

**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.**

**Abstract:**

**Objective:** Previous qualitative research into the experience of intimate partner violence (IPV) has largely focused upon mature women's accounts. The objectives of this interpretative phenomenological analysis (IPA) were to explore three young women's understandings of why they had been vulnerable to IPV in mid-to-late adolescence, their experiences of IPV, and their recovery processes.

**Design:** This study followed guidelines for IPA, largely focusing upon shared aspects of the experience of IPV as narrated by three young women who considered that they had since recovered from the experience.

**Method:** Semi-structured interviews explored participants' retrospective understandings of how they had become entrapped in a long-term abusive relationship in adolescence, how IPV had affected them at the time, and the processes that they had found helpful to recover well-being.

**Findings:** Participants largely attributed their vulnerability to IPV to feeling confused about feelings and relationships, disconnected, and powerless in early adolescence. IPV was described as escalating insidiously, rendering participants confined, anxious and powerless, ensnaring them in their partner's family, marginalized in their own families, and undermining their identities. Recovery processes began with pivotal moments. Participants described repairing identity through engaging in age-appropriate activities, extricating self from the partner's family, and rebuilding family relationships.

**Conclusions:** Participants described experiences of IPV and recovery in adolescence that differed in some ways from those previously identified in adult women and were interpreted using theories of adolescent identity development and attachment.

## **Background:**

Intimate partner violence (IPV) readily undermines victims' long-term mental health and is therefore an important issue for psychotherapists and counsellors (Sanderson, 2008). IPV does not only comprise overt physical and/or sexual aggression, but also strategies of emotional abuse by a sexual partner (Centers for Disease Control and Prevention Factsheet, 2006). Psychological control, coercion, and intimidation by a partner may have as harmful an effect upon women's agency and self-esteem as physical assault (Stark 2007). Adolescents and young women in their early 20s appear particularly vulnerable to IPV, though estimates of prevalence vary, depending upon definitions and study designs ( Jackson, 1999). Despite its apparent prevalence, there seems to be limited awareness of adolescents' vulnerability to aggressive dating relationships, both among adults and also young people themselves. Young people affected by IPV under-use professional counselling and support services (Ashley & Foshee, 2005; Murray & Kardatzke, 2007).

How adolescent women directly affected by abusive dating (or co-habiting) relationships explain their vulnerability to abuse, the meanings of such experiences, and their subsequent recovery processes have been little explored in previous research. Prevailing theories imply that the vulnerability factors that increase adolescent women's risk of IPV are likely to persist into adulthood, with negative consequences for the women's future well-being and later intimate relationships. Offering some support, various studies have found that IPV in adolescence increases the risk of coerced pregnancy, depression and suicidal thoughts, post-traumatic stress disorder, drug abuse, and revictimization in subsequent intimate relationships (Arriaga & Foshee, 2004; Holmes *et al.*, 2007; Wekerle & Wolfe, 1999).

A range of empirical studies reveals that many factors are associated with IPV among adolescents (Cohall, Cohall, Bannister, & Northridge, 1999; Foshee, Benefield, Ennett, Bauman, & Suchindran, 2004). Individual risk factors include low self-esteem, depression, poor body image, low school achievement, and drug or alcohol use. Pre-disposing contextual factors include lower family incomes, partner using alcohol or drugs, social isolation, acceptance of violence in the wider social circle, having peers who are abused by dating partners, experiencing or witnessing

violence and/or sexual abuse from parents, and endorsing traditional gender stereotypes (Arriaga & Foshee, 2004; Cohall *et al.*, 1999; Foshee *et al.*, 2004; Harned, 2002; Jackson, 1999; Johnson *et al.*, 2005; Wolfe, Wekerle, Scott, Straatman, & Grasley, 2004). Many of these factors not only interact to heighten vulnerability but they also make it more difficult for young women to gain sufficient informal or professional support to leave an abusive partner.

Developmental theories that highlight the adolescent's growing needs for intimacy and identity help to explain vulnerability to IPV in the teen years. Attachment theory, for example, proposes that implicit working models of relationships are acquired in early childhood during interactions with parents and other significant people, and that these models, in turn, create expectations, needs, and behaviour that shape intimate relationships in adolescence and adulthood (Bowlby, 1973; Flanagan & Furman, 2000). Early emotional neglect or harsh parenting may increase young people's need for warmth and approval, accelerating their involvement in dating relationships, and heightening their vigilance for signs of rejection (Purdie & Downey, 2000). Shorey, Cornelius, & Bell (2008) suggest that insecure attachments in early childhood encourage later intimate relationships to be organized around dominance and submission.

Social learning theory (Bandura, 1977) has also been invoked to explain why adolescents (or adults) who have witnessed violence in the home as a child may then judge such behaviour as normal, and find it harder to leave abusive relationships (Wekerle & Wolfe, 1999). As with attachment theory, this perspective seems to limit a person's agency and/or capacity to reject such childhood role models.

The feminist perspective on IPV has not been applied widely to understand abusive dating relationships in adolescence (Chung, 2005). This perspective highlights the prevailing social norms that legitimate men's power (and abuse of power) over women (Ismail, Berman, & Ward-Griffin, 2007; Jackson, 1999). Traditional power differentials between men and women are seen as socializing some men into feeling they are entitled to control and coerce women into meeting their needs. Given recent improvements in women's status and available opportunities in education and at work (at least in Western cultures), it might be thought that fewer women would

experience IPV. However, Stark (2007) argues that such social changes are highly threatening to some men, increasing their motivation to impose rigid notions of femininity, and to subjugate their female partners through various noxious strategies in the privacy of the home. It is unclear whether adolescents are more likely than older women to lack critical awareness of the restrictive gender stereotypes that help condone abuse, but school-based interventions to prevent IPV commonly attempt to alert students to such stereotypes and signs of coercion in intimate relationships (Whitaker *et al.*, 2006).

