"It is shameful for me, but it doesn't define me": Exploring Experiences of Intimate Partner

Abuse and Help-seeking among Female Students with a Male Partner

By

Annalise Wynn

A thesis

submitted to the Victoria University of Wellington

in fulfilment of the requirements for the degree of

Master of Science in Forensic Psychology

Victoria University of Wellington

2021

Abstract

Although a large quantity of research examines women's victimisation by men in intimate relationships, little is known about the experiences of women who are university students. This is despite intimate partner aggression (IPA) being most prevalent in young people. This qualitative study sets out to address this gap by examining the experiences and associated help seeking of women attending a New Zealand university who have experienced harm from a male intimate partner. Five women voluntarily responded to an advert emailed to clients enrolled with the university student counselling service and took part in in-depth, individual semi-structured interviews. Transcripts were analysed using Interpretive Phenomenological Analysis. This analysis identified four themes related to the women's experiences of IPA and help seeking. The first theme of *A prior vulnerability* comprised of three subthemes each representing a factor which contributed to the women's vulnerability to entering an aggressive relationship. These were 1) a lack of life experience and understanding of partner aggression, 2) pre-existing challenges, and 3) a whirlwind relationship. The second theme *Stuck* described the barriers that the women faced which kept them in the relationship. These barriers were 1) a controlling environment, 2) not recognising abuse, 3) excusing the behaviour, 4) problem solver, 5) barriers to leaving the relationship, 6) barriers to help seeking and disclosure, and 7) the disempowering nature of negative help seeking experiences. The third theme *Becoming unstuck* comprised of four subthemes describing how the women were able to overcome the barriers and leave the relationship. These were 1) underlying resilience, 2) knowledge is power, 3) the importance of self-realisation and autonomy, and 4) the validating nature of positive help seeking experiences. The fourth theme *The aftermath* comprised of three subthemes demonstrating the short term and ongoing impacts of IPA. These were 1) double edge sword of freedom, 2) ongoing negative impact, and 3) healing over time. The findings highlight the importance of understanding young

people's aggression within the context of the developmental stages of adolescence. Importantly the results highlight the insidious nature of control and psychological aggression and its negative impact upon young women. In addition, it highlights how the young women's lack of understanding and education about IPA kept them stuck, and how gaining knowledge was instrumental in empowering them to leave. Thus it is argued that prevention and early intervention efforts need to enhance this understanding at a societal level to improve women's help seeking experiences. These findings contribute to a wider understanding of IPA and inform university service and policy design.

Acknowledgements

Table of Contents

List of Tables

List of Appendices

Introduction

Intimate partner aggression (IPA) is a prevalent issue among women in Aotearoa New Zealand and across the world. IPA includes physical, sexual and/or psychological aggression or violence used between intimate partners of any age, gender, ethnicity, sexual orientation, or relationship status (Dixon & Graham-Kevan, 2020). The prevalence of IPA has been demonstrated in a number of representative national surveys. The National Intimate Partner and Sexual Violence Survey conducted in the United States in 2015 interviewed 10, 081 individuals aged 18 and over. Of those interviewed, 25.1% of women had experienced contact sexual violence, physical violence, and/or stalking by an intimate partner, and reported some form of IPA related impact during their lifetime (CDC, 2018). The Crime Survey for England and Wales estimated that approximately 7.3% of women aged 16-74 (1.6 million) experienced intimate partner aggression for the year ending March 2020 (Office for National Statistics, 2020). Self-report information from women across the 14 member countries of the Organisation for Economic Cooperation and Development (OECD) found that on average approximately 23% of women had experienced physical or sexual violence by an intimate partner in their lifetime (OECD, 2020). In a report by UN Women, New Zealand was compared with the 22 other countries of the OECD. Of the countries surveyed, New Zealand reported the highest rate of victimisation with 30% of women reporting experiencing physical violence from intimate partners between 2000 and 2010 (UN Women, 2011). The New Zealand Crime and Victims Survey in 2018 found that 21% of women had experienced one or more incidents of intimate partner violence during their lifetime (Ministry of Justice, 2018). This demonstrates the high prevalence of IPA towards women around the world and here in New Zealand.

As the majority of IPA victimisation research internationally has centred on the perpetration of violence against older adult women, little is known about the experiences of

younger female university students. A focus on older adults has continued despite recent research suggesting that IPA victimisation is most prevalent in young people, who typically constitute a university cohort. The International Dating Violence Survey (IDVS) investigated rates of dating violence at 68 universities across 32 countries. Using a subsample of the IDVS it was found that approximately one third of male and female students reported experiencing intimate partner victimisation (Meade et al., 2017). When comparing the IDVS data collected from universities in the United States (US) and China, it was found that 25.6% of females in both countries had experienced minor assault from a dating partner (Luo, 2018). Severe assault had been experienced by 10.3% of female students in the US compared to 13.3% of female students in China. This demonstrates the similarly high levels of reported victimisation of female university students across cultural contexts.

In New Zealand, adolescents and young adults have been consistently shown to experience the highest rates of IPA. The Crime and Victims Survey that found 46% of those who had experienced intimate partner violence in the last 12 months were aged between 15 and 29 years old (Ministry of Justice, 2018). Furthermore, previous research at a New Zealand university has found that a third of students report experiencing some form of harm from their partner (Cavanagh, 2017)

IPA has many harmful consequences. For example, those victimised experience high rates of mental health problems, such as Post Traumatic Stress Disorder (PTSD) and depression (Campbell, 2002) and physical health problems, such as injury, sexually transmitted diseases and pregnancy complications (Campbell, 2002). Furthermore, the impact on the economy is significant. Research investigating the cost of domestic violence has been estimated at approximately £66 billion per year in England and Wales (Oliver et al., 2019) and $22 billion per year in Australia for violence against women and their children (KPMG, 2016). In New Zealand, the cost of intimate partner violence and child abuse in 2014 was

estimated to be between $4.1 million and $7 million (Kahui & Snively, 2014). In the United

States, the cost of intimate partner violence against women has been estimated at $5.8 billion

annually (National Center for Injury Prevention and Control, 2003). All of the above statistics

factor in the cost of physical and emotional harm, death, lost productivity, consumption costs,

transfer costs, victim services costs, police costs and legal costs. Together, such findings

highlight the impact of IPA victimisation and the need to therefore prevent this social

problem. One way in which IPA can be prevented is through effective early intervention.

The help seeking experiences of individuals who are victimised by an intimate partner

are important to understand in order to overcome any barriers people face when accessing

help, and encouraging people to seek help early. Identifying and understanding barriers can

inform service design and help support services to minimise them, improving their efficacy.

Despite the high rates of IPA in university students, little research has been conducted

to understand how universities can best respond to this social problem in order to prevent it

and to ensure the safe care of their students. Research has explored the impact of other issues

on student wellbeing to change university practice and policy. For example, in 2015 the

National Union of Students in Australia conducted the 'Let's Talk About It' survey to gain a

greater understanding of students' experiences of sexual assault and harassment (Showden,

2018). This was then followed by the Australian Human Rights Commission national survey

on sexual assault and harassment at Australian universities (Australian Human Rights

Commission, 2017). As a result of these pieces of research, new guidelines were created by

Universities Australia outlining how to respond to disclosures of sexual assault. Some

universities also implemented consent education and bystander awareness training (Showden,

2018). This demonstrates how exploring student experiences can be an impetus for tangible

change. Taken together, this evidence suggests that further research is needed to better

understand the victimisation experiences of university students so that universities can provide effective policy and practice to support students in their care.

This study sets out to explore the in-depth experiences of female students as a first step in understanding the problem for women. While the gender inclusive nature of IPA is recognised, research with women can provide a platform for later research that can compare student experiences across gender.

In addition to the general dearth of research with younger women experiencing IPA, there is also a particular lack of qualitative research with younger women experiencing IPA. Qualitative research is important because it enhances our understanding of complex ideas though exploring a detailed account of an individual's unique lived experience. This approach recognises the value of individual experience rather than attempting to condense and generalise the experiences of a group (Smith et al. 2009). It allows the voices of those with lived experience to be heard, and to tell their story in their own words. This can be especially valuable in the IPA field given its potential for exploring types of IPA that have not previously been studied (Laskey et al., 2019). This highlights the value that qualitative research can provide in understanding female students' experiences of IPA.

A systematic literature review by Laskey and colleagues (2019) looked at IPA publications from 2006 through to 2016. This found that only 18% of studies concerning victimisation from an intimate partner were qualitative. Of the 100 articles included in the systematic review, only four investigated female students at university, and only one of those was a qualitative study. This demonstrates the shortage of literature using qualitative methods to understand female university students' experiences of IPA. This shortage of qualitative work with younger women necessitates that we look to qualitative research with older women who have experienced IPA in order to develop an understanding of potentially relevant factors and experiences.

Older Women's Qualitative Experiences of IPA

Older female adults, approximately between the age of 30 and 50 years old, are the most studied group in the IPA literature. Despite this, there is still a shortage of qualitative research with women who have experienced victimisation, compared to quantitative research. The small number of qualitative studies with older women have been useful in providing an understanding of what kinds of aggression the women experience, how they feel when they are in these relationships, and the factors that keep them stuck.

Research exploring older women's experiences of IPA have found that they report serious physical and sexual aggression. Pacheco et al. (2014) interviewed five Brazilian women aged 30-42 years who were currently residing in a women's shelter. Upon arriving at a shelter, the women had physical injuries such as cuts, bruises and burns, and other complications such as sleep disorders, neurovegetative disorders and gynaecological disorders. Loke et al (2012) interviewed nine women aged 39-50 years who presented at an emergency department in Hong Kong for injuries from IPA. They spoke of avoiding going out, as they had visible injuries to their face and neck. There were 18 Fijian women aged 27 to 42 years in Tonsing (2018), who were recruited through a course taught by the researcher and snowball sampling. They described the sexual abuse they experienced, where they were forced to engage in sexual acts and would be physically harmed if they refused. Together this research demonstrates the severity of the physical and sexual harm these women were experiencing.

Older women highlight the psychological impact of IPA and describe their relationships as characterised by feelings of shame, helplessness and isolation. The women interviewed in Loke et al. (2012) described feelings of helplessness as they had no control over the violence they were experiencing. In Pacheco et al. (2014) the women described shame and isolation as key components of their experience. The women blamed themselves

for the abuse and feared that disclosing the abuse would expose their personal failings as a partner, so were reluctant to seek help. In Tonsings' (2018) interviews with Fijian women, the participants described how their partners would undermine their self-worth and self-esteem through insults in order to keep them subservient. This research demonstrates the significant psychological impacts for women experiencing IPA.

Older women have provided valuable insight into what factors operate to keep them in abusive relationships. In Pacheco at al. (2014) the women identified a cycle of abuse consisting of increasing tension, maximum tension and a honeymoon phase which kept them stuck in the relationship. They also found a lack of familial, social and legal support, which had contributed to them remaining with their abusive partner. In the Loke et al. (2012) study the participants spoke about the social stigma they would face if they chose to leave their husbands, and the likelihood of financial insecurity without their partner's income. While financial constraints may be prominent for older women, for younger women at university it is far less likely that they would be financially dependent on their male partners. In 2018, 72% of eligible students were receiving a student loan (Ministry of Education, 2019). This suggests that the cyclical nature of the relationship and insufficient support may be more salient barriers for younger women. Other barriers to consider based on research with male university students who have experienced IPA could be how the participants experience control, their emotional investment in the relationship and their understanding of IPA (Scotts-Bahle, 2020).

The older adult women interviewed in existing research often discuss their children and the impact that IPA has on them. Many women discuss their fears that their children are being negatively harmed by either witnessing or experiencing the abuse themselves (Pacheco et al., 2014). For some women, their children are a motivation for remaining in the relationship in order to keep the family together and protect the children from growing up in

a 'broken home' and the social stigma that comes from this (Loke et al., 2012) or to prevent the children from being removed from their custody by authorities (Ragusa, 2013). For others, the infliction or threat of harm to children is a strong motivator to leave the relationship in order to keep the children safe (Fanslow & Robinson, 2010). This research highlights that children are often present in older women's lives and are an important factor in adult women's experiences and decision making within their relationships. However, for younger women at university, children are rarely present. They are not a salient factor when understanding most young women's experiences of harm. Therefore, other more salient factors need to be explored with this population.

Younger Women's Qualitative Experiences of IPA

The few studies that have explored the experiences of younger women's IPA in adolescence and early adulthood (Bonomi et al., 2018; Reynolds & Shepherd, 2011) have found a gradual but consistent escalation in aggression, whereby their partners became more controlling over time and women reported feeling increasingly isolated from friends and family, losing their identity, power and self-esteem. For example in Reynolds and Shepherds (2011) interviews were conducted with three women from England who had experienced partner violence in adolescence and sought help. The participants reported that their partner's families also engaged in coercive behaviour, while their own families were fractured and powerless to help them. These could be factors that are particularly relevant to adolescents who typically still live in the family home, whereas female university students and their partners typically live away from the family home. This demonstrates that adolescent women have some challenges that are specific to them, which differ to those of older women. It is important that further research seeks to understand the pertinent factors for young adult women in a university context.

When qualitative research is used to explore the victimisation of female university students, there is typically a focus on sexual violence, both within and out of intimate relationships. Bonomi et al. (2018) conducted semi-structured interviews with 27 female university students who had experienced either sexual violence (SV) or IPA and had a mental health and/or physical disability. The women had a mean age of 21, and commonly reported experiences of diagnosis-specific abuse, threats, technology-facilitated abuse, and the presence of alcohol in aggressive incidents. The consequences of these experiences were negative impacts on their mental health, physical health and academic achievement. Many reported negative behavioural changes such as isolating themselves and avoiding campus spaces. While this provides some insight into the experiences of female university students, it would be beneficial to consider all female university students of any ability, and to focus on IPA.

Help-seeking in Older Women Who Experience IPA

In addition to understanding experiences of IPA, another area of study that has been fruitful with older adult women is exploring their help seeking experiences. This research has shed light on why women choose to disclose, and who they typically disclose to. Understanding help seeking is important because there are many barriers to asking for help, and many women who do reach out fail to receive the support that they need (Fanslow & Robinson, 2010). A disclosure that is met with disbelief or minimisation can serve to keep individuals in abusive relationships. However, a disclosure that is met positively, such as by encouraging them to access further support, can play a crucial role in helping the women to create opportunities to stop the abuse (Nichols et al., 2018). This demonstrates the importance of understanding help seeking experiences and using this investigation of what effective support looks like to inform service design.

Help seeking research has been important in highlighting what drives women to seek help and what prevents them. In their literature review of 16 qualitative studies investigating barriers to help seeking for women who had experienced IPA, Overstreet and Quinn (2013) found that stigma was a significant barrier. This took many forms, including the women anticipating negative reactions to their disclosure, experiencing self-blame and shame, and fearing judgemental societal attitudes such as abuse needing to include physical violence (Overstreet & Quinn, 2013b).

Fanslow and Robinson (2010) used data from interviews with 956 New Zealand women who had experienced IPA to understand help seeking behaviour. The most common reasons reported for staying in the relationships were regarding the behaviour as normal or not serious, investment in the relationship and for the children. The most common reasons for leaving the relationship and seeking help were feeling unable to endure any more, being badly injured, or fearing that they or their children would be killed. More than 75% of the women reported that they had told someone about the aggression, most commonly family and friends. However, more than 40% of women indicated that no one had helped them. While very few sought help from women's refuge (2.3%), all of those that did reported that it was helpful. Although this paper has several strengths, including the use of a sample that is representative of the New Zealand population, over 90% were over the age of 25. This demonstrates the need for further research into younger women's experiences, and to understand what helpful support consists of for a younger population.

Qualitative research has further demonstrated that negative help seeking experiences are common. Loke et al. (2012) interviewed nine women aged 39-50 years who had presented to the emergency department due to injuries sustained from an intimate partner. Many reported negative prior help seeking experiences from both formal and informal

sources. The women felt ashamed when disclosing the abuse, and feared being ridiculed or ignored. They found family and friends lacked empathy and practical support, and that professionals tended to their injuries without showing concern or care. However, as this sample was drawn from those seeking medical assistance, it may represent those experiencing serious physical abuse, but may not capture other women experiencing less serve physical harm, or other types of abuse. This highlights that how services respond to those seeking help is important for older women. Research with male university students who have experienced IPA also supports this. Scotts-Bahle (2020) interviewed men who had experienced harm from women and found that the men reported many negative help seeking experiences and the perception that help services were not appropriate for them. The men described positive help seeking experiences as those where they were given the space to talk about their experiences and have them validated. Therefore, service responsiveness could be relevant for younger women seeking help.

Help Seeking in Younger Women who Experience IPA

Very little qualitative research has explored help seeking experiences of younger women who have experienced IPA. Looking to the quantitative research, Sabina and Ho (2014) conducted a metanalysis of 45 studies exploring formal disclosure, informal disclosure, service utilization, and service provision among college students who had experienced sexual or intimate partner aggression. It was found that reporting rates to police and other formal sources were low (Sabina & Ho, 2014). Commonly the incident was not reported as the victim did not believe it was serious enough. Disclosure to informal sources was higher, and was most commonly shared with female peers. Rates for service use was low for those who had been harmed in the last year, and a common barrier to accessing help

seeking services was shame and embarrassment. It was found that university help services and policies varied widely across institutions.

Nichols et al. (2018) explored the help seeking experiences of the same 27 female university students examined previously. Women reported they waited several months or longer to seek help due to not wanting to label the abuse or did not believe their experience was serious enough to warrant support. Many of those who had not sought support expressed that they later wished that they had. The primary motivator for ultimately seeking support was declining mental health symptoms. Women found support services helpful when clinicians validated their concerns and focused on the issue they had sought help for. Women described negative experiences as those where services had significant wait times or when clinicians overemphasised the SV/IPA rather than the mental health symptoms. Although rarely discussed, university investigation services were perceived as negative due to women feeling blamed and dismissed. It would be beneficial to more comprehensively examine women's experiences of university investigation services. Further research should also explore the help seeking experiences of female students of any ability, in order to understand how these service seeking experiences may differ.

Study Aim

Prior research has predominantly concentrated on older women's experiences of IPA and associated help seeking. Collectively, this research suggests that women tend to delay seeking help for IPA until they experience severe physical aggression or recognise the serious mental health consequences associated with the aggression. Such knowledge about women's experiences of IPA and help seeking can help to improve services, practice and policy. There is currently a dearth of qualitative research with younger women who experience of IPA while at university. It would be beneficial to understand how to reduce the barriers to help

seeking, and how to improve the efficacy of university support services that can provide early intervention for these women. This study therefore aimed to examine the experiences and associated help seeking of women attending a New Zealand university who have experienced harm from a male intimate partner, with a view to providing implications for university policy and practice.

