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## Intimate Partner Violence: The Silent Enemy Among African Immigrant Women

Omoniyi Anne Bello  
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# Walden University

College of Social and Behavioral Health

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Omoniyi Bello

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Walden University  
2023

Abstract

Intimate Partner Violence: The Silent Enemy Among African Immigrant Women

by

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MSW, University of Windsor, 2013

BSW Honors, Minor in Pol. Sci. University of Windsor, 2012

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Social Work

Walden University

February 2023

## **Abstract**

Intimate partner violence among immigrant and minority groups remains a social and health problem that has garnered little attention. African immigrant women particularly face intersectional challenges (e.g., language barriers, unemployment, and lack of access to health care, resources, and services) that heighten their vulnerability to partner violence. Yet, knowledge about their experiences remains elusive in empirical research. Examining the nature and extent of their experience can provide valuable insights that could enhance research and practice on partner violence. The purpose of this generic qualitative study was to explore the experiences of African immigrant women survivors of partner violence in Edmonton, Alberta, Canada, identify coping strategies, and determine the effects of the experience on their well-being. The study utilized a feminist theoretical framework to describe the effects of patriarchy, inequality, discrimination, and injustice on the vulnerability of women to partner violence, with a particular focus on the issue within the context of Canada. Thematic analysis of qualitative semi-structured interview with nine African immigrant women from Edmonton, Alberta was performed. Findings suggest that the women's experiences were characterized by multiple forms of partner violence, novel coping and survival strategies, and damages to core self and transformation. Based on the study, practitioners will gain increased understanding of the experiences of African immigrant women survivors of partner violence and be inspired to design interventions and measures for social change. Formulation of best practices for support programs and services, social policy, and structural reforms, as well as evidence-based research on partner violence among African immigrant women will be enhanced.

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## Dedication

My dedication goes to the Creator of heaven and earth for wisdom, knowledge, and strength. I thank the Creator for mercies and compassion throughout my academic journey, which sometimes seems to have no end. Also, to my family, a special thanks and gratitude. My children, Boluwatife, Toluwalope, and Omotayo Enifeni, my three musketeers, have always been my daily strengths and courage to keep going and never stop. You are always appreciated, especially Enifeni. Your coffee runs and treats have paid off, thanks to my “Airborn Baby.”

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## Chapter 1: Introduction to the Study

Despite global efforts to eliminate violence against women and girls in Canada, progress remains slow (Buzawa & Buzawa, 2017; Fotheringham et al., 2021; Quinlan et al., 2017). Some of the factors identified for the slow pace are systemic in nature, including patriarchy, gender inequality, systemic factors, negative stereotypes, the impact of colonization, the lack of consideration for intersectionality, cultural factors, socioeconomic status issues, poverty, and lack of education (Baskin, 2012; Brownridge, 2008; Jewkes et al., 2015; Leguizamon et al., 2020; Menjovar & Salcido, 2002). In Canada, between 29% to 36% of married women and women in common-law relationships have experienced physical or sexual assault by their partner at some point in the relationship (Burczycka et al., 2019; Grunfeld et al., 1996; Perreault, 2020). Statistics Canada (2018) revealed that 99,000 of the individuals who experience intimate partner violence are between 15 and 89 years of age. About 30% of police-reported violent crime victims and 79% of victims reported are women (Burczycka et al., 2019). These numbers suggest that intimate partner violence affects a startlingly large number of women in Canada.

Intimate partner violence includes all forms of abuse targeted toward women and girls worldwide, and is described as an act of violence perpetrating oppression against women (Adams & Beeble, 2019; Ahmadzai, 2015; Allen, 2012; Borisov et al., 2020; Bostock et al., 2009; Tastsoglou et al., 2020; Wathen, 2012). The Centers for Disease Control and Prevention (CDC, 2016) defines intimate partner violence as violent and controlling behaviors in a close relationship that result in physical, sexual, verbal,

emotional, and psychological harm to a woman. This definition aligns with that of the World Health Organization (WHO, 2017), which defines intimate partner violence as behaviors intended to exert power and control over an intimate partner in any relationship. These behaviors can include physical, sexual, emotional, economic, or psychological threats. Although other studies have elucidated the experiences of men experiencing intimate partner violence, and yet others have looked at intimate partner violence in non-heterosexual relationships, I chose here to focus only on the abuse perpetrated by men towards women (Chan, 2011; Straus & Gozjolko, 2014; Wathen et al., 2018).

When a woman is attacked, terrorized, intimidated, manipulated, humiliated, beaten, and controlled in both violent and nonviolent ways, these behaviors can inflict physical, psychological, and emotional pain and injury. The victim is afraid and lacks power and control over their lives, thus losing self-esteem, confidence, and identity (Adams & Campbell, 2012; Collinson, 2021). Therefore, I believe no woman should live in an abusive relationship.

According to the WHO (2009), intimate partner violence is a human rights issue that is gaining attention across the globe. Globally, knowledge and awareness of the impact of gender-based violence and inequality against women and girls should be on every country's agenda (Arief, 2018; United Nations Development Plan [UNDP], 2019). All violence against women violates their fundamental human rights (Bunch, 1990; WHO, 2017).

Addressing the problem of intimate partner violence is valuable from a public health perspective as well, given the magnitude of the problem and its burden and cost on the health care system in Canada (CDC, 2003; Zhang et al., 2012). Furthermore, Tutty et al. (2021) found that as much as 81% of visible minority women residing in shelters may be there due to intimate partner violence complications, as compared to 64% of Indigenous women and 59% of white Canadian women. These findings suggest that this research topic is both relevant and timely, especially for the African immigrant women of Edmonton, Alberta. Presently, researchers have examined the effects of intimate partner violence, the coping strategies, and the challenges faced by women living with an abusive partner among racialized populations. Unfortunately, studies on the prevalence of intimate partner violence among the African immigrant population in Edmonton, Alberta, are limited. Furthermore, the literature specific to African immigrant women's experiences of intimate partner violence, the effects of that violence, their coping strategies, and their motivations for leaving or remaining in abusive relationships in Edmonton are far more limited. Therefore, research in this area is much needed to create awareness and education about the impact of intimate partner violence on African immigrant women's physical, psychological, physiological, emotional, and mental health in Edmonton, Alberta.

This study addressed the gap in the existing literature on the effects of intimate partner violence among African immigrant women and the coping strategies shared by survivors in Edmonton. The knowledge generated in these areas will help educate other women about the behaviors that constitute violence in an intimate relationship, the effects

of such violence, and potential coping strategies. In addition, different themes that emerge from participants' stories about their experiences of abuse adds to the body of knowledge about social work practice with these populations, especially when working with survivors or victims of intimate partner violence within immigrant communities. Overall, the insights generated by this study will help social workers, health care professionals, community organizations, and women's shelters when assisting African immigrant women who have experienced of intimate partner violence fleeing or deciding whether to end an abusive relationship.

Chapter 1 includes a summary of the background and context of intimate partner violence for African immigrant women in Canada. I present the problem and describe the purpose of the study, my research questions, guiding theoretical framework, the nature of the study, definitions, assumptions, and the scope and delimitations of the study. I conclude by summarizing and transitioning to the conceptual framework of this dissertation, the literature review in Chapter 2.

### **Background of the Study**

Literature abounds on the effects of intimate partner violence on both victims and survivors (Ansara & Hindin, 2011; Wathen et al., 2018; Wathen, 2012). Intimate partner violence has a variety of short-and long-term health consequences, including poor physical and mental health, depression, suicidal ideation, posttraumatic stress disorder (PTSD), substance abuse, disability, and challenges performing the activities of daily living (Ansara & Hindin, 2011; United Nations Statistics Division, 2015; Wathen, 2012). Furthermore, multiple researchers have acknowledged the prevalence of intimate partner

violence and both its psychological and physical consequences, revealing that women in abusive relationships present with many acute, chronic, and neurological symptoms that are not easily identified (Campbell et al., 2018; Dahlen et al., 2018; Love et al., 2018; Monahan et al., 2019). Other studies have shown that intimate partner violence is perpetrated in many ways; some women experience physical violence, while others encounter psychological, financial, sexual, or emotional abuse and social isolation (Ahmadzai, 2015; Perreault, 2020). In addition, women experiencing such abuse often feel trapped, as they may be subject to death threats if they threaten to leave their partners; many have even survived an attempted homicide by an intimate partner while trying to escape (Adams et al., 2013; Amanor-Boadu et al., 2012; Gadd et al., 2019; McCauley et al., 2018; Rosenberg, 2018; Vella et al., 2017).

Intimate partner violence is a significant public health and social problem worldwide, involving millions of women (Cotter, 2021; Rees et al., 2011; Walsh et al., 2015; WHO, 2013). Intimate partner violence has no boundaries, as it affects women and girls from different countries, races, ages, sexual orientations, ethnicities, cultures, and religions (Cotter, 2018; Government of Canada, 2019). In 2013, the WHO found that one in three, or 35% of women worldwide, have or will experience at least one form of partner violence in their lifetime. As a result, the WHO (2017) has made global efforts to eliminate intimate partner violence. Nevertheless, it recognizes intimate partner violence as a form of violence that threatens women's physical, psychological, mental, reproductive, and sexual health in both developed and developing countries, making it one of the most prevalent problems women face globally.

It is important to underscore that intimate partner violence is not limited to developing nations. In the United States, 5.3 million intimate partner violence victimizations occur among women aged 18 and older each year (CDC, 2016; Zhang et al., 2012). The National Intimate Partner and Sexual Violence Survey (NISVS) has found that although both men and women in the US may experience abuse in their lifetimes, the prevalence of different forms of abuse is higher among women than men (Breiding et al., 2015).

Studies have revealed that intimate partner violence affects different groups in Canada as well, including immigrant women from all ethnic backgrounds (Ahmadzai, 2015; Amanor-Boadu et al., 2012; Bloemraad et al., 2008; Blum et al., 2006; Brownridge, 2008; Government of Canada, 2012; Cotter, 2021; Little et al., 2020; Menjovar & Salcido, 2002; Ozturk et al., 2019; Sabri et al., 2018; Wathen et al., 2018). For example, the 2021 Survey of Safety in Public and Private Spaces (SSPPS) found that 29% of ethnocultural groups or visible minority women have reported abuse in intimate partner relationships in their lifetime (Cotter, 2021). In addition, in a Canadian subsample of the General Social Survey (GSS) of 313 immigrant women in Canada between the ages of 18 and 49, 14.7% of the sample reported emotional abuse, and 3.3% reported physical abuse perpetrated by a spouse (Frey et al., 2009).

Some writers have assessed the impacts of this abuse. For example, Fotheringham et al. (2021) discuss the multiple consequences, causes, and effects of domestic violence among immigrant women. Tutty et al. (2021) have discovered that 81% of visible minority women have resided in a shelter due to intimate partner violence complications,

compared to 64% of indigenous women and 59% of white Canadian women. Other studies have looked closely at specific immigrant sub-groups. For example, Guruge et al. (2012) found that approximately 43% of Canadian Iranian women and 63% of Canadian Sri Lankan Tamil women reported violence by a partner or a spouse in their lifetime. At the same time, Sabri et al. (2018) have explored the multi-level factors influencing intimate partner violence among South Asian immigrant women.

Studies on how immigrant women survivors cope with intimate partner violence revealed multiple strategies and resources, such as formal and informal supports, social networks and professional services, friends, and social relationships (Ahmad et al., 2009; Sabri et al., 2018). Other studies revealed similarities in coping strategies among immigrant women, while other women cope with self-blame, denial, hiding the abuse, and pleasing the perpetrator (Keeling & van Wormer, 2012). Also, some immigrant women use their spirituality, faith, and belief in God for a better future as coping; others escape to stop the abuse (Yingling et al., 2015).

### **Gaps in Knowledge**

The United Nation Human Development Report [UNDP], (2019) revealed the dreadful state of gender inequality and domestic violence against women and girls worldwide. The report concludes that the world is not even close to ending gender violence and inequality; hence, much more work is needed to end violence against women worldwide. They emphasize that eliminating violence against women should be a global agenda (UNDP, 2019).

Intimate partner violence has evolved as a social phenomenon, and researchers have written extensively on its health and social challenges (Abramsky et al., 2011; Adams et al., 2013; Adams & Beeble, 2019; Allen, 2012; Ahmad et al., 2017). However, a review of the existing literature related to intimate partner violence reveals that there is a need for a better understanding of the experiences of, effects of, and coping strategies for managing intimate partner violence among African immigrant women in Edmonton, Alberta (Campbell et al., 2018; Cooper & Quick, 2017; Lacey et al., 2013). Specifically, more effort has been invested in quantitative research than qualitative studies. In addition, most studies on intimate partner violence, the effects, and coping strategies have focused on quantitative analysis (Lucea et al., 2012; Rodriguez et al., 2009) and specific analysis of the causal factors in intimate partner violence (Anderson et al., 2015). However, there are few qualitative studies on intimate partner violence and its impact (Jose & Novaco, 2016; Lagdon et al., 2014; Quelopana & Alcalde, 2014; Sabri et al., 2018). Unfortunately, these qualitative studies have focused predominantly on Western society and Latino and African American victims, whereas research on African immigrant women remains severely limited. There is a need for more qualitative studies to explore the effects of intimate partner violence on African immigrant women, especially in Edmonton, Alberta, Canada, and the coping strategies they adopt.

### **Problem Statement**

In August 2018, two women were shot by their husbands 72 hours apart in Peterborough, Ontario, Canada (Ireton, 2020; Waugh, 2020). There is also the case of Hamidah, a Canadian immigrant woman from Afghanistan, who was repeatedly punched

by her husband for refusing sex and disobeying him (Carman, 2020). These two graphic examples are indications of a widespread problem. According to an investigative series presented by Canadian Broadcasting Corporation [CBC News] (Waugh, 2020), there has been an alarming increase in Canada's domestic violence crisis in recent years. About 100,000 people become victims of domestic violence annually, and about 90 people die due to it each year (Waugh, 2020). Research on prevalence rates and incidence reports has identified intimate partner violence as a public health and social justice issue that needs attention at all societal levels (Antai, 2011; Bailey, 2010; Brownridge & Halli, 2002; Hyman et al., 2006; Martinez, 1992; UN Women, 2016; United Nations Statistics Division, 2015; WHO, 2016).

Research has shown that intimate partner violence has a traumatic and damaging effect on the wellbeing of victims, their children, and the community as a whole (Bailey, 2010; Barnett, 2001; Boonzaier & Schalkwyk, 2011; Brend et al., 2019; Muzak, 2009; Taket et al., 2003; Wisniewski et al., 2019). In addition, studies have identified several factors contributing to women staying in abusive relationships, the frequent failure to report, and the effects of abuse on women and children (Kemp, 1998; Bammeke & Fakunmoju, 2016; Bhuyan et al., 2014; Canadian Women's Foundation, 2014; Guruge et al., 2012; Hyman et al., 2011; Lehrner & Allen, 2008; Leone et al., 2007; Onyskiw, 2000; Pokharel et al., 2020; Wisniewski et al., 2019).

As will be demonstrated, this problem becomes more acute when focusing on immigrant populations. The reasons underlying this are multifaceted. Canada embraces multiculturalism and diversity, allowing people worldwide to immigrate to Canada

(Bhuyan et al., 2014; Bloemraad et al., 2008). These policies have welcomed millions of immigrants to Canada, where people can maintain and celebrate their cultural diversity, identities, and practices (Hiebert, 2016; Statistics Canada, 2017b; Study of Sudanese Settlement in Ontario, 2004). However, many immigrants come from countries where women are oppressed and suppressed. For example, in some countries, wife-beating or battering is condoned and even considered normal, making domestic violence and intimate partner violence acceptable (Bhuyan et al., 2014; Garcia-Moreno et al., 2006). Studies have also revealed that intimate partner violence is prevalent in developing countries, and immigrants from these countries often import abusive domestic behaviors to their new home (Akinsulure-Smith et al., 2013; Aujla & Gill, 2014; Bhuyan et al., 2014; Garcia-Moreno et al., 2006; UNDP, 2019). Some immigrant men bring the practice of wife battery and domestic violence to Canada, where they continue to oppress, intimidate, and victimize their spouses in their new home country (Ahmadzai, 2015; Hyman et al., 2011; Tastsoglou et al., 2020), even though such cultural norms are illegal in Canada (Government of Canada, 2019). This context is essential to understand because the experiences of these women differ from those of the non-immigrant women, who are often the participants in studies of domestic violence and intimate partner violence. For example, a recent systematic review conducted by Okeke-Ihejirika et al. (2018) revealed the unique challenges faced by immigrant women and the differences between their experiences, perceptions, and responses to intimate partner violence compared to those of Canadian-born women. Therefore, an examination of African immigrant women's experiences is vital to understand their service needs.

The detrimental effects of spousal abuse on victims' health and mental wellbeing are well-documented. Hence, the impact of abuse on African immigrant women must be adequately identified (Borisov et al., 2020; Gulati & Kelly, 2020; Mengo et al., 2022; Pandya & Pathak, 2020; Sediri et al., 2020). Also, situational, systemic, and individual factors shape victims' experiences and responses to intimate partner violence (Antai, 2011; Boonzaier & Schalkwyk, 2011; D'Avolio, 2011; Hartmann, 1976; Harper, 2019). Research indicates that survivors of abuse cope differently; immigrant women are exposed to different causal and environmental factors than non-immigrant women, which calls for the deployment of different coping strategies (Bostock et al., 2009; Clements & Sawhney, 2000; Flood & Pease, 2009; Mitchell & Hodson, 1983; Wettersten et al., 2004).

Some studies have examined experiences of domestic violence among ethnic and racialized groups in Canada; however, there is limited information specific to Edmonton, Alberta, about the incidents of intimate partner violence among African immigrant women (Abraham & Tastsoglou, 2016; Ahmad et al., 2009; Canadian Women's Foundation, 2014; Menjovar & Salcido, 2002; Sokoloff & Dupont, 2005). In addition, though researchers have examined the challenges of leaving an abusive partner among other populations, I have not found literature on African immigrant women's experiences, and why they refuse to leave an abusive relationship in Edmonton.

My interest in conducting this study was sparked by the recent increase in the rates of domestic violence (DV) and intimate partner violence (IPV) incidence among Canadian-born and immigrant women across Canada and the United States (Abraham &

Tastsoglou, 2016; Guruge et al., 2012; Trocmé et al., 2013; Zorn et al., 2017). In addition, while working in Child Welfare within the Edmonton Region, I witnessed an increase in minority/racialized children going into foster care—primarily African and indigenous children. These children are taken into foster care due mainly to domestic violence and other related home issues (Trocmé et al., 2013; Riel et al., 2014). Hence, understanding intimate partner violence as a phenomenon among African immigrant women in Edmonton is relevant to professional social work in practice, especially in child welfare spaces.

Another critical motivator for undertaking this research stems from a personal relationship; I have a friend who is an African newcomer to Edmonton, Alberta, and a survivor of intimate partner violence. Listening to her survivor story and how she endured in fear for such a time before she left the marriage was heartbreaking for me. I imagine how many other African women must have similar or worse stories. It would be a mistake to assume that this relationship means I understand the immigrant and ethnic/racialized women. They have survived intimate partner violence and its effects on them in different ways, employing their own coping strategies while experiencing intimate partner violence. However, my research examines and identifies some of these common factors and dynamics, helping me to understand, at least in part, the experiences of my friend and other women like her, as well as the lessons she can teach those of us practicing social work.

### **Purpose of the Study**

Research on the implications of, consequences of, and interventions for intimate partner violence has amassed strong evidence to show the debilitating and traumatic effects intimate partner violence has on women (Herman, 1997; Hoffart & Jones, 2018; Vella et al., 2017). However, more needs to be done to reduce and end aggression against girls and women globally (Bunch, 1990; Fakunmoju et al., 2015; Herman, 1997; Garcia-Moreno et al., 2006; United Nations Statistics Division, 2015; UN Women, 2016). Therefore, ending violence against women and girls needs to be done at the local and global levels.

Intimate partner violence exists among immigrant women in Canada, but there is limited information about its nature and extent, especially among African immigrant women in Edmonton, Alberta (Ahmad et al., 2009; Amanor-Boadu et al., 2012; Government of Canada, 2012; Cotter, 2021; Little et al., 2020; Gonçalves & Matos, 2016; Ozturk et al., 2019). In existing qualitative studies, researchers have focused on intimate partner violence among Indigenous Canadian women (Hoffart & Jones, 2018; Riel et al., 2014; Tutty et al., 2020; Varcoe et al., 2019), Indo-Canadian and South Asian women (Ahmadzai, 2015; Bhogal, 2019; Hyman et al., 2011; Thandi, 2012), Chinese Canadian women (Tam et al., 2016; Yok-Fong, 2014; Xu et al., 2001; Hicks, 2006), and European or Canadian-born women (Barnett, 2001; Canadian Women's Foundation, 2014; Dutton, 2007; Niolon et al., 2017). However, there are limited cross-cultural studies on African immigrant women in Canada and even fewer specific to Alberta. Therefore, my dissertation research only focuses on African immigrant women in Edmonton, Alberta.

Edmonton is the capital of Alberta and one of the province's fastest-growing cities, experiencing 32% growth between 2016 and 2019 (Edmonton Metropolitan Region Board [EMRB], 2020). Most of this growth (24%) resulted from immigration (Government of Canada, 2020). The 2016 census data also show a specific increase in visible minority and immigrant populations between 2011-2016, from 18.4% to 23.5% in Alberta compared to a 22.3% increase in visible immigrants in Canada as a whole (Statistics Canada, 2017a). About 75% of new immigrants in Canada now come from developing countries, and as a result, Alberta will see an increase in its residents to 1.9 million over the next 26 years; this influx will mainly come through immigration to the province, with about 80% living in Edmonton (City of Edmonton, 2021; Government of Canada, 2020). More than 29% are members of visible minorities sponsored under the Alberta Immigrant Nominee Program (AINP), a percentage that is expected to increase by 2040 (EMRB, 2020; Government of Alberta, 2021). With the influx of people from other Canadian provinces and territories to Edmonton and the resulting increase in the immigrant population in Alberta, violence against marginalized immigrant women is increasing, with inadequate information available about the prevalence of the issue in this region (Ahmad et al., 2009; Aujla & Gill, 2014; Bhogal, 2019; Lehrner & Allen, 2008; Menjovar & Salcido, 2002).

Most immigrants in Edmonton come from countries where power differences between men and women are normalized, where men have dominance and superiority over women and the authority to control and exploit them within intimate relationships (Moodley & Bowman, 2021; Wood, 2001). Gender inequality is also pervasive in some

of these countries, supported by patriarchal systems that condone, overlook, and ignore intimate partner violence, ultimately regarding disputes between men and women to be private matters (Allen, 2013; Fakunmoju et al., 2016; Garcia-Moreno et al., 2006; Hyman et al., 2011; Hyman et al., 2006; Sabri et al., 2018; Zarei et al., 2017). In some immigrant countries, intimate partner violence is embedded within the structures and systems of patriarchy, power, control, and authority that increase women's vulnerability and risk in the home (Ahmadzai, 2015; Akinsulure-Smith, 2014; Arief, 2018; Fakunmoju et al., 2015; Garcia-Moreno et al., 2006; Menjovar & Salcido, 2002).

Edmonton is one of the locations where the AINP was explicitly founded for immigrants in Alberta who wished to bring their spouses or family members to join them. Some of these immigrants have not visited other provinces in Canada. Conditions for these immigrant spouses can be challenging when they first enter the country and are isolated, knowing no one locally they can talk to except the spouse who brought them to the country and is abusing them. No single factor can explain why women keep silent and endure intimate partner violence for significant periods (Dutton, 1985; Little & Kantor, 2002; Pokharel et al., 2020; WHO, 2021). Instead, many interrelated factors within the individual, family, and cultural contexts explain men's behaviors and women's reactions (Dutton, 1985).

This qualitative analysis examines the experiences of intimate partner violence among African immigrant women in these situations in Edmonton, identifies their coping strategies, and determines recurring themes about the effects of abuse. Intimate partner violence among African immigrant women in Edmonton is both a health and social

problem that affects their physical, emotional, psychological, economic, sexual, and spiritual wellbeing (Cerulli et al., 2012; Fakunmoju et al., 2015; Herman, 1997; Kemp, 1998; Kulwicki et al., 2010; Omorodion, 2020). Although many scholars have examined the problem of intimate partner violence, this study provided information to increase awareness of intimate partner violence, specifically among African immigrant women in Edmonton.

### **Research Questions**

The study explores intimate partner violence experiences among African immigrant women who have left abusive relationships in Edmonton. The research questions guiding this exploration were as follows:

1. How do African immigrant women survivors who have successfully left their abusive relationships describe their experience of abuse in intimate relationships?
2. How do these women survivors cope with the experience of abuse?
3. What themes emerge from the effects of abuse on these survivors?

### **Theoretical Foundation**

Several theories have explained wife abuse, intimate partner violence, and why men may use violence against their partners (Bell & Naugle, 2008; Dobash & Dobash, 1977-1978; Dutton, 2007; Straus, 1976). To better understand the intimate partner violence experiences of African immigrant women, this study utilizes a feminist theoretical framework (Dobash & Dobash, 1979). Feminist consciousness and thinking are about how women view and make sense of their world (Garko, 1999). Feminist theorists suggest that women's language is a language of experiences and should come

from women, thereby understanding women's concerns as social and lived realities experienced and shared by women (Harding, 1987; Skeggs, 1997; Stanley & Wise, 1993). As it is essential to explore women's everyday and lived experiences of intimate partner violence (Stanley & Wise, 1993), the feminist theory provides an ideal framework.

Feminist theory also provides insight into the history of gender discrimination, patriarchy, gender war, and terrorism against women that first started as a structural and systemic issue (Falcón & Nash, 2015; Sjoberga & Gentry, 2016). Feminist theorist created awareness about issues of gender-based violence and intimate partner violence, leading to current conversations about their global public health impacts on women. Moreover, the feminist perspective on women's experiences has provided a platform for advocacy, urging governments and lawmakers to protect women's rights. In summary, feminist theorists have emphasized that global changes in war, conflict, and oppression need to be addressed and have underlined the importance of paying attention to everyday abuse, realities about violence, and the enmeshment of various systems of oppression (Ackerly, 2018). I explain the theoretical framework and its application in this study in more detail in Chapter 2.

### **Nature of the Study**

This qualitative analysis examines the experiences of intimate partner violence and its effects on the lives of African immigrant women survivors in Edmonton and their coping strategies to better understand their service needs. While I considered other research methods for this dissertation, qualitative analysis is best suited for my research

topic because it helps me to know how the women experience intimate partner violence from their perspectives. Qualitative analysis tends to be flexible, descriptive, and explorative, retaining both rich contextual meaning and the participants' interpretations (Creswell & Creswell, 2018).

Qualitative research is the nonnumerical process of examining and interpreting observations to discover underlying meanings and patterns of relationships. The approach is typical in social sciences and historical field research (Babbie, 2017). For illustration, a qualitative researcher might aim to probe research participants' experiences through various strategies, such as observation, in-depth interviews, and focus groups. Despite critics' concerns about subjectivity, qualitative research has gained acceptance as a rigid analysis method (Ignacio & Taylor, 2012). Qualitative analysis' focus on subjectivity is a benefit for this study, as it allowed the participant's space to express their experiences in their own words.

In conducting a qualitative investigation, the researcher must ensure that the methodology is rigorous and credible (Ignacio & Taylor, 2012). The generic qualitative approach allowed me to develop different strategies for data collection, including conducting face-to-face interviews and using observations and questionnaires in a safe environment conducive to gaining knowledge and meaningful information from the participants' (Chan et al., 2013; Creswell, 2012; Grant, 2008; Yilmaz, 2013).

Undertaking qualitative research in this study allowed me to spend quality time developing interview guides and questions to encourage participants to share their experiences and perceptions in enough depth to provide sufficient insight for the

subsequent analysis process. In addition, the qualitative method helped me to describe the effect of intimate partner violence on African immigrant women from their personal perspectives, leading to a better understanding of their service needs.

Although many researchers have studied intimate partner violence, my study increases intimate partner violence awareness through a qualitative analysis with a purposive sample of African immigrant women from Edmonton. The study addresses a gap in the literature and expands the body of knowledge on intimate partner violence among African immigrant women survivors in Edmonton. It explores and provides a better understanding of the women, their coping strategies, and the themes that emerge from their accounts. Social workers, child protection workers, health care professionals, community organizations, and women's shelters may find this information helpful when assisting immigrant women victims of intimate partner violence fleeing from or ending an abusive relationship.

### **Operational Definitions**

This study uses some terms and definitions with interchangeable or contested meanings to ensure contextual understanding and consistency. Listed below are modified operational descriptions to support understanding of the topic of intimate partner violence amongst immigrant women within this dissertation:

*Immigrant:* The term “immigrant” refers to a person who has the right to live in Canada as a landed immigrant or permanent resident (Statistics Canada, 2019).

*Immigrant women:* “Immigrant women” refers to foreign-born women who now live and work in Canada (Hyman et al., 2006; Nangia, 2013; Statistics Canada, 2019).

*African immigrant women:* In this study, “African immigrant women” refers to women born in Africa who have the right to live and work in Canada as landed immigrants or permanent residents (Statistics Canada, 2019; West, 2016).

*Racialized minority:* The term “racialized minority” refers to all people who are non-Caucasian and non-white (Hyman et al., 2009).

*Ethnic minority:* The term “ethnic minority” refers to any non-prevalent group within a society with a shared race, culture, tradition, history, religion, and language (Hamer et al., 2020).

*Intersectionality:* Intersectionality is a theory that recognizes that individuals experience multiple layers of oppression due to the complexities of individual identity, which include overlapping categories such as gender, race, ethnicity, age, religion, caste, and sexual identity and orientation (De Coster & Heimer, 2021; Dennissen et al., 2018; Frederick & Shifrer, 2019).

*Patriarchy:* The term “patriarchy” refers to any system that preserves gender-based attitudes and social stereotypes by promoting male domination over females (Dlamini & Adams, 2014).

*Intimate partner:* The term “intimate partner” refers to current and former spouses and dating partners with whom an individual is involved emotionally, physically, and psychologically (CDC, 2016).

*Heterosexual relationship:* The term “heterosexual relationship” refers to any relationship in which a man and a woman desire and share an intimately romantic and sexual relationship (Kordoutis et al., 2010).

*Domestic violence:* The term “domestic violence” describes violence in domestic settings among same-sex or opposite-sex partners or spouses, as well as other family members such as parents, uncles and aunts, cousins, and so on (Women Against Abuse, 2021).

*Intimate partner violence:* The term “intimate partner violence” describes violence or the threat of violence from a current or former romantic or intimate partner that involves physical, psychological, emotional, mental, or sexual abuse (Hyman et al., 2006).

*Victim:* The term “victim” refers to any individual who has recently experienced violence; it is used when discussing a particular crime or referring to the criminal justice system (RAINN, 2021).

### **Assumptions**

There are several assumptions associated with this study. First, I assumed that African immigrant women survivors of intimate partner violence would willingly agree to participate and share their experiences with me in the study. Second, I thought there might be some challenges for several reasons. For example, myself as the researcher and the potential participants are members of the same ethnic group. Though this may afford me status as an insider, it could also pose a barrier in that participants may be concerned about their privacy, confidentiality, and safety. As a result, they may be afraid to share their stories. Challenges may also arise if some women fail to show up for the interviews due to fear and embarrassment of speaking about their family issues. Because of the stigma associated with intimate partner violence, victims or survivors may be ashamed to

tell anyone they went through such a horrific experience, and they may not share truthfully or hold back some details from their stories. It may also lead to some women objecting to an audio interview recording. Because these women are vested in minimizing the severity of any current abuse, women still involved in an abusive relationship may not answer truthfully or accurately, thus compromising the study data. Finally, as an African immigrant woman, I identify my bias as a researcher with these assumptions. All these issues are addressed further in Chapter 3. I also assumed that I would succeed in finding 15 willing participants among the African immigrant women in my community. Finding 15 participants was challenging due to my decided eligibility criteria, which I detail in Chapter 3 as well.

### **Scope**

This qualitative study examines the effects of intimate partner violence on African immigrant women survivors of intimate partner violence in Edmonton, Alberta. I asked participants to share their coping strategies and any recurring themes about the impact of partner violence on them to understand their service needs better. All participants in this study have experienced and overcome the challenges of intimate partner violence, limited to African immigrant women. The inclusion criteria are as follows: a) African immigrant woman; b) living in Edmonton, Alberta; c) 18 years and older; d) comfortable speaking English; e) was married, common-law, cohabiting, or in a relationship with an African man; f) women who self-identify as survivors of intimate partner violence; g) not residing in a shelter or transitional housing; h) not living with the abuser; i) must have shared their

experiences of abuse with any other professionals in the past; and j) not involved in a current legal proceeding against the abuser.

### **Delimitations**

I also identified some delimitations to narrow the study's boundaries (Creswell & Creswell, 2018). My research excludes any participants that do not meet African immigrant women's requirements; anyone who identifies as African Canadian or Canadian-born African was exempted from the study. Though excluding the above individuals might affect the transferability of the research findings to other African women groups, I felt it was important to look at this specific population to identify the specific barriers they face based on their unique intersectional position in this world.

In addition, the duration set for the study is short-term; therefore, finding individuals willing to participate in the interview is essential. Though this can pose challenges for recruitment and participants who may feel more comfortable after building rapport, I was grateful to be able to speak to nine participants who fit the eligibility criteria within this relatively short time period. Another delimitation is, consequently, that the participants must be residents of Edmonton. The study did not include African immigrant women who live outside of Edmonton. Though excluding those outside of Edmonton may affect the transferability of the research findings, it was important to me to contextualize this study within a setting that follows my personal, academic, and professional connections to Edmonton.

A third delimitation is my choice of theory; I used feminist theory as a guiding framework, without using any specific intimate partner violence-related conceptual

framework. Previous researchers have used these conceptual frameworks and approaches to explain intimate partner violence (Delyser & Sui, 2013; Eckstein, 2017; Gulati & Brendan, 2020; Heise, 1998; Lawson, 2012; Omorodion, 2020; Rizo et al., 2017). Additionally, some studies have examined the effects of intimate partner violence, victims' coping strategies, and the experiences of other immigrant women using different theoretical frameworks (Boonzaier & Schalkwyk, 2011; Savin-Baden & Van Niekerk, 2007; Wang, 2017). I chose to use feminist theory as it allows for a deeper understanding of African immigrant women's experiences, advocacy, and work to improve their lives, creating a direct link to social change beyond a simple theoretical approach (Mehrotra, 2010). I detail this further in Chapter 2.

### **Limitations**

There are limitations to my study regarding the research results' generalizability and transferability. Given the sample size, the results did not represent the majority population of African immigrant women. Hence, the findings cannot be generalized to other ethnic minorities and immigrant women survivors of intimate partner violence in Edmonton or other cities. Another limitation is determining whether trust, reliability, and credibility were established with the participants (Rudestam & Newton, 2015). Edmonton is a small city with a close-knit African community. As a result, some women may be reluctant to open up and share their stories. Finally, while I attempted to prove to the women that their stories, privacy, and confidentiality were safe, and I obtained clearance from the Institute Research Board (IRB) in this area, I will not be able to guarantee the accuracy of the data collected wholly.

Finally, this study examined the phenomenon of intimate partner violence, not the specific types of abuse that African immigrant women experience. Hence, further studies focusing on the types of abuse experienced by these populations would be necessary to confirm the generalizability of this study's findings.

### **Significance of the Study**

Social work practitioners and health professionals should thoroughly evaluate women who access support through their agencies, including cross-cultural components, to avoid a one-size-fits-all approach to assessment, treatment, and intervention (Fakunmoju et al., 2015; Gaetz et al., 2014; Stith et al., 2011). Unlike other professional disciplines, social workers have a diverse clientele and occupy multifaceted roles in their communities, such as child protection and women's health worker roles (Allen, 2013). Doing our due diligence as workers when assessing intimate partner violence should include a holistic approach. This might, for example, involve recognizing that a mother's safety will improve the relationship and interactions between the social worker and the family (Allen, 2013). This study could inform future researchers, family members, advocates, social workers, medical personnel, and human service professionals about the effects of intimate partner violence and how African immigrant women survived, coped, and recovered from intimate partner violence.

The participants in this study are African immigrant women who have experienced and survived intimate partner violence in Edmonton, Alberta. The study is designed to identify and report the effects of intimate partner violence on the lives of African immigrant women, as well as their coping strategies and any recurring themes in

their stories, using qualitative analysis to create awareness of the issues of intimate partner violence among African immigrant women in Edmonton.

Children need to recognize acceptable and unacceptable behaviors in adult relationships. At the same time, a reporting process that provides a clear direction for reporting intimate partner violence incidents and protecting victims' rights and dignity is needed (Johnson, 2005). I advocate for a province-wide campaign, including government funding public awareness campaigns, towards developing reporting processes protecting intimate partner violence victims and increasing access to supports. I also encourage the inclusion of curricula recognizing signs of domestic violence in early childhood, middle school, and high school programs (Giordano et al., 2015). I support the development of universal reporting protocols to protect the rights and dignity of victims and survivors of intimate partner violence wherever they are identified (D'Avolio, 2011).

Finally, there is a need for the province of Alberta and the City of Edmonton to invest in and fund culturally appropriate and safe shelters for immigrant women and children who are fleeing from intimate partner violence (Carman, 2020). The findings from this study provide data that can inform future policy changes regarding immigration and spousal sponsorship programs (Waldman & Macklin, 2014). African immigrant women should not be made to wait or feel afraid and ashamed to seek help and speak out about their intimate partner violence experiences. The study aimed to support establishing a walk-in advocacy program to educate and empower immigrant women victims of domestic violence. The program would partner with all shelters across the city, the police,

community agencies, and child welfare services to ensure a collaborative service delivery approach.

### **Significance to Social Change**

Domination and gender differences between men and women have been socially constructed and exploited in support of patriarchal societies for centuries (Anthias, 2002; Dietz, 2000; Mullaly, 2010). These problems exist because of systems and social structures in society that prefer and favor some groups over others according to class, race, gender, age, and sexual orientation, among others (Adams & Campbell, 2012; Anthias, 2002; Mullaly, 2010). At the same time, patriarchy has created power imbalances and stereotypes. These imbalances are compounded by other unequal dynamics, such as those experienced by immigrant families in Canada, whose non-Canadian degrees and experience are denied; the immigrants are then relegated to low-paying, precarious employment (YWCA Canada, 2020). The economic stress caused by poverty and unemployment within some immigrant families increases the risk of abuse for some women (Anthias, 2002; Weldon & Gilchrist, 2012). The oppression of Canadian-born women, Indigenous women, and minority women in Canada is supported by existing research, but there is a gap in the literature regarding knowledge of African immigrant women's experiences in Canada (Hiebert, 2016; Mullaly, 2010; Nangia, 2013). This study offers an opportunity to break the silence, remove the stigma about intimate partner violence, and support women speaking out about their experiences. Finally, some of the experiences shared by the women survivors participating in the study

may help empower other women in similar situations who feel that they are alone or cannot speak about what they are experiencing.

### **Significance to Practice**

This study provides insights into the current issues in supporting African immigrant women victims or survivors of partner violence in Edmonton, Alberta, Canada, including improved programs and services for women's safety and wellbeing. In addition, it helps improve awareness within Edmonton's community agencies of this population's cultural needs to aid in providing appropriate and meaningful support and services. Additionally, this study's findings support public health and educational programs to increase knowledge and awareness of intimate partner violence among African immigrant women and other immigrant minority groups in Edmonton schools. Community awareness is one of many keys to prevention. For example, if all community members are aware of the impacts of intimate partner violence on women and girls, it may increase and improve support from family members and the rest of the community.

### **Significance to Theory**

Experts in social work and the social sciences use various theories to explain violence against women as a social issue, which result in many new research directions and suggestions (Allen, 2012; Babbie, 2017; Boonzaier & Schalkwyk, 2011; Stanko, 2006). For example, family violence theories such as systems theory, ecological theory, exchange/social control theory, resource theory, and subculture-of-violence theory have examined intimate partner violence as an expression of conflict within the family and violence in social structures (DiCristina, 2006; Lawson, 2012). However, feminist theory

views the abuse and oppression of women as issues that affect women specifically, using a lens of patriarchy as it intersects with other forms of oppression women may experience with practical and informed approaches to social change-making. Of particular interest to me is the feminist focus on promoting equality in relationships and insisting that marriages should be equal (Van Den Bergh & Cooper, 1986). In addition, feminist theory is significant in this study as it explains how various identities, such as gender, race, class, and sexuality shape the unique forms of gender inequality, oppression, and marginalization within society (Adams & Campbell, 2012). Finally, feminist theories support and investigate women's everyday experiences of gender inequality (Muzak, 2009; Stanley & Wise, 1993), mainly as they apply within a specific community and practice context. Feminist theory is, therefore, an ideal choice in this study (Daly & Chesney-Lind, 1988; Danner, 1989; DeKeseredy, 2011; Haney, 2000; Stanley & Wise, 1993).

### **Summary and Transition**

In this chapter, I introduced intimate partner violence as a challenge addressed slowly and insufficiently in Canada. The problem is contextual, influenced by factors such as patriarchy, gender inequality, systemic factors, negative stereotypes, the impact of colonization, the lack of consideration for its intersectionality, cultural factors, socioeconomic status, poverty, and lack of education and awareness (Baskin, 2012; Brownridge, 2008; Jewkes et al., 2015; Leguizamon et al., 2020; Menjovar & Salcido, 2002). Immigrant women face an even higher risk of intimate partner violence than Canadian-born women, with increased risks of retribution and loss for reporting violence

due to economic, social, and family dynamics. Intimate partner violence harms African immigrant women's physical and mental health in Edmonton, as well as throughout Canada as a whole. The current available research on intimate partner violence among African immigrant women in Edmonton is limited. As intimate partner violence is a global challenge facing women and girls, there is a clear need to fill this gap.

In order to do so, I begin by presenting a literature review in the following chapter to establish a conceptual basis for the remainder of my dissertation. Chapter 3 includes the study methodology and my approach to sampling, data collection, and analysis. Chapter 4 discusses my findings, which are a collection of shared narratives by African immigrant woman participants around coping with intimate partner violence, descriptions of its effects on them, and identification of program and service needs. Finally, Chapter 5 concludes the study by presenting the potential implications for social workers, child welfare workers, and future research.

## Chapter 2: Literature Review

This generic qualitative research study explores the experiences of African immigrant women who left abusive intimate partner violence in Edmonton, Alberta. In addition, the study notes the effects, the coping strategies, and the themes emerging from the women's stories to determine programs and service's needs. Intimate partner violence is an act of violence or a series of violent acts in a close relationship that causes physical, sexual, verbal, emotional, and psychological harm to a woman, including exerting power and control (CDC, 2016; WHO, 2017). Intimate partner violence is a social and public health problem that warrants local and international attention as a human rights issue affecting millions of women and girls in developed and developing countries at all levels of society (CDC, 2016; United Nations Human Rights, 2014). Intimate partner violence has impacted women and their children's lives throughout Canada (Wathen, 2012). Moreover, every hour of every day, a woman is victimized or violated by a spouse or partner in Alberta (Alberta Government, 2016).

There have been numerous studies focusing on the prevalence and effects of intimate partner violence, possible interventions, and the resources needed to address the problem of intimate partner violence, but there is more work to be done (Adams & Campbell, 2012; Ahmadzai, 2015; Bhuyan et al., 2014; Brown et al., 2005; Fields, 1976). In particular, there are not enough incident reports on prevalence rates, nor has enough been done to document the experiences and perceptions of immigrant women compared to Canadian-born women's experiences (Okeke-Ihejirika et al., 2018). The disparity is significant because immigrant women have a higher risk of spousal violence due to issues

tied to their immigration, migration, settlement, and adjustment in Canada (Akinsulure-Smith et al., 2013; Hiebert, 2016; Hyman et al., 2011; Hyman et al., 2006, 2009; Okeke-Ihejirika et al., 2018). Furthermore, studies examined the experiences of immigrant women victims and survivors of intimate partner violence and highlighted the unique challenges of patriarchy, power, and control (Adams & Campbell, 2012; Ahmadzai, 2015; Ahmad et al., 2009; Akinsulure-Smith et al., 2013; Alaggia et al., 2017; Amanor-Boadu et al., 2012), indicating intimate partner violence within immigrant communities is a severe and complex problem (Allen, 2013; Government of Canada, 2019; Pacheco et al., 2017; Perreault, 2020).

The literature review presented in this chapter supports the importance of this study for women's empowerment and for the inclusion in the research literature of the voices of women who have survived intimate partner violence. Functionally, this chapter provides an overview of the literature search strategy and theoretical foundation used for this dissertation, as well as the history and causes of intimate partner violence as a social problem. It presents the existing literature that defined intimate partner violence and explored its characteristics in Western and low- and middle-income countries, as well as the risk factors associated with intimate partner violence, coping strategies, service gaps, and interventions. Finally, it reviews existing effective prevention programs and services. Overall, this literature review summarizes the existing work supporting this study and indicated the gaps in knowledge and practice regarding African immigrant women in Alberta, Canada.

