"I DON'T FEEL LIKE IT'S WELL UNDERSTOOD"

PERCEPTIONS AND EXPERIENCES OF INTIMATE PARTNER VIOLENCE AMONG STUDENTS AT AN EASTERN CANADIAN UNIVERSITY

by

Jo-Anne Fullerton

Bachelor of Arts (Hon.), St. Thomas University, 2019

A Thesis Submitted in Partial Fulfillment
of the Requirements for the Degree of

Master of Arts

in the Graduate Academic Unit of Sociology

Supervisor: Dr. Carmen Gill, PhD, Sociology

Examining Board: Dr. Tia Dafnos, PhD, Chair
Dr. Cathy Holtmann, PhD, Sociology
Dr. Andrea Bombak, PhD, Sociology
Dr. Matt Rogers, PhD, Education

This thesis is accepted by the
Dean of Graduate Studies

THE UNIVERSITY OF NEW BRUNSWICK

January, 2022

Abstract

Intimate partner violence (IPV) is a prevalent and pressing issue among university students and has devastating consequences for those affected. Despite the high rates of IPV on university campuses, the topic is often left undiscussed and overlooked as a priority. Using a mixed-methods approach, the current study was conducted to explore how students at an eastern Canadian university understand, experience, and disclose situations of IPV. A sample of 228 students were surveyed and 6 survivors were interviewed to gather information on perceptions, lived experiences, and help-seeking behaviours. Results suggest that students are aware of the basic aspects of IPV, although many of the complex components are misunderstood. Results also suggest that IPV is a common issue among this group of university students and experiences are often disclosed despite the significant number of barriers that deter help-seeking behaviours. This study shows the need for increased IPV awareness on university campuses in addition to resources specifically designed for IPV in order to prevent experiences and better protect university students.

Dedication

This thesis is dedicated to all of those who have experienced intimate partner violence.

You are important. You are loved. You are not alone.

Acknowledgements

First and foremost, I would like to express my sincerest gratitude to my thesis supervisor, Dr. Carmen Gill. Thank you for taking me on as your student and guiding me through this academic journey with patience and kindness. I have learned so much from you throughout this experience and your passion and research on IPV is inspirational. Thank you.

To my second reader, Dr. Holtmann, thank you for providing such amazing feedback and support throughout the last few years. You have been an important part in improving my research and academic experience. To my examining committee, Dr. Bombak & Dr. Rogers – thank you for joining this project during such a busy time and for your wonderful and insightful contributions. I truly appreciate all of the advice and support that this committee has gifted to me. I would also like to thank Dr. Gupta for allowing me to grow as her TA personally, academically, and professionally, and Dr. Hardy, an excellent educator who is a beacon of light, especially during our first year when it could have been incredibly daunting. The department and its' administration have been fantastic, and I am very grateful.

The Grad Squad: I am forever thankful to have met you all. You have inspired, educated, and moved me in countless ways since we started this crazy journey in September 2019, and I am blessed to call you all friends. This was an incredible cohort of graduate students and is one that I will always remember with such fondness. I would not have made it through without you all. The support, the discussions, and the laughter in this group was second to none.

I would like to thank my parents and my partner Tristan for their continuous love and support. Thank you for pushing me to be the best I could be, for bouncing around ideas and concepts, for being my safe space, and for always believing in me. I could not have done this without you all – you are the best.

Lastly but certainly not least, I would like to thank all of the student participants who have made this research possible. Your perceptions and experiences are so incredibly important, and I hope that I have given your stories justice. With all of your help, we will continue to strive to make a difference in how IPV is understood and experienced among university students and in society.

I am beyond grateful for this Master's experience. Thank you all for making my years at UNB wonderful, challenging, but most importantly, unforgettable.

Table of Contents

List of Tables

Introduction

Topic Overview

Intimate partner violence (IPV) has been acknowledged as an international epidemic that causes severe health, social, and financial consequences to survivors and society as a whole, and is not limited to any particular age, ethnicity, socio-economic status, religion, or culture (Statistics Canada, 2015; Umana et al., 2014). Diligent efforts and support by feminist and activist movements has allowed IPV to leave the privacy of the home to become a recognized societal and criminal issue. Over the last several years, IPV has become the focus of many research projects, policies, and awareness campaigns throughout several nations. IPV can be caused by a current or former partner and the World Health Organization (WHO) includes a wide range of behaviours under its definition. This includes "physical aggression, sexual coercion, psychological abuse, and controlling behaviours" (2017, para. 2). In addition, IPV operates by isolating, terrorizing, and removing the freedom of the survivor (Cho & Huang, 2017). Survivors may experience detrimental effects to their health and well-being, such as chronic disease, mental illness, addiction, destruction of outside relationships and financial instability (Akers & Kaukinen, 2009; Fry et al., 2013). They may even lose their life in the process by continuing or by leaving the intimate relationship.

While IPV does not discriminate between geography or demographics, certain groups are disproportionately affected, such as young adults, specifically university students in intimate relationships. IPV is especially prevalent during this stage of life, as many survivors who have experienced IPV reported that their first incident occurred between the ages of 18 and 24 (Sabina & Ho, 2014), the most common age group for

university students. Despite both young men and women experiencing abuse by their partner, IPV tends to be a gender-based issue and the reporting rates are typically higher for females (Statistics Canada, 2015). The percentage of college students that have experienced IPV typically ranges between 20% and higher (Branch et al., 2013). This rate, however, may never truly capture the entire number as many victims of crime do not disclose, especially in regard to IPV (Akers & Kaukinen, 2009). Despite the significant number of IPV survivors and informal support systems on university campuses, it is not a widely discussed issue and requires more understanding in order to better provide support and preventive measures for the student population (Branch et al., 2013).

Intimate Partner Violence in Diverse Relationships

University students, despite being primarily a younger age group, comprise of diverse individuals in various stages of life with unique personal identities in terms of their gender, ethnicity, and socioeconomic status. Certain students may be just beginning university and learning how to become independent, while some may be returning students and have established relationships and families. That means that while some students may be only starting to date, others may be in serious, committed relationships. While there are several differences between dating, committed relationships, marriages, and common law partnerships, IPV may occur no matter the classification. The type of relationship is not the only aspect that allows diversity among couples at university. Intimate partners may also vary in terms of their gender identity, sexual preference, socioeconomic status, and ethnicity which makes every relationship a unique experience for the individuals involved. Regardless of their age, sexual orientation, class, or marital

status, university students are vulnerable to IPV no matter the type of relationship or the partners they are with, though some identities may increase the likelihood of IPV. Considering the average age of university students, it is expected that the majority of students who are in relationships will be involved in dating relationships rather than committed or married ones, however, all forms of partner violence will be included and explored within this study. Thus, throughout this thesis, "intimate partner" will refer to all intimate partners, including current and former spouses and dating partners, and "intimate partner violence" will refer to any abuse or aggression that occurs in a close relationship.

Current Study

In order to improve existing knowledge on IPV among the student population, this study focuses on and explores three important questions: how do university students understand, experience, and disclose IPV? Using both intersectionality and stigma as theoretical perspectives, the effects of several social identities over perceptions and experiences are investigated. This study uses a mixed methods approach involving two components. The first component consists of online surveys distributed to university students who are asked about their understanding of IPV myths and behaviours, personal and vicarious experiences, help-giving and help-seeking behaviours, resources available, and demographic characteristics. The second component consists of interviews with student survivors of IPV to explore their experiences disclosing to informal and formal support systems, or any barriers that limited reporting. The data collection methods are presented, the data analyzed using the theoretical perspectives, the findings discussed, and then compared with the existing literature to better understand students' IPV

perceptions, experiences, and help-seeking behaviours. It is also important to acknowledge that this study was conducted in the midst of the unprecedented Covid-19 pandemic.

Rationale & Purpose

Despite consistently high rates of IPV among university students and being one of the leading causes of violence among young women (Makepeace, 1981; Statistics Canada, 2018), seldom has research been conducted concerning the perceptions, experiences, and help-seeking behaviours of IPV among university students. Even less research has been conducted in Canada specifically and especially on the east coast. This research will attempt to fill a gap in the literature and develop a better understanding of this pressing issue in this particular location and population.

IPV is rarely discussed on university campuses (Cho & Huang, 2017). Raising awareness and eliciting discussion about IPV is crucial as many students arrive at university with limited life experience and are not properly informed about the dynamics, warning signs, or risk factors of IPV (Branch et al., 2013). Therefore, the purpose of this research is to better understand students' perceptions, experiences, and disclosures to determine how knowledge can be improved, how experiences can be prevented, and how students can be assisted. This information will help in eventually providing enhanced awareness and services to improve the experiences of students and survivors on campus.

1.0 Literature Review

1.1 Defining Intimate Partner Violence

IPV, otherwise known as domestic violence, has been defined by a multitude of scholars and organizations over the years, and has continued to adapt with the growing knowledge on the topic. Though certain differences between definitions exist, most sources agree that IPV consists of behaviours and threats of a physical (hitting), sexual (forced sex), emotional (name-calling), financial (restricting money), harassing (unwanted attention), and psychological (intimidation) nature that cause harm to those involved in an intimate relationship (CDC, 2020; Statistics Canada, 2021; United Nations, n.d.; WHO, 2012). IPV can also involve a pattern of behaviours that are "used to gain or maintain power and control" (United Nations, n.d., para. 1), also known as coercive control (discussed below), that can range in severity and frequency during or after the course of a relationship. Partners can involve a current or former dating partner or spouse (CDC, 2020; Statistics Canada, 2021). Thus, IPV is not limited to any type of violence, pattern, partner, or relationship.

1.1.1 Coercive Control

Coercive control, though subtle and difficult to detect, is performed using various tactics (e.g., violence, intimidation, isolation) and is a significant element of many abusive relationships. Stark (2007) describes that this type of violence consists of both coercion: "the use of force or threats to compel or dispel a particular response" (p. 228), and control: "structural forms of deprivation, exploitation, and command that compel obedience" (p. 229). Stark explains that when these two components are used together, this can lead to "entrapment" (2007, p. 229) and the denial of "autonomy, basic liberty,

and equality" (2009, p. 1511). In other words, there is a presence of "micro regulations of everyday behaviours with resistance to this micro regulation leading to punishment" (Bettinson & Bishop, 2015, p. 183). It is critical that coercive control be included and considered when studying IPV as it is often overlooked and misunderstood but presents dire consequences.

1.2 Perceptions of Intimate Partner Violence

Perceptions of IPV, including how myths and abusive behaviours are understood, have a significant effect on how violence is normalized and experienced in society and among university students. This section explores the influence of perceptions and students' perceptions of myths and behaviours in further detail.

1.2.1 The Influence of Perceptions

IPV is a complex phenomenon that cannot be explained without first understanding society's perceptions and attitudes on the issue. Perceptions represent the "social and cultural norms concerning what is or is not acceptable regarding the use of violence in intimate partner relationships" (Gracia et al., 2020, p. 104). Perceptions can either enable or discourage violent-tolerant environments (Ferrer-Perez et al., 2020). Perceptions that are accepting of IPV may help to predict and explain the perpetration of violent behaviours, and the prevalence of lifetime violence (Bartholomew et al., 2013; Waltermaurer, 2012). Many studies have also shown correlations between patriarchal and sexist perceptions with violent behaviour (Capaldi et al., 2012; Flood & Pease, 2009; Puente et al., 2016). Identifying perceptions is thus essential in further understanding IPV and attempting to reduce stigma and future violence by changing the dialogue regarding IPV (Gracia, 2014).

Perceptions that implicitly or explicitly support IPV have numerous consequential effects on perpetration, victimization, and societal behaviour. Societies that hold perceptions that tolerate, excuse, or justify IPV may enable situations where certain individuals act in violent manners as they believe there will be little to no repercussions from the community (Flood & Pease, 2009; Waltermaurer, 2012). Survivors are also likely to adopt the same perceptions that are prevalent in the community. By doing so, they may internalize feelings of shame, blame, and embarrassment which can have serious negative effects on their overall well-being. They will also be less likely to seek help from others or leave the relationship, considering they may believe they will be stigmatized and that others condone their victimization (Flood & Pease, 2009; Worden & Carlson, 2005). Perceptions also shape how those around them, including family and peers, respond to the situation (Frye, 2007; Gracia et al., 2014). Community members who justify IPV or believe it to be a private matter are more likely to ignore violent behaviours and not intervene. If they do respond, it will often be less supportive and empathetic towards victims creating an even worse situation for those already having experienced violence (Flood & Pease, 2009; Waltermaurer, 2012). Professional members of the community, be it law enforcement, health care professionals, or social workers, will also be influenced by their perceptions and will respond to IPV cases accordingly. This demonstrates the importance of identifying and attempting to change perceptions accepting of IPV within society.

