this take over my life, and what do I need to do (Lisa).

Other women discussed the length of the process from their lowest point forward, acknowledging that the process is ongoing and has taken several years. Anna says: “I think it was something that start and that was built up and until now I am still building. It was like, I start three years ago, I was going through that, and I’m still building myself, because you know, living in that for more than 15 years it’s not easy to get out of it just like that.”

Finally, resilience is a dynamic process. Women’s narratives of abuse and the process of overcoming those experiences suggest that resilience is not linear or uniform, but instead internal and external pathways interact with one another within the specific context of the woman’s life, resulting in a dynamic process of resilience (Figure 1). For example, one woman reported her sense of personal dignity was an important internal pathway for her resilience. Her personal dignity helped her to seek out counseling and support through women’s groups, which in turn facilitated an increased sense of self-esteem and feelings of control (Figure 2). A similar pattern exists for external pathways that facilitated the development or use of an internal pathway, which facilitated the use of an external pathway and so on. For example, advocacy work after abuse (an

external pathway) led to a process of meaning making (an internal pathway) for some women, which ultimately helped the women remain in their advocacy roles. Pathways therefore do not operate in isolation of each other, nor do they operate in a vacuum, as the context of a woman's life and experiences resulted in a personalized pathway for resilience, as well as a personalized experience or expression of resilience. In this sense, resilience for these women was not simply the outcome of various protective factors, but the interplay between the internal and external factors and mechanisms was part of the experience of resilience.

Study 1 Discussion

The purpose of study 1 was to better understand the meanings, perceptions, and experiences of resilience in women who have experienced intimate partner violence. This study contributes to the IPV and resilience literatures in several ways. It provides theoretical support for previously identified (e.g., institutional and personal social support) as well as novel protective factors (e.g., advocacy work) for resilience. More importantly, this study provides support for newer conceptualizations of resilience as a process by suggesting that survivors of IPV experience resilience as a personalized, ongoing, and dynamic process that can occur while simultaneously experiencing negative effects from abuse, such as negative mental health or continued abuse.

The women in study 1 discussed a wide variety of pathways they considered important for resilience, some which have been previously identified in the IPV-resilience literature as protective factors. The concept of protective factors suggests an outcome conceptualization of resilience, which is consistent with how the IPV-resilience literature typically conceptualizes and measures resilience. The findings of the current study suggest that resilience is more appropriately conceptualized as a process rather than an outcome for survivors of IPV because it

was experienced as something that was dynamic (e.g., the interaction between internal and external pathways) and ongoing (e.g., could occur simultaneously with negative mental health issues). As a result, the concept of pathways, as an alternative to protective factors, is better suited for a process conceptualization of resilience because it acknowledges the interplay between the internal and external factors and mechanisms while conceptualizing them as part of the resilience process, as opposed to static antecedents to the outcome of being resilient. In this sense, pathways not only facilitate the process of resilience, they are embedded in the resilience process.

Pathways identified by participants in the current study that have previously been identified in the IPV-resilience literature as protective factors include social support (Carlson et al., 2002; Meadows et al., 2005), religiosity (Bradley et al., 2005; Meadows et al., 2005), self-esteem (Bradley et al., 2005; Carlson et al., 2002; Meadows et al., 2005), self-efficacy (Canady & Babcock, 2009), resourcefulness (Meadows et al., 2005), and institutional social support, including the use of community interventions, police services, and shelter services (McLeod et al., 2010).

Participants also identified several internal and external pathways that are novel contributions to the IPV-resilience literature, including advocacy work before or after the initial experience of abuse, self-care, reflecting on previous experience, making meaning of experience, various internal characteristics, and regaining a sense of control. As previously mentioned, previous research on women's resilience in the context of IPV has predominately used quantitative methods, and resilience is typically conceptualized as the absence of psychopathology. The use of a qualitative approach and a broader conceptualization of resilience allowed for new pathways for resilience to emerge, adding new information to the

existing IPV-resilience literature. Additionally, resilience in a sample of survivors with advocacy experience has not previously been explored, and this may have resulted in new factors and mechanisms being identified.

There are several pathways that were discussed by all of the women. For the women in study 1, social support (either emotional, institutional, or both), participation in an advocacy role, and having at least one internal characteristic they associated with resilience were commonly identified pathways for resilience. However, the wide variation in internal and external pathways suggests that while some pathways were identified as important by all women, considerable variation existed among the pathways they considered important and how common pathways interacted with other pathways. This variation denotes that pathways for resilience are a highly personalized process influenced by the sociocultural context of an individual women's life. Resilience has previously been conceptualized as a personalized process (Newman, 2005), and the findings of this study provide support for this in the context of surviving intimate partner violence.

The results of study 1 also highlight an important relationship between internal and external pathways. Internal and external protective factors, which together create a multi-dimensional construct, (Ryan & Caltabino, 2009) are often discussed at length in the resilience literature (e.g. Friberg et al., 2006; Luthar et al., 2000), yet the interplay between these factors is typically overlooked, with one exception being the developmental psychological literature (e.g. Constantine, Benard, & Diaz, 1999; Werner, 1990). However, as the finding that resilience is a dynamic process suggests, internal and external pathways often feed into one another and facilitate the development or use of additional pathways. Continued consideration for this

relationship may help facilitate a dynamic process-oriented understanding of resilience both within and beyond an IPV context.

In addition to providing insight into the conceptualization of resilience, the findings of study 1 also address issues related to the measurement of resilience. Participants provided a critique of the resilience scales in that they did not capture the context of women's lives. While women saw value in the scales, the use of mixed method studies of resilience in survivors of IPV would be appropriate, as the qualitative piece would help to incorporate the context of women's lives. The need for context when completing the resilience scales also highlights the personalized nature of resilience and provides further support for the use of mixed method designs for the study of resilience, especially in survivors of IPV, whose lives are greatly affected by the surrounding social and cultural environments. Furthermore, the resilience scales do not fully capture the ongoing and dynamic aspects of resilience, suggesting that the use of resilience scales alone, without methods of inquiry that better capture the 'whole picture' of resilience, may be limited in their ability to provide a complete understanding of an individual or group of individuals, such as survivors of IPV, experiences.

Study 1 has contributed to the literature in a number of ways; however, a few limitations should be noted. All of the women self-selected into this study by responding to recruitment posters, and as such self-identified both as survivors and as resilient. Future research should include women who do not see themselves as resilient, because increasing diversity in women's self-perceptions could provide additional insight into the development and experience of resilience in survivors. However, it should be noted that due to social desirability there might be a bias in identifying as resilient because you do not want to present as weak or overcome by adversity. Additionally, it was believed that women who had gone on to work or volunteer in an

advocacy role would be resilient and therefore recruitment of participants was tied to a relatively standard definition of resilience as women who have overcome their experiences of abuse. Interestingly, even though participants were assumed to be resilient and all self-identified as resilient, many women did not report high levels of resilience on the self-report measures. Future research on resilience across trauma contexts should seek to recruit participants without preconceived notions of who will and will not be resilient, especially in light of the finding that some women who self-identified as resilient likely would not have been identified as resilient according to a standard resilience measure.

Future research should also seek to include women with different levels of education. All of the women in this study were highly educated and this may have influenced women's understandings of resilience. For example, the majority of our participants were familiar with the word 'resilience', and for those that were not, English was their second or third language. The fact that the majority of participants were familiar with the word almost certainly influenced their ability to speak about the construct in a fairly sophisticated manner.

The findings of study 1 have helped develop an initial understanding of how women who have experienced abuse by an intimate partner understand, define, and experience resilience. In particular, study 1 provided a deep understanding of the various pathways that women identified as important for the development and maintenance of their resilience and supported the conceptualization of resilience for survivors of IPV as a personalized, ongoing, and dynamic process.

Study 2

While study 1 provided insight into the pathways for resilience and a preliminary understanding of how survivors of IPV define resilience and what internal and external pathways

were important for their resilience, questions remained about the essence or lived experience of resilience. Women in study 1 told us how they *became* resilient, but what ‘being resilient’ actually looked like was still unclear. Therefore, the purpose of study 2 was to generate a deeper understanding of the experience of resilience and work toward filling in the remaining gaps as to how women who have experienced abuse by an intimate partner conceptualize and understand resilience to evolve and operate in the context of their own experiences. Interview questions in study 2 will also elicit women to talk about the internal and external pathways that were important for their resilience, which will provide support for the findings of study 1 and previous research. The findings of study 1 and 2 will generate a rich understanding of the internal and external pathways for resilience, as well as provide the first examination of survivors’ lived experiences of resilience. Together, the findings of study 1 and 2 will inform the development of a framework for understanding resilience in survivors of intimate partner violence.

Phenomenology is a philosophical approach to the study of phenomena and human experience (Holloway, 1997) and as such, was an appropriate theoretical framework for better understanding the essence of resilience. Although the epistemological and theoretical framework for this study was from a phenomenological perspective, as discussed below, there are interesting parallels with poststructuralist examinations of resilience.

In conjunction with a phenomenological approach, broadening the sample to include women at various stages of abuse and the process of leaving and those without advocacy work would help address a gap in the literature. The relationship between protective factors and resilience in survivors of IPV is a growing area of research, however there is little research that addresses women’s lived experiences of resilience.

Method

Participants

Participants were 16 adult English-speaking women who were eligible to participate because they were 18 years of age or older, could read, write, and speak in English, and had experienced some form of abuse by an intimate partner as an adult. Similar to study 1, intimate partner violence was defined as any physical, sexual, psychological, emotional, or financial abuse by an intimate partner, such as a spouse, common-law partner, boyfriend/girlfriend, or dating partner. A phenomenological approach uses in-depth interviewing and analysis with individuals who have experience or knowledge of the phenomenon, and as such the sample is typically small (Holloway, 1997).

Participant ages ranged from 18-55. Eight participants identified as White/European, two as Caribbean, two as South Asian, one as Latin/South American/Central American, one as First Nations/Native, and two women identified as bi-racial. All 16 women identified as heterosexual. Level of education was very diverse, with one woman having completed some elementary school, one completed some high school, three had completed high school, four had completed some college or university, five had completed college or university, and two women had graduate degrees. Participants reported experiences of physical, verbal, emotional, sexual, financial, and legal abuse. The majority of women reported experiencing multiple types of abuse. Length of abuse ranged from less than one year to 20 years. Four women reported experiencing abuse for one year or less, four women reported abuse between 1 and 5 years, five women reported between 6 and 10 years, and three women reported experiencing abuse for more than 15 years. Other demographic information was also diverse, with women identifying with various religions, including Catholic, Muslim, Christian, Hindi, Pentecostal, Seventh Day Adventist, and

Evangelist. Fifteen women held citizenship in Canada, and one in St. Vincent. Eleven women reported their household income below \$19,999, one woman reported between \$20,000-39,999, two women reported between \$40,000-59,999 and two women reported their income between 60,000-79,999. The majority of women were mothers, with 13 women reporting have children and three women reported not having children. Children ages ranged from 1 year to 21 years. There was no overlap in participants between study 1 and 2.

Recruitment. Participants were recruited using researcher contacts at several women's agencies in the Guelph and Greater Toronto area and through advertising on social media and online classifieds including Facebook and Kijiji. Recruitment posters containing a brief description of the study and contact information were distributed to researcher contacts established during recruitment for study 1. Similar to study 1, a list of surrounding women's agencies and organizations was compiled online and organizations were asked to distribute the study information to their clients, staff, and volunteers. Additional posters were posted on several university and college campuses. The majority of participants were recruited through Kijiji. A short pre-screen questionnaire was conducted with all potential participants upon first contact with the researcher to ensure they met the eligibility requirements. Most of the women who inquired about the study were eligible to participate, with the exception of one who had not experienced IPV.

Procedure

Written informed consent was obtained prior to the interview. The interview was private and completed in person. Interviews were semi-structured, lasted approximately 45 minutes to 1 ½ hours, and were audio-recorded and transcribed verbatim. Interview questions (Appendix D) asked women to 'tell their stories' and to talk about how they 'got through' their experiences of

abuse. Later in the interview women were asked how they defined resilience, how they have or have not experienced resilience related to their abuse, and how their experiences of abuse and resilience changed over time. Interviews were followed by a short demographics questionnaire. Participants received \$30 for their participation in the interview and were compensated in full for any public transportation/parking and childcare required to participate. A copy of the transcript was sent to the participants either via email or postal mail once the interview had been transcribed (typically 2-3 weeks after the interview). Women were given the opportunity to review and edit the transcripts to ensure the interview reflected their experiences should they wish to do so. Edited transcripts were sent back to the researcher either via email or a pre-paid envelope. Only one woman returned an edited transcript and it contained only minimal edits.

Data Analysis

While phenomenology itself is not a research method, it has been used as a method of lived experience and specific methods of phenomenological analysis have been developed. (e.g., eidetic; Colaizzi 1978; Giorgi, 1970, and interpretive phenomenological analysis; Smith & Osborn, 2007). The aim of phenomenological inquiry is to create a description of the lived experience of a phenomenon without prior assumptions (Holloway, 1997). Entrenched in the method is a “set of existential and phenomenological assumptions by which women are viewed as active meaning makers” (Buchbinder & Eisikovits, 2003, p.355). The participant’s description is taken to directly represent the rich experience of the participants (Holloway, 1997), interwoven with their personal, interpersonal, and social realities (Moustakas, 1994). Phenomenology has been suggested as the method best suited for providing women with a voice about their experiences (Davis, 2002). The purpose of phenomenological inquiry is not to generalize the findings across all victim/survivors’ experience of resilience and intimate partner

violence, but to enrich our understanding of the lived experience of resilience within a particular context.