### **Literature Search Strategy**

The research studies chosen for this literature review focused on intimate partner violence among African immigrant women and immigrant minority groups and, more specifically, on the types of abuse these women face. The following databases were employed to search for relevant research studies in these areas: Campbell Systematic Reviews, the Cochrane Database of Systematic Reviews, Social Work and Social Service Abstracts, PsycINFO, Taylor and Francis, ERIC, Sociofile, JSTOR, EBSCOhost, PubMed, PubMed Central, MEDLINE, ProQuest, Dissertation Abstracts, Conference Proceedings Citation Indexes, Web of Knowledge, and Google Scholar. The sampling frame included peer-reviewed, published, and unpublished literature. I found it more manageable to begin with broader search criteria before narrowing them down to specific topics using identified keywords (Creswell & Creswell, 2018).

In addition to database searching, I also identified relevant sources by reviewing online websites for research articles, conferences, and reports, including The World Health Organization, The Centers for Disease Control and Prevention, Women's Shelters Canada, Safe Housing Partnerships, Canadian Femicide Observatory for Justice and Accountability, Canadian Domestic Homicide Prevention Initiative, Gender-Based Violence Knowledge Centre, and Safe Housing Partnerships.

Regarding selecting the literature to review, I limited the selection to current research not older than ten years; however, some older research articles were searched, reviewed, and included to capture historical timelines and definitions of intimate partner violence. Thus, the range of dates for the included sources is from 2009-2021, with most

studies falling between 2010 and 2020 and references about the definition, history, incidences, timelines, and prevalence rates of intimate partner violence falling in the range of 1980-2009.

The keywords used in searching the databases and websites were as follows: *intimate partner violence among women in Canada, intimate partner violence among immigrant women in Canada, intimate partner violence African immigrant women in Canada, prevalence of domestic violence with immigrants African immigrant women the problem of new immigrants, and immigrant and domestic violence*. This initial search yielded hundreds of articles. After adding keywords such as *effects, coping experiences, minority groups, gender-based violence, abuse of women, femicide in Canada, and femicide and immigrant women* to the initial keywords, that search yielded an additional 120 articles. Finally, I searched the reference lists of found papers, which generated other sources for review. Appendix F details these keywords and my literature search process.

The two searched together revealed a significant amount of quantitative and qualitative literature on violence against women. Also, because intimate partner violence is socially and medically problematic, the search yielded numerous case studies, practice and policy analyses or essays, and clinical reviews. Some identified sources were research studies, while others were descriptive articles or executive summaries. For this literature review, I focused only on empirical articles that met the standards for a literature review. In addition, executive summaries and findings from studies conducted by the United Nations and WHO were significant components of this review.

Significantly, the search and resulting review confirm a gap in the existing literature on the topic of intimate partner violence among African immigrant women in Edmonton, and that more studies are needed on the experiences of intimate partner violence among African immigrant women in Edmonton and Canada (Holtmann & Rickards, 2018; Okeke-Ihejirika et al., 2018; Omorodion, 2020). However, I discovered a significant amount of adjacent research on the experiences of African American women and immigrant women victims and survivors of intimate partner violence in the United States, some of which were included in this literature review (Weaver et al., 2021).

### **Review of the Literature**

#### **History of and Current Trends Concerning Intimate Partner Violence**

Intimate partner violence is a social problem affecting women on a global scale (Clark, 2011; Dobash & Dobash, 1979; Heise, 1998). Intimate partner violence can be traced to European history and cultural conditions in the Western world. In the 1700s, for example, women were their father's property until they married, when they became their husband's property; in this era, the Laws of Chastisement made wife-beating legally and socially acceptable (Martin, 1976). In addition, the "rule of thumb" permitted men to physically discipline their wives with any weapon not more prominent than their thumbs (Cobbe, 1878; Lemon, 1996). Women were not allowed to participate in public life, own property, or conduct business without the representation of a man (Wollstonecraft, 1792).

In the West, this situation did not begin to change until the 1800s. In England, the Married Women's Property Act of 1882 allowed women to own property and divorce a husband charged with assault (Lemon, 1996). In the United States, Alabama and

Massachusetts repealed the right of men to beat their wives and made wife-beating illegal (Schechter, 1982). By the end of the century, in New York, wife-beating had become legal grounds for divorce, and wife-beating had become a topic of discussion in the United States related to other women's rights movements (Martin, 1976). This trend would continue in the twentieth century, as the social purity movement, the women's suffragist movement, the civil rights anti-war, and the Black liberation movement challenged societal norms and injustices; all of these helped lay the foundation for the feminist movement (Schechter, 1982).

Historically, feminist movements have helped establish the idea that what happens in the privacy of people's homes is both political and personal, which has encouraged battered women to speak out (Schechter, 1982). They have helped raise awareness about women's struggles, oppression, and exploitation, while also fighting to protect women's rights and seek solutions to the abuse of women (Friedman et al., 1987; Lorber et al., 1981; Mikkola, 2019; O'Faolain & Martines, 1973; Wollstonecraft, 1792). As we will see in the next section, the feminist movement of the 1970s played a significant role in supporting the development and access to resources, shelter, and safety for abused women. For illustration, in 1974, St. Paul, Minnesota created a house to provide refuge for battered women (Stark, 2007). In 1971, Chiswick shelter in London also protected battered women (Dobash & Dobash, 1992).

Today, intimate partner violence has evolved as a social phenomenon, with researchers offering various insights, interpretations, and perspectives on it (Ali & Naylor, 2013). However, there is consensus about its effects on the health and wellbeing

of victims and survivors. While intimate partner violence happens globally in all cultures and genders, women are disproportionately affected (Chester & DeWall, 2018).

Interpersonal, intrapersonal, biological, and neurological factors impact the incidence and prevalence of intimate partner violence (Chester & DeWall, 2018). For example, a woman faces dehumanization when treated as a sex object. Likewise, women may face punishment for infidelity or suffer penalties as a deterrent against unfaithfulness (Chester & DeWall, 2018). Other factors, such as rejection, psychopathology, self-control fatigue, substance abuse, and neurological conditions may exacerbate intimate partner violence (Chester & DeWall, 2018).

In response, women push increasingly for solutions to the problem. For example, some victims learn self-defense (Chester & DeWall, 2018), and women are becoming less afraid to speak about their experiences of intimate partner violence and advocate for change. Nevertheless, progress toward social justice and equality remains slow due to the dominance of patriarchal structural factors (Carter, 2015). For this reason, the feminist theory provided an appropriate framework for understanding and addressing the problem of intimate partner violence, as we will see in the theoretical framework.

### **Definition of Intimate Partner Violence**

There is extensive existing literature on intimate partner violence offering different terms and definitions. For example, intimate partner violence is referred to with phrases like “spousal abuse,” “domestic violence,” “battered women,” and “gender-based violence” (Ahmad et al., 2009; Ahmadzai, 2015; Barnett, 2001; Chaze & Medhekar, 2017; Collinson, 2021; Perreault, 2020). Although men can be victims of domestic

violence in some circumstances and cases have been documented (Miller & McCaw, 2019; Walker et al., 2020), most of the literature on intimate partner violence indicates men as the primary perpetrators of violence against women (Brown et al., 2005; Costa et al., 2015; Rizo, 2015). As such, this study concentrated on intimate partner violence as primarily constituted as violence against women.

Intimate partner violence is the act of causing the physical, emotional, psychological, sexual, and mental suffering of a woman by a partner or spouse, former or current (Allen, 2013; Akinsulure-Smith et al., 2013; Boonzaier & Schalkwyk, 2011; Costa et al., 2015; Gulati & Brendan, 2020; Walker et al., 2020). The WHO recognizes intimate partner violence as a threat to women's physical and mental health in both developed and developing countries. They define it as a "behavior within an intimate relationship that causes physical, sexual, or psychological harm, including acts of physical aggression, sexual coercion, psychological abuse, and controlling behaviors" (WHO, 2010, p. 11). In addition, Public Safety Canada (2018) identified intimate partner violence as a severe crime affecting Canadian people behind closed doors in urban and rural areas. It is isolating and terrifying for its victims, who are primarily women.

### **Types of Intimate Partner Violence**

Intimate partner violence is broadly categorized into three types: psychological violence, physical violence, and sexual violence (Allen, 2013; Coker et al., 2000; Lacey et al., 2013; Watts & Zimmerman, 2002; WHO, 2013). In addition, it is common for a woman to experience multiple forms of intimate partner violence simultaneously in her lifetime (Ansara & Hindin, 2010).

### ***Psychological Abuse***

Psychological abuse includes all forms that affect an individual's emotional, mental, and financial wellbeing, impeding their freedom and safety (Tolman, 1992). The psychological abuser uses "verbal and non-verbal communication with the intent to (a) harm another person mentally or emotionally; and (b) exert control over someone" (Breiding et al., 2015, p. 14). Psychological abuse included a range of behaviors, including jealousy, name-calling, putting down the victim, stalking, harassment, manipulation, and confinement of property. In cases of psychological abuse, the victim is blamed for causing the abuse or violent behavior (Gulati & Kelly, 2020). Psychological abuse could occur without physical abuse, and its effects are just as powerful and devastating as physical abuse (Tolman, 1992). The long-term and short-term effects of psychological abuse on women include mental health challenges, such as anxiety, depression, and posttraumatic stress disorder (PTSD) (Campbell et al., 2018; Crabtree-Nelson et al., 2019; Hoffart & Jones, 2018; Wong & Mellor, 2014); the physical, mental, and psychological wellbeing of victims are affected both during and after the abuse (Candela, 2016; Fitzgerald et al., 2019; Jouriles & McDonald, 2015; Terrazas-Carrillo et al., 2016; Toews & Bermea, 2017; Verschuere et al., 2021).

### ***Physical Abuse***

Breiding et al. (2015) defines physical abuse as "the intentional use of physical force with the potential for causing death, disability, injury, or harm" (p. 11). It involves the threat of or enaction of physical assault, including aggression, threatening with a weapon, hitting, slapping, pushing, choking, and strangulation (Monahan et al., 2019;

Vella et al., 2017). Physical abuse can be severe or minimal. It can include pinching, squeezing, pushing, shaking, cornering, restraining, throwing objects, breaking bones, causing internal injuries, denying medical care, using weapons, disabling, disfiguring, maiming, and murdering (Tolman, 1992). Physical violence has significant health implications for battered women (Dobash & Dobash, 1977-78, 1979, 1992; Gondolf & Fisher, 1988). It has a detrimental impact on women's health and bodies, including their reproductive health, even for women who survive the abuse (Abramsky et al., 2011; Adams & Beeble, 2019; Almeida et al., 2017; Ansara & Hindin, 2011; 2015; Vella et al., 2017).

### ***Sexual Abuse***

Sexual abuse involves sexual assault and the threat of sexual assault, including forcing, convincing, or manipulating a victim to perform sexual acts against their wishes; individuals living with a disability or with low mental capacity are particularly vulnerable to this type of abuse (Miller & McCaw, 2019). Severe cases of sexual abuse involve treating the victim as a sexual object, pimping with force or threat, minimizing sexual needs, criticizing sexuality, obsessive jealousy, unwanted touching, forcing the victim to strip, using a weapon to gain sex, and causing injury during sexual activities (Cotter, 2018; Cotter & Savage, 2019).

### **Power and Control in Abusive Relationships**

According to Johnson and Leone (2005), power, control, and violence are tools frequently used for domination in intimate relationships. For example, coercive control occurs when an abusive partner uses a variety of strategies to trap a woman and hold on

to power and control in an intimate relationship. Men are the primary perpetrators of coercive control (Stark, 2007). Stansfield and Williams (2021) posit that coercive control can lead to violence and even murder; their results revealed that coercive control by men is significantly more likely than women to lead to violent behavior. Another unique understanding of coercive control is the Duluth Model. It indicates that coercive control can involve intimidation, emotional abuse, minimizing, using the children, male privilege, economic abuse, coercion, and threat and results in power imbalances causing emotional and psychological distress and instability in the relationship (Pence & Paymar, 1993). Coercive control in intimate partner violence starts slowly, silently, and subtly before growing to incidents of situational violence (Johnson, 2008; Johnson, 1995). In coercive control, there is no physical punching, shoving, pushing, or physical violence, but the effect can be more damaging to the victim than those involving violence. The victim cannot prove to anyone what is happening because there are no bruises. The abuser targets the core of the woman's existence, which is psychological and physiological well-being, before any physical activity, and some never resort to physical violence. However, the victims' self-esteem, confidence, and self-worth are ultimately defeated (Duron et al., 2021; Elliott, 2015; Toews & Bermea, 2017).

### **Risk Factors for Partner Violence**

Many risks and protective factors are associated with experiencing intimate partner violence, with two of the most significant including childhood experiences and trauma and stress.

### ***Childhood Experiences***

Witnessing violence between parents and experiencing childhood abuse and violence increases the risk of intimate partner violence (Madden et al., 2016). In addition, childhood sexual abuse increases the risk of abuse in an intimate partner relationship. Finally, experiencing any form of childhood trauma increases the risk of experiencing intimate partner violence in adulthood (Banyard et al., 2017; Moffitt & the Klaus-Grawe 2012 Think Tank, 2013).

### ***Trauma and Stress***

Exposure to trauma increases the risk of perpetration of intimate partner violence. For men, for example, exposure to political violence and imprisonment increases the risk of perpetration. The risk factors for victimization and abuse perpetration include high-stress levels, impulsivity, drug abuse, and alcohol/drug use by either partner. Other forms of trauma, such as social isolation, poverty, and neighborhood crime, are also associated with increased risk (Madden et al., 2016).

### **Prevalence of Intimate Partner Violence**

Intimate partner violence is a pervasive global health problem that affects millions of women worldwide (Abramsky et al., 2011; Pengpid & Peltzer, 2020; WHO, 2013). Researchers have studied the prevalence and impacts of physical and sexual violence by both intimate and non-intimate partners (Abramsky et al., 2011; WHO, 2013) and have found that intimate partner violence is the most common form of violence that women experience (Adams & Beeble, 2019; Devries et al., 2013). The short- and long-term health impacts of women's exposure to physical and sexual intimate partner violence are

multiple (Akinsulure-Smith et al., 2013; Black et al., 2011; Breiding et al., 2015; Devries et al., 2013; Jewkes et al., 2017). For example, it is a leading cause of homicide and femicide; it is also linked with high levels of depression and suicidal behaviors (Ansara & Hindin, 2011). To fully understand the scope of the problem on a global scale, it is vital to briefly examine the prevalence of intimate partner violence, especially in the countries where most of the immigrants in Canada migrate from.

According to the WHO (2013; 2017), 35% of women have experienced physical or sexual abuse at the hands of an intimate or non-intimate partner; 38% of all femicides are committed by an intimate partner. Almost one third of women (30%), and 38% in some regions worldwide, experience physical and sexual abuse in intimate relationships. A multi-country study by the WHO comprising population-based surveys on women's health and domestic violence against women measured the prevalence of intimate partner violence for more than 24,000 women in 10 countries, sampling participants from diverse geographical locations and cultures (Garcia-Moreno et al., 2006). Of the women sampled, 13-61% had experienced severe physical violence, 6-59% reported having experienced sexual abuse, and 20-75% had experienced emotional abuse by an intimate partner in their lifetime. In a similar study, Garcia-Moreno et al. established the prevalence of intimate partner violence by examining 15 sites in 10 countries around the world. The highest rate, in the south of Ethiopia, Butajira, was 71%, while the lowest, at 15%, was found in Japan. In Bangladesh, the rate was 53.4% to 61.7%, in Brazil the rate was between 28.9% and 36.9%, in Namibia it was 35.9%, and in Peru it was between 51.2% and 69% (Breiding et al., 2015). Likewise, in a population-based cross-sectional survey

from the United Nations Multi-Country Study on Men and Violence in Asia and the Pacific, Jewkes et al. (2019) interviewed 5,206 men and 3,106 women aged 18-49 from 4 countries: Cambodia, China, Papua New Guinea (PNG), and Sri Lanka. Their results revealed that men are more often the perpetrators of physical and sexual intimate partner violence, at 32.5% to 80%. Comparatively, women experience physical or sexual intimate partner violence at a rate of 27.5% to 67.4%. Overall, women experience greater emotional/economic abuse (4.1% to 27.7%) than men (1.4% to 5.7%). Intimate partner violence against women in Arab countries is a public health and human rights problem, with substantive high levels of physical, sexual, and emotional/psychological abuse documented in many settings. Elghossain et al. (2019) report the prevalence of intimate partner violence in Arab countries ranges from 6% to more than 59% for physical abuse, from 3% to 40% for sexual abuse, and from 5% to 91% for emotional/psychological abuse.

More than 600 million women live in countries where domestic violence is not considered a crime, including African countries (Devries et al., 2013). More generally, there is also a lack of consistency in the definitions and methods used for assessing what constitutes intimate partner violence. In Sub-Saharan Africa, wife-beating is condoned in most countries, and intimate partner violence against women and girls is high in numbers across all socio-economic sectors (Wado et al., 2021).

Intimate partner violence is higher in countries in the Central Africa region than in other sub-regions; for example, it reaches levels of up to 6.5% in Comoros (Wado et al., 2021). Shamu et al. (2016) have investigated the prevalence of intimate partner

violence among girls and boys in South Africa. They found that among the 52.5% of girls and 70.7% of boys actively dating, and there was a higher prevalence of sexual or physical intimate partner violence experienced by girls (30.9%; 95% CI: 28.2-33.7) and greater perpetration by boys (39.5%; 95% CI: 36.6-42.3). The causal and risk factors for the girls included childhood experiences of violence, individual inequitable gender attitudes, corporal punishment at home and in school, alcohol use, wider communication with one's partner, and being more negative about school. Their results indicated three pathways from childhood trauma to intimate partner violence experiences: inequitable gender attitudes and risky sex, bullying, and alcohol use.

In the United States, 5.3 million intimate partner violence victimizations occur among women ages 18 and older each year (CDC, 2003). The National Intimate Partner and Sexual Violence Survey (NISVS) reveals that one out of every three women (37.3%). One out of every four men (30.9%) has experienced rape, physical violence, and stalking by an intimate partner in their lifetime (Black et al., 2011). In addition, 23.2% of women and 13.9% of men have reported severe physical violence by an intimate partner. In the United States, one in four women and one in ten men witnessed at least one instance of violence in their lifetime (Breiding et al., 2015; Miller & McCaw, 2019). For this study, intimate partner violence is higher among gender and sexual minorities and racial and ethnic minority groups, including Native Americans, multiracial and non-Hispanic black women, and people living with a mental illness or disability (Miller & McCaw, 2019). In addition, intimate partner violence is high among minority and immigrant populations.

### *Prevalence in Canada*

Like the USA, violence against women is a major problem in Canada, especially among Indigenous women and minority groups (Cotter, 2021; Varcoe et al., 2019). According to police reported and self-reported data, women are twice as likely to be victims as men (Varcoe et al., 2019). The Survey of Safety in Public and Private Spaces (SSPPS) revealed that more than four in ten women (44%) have been victims of intimate partner violence since the age of 15, in comparison to only 36% of men (Cotter & Savage, 2019). Among women aged 15 to 24 years, three in ten (29%) women aged 25 and above (10%) had reported some form of intimate partner violence, and 25% of visible minority women had reported intimate partner violence within 12 months of the survey (Cotter, 2021). In 2011, Statistic Canada reported that 97,500 victims (80%) of intimate partner violence were women (Sinha, 2013). Conroy et al. (2019) added that between 2008 and 2018 in Canada, 79% of female homicides were committed by a current or former legally married or common-law husband. These numbers illustrate that intimate partner violence is the most common form of domestic violence against girls and women in Canada; it is a significant social and health problem (Allen, 2012; Dutton, 2007; Garcia-Moreno et al., 2006; Kramer & Finley, 2019).

According to the 2009 General Social Survey (GSS), over half of the victims of intimate violence in Canada were female (54%), with most being between the ages of 25 and 44 (67%). Almost three-quarters (70%) had post-secondary education (24% a university degree, 31% a college or technical diploma, and 15% some university or college education). Just over one-tenth (12%) had elementary schooling or did not

complete high school, and the remainder (18%) had a high school diploma (Wathen et al., 2018). Most females in the survey (80%) lived in urban areas and most were Canadian-born (86%). Almost three-quarters (70%) of the surveyed females spoke English as their primary language, with a quarter (25%) speaking French and 5% speaking neither English nor French as their primary language. Less than one-tenth (7%) cared for children and performed housework as their primary occupation, while more than half (57%) were employed or seeking employment. More than a quarter (28%) volunteered or cared for children other than their own.

Most of the studies conducted in Canada highlight the prevalence of intimate partner violence among Canadian born-women, but data pertaining to immigrant women are more limited. The GSS did not specify if the victims are from any racial groups in Canada; however, Hyman et al. (2006) found intimate partner violence high among immigrant women in Canada. They found its prevalence associated with the length of stay in the country; their results revealed that the risk for intimate partner violence was significantly lower among recent immigrant women than non-recent immigrant women. Country of origin, age, marital status, and living with a physical or mental disability or other health problem all contributed to a higher risk of intimate partner violence for these immigrant women. Holtmann and Rickards (2018) have highlighted the impact of intimate partner violence among immigrant women and the challenges such women face in accessing programs and services in the province of New Brunswick. These limited data indicate the need to further identify the state of knowledge on the prevalence of intimate partner violence among African immigrant women in Canada.

## **Theoretical Framework**

In qualitative approaches to social science, the theoretical framework serves to explain how things work by examining social structures and human interactions (Collins & Stockton, 2018). Theories produce knowledge by identifying the “why” of social phenomena (Collins & Stockton, 2018). Several theories in qualitative research have attempted to explain women’s experiences of intimate partner violence, its effects on them, and the coping strategies they use. However, feminist theory has been chosen for this dissertation as the most appropriate theory to support the work that remains to be done, as it focuses specifically on social equality and the empowerment of women (DeKeseredy, 2011). This qualitative study uses feminist theory to support a theoretical framework focused on challenging the subordinate status and negative treatment of some women and helping to confront male privilege and patriarchy (Dobash & Dobash, 1979; Mullaly, 2010; Schniedewind, 1987; Tierney, 1982).

Feminist theory explains violence against women as a product of various forms of patriarchy; it describes the experiences and the effects of abuse against women and attempts to understand why violence against women occurs and how to solve the problem (Ali et al., 2020). Feminist theorists believe that our society promotes inequality and male privilege, making females less privileged (Mullaly, 2010). The framework in this study adopted this feminist perspective as an advocacy tool for social justice, equality, and anti-oppressive social change for African immigrant women (George & Stith, 2014).

## **History of and Current Trends Concerning Feminism and Feminist Theory**

Feminist theory has enjoyed a long and rich history. In as far back as the late 14th and 15<sup>th</sup> centuries, Christine de Pisan, the first feminist philosopher, challenged female subordination in France and demanded education for females (Brunell & Burkett, 2021; Wollstonecraft, 1792). The influence of the Enlightenment in the fifteenth and sixteenth centuries began a process of scholarly thought about social justice, and the Suffrage movements of the nineteenth and early twentieth centuries demanded liberty, equality, the right to vote, and equal rights for both sexes (Brunell & Burkett, 2021).

Feminism as we recognize it today started in the 1970s as part of the women's liberation movement agenda (Dobash & Dobash, 1979). It created a shift in how society looks at women and women's problems; it exposed abuse of women and wife-battering as social issues that needed public attention (Dobash & Dobash, 1992; Schechter, 1982). Feminism believes in social, economic, and political equality between men and women (Daly & Chesney-Lind, 1988; Luu & Inman, 2018); it is committed to and advocates for equal opportunities for men and women, arguing that political equality, social equality, and social justice are human rights that everyone should enjoy (Dobash & Dobash, 1992; Kirmani, 2011; Luu & Inman, 2018; Malbon et al., 2018; Schechter, 1982).

Since the inception of feminist thought, feminist movements have continuously evolved. The waves of feminism can be linked to different eras of the political movement that has sought to expose gender inequality and demand equal rights and justice. Thus, the waves of feminism have created shifts and progress in the movement's ideology and direction (Danner, 1989; Brunell & Burkett, 2021; McAfee, 2018). The first wave of

feminism, from the 1830s to the early 1900s, witnessed women fighting for equal opportunities and property rights (Danner, 1989; Brunell & Burkett, 2021; McAfee, 2018). The second wave, in the 1960s, 1970s, and 1980s, took a different turn when women demanded nationwide changes in policies and legislation that promoted gender inequality. Radical feminists insisted on the liberation and independence of women from men who had historically kept them dependent (Brunell & Burkett, 2021). Finally, the third wave, in the 1990s and early 2000s, saw a rise in formal and informal advocacy and diversity (Aune & Holyoak, 2018). From the 2000s to the present day, the fourth wave continues to fight misogyny, harassment, abuse, and assault against women (Danner, 1989; Brunell & Burkett, 2021; McAfee, 2018; Sternadori, 2019; Shiva & Nosrat Kharazmi, 2019). Over time, feminism also advanced into two major branches of practice: women's rights feminism and a women's liberation movement represented by socialist feminist and radical feminist groups (Danner, 1989; Lee, 2015; Schechter, 1982). McAfee (2018) posits that the best way to explain feminism is as a 'belief and ideology' rather than a movement. Hence, feminism is an intellectual ideology *and* a political movement, both of which believe in equal rights between men and women.

Today, feminism seeks to describe the causes and effects of discrimination, abuse, oppression, patriarchy, stereotypes, and intersectionality against women in society (Ackerly & True, 2010; Bell et al., 2019; Brunell & Burkett, 2021). Feminism focuses on social institutions as reproducers of ideas about male privilege and female subordination; feminist movements have gained worldwide attention for their work to change economic and political institutions and their commitment to equality, women's rights, and social

justice (Culley & Portuges, 1985; Daly & Chesney-Lind, 1988; Danner, 1989; Dobash & Dobash, 1979; Tierney, 1982). Feminist scholars have developed theories about the abuse and victimization of women, rejecting any form of violence against women, expressing commitment to practices promoting safety and equality, and empowering women's voices (DeKeseredy, 2011; De Coster & Heimer, 2021). Specifically, feminist theory has helped explain the underlying social conditions of gender difference, gender oppression, gender inequality, structural oppression, hierarchy, patriarchy, and power in social structures as causal factors and has provided advocates with the tools they need for social change (Dobash et al., 1992; Leavy & Harris, 2019; Mehrotra, 2010; Mooney, 2000; Naccarelli & Miller, 2020; Stone, 2010; Yllo, 1993).

Despite the progress made by the feminist movement toward exposing violence against women and influencing social policy and legal changes, feminism has faced both challenges and criticisms (DeKeseredy, 2011; Friedman et al., 1987; Schechter, 1982). For example, some waves of feminism have drawn criticism for ignoring the differences among women, such as race, ethnicity, class, nationality, and religion (Collins, 2000). In other words, such critics call for feminist theory to be concerned not only with the struggles of White women but also with the struggles of other women and the social factors that shape their identities as women. Feminism should be concerned with all women's issues, supporting social justice and social change for the oppressed, the marginalized, and the suppressed (Bell et al., 2019; Daly & Chesney-Lind, 1988; McAfee, 2018; Okeke-Ihejirika & Salami, 2018). Feminist theory in this study answers

this call, supporting the narratives and described the experiences of African immigrant women and the disadvantages they face in terms of race and ethnic identity.

### ***Conceptualization of Feminist Theory***

Historically, feminist researchers have used gender as a central theme for examining the struggles of and injustices against women. As a result, there is a misconception that feminist theory is all about gender and women's issues. Although reframing from the concept of gender takes emphasis away from the oppression and inequality of women, feminism as a theoretical framework can be applied to any population experiencing injustice and oppression, including men (Ackerly & True, 2010; De Coster & Heimer, 2021). Feminist theorists have also debunked stereotypical masculine and feminine approaches to gender roles and sex-role socialization. Instead, feminists have postulated that differences between men and women are the result of social constructs in our laws and cultural practices, and that it is these constructs that have created inequality between men and women and are the causes of violence against women (DeKeseredy, 2011). It is therefore essential to understand the political and global language of feminism, such as the difference between "gender" and "sex" or "woman" and "female," when addressing gender-based issues in qualitative research.

Today, the feminist movement's ideology and theory have evolved to encompass the exposure of pervasive violence, oppression, and injustice, with social and legal policies detrimental to women influencing the efforts of diverse feminist scholars (Frazer & Hutchings, 2020; Freeman, 2019; Graness & Kopf, 2019; Grunig et al., 2000; Haney, 2000; Hoover & Morrow, 2016; Jenkins et al., 2019; Leavy & Harris, 2019; Lokot, 2021;

Pandey, 2016). Feminists acknowledge the strength and resilience of women in terms of their self-determination and empowerment (McPhail et al., 2007). However, they also remain committed to eliminating gender-based violence, power inequalities, lack of resources, and oppression against women. Moreover, feminists seek to eliminate the gender differences embedded in the structures and functions of social institutions, such as religion and politics (Brunell & Burkett, 2021).

### ***Why is Feminist Theory Applicable in this Study?***

The demand for gender equality, the commitment to social justice, and the desire to change society are feminist visions (Van Den Bergh & Cooper, 1986). Feminists advocate for transformational changes in the structures of our economic, social, and political institutions; they hope that such systemic changes will end the domination and oppression of women (Van Den Bergh & Cooper, 1986). Such social change is likewise one of the goals of this study. Additionally, feminist theory upholds values similar to the social work ethics which are applicable to this study (National Association of Social Workers [NASW], 2007, 2017; Van Den Bergh & Cooper, 1986). The NASW Code of Ethics supports advocacy and anti-oppressive practice and encourages social workers to use advocacy to promote equality, social justice, and social change (NASW, 2017). Both social work and feminist values uphold the rights to dignity and respect, to self-determination, and to an improved quality of life for all people (NASW, 2007; Van Den Bergh & Cooper, 1986).

Some feminist researchers believe that quantitative research methods have become just one more instrument of patriarchy that works to uphold the male status quo

(Archibald & Munce, 2015; Harris, 2007). In contrast, there is a consensus among feminist researchers that qualitative methods are the best approach when using feminist theories as a theoretical framework in research (Band-Winterstein & Freund, 2016; Walker et al., 2020), as qualitative methods allow researchers to capture participants' rich and contextual lived experiences (Hesse-Biber & Flowers, 2019). This logic can also be reversed; using feminist theory in research challenges oppression and gender inequalities, repairing and improving knowledge construction for research participants (Archibald & Munce, 2015). Understanding human problems (such as intimate partner violence) from the feminist perspective requires speaking to the people affected directly, explaining your findings, confronting the oppression, and resolving the problem (Van Den Bergh & Cooper, 1986). The feminist perspective helps us to see women holistically and offers the perfect complement to the qualitative design chosen for this study (see Chapter 3).

Feminist researchers are advocates and activists, as advocacy and activism are fundamental tenets of feminism (Brunell & Burkett, 2021; De Coster & Heimer, 2021; Frazer & Hutchings, 2020; Freeman, 2019; Graness & Kopf, 2019; Hoover & Morrow, 2016). It is important to note that feminist theory helps us understand the lived experience of partner violence (Ackerly & True, 2010; Leavy & Harris, 2019). Historically, feminist theorists advocate in research for equality and better treatment of women and have written extensively on intimate partner violence, domestic violence, family violence, and other forms of violence against women (Ackerly & True, 2010; Buzzanell, 2019; Donovan, 2012; Leavy & Harris, 2019). In addition, feminist researchers have created public discourse and awareness of the lived experiences of

partner violence and how women cope with its effects (Buzzanell, 2019). For example, Holtmann and Rickards (2018), when exploring the impact of intimate partner violence among immigrant women in the province of New Brunswick, examined the social determinants of health using an intersectional theoretical framework to show the challenges of intimate partner violence, which highlight the strengths and diversities of feminist research. Feminist researchers have also contributed immensely to understanding of intimate partner violence and continue to explore women's coping strategies and raise awareness so that women can learn from the experiences of others (Chatzifotiou & Andreadou, 2021). Malbon et al. (2018) note that feminists have contributed in various ways in our society to policymaking and advocacy using evidence-based science. Likewise, feminists work to expose the effects of abuse on women's physical, psychological, and emotional health (Karakurt & Silver, 2013); for example, Scott (2010) used quantitative analysis to understand issues of gender inequality, while Matthews et al. (2018) conducted an exploratory cross-sectional study about the acceptance of rape myths among undergraduate social work students. Despite being quantitative in nature, these studies contribute to the same advocacy and social change goals as the present study.

Finally, feminists support the production of participatory and diverse expertise. Feminist researchers are encouraged to study multicultural contexts, connect to global feminist activism, and relate to women from developing countries who are disconnected and struggle culturally and materially (Freeman, 2019; Ackerly & True, 2010). Lokot (2021), in a qualitative study, suggests that addressing power from a feminist perspective

in research interviews is essential, because the use of key informants in research can detract from the voices of participants with less power, such as women, people living with a disability, and children. When applying feminist theoretical frameworks, feminist researchers engage in a process of managing the power dynamics within research that might influence the purpose and conceptualizations of the study (Freeman, 2019; Hoover & Morrow, 2016). This attention to advocacy, marginalized voices, and lived experiences makes feminism the appropriate theoretical lens for this study.

### ***Theoretical Framework for Partner Violence***

Two strands of feminist theory that can help us understand how African immigrant women survivors of partner violence describe their abusive relationships, cope with the experience of abuse, and describe the effects of abuse are Hunnicutt's (2009) discussion of the variety of patriarchy and Kimberlé Williams Crenshaw's (1989) theory of intersectionality.

**Varieties of Patriarchy and the Experience of Abuse by Women.** Hunnicutt (2009) explains the concept of patriarchy as “systems of male domination and female subordination” (p. 553). The theory of varieties of patriarchy sees violence by men against women as the product of nature and socialization and suggests that “women are subject to varying amounts of risk and protection” (Hunnicutt, 2009, p. 565). According to Hunnicutt (2009), “aggression is indisputably bound up with masculinity, and so violence against women is often regarded as a natural outgrowth of men’s socialization” (p. 565-566). For example, the natural tendency of men to be aggressive has implications for the experiences of physical, psychological, and sexual abuse of women in intimate

relationships. Patriarchy creates social conditions that predispose men to physical aggression against women. Moreover, according to Hunnicutt (2009), patriarchy is multidimensional and manifests in multiple ways and forms. Its multidimensionality accounts for variations in the manifestations of violence against women across societies (Hunnicutt, 2009). However, social and legal policies intended to protect vulnerable populations tend to ignore these variations (Hunnicutt, 2009). The theory of varieties of patriarchy therefore provides a suitable lens for understanding the patterns of vulnerability of African immigrant women.

An intimate relationship should be an equal partnership between individuals. However, researchers have documented that power and control are contentious issues in most intimate partner relationships involving violence (Giordano et al., 2016; Hamberger et al., 2017; Stark, 2007). The types of abuse experienced by women include physical, psychological, and sexual abuse; men assault their wives using male dominance, physical force, and aggressiveness (Hunnicutt, 2009). Patriarchy encourages men to view the bodies of women as belonging to them, leading them to view women as their property rather than as equal partners. This may predispose men to the sexual victimization of women in intimate relationships (Hunnicutt, 2009).

The perpetrator's behaviors and victim's response to partner violence among African immigrants illustrate the crisis of acculturation as elucidated by the multidimensional nature of patriarchy and men's location in the social structure (Hunnicutt, 2009). African immigrants in Western society are predisposed to adopting

one of four acculturation strategies: integration, assimilation, separation, or marginalization (Mame et al., 2017). These work as follows.

Integration allows immigrants to act like and become part of the larger society in their new home while preserving their cultural heritage (Agbemenu, 2016). Assimilation happens when immigrants choose to embrace the culture of their new home and abandon their cultural heritage (Agbemenu, 2016). Separation is experienced when an immigrant avoids and becomes isolated from the culture in the new country in order to maintain and retain their cultural heritage (Agbemenu, 2016). Marginalization occurs when immigrants have little interest in maintaining their own culture in their new country (Agbemenu, 2016).

Relationship tensions may result from any one of these adaptation and acculturation processes, or any combination of them. For African immigrants in particular, the need to discard the oppressive attitudes and behaviors of African patriarchal cultures and embrace the egalitarian values of patriarchal systems in Western society may create tension in relationships as they strive to preserve the patriarchal benefits of their cultures. (Agbemenu, 2016; Mame et al., 2017). For example, violence against African immigrant women may occur in circumstances where male African immigrants integrate, separate, or experience marginalization from the host country's culture while their female African immigrant partners assimilate to the host country's culture. African immigrant men who struggle to embrace the host country's culture may experience dislocation in the social structures of Western societies and the loss of the power in relationships guaranteed by patriarchy, leading them to react negatively to

assimilated female partners in intimate relationships (Mame et al., 2017). This dilemma of adaptation and crisis of acculturation is critical to understanding partner violence among African immigrants living in Western culture (Mame et al., 2017).

The theory of varieties of patriarchy can also help us understand how women process, cope with, and manage the experience and effects of intimate partner violence in cultures different from those in their countries of origin. For example, African immigrant women may struggle with whether to address their experiences of abuse according to the norms and standards of their country of origin or that of the Western societies they have immigrated to. The theory of varieties of patriarchy acknowledges different ways women cope with abuse and develop survival strategies to cope with abusive relationships.

Coping is the behavioral and psychological process of managing stressful and demanding situations; for instance, people use adaptive or mal-adaptive behaviors as coping mechanisms to control and reduce stress (Rizo et al., 2017). Lazarus and Folkman (1980) acknowledge coping as action-oriented, interactive, and descriptive behaviors influenced by cultural norms, values, and beliefs. The conceptualizations of power dynamics, the paradox of protection, the resources of protection, and resistance offered by the theory of varieties of patriarchy (Hunnicut, 2009) help us understand the struggles women go through and the strategies they adopt to cope with abuse.

While it is often misconstrued that patriarchy offers protective characteristics for women, it must be emphasized that the “norms and actions of protection can also serve as instruments of repression. Women may be both dependent on the mercy of men for protection (which is a position of powerlessness) and subject to their aggression. This is

the paradox of protection: “Chivalry renders women powerless because accepting protection implies neediness and vulnerability; meanwhile, the threat of being victimized requires acquiescence to the protection men offer” (Hunnicut, 2009, p. 565). For example, marriage purportedly offers protection for women. However, a woman who rebels against the prescriptions of patriarchy and leaves her abusive marriage loses the privilege and protections offered by marriage (Mame et al., 2017). A woman who complains about or resists abuse is often scolded and encouraged to submit to the man, make peace at home for the sake of children, and preserve the fabric of the family (Mame et al., 2017). The stability of the family is sustained on the backs of women. This has negative implications for access to formal and informal support systems and the ability of such women to emotionally and psychologically cope with the effects of abuse after leaving. Thus, women who are not submissive to the prescriptions of patriarchy lose the privilege and protections offered by patriarchy and become victimized.

Immigrant women who lack legal status and are financially dependent on their men are particularly vulnerable to abuse and have limited recourse to legal means of protection, thereby heightening their dependency on the mercy of their abusive men and further weakening their psychological mechanisms of coping. Although “labyrinths of power dynamics” exist in patriarchal systems and “different resources of protection and resistance are available to men and women in different social positions” (Hunnicut, 2009, p. 564-565), the availability of resources and access to those resources may be influenced by the legal status of immigrant women, which in turn influences their ability to cope with abusive relationships.

Women therefore rely on many different forms of coping mechanism in response to the varieties of patriarchy that constrain them, including spirituality, formal and informal support, emotional and psychological coping, fighting back, submission, avoidance, active coping, preventing escalation, and ignoring (Flanagan et al., 2014). Depending on the environment and the intensity of the abuse, survivors may develop reactive, anticipatory, preventive, and/or proactive coping strategies (Foster et al., 2015). Emotion-focused coping strategies include self-soothing, enjoying positive experiences, cognitively rationalizing and minimizing violence, and personal beliefs, including spiritual beliefs (Ursa & Koehn, 2015). Hunnicutt (2009) also states that “the subordination women experience will spawn creative self-protection mechanisms, such as forging informal alliances with other women” (p. 565). Other forms of coping include formal and informal social supports, such as reliance on professionals, pastors, and religious leaders, as well as spiritual supports, such as prayer and faith (Ansara & Hindin, 2010; Carneiro et al., 2019; Freeland et al., 2018; Masiran et al., 2021; Ozturk et al., 2019; Sanchez et al., 2012; Worthington Jr & Scherer, 2004). The adaptive coping process guides victims’ behaviors and their reliance on family, friends, and their social environment for support (Baker & Berenbaum, 2007; Cooper & Quick, 2017). Coping strengthens individual resiliency, circumstances, and environment (Rizo et al., 2017). Most women who survived intimate partner violence rely on their strength and enduring ability to bounce back after facing any adversity (Foster et al., 2015; Freeland et al., 2018; Lee & Roberts, 2018). Survivors with strong social supports develop positive

coping mechanisms, but leaving an abusive relationship may lead to stigmatization and isolation.

The problem of power and dominance is critical for understanding the effects of abuse on women in violent relationships (Hunnicut, 2009). The feminist approach across societies hinges on understanding the effects of patriarchy on encouraging and perpetuating violence against women by discouraging them from leaving abusive relationships (Ackerly & True, 2010; Falcón & Nash, 2015; Han, 2012). Patriarchy have normalized oppression against women, and influenced why women stay in abusive relationships and the consequences they suffer if they choose to leave. The varieties of patriarchy theory identify characteristics that may influence the thoughts, perceptions, and definitions of abuse held by both victims and abusers that impact its effect on victims.

Several factors may contribute to why women remain in abusive relationships. These include material resources, psychological forces, social structural factors, culture, race, religion, the presence of children, and different traditional family beliefs, values, and norms (Saunders, 2020). Other factors identified in previous studies include poverty, lack of resources, social isolation, economic dependence on the man, and commitment to the relationship (Cravens et al., 2015; Davis & Love, 2018). Similar factors entrapping women in violent relationships were found by Adjei (2017) and Adjei and Mpiani (2020) and include culture, religious beliefs and practices, social norms, and family orientation.

The reasons why women leave abusive relationships are equally varied. Sukeri and Man (2017) have identified exhaustion, having reached the point of no return, having

adequate support pre-and post-divorce, concern for their children's welfare, seeking financial independence, and fear of harm as salient factors. Leaving abusive relationships exerts enormous social costs for women. Patriarchy designed marriage for women as a mechanism of social protection. The social identity of many women is inextricably bound up with marriage, and the loss of marriage ushers in the loss of the social circles and social support systems that are necessary for managing the effects of leaving (Agbemenu, 2016; Mame et al., 2017).

The dilemma faced by African immigrant women survivors of abusive relationships in particular does not end with their experience of abuse: they suffer the effects of abuse and the consequences of leaving the abusive relationship. Studies indicate that immigrant women are vulnerable to a range of effects of intimate partner violence, including poverty, barriers to economic self-sufficiency, social isolation, family violence, and a lack of safe, affordable housing (Ferrari et al., 2016; Omorodion, 2020; Pengpid & Peltzer, 2020). African immigrant women suffer social effects such as the loss of friends and social and community support when they leave abusive relationships. Because separation and divorce are greatly discouraged among African immigrants, women survivors of abuse may suffer negative consequences that include humiliation, ostracization, and stigmatization. In many instances, leaving an abusive relationship is synonymous with quitting the social support system and the withdrawal of supports and protection from acquaintances. An inability to integrate into the new culture and acculturation conflicts and challenges may also influence the decision-making processes of women considering leaving an abusive relationship. This “paradox of protection”

(Hunnicut, 2009) that marriage offers African immigrant women not only highlights why women remain in abusive relationships but also sheds light on why those who left may experience pronounced and prolonged psychological effects of abuse.

**Feminist Intersectionality.** Another strand of feminist theory that can help us understand how African immigrant women survivors of partner violence experience abusive relationships and cope with the experience of abuse is intersectionality.

Intersectionality is a lens that describes power as colliding, interlocking, and intersecting, with a focus on the intersections between race and gender as a means of understanding oppression and privilege in our society (Allen, 2018). It describes how categories like gender, race, sexual orientation, ethnicity, and nationality create hierarchies and discrimination in social institutions that affect women (Collins & Bilge, 2020; Chaze & Medhekar, 2017). Intersectionality helps us to understand that intimate partner violence affects all women victims and survivors differently according to their unique racial, religious, cultural, and socioeconomic identities (Humphreys & Campbell, 2011). Intersectionality also explains the structure, arrangement, role, and function of all social institutions, religions, and politics as dominated by men.

Gender-based violence among African immigrant women can be considered a result of intersectional social categories (Allen S., 2018); for example, African immigrant women's experiences of abuse will interconnect their racial, religious, and socioeconomic statuses. Violence against African immigrant women is influenced by the intersections of racial and class oppression that have historically been imposed by a prevailing patriarchal culture that heavily influences and contributes to such violence (Allen S., 2018). While

intimate partner violence impacts the lives of women from all backgrounds, society does not treat all women victims of abuse equally, and Intersectionality helps us to understand that African immigrant women survivors of intimate partner violence experience social biases when seeking support and justice. The experiences of African immigrant women are different from the experiences of other women who survive intimate partner violence. What society considers normal among women in the dominant class, members of subordinate classes will internalize differently, “struggling to survive within a world in which the norms of the dominant class do not match their own reality” (Allen S., 2018, p. 3).