Perceptions that are accepting of IPV may also lead to normalizing and justifying violent behaviour. This normalization of violence in society makes it so that violent experiences, particularly those that are non-physical, are seen as typical relationship

behaviours that are difficult to detect and easy to excuse. Psychological and emotional abuse are especially difficult to acknowledge when what has been defined as violence or considered serious typically involves physical or sexual behaviours. Research shows that a significant number of students who have experienced violence by a partner have difficulty identifying IPV and do not perceive themselves as victims (Cortes et al., 2014; Garcia-Diaz et al., 2017; Spencer et al., 2017). Thus, perceptions not only assist in predicting or influencing behaviours but they may also serve to undermine situations of abuse and alter what many believe to be violence.

1.2.2 Student Perceptions

No matter the country or culture, one of the most significant factors that influence perceptions of IPV is the level of education. Higher education has shown to help combat IPV myths and is also correlated with low acceptance of IPV (Bucheli & Rossi, 2019; Gracia et al., 2020; Wang, 2019). Studies have thus found that IPV is typically not supported by most university students and the majority do consider it to be a problem (Capezza & Arriaga, 2008; Spencer et al., 2017). Despite being less accepting of IPV than other groups with lower education, perceptions supporting IPV are still higher than some would assume among the student population. Where university students are in a position of higher learning and have the ability to access an abundance of information, they should be involved in a social group that discourages violent behaviours and have better insight on the dynamics of IPV (Wang, 2019).

Within universities, there appears to be some differences in perceptions as well. Certain studies have found that students in higher years of university or who were further along in their degrees demonstrate more understanding and less acceptance of

IPV myths (Bryant & Spencer, 2003; Postmus et al., 2011). These findings indicate that students may be learning about IPV throughout their time at university allowing them to be more knowledgeable about the issue (Nabors et al., 2006). Other studies, however, demonstrated the opposite. Younger students in different studies appear to be more supportive of victims and were less likely to justify IPV compared with older students (Anderson et al., 2011; Obeid et al., 2010). One study actually found that liberal arts students were more knowledgeable on IPV than science students. This is possibly due to the fact that these faculties focus on different issues and topics, and science students may have less time to focus on social problems (Wang, 2019).

1.2.3 Perceptions on Types of Violence

IPV does not only consist of physical acts of violence but involves a wide range of behaviours that work to intimidate or hurt an individual. Many people, however, will only acknowledge physical violence and visible injuries by a partner to be considered IPV (Harris et al., 2015; Webster et al., 2014; Yamawaki et al., 2009). Students are often able to easily identify and recognize physical violence (Ahmed et al., 2013; Nabors et al., 2006; Towler et al., 2020). Physical violence and threats of harm, such as choking, kicking, or forced sex, are the easiest to identity among students and are perceived as the most serious acts of violence (Capezza & Arriaga, 2008; Garcia-Diaz et al., 2017). Physical violence is much more likely to be considered as such when the severity and frequency of the situation is high, and when there is acceptance of any IPV myths that only acknowledge physical violence (Yamawaki et al., 2012).

Though non-physical behaviours are occasionally considered to be IPV by the public, they are rarely deemed as serious as physical violence or in need of intervention

(Webster et al., 2014). University students also have significant difficulty recognizing non-physical violence, such as insults, shouting, and throwing objects (Towler et al., 2020; Wang, 2019). Psychological violence that consists of jealousy, possessiveness, manipulation, and stalking are often more accepted by students than physical violence, as without visible injuries, they may be more complicated for students to recognize (Garcia-Diaz et al., 2017; Harris et al., 2015). These behaviours may even be perceived as acts of love by some students (Ferrer et al., 2010; Knickrehm & Teske, 2000).

1.2.4 Accepting Myths & Justifying Behaviours

Many young adults and university students have difficulty understanding the dynamics and complexities of IPV. This is often due to the influence and the acceptance IPV myths that are in circulation that serve to diminish the importance of the issue. These myths are claimed to be "stereotypical beliefs about domestic violence that are generally false but are widely and persistently held, and which serve to minimize, deny, or justify physical aggression against intimate partners" (Peters, 2008, p. 6).

Myths that serve to minimize or overlook the seriousness of IPV are occasionally believed by the public and by students. Studies have demonstrated the beliefs that women actually desire to be abused (Haj-Yahia & de Zoysa, 2007; Worden & Carlson, 2005), and that IPV should be considered a private matter (Fanslow et al., 2010; Gracia et al., 2020; Harris et al., 2015). Female perpetrated IPV is also more accepted and considered less serious than male perpetrated IPV (Anderson et al., 2011; Spencer et al., 2017). These perceptions undermine, justify, and hide the harm that IPV causes and works to condone perpetration, which can be seen when more female students claimed

that they could hit their male partner in certain situations without any consequences (Ahmed et al., 2013).

Students have also been shown to believe myths that ignore the dynamics of IPV. Several studies have found that young adults and students believe that abused women could easily leave violent relationships if they wanted to (Harris et al., 2015; Nabors et al., 2006). Another study found that if the survivor returns or stays in the relationship, especially amongst dating partners, they are more harshly blamed as it is assumed there are several opportunities for them to leave (Yamawaki et al., 2012). The majority of participants in these studies did not understand why they stayed with violent partners or the barriers associated with leaving a violent relationship (Worden & Carlson, 2005).

There were several reasons for violence that the public and students believed to be excusable or justified. Violence was often excused when it was believed to be caused by a temporary loss of control, high stress levels, or when the abuser showed regret after the incident (Harris et al., 2015). Studies have also found that some students believe women have done something to provoke the violence, for which they are judged more harshly (Kristiansen & Giulietti, 1990; Sakall, 2001). Justifications for violence included infidelity (Fanslow et al., 2010; Stickley et al., 2008; Waltermaurer, 2012), sexual behaviour (Ferrer-Perez et al., 2020; Gracia, 2014; Ivert et al., 2018), and intentionally defying the partner (Tsai et al., 2017). These circumstances all represent victim-blaming perceptions, which may lead to trivialization and continuation of IPV (Gracia, 2014). The blame generated by members of the community is actually another form of victimization that survivors have to endure (Fehler-Cabral et al., 2011).

1.3 Experiences of Intimate Partner Violence

1.3.1 Prevalence & Experiences

Although rates of IPV are dependent upon the population involved and the research methodology, dozens of international studies in the last several decades have demonstrated the significant prevalence and effects of IPV. The general consensus reflects that approximately 30% of the female population has experienced some form of IPV at one point in their lifetime (Gracia et al., 2020; Tausch, 2019; UN Women, 2019) and 5% of the male population (Towler et al., 2020). Despite the substantial prevalence of IPV on the international scale, these rates still do not demonstrate the entirety of the situation as many factors play a role in limiting the disclosure and reporting of IPV (Overstreet & Quinn, 2013). Thus, the actual prevalence of IPV is expected to be much higher.

Not only is IPV a common issue within the general public, but it is also a pressing concern among university students. The student population is even considered very high risk for experiencing IPV (Cornelius & Resseguie, 2007), as there tends to be a lack of information surrounding IPV during early adulthood (Cortes et al., 2014; Shulman & Connolly, 2013). Rates of IPV victimization among university students vary, though many students will have experienced some form of partner violence prior to or during their years at university. Since the 1980s when IPV first begun being studied among students, Makepeace (1981) demonstrated that approximately 20% of students will have experienced IPV. This statistic has only increased in magnitude or in disclosure since his time (Luthra & Gidycz, 2006). Depending on the form of violence, dozens of studies conducted have shown that rates of IPV among university students

range from 15% to 80% (Branch et al., 2013; Cho et al., 2020; Pengpid & Peltzer, 2016). Often times, the most accurate rate ranges from 20% to 30%, similar to the global average (Cho & Huang, 2017; Scherer et al., 2016). The high victimization rates also reflect and coincide with the high IPV perpetration rates among students (Straus & Ramirez, 2007).

The significant prevalence of IPV on university campuses has a serious negative impact on students' physical, mental, and academic well-being, and carries several consequences after the initial experiences of violence. IPV may negatively influence a student's academic outcomes and success, daily routine, and social functioning (Cho et al., 2020; Greenman & Matsuda, 2016). Students may develop mental health problems such as depression, anxiety, suicidal thoughts, low self-esteem, and high levels of fear, particularly in young women (Cho et al., 2020; Hancock et al., 2017). Experiences of IPV also lead to physical injury, chronic pain, (Moskowitz et al., 2001; Smith et al., 2003) and may also lead to lifetime IPV victimization (Greenman & Matsuda, 2016). This makes it that much more important to acknowledge student experiences and achieve what is possible to prevent and intervene early on.

The most common forms of IPV experienced by the student population involves psychological and emotional violence (Cho & Huang, 2017; Cho et al., 2020; Copp et al., 2019; Machado et al. 2010). This type of violence often affects approximately half of students' relationships (Chan et al., 2008; Fass et al., 2008; Scherer et al., 2016). It is behaviours such as yelling, screaming, insults, degradation, and swearing that are more commonly present in terms of psychological violence (Barrick et al., 2013; Bonomi et al., 2012). The effects of these behaviours over students' mental health are detrimental

and for many survivors, has longer lasting negative effects than physical violence (Barrick et al., 2013). Psychological violence typically occurs alone or may even help in predicting future physical violence in many relationships (Sears et al., 2007).

Though not as prevalent as psychological violence, physical and sexual violence are still significant within the student population, affecting approximately a quarter and a tenth of relationships, respectively (Branch et al., 2013; Chan et al., 2008). The majority of incidents do not result in severe injury (Cho & Huang, 2017; Postmus et al., 2011; Scherer et al., 2016). Being shoved, hit, grabbed, or thrown things at were the behaviours most reported by students (Barrick et al., 2013; Daley & Noland, 2001). Similarly, in cases of sexual IPV, depending on the behaviour and the severity, it occurs in a significant number of student relationships, predominantly against women (Cho & Huang, 2017; Cho et al., 2020; Scherer et al., 2016). It is also extremely likely that forms of violence that students experience are comorbid and overlap, especially with psychological violence (Aosved & Long, 2005).

Coercive control is a significant element in student relationships. Whether it be psychological, physical, or sexual violence, coercive control plays a role through fear, manipulation, isolation, and surveillance of the survivor. Although certain behaviours are more recognizable as violence, coercive control is subtle, occurs over time, and difficult to understand or detect (Branch et al., 2013; Chan et al., 2008). Many students frequently report feeling threatened, humiliated, monitored, and controlled by their partner while in university (Barrick et al., 2013; Bonomi et al., 2012; Spencer et al., 2017). Coercive control can present itself in many ways, which has increased by the prominent use of technology and social media in younger age groups. Controlling

behaviours have become normalized among students by the monitoring of a partner's online activity, messages, and location, disguised as acts of affection (Borrajo et al., 2015; Burke et al., 2011).

These statistics and reports demonstrate the seriousness of IPV among university students, though it is more than possible that many students are experiencing IPV without realizing. Cortes and colleagues (2014) found that many students experienced various forms of violent behaviours, without acknowledging that they experienced IPV or were survivors. It is especially difficult to recognize certain psychological or controlling behaviours as IPV when one has become accustomed and groomed into these types of situations that have become normalized within society (Vázquez & Castro, 2008). Not only are these behaviours not being detected, but they also may be rationalized or confused with signs of love and affection instead of control and power (Charkow and Nelson, 2000).

1.4 Demographic Differences of Perceptions & Experiences

There are several demographic identities and behavioural elements that have been found to influence perceptions and experiences of IPV. The research has largely found that gender identity, age, sexual orientation, disability, mental illness, and substance use have significant effects over IPV, discussed in further detail below.

1.4.1 Gender Identity

Various studies have demonstrated that in comparison with male students, female students are more likely to empathize with the victim, blame the perpetrator, and are more knowledgeable on IPV issues, thus consider a wider array of behaviours as serious and harmful (Arnocky & Vaillancourt, 2014; Ferrer-Perez et al., 2020; Obeid et al.,

2010; Towler et al., 2020; Wang, 2019). Research also demonstrates that male students more often blame the victim for the violence they endured, or for returning to a violent partner (Anderson et al., 2011; Yamawaki et al., 2012).