Even though attachment theory and feminist perspectives are often presented as in opposition, there are ways of reconciling them. Keiley (in Harvey, 2003) describes attachment theory as making sense of the needs that people deny or disown as a result of their early interactions with caregivers. She suggests that women typically deny anger as this has been treated as unacceptable in their gender role socialization in the home, whereas men may have learned to deny feelings of fear or dependency. Thus, the restrictive and taken-for-granted nature of gender roles that are highlighted by feminist theory may be learned through the minutiae of parent–child interactions.

Moving on from predictive factors to considering the impact of IPV, it is well established that abuse from partners can have serious effects on women's current and future well-being. Sleutel (1998) reviewed qualitative studies of adult women (typically aged 30 or older) that showed marked effects of partner abuse on identity/self-image, as well as losses of agency, perceived future, and trust in relationships. Physical violence generates feelings of helplessness and fear, and many women report symptoms of post-traumatic stress disorder (Koss, Bailey, Yuan, Herrera, & Lichter, 2003). Psychological coercion, intimidation, and 'micro-regulation' of everyday activities by the male partner can have even more deleterious effects on mental health (Stark, 2007). Loss of self-esteem and acquired helplessness have also been noted as consequences of dating violence (Lewis & Fremouw, 2001). Over time, some women internalize the abuser's worldview, including perceiving themselves as unentitled to respect (Enander & Holmberg, 2008).

Leaving an abusive partner is better understood as a process rather than single event (Enander & Holmberg, 2008; Landenburger, 1998; Merritt-Grey & Wuest,

1995; Sleutel, 1998; Smith, 2003). Studies of adult abused women have located turning points, or pivotal moments, in which they become aware of the physical danger that they (or their children) are being exposed to, the psychological intolerability of their situation, and their entitlement to a better existence (Campbell, Rose, Kub, & Nedd, 1998; Enander & Holmberg, 2008; Smith, 2003). In studies of adult women, leaving is often motivated by a desire to protect their children from direct harm or from witnessing further abuse, and may involve a lengthy secret period of preparation. Many affected adult women describe their social environment as unsupportive (Rose, Campbell, & Kub, 2000). It is unclear whether childless adolescents share similar barriers to leaving abusive partners. Adolescent intimate relationships are likely to have a much shorter duration than those suffered by the older women interviewed in previous research. However, it is unclear if this makes ending the relationship any easier, as some young women seem to experience great commitment even to quite short-term relationships (Chung, 2005, 2007). It is also unclear if the social isolation from friends and family, which is widely reported by older abused women, is shared by adolescents experiencing IPV. Some argue, in contrast, that peer group interest, involvement, or 'surveillance' add pressure for adolescent women to remain in a dating relationship even when it has become abusive (Ismail *et al.*, 2007).

Qualitative research into the personal experience of IPV among adolescent women is limited. One exception is the study Chung (2007), based on interviews with 25 adolescent women aged 14–18 years, of whom 10 described first-hand experiences of sexual intimidation, and physical violence from boyfriends (but whether these were single episodes rather than long-term abuse was not made clear). These young women tended to understand male violence towards females in individualistic terms believing that girls took responsibility for maintaining the relationship, and that they might choose to stay with abusive partners through low-self-esteem or romantic ideals. They expressed some reluctance to disclose abuse to others, not wishing to present themselves as 'victims', and also for fear that parents would curtail their social activities. Chung's study focused on the participants' understandings of male control and violence in dating relationships and did not explore personal experiences of leaving and recovery.

## **Aims of the study**

The qualitative analysis presented here offers a phenomenological exploration of the accounts of three young women who described themselves as having recovered psychologically from a period of IPV in mid-to-late adolescence. The abusive relationship lasted 2–3 years. This study forms part of a wider study on resilience in young women. The broader study aimed to explore young women's reflections on a negative experience in adolescence from its beginning until they had defined themselves as having recovered psychologically. Some of the young women who joined the study shared a lengthy episode of IPV in adolescence, and the interviews explored their understandings of why they had been vulnerable to an abusive intimate relationship in adolescence, the effects of IPV on their mental health and identities at the time of the abuse, and the processes by which they extricated themselves from this relationship and recovered psychological well-being. It is accepted that qualitative accounts of self-managed recovery and change processes may have implications for psychotherapy practice (Higginson & Mansell, 2008; LaFrance, 2009; Van Vliet, 2008).

## **Method**

### **Rationale for IPA**

This study followed the principles of interpretative phenomenological analysis (IPA). Practitioners of IPA advocate the study of one or small numbers of participants in order to gain insights from detailed analysis of individual accounts (Smith, Flowers, & Larkin, 2009). Researchers using IPA accept that verbal accounts do not offer direct access into participants' experiences. Rather, such accounts are understood as presenting participants' attempts to make sense of their own experiences, which researchers then seek to understand using their own conceptual frameworks. The purpose of phenomenological inquiry is not to generalize findings in any simple way, but to enrich and critically interrogate our understandings of the lived experience. These may build further theory and suggest psychotherapeutic interventions.

### **Ethics and recruitment**

The host university of the second researcher gave ethical permission to recruit young women who described themselves as having endured a psychologically traumatic experience in adolescence from which they had since recovered. Recruitment took place through informal advertisement at the university and further snowball methods. Six women responded to the invitation, and following receipt of full information about the study and the main interview questions, all agreed to be interviewed. They recounted various traumatic experiences (including IPV, unplanned pregnancies, bereavement, and abortion). This analysis explores the interview accounts of the subgroup of three young women who shared a prolonged experience of abuse from an intimate partner in adolescence, followed by what they regarded as successful recovery processes. Confidentiality has been preserved by giving pseudonyms to the participants and to others named in the interviews.

## **Participants**

Jasmine (21) was a mother and a social work student at the time of the interview. She experienced IPV between the ages of 15–18 years and had a child from this relationship. Samantha (21) was a receptionist, reflecting on IPV that occurred when she was 16–19 years old. Verity (25), currently a social work student, had experienced violence and psychological intimidation by a partner from the age of 16–18 years. All participants were unmarried, were White, and lived in London. Their families of origin were not economically disadvantaged, they described having a satisfactory relationship with at least one parent prior to the abusive experiences of adolescence, and had performed at least adequately at school or further education college during this period of their lives.