Social stereotypes concerning survivors from minority groups and social systems optimized for dominant groups create barriers to care and assistance for immigrant women, as well as unique effects of abuse. For example, an African immigrant woman who speaks limited English will experience oppressions and traumas unique to her cultural identity, as well as language barriers unique to her status as an immigrant, both of which will compound the traumas she experiences as a victim of domestic violence. This hypothetical victim may face greater barriers to getting care than a Canadian-born victim or be less likely to report her abuser to the authorities because of her limited English or because of fears regarding her immigration status.

Feminists acknowledge the global inequalities in policies (Collins & Bilge, 2020), and feminist approaches acknowledge the dangers that arise from the intersectionality of categories like age, education, religion, ethnicity, caste, sexual orientation, and gender

identity (Adams & Campbell, 2012; Crenshaw, 1991; Collins & Bilge, 2020), and therefore emphasize a holistic approach to the quest for social justice and equality.

### **Exclusion of Other Gender-Based Theories**

Apart from feminist theory, other researchers have used different theoretical approaches to explain violence against women. For example, Straus and Gelles (1986) used social stress theory to describe the causes of violence based on national surveys from 1975 to 1985; they believed that the higher the stress score, the higher the levels of assault between spouses. However, Straus and Gelles (1986) disagreed that men are the main perpetrators of violence; their theory supports the concept of gender symmetry in violent base relationships (Chan, 2011; Dobash et al., 1992; Kimmel, 2010). The stress theory offers some empirical explanations of causal factors and a sound argument concerning intimate partner violence; however, it does not incorporate the concepts of power and control, gender inequalities, advocacy, or social justice for women. Hence, it is not suitable for this study.

Heise (1998) used an ecological framework to describe violence against women and the effects and interactions that influence violent behaviors. His model suggests that interrelationships within the social environment have an impact on abuse. The ecological model emphasizes that human behaviors occur within social settings such as the family, the neighborhood, the school, or the community. Heise's (1998) analysis assumes that violence arises from family or social arrangements, which takes the emphasis off of men's power and control over women; hence, the ecological framework is also not the best fit for this study.

Chornesky (2000) examines domestic violence against women using psychological, sociological, and neurobiological theories. For example, the theory posits that the reasons men abuse women and the causes of violence against women stem from male maladaptive behaviors such as shame, powerlessness, personality disorders, substance abuse, and so on. However, Chornesky's (2000) theory does not highlight the desire of men for power and control over women; instead, it emphasizes other factors that excuse and legitimize men's abusive behaviors. Hence, his theory is also not the best fit for this study.

### **Feminist Values and Research**

The goal of adopting feminist values in this study is to challenge the oppression and marginalization of immigrant women and girls in Canadian society and beyond. Jenkins et al. (2019) suggest that feminist researchers should be willing to expose women's lived experiences of inequality and difference and address the issues they face. A commitment to challenging and addressing gender inequality, encouraging diversity, and ensuring victims' voices are heard should be the goal of feminist scholars in research (Jenkins et al., 2019; Shire, 2014). Feminist values allow researchers to focus on gender, gender inequalities, and equal opportunities between the sexes. Feminist approaches encourage discussion on a broad range of intersectional issues, including sexual orientation, gender identities, and power relationships within groups (Grunig et al., 2000). Feminist social workers also need to understand the effects of intimate partner violence on women's oppression (Goodman et al., 2009). Feminist values infuse and underpin this

study to support women's rights and gender equality. This study reflected and employed feminist ideals by seeking to empower all participants in the research.

### **Gaps in Practice and Research**

As we have seen, a significant volume of existing literature establishes intimate partner violence as a pervasive problem for women and girls globally (Abramsky et al., 2011; Adams & Beeble, 2019; Adams et al., 2013; Allen, 2012; Ahmad et al., 2017; Hall et al., 2014). Moreover, as recognized in the literature, intimate partner violence impacts the physical, mental, and sexual health of survivors (Cooper & Quick, 2017; Campbell et al., 2018; Lacey et al., 2013). In addition, there is also research that demonstrates how women's mental health and coping skills are impacted by intimate partner violence. However, a qualitative research study conducted by Su et al. (2020) found that positive coping skills can directly and indirectly impact psychological distress and positive mental health. Furthermore, their research demonstrates that social support and positive coping skills can mitigate the negative impacts of mental health. This study is valuable in supporting the need for additional qualitative research to understand the contextual, cultural, social, and structural factors that impact coping strategies among African immigrant women experiencing intimate partner violence.

Petra (2020) tested the importance of intimate partner violence to the Stress-Strain-Coping-Support model using moderated mediation models with 222 partners of people with addictions. They found that social support and coping worked differently for each type of strain. Coercive control moderated the buffering effect of informal social supports on anxiety and depression. Petra's (2020) study indicates the importance of

screening for and offering flexible support programs for survivors of intimate partner violence.

Overstreet et al. (2019) conducted a cross-sectional correlational study with 212 women from an urban northeast community who reported being physically victimized by their male partners within the six months prior to the study. The study examined the stigmatizing reactions and responses to the disclosure of intimate partner violence, such as victim-blaming, minimizing experiences, and negative social reactions, that influence the depressive symptoms and negative reactions in survivors. Their results revealed that coping avoidance strategies significantly accounted for the relationship between stigmatizing social reactions and women's depressive symptoms. The researchers recommend an improvement in formal and informal support systems to improve survivors' mental health outcomes and lower psychological distress. Taken together, these studies indicated gaps in practice and research that can be partially filled by this study.

### **Summary**

This chapter has summarized the current and existing literature on intimate partner violence, including its prevalence, the influence of control and power, the coping strategies women use, and the effects of abuse on survivors. My literature search strategy and the theoretical framework for this dissertation were also detailed. In Chapter 3, I describe the study research method, the role of the researcher, the research design and rationale, the sampling and selection procedures, the interview process, the data analysis plan, issues of credibility, and ethical concerns, including how I protected and respected

the rights of participants.

### Chapter 3: Research Methodology and Methods

This qualitative study examines the experiences, coping strategies, and effects of intimate partner violence among African immigrant women who survived intimate partner violence in Edmonton, Alberta, Canada. The selected participants were nine African immigrant women who were once victims of and have survived intimate partner violence and no longer lived in an abusive environment. This chapter highlights the reasons for using qualitative research design and delineates the setting, research questions, sample size, recruitment process, instruments of data collection, data analysis methods, issues of credibility, protection measures for human participants, and ethical concerns of the study.

#### **Research Questions**

This study explored intimate partner violence experiences among African immigrant women in Edmonton who have left abusive relationships. The research questions guiding this exploration will be as follows:

1. How do African immigrant women survivors who have successfully left their abusive relationships describe their experience of abuse in intimate relationships?
2. How do these women survivors cope with the experience of abuse?
3. What themes emerge from the effects of abuse on these survivors?

#### **Research Design and Rationale**

This study examines intimate partner violence experiences among African immigrant women who have left their abusive relationships. The three qualitative research questions listed above guided the research. I chose qualitative design as the

method for this study because it helped me uncover the reality of women's everyday lives and lived experiences (Smythe & Giddings, 2007). The qualitative approach offers a broadly diverse and multifaceted expression of meaning and experiences (Braun & Clarke, 2014). It allowed me to ask open-ended questions that encouraged participants' to share their experiences, enabling their voices to be heard during and throughout the research process. Further, I was able to explore and identify the problems related to intimate partner violence experienced by African immigrant women before making any assumptions about the program and service needs of victims and survivors of intimate partner violence. Qualitative research methods describe, decode, translate, and interpret what is happening in the real world in natural settings (Van Maanen, 1979). Further, qualitative methods connect distinct theories to individual expertise (Caelli et al., 2003; Price et al., 2005; Rudestam & Newton, 2015).

A qualitative approach is preferred over a quantitative approach for this study, as the latter offers a smaller scope for research participants to tell their stories. Quantitative research studies are expressed and measured in numbers (Rudestam & Newton, 2015). In the quantitative method, the researcher is objective and distant from the participants, solely interested in describing, testing, and generalizing; thus the codes, categories, and results are primarily expressed as numbers (Smythe & Giddings, 2007; Merriam & Tisdell, 2015; Rudestam & Newton, 2015). If the focus of my study was prevalence rates, causal factors, methods of prediction, or seeking to test a hypothesis or theory, a quantitative approach would have been more fitting (Smythe & Giddings, 2007; Merriam & Tisdell, 2015; Rudestam & Newton, 2015). However, this research study intended to

understand how people interpreted and constructed their experiences in terms of holistic, psychologically rich, and in-depth content directly from the participant (Merriam & Tisdell, 2015; Rudestam & Newton, 2015). For these reasons, the quantitative research method is less appropriate for this study.

I also considered the mixed-methods model. This approach involves combining qualitative and quantitative methods; hence, the techniques of each method inform those from the other, using numerical and non-numerical analysis at different levels in the study, as well as probability and purposive procedures. However, I find mixed methods to be time-intensive in terms of data collection, data conversion, and data analysis (Creswell & Creswell, 2018; Rudestam & Newton, 2015; Teddlie & Tashakkori, 2009). Therefore, I deemed the mixed methods approach inappropriate for this time-constrained study.

My approach to this qualitative study was comprised of in-depth, face-to-face interviews to examine intimate partner violence experiences among African immigrant women who have left their abusive relationships. The nine participants in this study were African immigrant women, aged 18 and above, who shared similar experiences with intimate partner violence. I determined the final sample at the point of data saturation (Fusch & Ness, 2015). I repeated interviews to guide against insufficient data that could lack saturation and inconsistency. I collected enough data to establish themes, understood the raw data presented by other researchers, and generalized and transferred results to similar findings (Sechelski & Onwuegbuzie, 2019). I continued to collect data until participants repeated the same themes, and there were no new themes being shared within the narratives; at that point, I knew that the data were saturated (Beaton et al., 2001).

There is no single research method in a qualitative approach that can adequately describe a social phenomenon; however, a researcher can use multiple methodologies to understand reality or lived experiences where necessary (Sechelski & Onwuegbuzie, 2019). Two methods I considered for this study were phenomenology and narrative inquiry, which both use storytelling and exploration of lived experiences to gain a deeper understanding of a phenomenon.

The phenomenological approach explores the topic of interest via the everyday knowledge and perceptions of specific respondent groups (Chan et al., 2013; Creswell & Creswell, 2018; Yilmaz, 2013). This methodology gives researchers an initial understanding of the phenomenon that, in turn, allows them to develop in-depth knowledge, explanations, and interpretations while also understanding any conflicting information from previous data (Grant, 2008). Grant (2008) maintains that, since there is no objective truth, phenomenology explains the world as we experience it with the sole intention of gaining deeper understanding. It is not particularly concerned with explaining the causes of things; instead, it describes how things are experienced first-hand from the perspectives of those involved. A phenomenological approach interprets, makes meaning, and develops an in-depth understanding of a phenomenon through victims' lived experiences and perceptions (Patton, 2015). From this information, it is clear that phenomenology was not a good fit to achieve the goals in this study because of its narrow scope and lack of flexibility.

On the other hand, narrative inquiry allows participants to narrate their experiences and perceptions through storytelling via individual interviews or focus

groups (Allen, 2012; Boonzaier & Schalkwyk, 2011; Ellis, 2017; Lehrner & Allen, 2008; Mahoney & Daniel, 2006). Narrative inquiry has specific strengths: it gives participants the autonomy to share their stories, and it provides power and control to participants by expressing and making sense of their relationships with violence (Savin-Baden & Van Niekerk, 2007). Using interviews or focus groups in narrative inquiry has pros and cons; regardless, it was not an appropriate choice for this study. Instead of these alternatives, I used generic qualitative study because of the flexibility and creativity it provided for me to discover and understand the phenomenon of intimate partner violence from the perspectives and through the worldviews of African immigrant women who have survived it (Cooper & Endacott, 2007; Erickson, 2011; Sandelowski & Barroso, 2002).

### **Role of the Researcher**

In qualitative research, the researcher is responsible for all phases of participant recruitment, as well as for obtaining Institute Research Board (IRB) clearance, securing the research site, conducting interviews, and analyzing the data (Baillie, 2019). Other responsibilities include collecting verbal responses, observing nonverbal body language, and documenting other findings from participants. Hence, the researcher in a qualitative study plays an essential role as the instrument of data collection, analysis, and interpretation (Babbie, 2017; Caelli et al., 2003; Cooper & Endacott, 2007; Denzin & Lincoln, 2003; Merriam & Tisdell, 2015).

From the beginning, the researcher must establish a trusting relationship, both through asking questions and through active listening (Rubin & Rubin, 2012). The

quality of the response is as important as the researcher's questions (Rubin & Rubin, 2012). The following actions are critical to the researcher's role:

**Building Collaboration.** For a qualitative study to be successful, the researcher and the participants must share a collaborative approach that collects thick and descriptive data (Rubin & Rubin, 2012).

**Developing Trust.** In a qualitative study, the researcher must establish trust from the beginning; therefore, the responses in an excellent interview form narratives that convey meaning more than opinions (Baillie, 2019; Bauman et al., 2002; Busetto et al., 2020). For example, the researcher should refer to real-life examples and stories as much as possible.

**Establishing Credibility.** The researcher must establish credibility with the research participants and the research board during both the data-gathering process and the interviews (Caelli et al., 2003). The researcher must ensure that the responses are both detailed and descriptive, not overly abstract, and achievable with short and concise, open-ended questions. The answers should be personal and based on first-hand experience without impersonal summaries or generalizations. The responses must have emotional significance to the respondent and not be mere intellectualization.

**Probing for Detail.** The researcher must probe, ask for elaboration, and clarify answers (Rubin & Rubin, 2012).

In addition, I played a crucial role in the study. First, I am a Black woman, an African immigrant myself, who works with African immigrants and other immigrant women in the community. Secondly, I am a psychotherapist in private practice

specializing in family therapy, grief and loss, and mental health counselling and therapy. Since I started my practice, I have worked with diverse women victims and survivors of intimate partner violence. Still, I primarily work with Caucasian women, Indigenous women, and women from other ethnic minority groups. I have never met an African immigrant woman seeking help due to intimate partner violence or other related issues in my practice. I do, however, have a close friend who is a survivor of intimate partner violence. I remember how difficult it was for her to disclose to anyone what she was going through. She refused to seek help from any mainstream organization for fear of losing her children, shame, lack of confidence, and trust; she confided that she did not know where to get the appropriate help she needed at the time. Listening to her experiences has provided me with the rare privilege of being able to reflect on and make further inquiries about intimate partner violence as an ally to a survivor who is an African immigrant woman. Hence, I am aware of potential biases and influence my personal views might have on the study (Chenail, 2011).

To address these biases, I was reflexive by reflecting on and articulating my position and subjectivities (including my worldview, perspectives, biases) so that the readers can understand my research questions, data collection, analysis, and findings in light of them (Sutton & Austin, 2015). Perrott's (2019) qualitative ethnographic study of the relationship between researcher and participants in a male-dominated workplace provides an ideal example of reflexive, feminist qualitative research in practice. They used a feminist theoretical framework to advance understanding of body politics in gender roles, sexuality, and power (Perrott, 2019). Perrott's research demonstrates the

strengths of using reflexivity in research and data gathering to create awareness about the intersections of masculine authority. The feminist researcher must be reflexive and committed to understanding subjective knowledge and lived experiences. Further, I identified and addressed as many ethical issues as possible before the research process began, as well as throughout the process if any emerged. For example, I avoided working with any participant I am involved with personally and professionally, as that might create a power imbalance and authority over the participant that pressures them to respond.

Sutton and Austin (2015) have summarized the primary role of the researcher in qualitative studies as being data analysis and management, which includes interpretation of data, transcribing and checking data, reading between the lines, coding, theming, data synthesis, and planning and writing the research report. As the researcher, I was responsible for the data collection, the final interpretation of the data, and the presentation of the study results. I was also responsible for laying out the merits of this study (Caelli et al., 2003). Hence, I was aware of potential ethical issues and bias judgements as they pertain to the data collection and interpretation (Creswell, 2012). Obtaining IRB approval, enabling voluntary participation, obtaining informed consent, protecting confidentiality and privacy, avoiding harm, and protecting participants' wellbeing were standard practices in this study (Chenail, 2011; Engel & Schutt, 2010; Kahlke, 2014; Klykken, 2021).

To understand participants' meaning and experience, qualitative research engages the interpretations and emotions of participants (Sutton & Austin, 2015). For the data

collection process, I used social work attending skills such as active listening, observing, responding, respect, empathy, therapeutic alliance, and involvement. For example, putting myself in the participants' positions with compassion enhanced my understanding of their emotions and feelings as they shared their stories and experiences (Listening to clients: Attending skills, 2003). My interactions with the participants were open and non-judgmental. I was aware of and sensitive to complex issues such as family dynamics, gender roles and patriarchy, cultural and social issues, religious beliefs, personal values, and community expectations, as well as the impacts of all these on participants (Pacheco et al., 2017).

### **Methodology**

This study uses a qualitative research methodology as a form of inquiry to understand and interpret human experiences and behaviors directly, from the perspectives of the people who experience the effects (Belotto, 2018; Caellie et al., 2003; Cooper & Endacott, 2007; Creswell, 2013). In addition, the qualitative data collection process allowed me as the researcher to capture the extensiveness of participants' experiences, their shared views, and the challenges they faced living in violent intimate relationships (Cooper & Endacott, 2007; Cope, 2014; Price et al., 2005; Sandelowski & Barroso, 2002). The study was conducted in Edmonton, Alberta, over the course of twelve weeks.

### **Participant Selection Logic**

In a qualitative study, it is essential to select suitable candidates for interviews. Creswell and Creswell (2018) emphasize that the researcher should utilize one of several different types of sampling strategies to obtain qualified candidates to provide the most

trustworthy information for the study. Selecting participants who are honest and share openly is crucial to effective data collection (Creswell, 1998; Creswell, 2012; Creswell, 2014).

Yegidis et al. (2012) described several significant aspects a researcher should consider when selecting a sampling method in a qualitative study, including available resources, the purpose and sample selection, the study design, statistical analysis, and sample representatives. In a qualitative study, sampling requires the selection of people who best fit the purpose and characteristics of the elements being researched. Hence, I used purposive sampling to recruit African immigrant women who are willing to share their experiences of intimate partner violence and the coping strategies they used.

Etikan et al. (2016) explained that purposive sampling is unique as an approach that helps the researcher access a problem, perspective, insight, expertise, or experience that they want to understand from specific and selected groups within a given population. In the methods section of their research report, researchers should describe participants in sufficient detail, including their ethnicity, cultural context, education, age, and level of ability, to provide holistic picture of the data as appropriate for the study (Nagae & Dancy, 2010). For example, in Nagae and Dancy's (2010) study of Japanese women's perceptions of intimate partner violence, the authors limited their research only to participants with the following identifiers.

Self-identified as Japanese females who met these selection criteria: (a) experienced or experiencing IPV as victims, (b) adults aged 18 years and over, (c) married to a Japanese spouse and lived with their spouse when IPV occurred, (d)

in a heterosexual marital relationship at the time of the IPV, and (e) willing to participate in the interview (p. 3).

In purposive sampling, in order to find participants with a particular experience rather than those with a diverse background, the researcher uses criteria that concentrate on people with the experience and perspective relevant to the study (Engel & Schutt, 2010), making the purposive sampling method best suited for this study.

The focus for the purposive sampling in this study are immigrant women from Africa in Edmonton who have experienced and survived intimate partner violence. I chose African immigrant women who live in Edmonton, Alberta, Canada, because Alberta continues to experience the influx and migration of people from other provinces in Canada. According to the Treasury Board and Finance (2020), Alberta's population growth is primarily due to migration, with 54% international and only 14% interprovincial migration. I focused specifically on Edmonton because the increase in immigrant populations in Alberta is highest in Edmonton and Calgary. I also have personal, academic, and professional connections in Edmonton that have formed the conceptual basis for this study. The eligibility criteria for this study were as follows:

- African immigrant women
- Are living in Edmonton, Alberta
- Are Aged 18 and above
- Understand and speak English
- Self-identify as intimate partner violence survivors

- Was married, cohabiting, in common-law, relationship with an African man
- Are not living in a women's shelter
- Are not living with the abuser
- Left the abusive relationship at least 12 months prior to the study start date
- Are free from mental health and psychological challenges

### **Sample Size**

Although the recommended sample size for qualitative studies varies, some researchers suggest 30-50 participants (Bernard, 2000; Morse, 2000), while other researchers propose to 20-30 participants (Creswell, 1998). In addition, some qualitative studies have used 10-20 participants, while others have used significant sample sizes of 30-50 (Beaton et al., 2001; Boddy, 2016; Morse, 1991, 2000; Sakshi, 2021). For example, Showalter and McCloskey (2020) used 19 participants in their qualitative study on employment instability for victims of intimate partner violence. Brown et al. (2005) interviewed only 13 participants in their consensual qualitative research. However, several researchers suggest that the sample size should depend on the study's aim and nature, the clarity of the topic, the researcher's skill, and the researcher's information (Boddy, 2016; Sandelowski, 1995; Sutton & Austin, 2015). Malterud et al. (2015) discuss "information power," or the idea that a sample size should consider the purpose of the study, a specific number, established theory, good dialogue, and analysis strategy.

In summary, a consensus among researchers is that qualitative research should include thematic saturation (Bertaux, 1981; Mason, 2010; Vasileiou et al., 2018). Data

saturation happens when all efforts to discover new information are exhausted and no codes or themes for further details emerge in the interview process. The suggestion is that researchers should be aware of when to stop collecting data and when they have enough information to develop a theory (Braun & Clarke, 2014, 2021; DeJonckheere & Vaughn, 2019; Fusch & Ness, 2015; Guest et al., 2006; Morse, 1991, 2000 Sakshi, 2021). Though many responded to my recruitment call, I was left with nine participants who met the inclusion criteria and were willing and able to share their story.

### **Recruitment Procedures**

Recruitment did not begin until I obtained Institutional Research Board (IRB) approval. I submitted my proposal for IRB approval. In my IRB application, I fully described my recruitment plan and presented my recruitment materials for review, including my recruitment emails, flyers, newspaper advertisements, letters, and face-to-face instruments (Lysaght et al., 2016; Newington & Metcalfe, 2014; Robinson, 2014). In addition, I provided my phone scripts for recruitment and social media postings. Therefore, I received the IRB approval before recruiting participants for this study,

After obtaining IRB approval and permission to conduct my research, I began the recruitment process. I considered various steps and criteria for finding potential and eligible candidates for recruitment, such as the sampling method, the research goals, participant demographics, eligibility criteria, screening, study explanations, gaining the interest and trust of participants, and providing motivation and incentives for the duration of the study (Borges et al., 2015; Lysaght et al., 2016; Robinson, 2014).

The study recruited nine participants through purposive selection based on the research questions. The participants were African immigrant women aged 24 and above who live in Edmonton, have survived intimate partner violence, have the experience to provide rich information, and were willing to participate and contribute meaningfully to the main issues in the study (the inclusion criteria in the previous section). I recruited nine participants from the African community in the Edmonton area by collaborating with individuals and agencies in Edmonton, such as the African Centre and Multicultural Health Brokers. I exploited professional and community connections and solicited referrals from other professionals who work with women and domestic violence in women's shelters across the city. I advertised using flyers posted online on various social media platforms and shared with agencies that works with women in the city. I posted my IRB approved flyer providing an overview of my research, including the title, one or two sentences about the research, the eligibility and ineligibility criteria, and the expectations for potential participants (Newington & Metcalfe, 2014). As the researcher, I included my name in the advertisement and my contact email or telephone information. I encouraged potential participants to reach out if they have questions or needed clarification (see Appendix F).

### **Participant Screening**

Selected participants were asked to complete a screening and demography questionnaire to determine if they met the eligibility criteria (see Appendix C). I interviewed nine African immigrant women who met the study's inclusion criteria (Borges et al., 2015). However, I questioned and gathered information until data

saturation was achieved. All participants were informed about their right to withdraw and leave the study at any time.

### **Instrumentation**

Data collection in a qualitative study is crucial (Chenail, 2011; Creswell & Creswell, 2018). Likewise, the researcher is the data collection instrument; the researcher asks questions, takes notes, and observes participants during the data collection process (Engel & Schutt, 2010; Rubin & Rubin, 2012; Yegidis et al., 2012). To address the research questions in this study, semi-structured video and telephone interviews were the instrument of data collection (Rubin & Rubin, 2012).

The interview is the most popular form of data collection in qualitative studies (Dooly et al., 2017), involving one-on-one conversations between researchers and participants. The conversations in interviews are designed to produce in-depth information about participants' experiences, thoughts, beliefs, opinions, motivations, and reasoning (Busetto et al., 2020; Trigueros et al., 2017). In qualitative studies, researchers use interview protocols, frameworks, and guides to obtain good-quality, reliable, valid data (Canals, 2017; Castillo-Montoya, 2016; Jacob & Furgerson, 2012; California State University [CSU], n.d.; Turner, 2010; Yeong et al., 2018).

Semi-structured interview questions in qualitative studies usually start with "what," "how," and "why", grounded in theory and literature, to explore participants' perspectives and experiences (DeJonckheere & Vaughn, 2019; Leahy, 2021; Smythe & Giddings, 2007). A semi-structured interview is an effective method for collecting qualitative, open-ended data and exploring thoughts, feelings and beliefs while touching

on personal and sensitive issues with participants (Bauman et al., 2002; Creswell, 2012; Griffiths et al., 2008; DeJonckheere & Vaughn, 2019; Leahy, 2021; Whiting, 2008). For example, Griffiths et al. (2008) used a semi-structured interview to explore the perspectives of 15 women living with pre-gestational type 1 diabetes, while Chang et al. (2013) used semi-structured interviews to examine the views of 10 physicians and nurse-midwives about weight gain during pregnancy.

This study used semi-structured interviews to explore the experiences of nine African immigrant women survivors of intimate partner violence. I used the semi-structured interview as the best means of engaging with the participants in formal and flexible conversations, allowing me to ask open-ended questions to collect in-depth information using an interview guide or questionnaire developed before the interview. The interview questions were drawn from existing literature, research, studies, and observations (Bauman et al., 2002; Beaton et al., 2001; Berkwits & Inui, 1998; Busetto et al., 2020).

I reviewed several interview protocols and guides to strengthen the reliability and quality of my interview questions (Canals, 2017; Castillo-Montoya, 2016; Jacob & Furgerson, 2012; California State University [CSU], n.d.; Turner, 2010; Yeong et al., 2018). For this study, I modified the interview protocol refinement (IPR) framework developed by Castillo-Montoya (2016) to include ethnic- and culture-sensitive questions. Castillo-Montoya's (2016) four-phase process comprises: (1) ensuring interview questions align with research questions, (2) constructing an inquiry-based conversation,

(3) receiving feedback on interview protocols, and (4) piloting the interview protocol. I followed this process throughout my research.

When conducting interviews, I chose a setting with few distractions, explained the purpose of the interviews, and introduced and described the nature of the study. Then, I addressed the terms of confidentiality and consent with the participants. In addition, I explained the format and duration of the interview, and how participants can get in touch with me later if they want to. I reviewed and educated the participants about their rights when participating in the study, and participants were asked to sign an informed consent form before participating in the study. I asked the interviewees if they have any questions before we started the discussion. I was observant to see if participants is showing any signs of discomfort from sharing their experiences of victimization with a plan to end the interview if I observed any signs of discomfort. However, none of the participants showed any signs of discomfort.

The interview guide and questions focused on the effects of intimate partner violence, the coping strategies of African immigrant women, and their service needs. Each interview was audio-taped. I took notes rather than attempting to memorize participants' answers (McNamara, 2009). The audio-recordings were transcribed word-for-word to accurately captured the participants' descriptions of their experiences. The transcripts were sent by email to the participants for member checking to establish accuracy, trust, and credibility. This step addressed any potential biases and misinterpretations of the collected data (Ravitch & Carl, 2016). However, receiving the interview transcripts may trigger anxiety or emotional reactions; hence, after each

interview, participants were provided with the address and information of a therapist to address retraumatization and negative feelings that may be triggered as a result of recalling their experience of victimization.

### **Data Collection**

In qualitative research, the researcher is the data collection instrument (Berkwits & Inui, 1998). In this study, an interview guide and questions facilitated the conversations between the interviewer and interviewees (Babbie, 2017; Bauman et al., 2002). Although an undisturbed flow of conversation is the requirement for a good discussion, long-winded answers do not necessarily amount to thick data (Yegidis et al., 2012). Rubin and Rubin (2012) emphasize that the quality of the response is as important as the researcher's questions. In this study, therefore, the data collection tool is a semi-structured interview with guided questions on the topic. Each semi-structured interview asked the same or similar questions (DeJonckheere & Vaughn, 2019).

The interview process requires trusting relationships and active listening skills (Rubin & Rubin, 2012). I established good rapport and trust with the participants from the beginning, asked questions and listened actively to achieve excellent interviews that was descriptive and conveyed more than opinions (Bauman et al., 2002; Beaton et al., 2001; Castillo-Montoya, 2016; Canals, 2017). For example, as the researcher, I elicited, probed, and referred to real-life examples and stories as often as possible.

The interviews were conducted individually and face-to-face with candidates in the researcher's private office, while the participants were at home where they considered a safe site or the location of choice (Bauman et al., 2002). The interview was

administered in English, a common language among African immigrant women, to ensure understanding of the questions. The interview questions guided the conversation between the interviewer and interviewee. Each individual interview session was scheduled for 45-90 minutes over the course of twelve weeks.

There was an option for a telephone and video interview to accommodate individuals who meet the criteria and are willing to participate in the study but cannot attend a face-to-face interview (Bauman et al., 2002). The telephone as a mechanism was an alternative way of collecting data as the COVID-19 pandemic and restrictions were still in effect. Some participants found it more convenient to speak on the phone and video than in person. There are many other benefits of using telephone interviews for data collection, including “(a) using economic and human resources efficiently, (b) minimizing disadvantages associated with in-person interviewing, (c) developing positive relationships between researchers and participants, and (d) improving quality of data collection” (Musselwhite et al., 2007, p. 1064).

Each interview session was audio-taped with the interviewee’s consent. To respect participant rights to self-determination, I explained the recording process and their right to decline or accept (Klykken, 2021; NASW, 2017). The participants signed an informed consent document before we proceeded with the interview. During the interview, I checked-in with participants to ensure emotional safety and avoid re-traumatization (Allen, 2012; Brown et al., 2005; Dooly et al., 2017; Muzak, 2009). Also, I reiterated to the participants about their right to withdraw if they were no longer interested without any consequences. I had a contingency plan to recruit about 20

participants during the recruitment process to account for any participant that might withdraw during the interview or data gathering process. However, I only interviewed nine participants.

I acknowledged that sharing past information might trigger traumatic reactions for some participants. Therefore, I collaborated with an agency in the city, that was willing to contribute to this research process by supporting all the participants who might need counselling support after the interview. Up to four complimentary sessions were offered to participants and referral to community program would be conducted after the four free sessions as needed.

At the end of each interview, a time was set aside for debriefing with the participant. The participant had the opportunity to ask questions about their role in the interview and requested clarification as needed. Participants were asked if they would like to review their responses at the end of the interview, and for those that said yes, the responses were emailed to them to cross check their responses and address any biases and wrong interpretations as needed.

The recorded audio was transcribed verbatim. Once completed, the transcript was emailed to the interviewee for member checking to establish accuracy, trust, and credibility. This process addressed potential biases and misinterpretations of the collected data and ensured that the responses were personal and based on first-hand experience, without impersonal summaries or generalizations (Leahy, 2021; Lee, 2014; Ravitch & Carl, 2016).

All writing notes and journal entries created during the interview process were kept as restricted files in encrypted or password-protected folders to ensure the confidentiality and security of participants. For data protection, participants' names were not included with the files. To prevent loss of information or data corruption, each interview was backed up and stored on an external hard drive, and flash drive that was kept at home. I used a personal computer at home and a portable laptop; I used only one laptop during the process, and no other person had access to the computer.

### **Data Analysis Plan**

Research Question 1 is, "How do African immigrant women who have successfully left their abusive relationships describe their experiences?" To determine the answer to this question, I gathered responses to questions about how the problems occurred. This included questions about how long the abuse lasted or the duration of abuse, how the abuse varied or changed over time, the frequency of the abuse, the type of abuse, and the circumstances surrounding the abuse. Responses were analyzed to identify themes, common responses, and patterns relevant to the research question.

Research Question 2 is, "How do these women survivors cope with the experience of abuse?" In determining the answers to this question, I gathered responses about coping strategies such as the availability and efficacy of support systems before, during, and after the abuse; the variation in responses to abuse; the sources of strength in coping with the abuse; the factors instrumental to prolonged endurance of the abuse; barriers and challenges to participants' coping abilities; and the deal breakers that

resulted in participants leaving the relationship. These responses were examined to identify themes, common responses, and patterns relevant to the research question.

Research Question 3 is, “What themes emerge from the effects of abuse on these survivors?” In determining the answers to this question, I gathered responses pertaining to participants’ personal experiences of short- and long-term effects on their biological and physical health, psychological health, sexual health, mental health, and spiritual, cultural, and financial wellbeing. I also gathered responses pertaining to the effects on children, family, friends, and relationships; impacts on employment and ability to secure and hold down a job during and after the abuse; and the factors that prolonged the effects of the experiences of abuse. These responses were examined to identify themes, common responses, and patterns relevant to the research question.

Thematic analysis is the method best suited to data analysis in generic qualitative studies and involves coding, categories, and themes (Bailey, 2008). Thematic analysis identifies, analyzes, and reports on patterns or themes within data and involves searching across the data set of an interview to find and locate repeated patterns of meanings (Braun & Clark, 2006). Thematic analysis offers inductive and theoretical approaches, making it flexible and compatible with comparative processes. Analysis begins during the collection of data, and data are analyzed as they are collected; each research participant’s data is analyzed and subsequent data are then analyzed and compared to previous data. Thematic analysis is flexible as it allows back-and-forth movement between current data and coded and clustered patterns. The patterns and themes change and grows throughout the process. The thematic analysis technique minimally organizes and describes the data

sets in rich detail and interprets the various aspects of the research topic (Braun & Clarke, 2006, 2014).

The step-by-step process of thematic data analysis in this study were as follows. First, I reviewed and familiarized myself with the collected data. For example, data from the first interview participant, including field notes and journals, were read, and any sentences, phrases, and paragraphs that are meaningful to the research question were highlighted intuitively. I reviewed the highlighted data and used my research questions to decide if the highlighted data was relevant to my inquiry. I then eliminated the unrelated data to my research question, which were stored in a separate file and re-evaluated in the future. Next, I coded or named each remaining set of data and cluster the sets of data that are related or connected to develop patterns. Throughout the data analysis process, each participant's data were reviewed and analyzed, then compared and contrasted with the previously analyzed data. Hence, there were ongoing comparison (Belotto, 2018; Braun & Clarke, 2006, 2014; Castleberry & Nolen, 2018).

Data that corresponded to specific patterns were identified and placed with the corresponding pattern throughout the process. Direct quotes were extracted from the data (transcribed interviews, field notes, documents, and so on) to explained the design. Throughout the process, all the patterns were analyzed for the emergence of overreaching themes. The process required combining and clustering related patterns into themes, shifted and changed throughout the analysis process, as previously completed analyses were compared with new data.

After analyzing all the data, I arranged the themes to correspond with supporting patterns. Finally, the patterns were used to explain the themes. I wrote a detailed analysis describing the scopes and substances of the themes that emerged from the data analysis. Each pattern was described and elucidated by supporting quotes from the data (Cooper & Endacott, 2007; Kahlke, 2014; Percy et al., 2015). The recorded audio was transcribed verbatim using a peer debriefing partner to “member check” for internal reliability and confirm correct transcription (Rubin & Rubin, 2012). Then, the transcripts were removed and the statements and meanings were formulated and assigned to codes that summarize the importance of participants’ experiences (Maguire & Delahunt, 2017; Rubin & Rubin, 2012). Creswell and Creswell (2018) suggest that codes should be converted to patterns and meanings represented by categories based on participants’ experiences to unify the phenomenon’s comprehensive description.

I considered using traditional tools such as colored pens, paper, and sticky notes (Maher et al., 2018) for the data coding and analysis. However, manual coding methods would involve constant interaction between me and the data, making it both time-consuming and difficult for me to remove myself from the data (Maher et al., 2018). In addition, Saldana (2016) emphasizes that traditional methods can create researcher bias, leading people to question the rigor, trustworthiness, and reliability of the research. In contrast, qualitative data analysis (QDA) software offers more transparent analytical processes and allowed for validity, rigor, and dependability to be demonstrated (Woods et al., 2016). I used NVivo software; NVivo tools offer data coding, memoing and annotating, data mapping, and data visualizing and modelling capabilities.

### **Issues of Credibility**

Credibility concerns the idea that study validity is not a checklist, but rather complicated and challenging; it should be among the research's central goals and part of the conceptual framework (Ravitch & Carl, 2016). One question that the researcher should always be prepared to answer is how they will ensure that their work establishes the criteria for proven reliability. Credibility is the hallmark of any qualitative naturalistic research, typically seen as the counterpart to rigor and validity in quantitative studies (Peterson, 2019). I establish credibility in this study by using a full description to convey the findings (Creswell & Creswell, 2018) and clarifying any bias that I may bring to the study using self-reflection and reflexivity (Creswell & Creswell, 2018; Ravitch & Carl, 2016). There are other different ways of establishing credibility in qualitative research, including triangulation, recursive design process, transferability, dependability, confirmability, and member checking.

#### **Triangulation**

Triangulation involves using multiple methods, data sources, observers, or theories to gain a complete understanding of the phenomenon of the study (Shenton, 2004). It is also vital in ensuring that research findings are robust, vibrant, comprehensive, and well-developed. There are four types of triangulations that researchers can employ (Ravitch & Carl, 2016):

- **Methods triangulation:** This form of triangulation involves utilizing different data collection methods to check the consistency of the findings (Ravitch & Carl, 2016).

- **Triangulation of Sources:** This form of triangulation involves utilizing various data sources within the same process for the same purpose. For example, the researcher might decide to use two different populations, interview people at different points in time or in private vs. public settings, or compare people with different perspectives (Shenton, 2004).
- **Analyst triangulation.** This form of triangulation involves utilizing another analyst to review the findings or using multiple observers and analysts. In this study, I used analyst triangulation to review the findings, this helps illuminate blind spots in the analysis process (Ravitch & Carl, 2016).
- **Theoretical Triangulation.** This form of triangulation involves using various theoretical perspectives to analyze the data (Ravitch & Carl, 2016).

### **Recursive Design Process**

Another method used to establish credibility in this study was to seek and attend to complexity throughout a recursive research design process, whereby the methods and findings were inseparable (Ravitch & Carl, 2016). In this study, the results were considered credible when the researcher could link the research findings with the realities that demonstrated the results are accurate (Shenton, 2004).

### **Transferability**

Transferability is related to external validity. In simple terms, the role of the researcher is not to come up with a study that can be generalized but instead to produce a descriptive, vibrant context statement and results that are transferable to other settings and populations (Ravitch & Carl, 2016). This study's aimed to see if the work is

applicable in different contexts and with other respondents (Ravitch & Carl, 2016). Hence, the research outcomes and knowledge in this qualitative research aimed for transferability.

### **Dependability**

Dependability is about the stability of the data. Research dependability is verified when the researcher is consistent and stable with regard to the data collection information and argument (Ravitch & Carl, 2016), resulting in data that are dependable because they answered your research questions using appropriate methods. The researcher must make sense of why (Ravitch & Carl, 2016). However, achieving dependability is critical to research validity constructs in qualitative research.

### **Confirmability**

Confirmability occurs when qualitative researchers seek confirmable data that is neutral and free from the researcher's biases, no doubt that there might be biases, but it should be explicitly at the minimum (Ravitch & Carl, 2016; Shenton, 2004).

### **Member Checking**

Member checking is the second important technique that this study used to established credibility. The researcher used more than one person to check the accuracy of the findings (Creswell & Creswell, 2018). Members checking helps reduce the researcher's bias and supports the credibility and trustworthiness of the results (Peterson, 2019). This technique allowed the researcher to share the participants' data, interpretations, and conclusions. In addition, it enabled participants to clarify their intentions, correct errors, and provide additional information if necessary (Ravitch &

Carl, 2016). After the interview transcription, I sent each transcribed document to the interviewee to check for accuracy and correct any response errors. Member checking is valuable in many ways, especially in community advocacy research studies, allowing community member participants to identify their research voices.

### **Institute Research Board (IRB), Ethical Procedures, & Code of Ethics**

The role of IRB is to ensure that all Walden University research complies with the University's ethical standards and U.S. federal regulations. IRB reviewed and approval is required before participant recruitment, data collection, or dataset access can begin. Before distributing flyers to recruit potential participants, I submitted my research proposal to the IRB described the population and participant demographics, data collection process, and how I intended to protect the research participants' safety and wellbeing. As a researcher, I abided by the rules of ethics and do no harm. Hence, I protected the rights of participants. For example, all research participants gave their permission to be part of the study, and they have information pertinent to giving their "informed" consent to participate (Chenail, 2011; Merriam & Tisdell, 2015; Klykken, 2021). Participants were given the opportunity to withdraw their consent at any time (see Appendices A and B).

I kept in mind the code of ethics and the mandates for researchers who conduct experimental research with human participants (Ignacio & Taylor, 2012). The researcher must inform participants about the study's nature, purpose, expected duration, and procedures (Rubin & Rubin, 2012). Also, the participants have the right to decline to participate or withdraw from the research during the process. There are no consequences

to withdrawing from this study for participants, and I provided resources and information about services available for treatment, compensation, and reimbursement of monetary costs in case of unforeseen circumstances of participation.

My interview guide addressed reasonably foreseeable factors that may influence participants' willingness to participate, such as potential risks, discomfort, and adverse effects. In addition, research participants were made aware of the confidentiality limits pertaining to data coding, disposal, sharing, and archiving, as well as when confidentiality might be broken. To support accommodation and access, there was an option for a telephone and video interview to accommodate individuals who meet the criteria and are willing to participate in the study but cannot attend the face-to-face interview (Bauman et al., 2002). As already described, the interview sessions were audio-taped with the interviewee's consent. To respect participants' rights to self-determination, I explained the recording process and their right to decline or accept (Klykken, 2021; NASW, 2017). The participants signed an "informed consent" document before the interviews commenced. During the interviews, I checked-in with participants to ensure emotional safety and avoid re-traumatization (Allen, 2012; Brown et al., 2005; Dooly et al., 2017; Muzak, 2009). I provided counselling support for participants with the help of my colleagues, who are psychotherapists in the community. At the end of each session, time was set aside for debriefing with the participant, and participants had the opportunity to ask questions about their role in the interview. Once completed, the interview transcripts were emailed to the interviewees for members checking to establish accuracy, trust, and credibility, to address potential biases and misinterpretations in the collected

data (Leahy, 2021; Lee, 2014; Ravitch & Carl, 2016). Finally, all writing notes and journal entries created during the interview process were restricted files in encrypted or password-protected folders to ensure the confidentiality and security of participants. For their protection, participants' names were not on the files. To prevent loss of information or data corruption, I stored a back-up copy of every interview on an external hard drive and flash drive kept at home.

### **Summary and Transition**

In this chapter, I presented the qualitative research method used in this study. I described the methodology, the role of the researcher, the research design and rationale, the sampling and selection procedures, the interview process, the data analysis, issues of credibility, and ethical concerns, including the protection and respect for the rights of participants and how data were collected, analyzed, and interpreted. In Chapter 4, I present the data analysis results, including the write-up, graphic table, and summary of the results.

## Chapter 4: Results

### **Introduction**

Intimate partner violence against women is a public health problem with many complications and consequences for women's health and well-being. Using a feminist theoretical framework, intimate partner violence is a social problem in many societies that needs a multidimensional solution at different levels, such as individual, community, and culture. This qualitative study explored the experiences of intimate partner violence among African immigrant women who left abusive relationships in Edmonton, Alberta. In doing so, I hoped to identify their coping strategies and determine recurring themes of the effects of abuse shared by these women. I sought to answer the following research questions: (a) How do African immigrant women survivors who have successfully left their abusive relationships describe their experience of abuse in intimate relationships? (b) How do these women survivors cope with the experiences of abuse? (c) What themes emerge from the effects of abuse on these survivors? To answer these questions, I used purposive sampling to select nine participants who identified as African immigrant women, had experienced intimate partner violence, and had left their abusive relationships.

Chapter 4 consists of the data analysis and study results from exploring this sample of nine African immigrant women recruited in Edmonton, Alberta. This chapter explains the methodology of recruiting participants, the screening and the sample selection, the sample size, the interview procedures, the data collection, the thematic analysis, and the data analysis process. Next, I present an overview of the research

findings, followed by the documentation of emerging themes from the data analysis process.

### **Setting**

The study ensured the privacy and confidentiality of the research participants. Hence, the interviews were conducted in the researcher's private counseling office in Edmonton, Alberta entirely online using telephone and video via Microsoft Teams. Due to the sensitivity of the research phenomenon, the office location site was a safe and comfortable place to conduct such interviews. Initially, I anticipated that some participants might prefer a face-to-face interview rather than a telephone interview; the office would have been an excellent place to come to in such cases. However, no one chose to go to the office. The participants had the option of using a telephone or video; one participant opted for a telephone interview, while the rest chose to utilize video recording. Several participants on video chose to turn off their cameras for personal reasons, while others left their videos on throughout the process. Due to the sensitivity of the topic and to avoid re-traumatization, all participants were accommodated individually to ensure comfort, empowerment, and self-determination during the interview process.