Method

Study Design

The transcripts were analysed using Interpretative Phenomenological Analysis (IPAN). IPAN in an approach to qualitative research that seeks to provide a rich and detailed account of an individual's subjective human experience. This approach is informed by three key philosophical concepts: phenomenology, hermeneutics and idiography. IPAN is phenomenological as it seeks to understand an individual's lived experience of a phenomenon. It also focuses on their perception of this experience, recognising them as uniquely embodied and situated in the world (Smith et al. 2009).

IPAN is informed by hermeneutics as it focusses on how the individual interprets or makes sense of their experiences. This process of interpretation is invoked both by the participant who is trying to understand their own experience, and also by the researcher who is then interpreting how the participant is making sense of the experience (Smith et al. 2009). This recognises the dynamic role of the researcher, as they are actively making sense of the participant's interpretation.

Thirdly, IPAN is also informed by idiography. This is because it engages in a detailed analyses of an individual's specific experience. IPAN typically involves a small, homogenous group of participants who are examined individually, before drawing on these in-depth analyses to create themes across the different experiences. A homogenous sample ensures the

researcher can gather in-depth information on a specific group of individuals who have experienced a phenomenon. Researchers have recommended a sample size of 3-5 is sufficient for student projects (Smith et al. 2009).

Therefore, IPAN aims to understand complex phenomena through detailed exploration of an individual's lived experience, and how they make sense of their experiences. It does not look to generalise, but to enhance understanding (Reynolds & Shepherd, 2011).

Procedure

Before beginning the research, ethics approval was obtained from the Victoria University of Wellington Human Ethics Committee (#25963). The phrasing 'harm from an intimate partner' was used at all stages of the process rather than 'intimate partner aggression or abuse' to enable the recruitment of those who may not consider or recognise their experience as aggressive or abusive.

Participants were invited to participate in the study through an email sent by the counselling service to all individuals registered with the university's student counselling service. Those who wished to participate followed the link provided to a brief online questionnaire on Qualtrics (Appendix A). This survey acted as a screening tool to determine appropriateness and safety of participants. Participants were advised to make sure they were in a safe space before taking part. Participants were also advised not to participate if they were in contact with or living with someone who had harmed them or was at risk of harming them if they participated. Upon following the link, participants read an information sheet about the purpose of the study (Appendix B). They were also presented with a list of support agencies that they could contact if they wished to discuss any distress that they experience from the survey. They were asked to indicate their consent before continuing with the

anonymous questionnaire. They were then asked basic demographic information. This included: age, ethnicity, gender, sexual orientation, programme of study and whether they were currently in a relationship. They were asked to indicate whether they had experienced harm and/or control in their intimate relationships. If so, they were asked to give some information about when this occurred, from whom, and to give a brief description. This screening tool also determined if it was safe for the participant to take part in a follow up interview. This included asking whether they were currently in an aggressive relationship, if they were in any potential danger from participating, or if they were experiencing any crisis that may make it hard for them to focus during an interview. At the end of the questionnaire, participants could choose to give their email address if they wished to be contacted to take part in an interview. If they did not wish to participant in an interview they could simply leave this blank. It was made clear that not everyone may receive an interview depending on demand, and that people would be chosen randomly. Finally, participants were asked if they had experienced any distress from completing the survey. Participants were then shown a debriefing statement which again included a list of support agencies which they could contact if they wished (Appendix C). Participants were all entitled to a $5 shopping voucher for a local university store on completing this questionnaire. Participants were told to email the researcher with a code, and the researcher would post the voucher to them.

This project took place during Covid-19, and an ethics amendment to complete the interviews over Zoom was obtained so that the study could continue. Participants who indicated an interest in participating in an interview and met the study criteria were sent an email inviting them to participate (Appendix D) and interview information and consent forms (Appendix E). These participants were those who identified as cisgender female and who had experienced aggression and/or control from a male partner. It was also required that the participant was no longer in the relationship with this person and felt that they would not be

in any danger from anyone as a result of participation in the research. Participants were asked whether they would prefer to be interviewed by a female academic, a female MSc student, both, or if they had no preference. Participants who wished to be interviewed by both were interviewed first so that the MSc student could train with the academic, a registered psychologist who has experience interviewing people who have been harmed by an intimate partner.

Once a participant had agreed to an interview and returned a completed consent form, a time for the interview was organised. Interviews took place using Zoom. Zoom is a secure online tool which facilitates face to face video conversations. Before beginning the interview, the information sheet was discussed with the participant and they were able to ask any questions that they had. Confidentiality and its limits were also discussed with the participant. If the researchers felt concerned about imminent risk to the participant or to others, they would pass that on to the relevant person at the Psychology Clinic or Student Health Services via a pre-agreed disclosure policy. Participants were told they could refuse to answer any question and could use a pseudonym. Participants were encouraged not to use the full name of others to prevent them from being identified.

Participants were made aware that a duty counsellor was available to speak with them if they became distressed. In the instance that the participant requested to speak with a duty counsellor, the researcher would provide a warm handover. The researcher would stay on Zoom with the participant while they called student counselling, or the researcher could call student counselling on behalf of the participant.

Verbal consent was obtained before commencing, and the participant was reminded that they could end the interview at any time, and that they would still receive a koha/gift. They were semi structured interviews that were approximately 60-90 minutes long. Interviews were audio and video recoded, or just audio recorded, according to the

participants' preference. At the end of the interview, participants were shown a debriefing statement on the screen, which again listed agencies which they would contact for support if they wished (Appendix G). Participants received a koha of a $40 supermarket voucher for their time, which was posted to them. Participants were able to be compensated for any reasonable childcare costs where relevant.

To ensure confidentiality, the video and audio files from the interview were immediately saved to a secure research drive on a locked device. Their consent form was also stored on the secure research drive, separate from the recordings. Participants were informed that their data would only be presented in an aggregate manner so they would not be identified. While specific quotes from the interview may be used to demonstrate a theme, this would be paired with a pseudonym so that they could not be identified. Once five students had been interviewed, those who had not been chosen received an email thanking them for their willingness to take part.

The interviews were transcribed by a professional and confidential service. All transcriptions were deidentified. De-identified transcripts and analytic notes were stored on a secure university research drive.

Interview Schedule

The interview schedule (Appendix F) for this research was based on an existing interview schedule from a larger project examining community members' experiences of enacting and receiving abuse from an intimate partner. It was developed in collaboration with the principal investigator of the study. A semi-structured interview schedule was used to allow the interviewer to be open and responsive to what the participant wished to discuss and explore, while also providing enough guidance to ensure the research question can be answered (Smith et al. 2009).

At the start of the interview the interviewer introduced themselves and their background, and gave the participant an opportunity to introduce themselves. The interviewer then confirmed that the participant was comfortable to speak about harm they had experienced in an intimate relationship. Upon confirmation, the interviewer then asked whether they had a particular individual or relationship in mind. The interviewer began with a general opening question about what the relationship was like, prompting the participant to reflect on both positive and negative aspects. These questions helped give the interviewer context, while also building rapport and helping the participant to feel more comfortable. The body of the interview explored areas such as a typical event, the most serious or memorable event, how the participant understood these experiences over time, and their experiences of help seeking. These topics were explored though the use of open questions, which allowed the participant to lead the discussion. Follow up questions and prompts were used throughout the interview to gain greater levels of detail and richness.

Data Analysis

After an interview was completed, the audio recording was sent to a professional service for transcription. Nonverbal features such as laughter or sighs were noted in square brackets.

The transcripts were analysed using Interpretative Phenomenological Analysis (IPAN), as outlined by Smith et al. (2009). This outline of the procedure was used as a guide for the researcher. The IPAN procedure consists of six steps. Steps one to four were completed with one participant at a time in order to ensure an idiographic focus.

1) Reading and re-reading. The first step is familiarisation with a chosen participant's interview. The interview is read alongside the audio recording, and the video recording where possible. The transcripts were also checked for

accuracy and any errors or ambiguities were resolved. This step of the process involves noting down the researchers recollections and initial impressions of the interview, in order to put these thoughts aside and focus on the data. The transcript is then re-read a number of times to gain a broader understanding of the interview as a whole.

2) Initial noting. The transcript was put into a table with a column on either side, with notes being written in the left column. This step of IPAN involves noting down anything of interest in the transcript. This consisted of three types of noting across three different readings. The first was descriptive noting, looking at the content of the data and describing the experiences, thoughts and feelings of the participant. Descriptive notes were highlighted in blue. The second reading involved the noting of linguistic features. This focusses on the use of language and the meaning that it added, such as through repetition, pronoun use or metaphor. Linguistic notes were highlighted in yellow. Finally, conceptual notes were made. These are more interpretative, and involve the researcher questioning and exploring the implications of what the participant has described. Conceptual notes were highlighted green. Codes, representing 'units of meaning' were noted in the column on the right. An example of this initial noting is included in Appendix H.

3) Developing emergent themes. Following this noting, all of the codes were collated into one document with a short description of what each one means and a quote that demonstrates it. These notes were printed and cut up, and then grouped by the researcher so that those with similar ideas or meanings sat together. These groupings were then given a name which represented the emergent theme. This was done for each participant one by one. This process was recreated in meetings

with a supervisor, who was able to ask questions and offer insights, further

clarifying the groupings. Examples of initial codes, their descriptions and quotes

are included in Appendix I.

4) Searching for connections across emergent themes. This stage involves

determining how the emergent themes fit together and the connections between

them, and how they relate to the research question. This occurred by taking the

emergent theme groupings and spatially arranging them into larger groupings

according to a shared idea or meaning. This was then given a name, resulting in

superordinate themes. This was done for each participant one by one. Once these

superordinate and subthemes were identified, these themes and their

corresponding descriptions and codes were written up in a document. A diagram

was also created to visually represent the superordinate and subordinate themes

and their relationships to each other (Appendix J).

5) Moving on to the next case. Here steps one to four were repeated for each of the

participants. It is important to treat each case individually, and for the researcher

to try as best they can to bracket off the ideas from the previous participants.

6) Looking for patterns across cases. Once superordinate themes and subthemes have

been identified for each participant, these are reviewed together in order to

determine which of these are common across the cases. Often superordinate

themes and subthemes found to be similar in meaning across cases were collapsed

together. This resulted in the creation of a single, overarching theme document

that encompasses the themes. A diagram representing this was created (Appendix

K). Finally, these overarching themes and subthemes and their relationships are

explained in narrative form.

Regular supervision meetings between the researchers occurred during this period. Regular meetings also occurred between the researchers and a number of other qualitative thesis students to discuss common challenges with qualitative research. This group provided valuable learnings as the researchers were able to engage in coding exercises and receive feedback on the codes and themes that they had developed in their research. The MSc researcher also kept a reflective journal throughout the interview and analysis process in order to identify relevant thoughts and feelings, and to maintain awareness of how these may be influencing the process. This recognises the active role of the researcher in constructing meaning during the analysis.

Participants

Five cisgender female university students of any age or ethnicity who had self-disclosed as having experienced harm from a male intimate partner were interviewed about their experiences. The demographic information of the five women can be found in Table 1.

Initially 19 women who had experienced aggression and/or control in an intimate relationship indicated interest in an interview. Of these 19 women nine were excluded from the study for the following reasons: one participant was known to the MSc researcher; two were still in an intimate relationship with a partner who had harmed them at the time of the study; two indicated they could be in danger from someone if they took part; three indicated they experienced some distress from completing the survey; one said they would do an interview if the researchers needed a participant, but that their preference was to not be interviewed if there were other available participants.

The remaining 10 participants were randomly approached for an interview. Six participants consented and completed an interview, two participants did not respond to the invitation, and two participants were not approached as the quota of six participants had been

obtained. In Interpretative Phenomenological Analysis, three to five interviews are considered suitable for analysis when they are detailed and in-depth, such as those in this study (Smith et al., 2009). Six interviews provided a good buffer in case one or more of the interviews was not sufficiently detailed. One participant that was interviewed was not included in the analysis as she differed from the other participants in terms of ethnicity and sexual orientation. In particular, her ethnicity was a common target of the psychological aggression that occurred in the relationship, and was unique to her experience. It was decided to try and keep the sample as homogenous as possible, as is essential in IPAN, in order to focus on a closely defined group of individuals who have experienced a particular phenomenon, and conduct a rich and detailed analysis (Smith et al., 2009). It is a disservice to include very different people without others who share their characteristics. Of the five interviews included in the analysis, the first one was conducted by the Principal investigator with the research student shadowing. The remaining four interviews were conducted by the research student alone. All participants spoke of relationships which lasted for at least three months to up to three years and involved experiencing aggression from a male partner. All participants were current or recent female university students. All five identified as NZ European/Pākehā. All five identified as heterosexual. All participants were between the ages of 20 and 26 at the time of the interview. All of the participants had left the relationship that they discussed, and none were experiencing abuse at the time of the interview. There was variation in the amount of time that had passed since the participants had been in their abusive relationship, ranging between six months and six years.

Table 1

Participant demographic and relationship information

Pseudonym	Current age	Age at start of relationship	Length of relationship	Ethnicity	Sexual Orientation
Isabella	20	17	3 years	NZ European/Pākehā	Heterosexual
Lucy	22	16	3 months	NZ European/Pākehā	Heterosexual
Zoe	22	17	3 years	NZ European/Pākehā	Heterosexual
Sophie	20	1st: 17 2nd: 19	6 months 1 year	NZ European/Pākeha	Heterosexual
Olivia	26	17	3 years	NZ European/Pākehā	heterosexual

Results

Table 2

Summary of themes and subthemes

Theme	Subtheme	Participant quote
A prior vulnerability	Pre-existing challenges	Like I wasn't particularly healthy at the time (Olivia) From a very young age I was sort of was of the opinion that, um, if you're not sought after then you're not worth having (Isabella)

	A lack of life experience and understanding of partner aggression	It was also my first relationship, so I didn't know what was right and what was wrong, and what was healthy and what was not. (Olivia)
	A whirlwind relationship	Um, got together on May 15th. So we knew each other two days. Um, but yeah from there on it pretty much everything went really, really quickly. (Zoe)
Stuck	A controlling environment	It was like, yeah everyday was kinda just like, it was like walking on eggshells really (Sophie)
	Not recognising abuse	Obviously because I hadn't had a sexual relationship before I just kind of thought it was normal. Well I knew it wasn't fine, but I didn't know that it was as abnormal as it was (Lucy)
	Excusing the behaviour	He's acting out because of his troubled family and his troubled past and because, you know, he's felt all these things (Isabella)
	Problem solving	The whole, "I can fix him" trope? Well, that was me. Um, I can help. I, you know, can help him (Isabella)
	Barriers to leaving the relationship	I was hopeful that the relationship was going to get better, like his promises of changing and such (Olivia)

	Barriers to help seeking and disclosure	There's um the feelings I was feeling were shame, and like I didn't deserve to take resources [] mine's not as bad in comparison to other people's (Olivia)
	The disempowering nature of negative help seeking experiences	I found that the counsellor that I was seeing wasn't really focussing on the right things. Um, so that's why I went elsewhere (Sophie)
Becoming unstuck	Underlying resilience	"I'm hanging out with my friends." Like, "it's your problem if you're angry, it's not my fault." (Olivia)
	Knowledge is power	Through like life experience and more education, and more awareness about consent and stuff, like did it really sink in, that absolutely that was not okay. (Olivia)
	The importance of self-realisation and autonomy	"Break up with him". Um, and I didn't. I didn't listen. Because I – I knew better. (Isabella)
	The validating nature of positive help seeking experiences	And yeah, just every step of the way was totally validating like, 'that's okay, it doesn't matter, you can be here, you deserve to be here. It doesn't matter if you cant say his name, or whatnot (Olivia)

The aftermath	Double edge sword of freedom	It was hard because I couldn't talk to him, hard to sort of have closure. (Lucy)
	Ongoing negative impacts	The tendrils of what happened work their way into the future like nothing else. (Isabella)
	Healing over time	The stress definitely affected my first couple of years at university, like I was just very stressed and, um, probably didn't perform that well, focus very well. (Lucy)
		It is shameful for me but it doesn't define me. (Zoe)

Four themes that represented the women's experiences were identified. Together they illustrate the women's journeys throughout the abusive relationships. *A Prior vulnerability* shows how the women were predisposed to getting involved in aggressive intimate relationships. *Stuck* highlights the variety of internal and interpersonal factors that kept the women stuck in the abusive relationships. *Becoming unstuck* shows that there were a variety of factors that were crucial in helping the women to leave their abusive relationship. *The aftermath* highlights that immediately following the end of the relationship, many of the women experienced a combination of positive and negative outcomes. Each theme is described by a number of subthemes. Table 1 depicts the themes and subthemes and provides example quotes. The following text describes the themes in detail.

1. A Prior Vulnerability

This theme reflects the many factors, both individual and situational, that predisposed the women to involvement in aggressive relationships. Three sub themes describe how *pre-existing challenges*, *a lack of life experience and understanding of* partner aggression, and a whirlwind relationship contributed to the women's involvement.

1.1. Pre-existing Challenges

This subtheme describes how there were many individual factors present for the women, prior to and at the start of the relationship, that made them vulnerable to entering into a dynamic where there is aggression. Struggles with mental health and a lack of relationship experience were identified by the women as contributing to their susceptibility.

Three of the women discussed experiencing mental health challenges from childhood which were ongoing at the time of the relationship. For Sophia and Lucy, their mental health symptoms were exacerbated by their partner's aggression.

"I was diagnosed with anxiety when I was 12. So I've been seeing counsellors on and off since then, but it was the first time I'd been put on medication." -Sophie

"I have--have anxiety, so I had it since I was a child, um, and it kind of had a peak when I was in a relationship with him." – Lucy

Isabella discussed how when they met, she lacked confidence and an understanding of who she was. This poor sense of self at the start of the relationship manifested in an inability to voice her opinions and assert herself with her partner.

"I hadn't got a very strong sense- like, sense of self at that point. So, I think it was good timing for that relationship to – to flourish."- Isabella

1.2. A Lack of Life Experience and Understanding of IPA

All of the women also described their young age and lack of relationship and life experience as reasons for why they did not recognise the red flags that were present early on in their relationships.

"It was also my first relationship, so I didn't know what was right and what was wrong, and what was healthy and what was not." – Olivia

"I was really naïve. So going into that I, I didn't really know anything. Um, I didn't know that it was going to affect me, and I didn't know I was being manipulated at the time."- Sophie

Lucy discussed how in her partner's family and workplace power imbalances that minimised women were normalised. This imbalance was then continued in their relationship. She was influenced by this context as these patriarchal attitudes were perpetuated at the workplace where they were both employed. She brought to this her own vulnerabilities as a young women with a lack of experience and knowledge of healthy relationships. These overt patriarchal attitudes were unique to Lucy's experience.