## **Interviews: Materials and procedure**

Individual semi-structured interviews were carried out by the second author, in a private room at the university or in participants' own homes, according to their preference. Participants were assured before the interview that they should not feel obliged to answer all questions. The topic guide focused on four broad areas, with additional questions asked as necessary to gain further reflections:

The main questions were as follows:

- Can you guide me through the significant negative experience you had when you were a teenager, in as much detail as possible? (Further questions were asked, if needed, to explore participants' reflections on why she had been vulnerable to this experience, and the ripple-out effects of IPV on wider relationships, self-concept, and plans for the future).
- In as much detail as possible, can you describe how you 'got through' this negative time in your life and achieved resilience?
- What (if any) meanings have you taken from this negative experience?
- Looking back, would you remove this negative experience from your life?
- How do you feel about yourself and the future now?

Interviews lasted about 60–90 min and were digitally recorded. The interviewer was of similar age and social background to the participants, with counselling skills, so increasing participants' comfort. Debriefing after the interview ascertained that participants had not been left in a distressed state. The authors' lack of personal experience of IPV may have reduced certain preconceptions during the interviews and analysis. However, familiarity with relevant academic literature may have encouraged other expectations, for example, about the ways in which the wider social context might predispose young people to IPV and might facilitate the recovery process. A reflective notebook was used to help clarify these personal assumptions, keeping the researchers mindful of their own influence on the process of interviewing and analysis.

### **Data analysis**

The complete interview transcripts were read several times by each researcher, working independently to achieve an idiographic IPA for each participant, following guidelines by Smith *et al.*, (2009). Working initially at a fine-grained level, we explored each participant's account of abuse and recovery, tagging emerging themes with related text. There is no expectation that a line-by-line coding is necessary in IPA, but rather attention is paid to semantic meanings and the language used (Smith *et al.*, 2009). When this detailed and iterative stage of analysis was exhausted, we looked for connections and clustering in order to infer higher level themes. These were compared and contrasted across the three participants,



looking for a smaller set of more interpretative superordinate themes that summarized their salient shared experiences with sensitivity, finally linking these to theoretical constructs. Both unique and convergent experiences were valued, but for reasons of space the convergent themes are focused upon in this paper. Then a further stage of critical interpretation followed, to help ‘think about “what it means” for the participants to have made these claims, and to have expressed these feelings and concerns’ in the interview (Larkin, Watts, & Clifton, 2006, p. 104). Analyses were initially conducted independently by the authors to enhance credibility, followed by several periods of discussion (and re-examination of the transcripts) leading to resolution of any different emphases in codings and interpretation. Agreement was achieved through discussion, helped by jointly formulating diagrams of relationships among the themes, using theme cards.

## **Findings**

The findings are divided into three sections covering the sequence of experience. We first examine participants’ understandings of why they had been vulnerable to IPV in adolescence; second, their reflections on the experience of IPV; and third, their accounts of the recovery process. Theme headings are tagged with a relevant quotation, as well as a summarising phrase. (See Table 1).

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### **Table 1. Key themes**

#### **Vulnerability to IPV**

Feeling adrift and disconnected

Struggling to understand and articulate experiences.

View of self as powerless/lacking agency

#### **Experiences of intimate partner violence**

The insidious escalation of abuse

Increasing isolation

Experiencing the family (of origin) as fractured or distanced by the abusive

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relationship

Loss of identity, power, and self-esteem

Feeling manipulated by the partner's family

Maintaining competent façades

### **Processes of recovery**

Pivotal moments

Gaining clarity

Repairing family relationships

Reconnecting with others

Choosing to take responsibility for own self and well-being

Regarding youth as a natural time for change

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### **Understanding vulnerability to IPV**

In exploring participants' perceptions of their vulnerability to abuse, no personal blame is implied (an issue raised in previous research such as Harned, 2002). As other studies of IPV have found, the participants recalled their partners skilfully engaging in an insidious escalation of psychological strategies of coercion and then outright physical violence. Seeking an understanding of why they had become trapped in an abusive relationship for 2–3 years was psychologically important to all three participants, partly because they wished to avoid entering such relationships again in the future. Despite finding this issue meaningful, the participants struggled to offer clear-cut explanations, even from their vantage point several years later. Three recurring themes were noted.

#### **'If you can't find where you fit in, you feel lost' – feeling adrift and disconnected**

All participants represented themselves as 'adrift' in early adolescence, disconnected from affirmative relationships, and positive sources of self-esteem:

*I felt, well, in terms of friendships, I felt that ... that I always was inadequate and that, well I was always criticising myself saying that I wasn't good enough and I wasn't good at anything, and I just didn't, I don't know ... just didn't feel good at anything in particular in school ( Jasmine).*

Repeated references to 'not knowing' in this quotation also links to the second theme identified, of struggling to understand and articulate relationship experiences during that early phase of adolescence.

Relationships with fathers were presented as absent or problematic by all three participants, and revealed another feature of their 'disconnectedness'. For example, Verity described her father as an alcoholic who was largely unavailable to her emotionally:

*I had never had a father figure, my father was an alcoholic and for most of my childhood and teenage years he wasn't able to be there for me and I kind of longed for protection and as a teenager I was quite disorientated and very frightened ... I came from a single parent family and my Mum was an immigrant and it was almost like I was looking for protection from the outside world because I didn't feel comfortable in it (Verity).*

Jasmine's father had died in her early childhood. She experienced further detachment from her family in early adolescence when her relationship with her mother deteriorated:

*Well, sometimes, I thought when I was younger, I was sometimes lacking love, and, yeah, with the relationship with my mum being so bad and how I don't have a big family and my dad dying when I was very young, I did feel, well, unloved.*

Samantha also described feeling adrift from her family, placing her boyfriend 'centre stage', even though she was living with both parents at the start of the relationship:

*He was the only person I thought I had in my life at the time.*

## **‘I didn't recognise the way I was feeling’– struggling to understand and articulate experiences**

Participants' also attributed their vulnerability to IPV in mid-adolescence to their difficulties in clearly appraising and expressing their experiences and needs during this period of their lives. Their accounts all referred to confused feelings and thoughts and were replete with linguistic signs of confusion and ambiguity. Only from their vantage point in early adulthood, were they beginning to gain a clearer perspective on their earlier vulnerability:

*I knew that I was, well, very unhappy, and I knew I wasn't feeling the way everyone else was feeling but I didn't recognise the reasons and, well, didn't recognise the way I was feeling, then I didn't understand why I was so low and, yeah, I see it so differently now ( Jasmine).*

The youthful inexperience of friends was seen as barriers to articulating (and thereby understanding) their feelings at that time:

*No one had the time to talk to me and even if they did they wouldn't understand me because we were young and I don't know, they'd probably think it was silly ( Jasmine).*

For Jasmine and Verity, using illicit drugs was a behaviour they understood both as reflecting as well as contributing to their confused thought processes:

*I did loads of drugs ... so I felt 'happy' and so I wasn't thinking about everything (Verity).*

Participants also saw themselves as confused about their own and others' social behaviour through having limited previous exposure to healthy relationships between men and women. Jasmine, for example, concluded that she had overly romanticized her relationship with her partner, and her unborn child conceived when she was 16 years old:

*I was happy [about the pregnancy] because I had something, I don't know, it sounds silly now, but I had something to do, and I knew I was gonna have someone to love and I had the dream of the nice happy family.*

Through their inexperience with intimate relationships, they reckoned they were ill-prepared to define their boyfriends' behaviour as abusive when it first occurred:

*I thought that maybe this was what a relationship was, I had nothing to compare to or anyone to tell me different (Samantha).*

### **'Like I was trapped' – view of self as powerless/lacking agency**

The third recurring theme regarding their vulnerability to IPV related to powerlessness. Powerlessness was not absolute and participants did not portray themselves as entirely victims of circumstances. For example, Jasmine took some responsibility for her difficulties within her family ('*I really pushed myself away from her [mother]*'), as did Verity ('*I just wanted them [family] all to go away*').

Nevertheless, prior to meeting the abusive partner, participants continually referred to their struggles with forces perceived as external and controlling, such as powerful friends, illicit drugs, and (for Verity and Jasmine) recurring episodes of depression. Samantha described her main strategy to survive school as '*just blending in*':

*I started to hang around with the kids that smoked ... then when I was about 14, 15, I started using cocaine quite regularly and that made me feel quite powerful and really good about myself and I felt like I had quite a lot to say ... the cocaine sort of brought me out of my shell a little bit (Verity).*

Clearly, participants may have formulated different understandings of their original vulnerability to abuse from their vantage point being interviewed some years later. But if their experiences of disconnection, confusion, and powerlessness indeed prevailed in early adolescence, some understanding is gained of why they appreciated rescue by a powerful, initially caring, male partner. One participant made this connection explicitly:

*Well, at first I think I was quite flattered that someone who was that much older than me took such an interest in me, um, and that made me feel quite*

*powerful. This is a man who has a wide experience of women and he chose me (Verity).*

## **Experiences of IPV**

There were many idiosyncratic facets to the experience of IPV, but six shared themes are presented.

### **'It was such a gradual process'– the insidious escalation of abuse**

The early stages of the relationship were described in unambiguously positive terms, as meeting participants' needs for love, belonging, fun, and independence. However, the experience of abuse began insidiously, and participants found it difficult to mark the transition when their partner's caring behaviour turned into possessiveness and control:

*I was really oblivious to what he was actually doing, and then it got worse and he started to get really angry and used to put me down so much and yeah I just started to feel so bad most the time (Samantha).*

Participants offered no explanation for why their partners had acted in these ways. Whilst not regarding themselves as blameworthy, they believed that their own denial (and for Verity and Jasmine, drug use) had clouded their perceptions of the partner's behaviour at that time:

*Over time I saw my privileges get taken away. For example, 'Go out with your friends but be home by ten o'clock', then half past nine, then nine and then eight [o'clock], then don't go out at all, um, it was quite a slow process so at first I didn't really see it happening and then as this was happening I got more and more involved with drugs because I was so unhappy, and I wasn't aware of what was going on around me (Verity).*

Difficulties in perceiving and appraising their experiences clearly, as well as previous limited exposure to healthy intimate relationships, seemed to ill-equip participants to define abusive behaviour when it started to occur.

### **‘I never saw my friends ... literally forever’– the experience of increasing isolation**

The problems of having few confidantes and restricted exposure to healthy intimate relationships within their families of origin were regarded as pre-dating the abuse. Such a lack of social resources became even more problematic during the abuse, limiting participants’ exit strategies. All participants described entrapment in the home that they co-habited with their partner, and social isolation. This experience has already been described by Verity in a previous quotation illustrating her partner's escalating control over her contacts with friends. In Jasmine's case, her enforced stay with her partner's family in another part of London, whilst pregnant, completely separated her from her friends and mother. This isolated way of living was maintained when the couple moved into their own home:

*I didn't used to go out at all. We used to live with his parents for a bit and then we moved and we lived on our own. I didn't used to go out at all ... I never saw my friends, literally forever, for months and months, and didn't really speak to them, so at that time in my life I was completely isolated ... and he was so horrible he completely knocked my self- confidence ( Jasmine).*

### **‘The relationship with my family wasn't great’– experiencing the family (of origin) as fractured or distanced by the abusive relationship**

These young women all described their own families being fractured (or distanced) by the strain caused by the partner's behaviour and/or by their perception of unwelcome changes in the young woman herself. Parents were said to have expressed ‘*disappointment*’ in the young woman, to be ashamed or despairing, or to be arguing about the situation. As a consequence, participants described feeling rejected or (at least) marginalized by their families during that period. In all three cases, the young women chose not to tell their families about the abuse that they were experiencing through a sense of shame or responsibility, to reduce further friction, or to reduce their families’ worries:

*My mum didn't know [details] about the relationship and I wasn't willing to tell her ‘cause I knew she wouldn't have approved because of my partner's race*

*and his age, and the same with my father, so I didn't really have them to confide in, and the people that did know, they just weren't in the position to help me (Verity).*

Holding such 'secrets' further decreased the possibility of support:

*The relationship with my family wasn't great because my world was always around his world ... My mum and dad ... felt sorry for me but, yeah, I know they were disappointed in me ... it sort of come across that I was just as bad as him in a way, and they didn't like him so obviously I was pushed further and further away from them ... Our relationship suffered because I was keeping secrets constantly, which I hated doing (Samantha).*

### **'I just wasn't me any more'– loss of identity, power and self-esteem**

Once the abuse started, participants perceived that their already limited power had evaporated, along with valued aspects of their identities:

*I just wasn't me any more and I think they [other people] knew that ( Jasmine).*

Verity provided further detail about the experience of physical intimidation:

*I was completely powerless, it got to that point quite early on when the abuse started, he was so much bigger than me and so much stronger than me and so much more forceful that basically what happened was, I'd just stopped getting angry ... I just stopped feeling the emotion of anger (Verity).*

Participants' families of origin were also represented as helpless in the face of the partner's violence, rather than firm allies resisting it, or supporting participants' withdrawal from the relationship. Verity described an incident in which her boyfriend had caught up with her on the street and badly beaten her. In this account, her parents were portrayed as being equally helpless and without hope:

*I said to my parents that I was going to the shop to get some cigarettes and came back an hour later looking like something from the 'Texas Chainsaw Massacre'. I just remember my mum crying and crying and crying and*



*begging me to tell her who'd done it to me, and my dad running around the flat just, just despairing, and me just crying, saying they couldn't help me, because that's what I felt at the time.*

### **'His family had a real hold on me as well': Feeling manipulated by the partner's family**

Perhaps reflecting their immaturity as adolescents and their continuing envelopment within family life, the partner's family also featured in each participant's account of IPV. Initially, the partners' own families were appreciated for offering a relationship that was more supportive than the adolescent women enjoyed at home, but this support gradually turned into coercion, pressurising the young women to stay with the abusive boyfriend.

Samantha gave an example of how her close friendship with her boyfriend's sister had acted as a barrier to revealing the abuse:

*The only person I could turn to was his sister ... How can you turn round and say how he treated me to his sister? It was never going to happen, and if I did say anything then she'd just stick up for him.*

Verity described picking up many pleading answer-phone messages from her partner's family when she returned home after a holiday. These persuaded her to reconsider her decision to end the relationship:

*[There were messages] even from his family members, his sister, from his mother, and I felt really sorry for him ... I thought, he's not the ogre I made him out to be.*

The accounts portrayed the partner's families as ensnaring the participants in the abusive relationship, making it much harder for them to identify their own needs and leave:

*His family had a real hold on me as well, they were, well, I saw them more than I saw him. They constantly wanted me to be there and they, well, it was so difficult to split up with him when they were on my back. They did make me*

*feel special, and showered me with presents ... I didn't need them in my life but they were trapping me there 'cause they knew I was good for him ... I found it so hard to walk away from that (Samantha).*

### **'I just acted like everything was fine'– maintaining competent façades**

Despite the fear created by the partner, and the participants' isolation and fractured family relationships, all participants described maintaining, with considerable effort, certain competent façades at work, school or college:

*Because I functioned and I maintained my job, put myself through college and managed to do my A levels while this was all going on, everyone thought, well something's not quite right ... but she must be handling it, we'll leave her to it ... [But] to get through the day was a struggle, I used to cry myself to sleep every night, I just didn't want to live anymore, I was just fed up (Verity).*

The academic environment was seen as a refuge, a place of escape and normality, although Samantha regretted not using its opportunities to create a social life separate from her partner. Such façades were understood by the time of the interview to have excluded the possibility of professional support during this period of their lives. Nonetheless, their academic successes were valued for offering an escape route, once participants had decided to withdraw from the relationship.

### **Processes of recovery**

#### **'I just had enough'– pivotal moments**

Participants all described pivotal moments, or sudden turning points, as marking the start of their recovery process. These were moments of sudden realisation that the abuse and the relationship could not continue. In two cases, a geographical separation (on holiday, or staying temporarily with parents) provided a psychological distance, and enabled participants to see the abusive nature of the relationship with greater clarity. A particular argument about childcare led Jasmine to make the decision to leave her boyfriend and father of her baby, and begin a slow process of recovery:

*I just had enough. I had been at work all day ... Well, I could take him bashing me, being horrible to me, but it was the fact that he didn't want to have Oliver [baby] ... If you're going to be horrible to me I can take that, but if you're not even going to take responsibility, not building the relationship that he should've been. And I just thought, well, the main reason I was staying with him was because of him building a relationship with his son, and if he's not interested, then why should I?*

Such moments of clarity did not lead any participant to make a sudden and complete ending of the relationship, but marked the beginning of the process of leaving.

### **'It really puts things in perspective'– gaining clarity**

Participants all described gaining clarity in relation to their thoughts and feelings about themselves, their relationships and their futures. Insights were derived from various processes including writing reflective diaries, journals, or unsent letters, as well as discussing future options. Considering higher education courses and careers with teachers and peers offered hope for a new direction in their lives. Both Jasmine and Verity made considerable use of personal writing (of diaries and unsent letters) to seek a better understanding of their experiences and needs:

*I thought it [writing] really puts things in perspective. Sometimes I thought they [unsent letters] sounded stupid but at other times, I began to understand how I was feeling a bit better, and it got it out when I couldn't talk to anyone*  
(Jasmine)

No explicit connection was made in the interview, but Jasmine's strategy may have reflected an earlier counselling experience, as she had received psychological treatment for depression prior to her experience of IPV. Verity had not received any counselling support at that time, and appeared to have devised this self-confiding strategy herself.