Before the interview, I created a folder and coded sub-folders on my personal computer for each participant as Participant One and so on (P1, P2, etc.) to avoid using the participants' names and ensure confidentiality. Most of my correspondence with the participants was by email. As soon as I received an email confirmation of consent from a participant, I responded with date and time options for an interview. Once I received a "yes" from the participants, I set the dates and times with them to accommodate their

schedules. Before the interview, I reviewed the demographic questionnaire and eligibility criteria to ensure that I admitted eligible participants into the study. As the sole researcher, I conducted the interviews myself, taking notes during our time together and recording the session for accurate transcription. Although I used the interview guide with open-ended questions, each interview lasted between 45 and 90 minutes.

### **Demographics**

The participants were primarily African immigrant women, aged 24 and above, who experienced intimate partner violence, no longer lived with their abuser, and resided in Edmonton. Although intimate partner violence tends to be higher among minority groups and immigrant women in Canada, I chose to focus on Edmonton, Alberta, which provides a unique context as the population continues to increase due to migration and immigration. As the capital and one of the larger cities in Alberta, Edmonton continues to welcome new immigrants, making the city a focal point in this study.

This study explored the world of nine African immigrant women who experienced intimate partner violence and successfully left abusive relationships, including coping strategies adopted during the events. I intended to talk to any woman who fit these criteria in Edmonton who was over 18; however, those who did respond were between the ages of 24 and 50. Most of the 20 women who reached out were eligible to participate in the study. Those who were not eligible included, for example, a few of the women who disclosed that they were currently living in a shelter, and others who were still living in the same house with their abusive partners. Most participants are well educated with at least a Bachelor's degree; one had received a Master's degree, and

another participant was in the process of pursuing her Doctorate degree. Table 1 presents the demographic characteristics of the nine African immigrant women interviewed. I asked them their age, gender, marital status, country of origin, educational level, socioeconomic status, how long they experienced the abuse, and how long it has been since they left the person who abused them.

**Table 1**

*Demographic Questionnaire Results*

| Participants Code   | P1  | P2 | P3 | P4  | P5  | P6  | P7  | P8  | P9  |
|---|-----|----|----|-----|-----|-----|-----|-----|-----|
| Age   | 39  | 37 | 41 | 50  | 38  | 49  | 24  | 25  | 37  |
| Gender  | F   | F  | F  | F   | PNA | F   | F   | F   | F   |
| Marital Status  | M   | SG | M  | M   | SG  | M   | SG  | SG  | M   |
| Country of Origin   | NIG | A  | A  | ZIM | ZIM | CAM | RWA | NIG | RWA |
| Educational Level   | BA  | BA | BA | PHD | BA  | BA  | BA  | BA  | MA  |
| Employment Status   | SE  | E  | E  | E   | E   | PNA | NW  | E   | SE  |
| Socio-economic Status                                     | MC  | MC | MC | MC  | MC  | PNA | MC  | MC  | MC  |
| How long did you experience intimate partner violence?    | 2Y  | 2Y | 3Y | 10Y | 12Y | 10Y | 2Y  | 2Y  | 12Y |
| How long ago did you leave your ex-husband or ex-partner? | 10Y | 2Y | 2Y | 15Y | 3Y  | 5Y  | 2Y  | 2Y  | 5Y  |

*Note: Gender: Female (F) Prefer no answer (PNA). Marital status: Married (M) Separated (S) Single (SG) Prefer no answer (PNA). Country of origin: NIG (Nigeria), A (African – country not disclosed), ZIM (Zimbabwe), CAM (Cameroon), RWA (Rwanda). Perceived socioeconomic status: Middle class (MC). Length of time: Years (Y). Educational level: Bachelors (BA) Masters (MA) Doctorate (Ph.D.). Employment status: Self-employed (SE) Employed (E) Not Working (NW).*

Due to the topic's sensitivity, several prospective participants changed their minds before or after reading the consent to participate in the study. In addition, other environmental and societal factors influenced the women's attitudes toward the study.

For example, the researcher's mandatory duty to report the abuse of vulnerable populations reduced the research study's strength.

During the interview, the participants reiterated and emphasized various points to echo their voices and experience with this phenomenon. In addition, some participants expressed emotions through their body language, while others cried to demonstrate their emotions and feelings. All participants stayed until the end of the interview even when the researcher asked if they would like to discontinue after getting upset and sad.

The process started with interview data analysis and involved detailed, line-by-line coding of the transcripts and text, specifically coding to the appropriate elements in the research question. The qualitative data analysis software NVivo 12 was used to conduct every phase of the data analysis process. NVivo 12 was used to explore participant-by-participant presentations over the research questions. At the same time, NVivo 12 was also used to examine question-by-question expressions. All participants were assigned a false name to protect their identities. All participants had experienced intimate partner violence in their former marriage or a close relationship and had left their abusers at least one year before the study. I utilized the member-checking technique to allow participants to engage with the interpreted data to ensure the study's trustworthiness (Birt et al., 2016).

### **Data Collection**

I interviewed nine individuals who volunteered and participated in this study. I achieved saturation at the end of the ninth interview after analyzing each interview in an iterative process, to the point where it seemed that I was not gathering any new

information. These individuals had personally experienced intimate partner violence at some point in their lives, making them eligible to take part of this study. In addition, the promise to protect the confidentiality and privacy of participants helped in the data-gathering process. Hence, the data were meaningful from the participants' worldview and lived experiences.

The interviews were conducted online using telephone and video via Microsoft teams. I used my private counseling office in Edmonton, Alberta for all the interviews. The interview window lasted for about three months, between March and June 2022. The participants had the option of using a telephone or video connection for the interview; hence one participant opted to speak on the telephone, whereas the rest were on video. All participants showed willingness to volunteer their time and shared their experiences of intimate partner violence, which reflected the mindset of advocacy for others, social justice, awareness of the issue as a social problem, and helping other women in similar situations.

### **Data Analysis**

There are many approaches to thematic analysis. In this study, I focused on Braun and Clarke's six-phase framework for doing thematic analysis, which includes the following steps: (a) become familiar with the data; (b) generate initial codes; (c) search for themes; (d) review themes; (e) define themes; (f) write up (Braun & Clarke, 2006). I used the NVivo 12 software for the data analysis. The online video platform I used could record and transcribe the interview simultaneously. The interview was recorded and transcribed. Although I have the transcribed copies of the interviews, I went over all the

participant interview transcription to ensure clarity and correct the mistakes, spelling errors, incomplete sentences and statements, and some of the missing words, as the software cannot transcribe perfectly. At the beginning of my data analysis, I listened to the audio several times, then compared it with the transcribed documents for clarity and accuracy in the correspondents and the participant's responses.

After the interview, I reviewed and familiarized myself with the collected data. For example, transcribed data from the participants, including my notes and journals, were read; sentences, phrases, and paragraphs meaningful to the research question were highlighted intuitively. I reviewed the highlighted data and used my research questions to decide if the highlighted data were relevant to my inquiry. I eliminated unrelated data to my research question. Next, I coded and named each remaining data set and clustered related datasets to develop patterns. Throughout the data analysis process, each participant's data were reviewed and analyzed, then compared and contrasted with the previously analyzed data. Hence, the ongoing comparison was key in my process, which provided iterative insights (Belotto, 2018; Braun & Clarke, 2006, 2014; Castleberry & Nolen, 2018).

The analysis required uploading data into the NVivo 12 data analysis software. The process started with interview data analysis and involved detailed, line-by-line coding of the transcripts. As a result of the first coding round, 102 codes covered the content of the nine interview transcripts.

The next step involved making sense of the data by reading the created codes and their content. The aim was to reduce the number of codes and ensure that they accurately

described the data, all in order to develop themes that would help answer the research questions. To achieve this, the existing descriptive codes were organized into a parent-child relationship, or method of organization that creates hierarchies of codes in a group in NVivo 12. These groups were based on the judgment as to what topics the various codes represent. At this stage, the organization of codes did not mean trying to create themes, but instead trying to make sense of the data further by introducing any common-sense way to group a large number of codes to make them easier to understand and evaluate.

Subsequently, codes in each of the created groups were scrutinized to ensure that there were no duplicates or codes that covered the same content in different words. This is a common occurrence when doing line-by-line coding, resulting from the large number of codes which are difficult to remember. If duplicates were found, they were eliminated by “merging” two or more codes into one. At this stage, some of the codes were also becoming more inclusive. As a result of the above processes, there were 62 codes left at that stage.

After this, the codes were scrutinized again, and their content was carefully read with the research questions in mind. Cross-case comparisons (comparisons between the different participants) and within-case comparisons (a careful analysis of the content of each individual interview) were applied to gain an in-depth understanding of the coded data and the developed final set of themes that would help reflect the content of the interviews and answer the research questions. These themes were created by further moving the existing codes and groups around, merging codes and moving them to other,

more relevant groups to finally form a set of key themes running through the data. This final thematic framework is presented in Tables 2, 3, 4, 5, and 6.

Table 2 illustrates the various types of abuse endured by participants, along with the effects of the abuse on them. Table 3 outlines various coping strategies and classifies them further in the discussion. Next, Table 4 outlines how participants coped with the abuse. Finally, Table 5 and 6 details other emerging themes, such as the challenges and barriers to improving the situation, how to end the abuse, and how to move on afterwards; each of which may further contribute to understanding how women may escape abusive relationships.

### **Evidence of Trustworthiness**

To show evidence of trustworthiness in qualitative research, the researcher must demonstrate a clear, concise, and exhaustive process of data gathering, data analysis, data interpretation, and data result that is accurate based on the study investigation (Nowell et al., 2017). Hence, the data analysis process must show the readers that the study result is credible, dependable, confirmable, and applicable to other settings (Rudestam & Newton, 2015). There are different ways of establishing credibility in qualitative research, including triangulation, recursive design process, transferability, dependability, confirmability, and member checking.

To ensure trustworthiness, I developed semi-structured questions with three items each, followed by four supporting probing questions each to guide my interview process. I also used member checking with the assistance of a peer debriefing partner, who

supported checking for internal reliability and confirm correct transcription for accuracy, credibility, and validity (Rubin & Rubin, 2012).

To ensure the dependability, reliability, trustworthiness, and consistency of this study, my interview with participants were recorded and transcribed for accuracy in my analysis and result. Before my data collection, I paced the dates and time to keep me prepared and organized during process. I kept a note during the interview and a reflective journal of my thoughts, decisions, and newly discovered knowledge throughout the interview and data analysis process. My interview was one-on-one, informative, and engaging with extensive documentation of meaning and interaction with each participant. For illustration, using an open-ended interview question, I gathered in-depth responses that are meaningful and credible from participants which strengthen the findings in this study. At the end, I checked the information with the participants to ensure that they meant what they said through our interactions. All preliminary data findings and interpretations were checked with the participants through the process of member checking (Lincoln & Guba, 1985).

### **Credibility**

Credibility concerns the idea that study validity is not a checklist but rather complicated and challenging; it should be among the research's central goals and part of the conceptual framework (Ravitch & Carl, 2016). Credibility is the hallmark of any qualitative naturalistic research, typically seen as the counterpart to rigor and validity in quantitative studies (Peterson, 2019). This study established credibility by using a full description to convey the findings and clarified any biases I brought to the study using

self-reflection and reflexivity (Creswell & Creswell, 2018; Ravitch & Carl, 2016). For example, during the interview I asked and gathered in-depth questions and verified the responses and findings from each participant to clarify their responses.

### **Triangulation**

Triangulation involves using multiple methods, data sources, observers, or theories to gain a complete understanding of the phenomenon of the study (Shenton, 2004). It is also vital in ensuring that research findings are robust, vibrant, comprehensive, and well-developed. Analyst triangulation involves using another analyst to review the findings or multiple observers and analysts. It helps illuminate blind spots in the analysis process (Ravitch & Carl, 2016). In this study, I used analyst triangulation, whereby another student researcher looked over all the transcript data to ensure the accuracy of the data.

### **Transferability**

Transferability is related to external validity generalizability of inquiry. In simple terms, this study produced a descriptive, vibrant context statement and results that are transferable to other settings and populations (Ravitch & Carl, 2016). To ensure transferability, the findings of this study can be applied to other settings. My data analysis provided thick descriptions and meaning that are transferable to similar population and site. This research may be applicable in different contexts and with other respondents (Ravitch & Carl, 2016). In addition, anyone who finds the results meaningful can judge the transferability and may transfer the findings to their own site (Lincoln & Guba, 1985). Hence, the research outcomes and knowledge in this research is transferable.

**Dependability**

Dependability is about the stability of the data. Research dependability is verified when the researcher is consistent and stable regarding the data collection information and argument (Ravitch & Carl, 2016), resulting in dependable data because they answer your research questions using appropriate methods. To achieve dependability, I used the question guide to ensure that the data-gathering process is logical, traceable, and clearly documented consistently under the same conditions. Hence, the study findings can be replicated with similar participants, and subsequently, the research process, the decision, and the result can be tested by another researcher (Nowell et al., 2017).

**Confirmability**

Confirmability occurs when qualitative researchers seek confirmable data that is neutral and free from the researcher's biases, no doubt that there might be biases, but it should be explicitly at the minimum (Ravitch & Carl, 2016; Shenton, 2004). All interpretations and findings in this study are derived from participants' interpretation of the things that they experienced, which I have attempted to highlight by using direct quotes from their voices. In addition, my reflective journal helped capture my thoughts, thinking, and biases, thereby helping to differentiate my thoughts from participants' voices. Hence, establishing a clear understanding throughout the study, I listened to the participants narratives and tested the original themes as they emerged to ensure the credibility, transferability, and dependability (Lincoln & Guba, 1985).

### **Member Checking**

Member checking is the second important technique used in this study to establish credibility. For example, I used more than one person to check the accuracy of the findings (Creswell & Creswell, 2018). Members checking helped me to reduce my biases and supported the credibility and trustworthiness of the results (Peterson, 2019). This technique allowed me to share the data, interpretations, and conclusions with participants. In addition, it enabled participants to clarify their intentions, correct errors, and provided additional information if necessary (Ravitch & Carl, 2016). After the interview transcription, I shared the transcribed document with the participants to check for accuracy and corrected any response errors. Member checking was valuable in many ways, especially in this study, it allowed community advocacy whereby, participants were able to identify their voices.

### **Results**

In this section, I presented the findings from nine participants using direct sentences or statements from the interview transcript and my field notes. All participants met the criteria and eligibility to participate in the study as they have experienced intimate partner violence and no longer live in abusive relationships. In addition, participation was voluntary, and participants willingly shared the story of their experiences of intimate partner violence in the research process. Although some participants were emotional, sad, and upset when they recalled the effect of abuse, their coping and survival stories during the interview, they expressed a sense of relief and being in control for sharing their stories. Each participant felt empowered. For instance,

most participants said they hoped their stories would help other women to speak out and not keep silent in an abusive relationship. All participants were provided counselling and psychological resources before and after the interview to mitigate the ways that sharing could be triggering or re-traumatizing.

Research Question 1: How do African immigrant women survivors who have successfully left their abusive relationships describe their experience of abuse in intimate relationships?

Table 2

*Interview-Thematic Framework: How Participants Described the Abuse*

| Theme/sub-theme                      | How many participants discussed it? | How many times it was discussed in total? |
|--------------------------------------|-------------------------------------|---|
| How participants described the abuse | 9                                   | 126                                       |
| Psychological and emotional abuse    | 9                                   | 38  |
| Assuming control of the woman's life | 6                                   | 18  |
| Ignoring and not being present       | 4                                   | 12  |
| Ridiculing and talking behind back   | 4                                   | 5   |
| Turning others against the wife      | 3                                   | 7   |
| Gaslighting and manipulation         | 3                                   | 5   |
| Physical abuse                       | 8                                   | 16  |
| Sexual abuse/deprivation             | 3                                   | 5   |
| Cheating                             | 1                                   | 2   |
| Financial abuse                      | 7                                   | 18  |

**Theme 1: Victimization with Multiple Types of Abuse**

All the participants shared their lived experiences of intimate partner violence, the forms of abuse, and the impact of the abuse. All participants experienced one or more forms of abuse in their relationships, all expressed in their own voices with their own explanations. Some participants found it difficult to describe their abuse in detail while others explained their experiences with graphic details. Although all reported forms of

abuse could essentially be classified as either physical or psychological abuse, they were further grouped into several smaller categories to ensure that enough detail about the various specific forms of abuse are given.

### ***Psychological/emotional Abuse***

Psychological and emotional abuse was the most common and present in all discussed cases. It often preceded physical abuse and always continued throughout the relationship. There is a variety of behaviors in this category of abuse, with different attached experiences and explanations per each participant. Participant 1 explained various “incidents of anger and rage” that did not involve physical violence but may and often did involve their partner “calling me names and tearing apart my ways of thinking or my understanding of the world.” All participants reported some forms of name-calling, blaming, and criticizing, as well as ridiculing and mocking. For Participant 2, psychological abuse involved criticizing the food she cooked and her looks, while Participant 6 shared that her partner threatened to leave her for another woman if she fails to get pregnant. Participant 7, in turn, explained that her partner did not like to show each other affection publicly and when that happened, he criticized her for not knowing how to “act right”. He also blamed her for not listening and generally blamed his behavior on her. As Participant 7 explained, “he would just get very frustrated with me” on any occasion, and she believed this was because she did not live up to “a certain image” of her that her partner wanted her to maintain:

It seemed like he just had a certain image that he wanted to keep up and he wanted to appear the way he appeared when he first met me: just well put

together, you know, soft spoken, nice. And so that's why he never caused a scene in public; he, he would just look at me a certain way, you know? And if I didn't do things right, that would also frustrate him. Like we were, if I didn't say hello to somebody that was his friend or something like that; if I just smiled 'cause I didn't just, I didn't feel like talking or something, that would have, that would have been a huge problem (P7).

As she further observed, it "didn't even feel like he wanted a girlfriend or a significant other" and instead "it just felt like he wanted almost a servant." These experiences, in turn, described another discussed form of psychological abuse, namely around control over participants' lives at the whims and desires of their abusive partners. Several women described a sense of being, as Participant 5 said, "imprisoned in my home" with the abuser controlling every aspect of their lives, including the ones described above by Participant 7. Several participants also described having been isolated from their friends and family. Participant 5 expanded on this feeling of imprisonment connected to her relationships with those outside of her partner:

I wasn't free, I felt as though I was, you know, imprisoned in my home. And again, he stops me from making friends. He chooses the kind of clothes I wear, the people like talk to. He monitors my conversation with my family, the little, the few friends I had from back home. He monitors what I do online, and you know, it wasn't the kind of relationship I thought we had when we met.

Similarly, Participant 8 said

He wanted to be the only person that was, I guess, important in my life. But I, you know, I have my mom, my, my family, and I had other people who I cared about as well who I'd obviously want to check up on and see and hang out with. And so, whenever I would push my attention towards other people, he would get upset and he wouldn't believe that I loved him.

### ***Ridiculing and Talking Behind Back***

Other common forms of psychological abuse involved ridiculing and their partner talking negatively about them behind their back, as well as turning others against the wife. This is clear in what Participant 1 called "gossip bullying," where her partner "would call people to gossip, [and] then those people would now bully me on his behalf." Participant 2 also explained how her partner "would be laughing on the phone" while talking about her. Further, several participants described their partners turning their parents or friends against them, which ultimately made it difficult for them to later leave them or to be believed by the people to whom they turned for help.

### ***Gaslighting and Manipulation***

Gaslighting and manipulation was also discussed, which participants identified as situations where "your mind gets turned against you" (Participant 1). In other words, it involves manipulation and trying to make the woman doubt herself. Participant 1, for example, explained how her partner would say "that what I'm saying is not true" after instances of abuse, to the point where she doubted whether he did indeed do the things she thought he did. Participant 7 also described her "manipulative" partner who not only

denied having abused her every time but also made her eventually apologize for her behavior that “required” him to “take action” against her.

### ***Ignoring and Not Being Present***

Another form of abuse that I argue to be a form of psychological abuse is ignoring and not being present to the point where “I was just doing my thing and we’re just living” (Participant 3) but not interacting. Participant 2 also explained how her partner was neglecting her, with “no sex, no nothing, no talking.” As she further explained, “we could be in the house of three months, we won’t talk.” In the case of Participant 2, this also eventually revealed another form of abuse, namely cheating. Psychological and emotional abuse was the most common and was present in all discussed cases in different forms, but with similar negative effects on the relationship and participants’ self-esteem and view of the world.

### ***Physical Abuse***

Various forms of physical abuse were also discussed, and included things like hitting, pushing, punching, throwing objects, or any other forms of “causing harm on my body” (Participant 4). Participant 1 understood sexual abuse as a form of physical abuse, sharing experiences of “boundary violations” and being forced to have sex with the partner. Participant 1 described physical abuse as head butting, where she stated the following:

At this point he headbutts me. My lip – this time he doesn’t hit here (gestures to forehead), he hits here (gestures to lip), so my lip, like, breaks up and I start bleeding. When I saw blood, that was when I knew. That was the moment I knew

it was time to, it was actually time to leave. Like, everything up until then, it was, “Nah, he didn’t really hit me. Nah, he didn’t really hit me.” But when he hit me to the point where I could taste and I could see my own blood, I’m like, “Yeah, I’m pretty sure he hit me now.”

It appeared that most of the participants experienced abuse in other ways, but some of the women does not understand the behaviors that constitute abuse in intimate partner relationship. For instance, because their abuser is not hitting them, they do not see the behavior as abusive. Similarly, Participant 7 mentioned how her experience of physical abuse involve aggressive behaviors such as pushing, grabbing, and pouring water on her face.

We’re just standing there and he takes a sip of water, and then I’m taking a sip of my water. And the next thing I know, he threw the glass of water in my face; he threw the glass of water in my face and I’m covered, covered in water. And I, I’m just so shocked, I’m like, “What are you doing? What is this?” And then he pushes me, or he grabs me by the shoulders and he pushes me, and he says – and his floors are slippery, so I’m wearing socks so it’s really slippery – he pushes me, he grabs me, he says, “You don’t listen to me.” He says, “You never listen to me. Why don’t you understand what I’m saying to you?” And I’m like, “What are you doing? Like, what’s going on? Like, stop. I don’t understand.” And he says, “You don’t, you never listen me.” And he grabbed me by my face and he just pushed me. And so, I slipped a little bit and I just fell, just on my, on my butt, I fell on the ground.

Participant 2 mentioned she experienced lots of psychological and emotional abuse and did not consider the relationship abusive until she was being pushed, shoved, and hit by ex-husband. This was when she understood that he is physically abusive towards her.

We had a serious problem and he, that was the first time he laid his hands on me and we had a really big one. We call the cops then and then they, they took him out of the house. So that was the biggest problem I had, because they took him out of the house and he felt that – I called the cops actually, so that was, he first beat me that I called the cops on him, right? So that was where I would say the, the bad belief started – I don't know what's the right word to use – or the resentment started, right.

Participant 8 felt the abuse started as yelling and being called names until it graduated to physical abuse.

He would yell at me, call me names. And then he would hit me, grab me roughly slap me across the face, pull my hair, throw me into different corners of the bathroom or wherever we were.

### ***Sexual Abuse/Deprivation***

Some participants spoke about experiencing sexual abuse, including being forced to have sex, being denied sex or having their physical needs neglected, and/or being denied sex by their spouse while the spouse is getting it from outside. Participant 9 shared experiences where she was being forced to have sex even when she did not feel like doing so. She would say things like, “You know what? I'm, I'm not for it. I'm, I, I, I'm not feeling, I'm not in this space to have sex or to make love.” Her decision to not have

sex was not respected by her partner, who did what he wanted regardless. Participant 8 explained that her experience of sexual abuse happened after giving birth when she was still in pain: “When he wants to sleep with me even, I just have a baby, I am not allowed to say no even when I am in pain.” She mentioned that her ex-husband had no consideration for her as a woman that just had a baby and both the emotional and physical toll that it had on her. Participant 4 explained that her husband will force sex on her when he is drunk.

He’d go get drunk when he comes back, right? He would want to force me to, to, to have sex; sometimes I was not in the mood. And if I say no, he would slap me, right?

Multiple participants shared similar experiences where sexual and physical abuse were closely connected, as described here by Participant 4.

### ***Cheating***

The idea of cheating involved the man having sexual activity with another woman outside of their marriage. This was explained as a form of sexual abuse by one participant, who explained her husband was denying her sex while simultaneously fulfilling his physical needs outside their relationship. Participant 2 stated, “I confirmed he was dating this girl and they were very serious.”

### ***Financial Abuse***

The desire to be in full control also led to financial abuse. Six participants commented on it, although the forms in which this kind of abuse takes place may differ. In most cases, it involves the abuser not giving the woman access to his, or her own

money. Participant 2 summarized those different forms of financial abuse essentially involved the partner trying to “have control of the money” in one way or another. This was reported by Participants 2, 6, 5 and 4. Participant 4 also explained that her partner was sending their joint money to support his mother, and her opposing this would lead to fights. Some partners, including Participant 2’s partner, would force her to pay the bills and other expenses herself that they both would benefit from, or would not let them buy anything. Participant 7, in turn, experienced a different form of financial abuse: her partner was actually willing to spend money on her, only to later use this against her. Participant 7 stated

He would help me pay for, like, textbooks for school, sometimes he’d help me pay for my phone bill, you know, if we went out to eat, it was always on him. And I think he also used that against me, making it, making it feel like I owe him, you know? So, he could do whatever he wanted, he could be in control 100% just because he helped me out sometimes financially.

In all cases, regardless of the form of abuse, it always had a strong impact on the victim. Table 3 shows the different ways in which the participants coped with the abuse. As evident in Table 3, themes in this category have been divided based on the different stages of the relationship. Understandably, however, whilst the majority focused on factors that eventually helped them get out of the relationship, findings regarding the coping strategies are limited. This is not surprising, as given the traumatic nature of the abuse described in Section 1, it is difficult to imagine that there are many coping techniques, as opposed to trying to end the abuse.

Research Question 2: How do these women survivors cope with the experience of abuse?

**Table 3**

*Interview Thematic Framework: How Participants Coped with the Abuse*

| Theme/sub-theme                              | How many participants discussed it? | How many times it was discussed in total? |
|--|-------------------------------------|---|
| How participants coped with the abuse        | 9                                   | 114                                       |
| Having some distractions                     | 5                                   | 11  |
| Having a strong and resilient mindset        | 5                                   | 4   |
| Keeping a journal                            | 2                                   | 4   |
| Praying                                      | 2                                   | 3   |
| Behaving in a specific way to keep the peace | 2                                   | 2   |

### **Theme 2: Multiple Survival Strategies**

Utilized multiple survival strategies - i.e., psychological, behavioral, and spiritual survival strategies. Out of the participants who did comment on this topic, two participants explained that having some distractions helped them, with Participant 8 having resorted to drawing and painting, while and Participant 2 shared she was “working three jobs because I didn’t want to go home to see him.” Additionally, Participant 8 described keeping a journal as a form of therapy, something that also helped Participant 1 to remember what actually did happen when her partner was denying his actions. Finally, two participants commented on having a strong and resilient mindset, although of course it should be pointed out that all women who managed to survive such experience are strong and resilient. Those who commented, however, described developing “that work hard mentality” (Participant 7) and telling themselves that “what doesn’t kill you, makes you stronger.”

### *Behaving in a Specific Way to Keep the Peace*

Two participants commented that they behaved in certain ways to keep the peace. This included acting like nothing was wrong or overcompensating to avoid anything going wrong in the house. Many of the participants called attention to gender roles and view of intimate partner violence in African communities. When asked about their coping strategies during the abuse, many said something to the effect of: “I don’t know how I coped, I just survived.” Many of the participants spoke to excusing the behavior because “it wasn’t physical,” “it only happened one time” (at that point), or “they apologized and changed,” (briefly) and they believed it.

### *Praying and Spirituality*

Participant 7 resorted to praying, which she described as “just trying to hold on to any hope that I could.” In addition, spirituality had both positive and negative impacts as a support; for some, their spirituality was where they found salvation, and for others, their spirituality did not offer any support or were actually harmful to their situation. It seemed like the most common supports were found in friends and family. From participants’ sharing, it often took only one person to see what was wrong, validate, and support survivors in moving forward as they see fit.

### **Theme 3: Damages to Core Self and Transformation**

This theme refers to suffering damages to one’s core self, meaning physical, emotional, relational, professional, and spiritual damages. In most cases, this also included a measure of transformation. Similar to the forms of abuse that often varied and overlapped with each other, so did the ways in which the abuse affected the victims.

Research Question 3: What themes emerge from the effects of abuse on these survivors?

**Table 4**

*Interview Thematic Framework: How Participants Described the Effects of the Abuse*

| Theme/sub-theme                                | How many participants discussed it? | How many times it was discussed in total? |
|--|-------------------------------------|---|
| Effects of abuse                               | 9                                   | 68  |
| Affected self-esteem and self-confidence       | 7                                   | 10  |
| Depression and mental breakdowns               | 6                                   | 15  |
| Isolation                                      | 6                                   | 9   |
| Affected sense of self                         | 6                                   | 6   |
| Permanent anxiety and affected trust in people | 4                                   | 10  |
| Affected independence and professional life    | 3                                   | 5   |
| Affected faith                                 | 3                                   | 4   |
| Affected physical health                       | 3                                   | 4   |
| Positive transformation                        | 1                                   | 5   |

#### *Affected Self-Esteem and Self-Confidence*

Most participants reported affected self-esteem and self-confidence, which also led to other issues, such as depression and mental breakdowns or affected sense of self as a whole. Participant 2 shared, “I lost confidence in myself, I looked at myself to be very (...) unattractive, I looked at myself to be fat,” as Participant 1 explained that the abuse led to “tearing down anything that I thought was unique about myself or good.” In other words, as Participant 4 explained, “you are reduced to nothing” as a result of constant abuse. Many participants developed depression and were “broken mentally” (Participant 1), “going nuts” (Participant 2), and sometimes felt like completely giving up, explaining that they accepted the thought that they may even die as a result of the abuse they experienced.

The long abuse resulted in some women feeling, as described by Participant 7, “very, very depressed.” Participant 7 echoed these sentiments, finding that “it was a long cycle of depression and doubting myself and doubting that anybody was (...) on my side.” As she further explained, “I didn’t really trust anybody.” This demonstrated another discussed impact of abuse, namely permanent anxiety and affected trust in people. The participants struggled mentally and felt they did not “have the confidence to go out there and do things by myself” (Participant 5). They identified feeling scared and anxious, experiencing panic attacks. They also lost trust in people in general, and men in particular, explaining that “I was just so terrified of even thinking about (...) having a relationship ever again my whole life” (Participant 7).

### *Isolation*

Isolation is another effect, which participants described as being cut off from their social networks by the abuser or deciding to stop communicating with friends and family out of fear (see Section 3 for the discussion of fear as a challenge to ending the relationship). Participant 8 mentioned that her partner saw her social connections as a threat.

[Other women talk about] being isolated from their mutual friends and acquaintances, but I, you know, I have my mom, my, my family, and I had other people who I cared about as well who I’d obviously want to check up on and see and hang out with. And so, whenever I would push my attention towards other people, he would get upset and he wouldn’t believe that I loved him.

Participant 1 echoed these sentiments, talking about the effects of this isolation on their well-being and the relationship.

You know what was interesting was how isolated I had become. The kind of person I am, I'm very boisterous, very much connecting, relational, friends upon friends upon friends. And somehow in this journey – his name is (ex-husbands name) – somehow in this journey, I got to the point where I really was very isolated; it was just me, him, work, and (my friend who checks-in daily). But he, there were so many of my friends he didn't like, so many of my friends he took a categorical stance against, actually declaring they could not be invited to the house.

Participant 4 spoke about these impacts.

When I came, I would always be in my house with my son, you know, may be just glued to TV or, you know, afraid to go outside. So, it was my brother who insisted, you know, "What are you doing? So, how is the days? Like, how is, outside days?" Like I'm like, I always say to him, "You know what? I, I'm afraid to go outside because I don't know how people would react to me or how they'll talk to me. I'm afraid to meet people." So, he'd always say, "Don't – just try, try when you go to the stores, just try to talk to people. Just try to." That's when I started. I think it took me 4 to 5 months to really have a conversation with someone, right?

In addition, Participant 5 spoke to the fear that allowed for the proliferation of her isolation.

Well, the, the abuse from then on was incremental. I started feeling unsafe in my, in my home. I started not expressing how I feel for fear of being hit. I was very cautious about what I say. I started, you know, not communicating with my friends when he was around and yeah, I think in all it lasted for about 5 to 6 years.

For Participant 8, this was tied to the material consequences of abuse.

He didn't physically lay a hand on me until there was an argument regarding his mother and my mother, and my mom wanting me to move back home. It was, it was scary because, you know, I was very isolated. And so, with him and how he, you know, took me on with all these lavish things, I didn't have much to go back to or my own apartment anymore because I was living with him. So, he definitely very, very much isolated me away from the people who wanted to see me and wanted me around.

Participant 1 shared similar sentiments, especially around seeking help.

And so, I didn't really, I didn't do therapy because I was afraid that he would find out, I couldn't tell anybody because I was afraid that he would find out. So, I really just used myself and I tried to help myself.

Participant 3 shared this fear, mentioning that they sometimes do not feel like they have the confidence "to go out there and do things by myself, I feel scared, I'm afraid that I might run into him in the community." Similarly, Participant 6 mentioned how challenging it was to challenge isolation when a woman and her abuser walk in the same circles.

If you are doing the same religion sometimes it helps when you speak to the same pastor and they can talk to you, but it is worse if you have different religion and if the man does not have any religion, then it becomes worse and there is no one to help – there is no freedom, the man is not allowing you to leave the house and you cannot speak to anyone.

### *Affected Independence and Professional Life*

Some participants discussed the ways abuse affected their independence and professional life, through an aforementioned lack of financial independence as well as their partners' desire to control their life, including decisions regarding job opportunities. For example, Participant 7 stated that, "during this time, I was confused because I didn't know how it's all going to end up. I wasn't, I wasn't stable emotionally. I wasn't working, so financially I was dependent on him."

Also, another participant mentioned how intimate partner violence affected their professional life due to lack of support from their spouse. Participant 5 shared

I wasn't even in school anymore; I kind of just stopped going. It really took a toll on my mental health, more than anything else. And that, that toll that it took on my mental health really affected every other aspect of my life as well.

Participant 4 mentioned how intimate partner violence affected their professional life, stating the following.

For the financial aspect, I was ruined financially in a way because I used all my savings. I wasn't ruined, don't get me wrong, like, ruined, ruined, ruined; because

I had saved a lot, so I felt I just got drained in a very terrible way because he wasn't supporting me. He didn't support me, you know? So, I got drained kind of. Also, Participant 2 explained how they never got the support of their partner when they got a good job. He insisted she quit the job because he wanted her to stay in the home. She recalled the following conversation.

[I said,] "I got this job and I'm going to resume." That was when he told me that if I go, I should just don't come, I should not come back. So had told me, but the doors were locked. So, I had to go and call, you know, call people to beg him; beg, beg, beg, beg. And all of them would be like, "Leave your job; this man is, this, this man is that," you know? And that was why I just left that job, but I was like, I tell you that's why I left, that's why I left that job for this man.

**Affected Faith and Spirituality.** Affected faith was mentioned by four participants, who "felt like [their] prayers weren't answered" and that they weren't being heard during the abuse.

I think that it was, my spirituality was waving just a little bit because you wonder, why is this happening, and why me, and what have I done? And you know, they always say good thing, bad things happen to good people, and so I was wondering what it is that could have happened that made this happen to me. So, my obviously as I'm in therapy and working on it now, I'm hoping to gain a sort of trust with my spirituality again and, you know, that connection and that bond of never having it waiver. But during that time, it was on the, a very small thin line between, you know, feeling like, "Is this really what's meant to happen?" And,

“Why is this happening?” And, and just forgetting it all and wanting to be like, you know, forget this, it’s not real; it’s not true because why would this happen to me? So, as I’m working towards, you know, repairing that now, but during that time it was very hard (Participant 8).

One of the participants mentioned how their life was shattered.

But he just felt that this one, and so with all those things: telling God and saying to God all these things that I’m going through, we prayed and, you know, see how it came. So, it was really down; prayer life, everything went down, zero. Even until now, I’m just still, just picking up the pieces of my life again. That’s one (Participant 2).

Another participant explained how they kept praying throughout their ordeal, but eventually lost faith because “it didn’t work.” Participant 7 stated that

Well, if you say spiritual health effects, (...) I don’t go to church anymore because I felt that I was praying, even though I was praying for a child and I was praying for the marriage, and it didn’t work. So sorry to say, I don’t go to church anymore. Like, I’m just on my own right now; I don’t go to church because I felt that I didn’t get the support I needed from the church. And my prayer life has actually gone so low because, you know, in the way you’re praying and nothing is happening and you really trust and you felt this was the right thing.

One of the participants mentioned losing connection in their faith and believed it was due to their experience of intimate partner violence, as stated by Participant 3 below.

And you know, even after the relationship, I kind of lost my connection with my faith because I was just so, just so down and I didn't believe that – because what I was praying for was a better relationship with him, not to leave the relationship. So when I left the relationship, it, it really, I felt like my prayers weren't answered and that they weren't being heard the whole time and it was all for nothing, and so I kind of lost myself in my faith.

**Affected Physical Health.** Not surprisingly, as a result of not only violence and physical abuse but also the aforementioned psychological struggles, physical health effects were also reported. Participant 4 mentioned how the abuse affected their physical health, for example, “losing weight or gaining weight sometimes.” Participant 2 shared, “having constant headache, there is a high level of pain in the body – no one will see the pain and headache.” Other participants mentioned how their overall health was affected from the effects of the abuse. Participant 3 stated

I started to fall ill; I am never ill, I'm actually never ill, that is not a thing. (laughs)  
I'm always healthy, and to my detriment, because I know I'm always healthy so then I overdo everything because I feel like, “Oh, I'm indestructible,” right?

Also, Participant 6 stated

So that day, it was day with the pain and everything else. I was still hoping that I will be able to carry the pregnancy without getting aborted and everything, but along the line, or it's, it's, it's the abortion happened and we went through. I had to be rushed back to the emergency and that day myself, my son, we did. ... The doctor said I lost the baby and the only thing you could said was that, “Can you

take me home now?" So, while he was putting me out of that place, I just said should be done this whole you once. That was the only thing. I, I can't even remember if my son heard it, I said, this is all you want.

### *Positive Transformation*

In an unexpected twist, Participant 1 said she experienced a positive transformation, which set a stage for extra probing during the interview. Participant 1 explained that although she was affected in a negative way by the experience of abuse, a positive transformation happened to her from this negative experience that helped her understand both the abuser and herself better. She stated

I would say the two biggest transformations for me that arose because of this violence, this domestic violence, was the recognition of person-in-environment; this really particular way and the recognition of that domestic violence is not just he's a monster and I'm good. And like, there's so much that has gone into the creation of him and me; me conceding my own power when I met him, even before I met him, and him in the way he's constituted and the things he's seen and the suffering he's experienced and the pain he's experiencing in the lack of security that he's having.

### **Theme 4: Challenges and Barriers Associated with Abuse**

All participants spoke in detail about the barriers and challenges they endured while trying to improve or end the relationship and the hardship involved in doing so. Each statement from the participants were added to the emerging themes in the research questions. The emerging themes such as the abusers being likeable and hard to spot; not

knowing what classifies as abuse; not being believed; over-relying on religion and prayer; and substance abuse.

**Table 5**

*Interview Thematic Framework: Challenges and Barriers Associated with Abuse*

| Theme/sub-theme<br>(Other themes that emerged from the interview)               | How many participants<br>discussed it? | How many times it<br>was discussed in total? |
|---|--|--|
| Challenges and barriers   | 9                                      | 111  |
| Stigma, stereotypes and cultural influences                                     | 7                                      | 19   |
| Fear of life beyond the abusive relationship                                    | 7                                      | 12   |
| Normalizing, justifying or getting used to bad behaviors                        | 5                                      | 10   |
| Seemingly positive behaviors and signals making it hard to end the relationship | 5                                      | 9  |
| Lack of support from friends and family   | 5                                      | 8  |
| Being financially dependent on the abuser                                       | 5                                      | 5  |
| Reluctance to seek support or leave   | 4                                      | 12   |
| Being too scared to act   | 4                                      | 9  |
| Ignoring red flags and intuition  | 4                                      | 7  |
| The abusers are likable and hard to spot  | 4                                      | 7  |
| Not knowing what classifies as abuse  | 4                                      | 4  |
| Not being believed  | 3                                      | 3  |
| Over-relying on religion and prayer   | 2                                      | 3  |
| Substance abuse   | 2                                      | 3  |

***Stigma, Stereotypes and Cultural Influences***

All participants explained the role of stigma, stereotypes, and cultural influences as a significant barrier. Due to the participants' cultural background, it was difficult for them to seek help or to leave their husbands, as in their community "it's a taboo (...) for a woman to leave her husband" (Participant 5). As a result, it is common that family members and friends encourage the woman to "stay and hopefully that he'll change" (Participant 5). As Participant 5 explained further, "I endured the abuse for too long and listened to some of my community members who encouraged me to stay." Similar experiences were shared by other participants as well. Participant 1 also felt that she was doing something "that not everyone approved of in my community," which was also used

against her by her husband. As she explained, since “Yoruba and Nigerian people don’t divorce,” to stand up against her husband was “to stand up against Nigerians, against Yoruba people.” Because of this, it was also common that parents encourage their daughters to stay in the relationship, as “they didn’t want divorce” (Participant 2).

***Over-Relying on Religion and Fear of Being Condemned by Family***

Over-relying on religion and the fear of being condemned by the family were not the only reasons, however, for reluctance to seek support or leave. Although in some cases it was indeed because of these strong cultural beliefs (“I had that in my mind that he is my husband [and] I need to respect him”, Participant 2), other women did not want support because they “didn’t want other people around” (Participant 8) as a result of their isolation. Also, being too scared to act was a common reason for this reluctance, with the women being scared for themselves as well as for whoever would attempt to help them. The influence of their cultural background also manifested itself in over-relying on religion and prayer, which is another barrier. As Participant 2 explained, although people around her were encouraging her to leave, she was “rejecting and fighting and praying”. As she explained, “my problem was that I think I brought in too much religion into this thing and I felt that it would be fixed”.

***Fear of Life Beyond the Abusive Relationship***

Another discussed form of fear was a general fear of life beyond the abusive relationship, with the participants describing their anxiety and fear of the unknown in the following ways. Participant 2 shared her thoughts:

I felt, “Oh God, I’m going to be 40 soon.” I think I was 37 or 38 when I was divorced, “I’m going to be 40 soon. Who is going to take me? Who’s going to take me? How do I start? How do I get a baby? How do I…”

On the other hand, Participant 4 expressed the following:

Sometimes we think, “If I get out of this situation, how am I going to start up? How am I starting off? This is the life I know, how am I going to start from the beginning? Now I have a child. How do I start? How? Where do I go? How do I…”

Similarly Participant 5 stated, “I didn’t know what the future would hold for my two kids, so I stayed, because of the uncertainty for myself and for my children.”

### ***Being Financially Dependent on the Abuser***

Another related reason is being financially dependent on the abuser, for as previously explained, it was common that the abusers took control of their partners’ finances. Some women worried about not being believed, as they explained, “they never believe the women” (Participant 1) when they seek help. This is even more challenging when considering that abusers tend to be outwardly likable and therefore hard to spot, which was discussed when the participants described their first encounters with their future partners.

### ***Lack of Support from Friends and Family***

Considering the findings regarding ways to end the relationship, where external support was the most discussed factor (see the section, How to Move On), it is not surprising that lack of support from friends and family can be a major barrier to leaving.

This tends to be a result of either not having a support system in Canada as an immigrant woman, or being isolated by their partners. At the same time, their family is often in a different country or, as noted above, is not willing to help due to the stigma and cultural beliefs. Also, a few of the participants mentioned they were afraid because they did not know where and how to start especially with their children. For example, few of the participants stated that they did not know what the future would hold for their children, so they stayed, because of the uncertainty for themselves and their children.

### ***Normalizing, Justifying, or Getting Used to Bad Behaviors***

Another kind of barrier was those where the victim would not even know whether she wants to seek help in the first place. For example, normalizing, justifying, or getting used to bad behaviors, coupled with not knowing what classifies as abuse, resulted in situations where they did not seek help and indeed felt like they did not necessarily need to. They kept telling themselves that “things will work out someday” (Participant 3) and “this will change eventually” (Participant 8) instead of trying to address the problem early. It was even more difficult to recognize the problem if they did not know that abuse encompasses harmful behaviors beyond only physical violence, as several participants admitted.

### ***Ignoring Red Flags and Intuition***

In addition to the above, ignoring red flags and intuition from the beginning made things harder. Those who commented explained that because they were in love, they ignored first signs that something may be wrong. Participant 7, for example, shared that she “would just let it slide (...) [and] didn’t think much of” her partner’s alarming

behavior. She recalled that “he would say things like, if we got into a little argument, he would say, “Oh, don’t, don’t get me mad. Like, you, you don’t wanna get me mad.”

Participant 1 also had bad feelings about her partner from the very beginning of their relationship, but she “just kept pushing through.”