Data were analyzed using a method of data analysis developed by Colaizzi (1978) grounded in the theoretical and epistemological assumptions of phenomenology. Phenomenological inquiry as a whole strives to understand the ‘essence’ of an experiential phenomenon in a holistic way (Shepherd, Reynolds, & Moran, 2010), and researchers using a phenomenological approach are often hesitant to use a specific method in fear that such strategies might be seen as inflexible (Holloway, 1997). While Colaizzi’s method was used as a framework for the data analysis, the researcher understands that it is only one variation of phenomenological method. Therefore, Colaizzi’s method was used as a guiding framework, but with an added effort to not to simply “break apart experience into coded categories” (Shepherd et al., 2010, p. 275).

First, each transcript was carefully re-read by the researcher to become familiar with the participant’s account. Second, the researcher returned to the participant’s descriptions and focused on those aspects most relevant to resilience. This step is called ‘extracting significant statements’ and involves a detailed line-by-line review of the transcript to ensure significant statements about the phenomenon are not overlooked. During the third step, ‘formulating meanings’, the researcher reviewed each extracted statement to help make sense of it in the participant’s own terms. Other researchers using this method, including the current researcher, have added an additional step whereby “a summary of the essence of each participant’s intended meaning as interpreted by the researchers” is created to allow for a synthesis of the essential nature of the phenomenon (Edward et al., 2009, p. 589). Step four involved clustering the meanings into common patterns and themes, similar to the method of thematic analysis used in

study 1. The clusters of themes were compared back to the data to confirm and validate the emerging patterns (Holloway, 1997). The fifth step, ‘exhaustive description’, involved a detailed analytic description of the participants’ feelings and ideas within the themes. In the final step, the fundamental structure of the phenomenon was described.

An additional tenant of the phenomenological philosophy and method is ‘bracketing’, which is the self-reflective and purposeful acknowledgement of personal biases and assumptions. The researcher kept a reflective journal as a way to help acknowledge and clarify personal assumptions and influences on the research process and analysis.

As previously mentioned, there are interesting parallels between phenomenology and poststructuralist inquiries of resilience. Although an in-depth analysis of a poststructuralist understanding of resilience is beyond the scope of this thesis, it is helpful to highlight some of the relevant similarities between these epistemologies. Lau and van Niekerk (2001), in their phenomenological study of resilience in burn survivors, examined resilience through a poststructuralist lens, which “emphasizes the subjectively defined nature of resilience, as well as the relational and multidimensional facets...[and] accommodates for fluidity, variability, and the tension of opposites” (Lau & van Niekerk, 2001, p. 1167). This poststructuralist understanding of resilience as a multidimensional, fluid, and subjectively defined phenomenon complements the current phenomenological inquiry of resilience.

Results

“Resilience is a big word, it’s a lot of things.” (Crystal)

Resilience for women who have experienced abuse by an intimate partner was expressed as cognitive, emotional, and behavioural shifts that occurred throughout the abusive relationship, during the process of leaving, and after the relationship or abuse had ended. The concept of

shifts is being used as an organizational device to better understand the ‘essence’ of women’s resilience and represents a change in the way a woman was thinking, feeling, or behaving about or towards herself, the abuser, abuse, a relationship, or some other aspect of her life.

Occasionally the shifts occurred abruptly, but shifts typically developed more gradually over time. Some women explicitly identified their experience of resilience as involving a shift in some context, however not everyone did so in such an explicit way. Sophia explicitly captures the experience of resilience as a shift(s):

The people say it’s a problem, a very big issue [abuse], but I take the steps to recovery and I change in the brain...believe me, you put a lock in your brain and never resolve anything. Or never you feel happy; you don’t want to feel happy.

Yes, [change] the way that you talk, the waythat you think, the way that you act.

Shifts occurred in three distinct, yet highly related ways: toward resistance, in the experience of control, and toward positivity. Women often experienced multiple shifts in one area, for example, a cognitive shift and several subsequent behavioural shifts toward resistance, which individually may seem small and inconsequential, but when aggregated reveal a more robust shift toward resistance. Furthermore, shifts in one area (e.g., in experiences of control) often influenced shifts in another area (e.g., toward positivity).

Although the purpose of study 2 was to better understand the lived experience of resilience, and not simply to replicate the findings of study 1, the experience of resilience for the women in this study is one of process; a process that cannot be examined in isolation of the broader context and related processes that are occurring as part of the experience of resilience, including pathways for resilience. As discussed in study 1, pathways were conceptualized as internal and external factors and mechanisms that facilitated resilience and were part of the

resilience process. However, based on the collective findings of study 1 and 2, the pathways framework developed in study 1 has been reconceptualized to better reflect women's lived experience of resilience. As such, the experience of resilience for women who have experienced IPV includes a dynamic relationship between various internal and external pathways that function as catalysts to facilitate abrupt and gradual cognitive, emotional, and behavioural shifts toward resistance, in control, and toward positivity. Resilience is therefore conceptualized as a process that encompasses the pathways that facilitate the process and the experience of shifts.

The results are organized to first provide evidence for the shift analysis, which is organized into the themes of resistance, control and positivity. This includes examples of how women experienced shifts, as well as examples of pathways that facilitated the shift. Women's explicit descriptions of resilience and experiences of non-resilience are discussed to support the shift analysis. Finally, resilience is discussed as a personalized, ongoing, and dynamic process.

Shifts toward Resistance

Resistance is being used as a broad term to reflect women's active capacity to oppose, avoid, and push back against the abuse and its negative effects, the abuser and abusive relationships, and the broader social environment that upholds social and cultural norms of violence against women. In response to questions about their experiences of resilience, women reported shifts toward resistance enacted in various ways, including: 1) changing their behaviours to mitigate abuse; 2) contacting the police; 3) ending their relationships; 4) teaching their abuser to not be abusive; 5) resisting cultural norms and cycles of abuse; 6) resisting abuse sequelae, such as negative mental health issues; and 7) reframing the relationship. Shifts toward resistance occurred most often while the abusive relationship was intact and became less frequent once the abuse, fear of abuse, or relationship ended. Throughout their narratives,

women spoke about various pathways for their resilience, which, as described below, often worked to facilitate shifts toward resistance.

The first way that women experienced a shift toward resistance was by changing some aspect of her behaviour to mitigate the abuse. For several women this involved physically removing herself from the situation or away from her abuser, that is, a deliberate shift in her behaviour became a way to resist future abuse. As Carmen says: “I learned to cope with it by, um, not being around him anymore, like when he was drinking, ‘cause I realized when he drinks he turns into like that beast.” Some women relocated their homes or changed their place of employment as a way to resist further abuse, while others moved into shelters, such as Jamila:

I had a restraining order but I wasn’t feeling that safe or comfortable staying there [at home]...I keep thinking maybe he might come and he still have a key for the front door and stuff like that. So I decide, I call [my worker], I think I should go to the shelter because I don’t feel safe and comfortable here anymore.

For other women, this shift toward resistance involved deliberately behaving in a certain way with the intention of mitigating the abuse. This most often occurred when the abusive relationship was still intact. For example, Susan explains how she changed her behaviour to avoid the abuse she had been experiencing: “For the sake of not having to deal with his anger and jealousy and, you know, and, uh, being questioned, I slowly gave up my friends and, you know, became more and more isolated.”

While changing their behaviour mitigated the abuse for many women, it sometimes had negative effects on how they felt:

I changed my ways, I stopped going certain places...it doesn’t make me feel better because, like, it’s not fair to me. He still keeps his friends that he keep, he still go

where he want to go, and it's like who care, nobody cares. So I have to be comfortable, satisfied with that. See it wasn't fair to me but I was just trying to make peace. (Jamila)

Ruchi was the only woman who was still with the partner who had previously abused her at the time of the interview. She decided to reconcile the relationship after some time of being separated. She experienced a shift in the way she thought about her relationship and how she acted toward her partner as a way to end the abuse. This was a successful strategy for her as she reported the abuse had stopped after reconciliation. She recognized that her relationship was abusive and didn't want to continue "get[ting] problems again from him." She "changed [her] personality" to be more assertive as a strategy to end the abuse. She feels like she's "doing the right thing" and "feel[s] better about [her]self."

The second way that women experienced a shift toward resistance was by contacting the police or other authorities. For many of the women who contacted the police, this was often the result of escalating abuse or repeated incidents where the police were not previously called. This demonstrated a shift in the way the women were thinking or feeling about themselves, their partners, and their experiences, which emerged by the women calling the police. For example, Carmen talks about her reasons for calling the police after a physical attack: "They [police] filed it [the report] away, nothing's done about it though. But I did tell them though, 'cause I wanted him to like kinda stay away from me. So I did tell him like "there's a restraining order against you" kind of thing." Carmen saw calling the police as a demonstration of her resilience because it conveyed explicit resistance to the abuse: "For me to actually stand up and like, um, get the police involved too, um, I think that shows resiliency 'cause it shows I'm not going to put up

with it.” For another woman, calling the police and refusing to drop the charges was her way of fighting back against her abuser after ongoing harassment and stalking:

I wanted to lay charges – they [legal association] contacted and they said “he’s been charged but if you’re willing to drop the charges so he doesn’t have to have a thing on his record or whatever-I said I’m not dropping the charges...he put my life through a living hell...this is my only chance to fight, right? (Adrienne)

Many women experienced a shift toward resistance that resulted in the end of their relationships. For example, Ruchi talks about her realization that she does not want to experience any more abuse as the facilitating factor in her decision to leave: “I’m helping him but he’s not honest with me, he doesn’t care about me, he do whatever he wants. Then I feel now I don’t want to get this problems from him because his behaviour [is] not good with me, so I separate from him.” Crystal also talks about a gradual realization that she no longer wanted to be in the relationship: “Just little by little, I, I realized that’s not where I wanted to be anymore [with partner]. I could not stay another night in the house, not knowing [what] I was going to experience at night.” Crystal’s comment that “little by little” she came to this realization shows the often gradual development of a shift. In contrast, Monica recounts the incident where there was an abrupt shift in the way she saw her partner following a particularly bad incident of abuse, which ultimately resulted in the end of the relationship:

I remember I woke up [from being knocked out] and I wasn’t even like angry. It’s like I know he has a problem, you know...when I got home I was thinking about it, I was like he’s crazy. I can never see him again. Like, he can never ever see me again in his life, ‘cause like he’s going to kill me.

Another common way resilience was experienced as shifts toward resistance was by trying to teach the abuser that his behaviour was not acceptable. This shift was most commonly experienced while the relationship was still intact, but women acknowledged the abusive nature of their relationship. For example, Carmen says “For me, it was more like I was trying to, like, educate him on how to treat someone else. I really felt like with that second relationship, he was younger and he needed a lot of learning to do...so I tried to teach him those things.” This demonstrates a shift because this behaviour was something Carmen had developed as a result of a previously abusive relationship, and she was trying to teach her new partner, who was also abusive, that his behaviour was not acceptable. This also shows that the experience of resilience for women who have experienced abuse is not confined to one abusive partner or relationship. As Carmen has shown, women can experience abuse from multiple partners and experiences from one relationship can influence how women view themselves and their partners in subsequent relationships.

Several of the women were first generation immigrants to Canada and their shifts toward resistance were highly intertwined with their experiences of culture. Jamila talked about her experiences before moving to Canada, where intimate partner violence was a normalized experience for women. There is a shift in the way she thinks and understands abuse as a result of her own experiences of abuse in Canada compared to her experience of abuse back home: “I thought so from before [that abuse is a normal part of life], but now I realize that nobody deserve it [abuse].” Ruchi and Savita, who were also immigrants to Canada, resisted cultural and social norms present in their cultural communities nested within Canada. For example, Savita speaks about a shift towards refusing to uphold cultural expectations of women and the normalization of abuse:

People we are living with - it's a specific community. Everyone knows about other person. Even it's Canada but we are still in same thing, you know, what we are living back home...the community I belong to, if your husband calling you names or hitting you, it's normal. They feel it's normal...So I, that's why I was living in the situation for a long time, but it was very hard to change peoples minds. Especially my parents. But now I feel when I left him, I prove he was abusing, I shouldn't have lived with him.

Women's shifts toward resistance were largely focused on resisting external things, like the abuse, the abuser, or the relationship. However, women also experienced shifts that were focused on resisting internal aspects of their selves. Several women discussed a shift toward active resistance of abuse sequelae, including fear, negative emotions, and mental health problems. These accounts highlight an active and purposeful change in thinking about life and their selves during and after the experience of abuse. Crystal talks about a shift she went through to resist negative feelings where she used to become depressed and start crying but that she "started changing [her] behaviours" and would do something different, like play music or get up and go out "instead of being in that area that all the gloom is coming on." Wendy discusses her active resistance against experiencing negative mental health, which is demonstrated by an abrupt cognitive shift:

So while I was in the [mental health facility]...I remember, uh, I got up one day and I went to take a shower and I couldn't even stand up, I just felt so sick. Like, and I - for whatever reason in my head I asked myself "what are you doing here? Why are you here...And once I got out of there [mental health facility] I just determined to tell myself that no one on this planet was worth me taking my life.