"She [partner's brother's wife] was very, um, shy and they'd never refer to her by her name and it was just a very strange way to act towards women." - Lucy

"Um, I was the only women at the place that I worked…if I look back on it now, it's pretty dodgy the kinds of parties used to go to with them." - Lucy

1.3. A Whirlwind Relationship

This subtheme describes how the women's relationships often began quickly and positively and progressed at a fast pace which served to bind them into the relationship before they could understand the nature of it. The vast majority of relationships were characterised by positive experiences early on, such as spending time together and doing fun activities which served to bond the couples together.

"At the start it was just – just sweet, you know? Um, we'd hang out and we had stuff in common." - Isabella

"Um, we did like everything together. Um, and we, yeah we would always like go out, go on adventures." - Sophie

For many of the women the relationships moved quickly, as they were having fun and they wanted the stability that came with a relationship. Olivia and Sophie moved in with their partners early on. Of particular relevance here is the student context the women are in, where they have often moved cities to attend university. They are going through significant life changes involved with making new friends and building relationships, and figuring who they are. Many were also away from the friends and family who make up their support network, which may play a role in them seeking security in their intimate partners.

"Um, but yeah from there on it pretty much everything went really, really quickly. Um, we went on holiday." - Zoe

"I was wanting a relationship and I wanted to settle into something." - Olivia

Despite the often-positive start, "red flags" soon followed, with many of the male partners demonstrating aggression towards the women or towards others in the early stages of the relationship. However, the bond kept them involved.

"I think the first major fight we had was two months in." - Zoe

"There were definitely warning signs but to me and to the two of us, um, you know, it was like honeymoon kind of phase." - Isabella

However, for two of the women the relationship became serious quickly not because of the positive aspects, but because of intense negative experiences that happened towards the start of the relationship. These experiences served to make them feel the relationship was special and bonded them to their partner.

"We just sort of sat there crying together. And, that felt – it felt, um, very intimate I suppose just because such a, um, unique event. Not everyone experiences something like that, let alone with another person at the same time." - Isabella

"It was intense because there were some hard things that happened almost straight away. Um, including him being violent at a party." - Olivia

2. Stuck

This theme reflects the variety of internal, interpersonal and socio-cultural factors that kept the women stuck in the abusive relationships. Specifically, the women experienced a context of coercion and control that eroded their autonomy and self-worth, while also being strongly attached to their partner. All of the women faced challenges when disclosing and seeking help, which prolonged the relationship. These barriers are highlighted by seven subthemes: *a controlling environment*, *not recognising abuse*, *excusing the behaviour*, *problem solving, barriers to leaving the relationship, barriers to disclosure and help seeking,* and *the disempowering nature of negative help seeking experiences.*

2.1. A Controlling Environment

This subtheme details how all of the women described living within a context of control, where their partner would use a variety of tactics to manipulate their behaviour and to keep them in the relationship. The women felt pressure to do what their partner wanted in order to avoid their aggression. For example, many of the women described their partner's explosive jealousy, and how their partner's aggression was volatile and unpredictable. This led to a feeling of walking on eggshells in their day to day lives.

"He got jealous at this and punched him in the face [] all because I'd hung out with a male friend earlier in the day and he felt jealous." - Olivia

"He got extremely mad. Um, I had never seen someone get so aggressive so quickly." - Zoe

Olivia spoke of how her partner actively shaped her reality through his manipulation of social relationships, both in person and online.

"Spreading rumours about things my friends had said supposedly, and then him saying 'but when they said this I stood up for you' and so the dynamic then became that I distrusted my friends and was grateful to him for standing up for me."

"Because I was feeling isolated he would at times suggest that I start messaging some friends of his. [] I don't even know if they're real people or not, or if, like at one point I thought it might have even been him on another social media platform."

The majority of the women also experienced overt manipulation, with their partners threatening to commit suicide if they tried to leave the relationship.

"I've underlined threatening to commit suicide. I mean, that was a big part of the relationship as well."- Olivia

"You don't care enough about me to keep me in your life. I'm going to kill myself if you don't want to get back together." - Isabella

"Every time I tried to end the relationship, he would try to kill himself." - Sophie

"If you break up with me or if you don't stay with me ill slit my throat and I'll take all these pills." – Lucy

For Zoe the threat was framed differently, but the implication of her partner harming himself was the same, and ultimately served to draw her back into the relationship.

"I broke up with him twice. He manipulated me back into the relationship saying that he can't live without me and shit like that."- Zoe

For Lucy, there was the use of leverage in order to manipulate her behaviour. There was a pattern to his behaviour where he would compliment her and buy her things beforehand, and then he would be aggressive. This was always followed by an apology and

him making it up to her. This in a sense shows him fulfilling his masculine role within the relationship and expecting her to fulfil what was thought be her role. The way that he would treat and compliment her in the lead up also appealed to her by validating her as a 'good girlfriend.'

"I guess sort of making me feel like I was pretty or like a good girlfriend or something by buying me food…taking me on a date or something then going home and pressuring me to have sex without protection." - Lucy

The impact of these manipulative tactics was that many of the women reported placating their partner by changing their behaviour in order to prevent the aggression. Alternatively they would give in once the aggression began, in order to minimise the harm.

"I was definitely more timid, or I would go home earlier so he couldn't accuse me of being drunk and being at parties with other people." - Olivia

"I knew what was going to happen I just felt like I was falling into a routine and um I just essentially, just whenever he started, I would just apologise and say "yes, look, sorry." - Zoe

Many of the women reported that the relationship became increasingly volatile, and that there was an increase in the frequency and severity over the aggression and manipulation over time.

"Yes, so I'd say it like increased um like yeah like exponentially, like, like the first time it happened there was quite a big break between it happening again, and then like it would just happen more frequently." - Sophie

"Um, that was one of the earlier incidents, and then they got a bit more intense from there." - Olivia

For two of the women this building pressure culminated in a single instance of physical aggression towards their male partner, in response to strong provocation. None of the women reported physical aggression from their male partners.

"I got physically aggressive at one point, and I've never done that before, but like, um, he tried to hang himself in front of me and I like slapped him more like hit him." - Sophie

"He told me that he'd kissed another girl. And, we were still kind of together at this point and so I smacked him which probably wasn't a great response." – Isabella

For Zoe, towards the end of the relationship there were periods of bidirectional verbal aggression, as she saw it as a key part of her identity to stick up for herself. She was the only participant to report this.

"I'm the type of person to retaliate but mainly, mainly verbally, but you know, if it ever got physical um I am Kiwi after all, so you know?" - Zoe

The context of control also resulted in the women feeling coerced into sex, as they knew that refusing his requests would lead to emotional abuse, which they experienced as worse than the sexual abuse. Two of the women spoke about how they would give in to their partner's requests for sex in order to avoid the emotional abuse. This included engaging in unwanted sexual acts and pressure to have sex without contraception.

"Essentially just, what would happen is that whenever he initiated, I just let it happen because in that, in a way, that was easier for me than having to deal with the emotional abuse, because that was way more exhausting than essentially lying there." - Zoe

"And playing drinking games where if I lost the I'd have to do something I didn't want to do, and the reactions if I didn't do these things were just not worth the energy." - Olivia

Alternatively, for Isabella, the sex was enjoyable and was a prominent reason for them staying together.

"Sometimes us, like the – the reason we were together was just for the sex and that definitely like- I think, you know, two horny teenagers, um that's kind of what the relationship just sort of deteriorated into." - Isabella

The controlling tactics served to diminish the women's self-esteem. All of the women spoke about how the abusive actions of their partner made them feel bad about themselves and eroded their self-worth.

"He would just make me feel like shit for every single thing I did, and like everything I did was, was my problem." - Sophie

"He was doing it for me, hundred percent. He was doing it in order to get me to feel bad about myself." - Zoe

Indeed, Isabella spoke about how her already low self-worth was exacerbated in the relationship. This meant she clung to the relationship in order to feel validated, despite experiencing aggression.

"I was like, no. I don't want to be – I don't want to be single. I don't want to be broken up. I don't want to be undesirable. I don't want to be without a boyfriend because who am I without one? Just this ugly little girl sort of thing." - Isabella:

Their partner's aggression had a significant psychological impact on all of the women. Many of the partners would start arguments in order to gain a sense of control, and the women experienced these arguments as damaging and draining. This exhaustion in combination with the erosion of their self-esteem kept them stuck in the relationship. This in some cases led feelings of helplessness, and no longer attempting to express their point of view or challenge their partner, or even contemplate leaving the relationship.

"At this point I was also so like depressed and just sad in general, that I just didn't want to do anymore, which I just couldn't. it was just like 'okay, that's what it is, I'm not going to fucken start anything anymore'." - Zoe

"I really honestly thought that I would just marry him and that I would never break up with him because it was too hard." - Lucy

Some of the women spoke about how the consistent psychological abuse meant that they became increasingly disorientated. This lack of perspective made it difficult to identify the abuse for what it was, and to see a way out.

"You- you don't see your situation better because you are right in the thick of it. You're in the eye of the storm. You don't know how big it is." - Isabella

"It just becomes so normal you don't even notice it anymore." - Olivia

2.2. Not Recognising Abuse.

Many of the women did not recognise that what they were experiencing was abuse. Many reported that a lack of knowledge about psychological and sexual abuse meant they struggled to identify those behaviours, or assumed that they were a mostly normal part of relationships.

"Obviously because I hadn't had a sexual relationship before I just kind of thought it was normal. Well, I knew it wasn't fine, but I didn't know that it was as abnormal as it was." - Lucy

All of the women reported experiencing psychological abuse, but none of them identified it as abuse at the time, as it did not match their perception of what IPA was. Many reported that they knew physical aggression was unacceptable and abusive, but that it was more challenging to identify the psychological aggression. A number of the women emphasised the importance of preventative education in order to support people to identify these behaviours.

"I didn't get hit. I don't have children. Um, I'm not – I'm not weak, you know? This just happened to me and I'm not a victim and I'm not – you know, this wasn't domestic violence." - Isabella

"Q: Is there anything that could have encouraged you to reach out a bit earlier?

A: Um, I think if I knew that it was abuse, from the start like I probably would of." - Sophie

Two of the women also spoke about their confusion as to whether rape could occur within an intimate relationship and felt uncomfortable about asking for help with this. They were aware that non-consensual sex in their relationship was wrong but did not classify it as rape. Olivia discussed how stereotypes about sexual violence incidents as being overt, one-off events was limiting, as they stopped her from identifying it in her relationship. This is also relevant to their position as university students, where many people are freely exploring sex for the first time. There is a perception that 'everyone is doing it', without any detailed discussion or education about how these encounters should occur.

"And because I love him then obviously, I would want to have sex with him, so then why would I say no kind of thing." - Lucy

"I mean, there's always stereotypes about what um sexual violence is… and if you're not totally immersed in those sorts of spheres then you don't consider the subtle, subtle like, you know, it's not strangers down back alleys, it's more subtle and constant, and can be repeated over many years." - Olivia

The majority of the women went on to have positive relationships following their abusive relationship. However for Sophie, she experienced two consecutive abusive relationships. Despite leaving the first relationship because of its detrimental impact on her, she describes that she did not recognise her second relationship as abusive. This was because the aggression was different to her first relationship, and it did not fit her recently formed understanding of what IPA was. This highlights the importance of preventative education that is broad and encompasses a variety of different types of abuse.

"I didn't know at the time because it was like, it was different. It wasn't like the, the last one, it was um, it was like subtle". - Sophie

Many of those around the women lacked the knowledge of how to help someone in an abusive relationship. Many of their peers knew about the abuse but were ill-equipped to intervene effectively. This either led to failure to intervene or attempts to help that were unsuccessful. Others turning a blind eye to the aggression contributed to the difficulty the women had in identifying the behaviour as abnormal.

"None of them actually said to me anything about the relationship [] recently they have all said, "Oh yeah that was really, really bad. But, none of us knew what to say to you. We didn't know how to do it." - Isabella

"I just don't know why they didn't do more to help me. Um like I guess like, I, I, I guess they just didn't want to be like involved in it because it was like a, a bad like, like thing to be involved with." - Sophie

Others around them, such as their partner's parents, would also turn a blind eye to the aggression. Whether due to a lack of understanding of what IPA is, or how to intervene when it is occurring, the outcome for the women was that many of those around them ignored the abuse. This left them feeling uncertain if they would be supported or believed if they chose to disclose in the future.

"I think it just goes to show that he would be yelling these things at me and they would just tune it out, you know? So, they had blinders on." - Isabella

2.3. Excusing the Behaviour

All of the women justified their partner's aggressive behaviour, and made a variety of excuses for it. They justified their partner's behaviour as being due to their poor mental health, immaturity, or a difficult upbringing.

"I also kinda justified it because he um had like mental health, like his, his borderline personality disorder, so I kinda justified it there as well."- Sophie

"He's acting out because of his troubled family and his troubled past and because, you know, he's felt all these things." - Isabella

In addition to these justifications, Lucy would also blame herself for her partner's coercive sexual behaviours.

"I think especially with the sex stuff, I was… maybe I wasn't clear or maybe I could have been a bit more sort of, um, pushy or like loud with my objections." - Lucy

These justifications all served to minimise their partner's aggression by portraying him as vulnerable or child-like, and absolved him of responsibility for the behaviour.

"I would be really defensive of him cause, cause everybody saw him as arrogant and rude, and I saw that too, but I also saw him that he's vulnerable and suffering." - Olivia

"I mean, he's an adult, and I feel like you shouldn't treat him as a toddler, but you know? It's essentially what I did, I'd just call them temper tantrums." - Zoe

2.4. Problem Solver

As a result of these justifications, the women perceived their partner's aggression as benign, temporary and as something they could overcome. They felt that they could help their partner and could fix their aggression and insecurity. This was something the women felt was their personal responsibility, which was motivated by love and a sense that they were the only ones who could help.

"I was like, you know, you can't just demonise this person, like they need help; and so, I was trying to help him." - Olivia

"He's just troubled and he needs you. He needs your help. You'd stay so that you can prove how much you care." - Isabella

For some of the women this evolved from wanting to help their partner to a sense of obligation to stay with their partner and support them, putting their partner's needs above their own.

"Of course, when someone tries to kill themselves, then you're, you're gonna have to be there for them." - Sophie

"I thought I owed it to him to him to support him an continue helping him when it wasn't really my um, job." - Lucy

2.5. Barriers to Leaving the Relationship

This subtheme describes the barriers which prevented the women from leaving their relationship. The women highlighted both internal and practical challenges that prolonged the abuse.

A number of the women described their hope that the relationship would change and improve. They loved their partners and were invested in the relationship. They stayed because they wanted to make the relationship work.

"I was hopeful that the relationship was going to get better, like his promises of changing and such." - Olivia

"I really wanted him to just turn around one day and be like, you know, I know I've done bad and I want to start loving you the way that you deserve to be loved." - Isabella

Two of the women spoke about their fear of loneliness and how this fear served to maintain the relationship.

"Yeah, I was terrified of being alone. I was terrified of loneliness. That was the biggest fear I had at the time."- Olivia

"The relationship was dead a year and a half in um we stuck around because you know, you don't have anywhere to go. You know you're just essentially alone, and nobody wants to be alone." - Zoe

For both of these women their fear of loneliness was acute as their partner's actions had served to isolate them from friends and family in order to keep them close. This meant that they became more reliant on their partner as source of dependability.

"So, I wasn't allowed to see any of my friends anymore, or he got, he got really, I don't want to say angry, but he got really disappointed, when I wanted to do something on the weekends with my friends other than him." - Zoe

"I probably, probably put more weight on my relationship because that person was never going to leave." - Olivia

Olivia described feeling complicit in the abuse because she was in a relationship with the person who was harming her. She spoke about the need for education around feelings of complicity, as for her it was a barrier to disclosure.

"I felt like I'd participated because I was in a relationship with this person. So, I felt like I had given them permission, or like I was an active participant in this." - Olivia

For many of the women the fear of their partner committing suicide was a strong barrier to leaving, and the guilt of being responsible for their partner's death weighed heavily on them.

"The fact that he was going to do it um, like again, and that I would have this death on my shoulders, because of me." - Isabella

For Sophie there was the practical constraint of accommodation that stopped her leaving the relationship. She lived with her partner and had no other accommodation available to her.

"I think a big part was the fact that I had nowhere to go. Um, I, didn't have a house, ah like didn't have a flat or anything." – Sophie

2.6. Barriers to Help seeking and Disclosure

There were a variety of barriers that stopped the women from disclosing to others about the harm they were experiencing in their relationship. These barriers stopped them from disclosing to friends, family and professional help services.

Some of the women did not feel justified or deserving of accessing help services as they did not fit their own perception of a 'real' domestic violence victim, who is someone who has experienced physical violence. The sense that they were not true victims served as a barrier to accessing help services. This also relates to them being in a student context, as there is a perception that victims of intimate partner violence are older women with families. *"And then there's um the feelings I was feeling were shame, and like I didn't deserve to take resources [] mine's not as bad in comparison to other people's."* - Olivia

"I – I think for a very long time I was really ashamed that I'd even gone there [Women's Refuge]. Um, not because of them. Just because of like, the feeling that I wasn't a real victim." - Isabella

Shame was a part of many of the women's experiences, an emotion which they felt internally about the victimisation they had experienced and about sharing this experience with others.

"Confiding in an adult is okay, even if it's about sex or something you feel sort of ashamed about, coz I felt… or it's really like dirty and just like I hated having to hide that from my parents." - Lucy

"Nobody who's been through this wants to admit it to themselves, and I feel like that's where the whole embarrassment starts." - Zoe

For many of the women, being a victim would be a negative reflection on them. For Isabella, by rejecting the negative assessments of her relationship as coercive, she was able to maintain a view of herself as an active and autonomous participant in the relationship. She resisted the label of victim throughout the relationship because she associated it with connotations of being weak and pathetic.

"I was just very indignant and just absolutely refuted that [being a victim]. I was like, "No. You're wrong. You're wrong, you're wrong, you're wrong."- Isabella

"I was taken aback. I think I literally just did this motion like 'no'. You know? Cause I have always seen myself as a very strong and independent person." - Zoe

A fear of being judged also kept them from seeking professional help. This was in combination with practical constraints around professional help seeking such as long wait times or a limited number of sessions.

"I know that counselling and people psychiatrists they don't judge. It is not their job to judge, its their job to listen and to help. Um, but you always ah, just terrified of being judged." - Zoe

Alternatively, for Olivia, she wanted to speak about her relationship, but she was discouraged. She did not feel able to share with her friends what was going on in her relationship because of their negative reactions.