In terms of experiences, both men and women do suffer at the hands of an intimate partner and a few researchers have found that men and women experience violence at similar rates (Dardis et al., 2017; Harris et al., 2015). However, those who identify as female are at a higher risk for IPV (Cho et al. 2020, Wathen et al., 2018). IPV is one of the leading causes of violence that women experience and the majority of reported IPV incidents involve a female victim (Barrett & St. Pierre, 2013; Statistics Canada, 2018; Velopulos et al., 2019). Studies have also shown the additional struggle that female university students have to face in regard to IPV, specifically in terms of the consequences that may occur (e.g., fear) (Cho et al., 2020). In addition, many studies have found that gender identity has a negative influence over experiences of IPV, whereby transgender and gender nonconforming individuals are more likely to experience emotional, physical, and sexual violence in comparison with their cisgender counterparts (Peitzmeier et al., 2020; Scheer & Baams, 2019; Wathen et al., 2018; Whitfield et al., 2018). Therefore, it is essential to consider gender identity as a significant factor when researching IPV experiences.

1.4.2 Age

Although age was a relatively consistent factor across various studies, with younger individuals more likely to show perceptions that justified or tolerated IPV (Copp et al., 2019; Tran et al., 2016; Waltermaurer, 2012), certain studies found that younger participants were less likely to accept IPV (Gracia et al., 2020; Ivert et al.,

2018). Despite many studies demonstrating a higher likelihood for IPV-tolerant perceptions in youth, the fact that others show the opposite makes this factor inconsistent.

Although IPV occurs at every stage of life and affects every age group, national statistics and certain studies do suggest that the risk of IPV decreases with age (Spencer et al., 2019; Statistics Canada, 2015). Rates of IPV are typically the highest for young adults in dating relationships (Statistics Canada, 2018). More specifically, young women under the age of 30 (Devries et al., 2014; Statistics Canada, 2015; Towler et al., 2020). IPV perpetration rates also peak in the early twenties and begin to decline in the late twenties; thus, it is understandable that victimization is also excessively high during these years (Johnson et al., 2015). Young adulthood is often a period where many first incidents of IPV occur (Bonomi et al., 2012; Sabina & Ho, 2014), which happens to be the most common age group for college and university students.

1.4.3 Sexual Orientation

Sexual orientation also tends to have an influence over experiences of IPV. Several studies have found that those who identify as LGTBQ+ are at higher risk for IPV than their heterosexual counterparts (Edwards et al., 2015; Langenderfer-Magruder et al., 2016; Reuter et al., 2015). LGBTQ+ university students report high rates of all forms of IPV and believe their sexual orientation was a significant factor in their victimization (Graham et al., 2019; Porter & Williams, 2011; Reuter et al., 2017). Whitfield and colleagues (2018) found that bisexual students showed the highest rates of IPV, while another study found that those questioning their sexuality had the highest prevalence of IPV (Langenderfer-Magruder et al., 2016). Though results differ, these

findings add to the overall understanding that IPV is prevalent among the LGBTQ+ community.

1.4.4 Disability

Another influential factor that has been shown to negatively affect IPV victimization is having a disability. Disability can refer to difficulty with mobility, mental, emotional, or physical conditions, visual or hearing impairments, or requiring special equipment (Barrett & St. Pierre, 2013). Both men and women with disabilities are almost twice as likely to be at risk of lifetime IPV than those without (Breiding & Armour, 2015; Smith, 2008). Students with disabilities also experience IPV at significantly higher rates (Findley et al., 2016; Porter & Williams, 2011; Scherer et al., 2016). Son and colleagues (2020) actually found that out of their group of student participants, 70% of those with disabilities experienced IPV.

1.4.5 Mental Illness

Findings have also shown that mental illness, such as depression, eating disorders, and post traumatic stress disorder (PTSD) are often associated with experiences of IPV (Ackard et al., 2007; Barrick et al., 2013; Hines & Douglas, 2016). Certain studies have shown that mental health and mental illnesses are risk factors and help to predict experiences of IPV (Dardis et al., 2017; Pengpid & Peltzer, 2016). Other studies have demonstrated that negative mental health is often correlated with IPV, but as a consequence of the violence rather than a risk factor (Chandan et al., 2020; Spencer et al., 2017). Though the direction of the correlation is difficult to say with certainty, it is likely that mental illness and IPV are often correlated.

1.4.6 Substance Use

Substance use has also been strongly associated with IPV victimization. Many researchers have found that higher consumption rates of alcohol, cannabis, hard drugs, prescription medication, and especially a combination of multiple substances are associated with a higher risk of IPV experiences (Cho et al., 2020; Jennings et al., 2017; Waller et al., 2012). Alcohol and marijuana use can also be a reaction to the violence rather than a risk factor. Victims of IPV may use substances to deal with conflict and cope with the violence and their emotions (Devries et al., 2014). Similar with mental illnesses, it is difficult to show if IPV leads to substance use or vice versa, but there is clearly an association among the two factors.

1.5 Survivors' Help-Seeking Behaviours

1.5.1 Non-Disclosure

Many young adults are already hesitant or unwilling to seek help with the problems they encounter throughout their daily life, and this is even more likely for those experiencing IPV (Ashley & Foshee, 2005; Black et al., 2008; Cho & Huang, 2017). No matter the form of violence they experience, a significant number of young adults do not disclose their encounters of IPV with anyone (Fry et al., 2013). IPV often goes undisclosed or unreported on university campuses (Makepeace, 1981), and some studies found that only 15-30% of college students reached out for support after an incident of IPV (Cho & Huang, 2017; Moore & Baker, 2016; Sabina & Ho, 2014). Certain survivors do require social support in order to feel safer and begin healing, thus disclosure and help-seeking is crucial in these situations (Banyard et al., 2020).

Though a reluctance to disclose is common for many victims of crime, several factors may have an influence over the decision to seek help for those with violent partners. A survivor's demographic and personal characteristics (e.g., sexual orientation) may deter reporting through anticipated discrimination (Cho et al., 2020; Overstreet & Quinn, 2013). These factors, alongside fear of what will happen if they do report (Ansara & Hindin, 2010; Black et al., 2008; Cho et al., 2020) and acceptance of IPV myths (Demers et al., 2018) also result in lack of reporting. Help-seeking is not always effective or supportive either, which may hinder further help-seeking behaviours through fear of secondary victimization and additional suffering (Campbell, 2008; Laing, 2017; Wolf et al., 2003).

Students could also have limited knowledge concerning the components of a healthy relationship and how partners are supposed to behave with one another. Violence may not be correctly identified when there is no clarity as to what is normal or acceptable, especially when the nature of IPV is usually left undiscussed in the school community (Cho & Huang, 2017). The belief that the violence was not important or serious enough to be shared with others acts as a significant barrier (Cho et al., 2020; Cortes et al., 2014; Demers et al., 2018). Many who experience IPV do not disclose as they believe that in order to be taken seriously by their peers or professionals, they must experience severe physical violence or they need to demonstrate physical evidence (Sabina & Ho, 2014).

For many young people who are finally beginning to gain their independence and build their self-confidence, seeking help or even acknowledging the violence that they have encountered may be detrimental for their well-being as they may believe they have

failed at being self-sufficient and do not want others to know (Branch et al., 2013). Help-seeking may make the survivor feel dependent or inferior, thus the costs of disclosing, such as the stigma and decreased self-esteem, may outweigh the benefits of coping and recovering (Black et al., 2008; Harris et al., 2015). Many students are also unaware of how they can reach out for help when they become victimized by a violent partner (Branch et al., 2013). Reaching out for help is often the first step to lessen the impact of IPV and encourage coping mechanisms. It may even provide the necessary means to end the relationship and escape the violence (Demers et al., 2018; Postmus et al., 2011).

1.5.2 Informal Support Sources

When young survivors do disclose their experiences of IPV in dating relationships, it is most commonly to informal support sources, such as friends and parents (Ansara & Hindin, 2010; Ashley & Foshee, 2005; Lachman et al., 2019). This is especially true for cases of psychological violence (Cho et al., 2020). Informal supports are extremely important and may be very beneficial to the survivor's well-being. They may also play an important role in finding additional help or reducing future violence (Fry et al., 2013; Sylaska & Edwards, 2014). In the student population specifically, informal support is considered to be helpful when emotional support, practical advice, and tangible support are provided. Although it is considered unhelpful when the situation is not taken seriously, there is blame attached, or there is pressure to take certain actions such as ending the relationship (Edwards et al., 2011; Sylaska & Edwards, 2014).

In most instances of disclosure, informal support sources usually consist of friends who typically prove to be the first and last support source during the course of a violent relationship (Fry et al., 2013; Sabina & Ho, 2014). They are also often considered to be the most useful and supportive source of help (Sylaska & Edwards, 2014). Friends and peers are typically the first choice for discussing personal and general relationship issues, which can then lead to disclosure of any violence that the survivors had experienced (Fry et al., 2013). Survivors often choose their friends as they believe they have a better understanding of their personal and social situation, are more supportive, and are believed to be less likely to share their situation with others (Black et al., 2008).

Though at a higher rate than formal support, disclosure to family members occurs at a less frequent rate in cases of IPV among young survivors than to friends (Cho & Huang, 2017). Survivors may be more hesitant to disclose to their parents or other family members as they may believe that the response would be negative, or that they may be blamed, guilted, or embarrassed in the process (Lachman et al., 2019). That being said, when the violence is physical and escalating, young survivors are more likely to reach out to adults they trust, typically a parent, as they are believed to have more resources or knowledge to help end the violence (Fry et al., 2013). There are other informal social networks that survivors may go to for help, but they are not nearly as common a support source as friends or family (Lachman et al., 2019).

1.5.3 Low Use of Formal Support

Formal support sources and professionals are underutilized by survivors after incidents of IPV in dating relationships. This is especially true if there are limited

support systems available or if survivors are not aware of the support systems (Findley et al., 2016; Lachman et al., 2019). This is unfortunate as many sources of formal support are better equipped to address the needs of the survivor in comparison with informal support (Mookerjee et al., 2015). When formal support systems are utilized, counselling or health services are typically the preferred resource as they are believed to be more accessible (Ansara & Hindin, 2010; Barrett & St. Pierre, 2013; Cho & Huang, 2017).

It is especially true that young adults are less likely to report violence to professionals, with the police being the source that survivors are the least willing to use (Akers & Kaukinen, 2009; Black et al., 2008; Gracia et al., 2009). University students also appear to be hesitant in reporting IPV to professionals on campus, such as campus security (Demers et al., 2018; Henning & Klesges, 2002). Similar as to why young people do not seek help for other problems, students may not be aware of the services available to them, or they may believe that they are only available for individuals other than themselves (Lachman et al., 2019). Often, there are delays in reporting IPV to formal support systems after an incident has occurred (Dunham & Senn, 2000), which demonstrates the need to advertise and educate survivors on these resources and make them more accessible and effective.

Although survivors do not often disclose victimization to professionals, the most significant reason for reporting IPV to formal support systems is the severity of the incident. Having the sense that the incident is urgent, violence is escalating, and immediate help is needed increases the likelihood of reporting to the police, other members of the criminal justice system, shelters, crisis lines, and health professionals

(Cho & Huang, 2017; Duterte et al., 2008). The presence of weapons, injuries, and fear also influence help-seeking to several formal support systems but again the utilization rates are not very high (Ansara & Hindin, 2010; Demers et al., 2018; Sabina & Ho, 2014,). There are still many survivors who experience severe violence but are reluctant to seek help from professionals, despite this being an important step in the process of leaving a violent partner (Akers & Kaukinen, 2009).

1.5.4 Campus Resources Available

Universities typically have policies and codes of conduct for wrongdoing and violence on their campuses. The majority of universities have resources for incidents of sexual assault and sexual violence, issues that are more regularly disciplined and discussed with several support systems that students can reach out to. That being said, IPV often remains undiscussed among the university population despite its prevalence and impact. Very few university administration policies in Canada have been developed for students involving IPV specifically. Certain universities do mention intimate partners within their sexual violence policies, and resources do cater to survivors who have been abused by their partner. However, information regarding IPV and programs specifically created for IPV survivors are limited at most universities, even the major universities in Canada (e.g., Toronto, McGill, Ottawa).