Experiencing negative effects as a result of the abuse, including fear and negative mental health, and subsequent resistance against these negative effects, featured prominently in some of the women's stories of abuse and resilience.

The final way that women experienced shifts toward resistance was as a gradual reframing of how they understood their partners and relationships. For example, Monica talks about her shift toward resistance against how she previously viewed her relationship: "It took a lot, it took a lot...its just one day I started to think clearly. I just realized, you know, this person never cared about me, this person never loved me. Like, who am I fooling? And it took for him to treat me a certain way." As the quote suggests, she sees this process as a taking a lot of time and energy. She deliberately thinks about her relationship in a negative way to resist reconciliation: "All the memories, you think about everything, sometimes you just – I just sit and think about all the negatives, that helps as well. ...Cause it's like I know if I go back I'm like degrading myself, I'm going below my standards."

Pathways that facilitated shifts toward resistance. Throughout their narratives, women identified various internal and external pathways that helped facilitate shifts toward resistance. The following section provides several examples of how specific pathways facilitated various types of shifts toward resistance. Table 1 presents a more detailed list of pathways that facilitated shifts.

For Laura, learning information about abusive behaviours and why abusers are abusive facilitated a shift toward resistance, specifically her decision to leave her relationship. She thinks learning this information "is great because it really puts things into perspective on his behaviour." When asked how learning this information affected her she says she understood it

would take many years to fix the problem and she would rather “move on and be with someone who is healthy already” than “spend years in therapy.”

Social support was a particularly important pathway for many women, across various shift contexts. Social support as a pathway that facilitated shifts toward resistance included institutional and personal emotional support, connecting with other women’s experiences, connecting with the community, and having role models, in particular their mothers. For example, Crystal talks about the influence her mother had on her ability to leave her relationship:

A lot comes from my mom. She’s a tiny lady, but she had so much courage. And determination. Because she loved the children so much, and that’s where it [my ability to keep going] stems from...my mother is a big part of me standing up...it was [one of the] many reasons why I had to get out of this.

For some women, protection of their children facilitated a shift that resulted in the end of their relationship. This is captured by Laura, who says: “What sparked me I think the most was my son’s concerns. He came to me, he’s only 4 and he said to me you know “my dad doesn’t like me”.... And so it felt sick. I can’t leave you in the presence of your own father. So I left.”

Women also discussed several internal pathways that facilitated shifts toward resistance. Reflection was a common pathway for resilience and a way for women put their experiences into perspective. How and what women reflected on, and how this was helpful to the development of their resilience varied. For example, by reflecting on her childhood, Adrienne underwent a shift toward resistance that made her intolerant of the abuse and eventually resulted in the end of her relationship:

My childhood and my past...it was really hard. I didn’t have a childhood like some kids do, unfortunately. And I’m not going to wait until I have black and

blue eyes to say that I'm out of it. I'm not going to wait...if there's signs...I want you out the door.

Faith and prayer is another example of a pathway that facilitated shifts for several women. Jamila spoke about faith and prayer being the number one factor in getting through her experiences: "If there's one thing I do, I pray. And to me prayer work...I don't have a friend. I don't have no family, so I pray." For her, prayer and faith kept her from falling into a deep depression and she says she's not sure what would have happened "if it wasn't for praying...because I do have evil thoughts." By "evil thoughts" Jamila is referring to suicidal ideation, which she had spoken about earlier in her interview. Therefore, for Jamila, faith and prayer is a pathway for resisting negative mental health.

In summary, shifts toward resistance were experienced by all women. These shifts were experienced in seven ways, including changing her behaviour to mitigate abuse, calling the police, ending the relationship, trying to teach the abuser, resisting cultural norms and cycles of abuse, resisting abuse sequelae, and reframing how they see their partners and relationships. Shift experiences varied on several dimensions, including how the shift was enacted, how abrupt or gradual the shift occurred, and what types of pathways facilitated the shift.

Shifts in the Experience of Control

The second way that women experienced cognitive, emotional, and behavioural shifts was related to issues of control. The term control is being used to describe the amount of influence and direction women felt they had over specific aspects or overall outcomes of their lives, relationships, and other experiences. This particular type of shift is being conceptualized as shifts in the experience of control because, as described below, not all shifts related to control were necessarily shifts toward increased control (unlike resistance and positivity). Shifts in

control included: 1) acknowledgement that the abusive partner would not change; 2) perceptions of increased control; 3) the development of a new relationship with control; and 4) the development of personal boundaries. Shifts in the experience of control were seen as both positive and negative and occurred throughout different stages of the relationship and the process of leaving.

The realization that the women could not change the attitudes and behaviours of an abusive partner was a prominent cognitive and emotional shift for many women. While the majority of women spoke about eventually coming to the realization they could not change (i.e., control) their abuser, the implications of this shift varied. Initially, this may appear contradictory to what was presented above about women's shifts toward resistance in which they tried to change their partner's abusive attitudes and behaviours. However, shifts did not occur in isolation and multiple shifts occurred for all of the women, highlighting the relevance of different elements at different times for women who have experienced abuse by an intimate partner. This section demonstrates support for resilience as a process because shifts that occur earlier on, such as women trying to change their partner's attitudes or behaviours, were sometimes modified over time. Ultimately, for some women, there was a point in the process where a shift in their perception of control occurred and the women realized that they were unable to change their partner's attitudes and behaviours. This often facilitated women taking additional steps to end their relationships. For example, Laura says:

But that's the hardest part of getting through it is realizing - and you can ask any woman - realizing that that person is not going to change. That's the hard part to get to. Because you see the potential, you give them that hope, you give them the openness, you tried to be positive, you tried to do what you can do and once you

finally realize this person's not going to change, that's when you're like ok I've got to go.

For Ruchi, acknowledging that she could not change her partner resulted in her changing her own way of thinking and acting, which actually helped to end the abuse and keep her relationship intact: "You cannot change him, even police or whatever happened with him. Nobody can change him, it's his personality...But instead of changing him, nobody can change him, why don't we change our personality?"

Women also experienced shifts in perceptions of increased control during and after the abusive relationship. For example, Jamila describes not being allowed to have a bank account and how it didn't feel good to have to "ask for every penny." Now that the abuse is over, she says "so those little things, it's not big but it's still there, make you feel good so that you could do little things for yourself." She feels she has more control over the decisions in her life, which makes her feel good and she describes the situation as "better". Monica experienced an emotional shift in the experience of control, and specifically in her realization that she could control whether or not to see her ex-partner, which helped her to emotionally "let go" of the relationship:

I didn't really know I had control until recently, just a few months ago when he had left...it's like I can't just pick up the phone and call him. 'Cause that's what I can control, my anger. Because I used to be so angry. I used to just want to lash out at him, but now it's like, I just don't go there [to jail] to see him. Now I feel like, you know, I can let go...Oh I felt so good [to emotionally let go of partner]. Maybe that's when I kinda felt like I had control as well...and I felt good because I felt I was moving on with my life.

Adrienne talks about the feeling of gaining control as a result of calling the police on her abusive partner, which she says made her feel resilient. Adrienne had also seen her act of calling the police as resistance and a way to fight back. This highlights the connectedness between the different ways women experienced shifts in their lives, whereby a shift in one area often facilitates a shift in another area: “I felt like, I felt like finally, finally there’s something that’s happening. That I have control. I feel like finally I have a voice.” (Adrienne). Crystal’s shift in control had a very specific purpose: “I had to change...me. I had to, um, become tougher in the sense of my emotions, learning how to deal with my emotions. And um, I had to get through to myself that I needed to be well in order to look after the children.” Crystal knew that in order to regain custody of her children, she needed to gain control over her emotions and work on her mental health.

Developing a more complex relationship with control was experienced as a shift for some women. For some women, this involved becoming more flexible and developing a different relationship with control, while for others it involved a shift toward gaining control that had negative implications, drawing attention to the complexities around negotiating control for a woman who has experienced abuse. Wendy says she “got to a point where [she] had to learn that it was ok to fail” and she sees this as “regaining control in a different way.” Jane’s narrative identifies some of the complexities around gaining control:

I’m the type of person now where I like to be in control because before I never used to have control, but then if I don’t have control now it kind of just upsets me, so [laughs], you know? So um, but I’ve, I’ve found different ways that, that like, I can, like things that I can control so I’m trying more now I’m slowly trying to like focus more on those things instead of other people.

Jane acknowledges these difficulties and is continuing to work on them, suggesting that even though gaining control after her abusive relationship was over has resulted in some negative consequences, she is continuing to actively shift her way of thinking, feeling, and acting. For Carmen, the feeling of power and control that she gained was both positive and negative. On the one hand, she felt more comfortable with who she was now, but on the other she saw herself adapting some abusive traits towards her new partner in order to maintain that control: “Like I’m happy that I’m comfortable now, like with who I am. But at the same time like I know like sometimes I am – I carry those emotionally abusive traits now.” Resilience is typically considered to be a positive phenomenon, but the women’s shifts in control suggest that resilience as a dynamic process can include periods of negative experiences or feelings.

The fourth and final way that shifts in the experience of control were experienced was through the development of personal boundaries. Similar to other shifts related to control, the development of boundaries was a highly personal experience in that the purpose and outcomes of developing boundaries varied among women. The development of boundaries was seen as a way for women to increase perceptions of control in their lives and was often explicitly linked to the experience of resilience. For example, for Susan, “having better boundaries, you know so that you have healthier relationships in the future” is an important part of her resilience, which she believes keeps survivors from “going back” into a negative mind frame. Jane’s account of developing boundaries echoes Susan’s:

I’m trying my best to like control my life, right? Like and, and control who I let in my life from who I don’t. Because like after him I was kind of like, I was hurt and everything and, and, and then I got into another relationship that ended horrible...

I'm trying to just control who I talk to, who I let in my life, who I'm, you know, friends with, who I let know certain things.

Women also spoke about setting boundaries by learning which attributes and behaviours they now consider 'red flags' in future partners. Wendy says her "number one red flag" is if she "feel[s] sorry for them." She explains that this is a warning sign to "stay away" and is something she's "learned over the years." The development of boundaries gave women perceptions of increased control over their lives by allowing women greater control over whom to engage with on a personal or romantic level and to what degree. For other women, such as Rachel, the development of boundaries went beyond romantic relationships to include broader social relationships. Rachel says that she never used to have boundaries in her life, but she sees that others "do say no, and it's appropriate", so she's "trying to adopt the behaviour."

Several women were explicit in their connection between developing boundaries and the experience of resilience. For example, in response to a question about what would make her more resilient Laura says:

At this point in my life...I want to focus on having boundaries, right? And try to learn how to have boundaries and be like this is my world I'll let you in if I trust you, because I'm very open, I'm too open, right? So I used to be overwhelmed with other people's needs.

Laura talks about the importance of boundaries to resilience, but that it is a delicate balance and closing people off is not desirable: "I think protection, I'm realizing is really important [to resilience]. Protecting yourself. And not to the point, you know, that you don't let people in, and that is part of boundaries too." However, Adrienne had a different experience. She says she "[doesn't] trust anyone" and this includes men and women because "things didn't work

out too many times for [her] in the past” so she doesn’t “let people in right away.” Adrienne doesn’t explicitly see her lack of trust as positive or negative, she just saw it as a result of her childhood in which she watched her mother being abused, as well as the experience of her own abusive relationships. Her discussion of not letting people in and putting up walls appears to be contrary to what Laura is suggesting. Adrienne see herself as a resilient person, and her narrative includes shifts in all three areas, suggesting that her seemingly negative experience of not trusting anyone and putting up walls does not mean that she is not resilient, but that resilience is multidimensional and develops at different times and in different ways for individual women.

Pathways that facilitated shifts in the experience of control. Throughout their narratives, women identified various internal and external pathways for resilience that helped to facilitate shifts in the experience of control. The following section provides several examples of how specific pathways facilitated various types of shifts in control. See Table 1 for a more detailed list.

Similar to shifts toward resistance, shifts in the experience of control were often facilitated through social support. For example, Jane spoke about a shift whereby she is “slowly trying to focus more on things [she can control] instead of other people.” She attributes this shift to the work she has been doing with her counsellor: “She [counsellor] is trying to show me, like I can’t control this person here, but I can control myself and my feelings toward that person.”

Protection of children also worked as a pathway to facilitate a shift in the experience of control. For example, Crystal attributes her shift, which involved actively learning how to control her emotions, to the ongoing drive to protect her children. She says her children are “what kept [her] going and being able to deal with it...because [her children] are [her] heart.”

Comparing her relationship to her partner's parents' relationship, which had a similar dynamic, was a pathway for Laura's resilience because it facilitated a shift in realizing that her partner was never going to change. She talks about seeing the same patterns of behaviour in her relationship as her in-laws and realizing "this is ugly...this is so not right...I can't do this, it's not going to change." This shift in control went on to facilitate a shift toward resistance in that she left her partner and moved into a shelter almost immediately.