"Speaking about my relationship became taboo because I knew it upset them and I knew it annoyed them." - Olivia

She only felt able to share 'normal' relationship complaints, as when she spoke about the more serious challenges in her relationship those around her would disengage. This ultimately induced a sense of shame and led her to hide her relationship.

"I stopped describing them to people because people's um response would be to distance themselves from me." - Olivia

2.7. The Disempowering Nature of Negative Help seeking Experiences

This subtheme outlines how help seeking experiences were perceived as negative when the individual or organisation did not recognise and understand the importance of responsivity. Unhelpful services were those which did not adapt to the women's needs and preferences. Many of the women reported feeling invalidated by their experiences with services, and a sense that their experiences were minimised. This resulted in a lack of trust of these services.

"Across the road the policeman who was interviewing the boy, they were like having a great old time. They were laughing together, um, joking around, chuckling. So overall I felt like I wasn't taken seriously at all." - Isabella

"What I got back was from my best friend, who had just got out of a relationship, "Oh yeah, I went through the same thing." You know? And I was sitting there, I was talking to her, I was crying and just like, "Look, I understand that you're in pain, but so am I, and I need that emotional support right now." And I, I wasn't getting that." - Zoe

3. Becoming Unstuck

This theme represents that there were a variety of factors that were crucial in helping the women to leave their abusive relationship. The resilience that the women displayed early on was maintained throughout the relationship and came to the fore as they sought to leave. Many of the women reported that their growing understanding of abuse and the reality of their situation facilitated this process. It was vital that they were met with validating and responsive support that recognised and affirmed their autonomy. These ideas are demonstrated in the four subthemes of *underlying resilience, knowledge is power, the importance of self-realisation and autonomy, and positive help seeking experiences were validating.*

3.1. Underlying Resilience

This subtheme highlights how despite the controlling behaviour of their partners, all of the women were resilient and were able to prevent their partner's control from taking their independence. Despite adapting their behaviour to appease him, many continued to go out, meet with friends and to do the things that they wanted to do. This resilience ultimately served to help them leave their relationships.

"Then doing something that I knew he didn't like, but I wanted to do because you know, I, I just wanted to." - Zoe

"I'm hanging out with my friends." Like, "it's your problem if you're angry, it's not my fault." - Olivia

Lucy discussed how prior to the relationship she was a social and independent person. Her partner was very dependent on her as she was his primary support person. This behaviour was in direct conflict with her desire for autonomy. His dependency ultimately led her to end the relationship.

"I would say that he was very dependent on me to always sort of be there for him and answer his messages really quickly, and, um, I was not like that." - Lucy

For Sophie, she would disconnect both physically and emotionally from the relationship in order to distract herself and protect herself. This desire for self-preservation was also pivotal in driving her to seek help.

"I did start because like as soon as he started saying, "yeah, you need to see counsellors before you come home," I did, because I was like, 'well, I need a place to sleep tonight'." – Sophie

For Olivia, she focussed on study as a coping strategy

"I think I just poured myself into my studies, which was what I'd done at high school as well, and I just hadn't…I just always focussed on my studies." - Olivia

For Isabella, her desire for agency manifested in positive ways such as doing things she enjoyed despite her partner's resistance.

"Like you can't get mad at me for going and doing my own thing and enjoying my final year. Like this is my life and I invited you to be part of it." - Isabella

Other times this resilience was expressed in ways that were maladaptive. Her behaviour became more submissive within the relationship, but more dominating outside of the relationship to compensate. This was ultimately damaging for those outside relationships.

"Please come have coffee with me. Come hang out with me. Why won't you hang out with me? So, I basically turned into – I tuned into my ex around my friends because I couldn't control that relationship." - Isabella

3.2. Knowledge is Power

All of the women lacked sufficient knowledge about abuse, which meant they did not recognise their partner's behaviour as abuse, and many assumed that the behaviour was normal. All of the women spoke about experiencing a change in understanding of their partner's behaviour over time, as they went from seeing it as immaturity or acting out a seeing it as manipulation and abuse. The women reported that education, either self-driven, through peers or from help services, was important for them to grow their understanding and realise that they needed to leave. This is relevant to their position as university students, as women who value and have pursued further education, and being an immersed in an environment that encourages you to seek knowledge and learn for yourself.

"Like everything with the whole Me Too movement, you just realise that he was doing wasn't just temper tantrums um, it wasn't a sign of immaturity, it was just, it was point blank manipulation." - Zoe

"So, I was like, 'no this isn't abuse', like, but by towards the end I was like, 'no, this definitely is'." - Sophie

Many of the women highlighted the need for greater general education about abuse in order to improve both men's and women's understanding. Many reflected that in hindsight a more in-depth and well-rounded knowledge would have been useful for leaving the relationship sooner.

"I know they do a lot of 'Thursdays in Black' at uni and that sort of thing that I think…sort of amplifying those voices so that men sort of understand those problems as well." - Lucy

"In fact, there's a, there was a stuff article the other day about a billboard campaign, with text messages which is showing um manipulative behaviours and intimate partner violence, and like that sort of thing's invaluable." - Olivia

In addition to a lack of knowledge about healthy and aggressive relationships, many of the women also lacked an understanding of what help was available, how to access help, and what it would be like to seek help. Demystifying this process could help people to come forward sooner.

"If I'd known the guidance counsellor was more relaxed, I kind of felt like everyone would know that I'd been to the counsellor and it would be this big deal, but it just wasn't." - Lucy

Peer support was incredibly important for many of the women. While they lacked the knowledge themselves, a powerful force for good in their lives was a knowledgeable social support network. Peer support was valuable as there was less fear of judgement or reprimand. For some of the women, disclosures by others of their experiences allowed them to reflect and learn about their own relationship.

"So, then I met her, and we got close and she started telling me about it, and I was just like, "yeah, so I went through this thing. Is that manipulation? Is that abuse?"- Zoe

For Lucy, while she was not intending to disclose the information to the people she told, she did so in response to careful question and was met with effective and timely support. This demonstrates the value of a well-equipped and informed support network for young women, especially when there are barriers to seeking support from other sources.

"I must have just mentioned something, and she just went like 'oh, maybe like this isn't so great, we should go and talk to the guidance counsellor about it.'"- Lucy

She goes on to say that the availability of gendered support on campus, individually or in groups, could help to provide a safe space for other women at university to share their experiences and get support and guidance.

"Or even like a, mentor, like an older student being buddied up with a you…a woman that you like trust that's not gonna like tell you off." - Lucy

For many of the women, labelling their experience was useful as it validated the severity of their experience. It helped them to categorise and make sense of what had happened.

"Um, I didn't have any…didn't have any labels for it. Didn't have any validation that it was bad or that it was um, sort of serious…um until I went to that one therapist who, yeah, was more helpful in terms of labelling it. I found that really useful." - Lucy

Isabella described how she was able to overcome her aversion to the term 'victim' and its negative connotations, and has come to embrace it.

"I definitely see myself as a victim of that. I think a lot of stigma with the word victim comes with the same things that I used to think about myself. You know? Pathetic or weak or whatever. But now I just don't see that at all." - Isabella

For others, labelling was a double edge sword, as they were forced to reckon with the consequences for themselves and their identity if they chose to associate with the label.

"It was quite…it was quite an identity crisis in a way, like what does it mean if I associate with this label now? Like on the one hand labels are really validating and I, I do think, I know there's a pushback against labels from lots of people, but I found it really validating". - Olivia

Many found that their language evolved over time and changed in line with their growing understanding. As they were introduced to new terms, they would personalise them to represent their own experience.

"I mainly use domestic abuse as a general term for the whole thing and then, um, I saw a therapist a couple of years ago and she called it intimate partner violence which I sometimes refer to it as but not –not really." - Lucy

3.3. The Importance of Self-realisation and Autonomy

For many of the women it was important for them to realise for themselves that the relationship was harmful, and it needed to be their choice leave. This self-realisation was crucial for becoming unstuck and is the first step to healing.

Two of the women spoke about how when their friends and family would forcefully tell them to leave their partners, they would push these people away, as they felt this was an attempt to control them.

"Don't stay with him, it's like abusive" and, and I just pushed them away and I was like, 'no, like, um, I'll just leave then.' - Sophie

"Um, so it was just extra hard I suppose for them to say anything and for me to actually listen and just not feel like I was being reprimanded, um, or told what to do." - Isabella

Many spoke of how it was only through personal experience that they were able to understand the controlling nature of IPA and why women stay in those relationships.

"I guess the thing for me it was like it's my choice to make. So even though people were telling me I needed to leave, like I still you know wasn't." - Sophie

"You don't learn until it actually happens to you. You can't take other people's advice until you learn the lesson for yourself." - Isabella

For Zoe, autonomy was an important part of healing. For her taking responsibility for her decisions was a crucial part of feeling a sense of control. She was very independent and simply wanted affirmation of her experience, so that she could start moving forward and working on herself. Self-blame was an important way for her to take ownership of what had happened and see herself as an active, rather than passive, participant. This has implications for how we tend to treat men and women differently, and how some men and some women may similarly prefer a more educational approach. For the majority of the women self-blame was not crucial, but they shared the same desire for autonomy and for them to drive their own recovery,

"I let this happen to myself, in a way, I could have left so often. I didn't have to put myself through this, I still did, I mean you know, what's done is done, but as much as it's his fault, part of it is mine." - Zoe

3.4. Positive Help seeking Experiences were Validating

Positive help seeking was experienced when the women felt heard and reassured. This occurred when the helper adapted to the women's preferences and tailored their response to suit her needs. Services should therefore recognise the heterogeneity of women's circumstances and support them to make autonomous decisions.

"I remember looking at her and going "I know it's not as bad as yours." And she immediately which was amazing, um, she immediately stopped me and said, "Don't diminish your experience because somebody's had it worse." - Zoe

"I had a look on their website and it, oh there was something it said that was reassuring. It was something along, along the lines of like: if you've experiences anything that you are questioning about, like you deserve to be here." - Olivia

4. The Aftermath

Immediately following the end of the relationship, the women experienced a combination of positive and negative outcomes. Furthermore, for a long time after the end of the relationship, including up to the current day, all of the women discussed how they had experienced a variety of ongoing impacts that were both harmful and helpful in nature. These ideas are demonstrated in the three subthemes of *double edge sword of freedom, ongoing negative impact and healing over time.*

4.1. Double Edge Sword of Freedom

All of the women experienced freedom as a double edged sword following the end of the relationship. They felt like an immense weight had been lifted from their shoulders once they had left their partner, while also having ongoing safety concerns for themselves and for their partner.

Once separated from their partners, a number of the women described how they were able to grow and become their true self. It was this first-hand positive observation which allowed them to fully understand the suppressive impact the relationship had had on them. *"I did a lot of growing in that month. I became very – I became almost the sort of person I had no idea I was, was very independent. It was brilliant."* - Isabella

"It just felt like a massive weight had been dropped. It's just gone, "I've just left it behind." I just continued walking, and life became so much quicker and easier." - Zoe

However, many also felt the impact of the break up strongly due to the isolation they were experiencing, and found it challenging to gain a sense of closure after rapidly cutting off all contact with their partner.

"It was just a massive like weight off my shoulders but at the same time it was also like horrible for me, over the next few days. Um, yeah cause like he obviously ended up straight back in hospital again." - Sophie

"So, it threw me into a massive loop when we broke up. Um, yeah, I was just like, 'I've got nothing now', because all of my friends were his friends. All of, you know, everything, my whole life revolved around him." - Zoe

Sophie experienced a continuation of the abuse post-relationship, as her partner and his family stalked and harassed her online..

"I'd get abusive texts from him, from his mum, from his sisters." - Sophie

"He like started like, like stalking me, like turning up to my house in the middle of the night, breaking into my house, taking my medications, stealing my stuff." - Sophie

Similarly, Isabella experienced significant technology facilitated aggression, which included her partner sending an excessive number of messages, sending insulting messages, using a variety of online platforms, getting around the security functions of the platforms in order to continue to contact her, and pressuring her to remove the evidence of the technology facilitated harm. This highlights the importance of conducting research with younger women, and understanding the impact of greater technology access and proficiency compared to previous generations.

"Um, so he had sent me, in the middle of the night one night, like maybe 200 messages, in a manic spiral I suppose." - Isabella

4.2. Ongoing Negative Impact

All of the women reported long term, and in many cases ongoing negative impacts of being in the relationship. These consequences impacted them emotionally, socially and professionally. Many reported the long-term detrimental impact on their mental health as a result of the relationship, number of whom are still managing these consequences.

"I suffered mentally heaps um and still like to this, to this day. I just, I have like, just like issues um like my anxiety's been really bad um ever since I, like I really struggle with eating." - Sophie

"The abuse; the whole manipulation, the whole everything. Um, which led to I, I think the path um I've started, I've got, now I've got anxiety, massive anxiety attacks um at times." - Zoe

The abusive relationship had a significant impact on future social relationships. Earlier relationship experiences continued to influence their later interactions with intimate partners while at university.

"I have like major issues in relationships um just because I'm so insecure." - Sophie

"Because of what had happened in my relationship, in my first year of uni I completely just would get drunk all the time and sleep with all these people because it was so different." - Isabella

Two of the women spoke about the impact on their university education and the opportunities that were no longer open to them due to the effects of their relationship.

"I can't get into post grad because my grades are so shit, but um, yeah like I, it's not my fault really because I, I know my stuff." - Sophie

"Um, well it has influenced this past trimester. I had to withdraw from all my courses." - Zoe

Two of the women still had ongoing concern for the potential for their partners to cause future harm. For Lucy this resulted in a hypervigilance around personal security following her relationship.

"I'm still a bit worried because I know there is a video that he recorded once which wasn't consensual, and I'm still scared that that's going to come up at some stage." - Olivia

"But I do worry about giving my address out to people and people knowing where I live, and I never post photos on Instagram that he, where you could see my house or anything like that. Um, so I do worry that he will find me in some sense." - Lucy

Zoe noticed that she was mirroring some of her ex-partner's manipulative behaviours in her new relationship. She was able to identify these and take steps to rectify them.

"It's odd because I used to sometimes see myself doing the same things my past partner did to me, and I immediately stop myself and I apologise and say "Listen, this is what I just did, and this is why it was wrong." - Zoe

4.3. Healing over Time

This subtheme outlines how recovery from an abusive relationship is a journey of learning and unlearning. This process continues long after the end of the relationship, as the women manage the ongoing challenging impacts while also growing through positive relationship experiences. Many of the women reflected that while there are many negative consequences, ultimately, they also feel that their experiences have made them stronger people and have taught them important lessons as they move forward into their future.

The women recognised that recovery is a slow process, that often required time, personal space and counselling. Some mentioned that it is important for counselling and support services to be accessible over the long term to help women who have experienced IPA received adequate support.

"Why aren't you over it? Why aren't you over it? But, like I suppose something like that happens and it actually – it is a lot to unpack, especially when during the relationship you were so, um, convinced that you had done something to warrant being treated that way." - Isabella

"Maybe more funding into student health and counselling services. Just because I know you can only get like six sessions…but like that's just not enough." - Isabella

Three of the women were in healthy and supportive current relationships, and two women had experienced healthy relationships after their aggressive relationship that had since ended. All of the women spoke about learning through these relationships and drawing comparisons between past and new relationships to understand their experiences. Through this they were able to better identify the aggression in their past relationship and develop their understanding of what a healthy relationship is.

"I said to my new partner at the time, like "Hey, I'm gonna go hang out with this friend, is that okay?" And he was like, "Why are you asking me? Like of course, go hang out with your friends, it's fine." And it just took time to realise how unnormal those things were." - Olivia

"Oh, is it normal for your boyfriend to still have sex with you when you say no?" and he was just really taken aback. He was like, "No." Um, and that's when I sort of realised that that was not normal." – Lucy

For Lucy, learning and developing her understanding about relationships also came with a new sense of caution. She is fearful of getting into a sexual relationship too quickly and feeling vulnerable. The caution developed only once she had fully processed her experience.

"I wasn't actually that scared to get into another relationship, like sexual relationship, as I am now. Um, maybe just hadn't processed it or something." – Lucy

After an initial period of hyperawareness, Isabella was able to slowly let people into her life with strong boundaries in place to protect herself. She maintained these boundaries with casual partners, but also with friends whose intimate relationships reminded her of her own abusive experiences.

"Like I dated around a little bit. I didn't want a new relationship, ever…not because, um, I couldn't just because I didn't want to. I was like, it's too much." - Isabella

Many of the women spoke of the strength that they had developed, and their desire to move forward and grow from their experiences. All of the women were able to see it as just one part of their life story, and one that they could recover and learn from.

"I think it like…I have, like it's made me into quite like a strong person." - Sophie

"It is shameful for me, but it doesn't define me." - Zoe

Discussion

This study investigated the experiences of IPA and help seeking in five female university students in New Zealand using Interpretative Phenomenological Analysis to make sense of their experiences. This sample had a high degree of homogeneity, as is essential for this type of analysis. The in-depth interviews were first analysed individually to understand their unique experience, and then collectively in order to identify the common themes and subthemes across the sample. This approach of analysing the interviews individually and the collectively follows IPAN guidance. These themes and subthemes will be summarised and discussed in the context of the existing literature before noting their implications for policy, practice and future research.

Summary of Findings

A prior vulnerability. This theme identified the adverse life experiences or challenges that were present for the women prior to or at the start of their relationship that resulted in their increased vulnerability to experiencing aggression and abuse in relationships. The women identified *pre-existing challenges* including their struggles with mental health, self-confidence and fractious family relationships. They also discussed how their *lack of life experience and understanding of partner aggression* meant that they did not recognise the aggression in their relationships. This supports the findings of Reynolds and Shepherd (2011) who conducted interviews with young women who experienced IPA during adolescence. The young women described lacking supportive relationships, a positive sense of self, and self-efficacy, in addition to being inexperienced with intimate relationships and having a lack of knowledge about what constitutes a healthy relationship. Together, these factors were cited as contributing to the women failing to recognise the behaviour as abuse. This makes sense as adolescence has been associated with heightened self-consciousness and susceptibility to peer pressure (Sebastian et al., 2008) making it a challenging period for most young people. These factors may help to explain why adolescence and early adulthood are ages with a high prevalence of IPA (Ministry of Justice, 2018), and indicates that educational programmes at schools about healthy relationships could be helpful for young people navigating these new experiences.