At both University of New Brunswick (UNB) campuses, Sexual Assault Support Advocates are trained and available to assist students to help direct them to the support they need, whether that be academically, legally, or medically. Advocates provide resources and a safe place to listen to and explore the needs of the survivor. The advocates also have experience working with and counselling for IPV. The Campus

Sexual Assault Response Team, which consists of multiple service providers around campus (e.g., Residence Life, Counsellors) work alongside the advocates to empower survivors and help with academic accommodations and residential aid. Counselling services are available on both campuses where incidents of IPV can be discussed. UNB has other resources such as a mental health strategist, the student health centre, and helpful material related to IPV (e.g., Love Shouldn't Hurt Campaign) on the Muriel McQueen Ferguson Centre for Family Violence Research webpage. They often refer to local services such as crisis helplines, health services, and the sexual assault centre on their website as well. On the UNB Saint John campus, there is also Real Campus which provides immediate access to counselling and support at all hours.

For peers that have been disclosed incidents of sexual assault, the UNB website also provides directions and steps to follow, beginning with ensuring the safety of the survivor and listening empathetically. Although the guidelines are specific for sexual assault, some of the directions and references provided may prove to be helpful when disclosed incidents of IPV. The website also discusses how someone who witnesses or suspects sexual violence can seek help for that individual or themselves through immediate assistance or through the advocates. There are certain workshops available to help discuss difficult topics in a safe group setting, such as depression, anxiety, or suicide, which can be common during or after incidents of IPV. There is also a pamphlet that discusses what a student can do to assist another student in distress. Though there are clearly resources and services available to students on campus who are in distress, there is a lack of attention for those who are experiencing IPV specifically.

Not only is the availability of resources and services important for campus life, but also students' knowledge and confidence in these resources. Students perceive the effectiveness of UNB resources and administration in many ways. A study conducted by Fuller, O'Sullivan, and Belu (2016) focusing on sexual assault found that more than half of students who participated believed that university officials do enough to protect students, and that there is good support systems on campus for students going through difficult times. The majority of students also believed that UNB would take a sexual assault report seriously, keep the situation confidential and protect the student involved. If the student reporting the incident requested to have the case forwarded to authorities such as law enforcement, the majority of students believed that UNB would comply (Fuller et al., 2016). That being said, less than half of students believed that UNB would take corrective action against the offender, and that they would handle a crisis quickly and fairly. Only 34% knew where to go at UNB for help, and 11% knew what happens after a report has been made (Fuller et al., 2016).

1.6 Peers' Experiences with IPV

Not only are primary survivors deeply affected by IPV, but their friends and peers are also faced with the challenge of providing support and handling the stress that accompanies disclosure (Fry et al., 2013). A large segment of society knows or suspects that they know someone who is a victim of IPV (Beeble et al., 2008; Worden & Carlson, 2005; Gracia, 2014). In some studies, more than half of university students have disclosed that they know someone who has been victimized in a relationship (Branch et al., 2013; Postmus et al., 2011). Those who are aware of violence among their friends

become the informal social network for support, if they are willing to provide help (Gracia, 2014).

1.6.1 Peers Help-Giving Behaviours

Peers engage with various help-giving behaviours, most commonly supportive responses including emotional help, offering validation and advice, or listening and discussing the violence (Beeble et al., 2008; Branch et al., 2013; Fry et al., 2013). The manner in which friends and peers react to the disclosure is an important aspect of how survivors will process the violence. Supportive responses, such as those listed above, are often the most preferred responses by survivor and peer (Gracia et al., 2009). Many friends have been shown to offer multiple forms of help which is a significant finding considering that survivors are more likely to discuss with friends than any other resource (Lachman et al., 2019). Peers are also more willing to help when the violence is perceived as less serious, or non-physical (Gracia et al., 2009). For severe violence, students often suggest that the victim report to police, other authorities, or leave the situation (Haj-Yahia & de Zoysa, 2007; Knickrehm & Teske, 2000). Despite good intentions, without a safety plan in place or the help of professionals, peers may be unknowingly enabling a situation for recidivism or retribution as risk of escalated violence increases when the survivor leaves (Branch et al., 2013; Fry et al., 2013). Help-giving also proves to be unhelpful when inappropriate or excessive advice is given or if the friend jokes and trivializes the situation (Sabina & Ho, 2014). Poor help-giving can lead to secondary victimization for the survivor and lengthen their time with their violent partner (Campbell, 2008).

Occasionally, friends become more involved than offering emotional support and take action. In certain instances, friends have called hotlines or spoke to adults and third parties (relatives or law enforcement) on the victim's behalf (Beeble et al., 2008; Fry et al., 2013). Many friends also reported that they would confront the violent partner themselves or try to intervene during an altercation which may be potentially dangerous to both the help-giver and the survivor (Branch et al., 2013; Fry et al., 2013). Other help-giving behaviours consist of tangible help like providing a place to stay, financial assistance, childcare, or transportation. There are always some individuals who decide not to get involved whatsoever in the situation of others, even when they are aware it is happening. They either believe that is it is not their business or that it is a private matter (Gracia & Lila, 2015). This of course depends on the influence of perceptions, and their silence oftentimes contributes to the stigma that surrounds IPV (Gracia et al., 2009).

In terms of the confidence that students have in their peers, UNB students were surveyed on how they think others would handle sexual assault on campus. Less than half of the surveyed UNB students believed that their peers would confront other students who made inappropriate comments, would report other students for harassment or violence, or help with criminal justice proceedings. In addition, more than half of students believed that their peers would let personal loyalties affect reporting, in other words, would not report on their friends (Fuller et al., 2016).

Though some friends do attempt or succeed in helping and supporting survivors throughout violent relationships, many are unsure how to react or how to support when being disclosed experiences of IPV (Branch et al., 2013). They may lack the confidence or knowledge to step in when their peers are experiencing IPV, or to intervene after

being disclosed to (Anderson & Danis, 2007). Many young people are often unsure what types of resources are available or where to seek help for others experiencing IPV (Harris et al., 2015). UNB students in particular claimed they did not know where to go for help for themselves or a friend or understand what happens when a report is made (Fuller et al., 2016). This is extremely problematic as peers are often the first to be disclosed to and referring the survivor to professionals could be beneficial for both the survivor and peer's well-being. Thus, it is crucial that students are educated about help-giving and resources for serious disclosure throughout their academic careers (Fry et al., 2013). Having knowledge and awareness of the issue is correlated with higher levels of support and help for their peers (Banyard & Moynihan, 2011). This reinforces the notion that students must be educated and equipped to properly and safely aid survivors to seek help and refer to the necessary resources.

2.0 Theoretical Framework

Throughout this study, two theoretical perspectives are adopted to better comprehend and to increase knowledge on how the student population perceives and experiences IPV: intersectionality and stigma. Intersectionality helps to provide some insight into how various groups of students understand the complexities and components of IPV. Intersectionality also establishes some perspective into how students experience IPV and any demographic differences based on how students choose to identify. Stigma adds to the study by showing how stigma plays a role in perceptions of IPV at the university level. It also aids in explaining survivors' help-seeking behaviours or barriers to disclosure. These components are discussed further below. This chapter begins by discussing intersectionality's original purpose, analytical benefits, and advantages for studying IPV. Similarly, this chapter discusses Goffman's development of the concept of stigma and the IPV Stigmatization Model.

2.1 Intersectionality

2.1.1 Original Conceptualization

Though intersectionality has evolved over the years, it is essential to appreciate intersectionality's theoretical foundations and how it originated from the voices, political and legal movements, and activism of women of colour (Carastathis, 2014; Carbado et al., 2013; Crenshaw, 1991). It was envisioned to describe how the simultaneity of race and gender identities influence lived experiences within the larger structures of oppression, power, domination, and exclusion (Carbado et al., 2013; Cho et al., 2013; Crenshaw, 1991; McKinzie & Richards, 2019). Intersectionality challenged neoliberal feminist and antiracist theories that worked to further marginalize Black women by

asking them to choose between two ways of thinking that were inefficient in considering interrelated forms of subordination (Carastathis, 2014). Therefore, intersectionality was originally used as a theoretical argument to combat society's simplified and marginalizing design to better reflect the reality and the voices of those who were being silenced from the dominant discourse.

2.1.2 Analytical Benefits

Today, intersectionality is often a concept that is used to "identify and study 'real world' phenomena" (Carastathis, 2014, p. 307). In addition to gender and race, intersectionality is used to explain the experiences of other identities and intersections, including ethnicity, sexual orientation, and disability (Cramer & Plummer, 2009). Essentially, intersectionality works as a tool to help the researcher understand the idea that matters of identity cannot be reduced to singular categories (Carastathis, 2014; Carbado et al., 2013). Intersectionality is beneficial as it keeps intact the complexity of everyday life by allowing the researcher to understand lived experiences and forms of subordination as constructed by various identities equally existing at once. In other words, identities or oppressions operate simultaneously to create unique experiences within the workings of intertwining social systems (Carastathis, 2014). There is not one identity that takes precedence over the others in terms of explaining experiences or oppression (e.g., class), but the interaction of multiple identities. Intersectionality is also applauded for its inclusivity by making lived experiences visible which may have been previously excluded (Carastathis, 2014).

2.1.3 Researching IPV

Intersectionality is well suited for research on IPV, particularly violence against women, the roots of violence, along with the barriers that survivors may experience (Gill, 2018). Crenshaw (1991) describes how intersections of race and gender have an effect over how IPV is perceived and experienced as result of an unequal distribution of power. The inclusivity of intersectionality allows for the understanding that there are various unique categories of survivors who may experience IPV very differently. The intersection of several identities may also work to hinder the survivor's financial, familial, and social resources that would help in reducing the burden of leaving a violent relationship. Intersections thus affect help-seeking behaviours, as historically oppressed groups may be more hesitant than most to use public services like the police due to anticipated hostility or discrimination (Cramer & Plummer, 2009; Crenshaw, 1991). Using the concept of intersectionality does not omit the fact that IPV affects all races, genders, socio-economic statuses, and orientations, it simply advances the notion that certain groups experience it differently, are more at risk, and have less access to resources due to oppressive structural systems, hierarchies, and beliefs (Gill, 2018).

2.2 Stigma

2.2.1 Goffman's Research

In his early ground-breaking work, Goffman (1963) originally began to describe stigma as a characteristic or an attribute that one possesses which society deems unusual or bad. In other words, stigma can be considered as "an undesired differentness from what we had anticipated" (p. 5). There are three types of stigmas discussed: stigma of character traits (weakness of mind), physical stigma (deformities of the body) and

stigma of group identity (race, religion, etc.). Goffman suggests that rather than stigma being located in the stigmatized individuals themselves, it is rather in the audience who places the stigma on this individual. He states that "the normal and the stigmatized are not persons but rather perspectives" (p. 138), essentially saying that what is normal and stigmatized are societal constructs based on local norms and culture. One who is stigmatized can experience stigma in two ways; either a felt stigma, where they internalize feelings of shame or failure, or enacted stigma, where they experience discrimination from society.

2.2.2 IPV Stigmatization Model

Based on Goffman's (1963) research on stigma, the updated IPV Stigmatization Model, developed in the United States by Overstreet & Quinn (2013), works to explain how negative labels and stereotypes create the socially devalued and stigmatized identity of an IPV victim. Occasionally the victim label facilitates societal sympathy, but often it works to portray the survivor as someone "passive, weak, and responsible for their own victimization" (p. 110). This model classifies these negative beliefs as cultural stigma which works to delegitimize experiences of IPV. Cultural stigma occurs as victim-blaming perceptions and IPV myths are accepted and shared in society. Cultural stigma also contributes to the ideology that IPV is a private matter, and only consists of severe physical violence. The stigmatization and devaluation of IPV can affect the perceptions and behaviours of those in society and can lead to discrimination of victims by members of the community and service providers (Overstreet & Quinn, 2013). Cultural stigma serves to negatively influence all aspects of the help-seeking process, from recognizing IPV to selecting sources of support.

This model asserts that cultural stigma increases self-stigma (anticipated or internalized stigma) surrounding IPV, both of which have serious consequences (Overstreet & Quinn, 2013). Internalized stigma occurs when a survivor accepts society's negative beliefs and stereotypes of IPV as innately true about themselves. This stigma can also arise from physical, psychological, and emotional abuse from a partner who destroys the survivor's self-worth and instils victim-blaming beliefs. In addition, poor experiences with disclosing to others can add to self-stigma. This internalization can develop shame, embarrassment, or other negative attitudes and emotions in the survivor which would not only affect their well-being but also act as a barrier to leaving a violent relationship. Considering the impact that internalized stigma has on one's self-esteem, it works to restrict a survivor's help-seeking behaviours as they may feel they are not worthy of help or that their violent experiences were deserved (Overstreet & Quinn, 2013).