### ***Seemingly Positive Behaviors and Signals Making It Hard to End the Relationship***

Another factor that was a barrier to taking action were the abusive partners’ seemingly positive behaviors and signals making it hard to end the relationship. The relationship, even that with an abusive partner, “is never just black and white” and “there are days that were very nice and then there were days that (...) weren’t” (Participant 8). Several participants noted that “there were times when things improved” (Participant 5), usually after incidents of abuse. This involved apologies and long periods where the abuser may have been “the best he’s ever been” (Participant 7), giving the woman false hope and affecting her decision to end the relationship.

### ***Substance Abuse***

Finally, two participants commented on the role of substance abuse. In the case of Participant 4’s partner, alcohol was a key influencing factor.

If he comes home, he used to drink, so I think that’s one of the major things cause once he’s off work, he would go to the bottle store where, the bottle store, right? Close to the school. He’d go get drunk when he comes back, right? He would want to force me to, to, to have sex; sometimes I was not in the mood. And if I say no, he would slap me, right? So, it all started with slaps, shouting, yelling;

until it was really hitting me to the extent that I couldn't go to work maybe the following day, right? So that's all how it happened.

Participant 8 shared that substance use made their partner even more violent and aggressive:

He was, I think he himself was under the usage of drugs and heavy alcohol, which I didn't realize until further into the relationship. And so that I think caused him to act out of – of course, you know, actions aren't as a result of what you take, it's who you are. And so I think that would just heighten his, his actions prior of, you know, abuse and, and hitting.

As a result of this substance-influenced abuse, Participant 8 shared she too also started to take drugs eventually, which affected her ability to evaluate “what was happening” and have strength to end it. She explained

I started taking drugs. He was doing cocaine, and so it was, I guess, a lifestyle of his own. And so, because of that I, I guess I indulged. And I think that's where a lot of my own misconceptions of what was happening was, was coming from, because I was also under the influence. I guess it got really bad at one point, you know, I wasn't myself and through that, the job that I met him through, I, I no longer work at. So... Yeah.

### **Theme 5: Moving on from Abuse**

Regarding the ways that participants were able to end this abusive cycle, support from friends, family, and strangers was by far the most discussed one. It is mainly because of such support, in one form or another, that the participants ultimately managed

to end the relationship. Friends and family, or sometimes pastors in church or even random strangers, were those who often provided mental/spiritual support, advised on where to seek help and “recommended therapy” (Participant 7), or “encouraged [them] to look at (...) the overall picture” (Participant 5). Considering the psychological damage that the abusive relationships resulted in, the participants validated and named these experiences as abuse, which made the women realize that there is a problem in the first place.

**Table 6**

*Interview-Thematic Framework: How to Move and End the Abuse*

| Theme/sub-theme<br>(Other themes that emerged from the interview) | How many participants<br>discussed it? | How many times it was<br>discussed in total? |
|---|--|--|
| How to end the abuse  | 9                                      | 91   |
| Having support from friends, family or strangers                  | 7                                      | 24   |
| Speaking up and reaching out for help                             | 7                                      | 17   |
| Realizing there is a problem                                      | 6                                      | 14   |
| Seeking professional help   | 5                                      | 13   |
| Knowing how to stand up to the abuser                             | 5                                      | 9  |
| Being prepared and having a plan                                  | 4                                      | 12   |
| Trusting intuition  | 2                                      | 2  |
| How to move on  | 6                                      | 12   |
| Work on healing your Self   | 4                                      | 7  |
| Try to move on with your life                                     | 4                                      | 5  |
| How to end the abuse  | 9                                      | 91   |
| Having support from friends, family or strangers                  | 7                                      | 24   |
| Speaking up and reaching out for help                             | 7                                      | 17   |

*Healing Yourself*

Healing themselves was the key suggestion from participants around how women could move on with their lives after the abuse. Participant 1 suggested, “finding the resources for where you’re going to get counselling, where you’re going to get therapy, where you’re going to heal” and do “inner work”. Participant 7 further advised women experiencing abuse to “take time to get to know yourself and love yourself because that’s

the only way that you'll be able to forgive yourself eventually for what you want through." Participant 8, in turn, suggested meditation and trying to be "kind to yourself," as well as therapy.

Regardless of what exactly each person does, the most important thing is to try to move on with your life (see Table 6). After having endured abuse and isolation for so long, it may be overwhelming and "scary" to be starting over and "leaving something that you've been used to" (Participant 9), but the participants' advice is to "pick it up from wherever it is" (Participant 3) and move on. Sometimes this may also involve such everyday matters as "getting security, getting a job that is steady, consistent, getting housing" (Participant 1), but this must not discourage the victims of abuse from trying to get their lives back to normal. Having discussed ways to cope, ways to end the relationship and ways to move on with the life afterwards, it is now important to turn to certain barriers that make the above more difficult.

### ***Realizing there is a Problem***

Realizing there is a problem was, in fact, another important factor that in the long run contributed to ending the relationship. The participants often explained that it is not always obvious that a problem exists if you are in such relationship, especially if you are being subjected to gaslighting and other forms of manipulation and mental abuse. Sometimes it was other people who helped the participants realize that there is a problem, such as in the case of Participant 4, who was told by a random "lady who took me by my side at disco" that "he will kill you if you don't act right." This was an important moment of realization that led to a chain of actions that eventually helped her to escape this

relationship. For others, it was a therapist or a lawyer, or yet other people, who made them aware that it is time to act. Participant 9 identified the degree she was pursuing in Counselling Psychology, which helped her “put a name to what I was going through.” There were also cases where the women said “enough is enough” (Participant 4) following another fight or act of physical violence. In any case, without such realization, they would never have acted and managed to escape their relationship.

### ***Speaking Up and Reaching Out for Help***

Another crucial action is speaking up and reaching out for help. In many cases, the women explained that eventually “other people around me started noticing” (Participant 8) that something was wrong, which eventually led to the aforementioned support from the outside. When asked to provide suggestions for other women experiencing abuse, 7 out of 9 participants emphasized the importance of speaking up. Although some willingly reached out for help, usually “when [they] realized (...) no person should live like this” (Participant 4), this often happened later than it should and most participants regretted not having asked for help sooner. Also, considering that most of them have been isolated and cut off from their friends and family (as discussed in Section 1), to wait for other people to offer help may not always be a good idea. Instead, they suggest talking to friends, family, church members, or even seeking professional help, such as counsellors or therapists to interrupt the silencing effects of intimate partner violence.

### ***Knowing How to Stand Up to the Abuser***

Knowing how to stand up to the abuser was also discussed, although it is important to point out that standing up to the abuser may lead to even more abuse in some cases. For the participants of this study, however, doing this usually resulted in a chain of events that eventually helped to end the relationship and often was linked to the aforementioned realization that something is wrong. The abusers who were confronted, in turn, rather than being angry often either deny their actions or “shut down” and “[go] silent,” such the partner of Participant 7. She recalled immediately confronting her partner after being hit for the first time:

I was like, “So you’re mad at me, so you hit me? That justifies that,” you know? And he was like, “It does, yeah.” He’s like, “I’m just mad, I’m just mad.” And I, I was very confused. I was like, I was like, “Even though you’re mad, you don’t hit me. Like, we have a conversation and we go from there.” And he just didn’t even want to talk about it; he just shut down completely, went silent, took me home, and then he went home as well.

### ***Being Prepared and Having a Plan***

To actually end the relationship, being prepared and having a plan is crucial. Having a safe exit strategy was key to challenge the fear participants discussed of life beyond the relationship and the experience of leaving. Here, again, very often friends and family were helpful, with four participants explaining that such external support helped them make the decision. Knowing that they have somewhere to go and stay, having someone to rely on until they find a new job, or having a plan for how to address the

abuse from a legal point of view provided a peace of mind and helped the women make the important decision.

### ***Trusting Intuition***

Finally, a factor that ultimately helped to escape the relationship is trusting intuition. It is shown in the above section that ignoring intuition, as well as normalizing the traumatic experiences, were among key discussed barriers to finding a way out. When asked about advice to other women, therefore, two participants suggested that such intuition should not be ignored.

Based on the result, there is a correlation between the findings and research questions from nine African immigrant women who have experienced intimate partner violence and were willing to share their experiences. The participants showed commitment in the research study considering the traumatic and painful effects of abuse for survivors, they were all keen to share their lived reality. One of the participants said, she might not be able to share this story a few years ago, but she has worked on her healing which makes it easier to speak about it now, and she advocates for other women going through the same experience daily in her practice. It is important to end violence against women and minority women in many societies especially in Alberta and Canada as a country and the findings from this study highlighted some of the findings from previous research about the effects and coping strategies victims and survivors have used in the past.

## Summary

In summary, my findings addressed the research question which was to explore and report how African immigrant women survivors who have successfully left their abusive relationships described their experiences of abuse in intimate partner relationships. I wanted to focus on how these women survivors coped with the experiences of abuse and what themes and connections emerged from the effects of abuse on these survivors. Hence, this research highlights the experiences of African immigrant women who have left an abusive relationship and ultimately survived intimate partner violence. The participants described and expressed their experiences of intimate partner violence, the effect of the violence, and their coping strategies as best as they could using sentences and terms to fit each research questions.

In this chapter, I presented the demographic information of the participants and my findings, using themes and sub-themes that emerged from the analysis. The evidence of trustworthiness was presented to establish the research credibility, transferability, and dependability, including member checking. The experiences, effects, and coping strategies of intimate partner violence became clear from the participants statements and point of view. NVivo 12 was used to organize and developed codes and categories, while thematic analysis was used to express meaning of the themes and subthemes. The result supported the research questions with 5 themes and several subthemes.

In the following chapter, I discuss the themes and their connected subthemes that emerged from analysis as they relate to my feminist theoretical framework as well as other research on this topic. In this concluding chapter, I also present the study

limitations, future recommendations for research, implications for social change, and conclusion based on the findings from the study.

## Chapter 5: Discussion, Conclusions, and Recommendations

### **Introduction**

This qualitative study explored the experiences and the effects of intimate partner violence among African immigrant women who left abusive relationships in Edmonton, Alberta, identified their coping strategies, and determined recurring themes of the effects of abuse on the women. I chose a basic qualitative approach to obtain detailed answers from the participants. The qualitative approach I used in this study allowed for the opportunity to be flexible and creative as I explored and understood the phenomenon of intimate partner violence from the perspectives of the African immigrant women survivors (Cooper & Endacott, 2007; Erickson, 2011; Sandelowski & Barroso, 2002). In addition, this approach gave me an insightful and descriptive knowledge of the experiences, effects, and coping strategies of the participants and other emerging themes that the women shared during the interview process. My research was guided by the following questions: (a) How do African immigrant women survivors who have successfully left their abusive relationships describe their experience of abuse in intimate relationships? (b) How do these women survivors cope with the experience of abuse? (c) What themes emerge from the effects of abuse on these survivors?

I used a purposive sampling method to recruit participants that fit within my eligibility criteria. Once participants had given consent, and we had coordinated a meeting time, data collection was guided by a semi-structured interview guide as I met with them via online video and telephone interviews. It was important to engage participants and ask the right questions during the process to empower women to feel

comfortable sharing and allowing their voices to be heard. By the end of the data collection process, I met with nine African immigrant women with lived experiences of intimate partner violence in Edmonton, Alberta. Following the interviews, I identified themes and emerging themes that are relevant to the experiences of intimate partner violence, the effects, and coping strategies of these women.

I used two strands of feminist theories, namely Hunnicutt's (2009) variety of patriarchy and Kimberlé Williams Crenshaw's (1989) theory of intersectionality. These theoretical frameworks helped me to understand how African immigrant women survivors of intimate partner violence described their abusive relationships, coped with the experiences of abuse, and described the effects of abuse; overall providing an insightful and comprehensive understanding of the phenomenon (Reeves et al., 2008).

### **Findings**

The use of the qualitative method for this study yielded rich descriptive data from participants and revealed themes that increased my understanding of intimate partner violence and the experiences of African immigrant women in Edmonton Alberta. I used NVivo 12 to identify five themes and multiple subthemes that emerged from the transcribed interviews to show the experiences, effects, and coping strategies that participants implemented when dealing with the challenges of intimate partner violence. During the interview process, I identified and reported the experiences, effects, and coping strategies they adopted while dealing with the situation of intimate partner violence among African immigrant women.

The study revealed some known information about the effects of abuse and coping strategies women used when dealing with abuse, as highlighted in Chapter 2 literature review. In this chapter, I discuss the findings from data analysis using the research questions as a guide for clarity, and then work to interpret these findings. I then discuss study limitations and make recommendation for practice and research study, as well as implications for broader social change.

### **Interpretation of the Findings**

The overall findings from the participants validated some of the findings from the literature review in Chapter 2 on the experiences of intimate partner violence, including the coping mechanism and the effect of intimate partner violence on victims and survivors (Abramsky et al., 2011). Based on the findings from this study, though there are similarities and differences in the experiences of abuse among the participants, they all have one thing in common: the experience of one or more forms of abuse and they have all been impacted one way or the other by the abuse in in their lifetime. For example, most of the participants in this study had experienced intimate partner violence. This validates Adams and Beeble's (2019) findings that intimate partner violence is the most common form of violence that women experience. Similarly, Ansara and Hindin (2010) found in their study that it is common for a woman to experience more than one form of intimate partner violence simultaneously in her lifetime. Though this was common, each of the participants utilized different coping strategies to deal with abuse at the time. There were instances of anger and emotional pauses during the interview for most of the participants, but they all appeared to be contented and in a good place with a positive

outlook toward their future while sharing their experiences. It is good to highlight that all the participants in this study were delighted and expressed relief while sharing their stories, and they hoped it would help other women in similar situation.

### **Victimization with Multiple Types of Abuse**

The African immigrant women survivors who have successfully left their abusive relationships described their experiences of abuse in intimate partner relationships in different ways with multiple types of abuse. In addition, the results from this study revealed that the women experienced multiple forms of victimization from their male partners such as physical, psychological, and emotional abuse. Conclusions drawn from previous studies indicate that intimate partner violence is both a health and social issue that affects women all across the globe, and at higher rates among minority women and women living with a disability (Abramsky et al., 2011; Pengpid & Peltzer, 2020; World Health Organization [WHO], 2013).

Physical abuse is devastating and dangerous in an intimate partner relationship, as it could lead to anxiety, fear, and harm for the victim. Breiding et al. (2015) argued that if there is an intentional use of physical force on victim, there are significant potential harms. Although participants reported physical abuse, the reports were minimal when compared to reports of psychological abuse. It appeared that the men used psychological abuse as a form of coercive control. Though there is no physical punching, shoving, pushing, or any physical violence in these cases, the effect is often more damaging to the victim than those involving physical violence. The victim also cannot prove to anyone what is happening because there are no scars or bruises; however, the abuser targets the

core existence of the woman, her psychological and physiological well without ever resorting to physical violence (Pence & Paymar, 1993).

According to the varieties of patriarchy, men are encouraged to view the bodies of women as belonging to them, leading them to view women as their property rather as equal partners. This may predispose men to sexual victimization of women in intimate partner relationships (Hunnicut, 2009). The women reported sexual abuse, either being denied sex or being forced to have sex when the woman does not want to do so. The women also reported being ignored and neglected in the home, with their partners often absent either physically or emotionally. Also, the victimization of the African immigrant women in this study is multidimensional as they experience multiple forms of abuse in intimate partner violence, impacting their current and future relationships with men. For example, Hunnicutt (2009) explains that the systems of male domination and female subordination puts women at risk of different types of violence and aggression, supported by patriarchal masculinities that position them as objectively inferior.

The findings from this study and other research studies reviewed in Chapter 2 suggest that psychological abuse often precedes physical abuse and always continues throughout the relationship. For example, Hunnicutt (2009) suggests that women experience physical, psychological, and sexual abuse from men that assault their wives using male dominance, physical force, and aggressiveness. Similarly, the women in this study reported the use of force and aggressive behavior that caused physical, psychological, and emotional harm, with impacts ranging from psychological injuries to emotional pain as a result of enduring events of abuse. Psychological and emotional

abuse were the most common forms and were present in all cases discussed. In addition, all participants reported some form of name-calling, blaming and criticizing, and ridiculing and mocking.

My findings here also echo findings in the literature that show that psychological abuse can occur without physical abuse, and its effects are just as powerful and devastating as physical abuse (Tolman, 1992). Some of the participants mentioned that their partner did not use any physical force on them. However, the psychological and emotional abuse was high enough to create the damage the women experienced.

Also, the participants reported the issue of financial abuse. In most cases, it involves the abuser not giving the woman access to their own money, which then deepens the need to stay, or can cause further violence or abuse. This is validated in the study by Stansfield and Williams (2021), who argued that control can lead to violence and even murder; they found that men are more likely to use coercive control than women and doing so can lead to violent behavior. It is important to highlight that financial independence gives economic power and control to the victim, thereby allowing her the chance to escape from abuse. Withholding financial control from the women showed the abuser's desire to be in full control of the women's life, creating the conditions for financial abuse.

Participants commented on financial abuse, power, and control in different forms. Participants' explanation of control validated the understanding of coercive control by the Duluth Model, which indicated that coercive control could lead to intimidation, emotional abuse, minimizing, using the children, male privilege, economic abuse,

coercion, and threat resulting in power imbalances, causing emotional and psychological distress and instability in the relationship (Pence & Paymar, 1993). As reported by the participants and the research both, financial abuse is an instrument of coercive control in intimate partner violence; it starts slowly, silently, and subtly before growing to incidents of situational violence (Johnson, 2008; Johnson, 1995).

### **How Female Survivors Coped with Abuse**

Most of the participants developed different ways of coping with the situation while experiencing intimate partner violence. Participants mentioned using adaptive and maladaptive coping strategies, which fall in line with much of the literature in Chapter 2. For example, the varieties of patriarchy theory explains that women adopt different survival strategies and coping mechanisms when dealing with abuse (Hunnicut, 2009). Other scholars too have highlighted that coping can be adaptive or maladaptive, but all serve to control and reduce stress (Rizo et al., 2017). In addition, learning and practicing coping strategies makes the women resourceful as they navigate and negotiate their ways out of abusive circumstances. For instance, participants' experiences and coping strategies in abusive partner relationship aligns with the theory of varieties of patriarchy, which suggests that intimate partner violence creates power dynamics, the paradox of protection, and the resources of protection (Hunnicut, 2009). For example, out of the participants who did comment on coping, two of them explained that having some distractions helped and protected them. One participant shared that they worked three jobs at the time, which served as a good distraction and prevented them from going home to see their partner while providing them with economic power at the end. This is

validated in literature that survivors may develop reactive, anticipatory, preventive, and/or proactive coping strategies based on their environment (Foster et al., 2015).

Other participants mentioned coping by drawing and painting as a way of keeping the brain distracted and mentally active. Lazarus and Folkman (1980) suggested that coping in abusive relationship are active, interactive, and descriptive behaviors that are influenced by cultural norms, values, and beliefs. It is evident in this study that the participants coped with different action, interaction, and behaviors that are influenced by the participants value and cultural norms.

Additionally, few others described journaling as a coping strategy, which to them was a form of therapy that helped them make sense of their thoughts and feeling each time the abuse occurred. It also helped them remember what actually happened when their partner was denying their actions. Similarly, Ursa and Koehn (2015) suggested that journaling is an emotion-focused coping strategy that includes self-soothing, enjoying positive experiences, cognitively rationalizing and minimizing violence, and personal beliefs, including spiritual beliefs.

Hunnicut (2009) also states that women create a self-protection mechanism from their experiences of intimidation and abuse. Also, another participant resorted to praying and keeping their faith to hold on to any hope that could help them deal with the abuse. Research suggested that women rely on different coping mechanisms in response to abuse including spirituality, formal and informal support, emotional and psychological coping, fighting back, submission, avoidance, active coping, preventing escalation, and ignoring (Flanagan et al., 2014; Schwarzer, 2000).

Finally, two participants commented on having a strong and resilient mindset, however, it should be pointed out that all women who managed to survive intimate partner violence experience are strong and resilient. For example, few of the participants described that they developed a work hard mentality and not giving up but being strong throughout the experience.

From the data gathered in this study, it is obvious that the women were resourceful, as they used adaptive coping processes to guide and protect themselves, while using different behaviors and relying on family, friends, and their social environment for support (Baker & Berenbaum, 2007; Cooper & Quick, 2017). Rizo et al. (2017) suggested that coping strengthens individual resiliency, circumstances, and environment. In addition, leaving an abusive relationship may lead to stigmatization and isolation. Most women who survived intimate partner violence relied on their strength and enduring ability to bounce back after facing any adversity (Foster et al., 2015; Freeland et al., 2018; Lee & Roberts, 2018). Survivors with strong social supports developed positive coping mechanisms.

### **How Women Survivors Described the Effects of Abuse**

The women described that the abuse affected them in many ways. Among the numerous negative outcomes reported by participants were self-esteem and self-confidence, depression and mental breakdowns, isolation, affected sense of self, permanent anxiety and affected trust in people, affected independence and professional life, affected faith, and affected physical health. In some cases, participants were also

able to see a positive transformation, or a sort of silver lining. The effects of abuse on women includes physical, psychological, and emotional health (Karakurt & Silver, 2013).

The participants reported long-term and short-term effects of intimate partner violence which validated the findings in the literature review. For example, the long-term and short-term effects of psychological abuse on women include mental health challenges, such as anxiety, depression, and posttraumatic stress disorder (PTSD) (Campbell et al., 2018; Crabtree-Nelson et al., 2019; Hoffart & Jones, 2018; Wong & Mellor, 2014). The physical, mental, and psychological wellbeing of victims are affected both during and after the abuse (Candela, 2016; Fitzgerald et al., 2019; Jouriles & McDonald, 2015; Terrazas-Carrillo et al., 2016; Toews & Bermea, 2017; Verschuere et al., 2021).

The multiple nature of patriarchy is manifested in the narratives of the women, whereby the participants reported forms and negative effects of intimate partner violence on their health (Hunnicut, 2009). In addition, the participants reported that the effects of the abuse led to different challenges such as depression, mental breakdowns, and isolation. It affected their sense of self. One participant stated that at some point in the relationship, they doubted their sanity.

However, one participant mentioned a positive transformation that resulted from this negative experience, explaining that it helped to understand the abuser and herself better. This experience is well described and validated by Agbemenu's (2016) study, who found that tension in relationship may result in adaptation and acculturation processes, or any combination of strategies such as integration, assimilation, separation, or

marginalization. The behaviors of their partners as explained by the victim's reiterate the crisis of acculturation as elucidated by the multidimensional nature of patriarchy and men's location in the social structure (Hunnicut, 2009).

In addition, participants talked about the effects of abuse such as isolation, stigma, stereotypes and cultural influences as barrier to leaving the abusive relationship. Some of the participants felt isolated while experiencing the abuse and after leaving the relationship. They lost all their common friend and social networks while going through the abuse due to shame and stigma. They could not disclose the abuse to anyone to avoid gossip and community backlash, and it only got worse overtime. The African immigrant women in this study highlighted why they remained in abusive relationships but also sheds light on why those who left may experience pronounced and prolonged psychological effects of abuse. In leaving the relationship, women risk losing their children, their friends, and even members of their community, especially when no one knows what they have been going through.

Due to the participants' cultural background, it was difficult for them to seek help or to leave their husbands, as in their community it is considered as a taboo for a woman to leave her husband. Although participants in this study felt relieved and happy not to be in that situation anymore, many mentioned that they endured the abuse for far too long by listening to family members, friends, and community members who encouraged them to stay in the abusive relationship because of these cultural norms.

For intimate partner violence survivors, not having a strong social and community support could create a hindrance in leaving the abusive relationship. Patriarchy designed

marriage for women as a mechanism of social protection (Hunnicut, 2009). Most of the participants in the study mentioned that their culture and family frown at leaving your husband. For instance, several participants mentioned that it is common that parents encouraged their daughters to stay in the relationship, as “they do not want divorce.” Hence, leaving abusive relationships exerts enormous social costs for women.

### **Challenges and Barriers Associated with Abuse**

The women in the study all discussed ways to end the abuse and barriers to leaving, which formed part of the emerging themes from the data. Leaving the marriage is seen as losing every benefit that comes with the marriage such as friends, family, and social networks. Hunnicutt (2009) suggested that that marriage offers African immigrant women an inconsistent protection, as once the women are out of the marriage, the protection and other support afforded accordingly often cease. This is just part of the many reasons why women remain in abusive relationships, and also sheds light on why those who left may experience pronounced and prolonged psychological effects of abuse. I discovered that the experiences of African immigrant women are different from the experiences of other women who survived intimate partner violence. For example, there is a combination of conditions in Canada and the cultural background leading to crisis between the Western egalitarian society versus the African culture. For example, some men want to enjoy the benefits of having a wife who is working and contributing to the financial responsibility, and at the same time be an African wife. The role of an African wife is to do all the chores, take care of the children, cook, and still satisfy the man in bed at night. This was made known with a few of the participants’ responses, that the man

wants the best of both worlds. What society considers normal among women in Canadian culture is abnormal in the African culture, hence creating a struggle to survive within a world in which “the norms of the dominant class do not match their own reality” (Allen, 2018, p. 3).

The different barriers to leaving faced by participants are influenced by many factors, including the different intersections they each occupy. These intersections create nuance in experience, which is validated by Allen’s (2018) suggestion that violence against African immigrant women is influenced by the intersections of race, age, social class, and socio-economic status within a prevailing patriarchal culture that heavily influences and contributes to violence. For instance, some participants mentioned their age, that they felt too old to leave the abusive marriage. Some participants mentioned children; that they were worried for their children, worried for lack of children; and worried that leaving might affect their chances of having a child. Other participants too mentioned a lack of financial stability, as some participants relied on their partner for financial support, thus leaving would mean lack of money and being broke. The lack of resources available or awareness of these resources that could help them deal with the issue at the time are also intersectional factors that hindered their leaving. In addition, in the African culture, there is a belief that women have to be married and have children at a certain age. Failure to achieve this could lead to self-disappointment, as well as disappointment of parents, family, and community. While some found it difficult to leave due to their children, others found that their lack of children in the marriage prevented them from leaving, while yet others identified their children as motivation for leaving.

Also, there is belief or a myth in the African community that blames the woman for the lack of children in a marriage. A woman's inability to conceive is seen as the woman's fault. Few of the participants were constantly bullied, berated, and blamed for lack of children in their marriage. Intersectional factors such as race and gender are oppressive to women in our society (Allen, 2018). Hence, this study supported existing literature that patriarchy, male dominance, and power places women in subordinate position as a passive wife and nurturing mother. These conditions caused some women to feel helpless and powerless to leave their abusive relationships.

This study showed the power of African patriarchy and intersectionality in action as a multitude of colliding, interlocking, and intersecting forces against the women, which creates barriers and challenges to leave the abusive relationship (Crenshaw, 1989; Hunnicutt, 2009). In addition to the control and power their partners inflict upon them, these forces mean that many victims of intimate partner violence chose to remain in abusive relationships.

### **Moving on from Abuse**

The women in this study were not able to identify many coping strategies, as is clear in Table 3. However, it is clear that they engaged in planning a safe escape route for them and others who relied on them. Imagine planning how to escape a situation that is unsafe? It is like living in constant fear and anxiety provoking situation daily. Most of the participants spoke about finding a way out so many times, contradicting theories of learned helplessness (Gondolf & Fisher, 1988). Women do not learn helplessness, nor are

they helpless; rather, they are constantly planning a way out and waiting for the opportunity to leave. This was apparent in the stories of participants in this study.

While most of the participants used different coping strategies to deal with the abuse, the thought of moving on was more important to them than coping. Although there were many barriers and challenges such as culture, religious beliefs and practices, social norms, and family orientation that made leaving later than sooner for some of the women.

Most research study highlighted the reasons why women stayed in abusive relationship, for example, Adjei (2017) argued that some women feel trapped and find it difficult to leave the abusive relationship. However, the participants from this study made us to understand that women wanted to leave as soon as they start to feel unsafe in the abusive relationship and did not necessarily feel trapped. When probed as to why this is the case, it seemed that the fact that participants are educated and have employment opportunities that could give them financial freedom, presenting opportunities outside the abusive relationship. Indeed, most of the participants in this study have at least a bachelor's degree and were gainfully employed, giving them choices as they worked to integrate themselves into Canadian society. Having a job is a resource that creates power and sustainability. According to Hunnicutt (2009), social position, availability of resources, and access to those resources influences women's ability to cope with abusive relationships.

It is obvious from this study that African immigrant women who are educated find it easier to integrate into Western egalitarian society compared to African immigrant men, which could create tension and friction that could lead to power struggle in the

home (Hunnicut, 2009). Patriarchy co-exists with power and does not like for this power to be challenged, especially by women as they are generally considered inferior. For example, the African patriarchy believes women should be a subservient home maker while the men go out and work to fend for the family. Many participants highlighted that these dynamics were present in their households and communities, with violence often condoned as a way to deal with challenges to patriarchal power. When men cannot find a job to match their qualifications, women must often step up to earn money for themselves and their family. Though this can help to create equal circumstances in relationships and provide women with financial freedom, women working outside the home may be treated unfavorably by their partner, or family and community members. Hunnicutt (2009) explained that the crisis of acculturation shows multiple levels of patriarchy and men's location in the social structure, suggesting that maybe men are feeling displaced and out of place in Canada due to role shift in the home. The men may feel threatened and challenged because the wife also makes enough money to help and sustain self. However, African men believe in gender role and does not subscribe to gender equality; an intimate relationship should be an equal partnership between individuals to avoid contentious power and control that lead to violence (Giordano et al., 2016; Hamberger et al., 2017; Stark, 2007).

Further complicating gender-based power dynamics in their relationships, most of the women who participated came under their husband's sponsorship to Canada, which makes them dependent on their partner when they arrived newly to Canada. Allen (2018) suggests that what society considers normal among women in the dominant class,

members of subordinate classes will internalize differently, “struggling to survive within a world in which the norms of the dominant class do not match their own reality” (p. 3). Most of the participants in this study did not understand at the initial stage that what they were experiencing is considered abuse because it is not physical abuse, perhaps the behavior is accepted in their societies and culture as normal. Once they understood the behaviors that constitute abuse, they started to plan how to leave the situation.

In addition, women who were economically strong did not feel helplessness, but they have the power to resist abuse, and did not stay in abusive relationship rather they came up with many plans of how to leave (Gondolf & Fisher, 1988). They believe calling the police will get the men into trouble rather than worried about being killed in such situations. The varieties of patriarchy theory identify factors that may influence the thoughts, perceptions, and definitions of abuse held by both victims and abusers that impact its effect on victims (Hunnicut, 2009).

Although most participants felt the need to report their abuser, most chose to not report their abusers to the police due to cultural and family issues. For example, the women were worried about getting the men into trouble rather than their own safety. Some feared retribution or the further escalation of violence, that their partner would not leave them alone if they did choose to leave. Yet others identified that they had nothing financially outside of their partners and would not know what to do if they left. Participants felt they might not find another husband and no man would want them after being divorced in their community. Other participants wondered how they will start over

once they leave the relationship, making it difficult to leave at the initial stage of the abuse.

Others mentioned the fear of shame in their families and communities if they were to share what they were experiencing or report their partners. Already isolated, some participants felt that they would lose the few friends, family members, or community members if they reported. The social identity of many women is inextricably bound up with marriage, and the loss of marriage ushers in the loss of the social circles and social support systems that are necessary for managing the effects of leaving (Agbemenu, 2016; Mame et al.,2017). Most of the social support and shared friends from the marriage were lost as some of the women left the abusive relationship.

Patriarchy has normalized oppression against women, and influences why women stay in abusive relationships and the consequences they suffer if they choose to leave. In conclusion, it was clear from the narratives that participants shared that African immigrant women experienced many effects from intimate partner violence, with different coping strategies and mechanisms that helped them get through these experiences and eventually leave the relationship. The research findings demonstrated that African immigrant women are willing to share the stories and their experiences of the intimate partner violence, coping strategies, interventions, and advice, and recovery from their lived experiences. They do so in the hopes that other women do not have to go through what they did, and to try to improve supports for African immigrant women experiencing intimate partner violence in the future.

### **Limitations of the Study**

The sensitivity of the topic created a limitation with the willingness of participants to participate in the study. While there were many responses from potential participants, most participants who were ready and willing to participate in the study did not meet the eligibility criteria and were not included. The nine participants who met the inclusion criteria and were willing to share these emotional and challenging experience gave in-depth, descriptive information while answering the research questions., and saturation was reached at this point. This research study was designed to make inquiry about the experiences of African immigrant women who successfully left their abusive relationship between the ages of 18 and above. The research questions that guided the exploration are as follows: (a) How do African immigrant women survivors who have successfully left their abusive relationships describe their experience of abuse in intimate relationships? (b) How do these women survivors cope with the experience of abuse? (c) What themes emerge from the effects of abuse on these survivors?

Another limitation in the study is the inability to generalize the findings. The study participants were African immigrant women who live in Edmonton; hence, findings may not be generalizable to African immigrant in other regions of the country/Canada. Similarly, the results are not representative of the majority population of African women who are immigrant and non-immigrant, or Black women from other country that are non-African. Though these findings may not be generalizable to other ethnic minority and immigrant women survivors of intimate partner violence in Edmonton or other cities, they offer important insights to the intersectional dynamics of intimate partner violence

and the current gaps in both ideological and practical responses when women disclose that they are experiencing violence. As a result, similar studies should be conducted among these populations to confirm the generalizability of the present findings and the ways that these dynamics shift depending on the women experiencing them.

Another limitation is the difficulty to determine whether participants have shared without holding back. For example, not all women who experienced abuse will acknowledge or define their experiences as abusive. The demographic culture of participants is a limitation, the possibility that a participant might withhold some information due to sensitivity and safety risk associated to the issue of intimate partner violence.

Another limitation is the environment, as Edmonton is a small city and has a close African community. Some of the women might be reluctant to open up and share their stories for risk of being recognized or having the information get back to their partner/community. While I attempted to prove to the women that their stories are safe, supported by the Institute Research Board's (IRB) commitments to privacy and confidentiality. Also, because of the multidimensional and sensitive nature of this research topic, limitations may occur when one accepts all the responses under emotion and anger. Also, another limitation is that this study only examined the phenomenon of intimate partner violence, not the specific types of abuse that African immigrant women experience. Hence, further studies focusing on a specific type of abuse experienced by these populations will be necessary to confirm the generalizability of this study's findings.

## **Recommendations**

The findings from this study suggest that African immigrant women experience multiple effects and victimization from intimate partner violence, while utilizing multiple survival strategies to cope with these experiences. The themes generated from their experiences can be used to further understand the challenges and barriers faced by women when dealing or fleeing an abuse situation.

The first recommendation is to replicate this study among another immigrants or minority population where intimate partner violence is identified as a concern. In addition, this study represented only the experiences of African immigrant women living in Edmonton, Alberta, but could be replicated with women who live in another cities and provinces across Canada. Further, this study could be replicated in other countries where women experience intimate partner violence with the challenges of patriarchy and intersectionality. Women and girls from all cultures and races experience marginalization and oppression; they endure the issues of gender inequalities and partner violence every day. Immigrant women experience different challenges and barriers that prevent them from leaving an abusive situation or reporting the abuse to authority due to factors such as shame, fear, family, culture and lack of information and awareness.

I recommend that future researchers use qualitative methods to examine the experiences, effects, and coping strategies of intimate partner violence among African immigrant men in Edmonton. Furthermore, such researchers could use hypotheses to query if women abuse the men equally in cases of intimate partner violence among this population, is violence an issue of gender symmetry. This might help understand and

provide support for immigrant families who are new in the country and reduce the incidences of abuse among immigrant men and women. In addition, I recommend the use of quantitative methods by future researchers to examine the prevalence rate of intimate partner violence among African immigrant women in Edmonton, other cities in Alberta, or in Alberta as a whole.

There is continuing influx of immigrants into Canada, among whom are African immigrants from various part of the continent. There is a growing need for cultural understandings of these diverse populations among social workers, healthcare workers, and other helping professionals who work with newcomers and immigrant populations. Organizations that work with newcomers must ensure their staff too are multicultural, carry diverse knowledge and openness, and understand diversity as a key component in working with immigrants. For example, employing more workers who have experienced abuse and workers who have children from these communities can increase understanding at a service provision level. In terms of tangible supports, many participants expressed mental health and self-esteem challenges following the psychological and emotional abuse they endured in their relationships, recommending increased access to counselling services that support leaving and healing following. Others also mentioned that existing supports are restrictive and inaccessible. For instance, one participant noted some shelters do not have provision for women who do not have children and are fleeing intimate partner violence.

My final recommendation is a systemic one; a shift towards using a collaborative approach to services wherein all agencies working with women experiencing intimate

partner violence should work together. At current, many of these services are siloed and disconnected from one another, requiring women to go through many of the same processes and share their story multiple times. Increased awareness for organizational staff and community members about the experience, impacts, and outcomes of intimate partner violence. Future researchers should consider a deeper and more incisive inquiry into the life and times of women who have experienced intimate partner violence.

### **Implications**

This study's findings validate that intimate partner violence is a product of patriarchy that influences and controls the implementation of public and social policy, educational development, programs and intervention strategies on violence between men and women (Johnson, 1995). Findings from the study also revealed that different forms of patriarchy informed men's behavior and action from different cultures and backgrounds, as not all forms patriarchy are the same and various forms of patriarchy challenge women across the globe (Hunnicut, 2009). For example, Western society's patriarchy has been challenged in many ways. It continues to be under scrutiny by the feminist movements and social advocates that continue to fight for women's rights and freedom in Western society. At the same time, the patriarchy from other countries continues to dominate and perpetuate injustice, oppression, and discrimination against women and girls. For instance, in some countries, women do not have access to public offices (World Economic Forum, 2021), while a girl child is denied education and equal opportunity in some world (Kaul, 2015). The men and women from such countries migrated to Canada with this patriarchal ideology and do not understand the challenges

that such practice would have on their families in Canada. Therefore, it is essential for social workers and health professionals working with immigrant women and girls who are victims and survivors of intimate partner violence to understand the concept of varieties of patriarchy. The types of patriarchy they are dealing with when working with clients must include the differences and similarities in patriarchy across countries and culture and how they intersect to create the conditions for violence.

Furthermore, patriarchy is multifaceted with multiple manifestations. Hence, we need to examine the issues of intimate partner violence among women in different layers across societies (Hunnicut, 2009). Social and legal policies that protect vulnerable populations must shift towards a diverse, contextual view of the issue of intimate partner violence (Hunnicut, 2009). Therefore, the theory of varieties of patriarchy provides a suitable lens for understanding African immigrant women's vulnerability patterns. I believe that the idea of varieties of patriarchy is a working tool for social change as it helps to explain the multidimensional nature of patriarchy and men's location in different social structures (Hunnicut, 2009), providing a diverse, contextual approach to policy and practice that is more meaningful and supportive of diverse women.

I also believe that the theory of intersectionality is a strong advocacy tool that helps professionals working with minority and immigrant women to understand the challenges victims and survivors of intimate partner violence face. Intersectional factors such as race and social class oppression have historically been imposed by patriarchy, which creates the power-infused conditions for violence (Allen, 2018). Gender-based violence thrives in intersection with other oppressive forces to create challenges for

minority women, including African immigrant women. Like varieties of patriarchy, intersectionality is not a one size fits all theory; it calls for an extra assessment processes for clarity. Understanding the theory of intersectionality can create social change in social institution and social relationships among professionals working with victims and survivors. Social change requires the collaboration of professionals working in the community. Social change needs government policy and strategies to address the issues. Hence, social change involves bringing awareness to the social issues of intimate partner violence among women from minority groups, including African immigrant women.

Using the two strands of feminist theory provides future researchers with the opportunity to examine the relationships between patriarchy and intersectionality with violence and oppression when working with women who face oppressive forces across different axes of identity. They act as vital assessment and intervention tools for women victims and survivors of intimate partner violence. In addition, these theories help to understand the challenges and barriers that prevent women from reporting abuse from an intimate partner. Also, challenges faced in many societies such as barriers to services that prevents intimate partner violence and violence against women and girls.

We must create awareness of several factors that lead to gender inequalities between men and women that have disproportionately placed women at a disadvantage in many societies socially and economically, especially among immigrant and minority groups (Barnett, 2001). For example, women find it difficult to leave a violent relationship because of control and threats, lack of money and support, fear of poverty, and the historically inadequate responses of institutions and the justice system

(Wisniewski et al., 2019; Barnett, 2001). At the societal level, on behalf of minority and immigrant populations, the government should fund public awareness campaigns by including signs of domestic violence in early childhood, middle school, and high school curriculum (Giordano et al., 2015). For example, children need to know what is acceptable and unacceptable in any adult relationship by encouraging a reporting process that protects the victims of intimate partner violence.

Organizational changes to helping professions are also needed to offer more meaningful and relevant supports for those experiencing intimate partner violence. For example, the helping relationship and process should come from a partnership view to avoid the idea of the privileged helping the needy (Yob & Brewer, n.d.). In addition, intimate partner violence often happens in secret, within the four walls of a home; It is hard to know unless the victims have a trusting relationship with their workers and feel safe to share.

Social change requires a change in social policy, structural reform, and evidence-based research to address those gaps in knowledge and practice in working with intimate partner violence survivors/victims among immigrant and minority groups. The government must take the matter seriously by funding prevention programs and strategies to reduce incidences of intimate partner violence (Lehrner & Allen, 2008). In addition to preventative approaches, increased supports must be provided to those who have survived IPV, such as increased funding for shelters (Johnson, 2005). Providing women who have experienced violence spaces to share and feel that they are not alone was key for participants in this study. Further, the government must provide a clear direction for

reporting incidents of intimate partner violence that protects victims' rights and dignity (Johnson, 2005). Johnson (2005) recommends a judicial practice that preserves evidence and encourages the perpetrator's prosecution where necessary. Furthermore, practitioners and health professionals should thoroughly evaluate women who access support through their agencies, avoiding a one-size-fits-all approach to treatment and intervention (Stith et al., 2011).

In summary, social change activists must avoid patronizing the community they are helping, as this could create a two-level system in the city, us versus them (Yob & Brewer, n.d.). Therefore, any action must challenge biases, assumptions, boundaries, and forms about culture, race, and beliefs, and rather look for ideas, information, resources, and influences that can impact people's lives (Kezar, 2014). Rather than relying on simplistic and harmful understandings of 'others', we should focus on helping new immigrant women on how to improve their lives, be aware of their rights, be educated about abuse and behavior that constitute abuse, and become self-sustaining in their new home.

### **Conclusion**

Based on the results of this study, victims experienced many types of abuse and multiple forms of victimization, each of which were inextricable from the others. Intimate partner violence among immigrants may be conceptualized as victimization of multiple kinds of abuse. This is not surprising when one realizes that abusive behaviors are intertwined. Abusers tend to increase the doses of abuse the more they realized that the effects of abuse are waning or if they realized that the first abusive behavior did not have

the desired impacts due to the victim's ability to cope with the abuse. Since abusers strive to gain control and domination over their victims, the abuser needs more types of abuse to accomplish the desired effects. In response to these varied types and forms, participants utilized multiple survival strategies to cope, live, and eventually, leave. Since abusive behaviors increase with access to support systems, it is reasonable to expect victims to use various survival strategies to cope with the victimization experience. Regrettably, since resistance to abuse may result in physical injury or fatal consequences, many victims resorted to covert coping strategies in the form of submission/compliance, rather than overt coping strategies in the form of resistance and fighting back. Given the lack of attempts to attend therapy or seek intervention to stop the abusive behaviors, there are indications that many victims focused on surviving the abusive relationship rather than changing the abusive partners. The victims believed that the coping behaviors could placate the abusers to stop the abusive behaviors. Still, the strategies did not achieve the desired results, as all the participants eventually ended the relationship. (The coping strategy seems to have merely delayed their exit from the abusive relationship). This reality has implications for determining and exploring the efficacy of covert submission/compliance in changing abusive behaviors. Future studies may explore these possibilities: should victims of abusive behaviors resist or submit to the behaviors through coping strategies?

Abusive behaviors have effects on victims that far outweigh physical injuries that we most often think of when abuse is mentioned. However, participants highlighted the significance of psychological effects of violence rather than the physical effects. For

participants, their experiences of intimate partner violence caused damage to the core of their self-identity and esteem. Reverberations on victims' emotional, relational, professional, and spiritual well-being are common. The effects of abusive behaviors transcend the physical safety of victims and include complex impacts on their bio-psycho-social, professional, financial, and spiritual well-being. Exposure to multiple abusive behaviors has numerous consequences that transcend the need to focus on physical safety alone.

Examining the challenges and barriers associated with partner abuse enables us to reflect on the fact that in experiencing and coping with abusive behaviors, the victims must navigate complex thoughts and decision-making processes, evaluate productive and counter-productive choices, engage in prolonged rumination over the stigma and cultural perception of leaving abusive relationships, and sift through contradictory demands of religion and culture. They engage in these complex and intentional processes to make appropriate decisions to preserve their physical and psychological well-being.

Moving from an abusive relationship entails the victims shifting the focus from the abusers, abusive behaviors, culture, and religion back to self. It involves moving from covert coping strategies to overt measures, including resistance, gaining self-confidence, self-awareness, and self-advocacy. An abusive relationship is not an indefinite relationship of victimization. Instead, it signifies the expiration of tolerance of victimization and the ultimate realization of the need to end the abusive relationship. After prolonged patience, coping strategies, and access to support systems,

victim/survivors eventually realize that they do not have to simply survive in a violent situation, but can thrive outside of it by ending the abusive relationship.