Whilst Reynolds and Shepherd (2011) described a more gradual and insidious escalation of abuse, which was so subtle that the women found it difficult to identify at which point the behaviour became controlling in nature, this was not reflected in this study. Instead the women described experiencing *a whirlwind relationship* whereby the relationship was fun and progressed at a fast pace, yet there were signs of aggression from their partner towards them or towards others in the early stages of the relationship. This demonstrates how women

can be drawn in to the relationship through its positive beginnings, and how even early signs of aggression do not pose enough of a problem to help the women exit the relationship in the context of prior vulnerabilities, a lack of life experience and understanding about partner aggression. This is especially pertinent for university students, as this is often a period of rapid change where people are trying to create a new life for themselves, often away from their usual support network.

Stuck. This theme describes the range of internal and interpersonal factors that kept the women stuck in their relationship. The women describe the *controlling environment* that they resided in, where their partner would use a variety of tactics to manipulate their behaviour to keep them in the relationship. This coercive environment made the women feel bad about themselves, and as if they were to blame for the problems in the relationship. Many studies have demonstrated the immense psychological impact of abuse, and how their partner's manipulative behaviour eroded their self-worth and their sense of identity (Loke et al., 2012; Reynolds & Shepherd, 2011; Tonsing, 2020). Women in previous research have reported feeling that they were powerless to leave the relationship. This is supported by the feelings of exhaustion and helplessness expressed by the women in this study. The current research also supports existing quantitative research which has highlighted that control, humiliation and blame are prominent factors in women's experiences of IPA (Strauchler et al., 2004). Together with their prior vulnerability, the controlling context was an important factor that the women experienced which kept them stuck in the relationship once they go into it.

In the subtheme *Not recognising abuse* many of the women did not recognise that what they were experiencing abuse, as it did not fit their preconceived idea of what abuse was. A lack of knowledge about IPA meant they assumed that the behaviours were a normal part of relationships. This was further contributed to by the controlling context, as their

partner would reassure them that the behaviour was normal, and convince them that their actions were well intentioned. These findings support previous research with New Zealand women, which found that one of the most common reasons for staying their relationships was because they regarded the behaviour as normal or not serious (Fanslow & Robinson, 2010). Minimising aggressive behaviours, and not feeling their experiences were severe enough to qualify as abuse, have also been found to be barriers for female university students accessing student help services for sexual assault (Holland & Cortina, 2017) and for reporting dating violence to police and other formal sources (Halstead et al., 2017). Overstreet and Quinn (2013) found that women were influenced by cultural stigma, such as the belief that an experience was only abuse if there was physical violence. This again highlights the potential value of preventative education, and the need for this to include the wide variety of behaviours that can constitute abuse.

In the context of the controlling relationship, the women described *excusing the behaviour,* citing reasons such as poor mental health, immaturity, or a difficult upbringing. This is in keeping with research by Bonomi et al. (2018*),* who found that women would often explain away the violence that they were experiencing, which would delay help seeking. This also supports past qualitative research with high school aged men and women, where the women would justify their partners controlling behaviours by interpreting it a sign of love, or dismiss the behaviour in order to protect their social shared identity (Chung, 2005). The women also perceived their partner's aggression as benign, temporary and as something they could *problem solve* or fix. This supports Walker (2017) who argues that sex role socialisation teaches women that they are responsible for their partner's wellbeing, and that therefore they feel compelled to support them and to seek solutions to any issues (Walker, 2017).

Key *barriers to leaving the relationship* were also identified. Women described how their feelings of love for their partner was a strong factor that kept them involved. The positive feelings they experienced at the start of the relationship were something they held on to and hoped to return to. This supports past research, as love and investment was one of the most common reasons for staying in the relationships in data from interviews with 956 New Zealand women who had experienced IPA (Fanslow & Robinson, 2010). For the women who had become extremely isolated, their fear of loneliness was also a motivator to maintain the relationship. The controlling context highlighted in the earlier subtheme often meant that the men were the one constant in the women's lives, and the psychological abuse made them believe that no one else would love them. This supports other research with women who have experienced IPA, which has highlighted increasing feelings of isolation from friends and family, and in some cases the outside world more generally (Pacheco et al., 2014; Reynolds & Shepherd, 2011).

Other barriers to leaving included the women's partners threatening to commit suicide if they tried to leave, indeed this was true for all of the women. Threatening self-harm has been listed as an abuse strategy in previous literature (Hager, 2001). While there is limited qualitative research in this area, previous quantitative research by Conner et al. (2002) looked at the reports of 101 women petitioning the courts for protection orders against their male partners in New York. It was found that 45.5% of the men had a history of threatened suicide and 12.9% had a history of suicide attempts, suggesting it has a high prevalence rate (Conner et al., 2002). The very high prevalence of this underexplored behaviour in the current sample could reflect the young age of the participants and their partners. A meta-analysis of 52 studies found that 17% of adolescents had engaged in self harm at least once, compared to adults which report 5% (Muehlenkamp et al., 2012). Alternatively, since there was no presence of physical violence in this sample, it could be that those perpetrating IPA are

utilising more psychologically based strategies, such as threats of self-harm, as physical violence in relationships becomes increasingly more socially unacceptable.

A range of *barriers to help seeking and disclosure* also stopped women from disclosing to friends, family and professional help services. Some of the women did not feel they were 'true' victims, as there had been no physical abuse, and felt guilty accessing help. This connects with the earlier subtheme of a lack of understanding of IPA, showing that a limited understanding of healthy and aggressive behaviours not only made them vulnerable to IPA but also served to keep them stuck in the relationship by preventing help seeking. Other women felt intense shame about what they had experienced and felt that it was a negative reflection on their character. They struggled to reconcile this with the view many of the women had held of themselves previously as strong and independent people. This supports past research done with women which has found they experience stigma internalisation; feeling shame or embarrassment as they internalised negative views of IPA victims (Overstreet & Quinn, 2013a). Women in Bonomi et al. (2018) reported that they postponed seeking help as they did not want to label themselves as victims and have to come to terms with what that meant for their identity. Shame and fear of judgement have been identified in other research as impediments to seeking help for IPA from both formal and informal sources for college age women (Halstead et al., 2017; Holland & Cortina, 2017) and with older women (Loke et al., 2012; Overstreet & Quinn, 2013b; Pacheco et al., 2014).

Women also described *the disempowering nature of negative help seeking experiences.* Many of the women reported feeling invalidated by their experiences with help services, and a sense that their experiences were minimised. Negative experiences with the police were those where women felt dismissed, blamed and not taken seriously, which supports qualitative research done with women in Australia (Ragusa, 2013). This type of response further serves to reinforce the misnomer that only physical violence qualifies as

abuse, which the women had to work so hard to overcome. Unhelpful services were also those which did not adapt to the women's needs and preferences. This expands on Bonomi et al's (2018) findings, where the women reported negative encounters when they felt the clinician focussed too heavily on their experiences of IPA or sexual violence, and not on their escalating mental health symptoms, which were the primary motivation for their help seeking. In line with the current study, past research has highlighted negative impact of long waiting lists and delays when trying to access counselling support, especially after delaying help seeking for so long (Nichols et al., 2018; Sabina & Ho, 2014). This informs the recommendation of this paper to provide timely and responsive counselling support for people seeking help for IPA.

Becoming unstuck. This theme described a variety of factors that were crucial in helping the women begin to leave their abusive relationships. Importantly, the women described an *underlying resilience,* whereby, despite the controlling behaviour of their partners, many of the women were resilient and were able to prevent their partner's control from taking over their sense of self, often through small but significant acts of defiance. This resilience ultimately served to help them leave their relationships. This could reflect the nature of this sample, who had all left their partner and had remained apart from them for a number of months or years. In previous literature resilience has been conceptualised as something survivors of IPA built up after their relationships as part of their recovery (López-Fuentes & Calvete, 2015) rather than something that they already possessed, which helped them to survive and ultimately leave, as it appears in this study.

This theme also identified how *knowledge is power.* The women spoke about how they developed their understanding of abuse through speaking with other women and accessing resources or help services. Through this learning they felt validated and

empowered as they recognised the behaviour as abuse and could no longer excuse it. This started them on the journey to leave their partner. The women in Bonomi et al. (2018) spoke of how it took time for them to label their experiences what they were and to come to terms with this. The women in Reynolds and Shepherd (2011) also spoke of an evolution of their thinking over time, but this came more through personal reflection such as through writing in journals or unsent letters. This demonstrates that while some women may want to search outwardly, others might prefer a more introspective and personal journey to come to terms with their relationship.

Another way that the women in the study gained knowledge and a sense of empowerment was through their peers. The women found that peer support was a valuable source of encouragement, and the validating responses of other women helped them to leave their relationship. This was shown in the subtheme *The validating nature of positive help seeking experiences*. This is in contrast to the negative help seeking experiences that kept them stuck, which were disempowering and dismissive. This supports past quantitative research, which found that college women who experience sexual or dating violence are far more likely to disclose to informal rather than formal sources, commonly female friends (Halstead et al., 2017). While the women in Reynolds and Shepherd (2011) found their young peers were too ill-equipped to support them during the relationship, their friends became an important source of support post-relationship as they helped them rebuild their positive social networks and affirmed their decision to leave. This also supports Bonomi et al. (2018) as women commonly reported that therapy services were a positive experience when their therapist validated them and was non-judgemental.

The women in Bonomi et al. (2018) commonly sought help primarily for the worsening mental health symptoms they were experiencing, rather than the abuse itself. This could reflect the lack of recognition of the abuse for what it was, and feeling that their

experience was not serious enough to justify help seeking. In contrast, in this research the majority of the women did seek help for the abuse, following a period of education and learning. This could reflect the importance of learning and education to this sample, who were all attending university during the relationship, except for Lucy who attended university after her relationship. This could also reflect the additional challenges for women in Bonomi et al. (2018) as the participants had experienced IPA or SV and had a mental health condition or disability, whereas the current study was female students of any ability who had experienced IPA.

For many of the women it was important for them to realise for themselves that the relationship was harmful, and it needed to be their choice leave. This highlighted *the importance of self-realisation and autonomy.* This connects to the above subtheme of positive help seeking experiences, where services were responsive to their wishes and let the women determine the type and degree of support that they wanted. This supports Reynolds and Shepherd (2011) as the women they interviewed spoke of them reclaiming their agency through decision making and taking responsibility for their own wellbeing and future. Qualitative research with women in Spain has also found that rediscovering oneself and control over one's life were important individual resources associated with resilience for older women who have experienced IPA (López-Fuentes & Calvete, 2015).

The aftermath. Following the end of the relationship, many women experienced a combination of positive and negative outcomes in the immediate aftermath. The *Double edge sword of freedom* described how the women felt relief that the relationship had ended and they felt unburdened, but struggled with the lack of closure and ongoing aggression from their partners. Younger women in other studies have also described how their partner's family would try to manipulate them, and that their ex-partners would engage in similar

behaviours of stalking, breaking and entering and ongoing verbal abuse (Chung, 2007; Reynolds & Shepherd, 2011).

The women experienced a long term and o*ngoing negative impact* of being in the relationship. These included ongoing mental health challenges, relationship difficulties and limited education opportunities. Some also felt fearful of their partner's potential to cause future harm. This highlights the need to continue to provide support for women after they have left their relationship. The negative mental health impacts of IPA have been consistently reported in past literature (Campbell, 2002; Loke et al., 2012) as have the relationship challenges they face moving forward (Flasch et al., 2019).

This learning process continues long after the end of the relationship, whereby women described having to manage ongoing challenging impacts while also growing through positive relationship experiences and *healing over time.* Many of the women reflected that while there are many negative consequences, their experiences had also made them strong. This supports previous research, which has found that many women who have experienced IPA explore dating with new partners as an opportunity to rediscover themselves, learn to trust themselves, and to practice boundary setting (Flasch et al., 2019). Later many go on to experience supportive relationships where they grow their understanding of healthy relationships models, and are able to find positive outcomes in their recovery journey (Flasch et al., 2019; Reynolds & Shepherd, 2011). In previous research younger women have highlighted that by virtue of being young and not having children, they were able to take the time that they needed to focus on themselves and to truly heal (Reynolds & Shepherd, 2011).

Recommendations for Policy and Practice

This study adds to existing literature identifying the variety of types of aggression that young women can experience in intimate relationships, and the severity of the detrimental

impact of these behaviours. It has identified the many barriers to help seeking, and the characteristics of positive and negative help seeking experiences. It is therefore vital that effective support services are available to women that can be responsive to their needs. The findings of this study have implications for positive change in policy and practice.

All of the women spoke about their lack of relationship experience, and a lack of knowledge about healthy and aggressive relationships. This meant that they did not identify their partner's behaviour as IPA, and often assumed that it was a normal part of relationships. Others felt that it was not serious enough to qualify as abuse, as there was no physical violence. This lack of identification meant that the women delayed help seeking, as they did not feel that they justified access to this support. This highlights the potential value of educational programmes to teach young people about healthy and aggressive relationships, so that they can identify signs of IPA early. The narrow preconception of abuse that the women had underscores the need to educate young people widely about the full breadth of IPA; physical abuse, psychological abuse, sexual abuse, financial abuse, spiritual abuse and controlling behaviours. The benefit of education that is broad and encompasses a variety of different types of abuse, is that individuals will be able to identify harmful behaviours across relationships, even if the strategies used by different partners vary. For example, the 'Change Up' project uses a social norming approach and is designed to address domestic violence and abuse with 13-14 year olds. A pilot found that participation in the project was associated with a change in attitudes towards IPA, and the students reported feeling more equipped to identify it in their own and others relationships (Rogers et al., 2019).

As many of the women did not initially understand or label their experience as abuse, it is vital that services use clear language. This helps those who do not identify with those terms to still feel that those services are available to them. It also helps to communicate that there is no criteria that they must meet in order to be entitled to seek help for aggression in

their relationship. This has been suggested in previous research with male students who have experienced IPA from female partners (Scotts-Bahle, 2020). This is also relevant to the use of the term victim, as while some women found it validating, others associated it with negative connotations such as weakness. This demonstrates the importance of sensitivity with language and labelling.

The results of this research demonstrate the importance of demystifying help seeking. This includes making it clear where help is available, how to access this support, and what it will be like to use. Research with adolescents has found that common themes for not accessing professional help for mental health problems include stigma and embarrassment, lack of knowledge about the topic and where to get help, and not understanding confidentiality (Radez et al., 2020). This demystifying process may also include a focus on normalising help seeking, clarifying confidentiality and the promotion of digital tools for accessing support which could help young people feel more comfortable discussing sensitive topics.

It is of vital importance that those seeking help for IPA receive responsive and validating support. Help services must tailor their response to suit the unique needs of each woman, and to recognise the heterogeneity of each woman's circumstances. Many of the women spoke about their need for affirmation, and the space to make autonomous decisions. The recommendation of greater service responsiveness when working with female IPA victims has been made in other research (Halstead et al., 2017). Responsiveness could also be improved by ensuring a variety of support options are available. While some women may want counselling support, others may want information to help them figure out for themselves if what they are experiencing is abuse.

Due to of the prevalence of shame and embarrassment and how these emotions hinder help seeking, it is critical that both formal and informal sources of support are non-

judgemental when met with disclosure. It is also important that when women do overcome these emotions and ask for help, that they are met with support promptly, and that it is available for as long as the individual deems necessary. Student health and counselling services are well recognised by university students, but must be sufficiently funded in order to meet demand and encourage trust.

The high level of involvement of family, both the women's families and their partners, could reflect the developmental stage of the women, as many were living at home. The range of helpful and harmful responses from family, and the significant role that family play in the young people's experience, indicate that support and education for parents could be highly valuable. This could help them to better identify IPA in their young people's relationships and provide effective support.

For one woman in this study sex was a motivator to stay in the relationship, while for others the sex was coercive and a source of shame. It is important to recognise the presence of sex in young people's relationships, and the diverse roles that it can play. Removing the stigma around sex could help to encourage educational conversations regarding healthy sex, and encourage young people to feel conformable disclosing negative sexual experiences to those around them. Peer support groups with other young women may also be a safe space for women to discuss challenges with sex or relationships with others who have had similar experiences. An evaluation of the peer support group 'Growth Circles' for female victims of IPA found it to be strongly endorsed by participants (Tutty et al., 2006).

In recognition of the detrimental impacts many of the women faced both during and long after their relationship, universities have an important role to play in supporting students affected by IPA. This is especially relevant to academic opportunity and physical safety on campus. For example, the University of Auckland has a Family and Relationship Violence and Abuse Policy for both staff and students which includes provisions for flexible study

arrangements, compassionate consideration, and provision of safety and security measures on campus (The University of Auckland, 2015).

Limitations and Suggestions for Future Research

Interpretative Phenomenological Analysis seeks to provide a rich and detailed account of an individual's subjective human experience (Smith et al. 2009). Therefore the criteria typically used for assessing quantitative research, such as validity and reliability, do not apply to the current research. It has been suggested that qualitative research can be assessed using the criteria of sensitivity to context, commitment and rigour, transparency and coherency, and impact and importance for ensuring the quality of qualitative research and limiting bias (Yardley, 2000).

This study had many strengths that enhanced the validity and quality of the findings. For example, the women were able to choose if they wished to be interviewed by a student or member of staff, and were able to participate in the interview from the comfort of their home, helping to put them at ease so they could share the rich details of their experience. The interviews were conducted with open questions, and the women were encouraged to tell their story in the way that made the most sense to them, reflecting the ideographical nature of Interpretative Phenomenological Analysis. Each participant was then analysed individually through close reading of the transcripts and listening to the recordings, ensuring that the coding was truly grounded in the data. While doing this there was a focus on 'bracketing off' the researcher's prior knowledge, and the insights gleaned from other participants, to reduce any bias in the analysis. A supervisor was consistently involved in the checking of codes and the development of themes, along with the input of another academic who is experienced in qualitative research, and with additional support from other postgraduate qualitative students. This ensured there was constant questioning of the themes that were being created and

alternative perspectives provided. A reflective journal was kept by the student in order to engage in reflective practice and to identify and address any bias throughout the analysis process. Quotes from the interviews along with examples from different steps of the analysis process are included to enhance transparency.

This research does have some limitations. All of the women interviewed in this study had left their partners, which means they may have more resilience or advantage than those who are still stuck in abusive relationships. Future research could be undertaken, if possible to do so safely, with women who are still with their aggressive partners to better understand their needs, and which barriers they are struggling to overcome. It is also possible that with their current identities as survivors, the women may have struggled to connect with and recall their earlier experiences, compared to those currently experiencing abuse.

All of the participants in this study were recruited through student health and counselling services, and therefore some students who are not registered with these services could not be recruited. It is possible that students who are not registered with these services may be even more isolated from support, for example some international students who are not eligible for publicly funded healthcare in New Zealand.