For Wendy, learning information about the importance of creating personal boundaries by reading self-help literature facilitated a shift in developing boundaries to increase her sense of safety. Laura also talks about developing boundaries, but the pathway for this shift in her own life was reflecting on previous experiences of abuse, which helped her realize she needed to set boundaries in her life because she saw herself as "too open" and used to be "overwhelmed with other people's needs."

In summary, shifts in the experience of control were experienced in four ways, including acknowledgement that the abuser would not change, perceptions of increased control, the development of a new relationship with control, and the development of personal boundaries. Unlike shifts toward resistance, which most often occurred while the relationship was intact, shifts in the experience of control were experienced during the abusive relationship, during the process of leaving, and after the abuse or relationship had ended. Similar to shifts toward resistance, various pathways worked to facilitate shifts in control.

Shifts toward Positivity

Finally, women underwent shifts toward positivity as part of their experience of resilience. Positivity is being used as a broad term to signify a state of improvement and progress in the women's lives. Shifts toward positivity were experienced in various ways, including: 1)

feeling good about themselves; 2) having hope for the future; 3) letting go of self-blame; 4) refocusing their thoughts and energy, 5) regaining a sense of self, 6) helping others, 7) personal growth, and 8) coming to view their experiences as a learning experience. As with resistance and control, shifts toward positivity were experienced in many different ways and facilitated by a variety of pathways. Shifts toward positivity occurred most often after the abuse or the abusive relationship was over and women were starting to rebuild their lives.

Many women spoke about a shift toward positivity whereby they began feeling good about themselves and their lives. Crystal says “I have reached a point in my life where I am happy with me.” Monica’s account further highlights this shift:

He really, really tried to break me, and he couldn’t break me. Because I definitely feel that I am strong in that aspect. Like I am nowhere worse than I was like, you know? It was bad you know? And I was very depressed and very sad, you could see it on my face. It was like, you know, I’m happy now.

Shifts toward hope for the future featured prominently in some women’s narratives. For example, Wendy talks about realizing she was “going to be ok again.” She knew “it’s not the end of the world” even though “it’s a very sad, hurtful thing,” but that she will “live again.” Wendy also talks the importance of her self-described mantra “tough times don’t last, but tough people do” in her ability to have hope for the future.

Several women experienced resilience as a cognitive and emotional shift toward letting go of self-blame. For example, Beth talks about the impact this had on her ability to get through her experience of abuse:

I also understand his responsibility in it now, right? And that’s because of all the [social] support that I had through getting over it. And I think that’s been

important to me, to my healing is being able to understand him and his situation, but also give him the responsibility.

A shift toward positivity was also experienced through refocusing her energy, time, and thoughts. Some women refocused their energy and care on to themselves and their children:

Just my independence and you know my dedication to myself and to my kids. It's really – I put – I made that my main focus rather than him and that's what's been keeping me going. Um and I never used to do that. I used to let him consume my every – everything about life, from my finances to my...everything, like he was my life. I did this all on my own. (Monica)

Other women, like Wendy, began focusing on the present and enjoying each day. She feels “life is too short” to “spend that energy and to constantly wonder” about her ex-partner because it is “taking away [her] thoughts of today, right now, being in the present, and enjoying moments with [her] son.” When she looks “back over those years wasted”, she has realized that “life is too short to not enjoy the moment.”

Regaining a sense of their ‘true selves’ was an important way of increasing positivity for some women. As Susan says:

I saw who I was when I went in to the relationship and then I didn't recognize who I was, you know? I was confident before and I was outgoing and I was happy and I was, I was laughing all the time and then I, you know, I was like, you know, at the end I was criticizing myself and I wasn't following my dreams and I had given up. I had basically just given up on myself...And uh, no, I think that being on my own has been much better.

The desire to teach and help others, including their children, by helping themselves existed in several different contexts and represents yet another way that women experienced a shift toward positivity. Sophia talks about helping the community and other women experiencing abuse:

I learn a lot during this. I learn a lot. I can help people too. I show my experience and I talking in the shelter with women and I did a volunteer job, I'm hair stylist and I did a lot of volunteer jobs with the woman who suffered violence...I visit the food banks, and I offer my voluntary job (Sophia).

Jane talks about not wanting her children to grow up and “feel sorry for [her].” She says “I don't want them to think I'm a victim, I don't like using that term. So I, I'm just like you know, just, just trying, try my best to make things normal. For Wendy, helping others meant working to change the legal system. She talks about her resilience as “how much can [she] do to try and change this crazy system” and how this “has been a burning desire...that gets [her] up every morning.”

Women identified several different ways in which they experienced a shift toward positivity that involved personal growth or changing for the better in some way. Rachel talks about becoming more compassionate and understanding as a result of her own experiences:

I had a friend recently who was sexually assaulted... And I think before I would have gone “well you said yes”, but now I understand that it's more than that. So

I do think it has made me more compassionate and understanding.

Setting and fulfilling goals, such as going back to school, was another way that women experienced a shift toward personal change and growth. The women's goals were often related to obtaining material things, such as a good job or a diploma. For example, “I wish I can study,

you know? When I came here I did a little bit, I want to start my study. I have lots of ideas, I have to do to make myself happy and to make my future bright” (Ruchi).

The final way in which women experienced a shift toward positivity was in coming to see their experience as one of learning. They saw these learning experiences as largely positive changes to how they viewed themselves and their surrounding world. While it could be argued that any shift in thinking, feeling, or acting can be considered a learning experience, these excerpts demonstrate that the women acknowledged and actively understood their experiences as learning experiences and consciously took something away from their experiences. Many women spoke about specific things that they had learned about themselves and what type of relationship and partners they want in the future, while other women spoke more generally. For example, Megan talks specifically about learning to be careful with whom she trusts: “I learned now that you can’t trust everybody. But that’s part of my culture and my upbringing, we trusted everybody...but it was a learning experience”, while Sophia talks more generally about learning from her experiences and sharing her knowledge with others as a way to overcome her negative experiences: “I learn a lot. And you know what? Always I learn, every day I learn. I learn with my child, I learn with the other women, and I share with the other people and I recovery. And I’m trying to be very positive and very happy.”

Several of the women spoke about their learning experience as it related to identifying “red flags” and developing “boundaries.” This highlights the interconnectedness between the ways that women experienced shifts (i.e. resistance, control, positivity), because the development of boundaries was a common way that women experienced shifts in the experience of control. For example, Beth talks about how learning to identify red flags also helped her learn that she needed to trust her judgment and instincts more:

I try and look at every experience in my life as something I can learn from. Um, and what I learned most of all about that relationship and the red flags was that I need to pay more attention to myself, you know, there were so many times in that relationship where something happened and it didn't feel right...so learning to listen to myself... Paying better attention to my own judgment and my own instincts, for sure.

Pathways that facilitated shifts toward positivity. Throughout their narratives, women identified various internal and external pathways that helped facilitate shifts toward positivity. Similar to resistance and control, the following section provides several examples of how specific pathways facilitated various types of shifts toward positivity. See Table 1 for a more detailed list.

As a pathway, social support emerged in several ways, including emotional personal and logistical support, connecting with the community, and getting the perspectives of friends and family. For example, connecting with broader community facilitated a shift in Crystal toward feeling better about herself: "Because of community had me stronger and I can do more. It's about community too, you know? And I say community, community is friends and interacting and doing things in a positive way, right? I found that and I'm happy." Another example of social support as a pathway can be seen in Beth's narrative, where she talks about the importance of her family and friends' perspectives on the situation and how this helped her let go of her self-blame:

I immediately, um, opened up to family and friends and had all their support throughout it, which was good because they could give me a fresh perspective on what was going on...I think it was important to hear that. So outside perspectives,

definitely, had a huge part in my ability to, um, to deal with what had happened and to not feel responsible for him or responsible for what happened in the relationship, or, um, the outcome, right?

Women's comparison of their own situation to others facilitated a shift toward having hope for the future for some women, because it helped to put their experiences into perspective. For example, Crystal acknowledges that "other girls have been through worse things" and how thinking about this made her feel that "it's not so bad...yes you've been through a rough path, but people have been through worse things than you." She also talks about always having "hope that it will get better, even in those dark times you think it's not going to."

One of Susan's shifts toward positivity involved trying to change the legal system for women who are experiencing abuse. Susan sees her determination as an internal characteristic that helped her to "stand up and speak for what's right." She also identifies self-care, which for her was taking a bath every night to feel centered, as an important factor in making her feel more positive about her life.

For women who had children, many spoke of an internal drive to protect and nurture their children as a motivation to keep moving forward in their lives. This was a fundamental pathway for all mothers. For example, Crystal talks about the "number one factor in her resilience" being the protection of her children. She says "At that time, that's how I felt. I never wanted any harm to come to them, like you're going to have to hurt me first before you can get to my children. And that I need to be, you know, here mentally and physically for them [children]."

In summary, women experienced shifts toward positivity in various ways. Shifts toward positivity were often connected to shifts toward resistance and shifts in the experience of control. Shifts toward positivity most often occurred after the abuse or abusive relationship had ended,

which is in contrast with shifts toward resistance which most often occurred during the experience of abuse or while the abusive relationship was intact and shifts in the experience of control which occurred throughout the abusive relationship, during process of leaving, and after the abuse had ended.

Women's Explicit Descriptions of Resilience

Throughout their narratives, women provided definitions or detailed explanations of what resilience was to them. These definitions and descriptions provide additional support for the experience of resilience as shifts, and ultimately as an ongoing process, by illustrating a change in the way the women understood themselves and their experiences. An examination of women's definitions of resilience underscores the parallels between the researcher's analysis of the women's implicit experiences of resilience with their own personal and explicit descriptions of resilience. For example, Rachel says:

I think of resilience as being able to grow anyways. Or, um, not necessarily growth like personal growth, but not becoming stagnant...I guess what I would call resilience would be the willingness to learn the new behaviour, drive to learn the new behaviour as opposed to the sort of defeated sinking back in to the same old cycle.

In Rachel's words, "not becoming stagnant" and "as opposed to the defeated sinking back in to the same old cycle," resilience can be seen as portraying a shift in thinking and behaving that leads to growth. Rachel's description of resilience as a "willingness to learn a new behaviour" acknowledges the deliberate and purposeful nature of this shift where women become active agents of change in their lives.

Susan says the following of resilience: “Taking charge and taking action, that’s always a great indicator [of resilience]. You know, avoidance is, like, one when we go in to avoidance on anything, it’s, I don’t think that’s being resilient.” By understanding resilience to be “taking charge and taking action” Susan’s description of resilience can be interpreted as performing a new or different behaviour, which presumably follows a change in thinking or feeling, and suggests the experience of resilience involves a significant shift. Consistent with Rachel’s description, Susan also makes reference to the deliberate and purposeful nature of this shift.

These excerpts illustrate women as active agents in their experience of shifts and resilience, similar to findings of the previous shift analysis. While women described resilience as actively making change, and the analysis framed resilience as involving purposeful shifts, the women did not suggest they were in any way responsible for their abuse or their abuser’s actions. This can be interpreted as the women understanding that victim/survivors of abuse are never responsible for the abuse they experience. However, women often explicitly acknowledged the need for personal change in their lives in order to overcome their experiences of abuse. For example, Crystal says “It gets better if you are willing to change... I focused on myself, changing me to, to, be the best that I can be, and who I’m supposed to be.” While the women often attributed their resilience to a variety of things, like social support and wanting to protect their children, they also saw resilience as something that must be actively worked on. This supports the conceptualization of resilience for survivors of IPV as a process as opposed to a trait that an individual either has or does not have, or an outcome, which also suggests a degree of passivity in the experience of resilience since it is conceptualized as the result of protective factors.

Women's Experiences of Non-Resilience

In an attempt to better understand the lived experience of resilience, it is important not only to examine how resilience is implicitly and explicitly experienced and described by survivors of abuse, but also how survivors of IPV understand experiences of not being resilient. While women's explicit descriptions of resilience supported resilience as shifts, these examples of non-resilience, which were in response to the question "think about a time when you did not feel resilient, why did you not consider this be resilience?", demonstrate the absence of these shifts and related themes (i.e. resistance, control, positivity). Specifically, women's accounts of non-resilience contrast experiences of resilience by demonstrating a lack of resistance and positivity. Issues related to control are also present in women's experience of non-resilience, however, consistent with the ways that resilience involved a shift in the experience of control, as opposed to only a shift toward increased control, experiences of non-resilience were often more complex than simply feeling a lack of control.

Rachel's experience of non-resilience involved a lack of positivity (e.g., self-care and low self-esteem), and resistance (e.g., feelings of defeat and not being able to protect herself): "...which I would definitely say was not feeling resilience, so not feeling strength in myself, feeling defeated, not feeling cared for by myself, not feeling important, you know, not feeling valuable enough to protect myself." The themes in Rachel's experience of non-resilience are strikingly opposed to the themes of positivity and resistance present in the women's experiences of resilience, such as a shift towards caring for oneself and shift towards feeling strength and protecting yourself.

Laura has a similar experience, in which her experience of non-resilience included a lack of positivity. Laura also talks about a lack of control because she had given all of the control to

her partner.