Anticipated stigma works to further restrict reporting and disclosure by provoking the fear that survivors will be rejected or invalidated if they come forward. Survivors often believe that their friends, family, or service providers will be judgemental and unsupportive, or reinforce negative beliefs about IPV when they disclose which would add further distress and shame to their experiences (Overstreet & Quinn, 2013). Although disclosure can occasionally lead to positive experiences, the fear comes with the uncertainty that they will be met with stigmatization and discrimination (Overstreet & Quinn, 2013). Survivors not only have to internalize and anticipate stigma from being a victim, but also the stigma that their other identities may hold (e.g., race, sexual orientation, disability). Any other stigmatized intersectional

identity that interacts with the IPV victim identity only further works to limit help-seeking behaviours (Overstreet & Quinn, 2013). Both cultural and self-stigma are thus interrelated and can affect one another while also influencing society's or survivors' attitudes and behaviours.

2.3 Current Study

2.3.1 Intersectionality

An intersectional perspective is adopted throughout this study to help understand how groups of students differently perceive and experience IPV. The student population is diverse and possesses unique backgrounds and several identities existing simultaneously. Overlapping identities, such as sexual orientation, age, gender identity, mental illness, and disability, will generally influence how students understand and continue to learn about the social world, and how they individually experience various situations in or outside of university. More specifically, students' unique identities help to shape how they learn about social issues such as IPV. Perceptions of IPV, for example, may be completely different for a heterosexual male student than they are for a lesbian female student. The literature demonstrates that certain identities do influence how IPV is perceived. For instance, younger males often have more accepting attitudes toward IPV. With this in mind, intersectionality shapes this study's expectation that identities that have been historically or systematically oppressed or stigmatized will have a positive effect over perceptions of IPV. This means that based on history and experiences, women, members of the LGBTQ+ community, and those with a mental illness or disability are expected to be more knowledgeable of IPV.

Similar to intersectional effects on perceptions, the several unique identities that one possesses also contributes to lived experiences. Specifically, students' experiences of IPV may be influenced by their intersectional identities, though they will all experience these events differently. For instance, a transgender woman will not experience IPV the same way that a cisgender woman experiences IPV. These identities may have an effect over how IPV is experienced due to an unequal distribution of power in the relationship. For instance, women, those with less financial security, or those with disabilities systematically have had less power than their counterparts. In the literature, students who identify as female, as a member of the LGBTQ+ community, or as someone with a mental illness or disability were shown to be more at risk of experiencing IPV. Therefore, it is important in this research to examine how individual and intersecting identities differently influence students' experiences of IPV.

Despite being chosen as the main theoretical perspective for this study, an intersectional analysis was unfortunately limited due to the lack of diversity in the sample, though did provide some clarity as to how different groups of students perceive and experience IPV. This limitation will be elaborated on in the discussion chapter.

2.3.2 Stigma

In addition to intersectionality, the IPV Stigmatization Model is utilized throughout the course of this study and its analysis. Victim-blaming perceptions (e.g., the survivor provoked their own victimization), IPV myths (e.g., IPV only consists of physical violence), and knowledge of IPV (e.g., wide range of violent behaviours) are analyzed throughout the study to determine the degree of cultural stigma engrained in the perceptions of university students. When the student population holds (or even is

believed to hold) negative perceptions on IPV, it affects the culture of campus. Specifically, it may affect how students believe their administration and others on campus will react to situations of IPV. In addition, if students have negative perceptions of IPV, they may respond undesirably by giving bad advice, being unempathetic, or trivializing the situation when disclosed to. On the other hand, when peers understand IPV, they may have more information on how to respond. Therefore, the cultural stigma surrounding IPV is considered throughout this study, especially how it may affect student perceptions, and how it may subsequently influence survivors' understanding of their own experiences and how they choose to seek help.

Students' experiences of IPV are also analyzed using the IPV Stigmatization Model. Cultural stigma plays a significant part in how survivors view and understand their experiences as they may accept societal beliefs that are prominent in their community. For instance, if those on campus believe that IPV is a private matter or that victims are at fault for their experiences, survivors may also accept these notions as true. Negative beliefs and stereotypes about victims may lead to internalized stigma in which the survivor may feel shame and embarrassment about their situation. Internalizing stigma and societal perceptions about IPV may even restrict student survivors from acknowledging the violence they have experienced, as they may believe it was not serious enough to be considered IPV. Thus, internalized stigma is considered throughout this study to further understand how students and survivors experienced IPV.

Students' help-seeking behaviours are also analyzed using the IPV Stigmatization Model as anticipated stigma has a significant impact on the decision to disclose among survivors. Many student survivors may choose not to reach out as they

believe they may be blamed or judged in the process. They may also feel that they will not be believed by others, or that members of the community, including service providers, will discriminate against them which may add further shame and distress to their experience. Survivors may even experience additional anticipated stigma if they possess other stigmatized and intersectional identities such as those discussed above. These beliefs contribute to any anticipated stigma that student survivors may have when disclosing which is considered when exploring participant responses.

Combining an intersectionality perspective and the IPV Stigmatization Model helps to develop a deeper understanding of IPV in the university population. As students experience their lives very differently from one another, they are also influenced by how society perceives and describes these experiences. The identities that students possess alongside stigma of IPV is expected to have an influence over how university students perceive, experience, and seek help for IPV, all of which are further analyzed and explored throughout the course of this study.

3.0 Methodology

3.1 Current Study

This study and its methods were designed and conducted to better understand the perceptions and experiences of university students in regard to IPV. This chapter discusses the research questions and hypotheses that have been developed from both theory and the literature, the research design and methods that have been adopted to respond to the questions, how the data has been collected and analyzed, and lastly, the ethical considerations that were addressed throughout the course of this study.

3.1.1 Research Questions

In order to better understand IPV as a phenomenon among this high risk group of the population, this research was focused around three overarching questions:

1. How do university students understand intimate partner violence?
2. How do university students experience intimate partner violence?
3. How do university students disclose intimate partner violence?

These research questions helped to narrow the search of the literature and guide the selection of a mixed-methods research design, involving both a quantitative and qualitative component that were adopted for this thesis.

3.1.2 Hypotheses

Based on the literature and theoretical perspectives, it is hypothesized that many students will understand the basic elements of IPV but will have difficulty understanding the complexity and the full extent of IPV. It is also hypothesized that many students will have experienced IPV either personally or vicariously. For those who have experienced

IPV, it is hypothesized that many survivors will choose not to disclose due to several barriers.

3.1.3 Research Design

A mixed-methods research design was selected as the research questions mentioned above encouraged a research design that could obtain large amounts of statistical data from a sample of a population, in this case university students, but could also acquire rich and detailed data from certain individuals about their lived experiences, specifically survivors of IPV. Quantitative surveys and qualitative in-depth interviews were the selected data collection methods as they could accomplish these tasks. The quantitative phase helped to describe the characteristics, perceptions, and experiences of the participants and also helped to facilitate the qualitative phase by recruiting participants to be interviewed. The qualitative phase helped to fill the gaps in the quantitative phase by answering the "why" question from the participants themselves. The research design was cross-sectional as it involved participants' responses at a specific point in time rather than over the course of weeks or years (Bryman & Bell, 2019). The use of both quantitative and qualitative methods allowed for corroboration between findings which helped to develop an in-depth understanding of IPV experiences and perceptions.

3.2 Phase 1: Quantitative Survey

3.2.1 Benefits of Conducting Surveys

There are several reasons as to why an online survey was chosen as the method to gather information for answering the research questions. An online survey platform was selected as it is both time and cost efficient (Wright, 2005). It has the significant

benefit of accessing large populations such as the entire UNB student population efficiently and privately through collective email servers and news sharing platforms. Most students on university campuses have quick and easy access to internet or Wi-Fi thus they are able to effectively complete the survey at their own leisure. It is also a feasible and suitable form of recruitment and data collection during these unforeseen circumstances of physical distancing during the COVID-19 pandemic.

Online surveys also have the capacity of reaching difficult or hard to reach populations who could only be accessed by the implication of anonymity. This is especially beneficial for those who may be more comfortable sharing their views and experiences anonymously, which may have encouraged more students to participate (Wright, 2005). Considering the nature of this study, an online survey helped to ask questions that would generate personal and sensitive information. An online survey was beneficial in conducting research with university students while maintaining anonymity and confidentiality, which is essential when discussing sensitive issues such as IPV.

The use of an online survey was also beneficial in answering the research questions by generating statistical data about the sample. This in turn allowed for descriptive information about university students' perceptions, experiences, and help-seeking behaviors toward IPV. It was useful in limiting participants to a set of questions and responses that made it more feasible to analyze a large amount of data (Yilmaz, 2013). A quantitative approach also allowed for comparisons between certain groups and factors that helped in describing IPV as a phenomenon (Yilmaz, 2013).

3.2.2 Conducting the Survey

In order to research the perceptions, experiences, and disclosing patterns of IPV in a university student population, quantitative online surveys were created and conducted as the primary data collection method. The survey was hosted on a Canadian online survey platform entitled Hosted in Canada Surveys and was active between January 7 and April 6, 2021. The survey was fully accessible during this time period and could be opened on any electronic device (i.e., laptop, cellphone, tablet). The survey included a brief description of IPV so that participants shared a similar understanding of the issue.

The survey was divided into five sections with a total of approximately 25 questions (Appendix A), though several questions had a multitude of sub questions. The survey had been developed by adopting or reforming questions from previous research, particularly from the Fuller et al. (2016) work, and creating original questions specific for this study. The first section aimed to explore how students understand IPV myths and behaviours. Questions from this section had been adopted or inspired by the literature, particularly from the work of Wobschall (2014), Wang (2020), and the Severity of Violence Against Women Scale (Marshall, 1992). The scenario questions specifically were used from Wobschall's (2014) thesis. The second section aimed to explore how students understand IPV on campus. This section was largely based on Fuller and colleagues' (2016) work on sexual violence and revised to fit the topic of IPV. The third section aimed to explore how students believed their peers would respond to situations of IPV. This section also explored how many students had been disclosed to and how they responded. Again, many of the questions asked were largely based on Fuller and

colleagues' (2016) research. The fourth section aimed to explore how many students have experienced IPV. It also explored if the survivor chose to disclose, specifically to whom they disclosed to, or reasons why they chose not to disclose. The reasons for non-disclosure were also adopted and inspired from Fuller et al. (2016) research. The fifth and final section aimed to explore the demographic and characteristics of the participants. Most of the demographic questions were adapted from the Statistics Canada 2011 Census. The survey used survey logic, meaning that questions that did not pertain to a particular participant were omitted. For instance, if one participant claimed they did not experience IPV, they were not asked about their help-seeking behaviours.

3.2.3 Independent Variables

Demographics. As noted previously, several sociodemographic characteristics and certain attributes and behaviors are often correlated with perceptions and experiences of IPV. As such, this study examined the effect of age, gender, and sexual orientation on how students understand and experience IPV. The effects of disability, mental illness, and substance use on perceptions and experiences of IPV were also examined. Given that the sample comprised of a student population, consideration was also given to the effect of year of study and faculty on perceptions and experiences.

3.2.4 Dependent Variables

Perceptions of IPV. Participants were asked questions about their perceptions around IPV in general and on campus. The first set of questions about IPV myths asked, "Do you agree or disagree with the following statements?". Examples of the statements given consisted of a) intimate partner violence only consists of physical abuse; b) intimate partner violence is a private matter that only concerns the people in the

relationship; and c) men and women experience intimate partner violence equally. The second and third set of questions asked if the participant agreed or disagreed with the behaviour, or the scenario given being considered as IPV. Questions were then asked whether participants agreed or disagreed with statements concerning IPV at UNB. Examples of the statements given consisted of a) intimate partner violence is an issue at UNB; and b) intimate partner violence does not affect UNB students. Answers to these sets of questions used a 5-point Likert scale (i.e., *strongly disagree* to *strongly agree*). Lastly, participants were asked what they believe the current rate of IPV was at UNB, with responses such as a) 0%; b) 21-40%; c) 41-60%; d) 61-80%; e) 81-100%.