None of the women in this sample experienced physical aggression from their partners. It could be valuable for future research to speak with female students who have experienced this behaviour and explore any influence this type of aggression might have on help seeking.

All of the women identified as Pākehā/NZ European and heterosexual, therefore these results cannot be assumed to represent the experiences of women of other ethnicities or those who identify as part of the rainbow community. The strength of this homogeneity is that it is ideal for developing clear insights into a group of people with similar characteristics and experiences. However future research should look to better understand the experiences of

IPA in minority groups, with recruitment and interview protocols that are sensitive to the unique needs of these communities. This is important as research has found that the proportion of Māori who reported expecting current partner violence is twice as high as the national average (Ministry of Justice, 2018) and bisexual and lesbian women report higher rates of IPA than heterosexual women (CDC, 2018).

A final limitation was that this study was conducted during the Covid-19 lockdown in New Zealand in 2020, which has a number of possible implications. With the uncertain nature of the pandemic and the lockdown that was occurring, participants were potentially experiencing higher levels of stress which may have impacted their participation in the study, or impeded some women from participating who otherwise may have. The interviews were also conducted via Zoom, which could mean that some of the women found it harder to connect and feel comfortable with the interviewer. Alternatively, this could have been positive for some women as it allowed them to still participate if they were in a different city, and from the comfort of their own home.

Conclusion

This study explored the experiences of five young female university students who had experienced aggression in intimate relationships with male partners. The findings highlight the importance of understanding young people's aggression within the context of the developmental stages of adolescence. Importantly, the results demonstrate the pre-existing vulnerabilities of these young women, with their lack of understanding of IPA, their personal challenges and the whirlwind nature of their relationships. It has highlighted the insidious nature of control and psychological aggression and its negative impact upon young women. This focus differs from the usual focus on physical aggression in IPA research. In addition the results highlighted how the young women's lack of understanding and education about

IPA kept them stuck, as they failed to recognise the behaviour as abuse and tried to fix their partner. The findings demonstrate the range of barriers the women faced to leaving the relationship and seeking help for the aggression they were experiencing. For these women, gaining knowledge and self-realisation were instrumental in empowering them to leave, in conjunction with the underlying resilience which they had to draw on. This study demonstrates how vital it is that informal support networks and formal help seeking services are validating and responsive to the women's needs in order to provide help effectively. Recovery from IPA is a long journey of learning and unlearning, and the negative impacts can continue to be felt long after the relationship has ended. However, the results have shown that the women are able to find positive outcomes in their recovery journey, and have gone on to have healthy relationships where they feel loved and supported. Given the importance of knowledge and understanding throughout this project, it is argued that prevention and early intervention efforts are needed to improve this understanding at a societal level, and to enhance women's help seeking experiences.

References

Australian Human Rights Commission. (2017). *Change the course: National Report on Sexual Assault and Sexual Harrassment at Australian Universities*. http://www.humanrights.gov.au/about/publications/.

Bonomi, A., Nichols, E., & Kammes, R. (2018). Sexual violence and intimate partner violence in college women with a mental health and/or behaviour disability. *Journal of Women's Health*, *27*(3), 359–368. http://web.b.ebscohost.com/ehost/pdfviewer/pdfviewer?vid=0&sid=b3b7e061-f27a-480b-9f0f-5537a0bc1305%40sessionmgr102

Campbell, J. C. (2002). Health consequences of intimate partner violence. *The Lancet*, *359*(9314), 1331–1336. https://doi.org/10.1016/S0140-6736(02)08336-8

Cavanagh, S. (2017). *Investigating the relationship between approval and experiences of intimate partner aggression in heterosexual relationships*. Victoria University of Wellington.

CDC. (2018). *The National Intimate Partner and Sexual Violence Survey: 2015 Data Brief — Updated Release*.

Chung, D. (2005). Violence, control, romance and gender equality: Young women and heterosexual relationships. *Women's Studies International Forum*, *28*(6), 445–455. https://doi.org/10.1016/J.WSIF.2005.09.005

Chung, D. (2007). Making meaning of relationships: Young women's experiences and understandings of dating violence. *Violence Against Women*, *13*(12), 1274–1295. https://doi.org/10.1177/1077801207310433

Conner, K. R., Cerulli, C., & Caine, E. D. (2002). Threatened and attempted suicide by partner-violent male respondents petitioned to family violence court. *Violence and Victims*, *17*(2), 115–125. https://doi.org/10.1891/vivi.17.2.115.33645

Fanslow, J., & Robinson, E. (2010). Help-seeking behaviors and reasons for help seeking

reported by a representative sample of women victims of intimate partner violence in

New Zealand. *Journal of Interpersonal Violence*, *25*(5), 929–951.

https://journals.sagepub.com/doi/pdf/10.1177/0886260509336963

Flasch, P., Boote, D., & Robinson, E. H. (2019). Considering and navigating new

relationships during recovery from intimate partner violence. *Journal of Counseling &*

Development, *97*(2), 148–159. https://doi.org/10.1002/jcad.12246

Hager, D. (2001). *He drove me mad: An investigation into the relationship between domestic*

violence and mental illness [The University of Auckland].

https://www.mentalhealth.org.nz/assets/ResourceFinder/he-drove-me-mad-thesis.pdf

Halstead, V., Williams, J. R., & Gonzalez-Guarda, R. (2017). Sexual violence in the college

population: a systematic review of disclosure and campus resources and services.

Journal of Clinical Nursing, *26*(15–16), 2137–2153. https://doi.org/10.1111/jocn.13735

Holland, K. J., & Cortina, L. M. (2017). "It happens to girls all the time": Examining sexual

assault survivors' reasons for not using campus supports. *American Journal of*

Community Psychology, *59*(1–2), 50–64. https://doi.org/10.1002/ajcp.12126

Kahui, S., & Snively, S. (2014). *Measuring the Economic Costs of Child Abuse and Intimate*

Partner Violence to New Zealand 2014 Project commissioned by The Glenn Inquiry.

KPMG. (2016). *The cost of violence against women and their children in Australia*.

https://www.dss.gov.au/sites/default/files/documents/08_2016/the_cost_of_violence_ag

ainst_women_and_their_children_in_australia_-_final_report_may_2016.pdf

Laskey, P., Bates, E., & Taylor, J. (2019). A systematic literature review of intimate partner

violence victimisation: An inclusive review across gender and sexuality. *Aggression and*

Violent Behavior, *47*, 1–11. https://doi.org/10.1016/J.AVB.2019.02.014

Loke, A. Y., Wan, M. L. E., & Hayter, M. (2012). The lived experience of women victims of

intimate partner violence. *Journal of Clinical Nursing*, *21*(15–16), 2336–2346.

https://doi.org/10.1111/j.1365-2702.2012.04159.x

López-Fuentes, I., & Calvete, E. (2015). Building resilience: A qualitative study of Spanish

women who have suffered intimate partner violence. *American Journal of

Orthopsychiatry*, *85*(4), 339–351. https://doi.org/10.1037/ort0000070

Luo, X. (2018). Gender and dating violence perpetration and victimization: A comparison of

American and Chinese college students. *Journal of Interpersonal Violence*, 1–27.

https://doi.org/10.1177/0886260518804168

Meade, C. N., Jennings, W. G., Gover, A. R., & Richards, T. N. (2017). On the linkage

between sexual violence victimization and intimate partner violence outcomes among

male and female college students. *Journal of Aggression, Conflict and Peace Research*,

9(4), 257–268. https://doi.org/10.1108/JACPR-05-2017-0289

Ministry of Education. (2019). *Student Loan Scheme Annual Report 2018/19*.

www.education.govt.nz

Ministry of Justice. (2018). *New Zealand Crime and Victims Survey*.

https://www.justice.govt.nz/assets/Documents/Publications/NZCVS-A4-KeyFindings-

2018-fin-v1.1.pdf

Muehlenkamp, J. J., Claes, L., Havertape, L., & Plener, P. L. (2012). International prevalence

of adolescent non-suicidal self-injury and deliberate self-harm. *Child and Adolescent

Psychiatry and Mental Health*, *6*(10), 9. https://doi.org/10.1186/1753-2000-6-10

National Center for Injury Prevention and Control. (2003). *Costs of Intimate Partner

Violence Against Women in the United States*.

Nichols, E. M., Bonomi, A., Kammes, R., & Miller, E. (2018). Service seeking experiences

of college-aged sexual and intimate partner violence victims with a mental health and/or

behavioral disability. *Journal of American College Health*, *66*(6), 487–495.

https://doi.org/10.1080/07448481.2018.1440572

Office for National Statistics. (2020). *Crime Survey for England and Wales: Year ending March 2020*.

Oliver, R., Alexander, B., Roe, S., & Wlasny, M. (2019). *The economic and social costs of domestic abuse Research Report 107*.

Overstreet, N. M., & Quinn, D. M. (2013a). The Intimate Partner Violence Stigmatization Model and barriers to help seeking. *Basic and Applied Social Psychology*, *35*(1), 109–122. https://doi.org/10.1080/01973533.2012.746599

Overstreet, N. M., & Quinn, D. M. (2013b). The Intimate Partner Violence Stigmatization Model and Barriers to Help Seeking. *Basic and Applied Social Psychology*, *35*(1), 109–122. https://doi.org/10.1080/01973533.2012.746599

Pacheco, L. R., Medeiros, M., & Garcia, C. M. (2014). The voices of Brazilian women breaking free from intimate partner violence. *Journal of Forensic Nursing*, *10*(2), 70–76. https://doi.org/10.1097/JFN.0000000000000030

Radez, J., Reardon, T., Creswell, C., Lawrence, P. J., Evdoka-Burton, G., & Waite, P. (2020). Why do children and adolescents (not) seek and access professional help for their mental health problems? A systematic review of quantitative and qualitative studies. *European Child and Adolescent Psychiatry*, *1*, 3. https://doi.org/10.1007/s00787-019-01469-4

Ragusa, A. T. (2013). Rural Australian women's legal help seeking for intimate partner violence: Women intimate partner violence victim survivors' perceptions of criminal justice support services. *Journal of Interpersonal Violence*, *28*(4), 685–717. https://doi.org/10.1177/0886260512455864

Reynolds, F., & Shepherd, C. (2011). Young women's accounts of intimate partner violence during adolescence and subsequent recovery processes: An interpretative phenomenological analysis. *Psychology and Psychotherapy: Theory, Research and*

Practice, *84*(3), 314–334. https://doi.org/10.1111/j.2044-8341.2010.02001.x

Rogers, M., Rumley, T., & Lovatt, G. (2019). The Change Up Project: Using Social Norming Theory with young people to address domestic abuse and promote healthy relationships. *Journal of Family Violence*, *34*(6), 507–519. https://doi.org/10.1007/s10896-018-0026-9

Sabina, C., & Ho, L. Y. (2014). Campus and college victim responses to sexual assault and dating violence: disclosure, service utilization, and service provision. *Trauma, Violence, and Abuse*, *15*(3), 201–226. https://doi.org/10.1177/1524838014521322

Scotts-Bahle, J. (2020). *Exploring Male Students' Lived Experiences of Intimate Partner Abuse from a Female Partner and Help-seeking*. Victoria University of Wellington.

Sebastian, C., Burnett, S., & Blakemore, S. J. (2008). Development of the self-concept during adolescence. *Trends in Cognitive Sciences*, *12*(11), 441–446. https://doi.org/10.1016/j.tics.2008.07.008

Showden, C. R. (2018). Sexual harassment and assault on campus: What can Aotearoa New Zealand learn from Australia's "Respect. Now. Always." initiative. *Women's Studies Journal*, *32*(2), 73–80. www.wsanz.org.nz/

Smith, J., Flowers, P., & Larkin, M. (2009). *Interpretative Phenomenological Analysis: Theory, Method and Research*. Sage Publications. https://uk.sagepub.com/en-gb/eur/interpretative-phenomenological-analysis/book227528

Strauchler, O., McCloskey, K., Malloy, K., Sitaker, M., Grigsby, N., & Gillig, P. (2004). Humiliation, manipulation, and control: Evidence of centrality in domestic violence against an adult partner. *Journal of Family Violence*, *19*(6), 339–346. https://doi.org/10.1007/s10896-004-0679-4

The University of Auckland. (2015). *Family and Relationship Violence and Abuse Policy - The University of Auckland*. https://www.auckland.ac.nz/en/about/the-university/how-university-works/policy-and-administration/equity/family-violence-policy.html

Tonsing, J. (2020). Fijian women's experiences of domestic violence and mothers' perceived

impact of children's exposure to abuse in the home. *International Social Work*, *63*(1),

76–86. https://doi.org/10.1177/0020872818775474

Tutty, L., Ogden, C., & Wyllie, K. (2006). *An Evaluation of Peer Support Services for*

Abused Women's Peer Support Model. www.ucalgary.ca/resolve.

UN Women. (2011). *Progress of the World's Women: In Pursuit of Justice*.

Walker, L. (2017). *The Battered Woman Syndrome* (4th ed.). Springer.

https://books.google.co.nz/books?hl=en&lr=&id=Rq8-

DAAAQBAJ&oi=fnd&pg=PP1&dq=Walker,+L.+(2017).+The+battered+woman+syndr

ome+(&ots=PBS-0Z_arL&sig=i9vJQfTRzo7GQKqilK-

z4n9kTEk#v=onepage&q&f=false

Yardley, L. (2000). Dilemmas in qualitative health research. *Psychology and Health*, *15*(2),

215–228. https://doi.org/10.1080/08870440008400302

Appendices

Appendix A: Online questionnaire

Please provide a response to each of the questions below. If you do not want to provide a response to any question, please choose the option 'I would rather not say'.

SECTION 1

First we would like to know a little bit about who you are so we can describe who was interested in taking part in this study:

1. How did you find out about this study? _____(I would rather not say)

2. What degree are you currently enrolled in at Victoria University of Wellington: _____(I would rather not say)

3. What is your gender: _____(I would rather not say)

4. How would you describe your ethnic group:_____(I would rather not say)

5. What is your age: _____(I would rather not say)

6. What is your sexual orientation _____ (I would rather not say)

7. Are you currently in an intimate relationship with someone? Yes / No / I would rather not say

---

SECTION 2

Third party content redacted

Yes / No / I would rather not say

2. When did this relationship take place?

   I am still in that relationship / within the past 12 months / within the past 5 years / longer than five years ago / I would rather not say

3. In your own words, briefly describe the types of behaviours that you experienced from them.
   _____ (I would rather not say)

4. Have you told anyone about this experience before?

   Yes / No / I would rather not say

SECTION 3

Third party content redacted

Third party content redacted

SECTION 4

Thank you for answering our questions.

Please don't forget that you can redeem your $5 Vic Books voucher by visiting the researcher, Annalise Wynn, at room EA301 on Mondays between 2pm and 4pm between March 23rd and April 13th and letting her know the code 'IFAL STUDY'. This will be a private room and only Annalise will be there. If you prefer you can email Annalise at ⬛Personal details redacted⬛e will arrange to get the voucher to you via post or alternative arrangements that suit you.

WHAT NEXT?

We would be very interested in hearing more about some people's experiences. If you would be happy to consider taking part in a confidential interview about your experiences in your relationships then please check the box below and provide your email address.

We won't be able to select everyone who is happy to talk to us and so we will choose people who are eligible to take part at random.

People who are interviewed will receive a $40 supermarket voucher as a koha for their participation.

If you would like to find out more about the interview phase of our study and consider taking part please enter your email address in the box provided below, otherwise please leave this box blank.

Your Email Address	

Thank you for completing the questions asked

We like to learn how people experienced completing our surveys so that we can make changes for the better in the future. Please help us achieve this by answering the two questions below.

Have you experienced any distress from taking part in this survey?	None	Some	A lot
How likely is it that you will access some of the free services listed at the beginning of the questionnaire?	Not at all	Maybe	Very

Appendix B: Online information questionnaire and consent sheet

TE WHARE WĀNANGA O TE ŪPOKO O TE IKA A MĀUI
VICTORIA
UNIVERSITY OF WELLINGTON

Research project: Investigating students' experience of harm and helpseeking in intimate relationships (#25963)

ONLINE INFORMATION AND CONSENT SHEET

Dr Louise Dixon

Personal details redacted

Annalise Wynn

Personal details redacted

Thank you for your interest in this project. Please read this information before deciding whether or not to take part. Thank you for considering taking part.

Who are we?

- We are a New Zealand based research team.
- Dr Louise Dixon is leading this research. She is an Associate Professor of Forensic Psychology from Victoria University of Wellington who specialises in the prevention of family violence.
- Annalise Wynn is a Masters student studying Forensic Psychology at Victoria under Louise's supervision.

What is the aim of this study?

- This study is part of a larger project that sets out to explore university student's experiences of aggression and control in intimate relationships and how they may have sought help for this issue, if they did.
- We aim to speak to different groups of people over time so we can understand and compare a range of people's experiences.
- This study will work with women who have experienced harm from men.
- Therefore, to be eligible to take part you must identify as a cisgender female who has experienced aggression and/or control from a male intimate partner at some point in your adolescent/adult life.
- Your safety is our primary concern – therefore if you are in contact with or living with a person(s) who is at risk of harming you, should they find out you are taking part in this research study, we advise that you do not take part.

Please note! Unless a website has been set up in a specific way people can trace your history on the computer - that is, they can see what sites you have been logged onto. They may therefore know you took part in the online questionnaire in this study unless you know how to effectively delete this history. Please think – would taking part threaten your safety in any way?

Please do not take any further part in this study if it does.

What do we mean by aggression and/or control?

We are interested in hearing from people who have experienced a range of aggressive and controlling behaviours. For example, these may include physical or sexual violent acts; yelling or screaming or using insults towards you on a regular basis; using behaviours that make you feel controlled such as applying unwanted pressure to make you have sex, spreading rumours, isolating you from friends or whanau, monitoring your behaviour or communication with others, monitoring your finances, following you.

Has the project been approved by an ethics committee?

- Yes, this project has been approved by the School of Psychology Human Ethics Committee under delegated authority of the Victoria University of Wellington Human Ethics Committee *[project # 25963].*

What is involved if I agree to take part?

- If you agree to take part, you will first complete a brief questionnaire online.
- We want you to complete the questionnaire so we can make sure your experience is relevant to the study and that you are in a safe space to take part before inviting you to an interview.
- The questionnaire will take you approximately 15 minutes to complete.
- If there are any questions you don't want to answer – just choose the option 'I would rather not say'.
- There are four sections to the questionnaire. First you will be asked to provide some basic demographic information. Second you will answer questions about the type of aggression or control you have experienced in your relationships. Third you will be asked to consider whether you are in a safe space to take part in an interview. Finally, you will be asked to provide your contact email if you would like to take part in a follow up interview.
- While you are participating, your responses will be stored in a temporary holding area as you move through the sections, but they will not be permanently saved until you complete all sections and you are given a chance to review your responses.
- You can stop participating in this study at any time, without giving a reason, up until you submit your completed questionnaire. If you chose to withdraw from the study before submitting your responses your data will not be saved.
- You will receive a code at the end of the survey. You can exchange this code for a $5 Vic Books voucher.