I think the one [experience] that is resilient is resilient because it was conscious effort to be happy and be resilient. The other one [experience of not feeling resilient] was, you know, you could say it was pity, but it was - I didn't, I didn't take responsibility for how I felt. I just felt crappy, you know what I mean?...So I think at that point my self-esteem was really low so I wasn't able to do that. And I was looking to him for the answers. You know? Where are we going, what are we doing. It's like this is my life. I stopped doing that after a while. You know, giving him the control like that.

When Beth, who sees herself as resilient, was asked to describe a time when she did not feel resilient, she spoke about doubting and blaming herself, and not feeling in control in the moment. She is referring to a specific incident when her vet told her that her cat was being abused (and Beth knew it was by her partner) as a time when she did not feel resilient. This particular incident occurred shortly before Beth experienced several significant shifts in the experience of control and toward positivity that she discusses later in the interview. She also talks about feeling resilient and experiencing shifts before this particular incident, emphasizing the dynamic nature of resilience and how moments of non-resilience can be interjected into the overarching process.

Like "oh my god why didn't I see this coming? I should have seen this coming" and I allowed this to happen and I'm taking responsibility on to myself and I'm questioning myself, questioning my perspective, questioning my judgment, um, all of those things all at once...[not feeling resilient] was just a completely encompassing moment of the way I see the world is not the world is...and even

though I always knew he was verbally abusive, um, and I recognized that as soon as it started and I would have given it that label, um, I thought I had control, I guess enough control over the situation that it wouldn't escalate to anything worse, and it did.

Beth acknowledges that her partner is abusive, but unlike women who had undergone a shift in the experience of control by acknowledging that their abusive partners would not change, Beth had yet to acknowledge this during this particular incident. Beth's experience on non-resilience involves realizing she had not had control over her abusive partner's behaviours, even though she had previously perceived herself as being in control. Unlike some of the other women, who reported not feeling in control throughout their relationships, Beth felt she had control until she realized the reality of the abusive relationship and her actual lack of control over her partner's actions.

Women's descriptions of non-resilience can be interpreted as support for the experience of resilience as shifts toward resistance, in the experience of control, and toward positivity because there is an absence of these experiences in the women's examples of non-resilience. This section also provides support for resilience as a process, because periods of non-resilience occasionally occurred, as did vacillation over time in how resilient women reported feeling.

Resilience is a Personalized, Ongoing, and Dynamic Process

Consistent with the findings of study 1, the overarching theme across and within individual women was that resilience is a personalized, ongoing, and dynamic process. Support for resilience as a process has previously been identified throughout the shift analysis in various ways, for example, by identifying the relationship between pathways and shifts. This section

provides some additional support for resilience as a personalized, ongoing, and dynamic process and highlights women's explicit understandings of resilience conceptualized in this way.

Women in study 2 spoke about resilience as a personalized process. For example, Beth comments that she has her own "version of resilience" which for her included explaining the situation to her abuser in a "very practical and rational" manner. Rachel explains that "for some people resilience literally might just mean being able to live, like keep their bodies alive and say provide for their children", "[but] for others it might look like where they go beyond that and, and start achieving, you know, their dreams or functioning at a higher level or being able to consider self-actualization." She feels "it's [resilience] different for everybody and for every situation."

The personalized nature of resilience is also reflected in the overlap between pathways for resilience and shift experiences, in which certain factors or mechanisms functioned as pathways for some women, but were experienced as a shift for others. This suggests that what factors or mechanisms function as pathways versus shift experiences may depend on the specific context of an individual woman's life. For example, in response to a question about the things that helped her become resilient, Laura talks about maintaining her sense of self:

All throughout this there's always been the core of me that's been super strong and I always knew, even through all the crap, that that was still there...There is no way he can keep me down... Ya and I reminded myself that there's still that person in there and she will, she will prevail.

Laura's narrative about maintaining her sense of self can be interpreted as a pathway for resilience. In other words, Laura's sense of self was an important mechanism that existed prior to her experience of abuse and helped carry her through her negative experiences. However, for

other women, regaining a sense of self manifested as a shift. A strong sense of self was not identified as a consistent source of support or help through their experiences, but instead was identified as something that was built back up (i.e. a shift) throughout the resilience process.

Both women who saw themselves as resilient, such as Wendy, and women who were not yet ready to label themselves as resilient, such as Jamilia, spoke about resilience as an ongoing process. Jamilia says,

I think I'm still going, I'm not quite out of it yet. Because I'm only trying to be strong because of my daughter. But when I'm by myself, it's still there. Still coming back. I still cry. So I don't, I'm not going to say that I'm quite resilient yet. You know, I'm trying to get there but it's not there yet,

And Wendy says,

I think resilience is something that's ongoing, like it's not like you have all these circumstances and yes you get through them and that's it, they're done. You're always going to have new stuff come up so you're always going to have to deal with how to get through it.

Women also commented on the time consuming and difficult nature of this process even when they did consider themselves to be resilient. For example, Jane notes that abuse is not something one can "like bounce back right after...it does take time" but that she believes she did "bounce back, like not so quick because it did take some time and it like, um, struggle and, and stuff." As an ongoing process, women spoke about continuing to experience negative mental health, providing additional evidence that resilience and negative mental health are not mutually exclusive: "And when I'm going through a period of depression it's always very functional

depression, um, you know, I've never had to miss work or school or anything because of it. I'm very good at doing what needs to be done even when I don't feel like doing it (Beth).

Finally, resilience is dynamic. Shift experiences did not operate in isolation, and a shift in one area, such as control, often had implications for shifts in other areas, such as positivity. The dynamic relationship between types of shifts was a common experience across the women. An in-depth look at Laura's experiences illustrates this relationship. For Laura, a shift toward resistance to the abuse influenced a shift in the experience of control, which then had implications for positivity in her life.

Laura experienced a cognitive, and subsequent behavioural, shift by no longer participating in interactions with her partner that would result in abuse:

Like don't put yourself in that position 'cause then he's going to do this little power struggle. His pathetic little power struggle, you know? So I just stopped doing his behaviours. So it was good... It taught me how to – it made me realize that I could control my brain more than I thought I could... So instead of letting him put those voices in my head, I just stopped participating.

Her act of resistance also has implications for a shift in the experience of control. Through resisting the abuse by consciously not reacting to his abusive behaviours, she realized she had more control over her thoughts and feelings than she had previously been aware of:

I started to train my brain to change. It takes time, you stop yourself and you go wait a minute, no. This is going, what's the outcome? Like I'm starting to learn to say what's the outcome that you want from this, right? Do you want to go this way or this? Do you want – because you can direct that, right? You can say well if I act this way he's going to react like that and be pissed off or if I, um, don't

engage, nothing gained, nothing lost. Or if I do engage and I engage this was there might be a positive response, but there might not be either but at least I tried to the positive, right? I mean it's cool, it's cool, I'm learning.

Laura sees this as a learning experience, which was one of the most common experiences of positivity for the participants.

Consistent with study 1, the findings of study 2 provide support for the concept of pathways for resilience as factors, mechanisms, and processes that contribute to the maintenance and development of resilience, as well as the conceptualization of resilience as a personalized, ongoing, and dynamic process. The shift analysis helped to reframe the concept of pathways into a larger resilience framework that understands the experience of resilience for survivors of IPV to be a series of interacting cognitive, emotional, and behavioural shifts toward resistance, in the experience of control, and toward positivity facilitated by various interacting internal and external pathways.

Study 2 Discussion

The goal of phenomenological inquiry is to identify the 'essence' of a phenomenon. Participants with some experience of the phenomenon, in this case, resilience, were asked to talk about their personal experiences of resilience, including how they understood and defined resilience, what types of factors and mechanisms helped them become resilient, and their experiences of non-resilience. The term resilience was not defined for participants and questions about the experience of resilience were broad and open-ended so that women could construct their own interpretations of the phenomenon while reducing researcher influence and bias. For the women in study 2, resilience was experienced as a dynamic and evolving process involving

cognitive, emotional, and behavioural shifts that have been conceptualized to occur in three domains: toward resistance, in the experience of control, and toward positivity.

Women spoke of shifts toward resistance to the abuse and its negative effects, their abuser and abusive relationships, the patterns and cycles women felt trapped in, and how they came to acknowledge and actively resist these things. They also discussed shifts in the experience of control, including the development of boundaries, different ways that control was or was not enacted in their lives, and how this affected them. Finally, women spoke of a change toward positive thinking about themselves and their surrounding world, experiences of personal growth, and coming to see their experience as one of learning. Cognitive, emotional, and behavioural shifts related to resistance, control, and positivity were present in every woman's narrative of resilience. There was, however, often a dominant theme within an individual woman's experience. For example, some women's experiences were interpreted as involving one or two shifts toward resistance and many shifts toward positivity, while other women's experiences were interpreted as involving many shifts toward resistance and only one or two shifts toward positivity. This illustrates the temporal dimension of resilience and highlights how women at different stages in the experience of abuse or process of leaving experience different types of shifts at different times.

Some recent work on resilience has started to conceptualize the experience of resilience as some form of shift or change. Lau and van Niekerk (2011), in their exploratory qualitative study of resilience in burn survivors, suggest that several studies, including their own, have shown that survivors of traumatic injury or illness are capable of reframing their negative experiences in the context of personal growth, meaning making, insight, and striving to regain the self, among other things, even during times of sadness, fear, anger, and grief. Sprangers and

Schwartz (2000) conceptualize this reframing as ‘response shifts’, which are the ability to change “internal standards and values during illness and subsequently minimize the impact of injury or disease on wellbeing, happiness, or satisfaction with life” (p.1628). Although this particular research is related to illness and injury, comparisons can be drawn between the concept of response shifts and the findings of the current study. Kidd and Davidson (2007) conducted interviews with 208 homeless youth on the topic of resilience and found the experience of shifts present in the youth’s narratives. For Kidd and Davidson (2007), the concept of shift was broad and could be described in several ways, including a shift in “worldview, value systems, culture, cognitive schemas, or the like” (p.234). Kidd and Davidson (2007) liken these shifts to a “rewriting of the life narrative” (p.234), where sense of self, relationships, beliefs, and goals change to fit current life circumstances. A phenomenological study of resilience in survivors of childhood sexual abuse found that positive change over time was a prominent theme in the experience of resilience and that change that was ongoing, complex, and non-linear (Baker, 2007). The results of Baker’s (2007) study also allude to various internal and external factors as catalysts for positive change, akin to the current studies’ framing of pathways as facilitators of shifts. Although this small body of research has begun to frame the experience of resilience as shifts, this conceptualization is still very new and further research is required to better understand resilience as shift experiences across populations and contexts. Furthermore, the framing of resilience as shifts can help to evolve the conceptualization of resilience as a process. Researchers are starting to move away from conceptualizations of resilience as trait or outcomes toward a process model and understanding the experience of resilience for survivors of IPV as a series of shifts provides additional support for a process model for this population.

While the conceptualization of resilience as shifts is a new way to conceptualize resilience in women who have experienced abuse by an intimate partner, the ways that shifts were experienced (i.e., resistance, control, and positivity) have previously been connected to the concept of resilience throughout the literature. For example, women in the current study spoke about a shift toward personal growth. Personal growth has featured prominently in the broad resilience literature, and is often present in definitions of resilience (e.g., Lepore & Revenson, 2006), and measured as a component of psychological wellbeing, which as previously discussed, is often used interchangeably with the concept of resilience (e.g., Tomas, Sancho, Melendez, & Mayordomo, 2012). Some existing research that has conceptualized the resilience process involving shifts (e.g., Baker, 2007) has largely focused on shifts related to positivity.

Factors related to control have also featured in the broad resilience literature. For example, internal locus of control has been used as both a predictor of resilience (e.g., Sheifer, Sameroof, Baldwin, & Baldwin, 1992) and an indicator of a resilient outcome (e.g., Werner, 1993). Resistance and resilience have also been connected in other areas of resilience research (e.g., MacKinlay, 2012). In fact, it is likely that the majority of resilience research makes reference to some aspects of resistance, control, or positivity, either in the study design and use of indicator and outcome variables, or as a theme that emerged in the analysis. In spite of the ongoing contention as to the most appropriate way to define, conceptualize, and measure resilience, similar themes continue to emerge across samples, populations, and methodologies. This consistency seems to suggest that researchers are in fact tapping into the same phenomenon, even with diversity in measurement, which has previously been both a criticism (e.g., Kaplan, 1999) and point of praise (e.g., Macini & Boanno, 2006) of resilience research. Further examination of how themes of resistance, control, and positivity, and factors and mechanisms

related to these concepts, change over time and context, and the implications of these changes to individuals who have experienced adversity, will help increase the theoretical and practical utility of resilience research.