Early on in the process of leaving the partner, genuine confidantes were in short supply:

*There were people in my life but I didn't tell them the bad things about him, I just pretended everything was normal (Samantha)*

*Because of the way I was, and how downtrodden I'd become, people didn't want to spend time with me, they weren't used to me like that, being trapped in my house and not being able to leave (Verity).*

Once participants gained courage to disclose abuse, their friends' reactions helped them to reappraise their situations:

*I really let myself go, saying, 'He did this, I went through that' and looking at people's faces and I know they were all surprised and thinking what was I doing? Finally they knew ... and it really made it very real to me what I had been through then (Samantha).*

### **'My relationship with my mum, dad, sister was ... just normal again'– repairing family relationships**

The participants all described repairing relationships with their family of origin as part of the recovery process. These relationships had been badly bruised by the turmoil of the partnership, and had led to participants feeling disapproval or outright rejection. Making reparations within the young women's own family was valued for releasing practical and emotional support, and for helping to restore a positive identity that had been lost to IPV:

*[My mum] used to make an effort to baby-sit all the time so I had some freedom and time to myself, and we used to talk a lot ... Her support made me feel special and that she was looking after me (Jasmine).*

To regain their place within their own families meant slipping out from under the control of the partner's family. Samantha's partner was imprisoned but for a while she still felt obliged to visit him, and to wait at home to receive his telephone calls. In order to cut off contact, she recounted having to extricate herself first from his family:

*If I didn't cut myself off from them, I'd still be visiting him now [in prison] because having someone tell me what to do when you're in that position and*

*you've got such low confidence, you'd end up just doing what they say. It was so hard to find the strength to do that but once I had, it really helped me to move on, I didn't feel tied to him anymore, and yeah, I paid for it a lot, a lot of guilt, and I was worried every time I saw them [his family] (Samantha).*

### **'I feel I fit in somewhere'– reconnecting with others**

As well as re-establishing relationships with family members, participants also attributed recovery to making or renewing contact with untroubled friends:

*I literally had so much support from friends and I had been going out with them for a few months and I thought 'this is what it is like to have friends', and this is what it is like to associate myself with other people that are not to do with him, and it felt great (Samantha).*

Later on in the process of recovery, talking over their experiences with friends provided support, and distance from the abusive relationship:

*It was mainly just friends and talking it through, and having people tell you that 'You don't have to put up with it' (Samantha).*

Much more was at stake, though, than gaining confidantes. Indeed, participants were sometimes unwilling to burden others with stories of their abuse experiences, partly because they did not wish to present themselves as 'victims' and partly because they believed that youthful friends would be unable to understand their experiences of IPV:

*I'm kind of waiting ... Like in five years' time, they'll know what I know, then we can talk about it the way I want to. Sometimes it [the experience of IPV] slightly distinguishes me from my peers, and that's a sad thing, to be distinguished because of it (Verity).*

Reconnecting with a wider network helped participants to feel part of 'normal' society again and better able to make plans for careers and other positive activities (the next theme).

## **‘You move forward’– choosing to take responsibility for own self and well-being**

Recovery involved various processes that could be understood as restoring a positive identity, including reclaiming power or agency through making decisions, choosing positive vocational and leisure activities, ceasing heavy use of drugs, planning a career, and taking pride in personal accomplishments. Verity described a process of setting small, achievable goals:

*What I do is just try to achieve little goals and so far I’ve exceeded my own expectations for what I’ve done so far, and that makes me optimistic so I know I do have a future, and I think it’ll be a good one, and I’m pleased with myself in trying, definitely, and achieving. I’ve done better than I ever thought.*

Changes in one sphere of life such as socializing with untroubled friends were perceived as encouraging changes in other spheres, for example, considering a university education and giving up illicit drugs. Jasmine had a baby from her relationship with her abusive boyfriend, and motherhood provided her with a strong impetus to devise a healthier lifestyle and more positive future, and to limit the emotional consequences of IPV:

*When you have a baby you’ve got responsibilities you can’t just let yourself fall down in to a heap, you have to be strong, you’re well you’re bringing another life into the world, well, you move forward (Jasmine).*

## **‘I’m still finding who I am’– regarding youth as a natural time for change**

Adolescence itself was understood as a positive resource for recovery, being a time of natural developmental change, with opportunities and social expectations that encourage new relationships and activities (such as going to university). Participants saw this as a time in life when they had ‘permission’ to focus on their own development and to prioritise their own needs:

*If I encountered this later in life when I wasn’t changing so much as a person the whole time, or when I wasn’t so open to new experiences, then I probably would have not been able to deal with the things I dealt with ... In getting*

*through it I had to be extremely selfish, which was something extremely difficult for me, and I may not have been able to do that later on in my life, 'cause circumstances may not have allowed (Verity).*

Both Jasmine and Verity believed that their experiences of IPV had increased their compassion for others and had influenced their career choices. Samantha took pride in having a regular job and in being able to re-establish trust in intimate relationships. She described how youth itself had been helpful in recovering from IPV:

*I'm still so young and now, even though it sometimes hurts, I put it down to experience and yeah, it could have been a lot worse, that's what I tell myself everyday. I had an easier escape than lots of other people who have had awful relationships (Samantha).*

## **Discussion**

First, the findings will be compared with previous research to determine similarities and differences, and some theoretical interpretations will be offered. Then the limitations of the study will be considered, followed by some implications of the findings for psychotherapy and counselling.

The findings confirm the value of tracking participants' experience of IPV from their understandings of their initial vulnerability through to their recovery processes. In formulating an explanation for why they had experienced IPV in adolescence, participants resisted blaming their partners and did not speculate about why these men had been abusive. They also did not portray themselves as 'victims'. Instead, they offered relatively coherent stories in which their youthful difficulties in articulating their experiences, feeling disconnected from affirmative relationships, and lacking agency (all perceived as sources of vulnerability that preceded the abusive relationship, and that may have made them 'ripe' for exploitation) were resolved as part of their recovery process. Nevertheless, IPV was not portrayed solely in terms of personal vulnerability. Family dynamics were also implicated in the processes of initially being drawn into the abusive relationship and then later on, in

making a successful recovery. Participants described tensions in their family of origin, and these were exacerbated by the stresses of the abusive relationship with the partner. Previous research has also noted that parent–adolescent daughter relationships can become strained by the arrival of a boyfriend ( Joyner & Udry, 2000), or by drug use (Usher, Jackson, & O’Brien, 2007). This study found that adolescents who feel criticized or rejected by their families because of the perceived shortcomings of their boyfriends may feel obliged to maintain this partnership for lack of perceived alternatives, a finding that resonates with those of Chung (2005).