Do I have to take part in an interview?

- No. If you do not want to take part in the interview simply do not provide your email address as requested at the end of the questionnaire and we will not contact you.

How will I find about the details of the interview?

- We will aim to interview up to 10 cisgender women. If more than 10 women complete the brief questionnaire and request to be interviewed we will select women eligible for an interview with the research team at random. For this reason we will cap the number of women able to fill out the brief questionnaire at 30.
- If you are selected for interview we will send you an information and consent sheet for you to consider via the contact email address you have provided. We will then arrange a suitable time and date for interview with you.
- If you are not selected we will send you an email letting you know this.

What happens to the information that you provide in the questionnaire?
- If you provide your email it will be kept confidential and stored on a secure University server in a separate location to the questionnaire answers you provide. Files that contain your questionnaire answers and your email address will be linked by a randomly generated number that does not identify you. Only the research team have access to this information.
- Your de-identified data will be kept indefinitely by the research lead. It will definitely be kept for at least 5 years by the lead researcher after the study is written up and published so that any questions that might be asked of the study can be easily answered.
- The de-identified information you provide may be included in the write up of scholarly articles, presentations, research seminars and hui, or educational activities. The lead researcher may also use your de-identified data in other related projects and share it with competent professionals. When any of these things occur —data is shared, results are described, articles are written, or scientific presentations are given—it will be impossible for anyone to identify you.

If you have any questions or problems with the research whom can you contact?
- If you have any questions about this study, either now or in the future, please feel free

Personal details redacted

document.
- If you have any concerns about the ethical conduct of the research you may contact the Victoria University HEC Convener: Dr Judith Loveridge (email hec@vuw.ac.nz or telephone +64-4-463-6028.)

If you wish to discuss issues around aggression and/or control in relationships with someone, there are many avenues of free support, such as:

Need to talk? https://1737.org.nz. Free call or text 1737 any time for support from a trained counsellor.

Lifeline: https://www.lifeline.org.nz. Free call 0800 543 354 (0800 LIFELINE) or text 4357 (HELP) any time

Family Violence Information Line: http://areyouok.org. Free call 0800 456 450, 9-11 pm 7 days a week.

Women's Refuge: https://womensrefuge.org.nz. Free call crisis line **0800 733 843** (0800 REFUGE) any time. Email info@refuge.org.nz (email is not a 24/7 response).

Victoria University of Wellington Student Counselling: Appointments and general enquiries: 04 463 5310. Email: counselling-service@vuw.ac.nz. www.victoria.ac.nz/counselling

For 24/7 urgent mental health support, call Crisis Resolution Services (CRS) on 0800745477

In the event of a life threatening emergency, dial 111.

Thank you for considering participating in this research.

CONSENT TO PARTICIPATE

I have read and understood the information about this research project. I understand the purpose of this research, what will happen if I participate, and what will happen to the information I provide. I understand the measures that have been put in place to protect my privacy and confidentiality. For example, I understand that a randomly generated number, that does not identify me, will represent the information I provide. I understand that I can withdraw my consent at any time prior to submitting the questionnaire online without providing a reason.

I agree to participate in this research, and I understand that checking (ticking) the box below indicates my consent.

[Box] Yes, I agree to participate in this research.

If you do not agree to participate in this research, please exit this browser window now.

Final window to appear on online survey – prompts prior to questionnaire:

- It is important that any information received is accurate. We therefore ask you to complete the questionnaire in a private, quiet space, consider each question carefully, and answer each question honestly.
- Please complete each part of the study in one sitting. You can take short breaks if you need to, but if you do, do not close the browser window as you may not be able to start from where you finished previously.
- If you chose to withdraw from the study before submitting your responses your data will not be saved.
- You can claim the $5 voucher whether you choose to go onto interview, or not. To do this please note the code on the survey and visit the researcher at the time and location specified with that code. Alternatively get in touch with the researcher to arrange the best way to get the voucher to you.

Appendix C: Online questionnaire debriefing statement

TE WHARE WĀNANGA O TE ŪPOKO O TE IKA A MĀUI

VICTORIA
UNIVERSITY OF WELLINGTON

Research project: Investigating students' experience of harm and helpseeking in intimate relationships (#25963)

Debriefing Text (to appear on Qualtrics survey)

Thank you for participating in this research study.

The use of aggression and controlling behaviour in intimate relationships is an international public health issue. It can take many forms including physical, emotional, financial, and sexual abuse. Its impact is wide ranging and can, according to national statistics from many countries, affect anyone regardless of gender, class, ethnicity, sexuality, marital status, or age. Recent New Zealand surveys show that women make up 60% of those reporting physical and psychological aggression from an intimate partner, and that the largest age group experiencing abuse are adolescent and young adults. Indeed, research shows that there are high rates of dating violence in university student populations. However, little research has been conducted to hear the experiences of people who have experienced such behaviour in their own words, especially those attending university. We argue that a detailed understanding of the problem from the point of view of the person affected is needed in order to help professionals shape effective practice and policy.

This study aims to address this gap in the literature by examining cisgender female university student's experiences of aggression and control from male partners and any actions they took to seek help. The information you provide will help us guide university and other professionals in understanding how they can best prevent and respond to this issue. It therefore has great practical value and your contribution is very important to preventing family violence.

Once completed, a summary of the study findings will be provided on Louise Dixon's lab webpage (https://ifal.co.nz).

If you have any questions or problems with the research whom can you contact?

Personal details redacted

6548) or one of the research team using the details stated below.

• If you have any concerns about the ethical conduct of the research you may contact the Victoria University HEC Convener: Dr Judith Loveridge (email hec@vuw.ac.nz or telephone +64-4-463-6028.)

If you wish to discuss issues around aggression and/or control in relationships with someone, there are many avenues of free support, such as:

Need to talk? https://1737.org.nz. Free call or text 1737 any time for support from a trained counsellor.

Lifeline: https://www.lifeline.org.nz. Free call 0800 543 354 (0800 LIFELINE) or text 4357 (HELP) any time

Family Violence Information Line: http://areyouok.org. Free call 0800 456 450, 9-11 pm 7 days a week.

Women's Refuge: https://womensrefuge.org.nz. Free call crisis line **0800 733 843** (0800 REFUGE) any time. Email info@refuge.org.nz (email is not a 24/7 response).

Victoria University of Wellington Student Counselling: Appointments and general enquiries: 04 463 5310. Email: counselling-service@vuw.ac.nz. www.victoria.ac.nz/counselling

For 24/7 urgent mental health support, call Crisis Resolution Services (CRS) on 0800745477

In the event of a life threatening emergency, dial 111.

- You can download a copy of the free support lines by clicking *here.*

- If you would like to keep a copy of this debrief information for your future records you can download a copy of it by clicking here.

Please don't forget that you can redeem your $5 Vic Books voucher by visiting the researcher, Annalise Wynn at room EA301 on Mondays between 2pm and 4pm between March 23rd and April 13th, and letting her know the code 'IFAL STUDY'. This will be a private room and only Annalise will be there. If you prefer you can email Annalise at [Personal details redacted] will arrange to get the voucher to you via post or alternative arrangements that suit you.

Thank you once again for your help.

Sincerely,

Dr. Louise Dixon and Annalise Wynn.

Dr Louise Dixon   **Annalise Wynn**

Appendix D: Email invitation

Contact Email to invite participants to take part in the interview phase of the study

Kia ora,
RE: Research project #25963: Investigating student's experience of harm and helpseeking in intimate relationships

We are contacting you because when you took part in the online survey for research project # 25963 you indicated an interest in talking with the research team about your experiences of aggression and/or control with an intimate partner. We are really interested in hearing more about your experiences and would like to organise an interview with you. We have attached an information and consent form so you can read more about the project before you decide if you would like to take part. Please read these carefully as they contain important information about whether the interview will be a good fit for you.

Of course, your safety is of paramount importance to us. We advise that you not to take part in the interview if you believe that taking part may increase your risk of harm from someone (e.g., from a partner, ex-partner, or family member).

After considering the information, if you are still interested in taking part in an interview then simply email Annalise Wynn ⬛ Personal details redacted ⬛ let the research team know. Please fill in the consent form, sign it a⬛⬛⬛⬛⬛⬛⬛⬛⬛⬛⬛⬛form or take a photo and email it back to us.

If you are no longer able or do not wish to take part in the interview that is absolutely fine. However, we would really appreciate it if you could let us know that as soon as possible so that we can we approach someone else to take part.

We strongly appreciate your interest in this research project and thank you again for your time and contribution.

If you have any questions or problems with the research whom can you contact?
- If you have any questions about this study, either now or in the future, please feel free to contact Louise Dixon ⬛ Personal details redacted ⬛ 6548) or one of the research team using the details stated at the top of this information document.
- If you have any concerns about the ethical conduct of the research, you may contact the Victoria University HEC Convener: Dr Judith Loveridge (email hec@vuw.ac.nz or telephone +64-4-463-6028.)

If you wish to discuss issues around aggression and/or control in relationships with someone, there are many avenues of free support, such as:

Need to talk? https://1737.org.nz. Free call or text 1737 any time for support from a trained counsellor.

Lifeline: https://www.lifeline.org.nz. Free call 0800 543 354 (0800 LIFELINE) or text 4357 (HELP) any time

Family Violence Information Line: http://areyouok.org. Free call 0800 456 450, 9-11 pm 7 days a week.

Women's Refuge: https://womensrefuge.org.nz. Free call crisis line **0800 733 843**

(0800 REFUGE) any time. Email info@refuge.org.nz (email is not a 24/7 response).

Victoria University of Wellington Student Counselling: Appointments and general enquiries: 04 463 5310. Email: counselling-service@vuw.ac.nz.
www.victoria.ac.nz/counselling

For 24/7 urgent mental health support, call Crisis Resolution Services (CRS) on 0800745477

In the event of a life threatening emergency, dial 111.

Best wishes,

Signature redacted

Dr Louise Dixon and Annalise Wynn

Dr Louise Dixon   **Annalise Wynn**

Personal details redacted

Appendix E: Interview information, consent and request for information form

TE WHARE WĀNANGA O TE ŪPOKO O TE IKA A MĀUI
VICTORIA
UNIVERSITY OF WELLINGTON

Research project: Investigating students' experience of harm and helpseeking in intimate relationships (#25963)
INFORMATION FORM FOR INTERESTED PARTICIPANTS

Dr Louise Dixon   Annalise Wynn

Personal details redacted

Kia Ora,

Recently you completed a brief questionnaire about your experiences of aggression and/or control with a male intimate partner and you indicated that you would be interested in finding out more about taking part in a follow up interview using Zoom. Thank you for your willingness to get involved in the next part of the study.

Before we go any further, please note that your safety is of paramount concern to us. Therefore, if you are in contact with or living with a person(s) who has harmed you or is at risk of harming you please do not take part.

We would now like to remind you about what our project aims to do and provide you with some more detailed information about the interview phase of our study so that you can decide whether or not you would like to take part. Please read the below information to help you decide.

Who are we? We are a New Zealand based research team. Dr Louise Dixon is leading this research. She is an Associate Professor of Forensic Psychology from Victoria University of Wellington who specialises in the prevention of family violence. Her collaborator is Annalise Wynn who is studying for her master's degree in Forensic Psychology under Louise's supervision.

Why are we doing this research? We know that university students experience harm from their intimate partners, but we know very little about these experiences or how student's attempt to seek help, if at all. This makes it difficult to understand the causes and circumstances in which these experiences take place and to design prevention and support services for students who have these experiences. We want to change this by listening to the voices of students who have had these types of experiences.

While we aim to speak to different groups of people over time, so we can understand and compare a range of people's experiences, this study will talk to cisgender women who have experienced aggression and/or control from men. Cisgender women make up a large proportion of people who experience aggression and control in relationships – so it is important we hear their voices.

What do we mean by aggression and/or control? We are interested in hearing from people who have experienced a range of aggressive and controlling behaviours. For example, these may include physical or sexual violent acts; yelling or screaming or using insults towards you on a regular basis; using behaviours that make you feel controlled such as applying unwanted pressure to make you have sex, spreading rumours, isolating you from friends or whanau, monitoring your behaviour or communication with others, monitoring your finances, following you.

What will you be asked to do? If you choose to take part in this study you will be interviewed by a member of our research team for approximately 90 minutes, depending on how much you want to say. Interviews will be held using Zoom technology. Zoom is a secure online tool which facilitates face to face video conversations. If you haven't used it, it is similar to Skype, but it will allow us to share documents about the study and its security level is very high so that what you say remains completely confidential. We ask that you are willing to speak to us on Zoom using your video camera, this will enable you to see the interviewer and for them to see you, just like an in-person interview. This will allow you to better understand when the interviewer is listening to you, their expressions, and emotions. This all helps to build a quality experience for you and the researcher. We will also ask you conduct your interview in a private room where others cannot hear our conversation.

You will be asked some questions to prompt you to talk about your experiences of aggression and/or control from your male partner in your own words and tell us your story of what happened. This will include sharing some examples of what happened. We will ask you to tell us if and how you sought help or advice from anyone and what this experience was like for you.

You can choose who you would prefer to be interviewed by. We would like to know if you have any preference of being interviewed by a female MSc student (Annalise Wynn) or a female psychology academic (Louise Dixon). Annalise will be trained in interview skills by Louise, so we would like to conduct some of the interviews together. If you don't mind both being present in the interview, please let us know that too.

We will require you to consider and sign the attached consent statement if you decide to take part in the project. The interviewer will share a copy of these forms with you on the day of the interview to remind you of the main points of the study to make sure you are fully informed and are still happy to participate. The interviewer will ask you for verbal consent at the start of the interview after you have been suitably informed about the study and asked any questions.

Will your information be kept confidential? No one outside of the research team will know what you have said or know your identity. Your Zoom session will be secure, you will be invited to a secure platform and provided with a password to log into that platform by the researcher. Your interview transcript will be stored separately to any basic demographic data collected about you in the online questionnaire (e.g., age, gender identity), so that no one except the lead researchers will be able to identify your interview as belonging to you. You don't have to use your real name; you can make up a name to use during the interview so that the people who listen to the recording or read the transcript will not be able to identify you. We will also ask you not to refer to other people in your life by their full real names during the interview so that no one can identify them either.

How will your information be recorded? Zoom will automatically produce a separate audio recording (where we only hear voices) and video recording (where we can hear and see the people on Zoom) file. You will be asked if you are willing for the researcher to start recording the interview. Due to the length of the interview we need to record it as the researcher will not be able to take accurate notes about what you say for that length of time. Thus, the audio recording ensures that we can accurately transcribe what you tell us.

Your audio recorded interview will be transcribed and coded by our research team or a professional service. Transcribers will sign a legally binding confidentiality agreement that will state they will not disclose the contents of the recording to anyone outside of the research team. However, because we do not ask you to disclose your full name in the recording they will not be able to identify you from the audio recording anyway.

We will also ask if you agree for the research team to keep the video recording. This can help with the transcribing process. If you agree to be videoed, the transcriber <u>will not</u> be sent the video footage – just the audio recording of the interview. Only the research team will have access to the video

recording. If you do not want the team to look at or use the video recording that is produced we will delete it.

What are your rights as a participant? You do not have to accept the invitation to take part in the interview phase of this study. However, if you do decide to participate, you have the right to:

- choose not to answer any question;
- end the interview at any point in time up to the close of the interview without giving a reason and can ask for your existing data to be destroyed with no consequence to yourself or others;
- ask any questions about the study at any time;
- agree on another name to use in the interview rather than your real name;
- access a summary of the overall research findings at the conclusion of the research once completed.

However, if during the interview we become concerned about an imminent risk of harm to yourself or someone else we will pass that on to a relevant person at the Student Health and Counselling Services. They will then follow the procedures put in place by their service to ensure your/other's safety is maintained.

Will you get to read a transcript of your interview? Due to the sensitive nature of the study we will not provide you with a copy of your interview transcript. This is in case other people manage to read the transcript by mistake – we want to ensure your interviews remain confidential. However, once completed, a summary of the study findings will be provided on Louise Dixon's lab webpage (https://ifal.co.nz).

What happens if you become distressed by the interview? The interview may touch on material that you find sensitive and it is possible that you may become distressed during the interview. The research team is experienced in interviewing people on sensitive topics and are happy to talk to you about any concerns raised, however, if you want, a member of the team will stay on line with you whilst you call and wait to speak a duty counsellor at Student Health and Counselling Services and/or arrange to speak with an appropriate professional at another suitable time. We also provide you with a list of free organisations that you may wish to speak to about your experiences below – and will provide you with these again on the day of the interview in a debrief sheet that we can email to you and share with you on Zoom.

What costs will the research team cover? We are prepared to cover reasonable childcare costs, and we will also offer you a koha in the form of a $40 shopping voucher that we can post, or email to you where possible.

Has the project been approved by an ethics committee? Yes, this project has been approved by the School of Psychology Human Ethics Committee under delegated authority of the Victoria University of Wellington Human Ethics Committee *[project # 25963].*

What do we need from you next? Simply email us back to indicate your consent, please fill out and attach the signed consent form if you can. We will then organise an interview time that works for you via email, or you can do this over the telephone if you prefer. We will remind you of the study information on the day before the interview takes place. If you change your mind on the day that is fine, you don't have to participate.

If you have any questions or problems with the research whom can you contact?
- If you have any questions about this study, either now or in the future, please feel free to contact Louise Dixon ███████ Personal details redacted ███████ or one of the research team using the details stated at the top of this information document.
- If you have any concerns about the ethical conduct of the research you may contact the

Victoria University HEC Convener: Dr Judith Loveridge (email hec@vuw.ac.nz or telephone +64-4-463-6028.)

If you wish to discuss issues around aggression and/or control in relationships with someone, there are many avenues of free support, such as:

Need to talk? https://1737.org.nz. Free call or text 1737 any time for support from a trained counsellor.

Lifeline: https://www.lifeline.org.nz. Free call 0800 543 354 (0800 LIFELINE) or text 4357 (HELP) any time

Family Violence Information Line: http://areyouok.org. Free call 0800 456 450, 9-11 pm 7 days a week.

Women's Refuge: https://womensrefuge.org.nz. Free call crisis line **0800 733 843** (0800 REFUGE) any time. Email info@refuge.org.nz (email is not a 24/7 response).