Throughout their narratives of resilience, women identified numerous factors and mechanisms that facilitated the development and maintenance of their resilience, including various coping mechanisms. Previous research on coping has differentiated coping strategies by two functions: problem-focused or emotion-focused (Lazarus & Folkman, 1984). There is contradictory evidence as to the impact of using problem-focused strategies compared to emotion-focused strategies for women who have experienced abuse (Clements & Sawhney, 2000). The women in study 2 engaged in both types of coping strategies and identified both types as pathways for resilience. Clements and Sawhney (2000) have suggested that emotion-focused coping may be the most helpful in situations that cannot be controlled. Women often initially engaged in emotion-focused coping strategies, such as alcohol abuse, crying, and distraction following an incident of abuse or the end of their relationships. As suggested by Clements and Sawhney, the initial use of emotion-focused coping strategies could be an implication of women feeling a lack of control over their lives. This is possible considering most shifts in the experience of control occurred at later stages of the abuse or process of leaving. As time goes on and women start to experience shifts related to control, especially perceptions of increased control, (as well as shifts toward resistance and positivity), problem-focused coping strategies may begin to replace emotion-focused strategies.

To illustrate this process, Jane engaged in several emotion-focused coping strategies, including significant risk-taking activities and alcohol and drug abuse as a way to cope with her repeated experiences of physical, emotional, and sexual abuse. She reported these strategies were

effective until she experienced an abrupt shift in how she viewed and valued her life. From that point on, Jane tended to engage in more problem-focused coping strategies, such as self-care through exercise and counseling. Jane's use of emotion-focused coping seems to have contributed to a significant shift in her experiences, and in particular toward a more positive outlook on her life, because her coping strategies were endangering her life and gave her a "wake-up call." Although further research would help to clarify the functions and implications of engaging in one type of coping over another for women who have experienced abuse, the findings of the current study suggest that engaging in both emotion-focused and problem-focused coping are important pathways for survivors' resilience. Future research should also continue to explore the relationship between coping strategies and shifts, as there is some evidence to suggest that emotion-focused coping may facilitate shifts in one or more areas and women may shift from using emotion-focused strategies to problem-focused strategies as a result of shift experiences.

Examining the pathways that facilitate the process of resilience provides additional evidence for the conceptualization of resilience as a personalized, ongoing, and dynamic process. Some pathways (e.g., social support) were identified by all of the women as important components of resilience, whereas other pathways (e.g., validation of experiences) were identified by far fewer women. This variation suggests that the sociocultural context of an individual's life influences access to, and the use of, particular pathways.

Some factors or mechanisms were experienced both as pathways and shifts. For example, as previously discussed, maintaining a sense of self was identified by some women as a pathway for resilience, while regaining a sense of self was experienced as a shift toward positivity for others. Furthermore, shifts in one area (e.g., resistance) often facilitated shifts in

other areas (e.g., positivity). The complexity of the relationship between pathways and shifts is evident, and coupled with the overlap between the pathways and shifts, suggests that the process of resilience is non-linear. This has significant implications for the way that resilience is measured. Much of the previous research on protective factors for resilience conceptualizes the relationship as linear, whereby certain protective factors predict the presence of resilience. In other words, this type of research tends to conceptualize, or at least measure, resilience as an outcome. However, as the experience of resilience has shown to be complex and non-linear, the measurement of resilience as an outcome may be overly simplistic and fail to capture the fluid experience of resilience for survivors of IPV.

The findings of study 2 highlight several parallels between the process of resilience and the process of leaving. A review of the process of leaving literature by Anderson and Saunders (2003) found a number of predictive factors in women's decision to leave an abusive relationship, including social support (although support for this finding was mixed across studies), short-term separations, the development of new coping skills, and previous experience with violence (as a victim or witness). Some degree of overlap between the process of leaving and resilience is expected given the similarities between them. It is not surprising then that there is an overlap between predictive factors in women's decision to leave and pathways and shifts identified in the current studies. For example, social support was identified as both a predictive factor for leaving an abusive relationship in previous research as well as an external pathway for resilience in the current research. Similarly, short-term separations were described in women's resistance to abuse as experienced by removing themselves from certain situations with their abusers. And, in the final stages of leaving, women's priorities shift from focusing on the needs

of their partner to focusing on reconnecting with the self, which has striking comparisons to women's shifts toward positivity.

In the studies reviewed by Anderson and Saunders (2003), women reported experiencing a shift in perspective that either occurred suddenly or developed gradually, often facilitated by factors including internal catalysts, like seeing the influence of the relationship and abuse on their children, and external catalysts, like support and alternative perspectives from family, friends, and helping professionals. This is highly similar to the current participants' experiences of shifts in several ways, including the experience of cognitive, emotional, and behavioural changes, diversity in these changes occurring either suddenly or over time, various factors and mechanisms that facilitate these changes, and a purposeful effort to make change.

However, while the process of leaving typically involves a series of cognitive and emotional changes that occur over a period of time followed by behavioural changes, the experience of resilience did not follow as consistent a pattern in the sense that cognitive, emotional and behavioural shifts were occurring simultaneously or in various orders within or across the themes of resistance, control, and positivity. However, a pattern did emerge, whereby shifts toward resistance were most often experienced during the abusive relationship and during the initial stages of leaving (if the woman chose to leave). Even women who did not choose to leave the relationship (and either remained with their partner or their partner ended the relationship), most often experienced shifts toward resistance while the relationship was intact. Shifts in the experience of control typically occurred throughout all stages of leaving and before and after the relationship dissolved, while shifts toward positivity typically occurred after the abusive relationship had dissolved or the abuse had ended. This suggests that while a relationship appears to exist between the process of leaving and resilience, the two processes remain distinct

and do not necessarily co-occur. This is supported by several of the women who either chose to remain in their relationship once the abuse had ended or who were not the ones to end the relationship and who still considered themselves to be resilient.

Additional similarities exist between the process of leaving and process of resilience. For example, Wuest and Merritt-Grey (2001), in their qualitative study of women's survival after leaving an abusive relationship, found that counteracting the abuse, which involves strategies to minimize the abuse, was the first stage in the process, which "reflects survivors resiliency from the onset of abuse as women learn strategies for minimizing abuse and building their own strengths despite sustaining painful losses" (p. 82). Experiences of women in study 2 are consistent with this stage in Wuest and Merritt-Grey's (2001) framework (e.g., Susan gave up her friends and Jamila stopped going out to avoid upsetting their partners), and based on the process of leaving literature it therefore makes sense to characterize these actions as resistance toward abuse in the current research. Wuest and Merritt-Grey (2001) also found that in the final stage, called "moving on", survivors understood they could not change their partners, often looked for red flags in potential future partners, were happy with their lives, expressed interest in helping others, and had goals for the future. The current study provides evidence for similar experiences, for example, in Wendy's development of personal boundaries, which involved acknowledging red flags, and Sophia's goal of returning to school.

The overlap between the process of leaving and the process of resilience has several implications for the way both processes are framed and conceptualized. The process of leaving could conceivably be conceptualized as nested within the broader resilience framework, whereby women who undergo the process of leaving an abusive relationship are likely also experiencing resilience. The findings of the current study, which show the process of resilience occurring

even while the abusive relationship is still intact (as opposed to once the abuse or relationship has ended), provide support for this nested framework. Anderson and Saunders's (2003) identify a gap in the literature whereby the majority of 'decision to leave/stay' and 'process of leaving' research does not extend to examine the implications for women after they have left the abusive relationship. Framing the process of leaving within the broader resilience process would help alleviate this gap.

Anderson and Saunders (2003) are some of the few researchers that make any connection between the process of leaving and psychological wellbeing. However, as with much of the other research on the effects of experiencing IPV, resilience and psychological wellbeing are often considered synonymous. Considering the relationship between the process of leaving and the experience of resilience, future research should focus on examining the similarities and differences between these processes using a conceptualization of resilience informed by women who have experienced abuse and are at different stages in the process of leaving.

The experience of resilience as cognitive, emotional, and behavioural shifts has potential implications for the way in which survivors of abuse are positioned and viewed in society. Anderson and Saunders (2003) discuss the implications of process of leaving research, which often appears to be placing the onus on women to make changes while simultaneously positioning them as passive or helpless victims, a perception that feminist scholars have fought hard to counteract. A similar criticism could be made of the current study, which suggests that it is a shift within women that encompasses the resilience process, creating the possibility that resilience could be viewed as a choice and placing the responsibility on women to pursue such shifts. While acknowledging that there are many interacting and influencing factors and processes that would influence a woman's ability to experience resilience, there seems to be a

degree of personal desire to change that is both implicitly and explicitly reflected in the women's narratives, as many women talk about needing to acknowledge and purposefully make change. Future research on resilience in survivors of IPV should continue to both acknowledge this tension and explore how survivors of IPV understand women's active role in the process of resilience.

Overall Discussion

The purpose of study 1 was to better understand how survivors of intimate partner violence define and conceptualize resilience and to better understand what factors and mechanisms women considered important for the development and maintenance of their resilience. The purpose of study 2 was to gain a deeper understanding of the lived experience of resilience for women who have experienced abuse by an intimate partner by exploring the essence of the phenomenon with phenomenological inquiry. Together the findings of study 1 and 2 provide a framework for understanding resilience in women who have experienced IPV that incorporates internal and external pathways as facilitators for cognitive, emotional, and behavioural shifts toward resistance, in the experience of control, and toward positivity that occur during various stages of abuse and the process of leaving.

Considering the purpose of study 1 was to explore pathways for resilience, with less focus on capturing the lived experience of resilience, it was not until undertaking the shift analysis in study 2 that the differences between pathways and the shift experiences were clarified and teased apart. Furthermore, the pathways for resilience and the experience of shifts create a highly personalized process, so while some women may experience something as a pathway that facilitated a shift, such as having hope, other women may experience becoming hopeful as a cognitive and emotional shift facilitated by some other pathway, such as connecting with other

survivors' experiences. An example of how this pattern has occurred across the two studies can be seen in how control features in women's experiences. For women in study 1, regaining a sense of control was conceptualized as a pathway for resilience, but for women in study 2, perceptions of increased control was conceptualized as a shift in control. The resilience framework therefore conceptualizes the pathways as part of the process of resilience because they work to facilitate shifts.

As with study 1, the women in study 2 discussed a wide variety of factors and mechanisms they considered important for resilience, and these have been conceptualized as pathways for resilience. Pathways that have previously been identified in the IPV-resilience literature and in study 1 include institutional and emotional social support (Burkitt & Larkin, 2008; Mertin & Mohr, 2001), individual characteristics including determination, self-esteem (Bradley et al., 2005; Carlson et al., 2002; Meadows et al., 2005), and resourcefulness (Meadows et al., 2005), religiosity (Bradley et al., 2005; Meadows et al., 2005); and coping (Canady and Babcock, 2009; Meadows et al., 2005). Participants in study 2 also identified several internal and external pathways that were not previously identified in study 1, and are new contributions to the IPV and resilience literatures. These include connecting with other women's experiences and the community, learning information about violence and abuse, self-care, family and friends' perspectives, having role models, protection of children, reflection on past experiences, validation of experiences, not feeling like a victim, being hopeful, knowing she would regain her sense of self, and various coping strategies. Furthermore, the framing of protective factors as pathways, which better reflects both the interaction between internal and external factors and mechanisms and the dynamic process of resilience, is a new contribution to the IPV-resilience literature.

Several differences exist between the samples in study 1 and study 2. The women in study 1 self-identified as ‘survivors’ of intimate partner violence and had some experience working or volunteering in an advocacy role to end of violence against women, while the women in study 2 only had to identify as having currently or previously experienced intimate partner violence. Although the characteristics of the participants were quite different for study 1 and 2, there was a significant overlap in the pathways for resilience identified by both groups of women, in addition to the common experience of resilience as a personalized, ongoing, and dynamic process. Although some of the overlapping components emerged in slightly different ways across study 1 and 2, the overlap suggests that while the results of these studies should not be generalized beyond the sample, there were at least some similarities across both samples even though their resilience status may have been markedly different. For example, advocacy work as a pathway for resilience was highly salient in study 1 and narratives about advocacy work both before and after the experience of abuse were present in all of the women’s experiences (however it should be noted that this is likely due to questions about women’s advocacy work). In study 2, although most women did not speak explicitly about having advocacy work, they did speak about similar themes around advocacy that emerged in study 1, such as learning about abuse and violence and connecting with other women. Considering that not only were there commonalities in pathways between study 1 and 2, but also in the previous IPV-resilience literature, future research should continue to explore these similarities with other samples of women who have experienced abuse, as well as with other groups of trauma survivors.

Similarly, the participants in study 1 were recruited because it was assumed that women who had experienced abuse and then taken on an advocacy role would demonstrate some degree of resilience, whereas the participants in study 2 were recruited with the intent that the sample

would be more diverse in terms of the level or degree of resilience. Yet the majority of women in study 2 identified as resilient and even those that did not feel they were ‘all the way there’ saw themselves on the way to ‘being resilient’. This is consistent with previous literature that has suggested resilience may be a common response to adversity (e.g., Bonnano, 2005). As previously noted, however, it is important to acknowledge that there may be a social desirability effect in identifying as resilient, particularly in this type of interview-based research.