The young women also described themselves as enticed into their partners’ families, and this finding is distinctive. Initially, the participants had appreciated the affirmation or support offered by this new family, but then they found themselves gradually exposed to coercive pressure to stay with the abusive partner. They saw their recovery as dependant upon separation not only from the partner but also from the partner's family, and the mending of relationships with their own parents. The challenges of being absorbed and manipulated by the partner's family are largely absent in previous studies of older women subject to IPV. The considerable involvement of family processes in both vulnerability to, and recovery from, IPV may tentatively be understood as reflecting the developmental stage of the adolescent participants. In contrast with more mature women studied previously, these adolescents appeared to define themselves very much in relation to the expectations and values of parent figures, and expressed a need for adult affirmation that was largely unmet in their families of origin. Such dependence of adolescent identity development upon family and wider social affirmation can be interpreted in terms of identity theory (Erikson, 1968). Likewise, the discovery or recovery of a sense of agency that lay at the heart of their stories can also be understood from Erikson's concept of ego identity.

The vulnerability factors that emerged in this study differ in some ways from those previously established in quantitative studies of IPV. There was no disclosure that the participants had been abused or witnessed violence as children, nor did participants report childhood neglect or maltreatment, factors that have been implicated in vulnerability to dating abuse among adolescents, as noted in the earlier literature review. Drug use has been regarded as a risk factor for IPV in adolescence



(Gover, 2004; Harned, 2002) but in this study, participants saw its role not as *directly* contributing to their vulnerability to IPV but as reflecting and exacerbating their inability to think clearly and critically about their experiences. The social isolation previously identified as a vulnerability factor for dating violence received some support in these accounts. Whilst the participants described having a group of young people to go out with (and to take alcohol and drugs with), they appeared to lack emotionally close and confiding relationships both at home at school.

Long-standing experiences of powerlessness and difficulties in understanding relationships were also invoked, possibly suggesting an external locus of control. Young adolescents are understood to have difficulties constructing coherent narratives of self (Habermas & Bluck, 2000), so it is unclear whether the participants in this study were encountering the quite typical challenges of identity development of their age-group prior to their dating relationship, or more extreme problems. Without a comparative study, this cannot be determined.

Some of the participants' sources of vulnerability may be interpreted using attachment theory (Bowlby, 1969). Limited family intimacy or cohesion has been linked to vulnerability to depression in female adolescents, as well as poor self-worth, and preoccupations about being abandoned by loved ones. Insecure attachments with parents have been presented as predisposing young people to limited understandings of romantic or intimate relationships (Davila *et al.*, 2009). Young women with this family history may not only have a heightened need for intimacy (which accelerates their entry into dating relationships) but also difficulties in identifying controlling behaviour by partners, uncertain boundaries, and tolerance for aggressive behaviour (Wekerle & Wolfe, 1999). Insecure attachments with mothers and/or fathers may have contributed to these participants' vulnerability to exploitation by dating partners, but this remains speculative, as the interview did not delve into the history of family relationships in detail.

There is very limited prior evidence about adolescents' personal experiences of IPV, as most studies have focused on quantifying risk factors, or gathering young people's attitudes to brief episodes of sexual assault, for example, at parties (e.g., Chung, 2005; Livingston, Hequembourg, Testa, & VanZile-Tamsen, 2007). Clearly, the experiences of fear, powerlessness, and loss of identity resonate with the

qualitative accounts of adult women enduring long-term abusive relationships (Sleutel, 1998). Participants also described the partner's family as creating pressure to maintain the relationship. Men who perpetrate violence towards their partners are considered more likely to have witnessed abuse and manipulation in their own families of origin (Lewis & Fremouw, 2001). It therefore seems plausible that these families might resort to long-standing, coercive ways of behaving towards a young girlfriend whom they perceive as bringing stability or other positive qualities into their sons' (or brothers') lives. This is a distinctive finding that needs further research.

In terms of recovery from IPV, this was seen by participants as a gradual, indeed cyclical process, supporting previous research with adult survivors (e.g., Enander & Holmberg, 2008; Landenburger, 1998; Merritt-Grey & Wuest, 1995; Sleutel, 1998; Smith 2003). Certain pivotal moments of re-appraisal were recalled as 'kick-starting' a range of self-managed recovery processes.

Both identity and attachment theories enhance understanding of some of the recovery strategies that participants described. Reconnecting with healthy peer relationships may have offered alternative sources of healthy affirmation and belonging. These relationships could be re-established quite easily as participants were still at school or college, a resource not so readily available to mature women affected by IPV. Taking responsibility for self (including working towards educational and career aspirations, as socially expected for this age group) may have helped participants to develop a positive identity that was no longer dependent upon a male partner's evaluation. The life stage of adolescence itself was seen as a resource for recovery, as it offers many opportunities for personal development (and the advantage of fewer responsibilities than adulthood). As part of their recovery, participants felt entitled to focus on their own 'identity projects'. Harré (2007) describes young people's identity projects as meeting their needs for belonging, integrity, stimulation, and efficacy. With two participants committing themselves to careers in which they would help others, and the third planning marriage and children, all seemed to be finding meaningful projects around which to construct coherent, positive identities.

## Limitations of the present study

The study has explored experiences of IPV as recounted by three young women. It is unusual in analyzing accounts of IPV, from participants' perceptions of their initial vulnerabilities in early adolescence, through the impact of the abusive relationship, to recovery processes. It was valuable to trace the whole process as the participants offered relatively coherent stories in which the vulnerabilities predating the abuse were addressed as part of the recovery process. This has not been revealed in studies that have focused solely on vulnerability factors or recovery processes.