Help-Giving Behaviours. Participants were then asked about how likely they believed other students would engage in help-giving behaviours concerning IPV at UNB. Examples of the behaviours given consisted of a) confront other students who made inappropriate comments or jokes; b) report other students who physically or sexually assault their intimate partners; and c) allow personal loyalties to affect reporting intimate partner violence. This set of questions used a 5-point Likert scale (i.e., *very unlikely* to *very likely*). Participants were then asked to agree or disagree with statements concerning help-giving behaviours for IPV. Examples of the statements consisted of a) it's important to intervene when you see a friend being abused by his/her intimate partner; and b) I know how to get help for someone who has been victimized by intimate partner violence. These questions used a 5-point Likert scale as well (i.e., *strongly disagree* to *strongly agree*). Lastly, participants were asked if anyone from the university had disclosed to them any experiences of IPV, which was a dichotomous yes-no answer.

Personal Experiences with IPV. The last two dependent variables consisted of asking the participant if they had ever experienced IPV, and if so, have they ever told anyone about these experiences. The responses also consisted of a yes-no answer.

3.3 Phase 2: Qualitative Interviews

3.3.1 Benefits of Conducting Interviews

Qualitative interviews as a form of data collection helps to answer the "why" and "how" questions by eliciting rich description of the participants' lived experiences using their own perspective, voice, and language (Kelle, 2006; Van den Hoonard, 2015). Interviews allow for participants to create a deeper, richer, and more accurate picture of what their experiences were and allow for researchers to better interpret how participants give meaning to their experiences (Aspers & Corte, 2019; Crabtree & Miller, 1999). Rich description is important to understand in detail the experiences and help-seeking behaviors among survivors of IPV, the reasoning behind these choices, and what needs to change to better serve survivors on campus or in society. Qualitative interviews also allowed for comparisons and contrasts to be made between participants to better understand the complexity and uniqueness of IPV and decisions to disclose.

Interviewing vulnerable populations such as survivors of IPV has caused concern among the research community because they may cause distress or harm. However, there were several ways that risk of harm was decreased for this study, including informing the participant of resources and the research material beforehand, monitoring the participant's well-being throughout the process, and debriefing and following up with the participants afterwards with help-seeking information (Biddle et al., 2013). That being said, interviews with vulnerable populations are also beneficial and may be

therapeutic and empowering. The questions throughout the interviews were open and asked about disclosures rather than their experiences of violence, thus participants were less likely to experience any distress and may have even gained knowledge through the process. Although a sensitive topic that should be approached with care and respect, these interviews could have allowed survivors to speak about their experiences openly and confidentially in a safe, non-judgmental setting.

3.3.2 Conducting the Interviews

To further research IPV in this university population and to complement phase 1 of this study, survey participants who had experienced IPV were invited to participate in in-depth, semi-structured interviews that explored their help-seeking decisions and experiences. A specific set of pre-determined open-ended questions were selected for the interviews based on whether the participant has responded "yes" or "no" to having disclosed their experiences to others. That being said, the semi-structured nature of the interviews allowed for other important information to emerge based on what the participant wanted to further discuss. The interview schedule (Appendix B) explored the context around the participants' experiences, what prompted or limited survivors' help-seeking behaviours, to whom survivors chose to disclose to, the resources that were available at the time, any suggestions they had on improvement, and their overall experiences with disclosing to support systems. Specifically, the interview schedule involved questions such as: How did you come to the decision to tell others? How did they respond to your experiences? Who was the best support system? Was there anything that held you back from disclosing? How do you find the police handles cases

of IPV? What types of resources were available? Is campus or society doing enough to support survivors? What would you like to see happen to help survivors?

In consideration of the current health circumstances and physical distancing regulations, the interviews were conducted online through Microsoft Teams. Like most semi-structured interviews, this study involved contacting the participants in advance to set up a time that was most convenient for the participant. Once a time was chosen, a Microsoft Teams invitation was sent to the participant in order to access the interview room. The participant was thus able to choose a location that was comfortable, safe, and private for them to join the interview. This was especially important as the topic involved sensitive information about their experiences of IPV. The interviews lasted on average approximately 45 minutes with exception of two interviews that lasted 15 minutes. Once the interviews were complete, participants were debriefed and asked if they would like to be contacted for the results at the end of the study, or they were encouraged to contact the researchers to obtain the results.

3.4 Recruitment

3.4.1 Population

The population involved in this study consisted of university students at the University of New Brunswick in Fredericton and Saint John. The population of approximately 10,000 potential participants included both undergraduate and graduate students from across several faculties, such as arts, sciences, business, education, nursing, and law. The student population at UNB is very diverse, with students attending from over 100 countries. At UNB, there is typically a balanced number of female and male students, though female enrollment tends to be higher in some disciplines (e.g.,

arts) and males in others (e.g., computer science). As more than 80% of students are at the undergraduate level, it was expected that most of the population would be in a younger cohort (18-25 years of age). That being said, the age range was expected to go beyond this cohort as there are graduate students, adult learners and returning students. Participants had to be 18 years or older to participate as they are considered competent adults at this point. The vast majority of students would have fit this criterion considering the time in the academic year when the survey was distributed.

3.4.2 Survey

The first step to recruiting participants was submitting a Research Ethics Board (REB) application. Once approved, the first Letter of Invitation (Appendix C) was submitted to MyUNB News Student, a notice board and forum which targets specific populations on campus. For this study, the Invitation was shared with all students at both UNB campuses. The Invitation was accessible to all students and could be found on MyUNB Portal, under the News column. This strategy of recruitment was recommended by the Manager at the Office of the Vice-President (Research). It was originally expected that 5% of the population, or approximately 500 students, would complete the survey. The Letter of Invitation that was posted included a brief description, purpose, and components of the study, the length of the survey, and contact information of the researchers. The Invitation also consisted of the survey link which directed potential participants to the online platform where they could complete the survey. The Consent Form (Appendix D) was on the first page of the survey, discussed in more detail below. The first posting of the Invitation was on January 18, and the last posting was on March 23, 2021. In order to maximize the response rate, the Invitation was shared once a week

for a total of 10 times. The Invitation had to be submitted for approval and accepted by those at UNB Student Services and Communications (i.e., UNB staff who post on MyUNB News) each week before it was shared with students. Once accepted, the Invitation was then shared on the portals of all UNB students. This method of recruitment was successful in recruiting some students but not many (n = ~ 30), thus other methods of recruitment were considered and implemented, after resubmitting and having approved an updated REB application.

The Dean of Graduate Studies at UNB and the University Secretariat were contacted to ask if they would be able to share the Letter of Invitation with students in their respective domains. The Dean of Graduate Studies agreed to send the Invitation to all graduate students via email which significantly increased the response rate. The University Secretariat also shared the Invitation in the Co-Curriculum Newsletter. In addition, staff members from each faculty were contacted to ask if they could share with students in their respective departments. Most staff members agreed to the request. The Student Engagement Officer in Arts would send out a weekly Upcoming Events email to students in the faculty, in which the Invitation was included from the beginning of March to the beginning of April. Secretaries, Engagement Officers, and Administrative Assistants also sent out one email with the Invitation to students in the faculties of Computer Science, Law, Forestry, Kinesiology, Engineering, and Renaissance College throughout the month of March. The staff members who sent Invitations to students were not connected to the study or the researchers in any way. Other faculties did not respond to the request or responded after data collection was finished.

In terms of responses, the survey link had been clicked approximately 900 times. This included full responses, partial responses, and non-responses. From this 900, there were approximately 670 responses that were deleted as most or all of the responses were left blank. There were 228 valid responses that were saved and used for analysis, 25 partial responses and 203 full responses. This was approximately 2% of the UNB student population, in comparison with the 5% that was sought.

Recruitment for the surveys was done through convenience sampling where the target population that met the "necessary criteria, were accessible and available, and were willing to participate" were included in the study (Etikan et al., 2016, p. 2). Considering the current environment and social distancing regulations, surveys were online and participants did not have to come into contact with the researcher or other participants.

3.4.3 Interviews

Potential interview participants were recruited at the end of the survey component with a second Letter of Invitation (Appendix E). The purpose of the interviews was to further understand the experiences and help-seeking behaviors of IPV survivors. Thus, only the survey participants who had responded "yes" to having experienced IPV were invited to further participate in interviews. This Letter of Invitation was not visible to the participants who had responded "no" to having experienced IPV. Survivors who were interested in participating had the option of leaving their email address for the researcher to contact them or contacting the researcher to receive information and potentially set up a time and date. The Letter of Invitation again included a brief description, purpose, and contact information of the

researchers. The time length of the interview was described as taking approximately 30 minutes but could take longer or shorter depending on how much the participant was willing to share. Considering the smaller population of student survivors of IPV and the sensitive and more demanding nature of this component, it was expected that approximately 10 students would participate in the interviews.

For the potential participants who had left an email address to be contacted, the researcher sent an email with further information (Appendix F) and the Consent Form (Appendix G) to be reviewed. The emails explained that the interviews would be held on Microsoft Teams and that the participant could choose to have both video and audio, or solely audio. If participants responded to this email, a time and date was set up with respect to scheduling and preferences of the participant. Participants were encouraged only to participate if they were in a safe place to do so, and not to participate if it would be dangerous to their physical or mental health (e.g., living with abusive partner).

Fourteen potential participants had left their email address to be contacted by the researcher about interviews. There were no participants who had contacted the researcher directly. All 14 potential participants were sent the second Letter of Invitation by email. Out of the 14, 6 participants had responded to the Invitation and interviews were scheduled. The first interview was conducted on March 4 and the last interview was conducted on April 29, 2021. The six participants were given pseudonyms to protect their identity: Katy, Mia, Olivia, Emily, Abby, and Taylor. Although there were not 10 interviews as expected, 6 was also an adequate number for interviews of this type of sensitive nature. Six interviews were also enough for this study as responses began to repeat, and the data started to become saturated. It is also important to note that

participants were recruited during the Covid-19 pandemic, and interview participants were excited to have a conversation with someone during a time of lockdowns and limited social interaction. Thus, the pandemic may have helped to recruit participants.

3.5 Data Analysis

3.5.1 Survey

The raw quantitative data consisted of 228 survey responses concerning university students' perceptions and experiences around IPV. There were 203 full sets of data and 25 partial sets of data. All of the data was coded numerically. For example, demographic information such as gender was coded based on how it was listed in the survey (male=1, female=2, transgender male=3, etc.). Certain questions involved Likert scales to capture responses, largely in the perceptions section. These responses were coded ascendingly, for example, strongly disagree was coded as 1 and strongly agree was coded as 5. Other data which consisted of yes or no type responses were coded as 1 and 0, respectively. Missing data was coded as 99 and the non applicable responses were left blank. This data was converted from the survey platform to IBM's SPSS Statistics Software Version 27 to begin preparation for analysis. Once the data was transferred to the statistics software, it was recoded and certain response categories were combined for a better analysis. For instance, strongly agree and agree were combined into one category during bivariate analysis. The use of SPSS to analyze the data helped in providing descriptive statistics as well as comparative analyses to discover any significant differences or similarities across and among groups.

Univariate analyses were conducted to provide descriptive statistics on the sample, essentially by summarizing the frequencies for the demographic and

characteristic variables. Univariate analyses were also conducted to determine the frequencies in the perception and experience sections. For example, how many participants agreed with IPV myths, considered various behaviours to be IPV, believed UNB or other students would be helpful in IPV situations, etc. Also, it was used to determine how many participants had someone disclose IPV to them, had experienced IPV themselves, and how many had sought help for these experiences. Bivariate analyses were conducted to explore associations between the independent variables (demographic and personal characteristics) and dependent variables (perceptions, experiences) in order to notice any significant relationships amongst the variables (e.g., the relationship between gender and IPV experiences). The level of statistical significance (p-value) for all statistical tests was set at 0.05.

3.5.2 Interview

The raw qualitative data consisted of 6 recorded interviews from survivors of IPV concerning their understanding and experiences of IPV, their decisions to seek help, and barriers that may have limited help-seeking. The interview recordings were then transcribed verbatim into Word documents. Considering the interviews were recorded using Microsoft Teams which were then saved to Stream, there was a function in which the interview transcripts could be downloaded. That being said, there were many errors and timestamps in the transcripts which had to be corrected or removed. Therefore, the researcher used these transcripts as a template while re-watching the recordings and making the appropriate corrections to the transcripts to prepare them for analysis. The transcripts were then printed to allow for manual analysis.