Furthermore, the consistent support for certain pathways for resilience across study 1 and 2, such as social support, coping, and faith and prayer, helps to validate the existing quantitative research in the IPV-resilience literature by incorporating women’s voices and real life experiences. The women in study 1 largely endorsed the scale items on the CD-RISC-10 and RSA scales, but the scale items were largely reflective of protective factors for resilience, not the lived experience of resilience itself, as experienced by the participants in study 2. It should be noted, however, that this is consistent with what the RSA scale purports to measure as it is described as consisting of “intrapersonal and interpersonal protective factors presumed to facilitate adaptation to psychosocial adversities” (Friborg et al., 2009, p. 140). The sub-scales include positive perception of future, positive perception of self, social competence, structured style, family cohesion, and social cohesion. While, for example, subscales such as positive perception of future and positive perception of self could potentially tap into the process of resilience, such as a shift in positivity, the items within those subscales such as self-esteem and optimism could also be pathways, as was seen in both study 1 and 2. However, the use of measurement tools that only capture a constricted set of protective factors does not allow for deeper exploration into these issues. This raises an important question around the ability for close-ended resilience scales, and in particular the RSA and CD-RISC-10, to capture the full

process of resilience (i.e., to go beyond the pathways and capture the shifts). If, for example, an individual scores high on the RSA, demonstrating such things as social support, family cohesion, belief in self, and an ability to function well in social situations, the connection between pathways and shifts suggested by study 2 would indicate that this individual would be expected to experience shifts, if they weren't already doing so. The inclusion of different or additional methods of measurement, such as open-ended questions, would help better capture the process of resilience. Additionally, the use of in-depth, semi-structured interviews allowed for nuances, such as various ways of coping, or other pathways that have not typically been considered during the design of quantitative studies, to be identified in this population. Consideration of these understudied pathways in future quantitative research on resilience would help to advance our understanding of resilience in survivors of IPV.

The findings of both study 1 and study 2 suggest that resilience and negative mental health can co-occur. This finding has a significant implication for the way that resilience is typically conceptualized and measured in the IPV-resilience literature (i.e., as the absence of psychopathology). Women in both studies spoke about experiencing negative mental health while simultaneously considering themselves to be resilient, indicating that research that measures resilience exclusively as the absence of psychopathology such as depression, anxiety, and PTSD, may be mislabeling individuals and overlooking the full experience of resilience.

One of the most significant and complex issues within the resilience literature is the contention around the most appropriate definition and conceptualization of the construct, a consequence of which is the absence of a framework to guide the research (Dutton & Green, 2010; Madsen & Abell, 2010; McElwee, 2007). Consistent with this ongoing debate, the findings of the current research suggest that, at least for survivors of IPV, there are various ways to

define, and ultimately experience, resilience. For example, the women in study 1 defined resilience in several ways, including ‘resilience as not giving up’ and ‘resilience as thriving’. This suggests that the broad resilience literature may be consistent with the experiences of survivors of IPV, simply in the sense that there may be no single way to define resilience. This also reflects the finding that women with the shared experience of IPV have different understandings and experiences of resilience, and often multiple ways to describe their own experiences. Furthermore, these findings support the conclusion that the pathways for resilience, as well as the experience of resilience, are multi-dimensional and highly contextualized. As Reich et al. (2010) have suggested, the definition and conceptualization of resilience will depend on the population under study, and at least for the women in the current studies, how they defined resilience was largely contingent on their own experiences.

In light of the highly personalized process of resilience experienced by the women in the current study, a definition of resilience that reflects this process by allowing for individual variation would be most beneficial to the IPV-resilience literature. Despite the difficulties of coming to a definition of resilience for survivors of IPV, a working definition is necessary for the development of future research on resilience with this population. A definition of resilience for survivors of IPV would need to reflect the experiences of survivors by being grounded in the understanding that resilience is a multi-dimensional process. Based on the results of the current studies, resilience for adult women who have experienced intimate partner violence can broadly be defined as “a personalized and dynamic process on a continuum of surviving and thriving during or after abuse by an intimate partner, which is grounded in the individual’s surrounding psychological, cultural, and social context.” This definition of resilience, and the conceptualization that informed its development, could be used to create a resilience scale

specifically for use with survivors of IPV. While participants did endorse individual scale items and the overall relevance of the CD-RISC-10 and RSA scales to their experiences of resilience, they also felt that the context in which they were responding to specific items was highly relevant to their responses, yet not accounted for by the quantitative measures. The creation of a qualitative assessment tool informed by the results of this study, such as a semi-structured interview guide or open-ended response choices, in addition to the use of the RSA or CD-RISC-10, may help incorporate context into the data collection process. Future research should also continue to explore the use of the CD-RISC-10 and RSA scales in other populations who have experienced trauma and adversity for their potential relevance.

There are some considerations to be made related to how the findings of the current research are culturally and socially situated. Immigrant women often spoke about the normalization of violence against women in their home countries and how they did not recognize their experiences as abuse until they were living in Canada and became aware of the laws around abuse and the rights of women. However, some women did speak about their abuse experiences leading to their immigration as a way to escape or move forward from the abuse, indicating that they acknowledged the problem even when living in a context where violence against women was normalized. The experience of IPV, including acknowledging experiences as abuse, is therefore highly influenced by the cultural and social context in which women live. This has implications for the experience of resilience because, for example, overcoming the experience of abuse and experiencing resilience may not be relevant for a woman who does not perceive her experiences as abuse. Furthermore, the findings of the current research also suggest that resilience is culturally and socially situated. For example, many of the external pathways identified by women, such as formal social support from a women's shelter or agency, may only

be relevant in a Western context where services for abused women exist. Women living in other countries who do not have access to these types of services may identify a completely different set of pathways that are more appropriate for their cultural and social context. The goal of qualitative research is not to generalize the findings as is typically done in quantitative research, and given the influence of the cultural and social context for women's experience of IPV and resilience, additional consideration of these issues should be given to how this framework may be applicable to other women.

Limitations

While a qualitative approach was purposeful in addressing some of the limitations of previous research, the current study has several limitations that require consideration. Both studies used samples that were self-selected, and this may have influenced participants' responses. Women who self-selected into this type of research may have had more experience with resilience or viewed themselves to be more resilient than women who did not participate. Women who participated may have also had experiences and understandings of resilience that are markedly different than women who chose not to participate.

Participants in study 1 were diverse across ethnic/cultural background, age, sexual orientation, religion, citizenship, and parental status. However, all of the women had obtained at least some college or university education, indicating a highly educated sample. The participants in study 2 were quite diverse in age, ethnicity, religion, income, and level of education, but the sample comprised mostly of women with children, and the entire sample identified as heterosexual. In study 1, all of the women had been separated from their abusive partners for some time, many for several years. To address this limitation, women for study 2 were deliberately selected so that their experience of abuse would be more diverse with respect to the

passage of time. Future research could further explore the experience of resilience by using samples with different types of intimate relationships, such as same-sex relationships, or include more women who are still experiencing abuse during or after their relationship to further our understanding of the relationship between resilience and the process of leaving.

Applications of Research

The qualitative examination of resilience in women who have experienced abuse by an intimate partner presents the opportunity to apply the findings from the current research in several ways. Although this was not the purpose of the current studies, throughout their narratives women often made explicit suggestions about how to better help women experiencing abuse.

Several women spoke about changes they felt were necessary to the justice system. Advocating for police and victim services to provide more detailed explanations of the arrest process and what the women's next steps are, as well as improving their follow-up, when the authorities are called to a home on a domestic violence case was seen as an important place of improvement in the justice system. It was also suggested that province-wide arrest warrants be changed to Canada-wide warrants for domestic violence cases so that abusive partners are less likely to escape law enforcement by simply leaving the province. Women's discussion about the need for change in the justice system supports the conceptualization of resilience involving a shift toward resistance, as women were engaging in resistance against their abuser and the broader legal system by clarifying a need for change in the system. Furthermore, women's attention to these issues in the context of a discussion on resilience highlights the importance of viewing resilience within the broader social and cultural context, as opposed to through an entirely individualistic lens. The women view resilience as something that can be supported and

developed through changes to existing social systems, instead of something that is the result of only intrapsychic processes.

Women's discussion of necessary changes to the justice system brings further attention to the importance of qualitative work in this area. Traditional quantitative studies, which rely heavily on resilience scales, would not have captured women's resistance to these systems that are supposedly designed to help and support women who are experiencing abuse. Considering that women articulated these issues within the context of a conversation about resilience, these issues can be interpreted as relevant to resilience for survivors of IPV and would therefore be important to capture in studies of resilience in this population.

Several participants also suggested that resilience could be fostered by creating community and a "caring container" for resilience to develop. This would involve reaching out to those women who might otherwise "fall through the cracks" because, for example, they are unable to afford transit money to get to a support group. This suggestion is consistent with several of the external and internal pathways identified by women in study 1 and 2, including social support and connecting with other women's experiences.

The relationship between pathways and shifts, and the importance of supporting women with seemingly basic things, such as money for transportation, can be applied by considering that the inability to go to a support group due to lack of money or transportation would, for example, reduce external pathways (e.g., woman's social support and opportunity to connect with other survivors' experiences), which in turn could inhibit the development or use of internal pathways (e.g., hope for the future, self-esteem), which would eventually have implications for the shift process which would have profound implications for her ability to enact resistance, reconcile issues of control, or move toward a positive outlook in life.

Further insight into the utility of the research findings comes from the relationship between women's advocacy work and their resilience on how programs and services may be able to better support women in need. Women who began their advocacy work prior to their abuse reported that their critical understanding of violence and abuse, as developed through their work, allowed them to recognize and understand their own experiences more quickly, or in a deeper or different way. This suggests that a critical understanding of abuse is one pathway to developing or increasing resilience, and while this analysis is often present in many programs available to abused women, it may be possible to integrate a more critical understanding of abuse into different contexts, such as the high school health education class, classroom curriculum, or parenting courses. In a similar vein, women in study 1 who reported working in an advocacy role prior to their experience of IPV said that the knowledge they acquired through their job of the resources and services available to them was instrumental to their resilience. Several women in study 1 also spoke about the importance of educating people about abuse, both to educate potential and current abusers as well as to educate women on where to go for help. This is consistent with the findings of study 2 where women suggested knowledge about abuse was important in facilitating shifts around self-blame and ending their relationships. This seems to suggest that simply knowing where to go for help if help was ever needed may play a significant role in survivors' resilience. It should be noted, however, that knowledge of abuse and violence and sources of support, although identified as an important pathway for resilience, is not being suggested as something that can prevent abuse, as the responsibility to prevent abuse remains with the partner. However, increasing visibility and awareness of resources available to women who have experienced abuse, in particular among populations that may have difficulty in accessing such information, such as low-income women who may not have internet access to

search for resources, and women who are at increased risk for IPV, such as elderly and pregnant women, will not only help women access support if needed, but may simultaneously facilitate the development of resilience.

Finally, several applications exist for the overall resilience framework developed from the current research. Understanding resilience as a personalized, ongoing, and dynamic process may have implications for clinical practice, specifically in how clinicians and counselors frame the process of healing and recovery for women who are experiencing abuse. The findings of the current research strongly suggest that resilience is a process, as opposed to a trait or outcome, and making women who are experiencing abuse aware that resilience is not something internal that they either have or do not have may help women feel more in control and optimistic about their ability to overcome their experiences. Learning that resilience is a process may function as a catalyst for resilience in and of itself. Having clinicians and women take on this conceptualization of resilience may help women better understand their experiences and remain optimistic, even during times of sadness, fear, or other difficulties that arise throughout the process.

The relationship between pathways and shifts can also be applied to clinical practice and beyond. Clinicians could work with clients to engage a variety of pathways, which may ultimately lead to an increase in shift experiences and an overall experience of more robust resilience. Even beyond a clinical setting, if women are aware of the personalized nature of resilience and encouraged to actively seek out different pathways for resilience, it could help to facilitate the development or maintenance of resilience.