## References

- Abraham, M., & Tastsoglou, E. (2016). Interrogating gender, violence, and the state in national and transnational contexts: Framing the issues. *Current Sociology*, 64(4), 517-534. <https://doi.org/10.1177/0011392116638843>
- Abramsky, T., Watts, C. H., Garcia-Moreno, C., Devries, K., Kiss, L., Ellsberg, M., Jansen, H. A., & Heise, L. (2011). What factors are associated with recent intimate partner violence? Findings from the WHO multi-country study on women's health and domestic violence. *BMC Public Health*, 11(109), 1-17. <https://doi.org/10.1186/1471-2458-11-10>
- Ackerly, B. A. (2018). *Just responsibility: A human rights theory of global justice*. Oxford University Press.
- Ackerly, B., & True, J. (2010). Back to the future: Feminist theory, activism, and doing feminist research in an age of globalization. *Women's Studies International Forum*, 33(5), 464-472. <https://doi.org/10.1016/j.wsif.2010.06.004>
- Adams, A. E., & Beeble, M. L. (2019). Intimate partner violence and psychological well-being: Examining the effect of economic abuse on women's quality of life. *Psychology of Violence*, 9(5), 517-525. <https://doi.org/10.1037/vio00001>
- Adams, M. E., & Campbell, J. (2012). Being undocumented & intimate partner violence (IPV): Multiple vulnerabilities through the lens of feminist intersectionality. *Women's Health & Urban Life*, 11(1), 15-34.
- Adams, A. E., Greeson, M. R., Kennedy, A. C., & Tolman, R. M. (2013). The effects of adolescent intimate partner violence on women's educational attainment and

earnings. *Journal of Interpersonal Violence*, 28(17), 3283-3300.

<https://doi.org/10.1177/0886260513496895>

Adjei, S. B. (2017). Entrapment of victims of spousal abuse in Ghana: A discursive analysis of family identity and agency of battered women. *Journal of Interpersonal Violence*, 32(5), 730-754.

<https://doi.org/10.1177/0886260515586375>

Adjei, S. B., & Mpiani, A. (2020). "I have since repented": Discursive analysis of the role of religion in husband-to-wife abuse in Ghana. *Journal of Interpersonal Violence*, 37(5-6), 1-24. <https://doi.org/10.1177/0886260520948528>

Agbemenu, K. (2016). Acculturation and health behaviors of African immigrants living in the United States: An integrative review. *The ABNF Journal: Official Journal of the Association of Black Nursing Faculty in Higher Education*, 27(3), 67-73.

Ahmad, F., Ali, M., & Stewart, D. (2005). Spousal-abuse among Canadian immigrant women. *Journal of Immigrant Health*, 7(4), 239-246.

<https://doi.org/10.1007/s10903-005-5120-4>

Ahmad, F., Driver, N., McNally, M. J., & Stewart, D. E. (2009). "Why doesn't she seek help for partner abuse?" An exploratory study with South Asian immigrant women. *Social Science & Medicine*, 69(4), 613-622.

<https://doi.org/10.1016/j.socscimed.2009.06.011>

Ahmad, F., Smylie, J., Omand, M., Cyriac, A., & O'Campo, P. (2017). South Asian immigrant men and women and conceptions of partner violence. *Journal of Immigrant and Minority Health*, 19(1), 57-66. <https://doi.org/10.1007/s10903->

[015-0301-2](#)

- Ahmadzai, M. (2015). *A study on visible minority immigrant women's experiences with domestic violence* [Master's thesis, Wilfrid Laurier University]. Scholars Commons, Wilfrid Laurier University. [https://scholars.wlu.ca/brantford\\_sjce/14/](https://scholars.wlu.ca/brantford_sjce/14/)
- Akinsulure-Smith, A. M., Chu, T., Keatley, E., & Rasmussen, A. (2013). Intimate partner violence among West African Immigrants. *Journal of Aggression and Maltreatment Trauma*, 22(1), 10-129. <https://doi.org/10.1080.10926771.2013.719592>
- Alaggia, R., Maiter, S., & Jenney, A. (2017). In whose words? Struggles and strategies of service providers working with immigrant clients with limited language abilities in the violence against women sector and child protection services. *Child & Family Social Work*, 22(1), 472-481. <https://doi.org/10.1111/cfs.12266>
- Alberta Government. (2016, February 10). *Family violence hurts everyone: A framework to end family violence in Alberta*. <https://open.alberta.ca/dataset/eb45b09a-ed93-4b7e-bae7-6885a3615d84/resource/3a7ca3f6-aba1-497f-bfc2-1cdd3865ce7b/download/family-violence-hurts-everyone.pdf>
- Ali, P. A., & Naylor, P. B. (2013). Intimate partner violence: A narrative review of the biological and psychological explanations for its causation. *Aggression and Violent Behavior*, 18(3), 373–382. <https://doi.org/10.1016/j.avb.2013.01.003>
- Ali, T. S., Karmaliani, R., Khuwaja, H. M. A., Shah, N. Z., Wadani, Z. H., Aijaz, S., & Kulane, A. (2020). Community stakeholders' views on reducing violence against women in pakistan. *BMC Women's Health*, 20(1). <https://doi.org/10.1186/s12905->

[020-00961-3](#)

- Allen, M. (2012). *Narrative therapy for women experiencing domestic violence: Supporting women's transition from abuse to safety*. Jessica Kingsley Publishers.
- Allen, M. (2013). *Social work and intimate partner violence*. Routledge.
- Allen, S. (2018). *The importance of an intersectional approach to gender-based violence in South Africa* [Bachelor honours thesis, Portland State University]. PDX Scholar, Portland State University. <https://doi.org/10.15760/honors.531>
- Almeida, F. S., Coutinho, E. C., Duarte, J. C., Chaves, C. M., Nelas, P. A., Amaral, O. P., & Parreira, V. C. (2017). Domestic violence in pregnancy: Prevalence and characteristics of the pregnant woman. *Journal of Clinical Nursing, 26*(5-16), 2417-2425. <https://doi.org/10.1111/jocn.13756>
- Amanor-Boadu, Y., Messing, J. T., Stith, S. M., Anderson, J. R., O'Sullivan, C. S., & Campbell, J. C. (2012). Immigrant and nonimmigrant women: Factors that predict leaving an abusive relationship. *Violence Against Women, 18*(5), 611-633. <https://doi.org/10.1177/1077801212453139>
- Anderson, J. C., Stockman, J. K., Sabri, B., Campbell, D. W., & Campbell, J. C. (2015). Injury outcomes in African American and African Caribbean women: The role of intimate partner violence. *Journal of Emergency Nursing, 41*(1), 36-42. <https://doi.org/10.1016/j.jen.2014.01.015>
- Ansara, D. L., & Hindin, M. J. (2010). Formal and informal help-seeking associated with women's and men's experiences of intimate partner violence in Canada. *Social Science & Medicine, 70*(7), 1011-1018.

<https://doi.org/10.1016/j.socscimed.2009.12.009>

- Ansara, D. L., & Hindin, M. J. (2011). Psychosocial consequences of intimate partner violence for women and men in Canada. *Journal of Interpersonal Violence, 26*(8), 1628-1645. <https://doi.org/10.1177/0886260510370600>
- Antai, D. (2011). Controlling behavior, power relations within intimate relationships and intimate partner physical and sexual violence against women in Nigeria. *BMC Public Health, 11*(1). <https://doi.org/10.1186/1471-2458-11-511>
- Anthias, F. (2002). Beyond feminism and multiculturalism: Locating difference and the politics of location. *Women's Studies International Forum, 25*(3), 275-286. [https://doi.org/10.1016/S0277-5395\(02\)00259-5](https://doi.org/10.1016/S0277-5395(02)00259-5)
- Archibald, M., & Munce, S. (2015). Challenges and strategies in the recruitment of participants for qualitative research. *University of Alberta Health Sciences Journal, 11*(1), 34-37.
- Arief, H. (2018). Domestic violence and victim rights in Indonesian law concerning the elimination of domestic violence. *Journal of Legal, Ethical and Regulatory Issues, 21*(4). <https://doi.org/10.28946/slrev.Vol1.Iss1.12.pp110-121>
- Aujla, W., & Gill, A. K. (2014). Conceptualizing 'honour' killings in Canada: An extreme form of domestic violence? *International Journal of Criminal Justice Sciences, 9*(1).
- Aune, K., & Holyoak, R. (2018). Navigating the third wave: Contemporary UK feminist activists and 'third-wave feminism'. *Feminist Theory, 19*(2), 183-203. <https://doi.org/10.1177/1464700117723593>

- Babbie, E. (2017). *Basics of social research* (7th ed.). Cengage Learning.
- Bachmann, I., & Proust, V. (2020). Old concerns, renewed focus and novel problems: Feminist communication theory and the Global South. *Annals of the International Communication Association*, 44(1), 67-80.  
<https://doi.org/10.1080/23808985.2019.1647445>
- Bailey, J. (2008). First steps in qualitative data analysis: Transcribing. *Family Practice*, 25(2), 127–131. <https://doi.org/10.1093/fampra/cmn003>
- Baillie, L. (2019). Exchanging focus groups for individual interviews when collecting qualitative data. *Nurse Researcher*, 27(2), 15-20.  
<https://doi.org/10.7748/nr.2019.e1633>
- Baker, J. P., & Berenbaum, H. (2007). Emotional approach and problem-focused coping: A comparison of potentially adaptive strategies. *Cognition and Emotion*, 21(1), 95-118. <https://doi.org/10.1080/02699930600562276>
- Bammeke, F. O., & Fakunmoju, S. B. (2016). Childhood maltreatment and perception of child maltreatment among respondents in Nigeria. *Psychology & Developing Societies*, 28(1), 73-100. <https://doi.org/10.1177/0971333615622896>
- Band-Winterstein, T., & Freund, A. (2016). “Walking between the raindrops”: Intimate partner violence in the ultra-orthodox society in Israel from social workers’ perspective. *Journal of Interpersonal Violence*, 33(19), 3001-3024.  
<https://doi.org/10.1177/0886260516633218>
- Banyard, V., Hamby, S., & Grych, J. (2017). Health effects of adverse childhood events: Identifying promising protective factors at the intersection of mental and physical

well-being. *Child Abuse & Neglect*, 65, 88-98.

<https://doi.org/10.1016/j.chiabu.2017.01.011>

- Barnett, O. W. (2001). Why battered women do not leave, part 2: External inhibiting factors-social support and internal inhibiting factors. *Trauma, Violence & Abuse*, 2(1), 3-35.
- Baskin, C. (2012). Systemic oppression, violence & healing in Aboriginal families and communities. In R. Alaggia, & C. Vine (Eds.), *Cruel but not unusual: Violence in Canadian families* (3rd ed., pp. 147-178). Wilfred Laurier University Press.
- Bauman, Z., Beck, U., Beck-Gernsheim, E., Benhabib, S., Burgess, R., Chamberlain, M., Thompson, P., Chamberlayne, P., Bornat, J., Wengraf, T., Devine, F., Heath, S., Finch, J., Mason, J., Finch, J., Mason, J., Flowerdew, J., Fontana, A., Frey, J. H., ... Solberg, A. (2002). Qualitative interviewing: Asking, listening and interpreting. In T. May (Ed.), *Qualitative research in action* (pp. 226-241). SAGE Publications.
- Bauman, E. M., Haaga, D. A., & Dutton, M. A. (2008). Coping with intimate partner violence: Battered women's use and perceived helpfulness of emotion-focused coping strategies. *Journal of Aggression, Maltreatment, & Trauma*, 17(1), 23-41.  
<https://doi.org/10.1080/10926770802250942>
- Beaton, D. E., Tarasuk, V., Katz, J. N., Wright, J. G., & Bombardier, C. (2001). "Are you better?" A qualitative study of the meaning of recovery. *Arthritis Care & Research*, 45(3), 270-279. [https://doi.org/10.1002/1529-0131\(200106\)45:3<270::AID-ART260>3.0.CO;2-T](https://doi.org/10.1002/1529-0131(200106)45:3<270::AID-ART260>3.0.CO;2-T)

- Bell, C. A., Denton, W. H., Martin, G., Coffey, A. D., Hanks, C. O., & Priest, J. B. (2018). Learning emotionally focused couple therapy: Four clinicians' perspectives. *Journal of Couple & Relationship Therapy*, 17(1), 61-78.
- Bell, E. E. (2014). Graduating Black males: A generic qualitative study. *The Qualitative Report*, 19(13), 1-10. <https://doi.org/10.46743/2160-3715/2014.1271>
- Bell, E., Meriläinen, S., Taylor, S., & Tienari, J. (2019). Time's up! Feminist theory and activism meets organization studies. *Human Relations*, 72(1), 4-22. <https://doi.org/10.1177/0018726718790067>
- Bell, K. M., & Naugle, A. E. (2008). Intimate partner violence theoretical considerations: Moving towards a contextual framework. *Clinical Psychology Review*, 28(7), 1096-1107. <https://doi.org/10.1016/j.cpr.2008.03.003>
- Belotto, M. J. (2018). Data analysis methods for qualitative research: Managing the challenges of coding, interrater reliability, and thematic analysis. *The Qualitative Report*, 23(11), 2622-2633. <https://doi.org/10.46743/2160-3715/2018.3492>
- Berkwits, M., & Inui, T. S. (1998). Making use of qualitative research techniques. *Journal of General Internal Medicine*, 13(3), 195-199. <https://doi.org/10.1046/j.1525-1497.1998.00054.x>
- Bernard, H. R. (1998). *Research methods in cultural anthropology*. SAGE Publications.
- Bernard, H. R. (2000). *Social research methods: Qualitative and quantitative approaches*. SAGE Publications.
- Bertaux, D. (1981). *Biography and society: The life history approach in the social sciences*. SAGE Publications.

- Bhokal, M. K. (2019). Intimate partner violence among South Asian women: Conceptualizing culture, building resilience and increasing cultural competency of counsellors [Master's thesis, City University of Seattle]. City University of Seattle Repository. <http://hdl.handle.net/20.500.11803/798>
- Bhuyan, R., Osborne, B., Zahraei, S., & Tarshis, S. (2014). *Unprotected, unrecognized: Canadian immigration policy and violence against women, 2008-2013*. Migrant Mothers Project, University of Toronto. <https://hdl.handle.net/1807/94856>
- Birt, L., Scott, S. Cavers, D., Campbell, C., & Walter, F. (2016). Member checking: A tool to enhance trustworthiness or merely a nod to validation? *Qualitative Health Research*, 26(13), 1802-1811. <https://doi.org/10.1177/1049732316654870>
- Black, M. C., Basile, K. C., Breiding, M. J., Smith, S. G., Walters, M. L., Merrick, M. T., Chen, J., & Stevens, M. R. (2011). *National intimate partner and sexual violence survey: 2010 summary report*. National Centre for Injury Prevention and Control, Centers for Disease Control Prevention. [https://www.cdc.gov/violenceprevention/pdf/NISVS\\_Report2010-a.pdf](https://www.cdc.gov/violenceprevention/pdf/NISVS_Report2010-a.pdf)
- Bloemraad, I., Korteweg, A., & Yurdakul, G. (2008). Citizenship and immigration: Multiculturalism, assimilation, and challenges to the nation-state. *Annual Review of Sociology*, 34, 153-179. <https://doi.org/10.1146/annurev.soc.34.040507.134608>
- Blum, E., Heinonen, T., Migliardi, P., & White, J. (2006). Opening the floodgates: The aftermath of an immigrant women's action against violence project and evaluation. *Canadian Woman Studies*, 25(1/2), 27-31.
- Boddy, C. R. (2016). Sample size for qualitative research. *Qualitative Market Research*,

19(4), 426-432. <https://doi.org/10.1108/QMR-06-2016-0053>

Bonomi, A. E., Anderson, M. L., Reid, R. J., & Rivara, F. P. (2009). Medical and psychosocial diagnoses in women with a history of intimate partner violence. *Archives of Internal Medicine*, 169(18), 1692-1697.

<https://doi.org/10.1001/archinternmed.2009.292>

Boonzaier, F. A., & Schalkwyk, S. V. (2011). Narrative possibilities: Women of color and the complexities of intimate partner violence. *Violence Against Women*, 17(2), 267-286. <https://doi.org/10.1177/1077801210397796>

Borges, M., Rosado, A., de Oliveira, R., & Freitas, F. (2015). Coaches' migration: A qualitative analysis of recruitment, motivations and experiences dies. *Leisure Studies*, 34(5), 588-602. <https://doi.org/10.1080/02614367.2014.939988>

Bostock, J., Plumpton, M., & Pratt, R. (2009). Domestic violence against women: Understanding social processes and women's experiences. *Journal of Community & Applied Social Psychology*, 19(2), 95-110. <https://doi.org/10.1002/casp.985>

Borisov, S. N., Volkova, O. A., Besschetnova, O. V., & Dolya, R. Y. (2020). The domestic violence as factor of disorder of social and mental health. *Problemy Sotsial'noi Gigieny, Zdravookhraneniia i Istorii Meditsiny*, 28(1), 68-73.

<https://doi.org/10.32687/0869-866x-2020-28-1-68-73>

Borland, E. (2020). *Standpoint theory: Feminism*. Encyclopedia Britannica.

<https://www.britannica.com/topic/standpoint-theory>

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101.

<https://doi.org/10.1191/1478088706qp063oa>

Braun, V., & Clarke, V. (2014). What can “thematic analysis” offer health and wellbeing researchers? *International Journal of Qualitative Studies on Health and Well-being*, 9(1), Article 26152. <https://doi.org/10.3402/qhw.v9.26152>

Braun, V., & Clarke, V. (2021). To saturate or not to saturate? Questioning data saturation as a useful concept for thematic analysis and sample-size rationales. *Qualitative Research in Sport, Exercise and Health*, 13(2), 201-216.

<https://doi.org/10.1080/2159676X.2019.1704846>

Breiding, M. J., Basile, K. C., Smith, S. G., Black, M. C., & Mahendra, R. R. (2015). *Intimate partner violence surveillance: Uniform definitions and recommended data elements* (Version 2.0). National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

<https://www.cdc.gov/violenceprevention/pdf/ipv/intimatepartnerviolence.pdf>

Breines, W. (2002). What’s love got to do with it? White women, black women, and feminism in the movement years. *Signs: Journal of Women in Culture and Society*, 27(4), 1095-1133.

Brend, D. M., Krane, J., & Saunders, S. (2019). Exposure to trauma in intimate partner violence human service work: A scoping review. *Traumatology*, 26(1), 127–136.

<https://doi.org/10.1037/trm0000199>

Brown, C., Linnemeyer, R. M., Dougherty, W. L., Coulson, J. C., Trangsrud, H. B., & Farnsworth, I. S. (2005). Battered women’s process of leaving: Implications for career counseling. *Journal of Career Assessment*, 13(4), 452–475.

<https://doi.org/10.1177/1069072705277928>

Brownridge, D. A. (2008). Understanding the elevated risk of partner violence against Aboriginal women: A comparison of two nationally representative surveys of Canada. *Journal of Family Violence, 23*(5), 353–367.

<https://doi.org/10.1007/s10896-008-9160-0>

Brownridge, D. A., & Halli, S. S. (2002). Double jeopardy?: Violence against immigrant women in Canada. *Violence and Victims, 17*(4), 455–471.

<https://doi.org/10.1891/vivi.17.4.455.33680>

Brunell, L., & Burkett, E. (2021). *Feminism*. Encyclopedia Britannica.

<https://www.britannica.com/topic/feminism>

Bunch, C. (1990). Women's rights as human rights: Toward a re-vision of human rights.

*Human Rights Quarterly, 12*(4), 486-498. <https://doi.org/10.2307/762496>

Burczycka, M., Conroy, S., & Savage, L. (2019). *Family violence in Canada: A statistical profile, 2018* (Catalogue no. 85-002-X). Juristat: Statistics Canada.

<https://www150.statcan.gc.ca/n1/pub/85-002-x/2019001/article/00018-eng.htm>

Busetto, L., Wick, W., & Gumbinger, C. (2020). How to use and assess qualitative research methods. *Neurological Research Practice, 2*, Article 14.

<https://doi.org/10.1186/s42466-020-00059-z>

Buzawa, E. S., & Buzawa, C. G. (2017). Introduction: The evolution of efforts to combat domestic violence. In E. Buzawa & C. Buzawa (Eds.), *Global responses to domestic violence* (pp. 1-19). Springer, Cham. [https://doi.org/10.1007/978-3-319-](https://doi.org/10.1007/978-3-319-56721-1_1)

[56721-1\\_1](https://doi.org/10.1007/978-3-319-56721-1_1)

- Buzzanell, P. M. (2019). Gender and feminist theory. In *Origins and traditions of organizational communication* (pp. 250-269). Routledge.
- Caelli, K., Ray, L., & Mill, J. (2003). 'Clear as mud': Toward greater clarity in generic qualitative. *International Journal of Qualitative Methods*, 3(1), Article 1.  
[https://sites.ualberta.ca/~iiqm/backissues/3\\_1/pdf/thorneetal.pdf](https://sites.ualberta.ca/~iiqm/backissues/3_1/pdf/thorneetal.pdf)
- California State University (CSU). (n.d). *Cognitive interview protocol*. Educator Quality Center, California State University. <https://cair.org/wp-content/uploads/sites/474/2018/12/Kolbe-A-Framework-for-Evaluating-the-Success-of-a-Dashboard-Tool-Cog....pdf>
- Campbell, J. C., Anderson, J. C., McFadgion, A., Gill, J., Zink, E., Patch, M., Callwood, G., & Campbell, D. (2018). The effects of intimate partner violence and probable traumatic brain injury on central nervous system symptoms. *Journal of Women's Health*, 27(6), 761-767. <https://doi.org/10.1089/jwh.2016.6311>
- Canals, L. (2017). Instruments for gathering data. In E. Moore & M. Dooly (Eds.), *Qualitative approaches to research on plurilingual education* (pp. 390-401). Research-publishing.net. <https://doi.org/10.14705/rpnet.2017.emmd2016.637>
- Carman, T. (2020, March 5). *Women, children turned away from shelters in Canada almost 19,000 times a month*. CBC News.  
<https://www.cbc.ca/news/canada/womens-shelters-turned-away-domestic-violence-1.5483186>
- Candela, K. (2016). Protecting the invisible victim: Incorporating coercive control in domestic violence statutes. *Family Court Review*, 54(1), 112-125.

<https://doi.org/10.1111/fcre.12208>

Carneiro, É. N., Timóteo, R. P., & de Fátima Borges, M. (2019).

Religiousness/spirituality, resilience and burnout in employees of a public hospital in Brazil. *Journal of Religion and Health*, 58(2), 677-685.

<https://doi.org/10.1007/s10943-018-0691-2>

Carter, J. (2015). Patriarchy and violence against women and girls. *The Lancet*,

385(9978), e40-e41. [https://doi.org/10.1016/S0140-6736\(14\)62217-0](https://doi.org/10.1016/S0140-6736(14)62217-0)

Castillo-Montoya, M. (2016). Preparing for interview research: The interview protocol refinement framework. *The Qualitative Report*, 21(5), 811-831.

<https://doi.org/10.46743/2160-3715/2016.2337>

Castleberry, A., & Nolen, A. (2018). Thematic analysis of qualitative research data: Is it as easy as it sounds? *Currents in Pharmacy Teaching and Learning*, 10(6), 807–

815. <https://doi.org/10.1016/j.cptl.2018.03.019>

Centers for Disease Control and Prevention (CDC). (2003). *Costs of partner violence against women in the United States*. National Center for Injury Prevention and Control, CDC. <https://www.cdc.gov/violenceprevention/pdf/IPVBook-a.pdf>

Centers for Disease Control and Prevention (CDC). (2012). *Identifying and determining involvement of stakeholders*. National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, CDC.

<https://www.cdc.gov/std/Program/pupestd/Identifying%20and%20Determining%20Stakeholders.pdf>

Centers for Disease Control and Prevention (CDC). (2016). *Risk and protective factors*

for perpetration. National Center for Injury Prevention and Control, CDC.

<https://www.cdc.gov/violenceprevention/intimatepartnerviolence/riskprotectivefactors.html>

Cerulli, C., Poleshuck, E., Raimondi, C., Veale, S., & Chin, N. (2012). “What fresh hell is this?” Victims of intimate partner violence describe their experiences of abuse, pain, and depression. *Journal of Family Violence*, 27(8), 773-781.

<https://doi.org/10.1007/s10896-012-9469-6>

Chan, K. L. (2011). Gender symmetry in the self-reporting of intimate partner violence. *Journal of Interpersonal Violence*, 27(2), 263-286.

<https://doi.org/10.1177/0886260511416463>

Chan, Z. C., Fung, Y. L., & Chien, W. T. (2013). Bracketing in phenomenology: Only undertaken in the data collection and analysis process? *The Qualitative Report*, 18(59), 1-9. <https://doi.org/10.46743/2160-3715/2013.1486>

Chang, T., Llanes, M., Gold, K. J., & Fetters, M. D. (2013). Perspectives about and approaches to weight gain in pregnancy: A qualitative study of physicians and nurse-midwives. *BMC Pregnancy and Childbirth*, 13, Article 47.

<https://doi.org/10.1186/1471-2393-13-47>

Chatha, S. A., Ahmad, K., & Sheikh, K. S. (2014). Socio-economic status and domestic abuse: A study on married women in urban Lahore, Pakistan. *South Asian Studies*, 29(1), 229–237.

Chatzifotiou, S., & Andreadou, D. (2021). Domestic violence during the time of the COVID-19 pandemic: Experiences and coping behavior of women from northern

- Greece. *International Perspectives in Psychology: Research, Practice, Consultation*, 10(3), 180–187. <https://doi.org/10.1027/2157-3891/a000021>
- Chaze, F., & Medhekar, A. (2017). *The intersectional oppressions of South Asian immigrant women and vulnerability in relation to domestic violence: A case study*. Faculty Publications and Scholarship, SOURCE: Sheridan Institutional Repository. [http://source.sheridancollege.ca/fahcs\\_comm\\_publ/21](http://source.sheridancollege.ca/fahcs_comm_publ/21)
- Chenail, R. J. (2011). Interviewing the investigator: Strategies for addressing instrumentation and researcher bias concerns in qualitative research. *The Qualitative Report*, 16(1), 255-262. <https://doi.org/10.46743/2160-3715/2011.1051>
- Chester, D. S., & DeWall, C. N. (2018). The roots of intimate partner violence. *Current Opinion in Psychology*, 19, 55-59. <https://doi.org/10.1016/j.copsyc.2017.04.009>
- Chornesky, A. (2000). The dynamics of battering revisited. *Affilia: Feminist Inquiry in Social Work*, 15(4), 480-501. <https://doi.org/10.1177/08861090022094074>
- Culture, Community, and Health Studies Program (CAMH, University of Toronto), Association of Sudanese Women in Research (Toronto), & Research Resource Division for Refugees (Carleton University, Ottawa) (“Study of Sudanese Settlement in Ontario”). (2004). *The study of Sudanese settlement in Ontario: Final report*. Citizenship and Immigration Canada. [http://atwork.settlement.org/downloads/atwork/Study\\_of\\_Sudanese\\_Settlement\\_in\\_Ontario.pdf](http://atwork.settlement.org/downloads/atwork/Study_of_Sudanese_Settlement_in_Ontario.pdf)
- Clark, A. (2011). Domestic violence, past and present. *Journal of Women’s History*,

23(3), 193-202. <https://doi.org/10.1353/jowh.2011.0032>

Cobbe, F. P. (1878). *Wife-torture in England*. Contemporary Review.

Collins, C. S., & Stockton, C. M. (2018). The central role of theory in qualitative research. *International Journal of Qualitative Methods*, 17(1).

<https://doi.org/10.1177/1609406918797475>

Collins, P. H. (1997). Comment on Hekman's "Truth and method: Feminist standpoint theory revisited": where's the power? *Signs: Journal of Women in Culture and Society*, 22(2), 375–381. <https://doi.org/10.1086/495162>

Collins, P. H. (2000). *Black feminist thought: Knowledge, consciousness, and the politics of empowerment* (2nd ed.). Routledge.

Collins, P. H., & Bilge, S. (2020). *Intersectionality* (2nd ed.). Polity Press.

Collinson, T. (2021, February 16). *Low self-esteem linked to domestic violence*.

<https://www.thoughtco.com/low-self-esteem-linked-domestic-violence-3533790>

Conroy, N. E. (2013). Rethinking adolescent peer sexual harassment: Contributions of feminist theory. *Journal of School Violence*, 12(4), 340–356.

<https://doi.org/10.1080/15388220.2013.813391>

Coker, A. L., Smith, P. H., McKeown, R. E., & King, M. J. (2000). Frequency and correlates of intimate partner violence by type: Physical, sexual, and psychological battering. *American Journal of Public Health*, 90(4), 553-559.

<https://doi.org/10.2105/ajph.90.4.553>

Cooper, C., & Quick, J. C. (Eds.). (2017). *The handbook of stress and health: A guide to research and practice*. Wiley & Sons Ltd.

- Cooper, S., & Endacott, R. (2007). Generic qualitative research: A design for qualitative research in emergency care? *Emergency Medicine Journal*, 24(12), 816–819.  
<https://doi.org/10.1136/emj.2007.050641>
- Cope, D. G. (2014). Methods and meanings: Credibility and trustworthiness of qualitative research. *Oncology Nursing Forum*, 41(1), 89-91.  
<https://doi.org/10.1188/14.ONF.89-91>
- Corbin, J., & Morse, J. (2003). The unstructured, interactive interview: Issues in reciprocity and risks when dealing with sensitive topics. *Qualitative Inquiry*, 9(3), 335-354. <https://doi.org/10.1177/1077800403009003001>
- Costa, B. M., Kaestle, C. E., Walker, A., Curtis, A., Day, A., Toumbourou, J. W., & Miller, P. (2015). Longitudinal predictors of domestic violence perpetration and victimization: A systemic review. *Aggression and Violent Behavior*, 24, 261-272.  
<https://doi.org/10.1016/j.avb.2015.06.001>
- Cotter, A. (2018). *Violent victimization of women with disabilities, 2014* (Catalogue no. 85-002-X). Juristat: Statistics Canada. <https://www150.statcan.gc.ca/n1/pub/85-002-x/2018001/article/54910-eng.htm>
- Cotter, A. (2021). *Intimate partner violence: Experiences of visible minority women in Canada, 2018* (Catalogue no. 85-002-X). Juristat: Statistics Canada.  
<https://www150.statcan.gc.ca/n1/pub/85-002-x/2021001/article/00008-eng.htm>
- Cotter, A., & Savage, L. (2019). *Gender-based violence and inappropriate sexual behavior in Canada, 2018: Initial findings from the Survey of Safety in Public and Private Spaces* (Catalogue no. 85-002-X). Juristat: Statistics Canada.

<https://www150.statcan.gc.ca/n1/en/catalogue/85-002-X201900100017>

- Crabtree-Nelson, S., Kozlowski, D. A., & Lifshitz, J. (2019). Traumatic brain injury in victims of domestic violence. *Journal of Aggression, Maltreatment & Trauma*, 28(6), 655-659. <https://doi.org/10.1080/10926771.2019.1644693>
- Cravens, J. D., Whiting, J. B., & Amar, R. (2015). Why I stayed/left: An analysis of voices of intimate partner violence on social media. *Contemporary Family Therapy*, 37(4), 372-385. <https://doi.org/10.1007/s10591-015-9360-8>
- Crenshaw, K. (1989). Demarginalizing the intersection of race and sex: A Black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics. *University of Chicago Legal Forum*, 1989(1), 139-166.
- Crenshaw, K. (1991). Mapping the margins: Intersectionality, identity politics, and violence against women of color. *Stanford Law Review*, 43(6), 1241-1299.
- Creswell, J. W. (2012). *Qualitative inquiry and research design: Choosing among five approaches* (3rd ed.). SAGE Publications.
- Creswell, J. W., & Creswell, J. D. (2018). *Research design: Qualitative, quantitative, and mixed methods approaches*. SAGE Publications.
- Creswell, W. J. (2014). *Research design: Qualitative, quantitative and mixed methods approaches* (4th ed.). SAGE Publications.
- Culley, M., & Portuges, C. (1985). *Gendered subjects: The dynamics of feminist teaching* (1st ed.). Routledge. <https://doi.org/10.4324/9780203093993>
- Dahlen, H. G., Munoz, A. M., Schmied, V., & Thornton, C. (2018). The relationship between intimate partner violence reported at the first antenatal booking visit and

- obstetric and perinatal outcomes in an ethnically diverse group of Australian pregnant women: A population-based study over 10 years. *British Medical Journal Open*, 8(4), e019566. <https://doi.org/10.1136/bmjopen>
- Daly, K., & Chesney-Lind, M. (1988). Feminism and Criminology. *Justice Quarterly*, 5(4), 497-538. <https://doi.org/10.1080/07418828800089871>
- Danner, M. (1989). Socialist feminism: A brief introduction. *Critical Criminologist*, 1(3), 51-52.
- Davis, J. L., & Love, T. P. (2018). Women who stay: A morality work perspective. *Social Problems*, 65(2), 251-265. <https://doi.org/10.1093/socpro/spx016>
- D'Avolio, D. A. (2011). System issues: Challenges to intimate partner violence screening and intervention. *Clinical Nursing Research*, 20(1), 64-80. <https://doi.org/10.1177/1054773810387923>
- De Coster, S., & Heimer, K. (2021). Unifying theory and research on intimate partner violence: A feminist perspective. *Feminist Criminology*, 16(3), 286-303. <https://doi.org/10.1177/1557085120987615>
- DeJonckheere, M., & Vaughn, L. M. (2019). Semistructured interviewing in primary care research: A balance of relationship and rigour. *Family Medicine and Community Health*, 9(7), 1-8. <https://doi.org/10.1136/fmch-2018-000057>
- DeKeseredy, W. S. (2011). Feminist contributions to understanding woman abuse: Myths, controversies. *Aggression and Violent Behavior*, 16(4), 297-302. <https://doi.org/10.1016/j.avb.2011.04.002>
- Delyser, D., & Sui, D. (2013). Crossing the qualitative-quantitative chasm III: Enduring

methods, open geography, participatory research, and the fourth paradigm.

*Progress in Human Geography*, 38(2), 294-307.

<https://doi.org/10.1177/0309132513479291>

Dennissen, M., Benschop, Y., & Van Den Brink, M. (2018). Rethinking diversity management: An intersectional analysis of diversity networks. *Organizational Studies*, 41(2), 219-240.

Denzin, N. K., & Lincoln, Y. (2003). *The landscape of qualitative research: Theories and issues* (2nd ed.). SAGE Publications.

Devries, K. M., Mak, J. Y., García-Moreno, C., Petzold, M., Child, J. C., Falder, G., ... Watts, C. H. (2013). The global prevalence of intimate partner violence against women. *Global Health*, 340(6140), 1527-1528.

<https://doi.org/10.1126/science.1240937>

DiCristina, B. (2006). Durkheim's latent theory of gender and homicide. *The British Journal of Criminology*, 46(2), 212-233. <https://doi.org/10.1093/bjc/azi056>

Dietz, C. A. (2000). Responding to oppression and abuse: A feminist challenge to clinical social work. *Affilia*, 15(3), 369-389. <https://doi.org/10.1177/08861090022094001>

Dlamini, E. T., & Adams, J. D. (2014). Patriarchy: A case of women in institutions of higher education. *Perspectives in Education*, 32(4), 121-133.

Dobash, R. E., & Dobash, R. P. (1977-1978). Wives: The appropriate victims of marital violence. *Victimology*, 2(3-4), 426-442.

Dobash, R. E., & Dobash, R. (1979). *Violence against the wives: A case against the patriarchy*. Free Press.

- Dobash, R. E., & Dobash, R. P. (1992). *Women, violence, and social change*. Routledge.
- Dobash, R. P., Dobash, R. E., Wilson, M., & Daly, M. (1992). The myth of sexual symmetry in marital violence. *Social Problems*, 39(1), 71-91.  
<https://doi.org/10.1525/sp.1992.39.1.03x00641>
- Dooly, M., Moore, E., & Vallejo, C. (2017). Research ethics. In E. Moore, & M. Dooly (Eds.), *Qualitative approaches to research on plurilingual education* (pp. 351-362). Research-Publishing.Net.  
<https://doi.org/10.14705/rpnet.2017.emmd2016.634>
- Drisko, J. W. (1997). Strengthening qualitative studies and reports: Standards to promote academic integrity. *Journal of Social Work Education*, 33(1), 185-197.  
<https://doi.org/10.1080/10437797.1997.10778862>
- Du Mont, J., Forte, T., M, C. M., Hyman, I., & Romans, S. (2005). Changing help-seeking rates for intimate partner violence in Canada. *Women & Health*, 41(1), 1-19. [https://doi.org/10.1300/J013v41n01\\_01](https://doi.org/10.1300/J013v41n01_01)
- Duron, J. F., Johnson, L., Hoge, G. L., & Postmus, J. L. (2021). Observing coercive control beyond intimate partner violence: Examining the perceptions of professionals about common tactics used in victimization. *Psychology of Violence*, 11(2), 144–154. <https://doi.org/10.1037/vio0000354>
- Dutton, D. A. (2007). *Rethinking domestic violence*. University of British Columbia Press.
- Dutton, D. G. (1985). An ecologically nested theory of male violence toward intimates. *International Journal of Women's Studies*, 8(4), 404-413.

- Eckstein, J. J. (2017). Intimate terrorism and situational couple violence: classification variability across five methods to distinguish Johnson's violent relationship types. *Violence and Victims*, 32(6), 955-976. <https://doi.org/10.1891/0886-6708.VV-D-16-00022>
- Edmonton Metropolitan Region Board (EMRB). (2020). *Re-imagine, plan, build: Edmonton metropolitan region growth plan*. <https://www.emrb.ca/growth-plan>
- Elghossain, T., Bott, S., Akik, C., & Obermeyer, C. M. (2019). Prevalence of intimate partner violence against women in the Arab world: A systematic review. *BMC International Health and Human Rights*, 19, Article 29. <https://doi.org/10.1186/s12914-019-0215-5>
- Elliott, B. A. (2015). Survivors' coping with intimate partner violence: Insights and limitations. *Families, Systems, & Health*, 33(3), 295–296. <https://doi.org/10.1037/fsh0000146>
- Ellis, M. V. (2017). Narratives of harmful clinical supervision. *The Clinical Supervisor*, 36(1), 20-87. <https://doi.org/10.1080/07325223.2017.1297752>
- Engel, R. J., & Schutt, R. K. (2010). *Fundamentals of social work research*. SAGE Publications.
- Erickson, F. (2011). A history of qualitative inquiry in social and educational research. In N. K. Denzin, & Y. S. Lincoln (Eds.), *The SAGE handbook of qualitative research* (4th ed., pp. 43-58). SAGE Publications.
- Fakunmoju, S. B., Bammeke, F. O., Oyekanmi, A. D., Temilola, S., & George, B. (2016). Psychometric properties of beliefs about relationship violence against women and

gender stereotypes scale. *Journal of Psychology in Africa*, 26(3), 246-258.

<https://doi.org/10.1080/14330237.2016.1185905>

Fakunmoju, S. B., Bammeke, F. O., Oyekanmi, F. A., Rasool, S., George, B., & Lachiusa, T. A. (2015). Attribution of blame to victim and attitudes toward partner violence: Cross-national comparisons across the United States, South Africa, and Nigeria. *International Journal of Gender and Women's Studies*, 3(2), 76-92. <https://doi.org/10.15640/ijgws.v3n2p7>

Estefan, L. F., Coulter, M. L., & VandeWeerd, C. (2016). Depression in women who have left violent relationships: The unique impact of frequent emotional abuse. *Violence Against Women*, 22(11), 1397-1413.

<https://doi.org/10.1177/1077801215624792>

Falcón, S. M., & Nash, J. C. (2015). Shifting analytics and linking theories: A conversation about the “meaning-making” of intersectionality and transnational feminism. *Women's Studies International Forum*, 50, 1-10.

<https://doi.org/10.1016/j.wsif.2015.02.010>

Ferrari, G., Agnew-Davies, R., Bailey, J., Howard, L., Howarth, E., Peters, T. J., ...

Feder, G. S. (2016). Domestic violence and mental health: A cross-sectional survey of women seeking help from domestic violence support services. *Global Health Action*, 9(1), Article 29890. <https://doi.org/10.3402/gha.v9.29890>

Fields, M. D. (1976). *Wife beating: Government intervention policies and practices*.

<https://www.ojp.gov/ncjrs/virtual-library/abstracts/wife-beating-government-intervention-policies-and-practices>

- Fitzgerald, A., Barrett, B. J., Stevenson, R., & Cheung, C. H. (2019). Animal maltreatment in the context of intimate partner violence: A manifestation of power and control? *Violence Against Women, 25*(15), 1806-1828.  
<https://doi.org/10.1177/1077801218824993>
- Flanagan J. C., Jaquier V., Overstreet N., Swan S. C., Sullivan T. P. (2014). The mediating role of avoidance coping between intimate partner violence (IPV) victimization, mental health, and substance abuse among women experiencing bidirectional IPV. *Psychiatry Research, 220*, 391-396.
- Foster, E. L., Becho, J., Burge, S. K., Talamantes, M. A., Ferrer, R. L., Wood, R. C., & Katerndahl, D. A. (2015). Coping with intimate partner violence: Qualitative findings from the study of dynamics of husband to wife abuse. *Families, Systems, & Health, 33*(3), 285–294. <https://doi.org/10.1037/fsh0000130>
- Fotheringham, S., Wells, L., & Goulet, S. (2021). Strengthening the circle: An international review of government domestic violence prevention plans and inclusion of indigenous peoples. *Violence Against Women, 27*(3-4), 425-446.  
<https://doi.org/10.1177/1077801219897846>
- Fouka, G., & Mantzourou, M. (2011). What are the major ethical issues in conducting research? is there a conflict between the research ethics and the nature of nursing? *Health Science Journal, 5*(1), 3-14.
- Frazer, E., & Hutchings, K. (2020). The feminist politics of naming violence. *Feminist Theory, 21*(2), 199-216.
- Frederick, A., & Shifrer, D. (2019). Race and disability: From analogy to

intersectionality. *Sociology of Race and Ethnicity*, 5(2), 200-214.

<https://doi.org/10.1177/2332649218783480>

Freeland, R., Goldenberg, T., & Stephenson, R. (2018). Perceptions of informal and formal coping strategies for intimate partner violence among gay and bisexual men. *American Journal of Men's Health*, 12(2), 302-312.

<https://doi.org/10.1177/1557988316631965>

Freeman, E. (2019). *Feminist theory and its use in qualitative research in education*. Oxford Research Encyclopedias.

<https://doi.org/10.1093/acrefore/9780190264093.013.1193>

Freundlich, A. (2016). *Feminist standpoint epistemology and objectivity* [Blog post]. The Compass Rose: Explorations in Thought.

<https://wordpress.viu.ca/compassrose/feminist-standpoint-epistemology-and-objectivity/>

Friedman, M., Metelerkamp, J., & Posel, R. (1987). What is feminism? *Agenda*, 1(1), 3-24. <https://doi.org/10.1080/10130950.1987.9674671>

Frey, K. S., Hirschstein, M. K., Edstrom, L. V., & Snell, J. L. (2009). Observed reductions in school bullying, nonbullying aggression, and destructive bystander behavior: A longitudinal evaluation. *Journal of Educational Psychology*, 101(2), 466-481. <https://doi.org/10.1037/a0013839>

Fusch, P. I., & Ness, L. R. (2015). Are we there yet? Data saturation in qualitative research. *The Qualitative Report*, 20(9), 1408-1416.

<https://doi.org/10.46743/2160-3715/2015.2281>

Gaetz, S., Gulliver, T., & Richter, T. (2014). *The state of homelessness in Canada 2014*.

Toronto: The Homeless Hub Press.

Gadd, D., Henderson, J., Radcliffe, P., Stephens-Lewis, D., Johnson, A., & Gilchrist, G.

(2019). The dynamics of domestic abuse and drug and alcohol dependency. *The British Journal of Criminology*, 59(5), 1035-1053.

<https://doi.org/10.1093/bjc/azz011>

Gaetz, G., Gulliver, T., & Richter, T. (2014). The state of homelessness in Canada, 2014.

The Homeless Hub Press. <http://hdl.handle.net/10315/29368>

Garcia, V., & McManimon, P. M. (2011). *Gendered justice: Intimate partner violence*

*and the criminal justice system*. Rowman & Littlefield Publishers.

Garcia-Moreno, C., Jansen, H., Ellsberg, M., Heise, L., & Watts, C. (2006). Prevalence of

intimate partner violence: Findings from the WHO multi-country study on women's health and domestic violence. *Lancet*, 368, 1260-1269.

Garko, M. G. (1999). Existential phenomenology and feminist research: The exploration

and exposition of women's lived experiences. *Psychology of Women Quarterly*, 23(1), 167-175. <https://doi.org/10.1111/j.1471-6402.1999.tb00349.x>

George, J., & Stith, S. M. (2014). An updated feminist view of intimate partner violence.

*Family Process*, 53(2), 179–193.