From a critical vantage point, clearly the findings cannot be generalized. Two participants had enrolled on social work courses, on the basis of their difficult experiences, further narrowing the range of interests and vocations in this small sample. They were a relatively advantaged group, in terms of social class and education. The young women regarded themselves as resilient, and by the time of the study had very positive career and relationship aspirations, as well as satisfactory renewed family support. The focus of this study was recovery and resilience, but clearly not all adolescents living through IPV achieve these positive outcomes.

It cannot be known to what extent their current identities as resilient young women were shaping their accounts of the abuse experience, for example, whether their recalled difficulties in appraising their experiences clearly in early adolescence and their feelings of disconnection, 'really' prevailed at the time. From their vantage point as more mature, resilient women, they may have found it difficult to make contact with their earlier experiences, and their accounts might have been revealing *current* puzzlement about their earlier selves. Given the typical problems that young adolescents have in constructing coherent narratives of identity, it remains uncertain whether these participants had experienced any greater confusion and other problems at the ages of 14–15 than their peers. A comparative study of young people in abusive and nonabusive dating relationships would be needed to explore these issues further.

Two participants had received counselling in previous years. Jasmine had been referred for depression in her very early teens, prior to the abusive relationship. It is unknown whether this experience encouraged her to write a reflective journal and unsent letters. Verity used this strategy also as part of her recovery, although it appears that she did so prior to taking up counselling. Further research into the role of counselling for young people recovering from IPV would be helpful.

Interviews are always co-constructed by participant and interviewer, with uncertain effects on the accounts that are gathered. Likewise, the analysis inevitably reflects the interpretations of the researchers, and those applying different professional theories (e.g., psychodynamic) might draw out different meanings. Clearly, a larger sample would allow for further probing of subjective accounts, but the small sample enabled in-depth analysis, and some comparison and contrast, advocated by IPA researchers as a mark of quality (e.g., Smith *et al.*, 2009). Sensitivity to the participants and their context, rigour, coherence, and transparency are further indicators of quality, which are difficult to establish in a written report and demonstrable mainly through the strong grounding of the themes in verbatim quotations from all participants (Smith *et al.*, 2009). A wide array of experiences has been explored in this paper, although each stage could have been considered in greater detail had space allowed (e.g., participants' perceptions of the complex role of drug use in vulnerability to IPV, or the many types of pivotal moment which began the recovery process). The negative experiences of IPV could have been examined in greater depth in the interviews, but both ethical considerations and also the stated research focus upon recovery or resilience precluded this. Questions about the role of protective childhood experiences in providing a basis for later recovery and resilience emerged during the analysis and could be addressed in further studies.

### **Some implications for psychotherapeutic and preventive interventions**

Preventive and counselling interventions for adolescents have been based mostly on theories about the precursors of dating violence (e.g., Hickman, Jaycox, & Aronoff, 2004; Murray & Kardatzke, 2007; Wekerle & Wolfe, 1999). There are several specific implications for preventive and psychotherapy interventions from the current study, although they remain tentative until evidence is provided from larger studies. First, as young adolescents, participants described struggling with understanding their own

needs for affection and affirmation. As a preventive strategy, the findings imply that schools need to provide safe, reflective spaces in which young people (of both sexes) can discuss IPV, including its precursors. Creative writing may be helpful, connected with activities in which young people discuss novels in which domestic violence takes place (e.g., Doyle, 1998). Participation in such activities may increase awareness of the insidious processes of abuse that can be difficult for young people to define and curtail. Exposure to feminist discourses at school might also help students of both sexes to think more critically and to move beyond individualistic accounts that lay blame at personal weaknesses and needs when explaining why some young women become entrapped in IPV, and why some young men seek coercive control. This critical social perspective was largely lacking in the accounts provided by these participants. Information that an abusive young person's own family might be involved in enticing and manipulating a romantic partner may increase students' awareness and hence resistance to such strategies.

As well as reflective opportunities to increase adolescents' clarity of thinking about IPV, more accessible support needs to be available in school and college, especially for young women with strong façades who may be reluctant to define themselves as victims of IPV. Supportive resources that might reach those reluctant to disclose IPV could include leaflets about IPV, which publicise its incidence and dynamics among young people, drop-in sessions, and virtual support groups. Easier access to professional one-to-one counselling might also help those young people who are ashamed or uncertain about acknowledging IPV, whether as victim or perpetrator.

More timely counselling and psychotherapeutic support might have helped the young women who were leaving the abusive relationship to engage in a less tortuous recovery process. On the basis of the recovery processes presented here, professional support might focus upon helping young people affected by IPV to reframe the relationship as abusive instead of seeing the partner as 'needy', explore strategies that would actively help to reconstitute family and peer support, identify opportunities for experiencing self-esteem, and engage with new identity projects offered by the normal educational and vocational opportunities of adolescence.

## Conclusions

For these participants affected by IPV in adolescence, certain themes resonated with those provided by adult women studied previously. However, there were also distinctive experiences. Vulnerability to IPV in mid-adolescence was attributed to feelings of disconnection from family and friends, a limited sense of agency, and naïve struggles to understand needs and relationships. Although isolation from family and friends is a well-recognized aspect of IPV in mature women's accounts, 'ensnarement' by the partner's family, as discovered here, is less described. This process of ensnarement seemed to capitalise on the adolescent's relative powerlessness (including her financial inability to live independently), and neediness for relationship, thereby perpetuating her entanglement with the abusive partner. To leave their partners, and recover their resilience, all participants described repairing relationships with their families and gaining meaningful allies among untroubled peers, as well as making positive choices about their future directions in life. They appeared to re-establish a positive developmental trajectory, assisted by the normative transitions that are associated with the adolescent life stage such as going to college, starting work, and enjoying social activities. Such supports and activities seem less readily available to mature women rendered powerless by IPV. Identity and attachment theories help to explain aspects of the vulnerability and recovery process.

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