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Table 1

Shifts Experiences and Examples of Pathways that Facilitated Shifts

Shift Type	Shift Experiences	Pathways
Resistance	Changing their behaviours to mitigate abuse Contacting the police Ending their relationships Teaching their abuser to not be abusive Resisting cultural norms and cycles of abuse Resisting abuse sequelae Reframing the relationship	Learning information about abuse Reflection on past experiences Social support Mother as role model Connecting with women who had similar experiences Protection of their children. Faith and prayer Prioritizing Determination
Control	Acknowledgement that the abusive partner would not change Perceptions of increased control The development of a new relationship with control The development of personal boundaries	Institutional and personal social support Protection of children Comparing relationship to other relationships Learning information about boundaries Reflecting on previous experience Self-esteem
Positivity	Feeling good about themselves Having hope for the future Letting go of self-blame Refocusing their thoughts and energy Regaining a sense of self Helping others Personal growth Coming to see their experiences as a learning experience	Institutional and personal social support Getting family and friend's perspectives Connecting with the community Comparing their situation to other women Self-care Protection of children Determination Emotion and Problem-focused coping

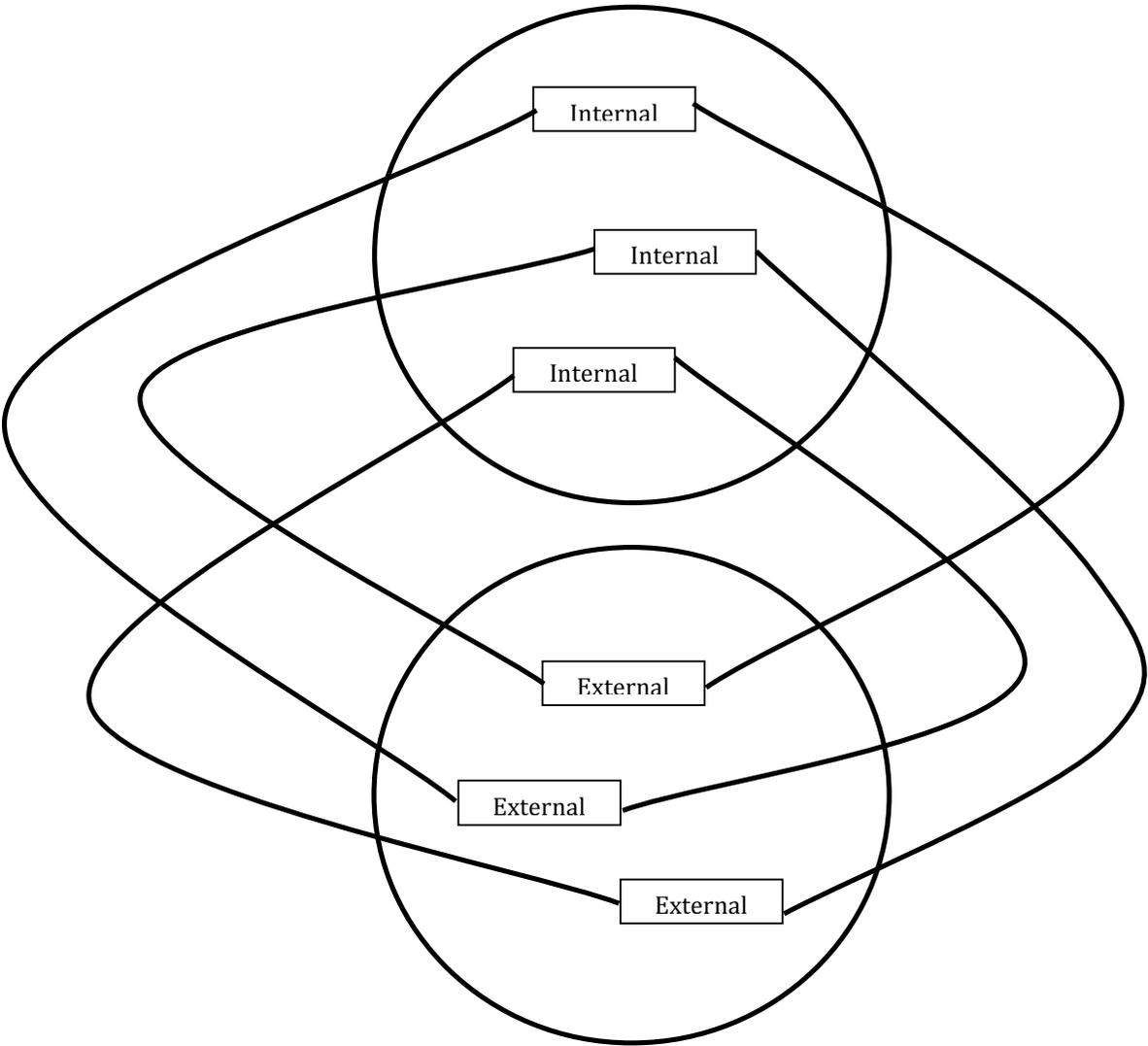


Figure 1. Dynamic relationship between internal and external pathways.

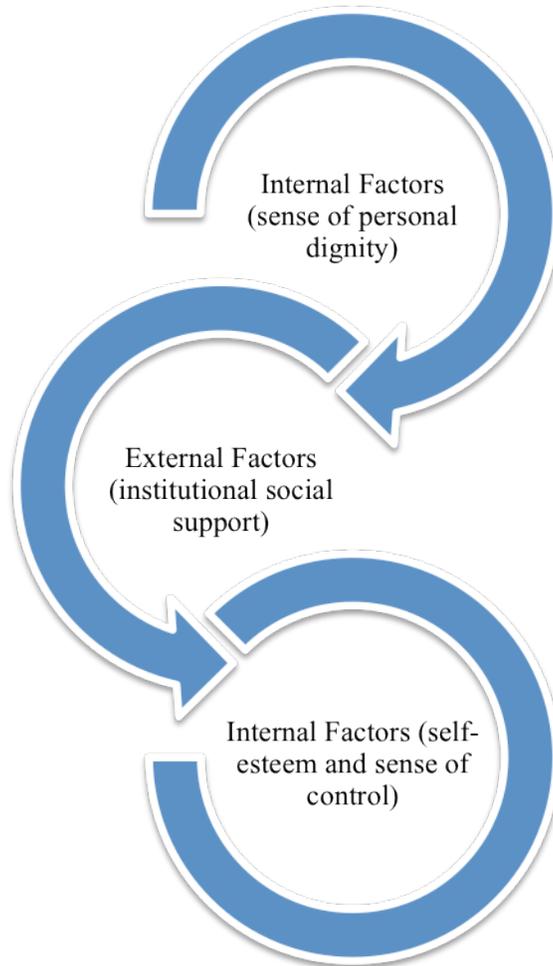


Figure 2. Case study example of the dynamic relationship between internal and external pathways.

Appendix A

Resilience Scale for Adults

Please think of how you usually are, or how you have been the last month, how you think and feel about yourself, and about important people surrounding you. Please check the option box that is closest to the end statement that describes you best.

1. When something unforeseen happens	I often feel bewildered	<input type="checkbox"/>	I always find a solution						
2. My plans for the future are	difficult to accomplish	<input type="checkbox"/>	possible to accomplish						
3. I enjoy being	together with other people	<input type="checkbox"/>	by myself						
4. My family's understanding of what is important in life is	quite different	<input type="checkbox"/>	very similar						
5. I can discuss personal issues with	no one	<input type="checkbox"/>	friends/family members						
6. I am at my best when I	have a goal to strive for	<input type="checkbox"/>	can take one day at a time						
7. My personal problems	I know how to solve	<input type="checkbox"/>	I cannot find any solutions for						
8. I feel my future looks	very promising	<input type="checkbox"/>	uncertain						
9. To be flexible in social settings	is not important to me	<input type="checkbox"/>	is really important to me						
10. I feel	very happy with my family	<input type="checkbox"/>	very unhappy with my family						
11. Those who are good at encouraging me are	some close friends/family members	<input type="checkbox"/>	no one						
12. When I start on new things/projects	I rarely plan ahead, just get on with it	<input type="checkbox"/>	I prefer to have a plan						
13. My judgments and decisions	I often doubt	<input type="checkbox"/>	I trust completely						
14. My goals	I know how to accomplish	<input type="checkbox"/>	I am unsure how to accomplish						
15. New friendships are something	I make easily	<input type="checkbox"/>	I have difficulty making						
16. My family is characterized by	disconnection	<input type="checkbox"/>	healthy cohesion						

17. The bonds among my friends are	weak	<input type="checkbox"/>	strong						
18. I am good at	organizing my time	<input type="checkbox"/>	wasting my time						
19. Belief in myself	gets me through difficult periods	<input type="checkbox"/>	is of little help in difficult periods						
20. My goals for the future are	unclear	<input type="checkbox"/>	well though through						
21. Meeting new people is	difficult for me	<input type="checkbox"/>	something I am good at						
22. In difficult periods my family	keeps a positive outlook on the future	<input type="checkbox"/>	views the future as gloomy						
23. When a family member experiences a crisis/emergency	I am informed right away	<input type="checkbox"/>	it takes quite a while before I am told						
24. Rules and regular routine	are absent in my everyday life	<input type="checkbox"/>	are a part of my everyday life						
25. In difficult periods I have a tendency to	view everything as gloomy	<input type="checkbox"/>	find something good that help me survive/prosper						
26. When I am with others	I easily laugh	<input type="checkbox"/>	I seldom laugh						
27. Facing other people, our family acts	unsupportive of one another	<input type="checkbox"/>	loyal towards one another						
28. I get support from	friends/family members	<input type="checkbox"/>	no one						
29. Events in my life that I cannot influence	I manage to come to terms with	<input type="checkbox"/>	are a constant source of worry/concern						
30. For me, thinking of good topic for conversation is	difficult	<input type="checkbox"/>	easy						
31. In my family we like to	do things together	<input type="checkbox"/>	do things on our own						
32. When needed, I have	no one who can help me	<input type="checkbox"/>	always someone who can help me						
33. My close friends/family members	appreciate my qualities	<input type="checkbox"/>	dislike my qualities						

Appendix B

Connor-Davidson Resilience Scale 10

Please indicate how much you agree with the following statements as they apply to you over the last month. If a particular situation has not occurred recently, answer according to how you think you would have felt.

	Not true at all	Rarely true	Some- times true	Often true	True nearly all the time
1. I am able to adapt when changes occur	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
2. I can deal with whatever comes my way	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
3. I try to see the humorous side of things when I am faced with problems	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
4. Having to cope with stress can make me stronger	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
5. I tend to bounce back after illness, injury, or other hardships	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
6. I believe I can achieve my goals, even if there are obstacles	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
7. Under pressure, I stay focused and think clearly	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
8. I am not easily discouraged by failure	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
9. I think of myself as a strong person when dealing with life's challenges and difficulties	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
10. I am able to handle unpleasant or painful feelings like sadness, fear, and anger	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Appendix C

Study 1 Interview Guide

Preamble:

Many people have to deal with mistreatment or violence during their lives and yet somehow find a way to overcome these experiences. We are interested in learning more about the things within people and those around (or outside) them that help them to turn the difficult situation around, deal with these negative experiences of maltreatment/violence to move on in life.

Question 1:

Can you tell me what things within you and around (or outside) you helped you to cope and regain your sense of balance and wellbeing?

Prompts: within you (character or personality.); outside you (family, friends, school, church, work, medical or social services etc.)

Question 2:

Now that you are out of the abusive situation, looking back on the experience, has this experience contributed to anything positive in your life now or is there anything you took away from the experience?

Prompts: new strength, new knowledge, more courage, change friends, leave partner, immigrate

Question 3:

Can you tell me if there were other supports that you wish you had when you were going through your difficult time related to maltreatment or violence?

Prompts: how would having this support have changed your experience?

Question 4:

The word “resilience” has been used to describe the qualities and processes that people use to overcome difficulties and regain their sense of balance. Have you heard of this word and what does it mean to you?

Question 5:

[I know you’ve already talked about the abusive situation], but I’m just going to ask a few questions for clarification:

- i) How long ago did you experience maltreatment or violence and by whom?
- ii) Some people describe maltreatment or violence as financial, emotional, psychological, sexual or physical. What was the nature of your experience if maltreatment or violence?

Question 6:

Tell me about your advocacy work. Do you think this has had any impact on your own experience of moving past the abuse? How so?

Prompts: how/why did you get started? How might resilience be different for women who are working in an advocacy role versus women who are not?

Question 7:

- i) How would you define empowerment in relation to your own experience?
- ii) Do you feel that empowerment has had any role in your experiences as a survivor and/or advocate?
- iii) Do you feel your level of empowerment has changed over the course of your experiences of abuse or advocacy work?

Prompts: feeling empowered, feeling strength, power about being a woman

Question 8:

Let's look at the resiliency scales you completed. Are there any items on these scales that you feel were particularly important to your own experiences? Any items that you feel do not capture resiliency? Is there something that is missing from these scales?

Question 9:

How might resilience be different for men and women? (Cut if short on time)

Prompts: who are the most resilient men/women you can think of? How do these examples influence your actions?

Question 10:

Is there something that we have missed and you would like to add?

Thank you so much for participating in this study. Do you have any other comments about this research project? (e.g., the recruitment process, flyer, survey, location and duration of interview, etc.)

Interviewer to summarize and verify¹ after participant responds to each question

¹ "Does this summary capture your main points? If I have missed anything or misunderstood any point, please correct me".

Appendix D

Study 2 Interview Guide

Preamble

Thank you for agreeing to participate in this interview and taking the time to talk with me about your experiences. As we know, women experience abuse and violence in many different forms and often by a person in our lives whom we are intimate with. Different women experience the effects of abuse, and ways of coping with abuse, differently. We're trying to learn more about these different experiences and how women do or do not experience resilience, or how they are able to deal with and move forward from their experience.

1. In as much detail as you are comfortable with, can you tell me how you got through (or are getting through) your experience of abuse?

Probes:

Can you describe how you coped and 'got through it' on a particularly bad day?

Can you tell me about some of the things you are doing or have done to make yourself feel better or to cope with your experiences?

[If the abuse is over] How and when did the abuse stop?

Do you think you have 'moved on' from your experience of abuse? If so, how were you able to do that?

Does the abuse still impact your life? If so, how are you dealing with that?

2. Tell me about a time when you felt resilient after or during the abuse (or in spite of the abuse). This could be shortly after the abuse or many years later. Why do you consider this to be resilience?

Probes:

Can you think of a time when you did not feel resilient after or during the abuse? Why do you not consider this to be resilience?

3. Do you feel the abuse changed over time? How did it change? What effect did these changes have on you?

Probes:

Did your feelings, thoughts, beliefs about yourself or your experiences change over time?

Would you describe yourself differently now compared to when the abuse first started?