Giordano, P. C., Copp, J. E., Longmore, M. A., & Manning, W. D. (2016). Anger,

control, and intimate partner violence in young adulthood. *Journal of Family*

*Violence*, 31(1), 1-13. <https://doi.org/10.1007/s10896-015-9753-3>

Goodman, L. A., Smyth, K. F., Borges, A. M., & Singer, R. (2009). When crises collide:

How intimate partner violence and poverty intersect to shape women's mental health and coping? *Trauma, Violence & Abuse*, 10(4), 306-329.

Gondolf, E. W., & Fisher, E. R. (1988). *Battered women as survivors: An alternative to treating learned helplessness*. Lexington Books/D. C. Heath and Com.

Government of Canada (2012, April 17). *Government of Canada supports project to end violence against immigrant women and girls in the estrie region of Quebec* [News release]. <https://www.canada.ca/en/news/archive/2012/04/government-canada-supports-project-end-violence-against-immigrant-women-girls-estrie-region-quebec.html>

Government of Canada. (2019). *Abuse: Barriers experienced by victims of abuse*. <https://www.canada.ca/en/immigration-refugees-citizenship/corporate/publications-manuals/operational-bulletins-manuals/service-delivery/abuse/barriers.html>

Granness, A., & Kopf, M. (2019). How do we teach feminist theories today? A conversation. *Feminist Review*, 122(1), 158–166. <https://doi.org/10.1177/0141778919847397>

Grant, R. (2008). A phenomenological case study of a lecturer's understanding of himself as an assessor. *Indo-Pacific Journal of Phenomenology*, 8(Supp. 1), 1-10. <https://doi.org/10.1080/20797222.2008.11433977>

Griffiths, F., Lowe, P., Boardman, F., Ayre, C., & Gadsby, R. (2008). Becoming pregnant: Exploring the perspectives of women living with diabetes. *The British Journal of General Practice*, 58(548), 184-190.

<https://doi.org/10.3399/bjgp08X277294>

Grunig, L. A., Toth, E. A., & Hon, L. C. (2000). Feminist values in public relations.

*Journal of Public Relations Research*, 12(1), 49-68.

[https://doi.org/10.1207/S1532754XJPRR1201\\_4](https://doi.org/10.1207/S1532754XJPRR1201_4)

Grunfeld, A. F., Larsson, D. M., Mackay, K., & Hotch, D. (1996). Domestic violence against elderly women. *Canadian Family Physician*, 42, 1485–1493.

Guest, G., Bunce, A., & Johnson, L. (2006). How many interviews are enough?: An experiment with data saturation and variability. *Field Methods*, 18(1), 59-82.

<https://doi.org/10.1177/1525822X05279903>

Gulati, G., & Kelly, B. D. (2020). Domestic violence against women and the COVID-19 pandemic: What is the role of psychiatry? *International Journal of Law and Psychiatry*, 17, Article 101594.

<https://doi.org/10.1016/j.ijlp.2020.101594>

Guruge, S., Roche, B., & Catallo, C. (2012). Violence against women: An exploration of the physical and mental health trends among immigrant and refugee women in Canada. *Nursing Research & Practice*, 2012, Article 434592.

<https://doi.org/10.1155/2012/434592>

Hall, M., Chappell, L. C., Parnell, B. L., Seed, P. T., & Bewley, S. (2014). Associations between intimate partner violence and termination of pregnancy: A systematic review and meta-analysis. *PLoS Medicine*, 11(1).

<https://doi.org/10.1371/journal.pmed.1001581>

Hamberger, L. K., Larsen, S. E., & Lehrner, A. (2017). Coercive control in intimate partner violence. *Aggression and Violent Behavior*, 37, 1-11.

<https://doi.org/10.1016/j.avb.2017.08.003>

Hamer, K., McFarland, S., Czarnecka, B., Golińska, A., Cadena, L. M., Łuźniak-Piecha, M., & Jułkowski, T. (2020). What is an “ethnic group” in ordinary people’s eyes? Different ways of understanding it among American, British, Mexican, and Polish respondents. *Cross-Cultural Research*, 54(1), 28–72.

<https://doi.org/10.1177/1069397118816939>

Hamilton, J. B. (2020). Rigor in qualitative methods: An evaluation of strategies among underrepresented rural communities. *Qualitative Health Research*, 30(2), 196-204. <https://doi.org/10.1177/1049732319860267>

Hamilton, S. (2001). Making history with Frances Power Cobbe: Victorian feminism, domestic violence, and the language of imperialism. *Victorian Studies*, 43(3), 437-460.

Han, J. H. (2012). *Safety for immigrant, refugee and non-status women: A literature review*. Ending Violence Association (2009), British Columbia, Canada.

Haney, L. A. (2000). Feminist state theory: Applications to jurisprudence, criminology, and the welfare state. *Annual Review of Sociology*, 26(1), 641-666.

<https://doi.org/10.1146/annurev.soc.26.1.641>

Harding, S. (1987). Introduction: Is there a feminist method? In S. Harding (Ed.), *Feminism & methodology: Social science issues* (pp. 1-15). Indiana University Press.

Harding, S. (1992). Rethinking standpoint epistemology: What is “strong objectivity?” *The Centennial Review*, 36(3), 437-470.

- Harding, S. (Ed.). (2004). *The feminist standpoint theory reader*. Routledge.
- Harding, S. (2009). Standpoint theories: Productively controversial. *Hypatia*, 24(4), 192-200.
- Harris, N. (2007). Comparative, feminist, and qualitative: An uncommon perspective on cross-national social policy research. *International Journal of Qualitative Methods*, 6(1), 27-35.
- Hayes, B. E., & Franklin, C. A. (2017). Community effects on women's help-seeking behavior for intimate partner violence in India: gender disparity, feminist theory, and empowerment. *International Journal of Comparative and Applied Criminal Justice*, 41(1-2), 79-94. <https://doi.org/10.1080/01924036.2016.1233443>
- Heise, L. L. (1998). Violence against women: An integrated, ecological framework. *Violence Against Women*, 4(3), 262–290. <https://doi.org/10.1177/1077801298004003002>
- Hekman, S. (1997). Truth and method: Feminist standpoint theory revisited. *Signs*, 22(2), 341-365.
- Herman, J. L. (1997). *Trauma and recovery: The aftermath of violence – from domestic abuse to political terror*. Basic Books.
- Hesse-Biber, S., & Flowers, H. (2019). Using a feminist grounded theory approach in mixed methods research. In A. Bryant & K. Charmaz (Eds.), *The SAGE handbook of current developments in grounded theory* (pp. 497-516). SAGE Publications Ltd. <https://doi.org/10.4135/9781526485656>
- Hiebert, D. (2016). *What's so special about Canada? Understanding the resilience of*

*immigration and multiculturalism*. Migration Policy Institute. [https://nsiip.ca/wp-content/uploads/Hiebert\\_whats-so-special-about-Canada.pdf](https://nsiip.ca/wp-content/uploads/Hiebert_whats-so-special-about-Canada.pdf)

Hoffart, R., & Jones, N. A. (2018). Intimate partner violence and intergenerational trauma among Indigenous women. *International Criminal Justice Review*, 28(1), 25-44. <https://doi.org/10.1177/1057567717719966>

Holtmann, C., & Rickards, T. (2018). Domestic/intimate partner violence in the lives of immigrant women. *Canadian Journal of Public Health*, 109(3), 294-302. <https://doi.org/10.17269/s41997-018-0056-3>

Hoover, S., & Morrow, S. (2016). A qualitative study of feminist multicultural trainees' social justice development. *Journal of Counseling & Development*, 94(3), 306-318. <https://doi.org/10.1002/jcad.12087>

Humbert, A. L., Strid, S., Hearn, J., & Balkmar, D. (2021). Undoing the “Nordic Paradox”: Factors affecting rates of disclosed violence against women across the EU. *PLoS ONE*, 16(5), 1-25. <https://doi.org/10.1371/journal.pone.0249693>

Humphreys, J., & Campbell, J. C. (2011). *Family violence and nursing practice* (2nd ed.). Springer Publishing Company.

Hunnicut, G. (2009). Varieties of patriarchy and violence against women: Resurrecting “patriarchy” as a theoretical tool. *Violence Against Women*, 25(5), 553-573. <https://doi.org/10.1177/1077801208331246>

Hyman, I., Forte, T., Du Mont, J., Romans, S., & Cohen, M. M. (2006). The association between length of stay in Canada and intimate partner violence among immigrant women. *American Journal of Public Health*, 96(4), 654-659.

<https://doi.org/10.2105/AJPH.2004.046409>

Hyman, I., Forte, T., Du Mont, J., Romans, S., & Cohen, M. M. (2009). Help-seeking behavior for intimate partner violence among racial minority women in Canada. *Women's Health Issues, 19*(2), 101-108.

<https://doi.org/10.1016/j.whi.2008.10.002>

Hyman, I., Mason, R., Guruge, S., Berman, H., Kanagaratnam, P., & Manuel, L. (2011). Perceptions of factors contributing to intimate partner violence among Sri Lankan Tamil immigrant women in Canada. *Health Care for Women International, 32*(9), 779-794. <https://doi.org/10.1080/07399332.2011.569220>

Ignacio, J. J., & Taylor, J. B. (2012). Ethical issues in health-care inquiry: A discussion paper. *International Journal of Nursing Practice, 19*(Supp. 1), 56-61.

<https://doi.org/10.1111/ijn.12019>

Ireton, J. (2020, March 6). *Three days at Pigeon Lake*. CBC News:

<https://newsinteractives.cbc.ca/longform/pigeon-lake-domestic-violence-lindsay-ontario>

Jacob, S. A., & Furgerson, P. (2012). Writing interview protocols and conducting interviews: Tips for students new to the field of qualitative research. *The Qualitative Report, 17*(42), 1-10. <https://doi.org/10.46743/2160-3715/2012.1718>

Jenkins, K., Narayanaswamy, L., & Sweetman, C. (2019). Introduction: Feminist values in research. *Gender & Development, 27*(3), 415-425.

<https://doi.org/10.1080/13552074.2019.1682311>

Jewkes, R., Flood, M. G., & Lang, J. (2015). From work with men and boys to changes

of social norms and reduction of inequities in gender relations: A conceptual shift in prevention of violence against women and girls. *Lancet*, 385(9977), 1580-1589.

[https://doi.org/10.1016/S0140-6736\(14\)61683-4](https://doi.org/10.1016/S0140-6736(14)61683-4)

Jewkes, R., Fulu, E., Tabassam Naved, R., Chirwa, E., Dunkle, K., Haardörfer, R., Garcia-Moreno, C., & UN Multi-Country Study on Men and Violence Study Team. (2017). Women's and men's reports of past-year prevalence of intimate partner violence and rape and women's risk factors for intimate partner violence: A multicountry cross-sectional study in Asia and the Pacific. *PLoS Medicine*, 14(9), e1002381. <https://doi.org/10.1371/journal.pmed.1002381>

Johnson, D. P. (2008). Feminist theory at multiple levels: Analytical and critical. In *Contemporary sociological theory: An integrated multi-level approach* (pp. 429-457). Springer. [https://doi.org/10.1007/978-0-387-76522-8\\_16](https://doi.org/10.1007/978-0-387-76522-8_16)

Johnson, M. (1995). Patriarchal terrorism and common couple violence: Two forms of violence against women. *Journal of Marriage and Family*, 57(2), 283-294. <https://doi.org/10.2307/353683>

Johnson, M. P., & Leone, J. M. (2005). The differential effects of intimate terrorism and situational couple violence: Findings from the National Violence Against Women Survey. *Journal of Family Issues*, 26(3), 322-349. <https://doi.org/10.1177/0192513X04270345>

Jose, R., & Novaco, R. W. (2016). Intimate partner violence victims seeking a temporary restraining order: Social support and resilience attenuating psychological distress. *Journal of Interpersonal Violence*, 31(20), 3352-3376.

<https://doi.org/10.1177/0886260515584352>

Jouriles, E. N., & McDonald, R. (2015). Intimate partner violence, coercive control, and child adjustment problems. *Journal of Interpersonal Violence, 30*(3), 459–474.

<https://doi.org/10.1177/0886260514535099>

Kahlke, R. M. (2014). Generic qualitative approaches: Pitfalls and benefits of methodological mixology. *International Journal of Qualitative Methods, 13*(1),

37-52. <https://doi.org/10.1177/160940691401300119>

Karakurt, G., & Silver, K. E. (2013). Emotional abuse in intimate relationships: The role of gender and age. *Violence and Victims, 28*, 804-821.

<https://doi.org/10.1891/0886-6708.VV-D-12-00041>

Kaul, R. (2015). Gender inequality: Challenges of educating the girl child. *Social Change, 45*(2), 224–233. <https://doi.org/10.1177/0049085715574183>

Keeling, J., & van Wormer, K. (2012). Social worker interventions in situations of domestic violence: What we can learn from survivors' personal narratives? *The British Journal of Social Work, 42*(7), 1354-1370.

Kemp, A. R. (1998). *Abuse in the family: An introduction*. Brooks/Cole.

Kezar, A. J. (2014). Higher education change and social networks: A review of research. *The Journal of Higher Education, 85*(1), 91-125.

<https://doi.org/10.1353/jhe.2014.0003>

Kidd, S. A. (2002). The role of qualitative research in psychological journals.

*Psychological Methods, 7*(1), 126-138. <https://doi.org/10.1037/1082-989X.7.1.126>

- Kiger, M. E., & Varpio, L. (2020). Thematic analysis of qualitative data: AMEE guide no. 131. *Medical Teacher*, 42(8), 846-854.  
<https://doi.org/10.1080/0142159X.2020.1755030>
- Kimmel, M. (2010). *Misframing men: The politics of contemporary masculinities*. Rutgers University Press.
- Kirmani, N. (2011). Beyond the impasse: 'Muslim feminism(s)' and the Indian women's movement. *Contributions to Indian Sociology*, 45(1), 1-26.  
<https://doi.org/10.1177/006996671004500101>
- Klykken, F. H. (2021). Implementing continuous consent in qualitative research. *Qualitative Research*, 22(5), 795-810.  
<https://doi.org/10.1177/14687941211014366>
- Kordoutis, P. S., Loumakou, M., & Sarafidou, J. O. (2010). Heterosexual relationship characteristics, condom use and safe sex practices. *Psychological and Socio-medical Aspects of AIDS/HIV*, 12(6), 767-782.  
<https://doi.org/10.1080/09540120020014318a>
- Kramer, L., & Finley, L. (2019). *Domestic violence: An overview*. Salem Press Encyclopedia.
- Kulwicki, A., Aswad, B., Carmona, T., & Ballout, S. (2010). Barriers in the utilization of domestic violence services among arab immigrant women: Perceptions of professionals, service providers & community leaders. *Journal of Family Violence*, 25(8), 727-735. <https://doi.org/10.1007/s10896-010-9330-8>
- Lacey, K. K., McPherson, M. D., Samuel, P. S., Powel, S. K., & Head, D. (2013). The

impact of different types of intimate partner violence on the mental and physical health of women in different ethnic groups. *Journal of Interpersonal Violence*, 28(2), 359-385.

Lagdon, S., Armour, C., & Stringer, M. (2014). Adult experience of mental health outcomes as a result of intimate partner violence victimisation: A systemic review. *European Journal of Psychotraumatology*, 5(1), Article 24794.  
<https://doi.org/10.3402/ejpt.v5.24794>

Lawson, J. (2012). Sociological theories of intimate partner violence. *Journal of Human Behavior in the Social Environment*, 22(5), 572-590.  
<https://doi.org/10.1080/10911359.2011.598748>

Lazarus, R. S., & Folkman, S. (1980). An analysis of coping in a middle-aged community sample. *Journal of Health and Social Behavior*, 21(3), 219-239.  
<https://doi.org/10.2307/2136617>

Leahy, C. P. (2021). The afterlife of interviews: Explicit ethics and subtle ethics insensitive or distressing qualitative research. *Qualitative Research*, 107, 1-18.  
<https://doi.org/10.1177/14687941211012924>

Leavy, P., & Harris, A. (2019). *Contemporary feminist research from theory practice*. Guilford Press.

Lee, E., & Roberts, L. J. (2018). Between individual and family coping: A decade of theory and research on couples coping with health-related stress. *Journal of Family Theory & Review*, 10(1), 141–164. <https://doi.org/10.1111/jftr.12252>

Lee, W. L. (2015). *Feminist theory: Radical lesbian*. International Encyclopedia of the

Social & Behavioral Sciences. <https://doi.org/10.1016/B978-0-08-097086-8.10201-6>.

Lee, Y. A. (2014). Insight for writing a qualitative research paper. *Family & Consumer Sciences Research Journal*, 43(1), 94-97. <https://doi.org/10.1111/fcsr.12084>

Leguizamon, J. S., Leguizamon, S., & Howden, W. (2020). Revisiting the link between economic distress, race, and domestic violence. *Journal of Interpersonal Violence*, 35 (19-20), 4141-4161. <https://doi.org/10.1177/0886260517711177>

Lehrner, A., & Allen, N. E. (2008). Social change movements and the struggle over meaning-making: A case study of domestic violence narratives. *American Journal of Community Psychology*, 42(3-4), 220-234.

Lemon, N. (1996). *Domestic violence law: A comprehensive overview of cases and sources*. Austin and Winfield.

Lincoln, Y., & Guba, E. G. (1985). *Naturalistic inquiry*. SAGE Publications.

Listening to clients: Attending skills . (2003). In P. M. Veach, B. S. LeRoy, & D. M. Bartels, *Facilitating the genetic counseling process*. (pp. 38-50). Springer. [https://doi.org/10.1007/0-387-21774-6\\_3](https://doi.org/10.1007/0-387-21774-6_3)

Little, L., & Kantor, G. K. (2002). Using ecological theory to understand intimate partner violence and child maltreatment. *Journal of Community Health Nursing*, 19, 133-145.

Little, M., Marks, L., Beck, M., Paszat, E., & Tom, L. (2020). Family matters: Immigrant women's activism in Ontario and British Columbia, 1960s 1980s. *Atlantis: Critical Studies in Gender, Culture & Social Justice / Études Critiques Sur Le*

*Genre, La Culture, et La Justice* , 41(1), 105-123.

<https://doi.org/10.7202/1074022ar>

Lokot, M. (2021). Whose voices? Whose knowledge? A feminist analysis of the value of key informant interviews. *International Journal of Qualitative Methods*, 20.

<https://doi.org/10.1177/1609406920948775>

Lorber, J., Coser, R., Rossi, A., & Chodorow, N. (1981). On “the reproduction of mothering”: A methodological debate. *Signs*, 6(3), 482-514.

Love, H. A., Spencer, C. M., May, S. A., Mendez, M., & Stith, S. M. (2018). Perpetrator risk markers for intimate terrorism and situational couple violence: A meta-analysis. *Trauma, Violence, & Abuse*, 21(5), 922-931.

<https://doi.org/10.1177/1524838018801331>

Lucea, M. B., Francis, L., Sabri, B., Campbell, J. C., & Campbell, D. W. (2012).

Disordered eating among African American and African Caribbean women: The influence of intimate partner violence, depression, and PTSD. *Issues in Mental Health Nursing*, 33(8), 513-521. <https://doi.org/10.3109/01612840.2012.687037>

Luu, L. P., & Inman, A. G. (2018). Feminist identity and program characteristics in the development of trainees’ social advocacy. *Counselling Psychology Quarterly*, 31(1), 1-24. <https://doi.org/10.1080/09515070.2016.1198887>

Lysaght, R., Kranenburg, R., Armstrong, C., & Krupa, T. (2016). Participant recruitment for studies on disability and work: Challenges and solutions. *Journal of Occupational Rehabilitation*, 26(2), 125-140. [https://doi.org/10.1007/s10926-015-](https://doi.org/10.1007/s10926-015-9594-1)

[9594-1](https://doi.org/10.1007/s10926-015-9594-1)

- Lysova, A., Dim, E. E., & Dutton, D. (2019). Prevalence and consequences of intimate partner violence in Canada as measured by the National Victimization Survey. *Partner Abuse, 10*(2), 199-221. <https://doi.org/10.1891/1946-6560.10.2.199>
- Madden, K., Scott, T., Sholapur, N., & Bhandari, M. (2016). Prevalence of intimate partner violence among South Asian women living in Southern Ontario. *Journal of Immigrant Minority Health, 18*(4), 913-920. <https://doi.org/10.1007/s10903-015-0333-7>
- Maguire, M., & Delahunt, B. (2017). Doing a thematic analysis: A practical, step-by-step guide for learning and teaching scholars. *AISHE-J: The All Ireland Journal of Teaching & Learning in Higher Education, 9*(3), 3351–33514.
- Maher, C., Hadfield, M., Hutchings, M., & de Eyto, A. (2018). Ensuring rigor in qualitative data analysis: A design research approach to coding combining NVivo with traditional material methods. *International Journal of Qualitative Methods, 17*(1). <https://doi.org/10.1177/1609406918786362>
- Mahoney, A. M., & Daniel, C. A. (2006). Bridging the power gap: Narrative therapy with incarcerated women. *The Prison Journal, 86*(1), 75-88. <https://doi.org/10.1177/0032885505283879>
- Mahtab, N., Haque, T., Khan, I., Mynul Islam, M., & Wahid, I. B. (2018). *Handbook of research on women's issues and rights in the developing world*. IGI Global.
- Malbon, E., Carson, L., & Yates, S. (2018). What can policymakers learn from feminist strategies to combine contextualised evidence with advocacy? *Palgrave Communications, 4*, Article 104. <https://doi.org/10.1057/s41599-018-0160-2>

- Malterud, K., Siersma, V. D., & Guassora, A. D. (2015). Sample size in qualitative interview studies. *Qualitative Health Research*, 26(13), 1753-1760.  
<https://doi.org/10.1177/1049732315617444>
- Martin, D. (1976). *Battered wives*. Pocket Books.
- Martinez, J. (1992). *Annual report on Vermont's domestic violence program (Fiscal year 92)*. Commission on the Status of Women, Vermont, U.S.A.
- Masiran, R. I., Ibrahim, N., Tan, K. A., Andrew, B. N., Chong, S. C., & Soh, K. Y. (2021). Associations between coping styles and psychological stress among medical students at Universiti Putra Malaysia. *Current Psychology*, 40(3), 1257-1261. <https://doi.org/10.1007/s12144-018-0049-7>
- Mason, M. (2010). Sample size and saturation in PhD studies using qualitative interviews. *Forum: Qualitative Social Research*, 11(3).  
<https://doi.org/10.17169/fqs-11.3.1428>
- Matthews, J., Avery, L., & Nashandi, J. (2018). Southern african social work students' acceptance of rape myths. *Social Sciences*, 7(9), Article 152.  
<https://doi.org/10.3390/socsci7090152>
- Maxwell, J. (2012). *Qualitative research design: An interactive approach* (3rd ed.). SAGE Publications.
- McAfee, N. (2018). Feminist philosophy. In E. N. Zalta (Ed.), *The Stanford Encyclopedia of Philosophy* (Fall 2018 ed.).  
<https://plato.stanford.edu/archives/fall2018/entries/feminist-philosophy/>
- McCauley, H. L., Bonomi, A. E., Maas, M. K., Bogen, K. W., & O'Malley, T. L. (2018).

# MaybeHeDoesntHitYou: Social media underscore the realities of intimate partner violence. *Journal of Women's Health*, 27(7), 885-891.

<https://doi.org/10.1089/jwh.2017.6560>

McNamara, C. (2009). *General guidelines for conducting interviews*. Management Library. <https://managementhelp.org/businessresearch/interviews.htm>

McPhail, B. A., Busch, N. B., Kulkarni, S., & Rice, G. (2007). An integrative feminist model: The evolving feminist perspective on intimate partner violence. *Violence Against Women*, 13(8), 817-841. <https://doi.org/10.1177/1077801207302039>

Mehrotra, G. (2010). Toward a continuum of intersectionality theorizing for feminist social work scholarship. *Affilia: Journal of Women and Social Work*, 25(4), 417-430. <https://doi.org/10.1177/0886109910384190>

Mendoza, E. N. (2017). Can women's organizations work with the patriarchal state? *Philippine Sociological Review*, 65, 121-147.

Mengo, C., Beaujolais, B., Kulow, E., Ramirez, R., Brown, A., & Nemeth, J. (2020). Knowledge and perspectives of domestic violence service providers about survivors with mental health disability. *Journal of Family Violence*, 35 (2), 181-190. <https://doi.org/10.1007/s10896-019-00053-3>

Menjovar, C., & Salcido, O. (2002). Immigrant women and domestic violence: Common experience in different countries. *Gender & Society*, 16(6), 898-920.

<https://doi.org/10.1177/089124302237894>

Merriam, S. B., & Tisdell, E. J. (2015). *Qualitative research: A guide to design and implementation*. John Wiley & Sons.

- Metheny, N., & Stephenson, R. (2021). Changes in gender inequality and intimate partner violence from 1958-2003: A birth cohort analysis. *Violence Against Women*, 27(2), 124-142. <https://doi-org/10.1177/1077801219884120>
- Meyerson, D. E., & Kolb, D. M. (2000). Moving out of the 'armchair': Developing a framework to bridge the gap between feminist theory and practice. *Organization*, 7(4), 553-571. <https://doi.org/10.1177/135050840074003>
- Mikkola, M. (2019). Feminist perspectives on sex and gender. In N. Z. Edward (Ed.), *The Stanford Encyclopedia of Philosophy* (Fall 2019 ed.). <https://plato.stanford.edu/archives/fall2019/entries/feminism-gender/>>
- Miller, D. (2001). The scope of social justice. In D. Miller (Ed.), *Principles of social justice* (pp. 1-20). Harvard University Press.
- Miller, E., & McCaw, B. (2019). Intimate partner violence. *The New England Journal of Medicine*, 380(9), 850-857. <https://doi.org/10.1056/NEjMra1807166>
- Moffitt, T. E., & the Klaus-Grawe 2012 Think Tank. (2013). Childhood exposure to violence and lifelong health: Clinical intervention science and stress biology research join forces. *Developmental Psychopathology*, 25(4-2), 1619-1634. <https://doi.org/10.1017/S0954579413000801>
- Moodley, Y., & Bowman, B. (2021). Intimate partner violence as masculine accomplishment: Resistance to victimhood in accounts of violence by gay men in urban South Africa. *Psychology & Sexuality*, 13(3), 663-675. <https://doi.org/10.1080/19419899.2021.1902849>
- Monahan, K., Purushotham, A., & Biegon, A. (2019). Neurological implications of

nonfatal strangulation and intimate partner violence. *Future Neurology*, 14(3).

<https://doi.org/10.2217/fnl-2018-0031>

Mooney, J. (2000). *Gender, violence and the social order*. St. Martin's Press.

Morse, J. M. (1991). Strategies for sampling. In J. M. Morse (Ed.), *Qualitative nursing research: A contemporary dialogue* (pp. 127-145). SAGE Publications.

Morse, J. M. (2000). Determining sample size. *Qualitative Health Research*, 10(1), 3-5.

<https://doi.org/10.1177/104973200129118183>

Mullaly, B. (2010). *Challenging oppression and confronting privilege: A critical social work approach*. Oxford University Press.

Mullender, A. (1996). *Rethinking domestic violence: The social work and probation response*. Routledge.

Murray, M. (2003). Narrative psychology. In J. A. Smith (Ed.), *Qualitative psychology: A practical guide to research methods* (pp. 111-131). SAGE Publications.

Musselwhite, K., Cuff, L., McGregor, L., & King, K. M. (2007). The telephone interview is an effective method of data collection in clinical nursing research: A discussion paper. *International Journal of Nursing Studies*, 44(6), 1064-1070.

Muzak, J. (2009). Trauma, feminism, and addiction: Cultural and clinical lessons from Susan Gordon Lydon's "Take the long way home: Memoirs of a survival".

*Traumatology*, 15(4), 24-34. <https://doi.org/10.1177/1534765609347547>

Naccarelli, J., & Miller, S. L. (2020). Educating for social change: Feminist curriculum and community partnerships for advocacy training. In L. L. O'Toole, J. R.

Schiffman, & R. Sullivan (Eds.), *Gender violence: Interdisciplinary perspectives*

(3rd ed., pp. 412-419). New York University Press.

Nagae, M., & Dancy, B. L. (2010). Japanese women's perceptions of intimate partner violence (IPV). *Journal of Interpersonal Violence, 25*(4), 753-766.

Nangia, P. (2013). *Discrimination experienced by landed immigrants in Canada* (RCIS Working Paper No. 2013/7). Ryerson Centre for Immigration and Settlement.  
<https://doi.org/10.32920/ryerson.14639880.v2>

National Association of Social Workers (NASW). (2007). *Institutional racism and the social work profession: A call to action*.  
[https://ncwwi.org/files/Cultural\\_Responsiveness\\_Disproportionality/Institutional\\_Racism\\_and\\_the\\_Social\\_Work\\_Profession.pdf](https://ncwwi.org/files/Cultural_Responsiveness_Disproportionality/Institutional_Racism_and_the_Social_Work_Profession.pdf)

National Association of Social Workers (NASW). (2017). *Code of ethics*. NASW Press.  
<https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English>

Newington, L., & Metcalfe, A. (2014). Factors influencing recruitment to research: Qualitative study of the experiences and perceptions of research teams. *BMC Medical Research Methodology, 10*(14), 1-21. <https://doi.org/10.1186/1471-2288-1>

Nicholson, K. (2020, March 9). 'Barriers' in Canada's legal system complicating fight to end domestic violence: Part of the problem is conflicting definitions of domestic violence. CBC News. <https://www.cbc.ca/news/barriers-in-canada-s-legal-system-complicating-fight-to-end-domestic-violence-1.5488510>

Niolon, P. H., Kearns, M., Dills, J., Rambo, K., Irving, S., Armstead, T. L., & Gilbert, L.

- (2017). Preventing intimate partner violence across the lifespan: A technical package of programs, policies, and practices. National Center for Injury Prevention and Control, CDC. <https://www.cdc.gov/violenceprevention/pdf/ipv-technicalpackages.pdf>
- Nowell, L. S., Norris, J. M., White, D. E., & Moules, N. J. (2017). Thematic analysis: Striving to meet the trustworthiness criteria. *International Journal of Qualitative Methods*, 16(1), 1-13. <https://doi.org/10.1177/1609406917733847>
- Noy, C. (2003). The write of passage: Reflections on writing a dissertation in narrative methodology. *Forum: Qualitative Social Research*, 4(2). <https://doi.org/10.17169/fqs-4.2.712>
- O'Faolain, J., & Martines, L. (Eds.). (1973). *Not in God's image: Women in history from the Greeks to the Victorians*. Temple Smith.
- Okeke-Ihejirika, P., & Salami, B. (2018). Men become baby dolls and women become lions: African immigrant men's challenges with transition and integration. *Canadian Ethnic Studies*, 50(3), 91-110. <https://doi.org/10.1353/ces.2018.0024>
- Okeke-Ihejirika, P., Salami, B., & Karimi, A. (2019). African immigrant women's transition and integration into Canadian society: Expectations, stressors, and tensions. *Gender, Place & Culture*, 26(4), 581-601. <https://doi.org/10.1080/0966369X.2018.1553852>
- Okeke-Ihejirika, P., Yohani, S., Muster, J., Ndem, A., Chambers, T., & Pow, V. (2018). A scoping review on intimate partner violence in Canada's immigrant communities. *Trauma, Violence, & Abuse*, 21(4), 788-810.

<https://doi.org/10.1177/1524838018789156>

Omorodion, F. I. (2020). African immigrant women's perceptions and experiences of intimate partner violence in Canada. *Mediterranean Journal of Social Sciences*, 11(2), 15-24. <https://doi.org/10.36941/mjss-2020-0015>

Onwuegbuzie, A. J., Dickinson, W. B., Leech, N. L., & Zoran, A. G. (2009). A qualitative framework for collecting and analyzing data in focus group research. *International Journal of Qualitative Method*, 8(3), 1-21.

<https://doi.org/10.1177/160940690900800301>

Onyskiw, J. (2000, June). Processes underlying children's responses to witnessing physical aggression in their families [Paper presentation]. 10<sup>th</sup> Annual NNVAWI Conference, Ending Violence Against Women: Setting the Agenda for the Next Millennium, Vancouver, BC.

Open Government Licence - Alberta. (2016, February 10). *Family violence hurts everyone: A framework to end family violence in Alberta*.

[https://open.alberta.ca/dataset/eb45b09a-ed93-4b7e-bae7-](https://open.alberta.ca/dataset/eb45b09a-ed93-4b7e-bae7-6885a3615d84/resource/3a7ca3f6-aba1-497f-bfc2-1cdd3865ce7b/download/family-violence-hurts-everyone.pdf)

[6885a3615d84/resource/3a7ca3f6-aba1-497f-bfc2-](https://open.alberta.ca/dataset/eb45b09a-ed93-4b7e-bae7-6885a3615d84/resource/3a7ca3f6-aba1-497f-bfc2-1cdd3865ce7b/download/family-violence-hurts-everyone.pdf)

[1cdd3865ce7b/download/family-violence-hurts-everyone.pdf](https://open.alberta.ca/dataset/eb45b09a-ed93-4b7e-bae7-6885a3615d84/resource/3a7ca3f6-aba1-497f-bfc2-1cdd3865ce7b/download/family-violence-hurts-everyone.pdf)

Orloff, L., Dutton, M. A., Hass, G. A., & Ammar, N. (2003). Battered immigrant women's willingness to call for help and police response. *UCLA Women's Law Journal*, 13(1), 43-100. <https://doi.org/10.5070/L3131017773>

Overstreet, N. M., Willie, T. C., & Sullivan, T. P. (2019). Stigmatizing reactions versus general negative reactions to partner violence disclosure as predictors of

- avoidance coping and depression. *Journal of Interpersonal Violence*, 34(8), 1734–1752. <https://doi.org/10.1177/0886260516653753>
- Ozturk, B., Li, Q., & Albright, D. L. (2019). Coping strategies among immigrant women who have experienced intimate partner violence in North America: A narrative review. *Aggression and Violent Behavior*, 48, 17-23. <https://doi.org/10.1016/j.avb.2019.06.001>
- Pacheco, L. R., Medeiros, M., & Guilhem, D. (2017). Intimate partner violence: Cultural, social and health correlations. *Nurse Care Open Acces Journal*, 2(4), 116-122. <https://doi.org/10.15406/ncoaj.2017.02.00046>
- Pandey, B. (2016). Feminist standpoint and question of women participation in decision-making in Nepal. *Dhaulagiri Journal of Sociology and Anthropology*, 10, 202-220. <https://doi.org/10.3126/dsaj.v10i0.15886>
- Pandya, P., & Pathak, S. (2020). Impact on domestic violence victims' women concerning mental health. *International Journal of Indian Psychology*, 8(1), 1116-1124. <https://doi.org/10.1007/s10896-020-00188-8>
- Pascoe Leahy, C. (2021). The afterlife of interviews: Explicit ethics and subtle ethics in sensitive or distressing qualitative research. *Qualitative Research*, 22(5), 1-18. <https://doi.org/10.1177/146879412111012924>
- Patton, M. Q. (2015). *Qualitative research and evaluation methods: Integrating theory and practice* (4th ed.). SAGE Publications.
- Pence, E., & Paymar, M. (1993). *Education groups for men who batter: The Duluth Model*. Springer Publishing Company.

- Pengpid, S., & Peltzer, K. (2020). Associations of physical partner violence and sexual violence victimization on health risk behaviors and mental health among university students from 25 countries. *BMC Public Health*, *20*, Article 937. <https://doi.org/10.1186/s12889-020-09064-y>
- Perreault, S. (2020, December 2). *Gender-based violence: Sexual and physical assault in Canada's territories, 2018*. Statistics Canada. <https://www150.statcan.gc.ca/n1/pub/85-002-x/2020001/article/00012-eng.htm#r39>
- Perreault, S., & Brennan, S. (2010). *Criminal victimization in Canada, 2009* (Catalogue no. 85-002-X). Juristat: Statistics Canada. <https://www150.statcan.gc.ca/n1/en/pub/85-002-x/2010002/article/11340-eng.pdf?st=7w5OXQBu>
- Perrott, T. A. (2019). Methodological awareness in feminist research: Reclaiming experiences of hostility in workplace studies. *International Journal of Qualitative Methods*, *18*. <https://doi.org/10.1177/1609406919854836>
- Peterson, J. S. (2019). Presenting a qualitative study: A reviewer's perspective. *Gifted Child Quarterly*, *63*(3), 147-158. <https://doi.org/10.1177/0016986219844789>
- Petra, M. M. (2020). The salience of intimate partner violence to coping and social support for intimate partners of people with addictions. *Alcoholism Treatment Quarterly*, *38*(3), 306-324. <https://doi.org/10.1080/07347324.2019.1681332>
- Pokharel, B., Hegadoren, K., & Papathanassoglou, E. (2020). Factors influencing silencing of women who experience intimate partner violence: An integrative

review. *Aggression and Violent Behavior*, 52(4), Article 101422.

<https://doi.org/10.1016/j.avb.2020.10142>

Price, L., Keeling, P., Brown, G., Hughes, D., & Barton, A. (2005). A qualitative study of paramedics' attitudes to providing prehospital thrombolysis. *Emergency Medical Journal*, 22(10), 738-741. <https://doi.org/10.1136/emj.2005.025536>

Profeta, P. (2017). Gender equality in decision-making positions: The efficiency gains. *Intereconomics*, 52(1), 34-3. <https://doi.org/10.1007/s10272-017-0640-4>

Pun, K. D., Infanti, J. J., Koju, R., Schei, B., Darj, E., & Advance Study Group. (2016). Community perceptions on domestic violence against pregnant women in Nepal: A qualitative study. *Global Health Action*, 9(1), Article 31964. <https://doi.org/10.3402/gha.v9.31964>

Quinlan, E., Quinlan, A., Fogel, C., & Taylor, G. (2017). *Sexual violence at Canadian universities: Activism, institutional responses, and strategies for change*. Wilfrid Laurier University Press.

Quelopana, A. M., & Alcalde, C. (2014). Exploring knowledge, belief and experiences in sexual and reproductive health in immigrant Hispanic women. *Journal of Immigrant Minority Health*, 16(5), 1001-1006. <https://doi.org/10.1007/s10903-013-9807-7>

Radcliffe, P., Gadd, D., Henderson, J., Love, B., Stephens-Lewis, D., Johnson, A., Gilchrist, E., & Gilchrist, G. (2019). What role does substance use play in intimate partner violence? A narrative analysis of in-depth interviews with men in substance use. *Journal of Interpersonal Violence*, 36(21-22), 1-29.

<https://doi.org/10.1177/0886260519879259>

RAINN. (2021, August 10). *Key terms and phrases*. <https://www.rainn.org/articles/key-terms-and-phrases>

Ravitch, S., & Carl, N. M. (2016). *Qualitative research: Bridging the conceptual, theoretical, and methodological*. SAGE Publications.

Rees, K., Zweigenthal, V., & Joyner, K. (2014). Implementing intimate partner violence care in a rural sub-district of South Africa: A qualitative evaluation. *Global Health Action*, 7(1), 1-12. <https://doi.org/10.3402/gha.v7.24588>

Rees, S., Silove, D., Chey, T., Ivancic, L., Steel, Z., Creamer, M., Teesson, M., Bryant, R., McFarlane, A. C., Mills, K. L., Slade, T., Carragher, N., O'Donnell, M., & Forbes, D. (2011). Lifetime prevalence of gender-based violence in women and the relationship with mental disorders and psychosocial function. *JAMA*, 306(5), 513-521. <https://doi.org/10.1001/jama.2011.1098>

Reeves, S., Albert, M., Kuper, A., & Hodges, B. D. (2008). Why use theories in qualitative research? *The BMJ*, 337, 1-9. <https://dx.doi.org/bmj2008;337:a949>

Resko, S. M., Kruman Mountain, S., Browne, S., Kondrat, D. C., & Kral, M. (2018). Suicidal ideation and suicide attempts among women seeking treatment for substance use and trauma symptoms. *Health & Social Work*, 43(2), 76-83. <https://doi.org/10.1093/hsw/hly004>

Rice, K., Girvin, H., Frank, J., & Foels, L. (2016). The learning institute: Promoting social justice advocacy within a continuing education program. *Journal of Teaching in Social Work*, 36(4), 380-389.

<https://doi.org/10.1080/08841233.2016.1200704>

Richert, A. J. (2002). The self narrative therapy: Thoughts from a humanistic extential perspective. *Journal of Psychotherapy Integration*, 12(1), 77-104.

<https://doi.org/10.1037/1053-0479.12.1.77>

Riel, E. M., Languedoc, S., Brown, J., & Rodgers, J. (2014). Safety for Aboriginal women in couples counseling where there is a history of intimate partner violence. *Journal of Offender Rehabilitation*, 55, 479-500.

<https://doi.org/10.1080/10509674.2014.931749>

Rivara, F. P., Anderson, M. L., Fishman, P., Bonomi, A. E., Reid, R. J., Carrell, D., & Thompson, R. S. (2007). Healthcare utilization and costs for women with a history of intimate partner violence. *American Journal of Preventive Medicine*, 32(2), 89-96. <https://doi.org/10.1016/j.amepre.2006.10.001>

Rivkin-Fish, M. (2018). 'Fight abortion, not women': The moral economy underlying Russian feminist advocacy. *Anthropological Journal of European Cultures*, 27(2), 22-44. <https://doi.org/10.3167/ajec.2018.27020>

Rizo, C. F. (2016). Intimate partner violence related stress and the coping experiences of survivors: "There's only so much a person can handle". *Journal of Family Violence*, 31(5), 581-598. <https://doi.org/10.1007/s10896-015-9787-6>

Rizo, C. F., Givens, A., & Lombardi, B. (2017). A systematic review of coping among heterosexual female IPV survivors in the United States with a focus on the conceptualization and measurement of coping. *Aggression and Violent Behavior*, 34(1), 35-50. <https://doi.org/10.1016/j.avb.2017.03.006>

- Robinson, O. C. (2014). Sampling in interview-based qualitative research: A theoretical and practical guide. *Qualitative Research in Psychology, 11*(1), 25-41.  
<https://doi.org/10.1080/14780887.2013.801543>
- Rodriguez, M., Valentine, J. M., Son, J. B., & Muhammad, M. (2009). Intimate partner violence and barriers to mental health care for ethnically diverse populations of women. *Trauma, Violence, & Abuse, 10*(4), 358-374.  
<https://doi.org/10.1177/1524838009339756>
- Rolin, K. (2009). Standpoint theory as a methodology for the study of power relations. *Hypatia, 24*(4), 218-226.
- Rosenberg, R. (2018). *The human magnet syndrome: The codependent narcissist trap: Surviving narcissistic abuse*. Morgan James Publishing.
- Ross, L. J. (2017). Reproductive justice as intersectional feminist activism. *Souls, 19*(3), 286-314. <https://doi.org/10.1080/10999949.2017.1389634>
- Rubin, H. J., & Rubin, I. S. (2012). *Qualitative interviewing: The art of hearing data* (3rd ed.). SAGE Publications.
- Rudestam, K. E., & Newton, R. R. (2015). *Surviving your dissertation: A comprehensive guide to content and process* (4th ed.). SAGE Publications.
- Sabri, B., Renner, L. M., Stockman, J. K., Mittal, M., & Decker, M. R. (2014). Risk factors for severe intimate partner violence and violence-related injuries among women in India. *Women and Health, 54*(4), 281-300.  
<https://doi.org/10.1080/03630242.2014.896445>
- Sabri, B., Simonet, M., & Campbell, J. C. (2018). Risk and protective factors of intimate

partner violence among South Asian immigrant women and perceived need for services. *Cultural Diversity Ethnic Minority Psychology*, 24(3), 442-452.

<https://doi.org/10.1037/cdp0000189>

Sediri, S., Zgueb, Y., Ouanes, S., Ouali, U., Bourgou, S., Jomli, R., & Nacef, F. (2020).

Women's mental health: Acute impact of COVID-19 pandemic on domestic violence. *Archives of Women's Mental Health*, 23, 749-756.

<https://doi.org/10.1007/s00737-020-01082-4>

Saint Martha's Hall. (2021, June 12). *History of battered women movement*.

<https://saintmarthas.org/resources/history-of-battered-womens-movement/>

Sakshi, S. (2021). *Determining sample size for qualitative research: What is the magical*

*number?* InterQ Research. [https://interq-research.com/determining-sample-size-](https://interq-research.com/determining-sample-size-for-qualitative-research-what-is-the-magical-number/#:~:text=Our%20general%20recommendation%20for%20in,the%20population%20integrity%20in%20recruiting)

[for-qualitative-research-what-is-the-magical-](https://interq-research.com/determining-sample-size-for-qualitative-research-what-is-the-magical-number/#:~:text=Our%20general%20recommendation%20for%20in,the%20population%20integrity%20in%20recruiting)

[number/#:~:text=Our%20general%20recommendation%20for%20in,the%20popu-](https://interq-research.com/determining-sample-size-for-qualitative-research-what-is-the-magical-number/#:~:text=Our%20general%20recommendation%20for%20in,the%20population%20integrity%20in%20recruiting)

[lation%20integrity%20in%20recruiting](https://interq-research.com/determining-sample-size-for-qualitative-research-what-is-the-magical-number/#:~:text=Our%20general%20recommendation%20for%20in,the%20population%20integrity%20in%20recruiting)

Sanchez, M., Dillon, F., Ruffin, B., & De La Rosa, M. (2012). The influence of religious

coping on the acculturative stress of recent Latino immigrant. *Journal of Ethnic &*

*Cultural Diversity in Social Work*, 21(3), 171-194.