The interview data was analyzed using thematic analysis to identify evidence of intersectionality and stigma and other reoccurring themes within the transcripts to gain a better understanding of how survivors chose (or chose not to) seek help for their experiences of IPV using their own language. Themes were identified deductively by examining how the participants responses answered the research questions, also how intersectionality, the IPV Stigmatization model, or any previous literature results were present within the transcripts. The data was initially coded by examining the interviews for the four main themes that were being explored using a color-coded system: Green-Understanding IPV; Orange-Experiencing IPV; Pink-Disclosing IPV; and Yellow-Barriers to Disclosing IPV. Subthemes were then explored throughout each main theme and coded numerically. For example, several barriers to disclosing were discussed by participants, one in particular being that the violence was not physical which limited help-seeking. Another barrier consisted of believing the violence was private, which limited help-seeking. These subthemes were coded as Y1 and Y2, respectively. A list of the four main themes and many subthemes were written down and referenced while analyzing the transcripts.

The data was also coded inductively with help from Ryan and Bernard's (2003) techniques to identify themes. Two of the techniques were used most often, specifically finding *repetitions*, "topics that occur and reoccur within or across the data" (p. 89). The other technique was to identify *similarities and differences* in order to make "systematic comparisons across units of data … from the same or from different informants" (p. 91). When themes emerged that were not discussed within the literature but were repeated

and were of importance to the survivor, they were also categorized under the four main themes.

3.5.3 Survey Participant Demographics & Characteristics

Survey participants were between the ages of 18 and 72, although more than half were aged 23 and below (53%) and more than 75% of participants were aged 30 and below (Table 1). Eighty-two percent of participants identified as white, with fewer participants identifying with other racial or ethnic groups. Almost two thirds of participants identified as female (65%), while a third identified as male (32%), and a few other students identified as gender diverse. There were no participants who identified as transgender. The majority of participants identified as heterosexual (72%) while others identified with various LGBTQ+ identities. Forty-one percent of participants were in a graduate or professional degree, and the remaining participants were dispersed throughout undergraduate years. Twenty-five percent of participants were enrolled in the faculty of arts, followed by an array of other faculties. Approximately 9% and 26% of participants shared that they had a disability or a diagnosed mental illness, respectively.

More than half of participants had an intimate partner (57%) at the time of the survey and described the location of their permanent residence as medium sized (54%). Most participants were also living off campus, either with family, an intimate partner, or roommates (85%). In terms of behaviours, more than half of participants shared that they occasionally consume alcohol (57%), and never or rarely consume marijuana (89%) or other drugs (97%).

Table 1

Sample Demographics and Characteristics

	N	*%*	*M*	*SD*
Age	175		26.4	8.9
Gender	203			
Male	66	32.5		
Female	132	65.0		
Gender Diverse	5	2.5		
Sexual Orientation	199			
Heterosexual	145	72.9		
LGBTQ+	54	27.1		
Racial & Ethnic Identity	201			
White	165	82.1		
Asian	18	8.9		
Other ethnic/racial identities	18	8.9		
Population Size	202			
Small (≤29,999)	56	27.7		
Medium (30,000-99,999)	110	54.5		
Large (≥100,000)	36	17.8		
Living Situation	204			
On campus	6	3.0		
Off campus with others	175	85.8		
Off campus alone	23	11.3		
Relationship Status	204			
Single	83	40.7		
Involved with partner	118	57.8		
Separated/Divorced	3	1.5		
Faculty of Study	200			
Arts	50	25.0		
Science	102	51.0		
Other	48	24.0		
Year of Study	202			
First-Second Year	39	19.5		
Third-Fifth Year+	79	39.5		
Graduate/Professional Degree	82	41.0		
Alcohol Consumption	205			
Never/Rarely	63	30.8		
Occasionally	117	57.1		
Often/Very Often	25	12.2		
Marijuana Consumption	204			
Never/Rarely	146	71.6		
Occasionally	36	17.6		
Often/Very Often	22	10.8		
Drug Consumption	203			
Never	178	87.7		
Rarely	19	9.4		
Occasionally	6	3.0		

Table 1 *(Continued)*

	N	*%*	*M*	*SD*
Having a Disability	204			
Yes	20	9.8		
No/Unsure	184	90.2		
Diagnosed with Mental Illness	201			
Yes	54	26.9		
No/Unsure	147	73.2		

Note. *N* = number of participants; *%* = percentage of respondents; *M* = mean; *SD* = standard deviation.

3.6 Ethical Considerations

As this study involved human participants, an ethics application was submitted for approval to the Department of Sociology Research Ethics Committee. Once approved at this level, the ethics application was submitted to the UNB Research Ethics Board. This was approved in January 2021 and is on file as REB-2021-002 (Appendix H). A modification was done to the application which was resubmitted and approved again by the Department of Sociology and by the Research Ethics Board (Appendix I). The researcher had also completed the TCPS 2 Core Tutorial course prior to commencement of the study (Appendix J).

3.6.1 Risk

Despite the sensitive nature of this study, surveys were considered minimal risk as they did not go into much detail about participants' experiences. Interviews were considered above minimal risk as they involved questions that could have been distressing for the participants, though it was unlikely that the questions would have caused any long-term effects. In addition, steps were taken to mitigate these risks. Participants were notified of the sensitive material within the description of the study. Participants could be as involved as desired in this study. They had the option to discuss their experiences in detail in the form of an interview or to complete an anonymous

survey, giving participants choice in how engaged they would like to be. Contact information for many resources (counselling, health care, etc.) were also provided before and after the survey and interviews.

In terms of the interviews, participants were only invited to participate if they were comfortable sharing their experiences and were in a safe place to do so. They were also advised that they could skip any question or withdraw from the interview at any time. A counsellor at Sexual Violence New Brunswick had reviewed the survey and interview schedule to give advice on how to cause the least amount of harm with the questions asked. Although this is serious and sensitive topic, the steps taken could transform this research to minimal risk as the advantages of this study could outweigh the consequences. This study could raise awareness and increase knowledge of IPV, provide better resources and support for students both on campus and in society, and advance understanding of how students perceive and experience IPV. It could empower survivors by allowing them to be part of a solution and by sharing their stories in a safe environment at their own choosing. By participating, they may have also had their experiences acknowledged and validated which is significant for survivors of abuse.

3.6.2 Consent

Prior to beginning the survey, potential participants were instructed to read an electronic version of the Consent Form and signal their consent to participate in the study. Assuming they were university students 18 years of age or older, they were able to read and understand the Consent Form and the information displayed. They were to continue to the survey if they agreed to and understood the Consent Form. They were encouraged to contact researchers if they had any questions, or they could simply close

the survey if they chose not to participate. The Consent Form discussed the purpose of the study, risks and potential benefits of participating, the participants' role in the study, how the data would be used and protected, the voluntary nature of the research, their right to withdraw or skip questions, how to obtain the final results, and contact information for the research team and others. Their electronic consent was given by clicking "yes" to the 3 disclaimers stating that they understand, they are participating voluntarily, and are 18 years of age or older. They had to check these off before they were able to proceed which demonstrated their consent.

With interview participants, the Consent Form was provided to potential participants via email. Participants were provided with time to review the Consent Form and were encouraged to ask questions before starting. Consent to participate and to be recorded was given by email and orally before the interviews began. Again, the interview Consent Form discussed the same components: purpose of the study, risks, and potential benefits of participating, how the data would be used and protected, the voluntary nature, their right to withdraw or skip questions, how to obtain the final results, and contact information for the research team and others. Participants were asked during the interview for their consent to having the interviews recorded for transcription purposes.

Participants had the information to decide if they wished to participate in either the survey or the interviews. There was no coercion to participate as researchers did not have any authority over students to pressure them into participating, direct contact with potential participants, nor did they have any participant information. The surveys were anonymous and widely distributed among UNB students; thus, they could choose not to

participate without being identified. Similarly, with interview participants, they could choose not to participate without being identified, or could change their mind without feeling pressure as the researcher was not in a position of authority and had no contact with the participant otherwise. There were no inducements offered, thus participants would have participated voluntarily.

3.6.3 Privacy

Confidentiality and privacy were a priority due to the sensitive nature of this study. Surveys were held on a Canadian hosted survey platform which securely stores survey data on servers located in Canada, pre-empting the possibility that the data is subject to access and review by the US government under the terms of the Patriot Act. Potential survey participants were recruited anonymously and were not asked for any information by which they could be identified as individuals. In terms of the interviews, participants did share identifying information such as their name and email address but were given pseudonyms to protect their identity which were used throughout the rest of the study. Participant information and original data were kept confidential by the researcher. The email server in which the researcher and participant communicated was password protected, and emails were deleted after the interviews were complete. The recorded interviews were deleted once the interviews were transcribed. All of the data, files, and information were kept in locked and secure areas that were password protected. The entirety of the data is also planned to be destroyed after the thesis has been completed. Thus, the risk for any participant to be identified or the data being breached was extremely low.

4.0 Results

4.1 Survey Findings

This section presents the results of the survey, particularly the findings of the univariate and bivariate analyses. The univariate analysis component describes how participants understand IPV myths, behaviours, and scenarios. It describes participants' perceptions of IPV on campus and specifically at UNB, alongside resources available. In addition, it presents participants' help-giving behaviours and beliefs about peers' response to IPV. The univariate analysis also indicates the proportion of participants who have experienced and disclosed IPV situations. It shows where and from whom participants sought help, and any barriers faced through help-seeking. The bivariate analysis component demonstrates the distinctions between different groups of students (e.g., gender, sexual orientation) on their understanding of IPV myths and behaviours, and experiences of IPV.

4.1.1 Univariate Analysis

Perceptions of IPV. The majority of participants disagreed to some extent with an array of IPV myths (Table 2). At least 60% of participants disagreed with 13 of the 15 statements. That being said, the number of participants who strongly disagreed was significantly lower than the total of those who disagreed. Also, there were still several students who agreed with the myths. Certain myths obtained high levels of disapproval, such as "IPV is usually not that serious" (97.3%), "IPV only consists of physical abuse" (94.7%), and "IPV is only a momentary loss of temper" (94.3%). Other myths still obtained disapproval, though to a lesser degree, such as "the victim can always walk away from an abusive relationship" (85.4%), and "leaving the relationship will end the

abuse" (82%). Participants were ambivalent about two other statements in which more than a third neither agreed nor disagreed: drinking/drug use causes IPV (35.8%), and abuse occurs in a married relationship more than dating or common-law relationships (38.7%).

Table 2

Participants' Level of Agreement with IPV Myths

	N	*%*				
Items		SD	D	NAD	A	SA
IPV only consists of physical abuse.	227	79.7	15.0	0.9	3.1	1.3
IPV is a private matter that only concerns the people in the relationship.	227	56.4	36.1	5.3	1.3	0.9
Men and women experience IPV equally.	225	18.2	45.3	10.7	16.9	8.9
IPV is only a momentary loss of temper.	227	67.0	27.3	3.5	1.3	0.9
Drinking/drug use causes IPV.	226	9.3	17.7	35.8	29.2	8.0
The victim can always walk away from an abusive relationship.	226	47.3	38.1	8.0	3.1	3.5
Men are the only abusers.	225	66.7	30.2	2.2	0.4	0.4
If the victim doesn't leave, the situation must be tolerable or emphasized.	226	73.0	19.5	5.3	1.8	0.4
Victims do not have any legitimate reasons for staying in an abusive relationship.	226	47.8	35.8	8.8	4.4	3.1
IPV is not usually that serious.	226	79.6	17.7	1.8	0.4	0.4
Victims often provoke their partner's abuse.	225	62.2	27.6	6.7	2.7	0.9
IPV is a problem but it doesn't happen in my community.	226	71.2	23.5	4.0	0.9	0.4
Leaving the relationship will end the abuse.	227	40.1	41.9	12.3	5.3	0.4
Those who experience IPV will always tell someone about it.	228	57.9	34.6	5.3	1.8	0.4
Abuse occurs in a married relationship more commonly than dating/common-law relationships.	217	21.7	30.0	38.7	8.3	1.4

Note. N = number of participants; *%* = percentage of participants; *SD* = Strongly Disagree; *D* = Disagree; *NAD* = Neither Agree nor Disagree; *A* = Agree; *SA* = Strongly Agree.