Victoria University of Wellington Student Counselling: Appointments and general enquiries: 04 463 5310. Email: counselling-service@vuw.ac.nz. www.victoria.ac.nz/counselling

For 24/7 urgent mental health support, call Crisis Resolution Services (CRS) on 0800745477

In the event of a life threatening emergency, dial 111.

Thank you: We appreciate your support very much and look forward to talking with you. If you have any questions about the study please contact the Principal Investigator Louise Dixon

Personal details redacted

Best wishes,

Signature redacted

Dr Louise Dixon and Annalise Wynn

The Principal Investigator of this study is:
Dr Louise Dixon
Reader/Associate Professor
School of Psychology, Victoria University

Personal details redacted

Other researcher's contact details involved with the project:
Annalise Wynn, Masters student, School of Psychology, Victoria University of Wellington,

Personal details redacted

CONSENT STATEMENT

Please read the below form to the research team and indicate your consent to take part by emailing Personal details redacted **We will go through this again on the day of the interview and ask** **to take part.**

I confirm that I have read and understand the above study information and agree with the following summary points and consent to taking part in the study:

- I confirm that I have been advised not take part in the study if I am in contact with or living with a person(s) who has harmed me or is at risk of harming me (e.g., from a partner, ex-partner, or family member).

- I understand that this study will interview me using Zoom technology, and that the researcher will ask me to talk about my experiences in my own words.

- I understand that I will sign a consent statement and so the researchers will know my name. However, they will not reveal my identity to anyone outside of the research team.

- I understand that if during the course of the interview the researcher becomes concerned about my, or another person's safety, they will break confidentiality and let an appropriate professional at Student Health and Counselling Services know what I have said that has led to that concern. They will then follow the procedures put in place by their service to ensure my and other's safety.

- I will be asked to provide verbal consent before the start of the interview. Any demographic data collected about me in the online questionnaire will be stored separately to my interview data, which will not contain my name or identifying information.

- I understand that I will have the option of using a made-up name for the purpose of the interview so that people cannot identify me from my interview transcript. I should not refer to other people I discuss using their full names to protect their identity also.

- I understand that my interview will be automatically videoed, and audio recorded. I understand that if I do not agree to the research team using the video recording it will be deleted. Regardless, the professional transcribers will never see the video, just the audio tape and will therefore not be able to identify me.

  Please indicate (verbally) which recording you allow the research team to use:
  o I agree to use of the video and audio recording

  OR
  o I agree to use of the audio recording only

- I understand that I am free to end the interview at any point in time up to the close of the interview without giving a reason and I can ask for my existing data to be destroyed.

- I understand that I have the option of choosing a preferred interviewer. Please tick the options that apply to you:

  o I have no preference as to who interviews me

  o I prefer to be interviewed by a female MSc student only

  o I prefer to be interviewed by a female VUW academic only

  o I prefer to be interviewed by both the female student and female academic

- I understand that I will receive one $40 shopping voucher.

- I understand that I can ask the researcher to stay on line with me whilst I call and wait to speak a duty counsellor at Student Health and Counselling Services and/or arrange to speak with an

appropriate professional at another suitable time. The General Manager at Student Health and Counselling is aware that I may choose to do this.

- I understand that I do not have to take part in this study and, if for any reason I am unhappy about participating, I can withdraw from the study at any point without explaining my decision and at no consequence to me or others.

- I have had an opportunity to ask questions. I understand that future questions I may have about the research will be answered by the Principal Investigator, Louise Dixon or Annalise Wynn.

I confirm that I voluntarily consent to participate in this research project:

Appendix F: Interview schedule

Interview Schedule

Participant Demographic details

Interview #.........................

Interview Pseudonym used………………………….

INTERVIEW SCHEDULE FOR PEOPLE WHO EXPERIENCE HARM FROM AN INTIMATE PARTNER

(open ended questions and non-stigmatising language is used to gain the participant's experience rather than researcher led answers – prompts (rounded bullets) may be used where necessary to cover some key material).

Example Introduction

The interviewer will start the session by asking if there is a particular way that the participant would like to start the interview (for example a karakia or prayer to protect the space). They will then introduce themselves and their background and culture. This will provide a model for the participant to share a bit about who they are and their culture.

- (After introducing self) I am really interested in talking to you today so that I can learn about your experiences with your partner, as I understand it, that you have experienced some form of sexual aggression or coercion in a relationship in the past. Is that correct? Are you happy to talk to me about this?

- So I would like to start by getting to understand a little bit about your relationship with a partner from whom you have experienced some kind of abuse. Some people have experiences like this with more than one partner. Is there a particular partner you would you be willing to discuss with me?

- Without telling me their real name, can you tell me a little bit about them?
  o Partner gender/age/sexuality/ethnicity/occupation/education

- Can you describe what that relationship with this person was like to me?
  o How long were you with your partner? Are you still together?
  o What were/are your living arrangement with them?
  o What was good about it / anything not so good about it?
  o What did you do together? What did you do separately?

Exploring a typical event

- I know you have said you have experienced aggression from your partner. When there was aggression in the relationship, what would this look like?

- Can you describe a typical event that would happen? Can you walk me through what this would look like - what happened and what led to this happening?

    Possible prompts:
    o Can you think about the moments when there was abuse between you and your partner What did they do? What did you do?
    o What was happening during the incident?
    o What would happen in the week leading up to this behaviour – does anything stand out as important to you?
    o What about the hour or half hour before?
    o What about immediately before the behaviour took place?
    o How or why did it come to an end?
    o What happened directly after the incident took place?
    o How often would this kind of thing happen?

- Why do you think this kind of event happened?

Understanding their own experiences over time

- How did these different types of aggression develop over time?

Possible prompts:

- When these things first happened, how did you feel about them?
    o Did you think it was ok – or not ok?
    o What did you call them?
        ▪ for example, did you label them abuse or did you refer it in some other way?
    o Did you justify it in any way? If so, how?

- How do you feel about it now?
    o Do you think it was ok – or not ok?
    o What do you call those behaviours now?
        ▪ How did you get to the point of understanding this behaviour as abusive?
    o How would you explain it to someone now?

- How did this experience/experiences affect you?

 Possible prompts:
    o Did it affect your university life or studies in any way?

Exploring the most serious and memorable event

- I want you to think about an incident that took place that really sticks in your mind as the worst or more serious event

- What happened? Can you walk me through what this would look like - what happened and what led to this happening

Possible prompts:

- o What did your partner do? What did you do?
- o What was happening during the incident?
- o How were you getting on with your partner around that time?
  - ▪ The week before / the day before / the day the incident happened?
- o What happened in the week leading up to this event – does anything stand out as important to you?
  - ▪ Did anything happen at work/at home/with friends etc?
- o Can you talk me through what happened that day?
  - ▪ What about the hour before and half hour before?
  - ▪ What about immediately before the behaviour took place?
  - ▪ How or why did it come to an end?
  - ▪ What happened directly after the incident took place?
  - ▪ How often did this kind of thing happen?

- Why do you think this event happened?

Other forms of abuse

- Was your partner aggressive towards you in any other ways? (prompts about the different forms that abuse can take)
- How do you think these different types of behaviour were related?
- How did these different types of abuse develop over time?

Helpseeking

- Did <u>you</u> tell any of your friends or family or work colleagues about what was going on with you and your partner? Can you tell me about that
  - o who and why, what prompted you to tell them, what reaction did you get
  - o or why not?

- Did <u>you</u> ever seek any kind of professional help or assistance? For example, calling the police, going to student counselling or health, a domestic violence hotline or agency, or a mental health worker? Can you tell me about that
  - o who and why, what prompted you to tell them, what reaction did you get
  - o or why not)?

- What might have encouraged you to confide in a friend or family member earlier?

- What might have encouraged you to call, contact, or approach a professional service earlier?

   What might have encouraged you to get in touch with student services earlier?

Appendix G: Interview debrief

TE WHARE WĀNANGA O TE ŪPOKO O TE IKA A MĀUI

VICTORIA
UNIVERSITY OF WELLINGTON

Research project: Investigating students' experience of harm and helpseeking in intimate relationships (#25963)
DEBRIEF SHEET FOR PARTICIPANTS

Dr Louise Dixon   **Annalise Wynn**

Thank you for taking part in our study. Your interview will help us to understand cisgender female students' experiences of partner abuse. By listening to your experiences, we will be able to build a picture about what is happening to different people, this will help us understand what we as professionals can do to respond to the issue properly.

As the interview may have touched on sensitive issues for you, you may want to speak with a professional to debrief. If that is the case a member of the research team is happy to walk you over to Student Health and Counselling Services and wait with you until you can speak to a Duty Counsellor that day and/or arrange to speak with an appropriate professional at another suitable time. If you prefer we can call ahead for you to let them know you are coming in, or make contact on your behalf to arrange a suitable time for you to visit them, or we can let you use our office telephone and support you in making contact with the service. The General Manager at Student Health and Counselling is aware that you may choose to do this. Alternatively, the details of different counselling services, helplines, and organisations are provided at the bottom of this form.

Your recorded interview may be transcribed and coded by our research team or a professional service. They will sign a legally binding confidentiality agreement that will state they will not disclose the contents of the recording to anyone outside of the research team. However, because we do not ask you to disclose your full name in the recording they will not be able to identify you from the audio recording anyway. If you agree to be videoed, the transcriber <u>will not</u> be sent the video footage – just the audio recording of that video.

Due to the sensitive nature of the study and our process of maintaining your confidentiality, we cannot provide you with a copy of your individual interview transcript. However, once completed, a summary of the study findings will be provided on Louise Dixon's webpage (https://ifa.co.nz). We will use research tools to identify the general patterns that are shared across people's interviews, we will not focus on any one person's results but rather report a summary of combined results.

Once completed, a summary of the study findings will be provided on Louise Dixon's lab webpage (https://ifal.co.nz).

If you have any questions or problems with the research whom can you contact?
- If you have any questions about this study, either now or in the future, please feel free to contact Louise Dixon [Personal details redacted] or one of the research team using the details stated at the top of this information document.
- If you have any concerns about the ethical conduct of the research you may contact the Victoria University HEC Convener: Dr Judith Loveridge (email hec@vuw.ac.nz or telephone +64-4-463-6028.)

If you wish to discuss issues around aggression and/or control in relationships with someone, there are many avenues of free support, such as:

Need to talk? https://1737.org.nz. Free call or text 1737 any time for support from a trained counsellor.

Lifeline: https://www.lifeline.org.nz. Free call 0800 543 354 (0800 LIFELINE) or text 4357 (HELP) any time

Family Violence Information Line: http://areyouok.org. Free call 0800 456 450, 9-11 pm 7 days a week.

Women's Refuge: https://womensrefuge.org.nz. Free call crisis line **0800 733 843** (0800 REFUGE) any time. Email info@refuge.org.nz (email is not a 24/7 response).

Victoria University of Wellington Student Counselling: Appointments and general enquiries: 04 463 5310. Email: counselling-service@vuw.ac.nz. www.victoria.ac.nz/counselling

For 24/7 urgent mental health support, call Crisis Resolution Services (CRS) on 0800745477

In the event of a life threatening emergency, dial 111.

We appreciate your support very much and look forward to sharing the findings with you. If you have any questions about the study please contact the Principal Investigator Louise Dixon

Personal details redacted

– contact details are also listed below.

Best wishes,

Signature redacted

Louise Dixon, on behalf of the Victoria based research team

The Principal Investigator of this study is:
Dr Louise Dixon
Reader/Associate Professor
School of Psychology, Victoria University

Personal details redacted

Other researcher's contact details involved with the project:
Annalise Wynn, Masters student, School of Psychology, Victoria University of Wellington,
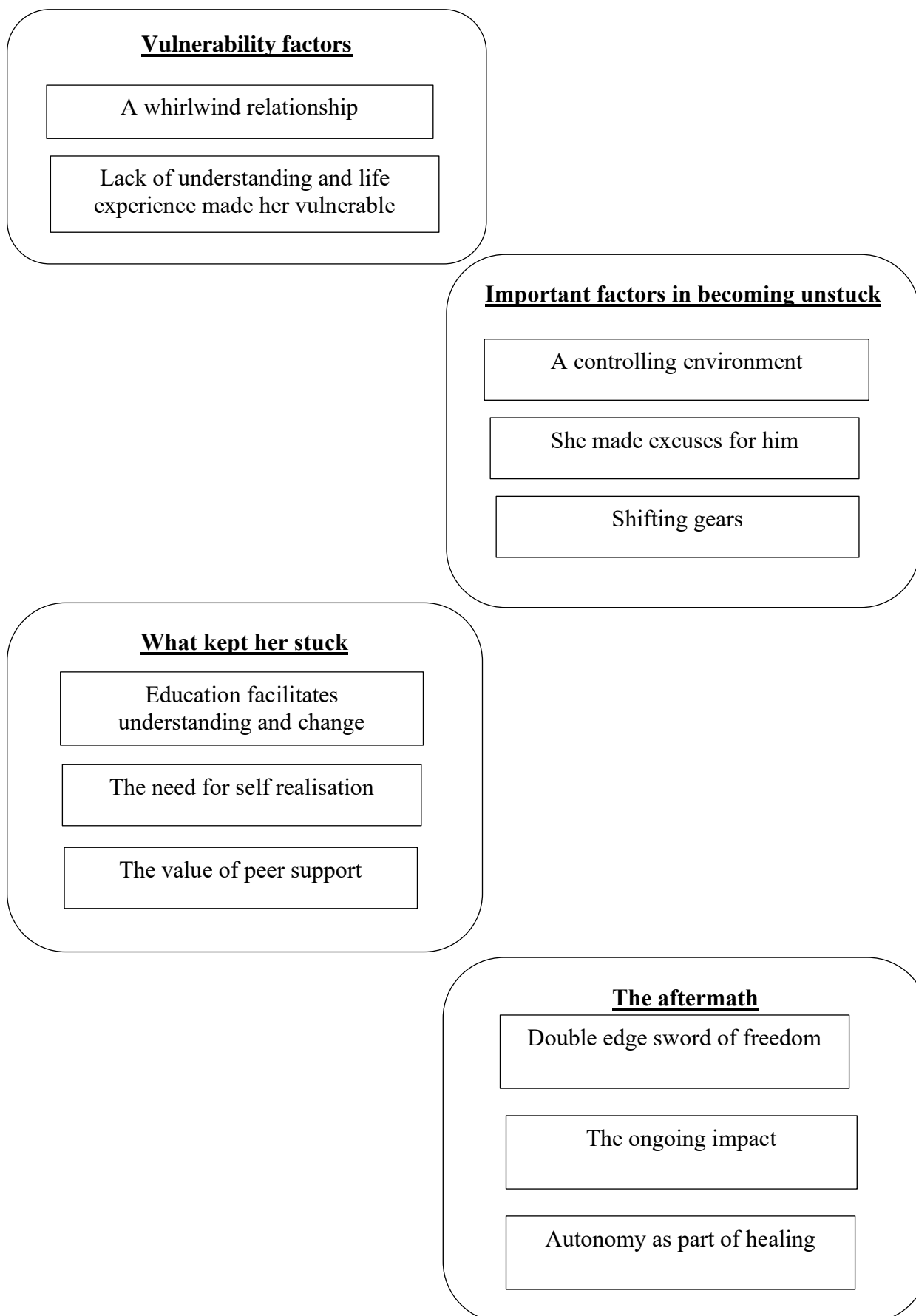
Personal details redacted

Appendix H: Example of initial coding

Initial notes	Transcript	Codes
She stopped communicating because of his reactions, she changed her behaviour to stop his aggression escalating	A: Basically I um after a while I just stopped communicating stuff because I knew how it would end. You kinda, it's odd, because for me I know I got into a routine, and it was, it was, it, it is still hard to break um, but it, it, yeah you just, just know what's going to happen. So you just, you just retreat. You just, yeah, because I'm a very extroverted person, and during that time I was so introverted I didn't even recognise myself. Um, so I would just get really shy and I would barely talk and, and stuff like that. So yeah, after a while you just, you just know what's going to happen so you just don't bother, you know?	She adapted her behaviour to stop his aggression
She went from being extroverted to being introverted , a loss of her identity and sense of self		
The word retreated, indicates seeing the relationship/argument as a battle where she gives in		
Experiencing learned helplessness, feeling a loss of a sense of control and efficacy – did she recognise this at the time or in hindsight?		Loss of identity

Appendix I: Example of codes, their descriptions, and quotes

Code	Description	Quotes
The quick progression of the relationship	They got into a relationship quickly	we met in May of 2015; 13th of May 2015, at a mutual friends birthday party. Um, got together on May 15th. So we knew each other two days Um, but yeah from there on it pretty much everything went really, really quickly. Um, we went on holiday Um, it was nice, it was more like you know, that whole thing of we want to spend time together every single waking moment of the day
A positive start to the relationship	The start of the relationship was positive and they spent a lot of time together	Um, but it was nice in the beginning, like yeah it was kinda typical just, you know first; it was just the honeymoon phase really it was great, because yeah um, we did that a lot. We went to musical festivals. We travelled around Europe a bit
The cracks began to show early	There was aggression early on in the relationship and incompatibility in how to spend their leisure time	think the first major fight that we had was two months in Um, I got pretty bored of it after a while because I'm just, I'm, I need to be constantly active… I've, always have had to have some sort of stimulation and I never had that, because we were always just staying at home
His short fuse	He would get angry very quickly and without warning	he got extremely mad. Um, I had never ever seen someone get so aggressive so quickly So there was no lead up or build up or nothing

Appendix J: Theme diagram for an individual participant

Vulnerability factors

- A whirlwind relationship
- Lack of understanding and life experience made her vulnerable

Important factors in becoming unstuck

- A controlling environment
- She made excuses for him
- Shifting gears

What kept her stuck

- Education facilitates understanding and change
- The need for self realisation
- The value of peer support

The aftermath

- Double edge sword of freedom
- The ongoing impact
- Autonomy as part of healing

Appendix K: Final theme diagram

1. A prior vulnerability

1.1 Pre-existing challenges

1.2 A lack of life experience and understanding of partner aggression

1.3 A whirlwind relationship

2. Stuck

2.1 A controlling environment

2.2 Not recognising abuse

2.3 Excusing the behaviour

2.4 Problem solving

2.5 Barriers to leaving the relationship

2.6 Barriers to help seeking and disclosure

2.7 The disempowering nature of negative help seeking experiences

3. Becoming unstuck

3.1 Underlying resilience

3.2 Knowledge is power

3.3 The importance of self-realisation and autonomy

3.4 The validating nature of positive help seeking experiences

4. The aftermath

4.1 The ongoing impact

4.2 Double edge sword of freedom

4.3 Healing over time