<http://dx.doi.org/10.1080/15313204.2012.7>

Sandelowski, M. (1995). Focus on qualitative method: Sample size in qualitative

research. *Research in Nursing and Health*, 18(2), 179-183.

<https://doi.org/10.1002/nur.4770180211>

Sandelowski, M., & Barroso, J. (2002). Reading qualitative studies. *International Journal*

*of Qualitative Methods*, 1(1), 74-108.

<https://doi.org/10.1177/160940690200100107>

- Saunders, D. G. (2020). Barriers to leaving an abusive relationship. In R. Geffner, J. W. White, L. K. Hamberger, A. Rosenbaum, V. Vaughan-Eden, & V. I. Vieth (Eds.), *Handbook of interpersonal violence across the lifespan* (pp. 1-23). Springer.
- Savin-Baden, M., & Van Niekerk, L. (2007). Narrative inquiry: Theory and practice. *Journal of Geography in Higher Education*, 31(3), 459-472.
- <https://doi.org/10.1080/03098260601071324>
- Schechter, S. (1982). *Women and male violence: The vision and struggles of the battered women's movement*. South End Press.
- Schniedewind, N. (1987). Teaching feminist process. *Women's Studies Quarterly*, 15(3/4), 15-31.
- Scott, J. (2010). Quantitative methods and gender inequalities. *International Journal of Social Research Methodology*, 13(3), 223-236.
- <https://doi.org/10.1080/13645579.2010.482258>
- Sechelski, A. N., & Onwuegbuzie, A. J. (2019). A call for enhancing saturation at the qualitative data analysis stage via the use of multiple qualitative data analysis. *The Qualitative Report*, 24(4), 795-821. <https://doi.org/10.46743/2160-3715/2019.3554>
- Sen, A. (2016). Many faces of gender inequality. In K. E. Rosenblum, & T.-M. C. Travis (Eds.), *The meaning of difference: American constructions of race and ethnicity, sex and gender, social class, sexuality, and disability* (7th ed., pp. 405-410).

McGraw Hill Education.

- Sere, Y., Roman, N. V., & Ruiter, R. A. C. (2021). Coping with the experiences of intimate partner violence among South African women: Systematic review and meta-synthesis. *Frontiers in Psychiatry, 12*, 1-15.  
<https://doi.org/10.3389/fpsy.2021.655130>
- Shamu, S., Gevers, A., Mahlangu, B. P., Jama Shai, P. N., Chirwa, E. D., & Jewkes, R. K. (2016). Prevalence and risk factors for intimate partner violence among Grade 8 learners in urban South Africa: Baseline analysis from the Skhokho supporting success cluster randomised controlled trial. *International Health, 8*(1), 18–26.  
<https://doi.org/10.1093/inthealth/ihv068>
- Sharma, K. K., Vatsa, M., Kalaivani, M., & Bhardwaj, D. (2019). Mental health effects of domestic violence against women in Delhi: A community-based study. *Journal of Family Medicine and Primary Care, 8*(7), 2522–2527.  
[https://doi.org/10.4103/jfm.427\\_19](https://doi.org/10.4103/jfm.427_19)
- Shenton, A. K. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information, 22*, 63-75.
- Shire, E. (2014). *You don't hate feminism, you just don't understand it*. The Newsweek/Daily Beast Company LLC. <https://www.thedailybeast.com/you-dont-hate-feminism-you-just-dont-understand-it>
- Shiva, N., & Nosrat Kharazmi, Z. (2019). The fourth wave of feminism and the lack of social realism in cyberspace. *Journal of Cyberspace Studies, 3*(2), 129-146.  
<https://doi.org/10.22059/jcss.2019.72456>

- Shorey, R. C., Febres, J., Brasfield, H., & Stuart, G. L. (2012). The prevalence of mental health problems in men arrested for domestic violence. *Journal of Family Violence*, 27(8), 741-748. <https://doi.org/10.1007/s10896-012-9463-z>
- Showalter, K., & McCloskey, R. J. (2020). A qualitative study of intimate partner violence and employment instability. *Journal of Interpersonal Violence*, 36(23-24), NP12730 - NP12755. <https://doi.org/10.1177/0886260520903140>
- Shuford, S. H., Gjelsvik, A., Clarke, J., & van den Berg, J. J. (2018). Depression among women released from prison or jail in the United States. *Journal of Health Care for the Poor and Underserved*, 29(3), 914-929. <https://doi.org/10.1353/hpu.2018.0068>
- Siddiqui, S., Farah, N., & Shah, H. K. (2021). Domestic violence on women and its implications on their health. *Sir Syed Journal of Education & Social Research*, 4(2), 380-385. <https://doi.org/10.36902/sjesr-vol4-iss2-2021>
- Silver, K. E., Kumari, M., Conklin, D., & Karakurt, G. (2018). Trauma and health symptoms in a community sample: Examining the influences of gender and daily stress. *American Journal of Family Therapy*, 46(2), 153-167. <https://doi.org/10.1080/01926187.2018.1461031>
- Sjoberg, L., & Gentry, C. E. (2016). It's complicated: Looking closely at women in violent extremism. *Georgetown Journal of International Affairs*, 17(2), 23-30. <https://doi.org/10.1353/gia.2016.0021>
- Skeggs, B. (1997). *Formations of class and gender: Becoming respectable*. SAGE Publications.

- Smith, D. E. (1997). Comment on Hekman's "Truth and method: Feminist standpoint theory revisited". *Signs: Journal of Women in Culture and Society*, 22(2), 392-398. <https://doi.org/10.1086/495164>
- Smythe, L., & Giddings, L. S. (2007). From experience to definition: Addressing the question what is qualitative research? *Nursing Praxis in New Zealand*, 23(1), 37-57.
- Sokoloff, N. J., & Dupont, I. (2005). Domestic violence at the intersections of race, class, and gender: Challenges and contributions to understanding violence against marginalized women in diverse communities. *Violence Against Women*, 11(1), 38-64.
- Sprague, S., Goslings, J. C., Hogentoren, C., de Milliano, S., Simunovic, N., Madden, K., & Bhandari, M. (2014). Prevalence of intimate partner violence across medical and surgical health care settings: a systematic review. *Violence Against Women*, 20(1), 118-136. <https://doi.org/10.1177/1077801213520574>
- St. Pierre, E. A. (2000). Poststructural feminism in education: An overview. *International Journal of Qualitative Studies in Education*, 13(5), 477-515. <https://doi.org/10.1080/09518390050156422>
- Stanko, E. A. (2006). Theorizing about violence: Observations from the Economic and Social Research Council's violence research program. *Violence Against Women*, 12(6), 543-555. <https://doi.org/10.1177/1077801206289137>
- Stanley, L., & Wise, S. (1993). *Breaking out again: Feminist ontology & epistemology* (2nd ed.). Routledge.

- Stansfield, R., & Williams, K. R. (2021). Coercive control between intimate partners: An application to nonfatal strangulation. *Journal of Interpersonal Violence, 36*(9-10), NP5105–NP5124. <https://doi.org/10.1177/0886260518795175>
- Stark, E. (2006). Commentary on Johnson’s “Conflict and control: Gender symmetry and asymmetry in domestic violence”. *Violence Against Women, 12*(11), 1019-1025.
- Stark, E. (2007). *Coercive control: How many entrap women in personal life*. Oxford University Press.
- Starmarski, C. S., & Son Hing, L. S. (2015). Gender inequalities in the workplace: The effects of organizational structures, processes, practices, and decision makers’ sexism. *Frontier in Psychology, 6*, Article 1400.  
<https://doi.org/10.3389/fpsyg.2015.01400>
- Statistics Canada. (2017a, April 10). *Alberta: Focus on geography series, 2016 Census* (Catalogue no. 98-404-X2016001). <https://www12.statcan.gc.ca/census-recensement/2016/as-sa/fogs-spg/Facts-pr-eng.cfm?Lang=Eng&GK=PR&GC=48&TOPIC=7>
- Statistics Canada. (2017b, October 25). *Immigration and ethnocultural diversity: Key results from the 2016 Census*. <https://www150.statcan.gc.ca/n1/en/daily-quotidien/171025/dq171025b-eng.pdf?st=iJnYPSg7>
- Statistics Canada. (2018, September 27). *Annual demographic estimates: Canada, provinces and territories, 2018 (Total Population only)*.  
<https://www150.statcan.gc.ca/n1/pub/91-215-x/2018001/sec1-eng.htm>
- Statistics Canada. (2019, June 17). *Data tables, 2016 Census* (Catalogue no. 98-400-

X2016215). <https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/dt-td/Rp-eng.cfm?APATH=3&DETAIL=0&DIM=0&FL=A&FREE=0&GC=0&GID=0&GK=0&GRP=1&LANG=E&PID=112048&PRID=10&PTYPE=109445&S=0&SHOALL=0&SUB=0&THEME=120&Temporal=2016&VID=0&VNAMEE=&VNAMEF=>

- Sternadori, M. (2019). Situating the fourth wave of feminism in popular media discourses. In M. B. Marron (Ed.), *Misogyny and media in the age of Trump* (pp. 31-55). Rowman & Littlefield.
- Stockman, J. K., Hayashi, H., & Campbell, J. C. (2015). Intimate partner violence and its health impact on ethnic minority women. *Journal of Women's Health, 24*(1), 62–79. <https://doi.org/10.1089/jwh.2014.4879>
- Stone, L. (2010). Feminism. In P. Peterson, E. Baker, & B. McGaw (Eds.), *International encyclopedia of education* (pp. 56-62). Elsevier Science. <https://doi.org/10.1016/B978-0-08-044894-7.00558-3>
- Straus, M. A., & Gelles, R. J. (1986). Societal change and change in family violence from 1975 to 1985 as revealed by two national surveys. *Journal of Marriage and the Family, 48*(3), 465-479.
- Straus, M. A., & Gozjolko, K. L. (2014). “Intimate terrorism” and gender differences in injury of dating partners by male and female university students. *Journal of Family Violence, 29*(1), 51-65. <https://doi.org/10.1007/s10896-013-9560-7>
- Su, Y., D’Arcy, C., & Meng, X. (2020). Social support and positive coping skills as

mediators buffering the impact of childhood maltreatment on psychological distress and positive mental health in adulthood: Analysis of a national population-based sample. *American Journal of Epidemiology*, 189(5), 394–402.  
<https://doi.org/10.1093/aje/kwz275>

Sukeri, S., & Man, N. N. (2017). Escaping domestic violence: A qualitative study of women who left their abusive husbands. *Journal of Taibah University Medical Sciences*, 12(6), 477-482. <https://doi.org/10.1016/j.jtumed.2017.05.009>

Sutton, J., & Austin, Z. (2015). Qualitative research: Data collection, analysis, and management. *The Canadian Journal of Hospital Pharmacy*, 68(3), 226-231.  
<https://doi.org/10.4212/cjhp.v68i3.1456>

Taket, A., Nurse, J., Smith, K., Watson, J., Shakespeare, J., Lavis, V., Cosgrove, K., Mulley, K., & Feder, G. (2003). Routinely asking women about domestic violence in health settings. *BMJ*, 327, 673-676.  
<https://doi.org/10.1136/bmj.327.7416.673>

Tam, D. M., Schleicher, K., Wu, W., Kwok, S. M., Thurston, W. E., & Dawson, M. (2016). Social work interventions on intimate partner violence against women in China. *Journal of Social Work*, 16(2), 228-249.  
<https://doi.org/10.1177/1468017314568745>

Tamimi, T. T. (2017). Violence against women in Palestine and mediocre accountability. *Legal Issues Journal*, 5(1), 75-96.

Tastsoglou, E., Dawson, M., Falconer, C., Holtmann, C., & Wilkinson, L. (2020). *Violence against women migrants and refugees: Analysing causes and effective*

*policy response*. Gender-Net Plus: Promoting Gender Equality in H2020 and the ERA initiative.

[https://www.smu.ca/webfiles/Country\\_Review\\_Canada\\_FINAL\\_March\\_17\\_2020.pdf](https://www.smu.ca/webfiles/Country_Review_Canada_FINAL_March_17_2020.pdf)

Teddlie, C., & Tashakkori, A. (2009). *Foundations of mixed methods research:*

*Integrating quantitative and qualitative approaches in the social and behavioral sciences*. SAGE Publications.

Terrazas-Carrillo, E., McWhirter, P., & Martel, K. (2016). Depression among Mexican women: The impact of nonviolent coercive control, intimate partner violence and employment status. *Journal of Family Violence, 1*(6), 721-734.

<https://doi.org/10.1007/s10896-016-9827-x>

Thandi, G. (2012). Working with South Asian male perpetrators of intimate partner violence in British Columbia, Canada. *Probation Journal, 59*(3), 219-234.

<https://doi.org/10.1177/0264550512448451>

Thesen, J. (2005). From oppression towards empowerment in clinical practice-Offering doctors a model for reflection. *Journal of Public Health, 33*(66), 47-52.

<https://doi.org/10.1080/14034950510033372>

Thompson, B. (2002). Multiracial feminism: Recasting the chronology of second wave feminism. *Feminist Studies, 28*(2), 337-360. <https://doi.org/10.2307/3178747>

Tierney, K. J. (1982). The battered women movement and the creation of the wife beating problem. *Social Problems, 29*(3), 207-220.

Ting, L. (2010). Out of Africa: Coping strategies of African immigrant women survivors

- of intimate partner violence. *Health Care for Women International*, 31(4), 345-364. <https://doi.org/10.1080/07399330903348741>
- Toews, M. I., & Bermea, A. M. (2017). “I was naive in thinking, ‘I divorced this man, he is out of my life’”: A qualitative exploration of power and control tactics experienced by women. *Journal of Interpersonal Violence*, 32(14), 2166–2189. <https://doi.org/10.1177/0886260515591278>
- Tolman, R. M. (1992). Psychological abuse of women. In R. T. Ammerman & M. Hersen (Eds.), *Assessment of family violence: A clinical and legal sourcebook* (pp. 291–310). John Wiley & Sons.
- Treasury Board and Finance. (2020, August 28). *Alberta population projections: Highlights*. Government of Alberta. <https://open.alberta.ca/dataset/90a09f08-c52c-43bd-b48a-fda5187273b9/resource/515ad97a-256a-4de1-8845-9a898b59ff8f/download/2020-2046-alberta-population-projections-highlights.pdf>
- Trigueros, R., Juan, F., & Sandoval, H. (2017). *Qualitative and quantitative research instruments: Research tools*. English Language Department, University of El Salvador.
- Trocme, N., Fallon, B., Sinha, V., Van Wert, M., Kozlowski, A., MacLaurin, B. (2013). Differentiating between child protection and family support in the Canadian child welfare system’s response to intimate partner violence, corporal punishment, and child neglect. *International Journal of Psychology*, 48(2), 128-140.
- Tsirigotis, K., & Łuczak, J. (2018). Resilience in women who experience domestic violence. *Psychiatric Quarterly*, 89(1), 201-211. <https://doi.org/10.1007/s11126->

[017-9529-4](#)

Turner, D. W. (2010). Qualitative interview design: A practical guide for novice investigator. *The Qualitative Report*, 15(3), 754-760.

<https://doi.org/10.46743/2160-3715/2010.1178>

Tutty, L. M., Radtke, H. L., Ateah, C. A., Ursel, E. J., Thurston, W. E., Hampton, M., & Nixon, K. (2021). The complexities of intimate partner violence: Mental health, disabilities, and child abuse history for White, Indigenous, and other visible minority Canadian women. *Journal of Interpersonal Violence*, 36(3-4), 1208-1232. <https://doi.org/10.1177/0886260517741210>

Tutty, L. M., Radtke, H. L., Thurston, W. E., Nixon, K. L., Ursel, E. J., Ateah, C. A., & Hampton, M. (2020). The mental health and well-being of Canadian Indigenous and non-Indigenous women abused by intimate partners. *Violence Against Women*, 26(12-13), 1574-1597. <https://doi.org/10.1177/1077801219884123>

UN Women. (2016). *Inventory of United Nations activities to end violence against women*. <https://evaw-un-inventory.unwomen.org/en>

United Nations Development Plan [UNDP]. (2019). *Beyond income, beyond averages, beyond today: Inequalities in human development in the 21st century (Human development report 2019)*. <https://hdr.undp.org/en/content/human-development-report-2019>

United Nations Human Rights. (2014). *Women's rights are human rights*. New York and Geneva: United Nations Human Rights Office of the High Commission.

United Nations Statistics Division. (2015). *The world's women 2015: Trends and*

statistics. *United Nations*, 1-260.

[https://unstats.un.org/unsd/gender/downloads/WorldsWomen2015\\_report.pdf](https://unstats.un.org/unsd/gender/downloads/WorldsWomen2015_report.pdf)

Ursa, M., & Koehn, C. (2015). Young women's experiences of coping with violence in intimate relationships. *Journal of Mental Health Counseling*, 37(3), 250-267.

<https://doi.org/10.17744/1040-2861-37.3.250>

Usdin, S., Christofides, N., Malepe, L., & Maker, A. (2000). The value of advocacy in promoting social change: Implementing the new Domestic Violence Act in South Africa. *Reproductive Health Matters*, 8(16), 55-65.

Van Den Bergh, N., & Cooper, L. (1986). *Feminist visions for social work*. National Association for Social Workers.

Van Maanen, J. (1979). Reclaiming qualitative methods for organizational research: A preface. *Administrative Science Quarterly*, 24(4), 520-526.

<https://doi.org/10.2307/2392358>

Varcoe, C., Ford-Gilboe, M., Browne, A. J., Perrin, N., Bungay, V., McKenzie, H., Smye, V., Elder, R. P., Inyallie, J., Khan, K., & Stout, D. M. (2019). The efficacy of a health promotion program for Indigenous women: Reclaiming our spirits. *Journal of Interpersonal Violence*, 36(13-14).

<https://doi.org/10.1177/0886260518820818>

Vasileiou, K., Barnett, J., Thorpe, S., & Young, T. (2018). Characterising and justifying sample size sufficiency in interview-based studies: Systematic analysis of qualitative health research over a 15-year period. *BMC Medical Research Methodology*, 18, 148-166.

<https://doi.org/10.1186/s12874-018-0594-7>

- Veach, P. M., LeRoy, B. S., & Bartels, D. M. (2003). *Facilitating the genetic counselling process* (1st ed.). Springer.
- Vella, S. A., Miller, M. M., Lambert, J. E., & Morgan, M. L. (2017). "I felt close to death": A phenomenological study of female strangulation survivors of intimate terrorism. *Journal of Feminist Family Therapy*, 29(4), 171-188.  
<https://doi.org/10.1080/08952833.2017.1370572>
- Verschuere, B., van Horn, J., & Buitelaar, N. (2021). The role of control in intimate partner violence: A study in Dutch forensic outpatients. *Journal of Interpersonal Violence*, 36 (7/8), 3400–3410. <https://doi.org/10.1177/0886260518>
- Wado, Y. D., Mohiddin, A., Ijadunola, M. Y., Cheikh, F., Coll, C. V., & Barros, A. J. (2021). Intimate partner violence against adolescents and young women in sub-Saharan Africa: who is most vulnerable? *Reproductive Health*, 18(119), 1-13.  
<https://doi.org/10.1186/s12978-021-01077-z>
- Waldman, L., & Macklin, A. (2014, February 10). *Citizenship reforms a serious threat to rights of all Canadians*. Toronto Star.  
[https://www.thestar.com/opinion/commentary/2014/02/10/citizenship\\_reforms\\_a\\_serious\\_threat\\_to\\_rights\\_of\\_all\\_canadians.html](https://www.thestar.com/opinion/commentary/2014/02/10/citizenship_reforms_a_serious_threat_to_rights_of_all_canadians.html)
- Walker, A., Lyall, K., Silva, D., Craigie, G., Mayshak, R., Costa, B., Hyder, S., & Bentley, A. (2020). Male victims of female-perpetrated intimate partner violence, help-seeking, and reporting behaviors: A qualitative study. *Psychology of Men & Masculinities*, 21(2), 213–223. <https://doi.org/10.1037/men0000222>
- Walsh, J. (2013). *Theories for direct social work practice*. Cengage Learning.

- Walsh, K., Keyes, K. M., Koenen, K. C., & Hasin, D. (2015). Lifetime prevalence of gender-based violence in US women: Associations with mood/anxiety and substance use disorders. *Journal of Psychiatric Research*, 62, 7-13.  
<https://doi.org/10.1016/j.jpsychires.2015.01.002>
- Wang, C. C. (2017). Conversation with presence: A narrative inquiry into the learning experience of Chinese students studying nursing at Australian universities. *Chinese Nursing Research*, 40(1), 43-50.  
<https://doi.org/10.1016/j.cnre.2017.03.002>
- Wathen, N. (2012). *Health impacts of violent victimization on women and their children* (Document No. rr12-12e). Research and Statistics Division, Department of Justice Canada. [https://www.justice.gc.ca/eng/rp-pr/cj-jp/fv-vf/rr12\\_12/rr12\\_12.pdf](https://www.justice.gc.ca/eng/rp-pr/cj-jp/fv-vf/rr12_12/rr12_12.pdf)
- Wathen, C. N., MacGregor, J. C., Tanaka, M., & MacQuarrie, B. J. (2018). The impact of intimate partner violence on the health and work of gender and sexual minorities in Canada. *International Journal of Public Health*, 63(8), 945-955.  
<https://doi.org/10.1007/s00038-018-1127-1>
- Watts, C., & Zimmerman, C. (2002). Violence against women: Global scope and magnitude. *The Lancet*, 359(9313), 1232-1237. [https://doi.org/10.1016/S0140-6736\(02\)08221-1](https://doi.org/10.1016/S0140-6736(02)08221-1)
- Waugh, N. (2020, March 5). *Canada faces a domestic violence crisis. CBC examines the problem.* CBC News. <https://www.cbc.ca/news/canada/canada-faces-a-domestic-violence-crisis-cbc-examines-the-problem-1.5477392>
- Weaver, T. L., Kelton, K., & Riebel, J. (2021). The relationship between women's

resources and health-related quality of life in a sample of female victims of intimate partner violence. *Journal of Social Service Research*, 47(4), 1-10.

<https://doi.org/10.1080/01488376.2020.1859433>

Weisman, C. B. (2017). Does feminism convince us: A response to “The case for feminist standpoint epistemology in social work research.” *Research in Social Work Practice*, 27(4), 512-514. <https://doi.org/10.1177/1049731516668037>

Weldon, S., & Gilchrist, E. (2012). Implicit theories in intimate partner violence offenders. *Journal of Family Violence*, 27(8), 761-772.

<https://doi.org/10.1007/s10896-012-9465-x>

West, C. M. (2016). African immigrant women and intimate partner violence: A systemic review. *Journal of Aggression, Maltreatment & Trauma*, 25(1), 4-17.

<https://doi.org/10.1080/10926771.2016.1116479>

Wettersten, K. B., Rudolph, S. E., Faul, K., Gallagher, K., Trangsrud, H. B., Adams, K., & Terrance, C. (2004). Freedom through self-sufficiency: A qualitative examination of the impact of domestic violence on the working lives of women in shelter. *Journal of Counseling Psychology*, 51(4), 447-462.

<https://doi.org/10.1037/0022-0167.51.4.447>

Whiting, L. S. (2008). Semi-structured interviews: Guidance for novice researchers. *Nursing Standard*, 22(23), 35-40.

<https://doi.org/10.7748/ns2008.02.22.23.35.c6420>

Wisniewski, A., Arseneault, R., & Paquet, M. (2019). Justice system response to intimate partner violence in rural New Brunswick: A qualitative analysis of survivor and

- service provider perspectives. *Canadian Social Work*, 20(2), 120–134.
- Wolf, M. (1992). *A thrice-told tale: Feminism, postmodernism, and ethnographic responsibility*. Stanford University Press.
- Wollace, F. L., & Newman, P. J. (2017). A theory-based treatment model for psychopathy. *Cognitive and Behavioral Practice*, 11(2), 1077-1087.  
<https://doi.org/1077-7229/04/178-18951.00/0>
- Wollstonecraft, M. (1792). *A vindication of the rights of woman: With strictures on political and moral subjects*. Petbredes for Thomas and Andrews.
- Women Against Abuse. (2021, April 3). *The language we use*.  
<https://www.womenagainstabuse.org/education-resources/the-language-we-use>
- Wong, J., & Mellor, D. (2014). Intimate partner violence and women’s health and wellbeing: Impacts, risk factors and responses. *Contemporary Nurse*, 46(2), 170-179. <https://doi.org/10.5172/conu.2014.46.2.170>
- Wood, J. T. (2001). The normalization of violence in heterosexual romantic relationships: Women’s narratives of love and violence. *Journal of Social and Personal Relationships*, 18(2), 239-261. <https://doi.org/10.1177/0265407501182005>
- Woods, M., Paulus, T., Atkins, D. P., & Macklin, R. (2016). Advancing qualitative research using qualitative data analysis software (QDAS)? Reviewing potential versus practice in published studies using ATLAS.ti and NVivo, 1994–2013 . *Social Science Computer Review*, 34(5), 597-617.  
<https://doi.org/10.1177/0894439315596311>
- World Economic Forum (WEF). (2021). *Global gender gap report 2021: Insight report*,

March 2021. [https://www3.weforum.org/docs/WEF\\_GGGR\\_2021.pdf](https://www3.weforum.org/docs/WEF_GGGR_2021.pdf)

World Health Organization (WHO). (2009). *Statement of the World Health Organization to the meeting of the friends of the chair of the United Nations Statistical Commission on statistical indicators on violence against women* [Presented statement]. Aguascalientes, Mexico: United Nations Statistical Commission.

World Health Organization. (2012). *Understanding and addressing violence against women: Intimate partner violence* (Document No. WHO/RHR/12.36).

<https://apps.who.int/iris/bitstream/handle/10665/77432/?sequence=1>

World Health Organization (WHO). (2013). *Global and regional estimates of violence against women: Prevalence and health effects of intimate partner violence and non-partner sexual violence*.

<https://www.who.int/publications/i/item/9789241564625>

World Health Organization (WHO). (2016). *Ethical and safety recommendations for intervention research on violence against women*.

<https://www.who.int/reproductivehealth/publications/violence/intervention-research-vaw/en/>

World Health Organization (WHO). (2017, November 29). *Violence against women: Fact sheet*. <https://www.who.int/news-room/fact-sheets/detail/violence-against-women>

World Health Organization (WHO). (2021). *The ecological framework*. Global Campaign for Violence Prevention Alliance, VPA:

<https://www.who.int/violenceprevention/approach/ecology/en/>

- World Health Organization (WHO). (n.d). *Information for researchers concerning informed decision making: What is an informed consent form?*  
<https://www.who.int/docs/default-source/documents/ethics/informed-decision-making.pdf>
- Worthington Jr., E. L., & Scherer, M. (2004). Forgiveness is an emotion-focused coping strategy that can reduce health risks and promote health resilience: Theory, review, and hypotheses. *Psychology & Health, 19*(3), 385-405.  
<https://doi.org/10.1080/0887044042000196674>
- Wright, A. B., & Holttum, S. (2012). Gender identity, research self-efficacy and research intention in trainee clinical psychologists in the UK. *Clinical Psychology & Psychotherapy, 19*(1), 46-56.
- Wylie, A. (2003). Why standpoint matters. In R. Figueroa & S. Harding (Eds.), *Science and other cultures: Issues in philosophies of science and technology* (pp. 26-48). Routledge.
- Xu, X., Campbell, J. C., & Zhu, F. C. (2001). Intimate partner violence against Chinese women: The past, present, and future. *Trauma, Violence, & Abuse, 2*(4), 296-315  
<https://doi.org/10.1177/1524838001002004002>
- Yamin, A. E. (2013). From ideals to tools: Applying human rights to maternal health. *PLoS Medicine, 10*(11), e1001546. <https://doi.org/10.1371/journal.pmed.1001546>
- Yegidis, B. L., Weinbach, R. W., & Meyers, L. L. (2012). *Research methods for social workers* (7th ed.). Allyn & Bacon.
- Yeong, M. L., Ismail, R., Ismail, N. H., & Hamzah, M. I. (2018). Interview protocol

refinement: Fine-tuning qualitative research interview questions for multi-racial populations in Malaysia. *The Qualitative Report*, 23(11), 2700-2713.

<https://doi.org/10.46743/2160-3715/2018.3412>

Yilmaz, K. (2013). Comparison of quantitative and qualitative research traditions: Epistemological, theoretical, and methodological differences. *European Journal of Education*, 48(2), 311-325.

Yingling, J., Morash, M., Song, J. (2015). Outcomes associated with common and immigrant-group-specific responses to intimate terrorism. *Violence Against Women*, 21(2), 206-208. <https://doi.org/10.1177/1077801214564769>

Yllo, K. A. (1993). Through a feminist lens: Gender, power and violence. In R. J. Gelles, & D. R. Loseke (Eds.), *Current controversies on family violence* (pp. 47-62). SAGE Publications.

Yob, I., & Brewer, P. (n.d.). *Working toward the common good: An online university's perspectives on social change* [Course handout]. Walden Library Databases.

Yok-Fong, P. (2014). Risk and resilience of immigrant women in intimate partner violence. *Journal of Human Behavior in the Social Environment*, 24(7), 725-740.

<https://doi.org/10.1080/10911359.2013.853018>

YWCA Canada. (2020). *Born to be bold: Measuring success for women's access to the labour market (Interim findings report)*. [https://ywcacanada.ca/wp-content/uploads/2020/06/B2B-Interim-Findings-Report\\_MAY-2020.pdf](https://ywcacanada.ca/wp-content/uploads/2020/06/B2B-Interim-Findings-Report_MAY-2020.pdf)

Zarei, M., Rasolabadi, M., Gharibi, F., & Seidi, J. (2017). The prevalence of violence against women and some related factors in Sanandaj city (Iran) in 2015.

*Electronic Physician*, 9(11), 5746–5753. <https://doi.org/10.19082/5746>

Zhang, T., Hoddenbagh, J., McDonald, S., & Scrim, K. (2012). *An estimation of the economic impact of spousal violence in Canada, 2009* (Report #rr12-07-e).

Department of Justice, Government of Canada. [https://www.justice.gc.ca/eng/rp-pr/cj-jp/fv-vf/rr12\\_7/rr12\\_7.pdf](https://www.justice.gc.ca/eng/rp-pr/cj-jp/fv-vf/rr12_7/rr12_7.pdf)

Zorn, K., Wuerch, M., Faller, N., & Hampton, M. (2017). Perspectives on regional differences and intimate partner violence in Canada: A qualitative examination.

*Journal of Family Violence*, 32(6), 633–644. <https://doi.org/10.1007/s10>

## Appendix A: Consent Form

**CONSENT FORM**

**Title of Study:** Intimate partner violence: The silent enemy among African women in Edmonton, Alberta

You are asked to volunteer and participate in a research study conducted by **Omoniyi Anne Bello**, MSW, RSW, a Ph.D. Candidate in Social Work-Family Studies and Intervention at Walden University. Information gathered from this study will be used as her Ph.D. dissertation.

**THIS STUDY SEEKS 15-20 VOLUNTEERS WHO ARE:**

- African immigrant women
- Living in Edmonton, Alberta
- 18 years and older
- Comfortable speaking English
- Was married, or in a common-law relationship, or cohabited with an African man
- Women who self-identify as survivors of intimate partner violence
- Not residing in a shelter or transitional housing
- Must have shared their experiences of abuse with any other professionals in the past
- Not living with the abuser
- Not involved in current legal proceedings against the abuser

**PURPOSE OF THE STUDY**

The purpose of the study is to explore how African immigrant women survivors who have successfully left their abusive relationships describe their experience of abuse in intimate relationships. The study would like to understand your experience, how the experience affected you, and the coping strategies you adopted during the event as an African immigrant woman.

**PROCEDURES**

If you volunteer to participate in this study, you will:

- Complete a demographic form (10 minutes).
- Complete an audiotaped interview that may take up to 45minutes to 1 hour (This interview could be by telephone or zoom or any mutually agreed-upon place with the researcher).
- The researcher will contact the interviewees by email for the member checking step after transcription and initial coding that may take about 20-30 minutes.

**STUDY QUESTIONS**

- How do African immigrant women survivors who have successfully left their

abusive relationships describe their experience of abuse in intimate relationships?

- How do these women survivors cope with the experience of abuse?
- Can you tell me about your experience of abuse/violence before you left your husband/partner?
- How did you cope with the abuse while with your husband/partner and after leaving?
- What effects did the abuse have on different areas of your life?
- What type of abuse did you experience?
- Under what circumstances did the abuse occur? /How did the problems occur? /What issues led to the abuse?

### **CONFIDENTIALITY**

Any information obtained in connection with this study identified with you will remain confidential and will be disclosed only with your permission. Your name will not be used during the interview. Your responses to the interview questions will not be connected to your identity in any way. However, as a registered social worker, the researcher is mandated by law to report abuse or child mistreatment or intent to cause harm to self or others. The interview shall be audiotaped, and interview tapes shall be destroyed after transcription is completed and verified. If the researcher were to share this dataset with another researcher in the future, the dataset would contain no identifiers, so this would not involve another round of obtaining informed consent. Data will be kept secure by storing information on the researcher's password-protected personal computer. The computer will be secured in a passcode-protected safe when not in use. The researcher will maintain exclusive access to the surface tablet and the safe. The researcher will utilize two step-verification to log in to the computer. Data will be kept for at least five years, as the university requires.

### **BENEFITS OF BEING IN THE STUDY**

This study offers no direct benefits to individual volunteers. Instead, this study aims to benefit society by contributing to social work knowledge and research in a meaningful way. In addition, the study will fill a gap in the existing literature on intimate partner violence, support professional social work practice, and contribute to positive social change. After completing the research study, I will email you a summary of the results.

### **PARTICIPATION AND WITHDRAWAL**

Your participation in this study is voluntary. If a particular question makes you feel uncomfortable, you can choose not to answer the question and continue in the study. Also, you may decide to stop the interview and withdraw from the study at any point without any consequences.

The researcher may remove you from this research if circumstances arise that warrant doing so. The researcher will be alert, watch for signs of discomfort (e.g., fidgeting or crying), and ask if you want to stop the interview.

Please note: Not all volunteers will be contacted to take part. Hence, the researcher will follow up with all volunteers to let them know whether or not they were selected for the study.

### **COMPENSATION FOR PARTICIPATING**

After the interview, you will receive a \$25 Super Store gift card as a “Thank You” for sharing your time and experience.

### **POTENTIAL RISKS AND DISCOMFORTS**

Being in this study could involve some risk of emotional discomforts that can happen when sharing sensitive information. For instance, sharing your lived experiences of surviving intimate partner violence and coping strategies could cause distress and revisited feelings regarding your endured trauma. As a result, it is possible that feelings of anger, sadness, anxiety, and trouble sleeping could surface.

If you feel you need additional assistance to help address what you are experiencing. You may want to contact the following agencies directly:



### **CONTACTS AND QUESTIONS**

You can ask the researcher questions by phone and email at [REDACTED] and email at [REDACTED]. If you want to talk privately about your rights as a participant or any negative parts of the study, you can call Walden University’s Research Participant Advocate at 612-312-1210. Walden University’s approval number for this study is 03-02-22-0514029. It expires on March 1, 2023.

You might wish to retain this consent form for your records. You may ask the researcher or Walden University for a copy at any time using the contact info above.

### **OBTAINING YOUR CONSENT**

If you feel you understand the study and wish to volunteer, please indicate your consent by replying to this email with the words “I consent”.

## Appendix B: Interview Question Guide

### Interview Questions for African Immigrant Women Survivors of Intimate Partner Violence in Edmonton, Alberta

**Interviewee Code:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Interview Estimation time:** 45-60 minutes

#### **Introduction:**

Good morning/afternoon,

My name is Omoniyi Anne Bello, MSW, RSW, and I am a Ph.D. Candidate at Walden University. I want to thank you for your willingness to participate in this interview.

I am conducting a study that will allow me to speak with African immigrant women survivors of intimate partner violence in Edmonton, Alberta. The purpose of the study is to explore how African immigrant women survivors who have successfully left their abusive relationships describe their experience of abuse in intimate relationships. The study would like to understand your experience, how the experience affected you, and the coping strategies you adopted during the event as an African immigrant woman. Your participation in this research project is greatly appreciated as you have given yourself to share your story. In addition, your participation will help strengthen the field of Social Work.

Being in this study could involve some risk of emotional discomforts that can happen when sharing sensitive information. For instance, sharing your lived experiences of surviving intimate partner violence and coping strategies could cause distress and revisited feelings regarding your endured trauma. It is possible that feelings of anger, sadness, anxiety, and trouble sleeping could surface.

If you feel you need additional assistance to help address what you are experiencing. You may want to contact the agencies listed in the consent form directly:

Any information obtained from this study identifying you will remain confidential and be disclosed only with your permission. However, as a registered social worker, the researcher is mandated by law to report abuse or child mistreatment or intent to cause harm to self or others. Suppose you become uncomfortable after you have completed the form or decide to discontinue the interview at any time. In that case, I will not use the information we discussed in the final study report.

I want to use the Zoom videoconferencing or telephone conferencing platform to aid in maintaining social distance while recording our interviews. The process assists me in recording accurate information. Also, I will not use your name or connect your response

to your identity during the interview in any way. The interview shall be audiotaped, and interview tapes shall be destroyed after transcription is completed and verified. You will be contacted by the researcher once during the data analysis phase, primarily by email, to provide feedback on the study's initial themes and findings. After completing the research study, I will email you a summary of the results.

**Warm-up Questions:**

1. Please tell me a little more about yourself?
2. Tell me about your husband/ex-husband, common-law, boyfriend, spouse/partner?
3. How did you meet your husband/ex-husband, spouse/partner?

**Research Question One:** How do African immigrant women survivors who have successfully left their abusive relationships describe their experience of abuse in intimate relationships?

**Interview Question:**

Can you tell me about your experience of abuse/violence before you left your husband/partner?

**Probe:**

- a) What type of abuse did you experience? Describe them.
- b) Under what circumstances did the abuse occur? /How did the problems arise? /What issues led to the abuse?
- c) For how long did the abuse last? (Duration)
- d) Were there times when things improved or got worse? When/how did that happen? (Variation in intensity of the abuse)

**Research Question Two.** How do these women survivors cope with the experience of abuse?

**Interview Question:**

How did you cope with the abuse while with your husband/partner and after leaving?

**Probe:**

- a) What type of support (e.g., physical, financial, emotional, spiritual) or support system (e.g., family, friends, church, services – therapy) helped you cope during the abuse?
- b) What other strategies helped you cope during that time, or can you describe other coping tactics?
- c) What type of support or support system helped you cope when you left your husband/partner?
- d) Were there changes in the support system available to you when you left (i.e., did the support you received while you were with him cease or continue after leaving

your husband/partner)

**Research Question Three:** What themes emerge from the effects of abuse on these survivors?

**Interview Question:**

What effects did the abuse have on different areas (physical, mental/psychological, relational, financial, professional/occupational, spiritual etc.) of your life?

**Probe:**

- a) How long did these effects last?
- b) What did you do to cope with them?

**Closing/Additional Questions (if time permits)**

- a. Do you have any suggestions for young women/mothers or women going through similar or different experiences of violence or abusive relationships right now?
- b. What suggestions do you have for those just leaving the abusive relationship?
- c. Is there anything else that you would like to share about your experience?
- d. Is there anything I didn't ask you that you would like to add?

## Appendix C: Demographic Questionnaire

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Gender: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Country of Origin: \_\_\_\_\_

Educational Level: \_\_\_\_\_

Employment Status: \_\_\_\_\_

Socioeconomic Status: \_\_\_\_\_

How long did you experience intimate partner violence?

\_\_\_\_\_

How long ago did you leave your ex-husband or ex-partner?

\_\_\_\_\_

## Appendix D: Interview Protocol

## Interview Questions for African Immigrant Women Survivors of Intimate Partner Violence in Edmonton, Alberta

**Interviewee Code:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Location:**

\_\_\_\_\_

**Interview Estimation time:** 60 minutes

**Introduce yourself****Warm-up Questions:**

1. Please tell me a little more about yourself?
2. Tell me about your husband/ex-husband, common-law, boyfriend, spouse/partner?
3. How did you meet your husband/ex-husband, spouse/partner?

**Research Question One:** How do African immigrant women survivors who have successfully left their abusive relationships describe their experience of abuse in intimate relationships?

**Interview Question:**

Can you tell me about your experience of abuse/violence before you left your husband/partner?

**Probe:**

- a) What type of abuse did you experience? Describe them.
- b) Under what circumstances did the abuse occur? /How did the problems occurred? /What issues led to the abuse?
- c) For how long did the abuse last? (Duration)
- d) Were there times when things improved or got worse? When/how did that happen? (Variation in the abuse)

**Research Question Two.** How do these women survivors cope with the experience of abuse?

**Interview Question:**

How did you cope with the abuse while you were with your husband/partner and after leaving?

**Probe:**

- a) What type of support (e.g., physical, financial, emotional, spiritual) or support system (e.g., family, friends, church, services – therapy) helped you cope during

- the abuse?
- b) What other strategies helped you cope during that time, or can you describe other coping tactics used?
  - c) What type of support or support system helped you cope when you left your husband/partner?
  - d) Were there changes in the support system available to you when you left (i.e., did the support you received while you were with him cease or continue after leaving your husband/partner)?

**Research Question Three:** What themes emerge from the effects of abuse on these survivors?

**Interview Question:**

What effects did the abuse have on different areas (physical, mental/psychological, relational, financial, professional/occupational, spiritual etc.) of your life?

**Probe:**

- a) How long did these effects last?
- b) What did you do to cope with them?

**Closing/Additional Questions (if time permits)**

- a) Do you have any suggestions for young women/mothers or women going through similar or different experiences of violence or abusive relationships right now?
- b) What suggestions do you have for those who are just leaving the abusive relationship?
- c) Is there anything else that you would like to share about your experience?
- d) Is there anything I didn't ask you that you would like to add?

**Thank you for your time, End.**

## Appendix E: Recruitment Flyer

### **Volunteers Participants Needed**

You are invited to participate in a research study. I am a social work student at Walden University, Barbara Solomon School of Social Work

**Title:** Intimate Partner Violence: The Silent Enemy among African Immigrant Women in Edmonton, Alberta- Omoniyi Anne Bello, Social Work Ph.D. Student/Researcher

#### **What I want to learn about:**

This research study is part of the doctoral study for Omoniyi Anne Bello, a Ph.D. student at Walden University. I want to conduct virtual (Zoom videoconferencing or telephone) interviews to understand your experience of intimate partner violence as an African immigrant woman who successfully left an abusive relationship, how it affected you and the coping strategies you adopted during the incident(s).

#### **About the study:**

- One 45–60-minute online interview

#### **Volunteers must meet these requirements:**

- a) African immigrant woman
- b) Living in Edmonton, Alberta
- c) 18 years and older
- d) Comfortable speaking English
- e) Was married, common-law, cohabiting, or in a relationship with an African man
- f) Women who self-identify as survivors of intimate partner violence
- g) Not residing in a shelter or transitional housing
- h) Not living with the abuser
- i) Must have shared their experiences of abuse with any other professionals in the past
- j) Not involved in a current legal proceeding against the abuser

If you participate in this research, the researcher will protect your privacy and confidentiality. Your name or anything connecting you to this study will not be used or revealed to anybody. After the interview, you will receive a \$25 Super Store gift card as a “Thank You” for sharing your time and experience.

**To Volunteer:** Email [REDACTED] and provide your contact information or call [REDACTED]. A return email or call will confirm your eligibility for the research. Only your assigned number or code will be identifiable in the study to ensure confidentiality.

Appendix F: Table - Literature Search Keywords

| Category 1<br>Study population  | Category 2<br>Intimate partner<br>violence   | Category 3<br>The effects of intimate<br>partner violence  | Category 4<br>Theoretical<br>framework | Category 5<br>Coping with intimate<br>partner violence                                    |
|---|--|--|--|---|
| Immigrant Women   | Intimate partner<br>violence situations<br>in Canada among<br>immigrants             | Effects of violence on<br>victims  | Feminist Theory                        | Protective and risk<br>factors with partner<br>violence                                   |
| African Immigrant<br>Women Survivors                                  | Prevalence of<br>intimate violence   | Consequences of<br>intimate partner<br>violence  |  |   |
| Black women in<br>Canada  | Intimate partner<br>violence among<br>African immigrant<br>women                     | Cost of intimate partner<br>violence   |  | How do survivors<br>cope with partner<br>violence?  |
| Visible minority<br>women   | Prevalence of<br>domestic violence<br>with immigrant<br>Family violence              | Challenges of living<br>with intimate partner<br>violence  |  |   |
| Women of color  | Domestic violence  | Mental and<br>psychological health<br>effects of partner<br>violence   |  | From victim to<br>survivors   |
| African Immigrant<br>Women victims of<br>intimate partner<br>violence | Domestic abuse<br><br>Gender-based<br>violence<br><br>Male violence<br>against women | Biopsychosocial effects<br>of intimate violence<br><br>Women's health and<br>intimate partner<br>violence<br><br>Risk factors with<br>intimate partner<br>violence |  | Immigrant women's<br>strategies for coping<br>with partner violence<br><br>Ways of coping |