Participants provided opinions about a range of IPV behaviours (Table 3). At least 70% of participants agreed that 23 of the 26 behaviours listed were considered to be IPV. Physical behaviours, such as punching (99.1%) and kicking (98.7%) were the most likely to be considered as IPV. This was followed by blatant coercive, controlling, or manipulative behaviours, such as isolating a partner from friends and family (96.5%) or following a partner while they are with their friends (87.6%). Subtly abusive behaviours, such as not speaking to their partner for a long time (57.3%) or acting in a way to make their partner jealous (65.5%), were the least likely to be considered as IPV.

Table 3

Participants' Level of Agreement with Behaviours Being Considered as IPV

	N	*%*				
Items		SD	D	NAD	A	SA
Pushing/shoving partner.	226	0.0	3.5	13.3	35.8	47.3
Punching partner.	226	0.0	0.0	0.9	15.0	84.1
Threatening to kill oneself.	223	0.4	2.7	9.0	29.1	58.7
Driving dangerously with partner in the car.	225	1.3	3.6	11.1	36.4	47.6
Demanding sex.	226	0.9	1.3	7.5	29.6	60.6
Following partner while out with friends.	226	0.4	3.1	8.8	37.2	50.4
Deliberately embarrassing partner in public.	224	0.9	4.0	10.3	37.5	47.3
Not allowing partner to have money.	225	0.4	2.7	3.6	25.8	67.6
Repeatedly calling/distracting partner during class.	224	1.8	6.7	18.8	37.1	35.7
Telling partner not to hang out with friends.	224	0.4	4.0	12.1	30.8	52.7
Destroying something belonging to partner.	226	0.0	0.4	3.1	35.8	60.6
Kicking partner.	226	0.0	0.0	1.3	13.7	85.0
Calling partner hurtful names.	226	0.4	1.3	4.4	29.6	64.2
Shaking a finger at partner.	223	5.4	18.8	35.9	23.3	16.6
Slapping partner across the face.	226	0.0	0.0	0.9	16.4	82.7
Not speaking to partner for a long time.	225	4.4	12.9	25.3	29.3	28.0
Blaming partner for something they did.	223	1.3	7.2	14.8	38.1	38.6

Table 3 *(Continued)*

	N	*%*				
Acting in a way to make partner jealous.	223	2.2	11.2	21.1	39.9	25.6
Bringing up a past issue to hurt partner.	225	0.9	6.2	17.8	42.2	32.9
Threatening partner to get their way.	224	0.4	0.9	3.6	27.2	67.9
Isolating partner from friends and family.	226	0.4	0.4	2.7	24.8	71.7
Making partner feel guilty to gain control.	226	0.4	2.7	3.5	31.0	62.4
Pressuring partner towards unhealthy behaviours.	226	1.3	1.8	5.3	36.7	54.9
Monitoring partner's daily activities.	226	1.3	8.4	11.1	31.9	47.3
Denying partner's freedom and personal space.	226	0.0	0.4	3.5	29.6	66.4
Making threatening faces at partner.	226	1.3	7.1	14.2	42.0	35.4

Note. N = number of participants; *%* = percentage of participants; *SD* = Strongly Disagree; *D* = Disagree; *NAD* = Neither Agree nor Disagree; *A* = Agree; *SA* = Strongly Agree.

Participants provided responses to five scenarios on possible IPV situations (Table 4). Four of the five scenarios (1, 3, 4, 5) should have been considered as IPV, and one scenario (2) should not have been considered as IPV. For the first scenario on controlling behaviours, 58.6% of participants agreed that this was considered IPV. In the second scenario consisting of healthy behaviors, 93.8% disagreed that this was a situation of IPV. In the third scenario consisting of threatening, possessive, and intimidating behaviors, 85.5% of participants agreed that this should be considered IPV. In the fourth scenario discussing controlling, isolating, and manipulative behaviours, 79.2% of participants agreed that this situation should be considered IPV. Lastly, in the fifth scenario which also consisted of controlling, isolating, and manipulative behaviours, 85.5% of participants agreed that this should be considered IPV.

Table 4

Participants' Level of Agreement with Scenarios Being Considered as IPV

	N	*%*				
Items		SD	D	NAD	A	SA
Scenario 1: Tammy and Ben.	227	2.6	14.5	24.2	46.3	12.3
Scenario 2: Steven and John.	225	67.6	26.2	5.3	0.4	0.4
Scenario 3: James and Stephanie.	227	1.3	4.0	9.3	39.2	46.3
Scenario 4: Jessica and Tanner.	226	1.3	7.5	11.9	41.6	37.6
Scenario 5: Jeffrey and Stacy.	227	0.4	5.7	8.4	37.0	48.5

Note. N = number of participants; *%* = percentage of participants; *SD* = Strongly Disagree; *D* = Disagree; *NAD* = Neither Agree nor Disagree; *A* = Agree; *SA* = Strongly Agree.

IPV on Campus. Participants provided information about their perceptions about IPV at UNB (Table 5). The majority disagreed that IPV does not affect students at UNB (90.9%) or their academic career (97.2%). However, 58.4% of participants agreed it is an issue. Less than half of participants knew where to seek help for IPV (31.6%), have had a class (20.5%) or have seen or heard a campaign discussing IPV at UNB (25.8%). When asked about how UNB would or could help in situations of IPV, most participants neither agreed nor disagreed. For example, 42.9% of participants were unsure whether UNB has resources available to help victims of IPV.

Table 5

Participants' Perceptions of IPV at UNB & How UNB would Respond to Situations of IPV

	N	*%*				
Items		SD	D	NAD	A	SA
IPV is an issue at UNB.	197	1.0	1.5	39.1	37.6	20.8
IPV does not affect UNB students.	210	51.9	39.0	8.6	0.0	0.5
IPV does not affect a student's academic career.	215	77.2	20.0	0.9	1.4	0.5
UNB would take the report of IPV seriously.	204	8.3	20.1	33.8	26.5	11.3
UNB would take steps to protect the safety of the person making the report.	203	7.4	17.2	30.0	33.5	11.8

Table 5 *(Continued)*

	N	*%*				
If requested, UNB would forward the report outside campus to criminal investigators.	201	4.5	8.0	26.9	44.8	15.9
UNB has resources available to help victims of IPV.	198	3.0	12.6	42.9	32.8	8.6
I know where to go to seek help for IPV.	212	22.2	27.8	18.4	22.6	9.0
I have had a class that discussed IPV at UNB.	210	45.7	25.7	8.1	11.0	9.5
I have seen/heard campaigns discussing IPV at UNB.	205	30.7	30.7	12.7	18.5	7.3

Note. N = number of participants; *%* = percentage of participants; *SD* = Strongly Disagree; *D* = Disagree; *NAD* = Neither Agree nor Disagree; *A* = Agree; *SA* = Strongly Agree

Participants indicated which support systems and resources they were aware of that could help in situations of IPV (Table 6). Most participants knew of only a few resources at UNB, such as Counselling Services (79.8%). Other resources, such as the Wellness Coordinator (16.7%), were known by far less participants. Participants had mentioned other support systems, such as the Accessibility Centre, LGBTQ+ Wellness Coordinator, Student Resource Centre, and professors that could help on campus. One survey participant wrote that they were aware of these resources but have previously been refused or endangered by these support systems when seeking help. Another participant wrote that they were unaware that these services could help with IPV. Locally, most participants were aware of resources such as 911 (75.9%), but fewer participants were aware of support systems such as Victim Services (32%). Participants had also mentioned resources such as calling 0, or 211.

Table 6

Participants' Awareness of Support Systems and Resources on Campus & Locally

At UNB	%	Locally	%
Counselling Services	79.8	Sexual Violence NB	33.3
Student Health Clinic	63.2	Emergency Line 911	75.9
Office of Human Rights and Positive Environment	12.7	RCMP/Local Police	74.1
Campus Police	48.2	Shelters	40.4
Campus Ministry	9.6	CHIMO Helpline	26.3
Campus Sexual Assault Support	54.4	Mobile Mental Health Crisis	25.9
Wellness Coordinator	16.7	Helplines	39.0
Real Campus	6.6	Victim Services	32.0
Other	3.5	Other	1.8

Note. % = percentage of participants.

Help-Giving Perceptions and Behaviours. Participants provided information on how they believed their peers would act in situations of IPV (Table 7). Less than half believed it was likely that other students would respond against IPV. For example, only 34.9% believed that their peers would confront those who made inappropriate comments about IPV, and 22.3% believed that their peers would report students who psychologically abused their partner. Over two-thirds of participants thought it was likely that their peers would not report IPV due to personal loyalties (75.4%) or out of concern for their well-being (60.6%).

Table 7

Participants' Perceptions on the Likelihood of Peer Involvement Against IPV

	N	%				
Items		VU	U	NLU	L	VL
Confront other students who make inappropriate comments or jokes, or tell stories about their use of IPV	201	8.0	36.3	20.9	29.4	5.5
Report other students who physically/sexually assault their intimate partner.	201	5.0	28.4	16.9	40.8	9.0
Report other students who psychologically abuse and control their intimate partner.	202	16.3	45.5	15.8	19.3	3.0
Allow personal loyalties to affect reporting IPV.	199	0.0	7.0	17.6	52.8	22.6

Table 7 *(Continued)*

	N	%				
Choose not to report IPV out of concern that they will also be punished or retaliated against.	198	2.5	16.2	20.7	48.0	12.6
Be interviewed or serve as a witness in an IPV case if they knew relevant information.	195	3.1	18.5	32.3	42.6	3.6
Physically intervene if they saw IPV taking place.	195	5.1	25.6	25.6	34.9	8.7
Try to persuade the victim to leave the relationship.	198	0.5	1.5	17.7	58.6	21.7

Note. N = number of participants; *%* = percentage of participants; *VU* = Very Unlikely; *U* = Unlikely; *NLU* = Neither Likely nor Unlikely; *L* = Likely; *VL* = Very Likely.

Participants provided information on their perceptions around help-giving and their ability to identify IPV (Table 8). The majority of participants agreed that it is important to intervene when you see IPV (89.7%). That being said, roughly half of participants agreed that they know how to get help for a survivor (48.8%), and that they know how to identify IPV (58.3%) and are aware of the warning signs (63.1%).

Table 8

Participants' Perceptions on Help-Giving Behaviours

Items		SD	D	NAD	A	SA
It's important to intervene when you see a friend being abused by his/her intimate partner.	204	0.0	1.0	9.3	46.1	43.6
I know how to get help for someone who has been victimized by IPV.	205	7.8	26.3	17.1	39.5	9.3
I know how to identify IPV in a peer's relationship.	206	2.4	20.4	18.9	44.7	13.6
I am aware of the warning signs for IPV.	206	4.4	16.5	16.0	46.1	17.0
I would only give someone help if they asked for it.	206	5.8	43.2	29.1	15.0	6.8

Note. N = number of participants; *%* = percentage of participants; *SD* = Strongly Disagree; *D* = Disagree; *NAD* = Neither Agree nor Disagree; *A* = Agree; *SA* = Strongly Agree.

Participants indicated if anyone from the university had disclosed to them experiences of IPV. Most participants had said no, however, 43 participants had said yes

representing 21.8% of the sample. The participants who had been disclosed to then provided information on how they responded to this disclosure (Table 9). The vast majority had said that they listened (97.7%) and talked (86%) with the survivor and provided emotional support (95.3%) and advice (74.4%). Less than half of participants had provided tangible support, such as directing them to a professional agency (27.9%) or providing a place to stay (27.9%). All participants had responded with at least two help-giving behaviors, and one participant had responded with eleven help-giving behaviors. The average number of help-giving behaviors by participants was 6. A few participants provided different answers, such as sharing with administration in the faculty to discuss problem-solving, showing survivors resources better equipped to help them, and warning them about services or institutions that have a history of refusing help of further harming survivors. One participant also mentioned that they have witnessed mental and emotional abuse, but not physical abuse, so authorities were never contacted.

Table 9

Participants' Help-Giving Behaviours to Survivors' Disclosures

Items	*%(N)*
Listened	97.7 (42)
Talked with them about the abuse	86.0 (37)
Provided emotional support	95.3 (41)
Provided advice	74.4 (32)
Suggested talking with authorities	46.5 (20)
Directed to professional agency	27.9 (12)
Offered financial support	7.0 (3)
Provided place to stay	27.9 (12)
Encouraged victim	67.4 (29)
Called helpline yourself	2.3 (1)
Gone with friend to receive help	18.6 (8)
Talked with mutual friends about abuse	37.2 (16)

Table 9 (*Continued)*

Items	*%(N)*
Talked to partner directly about abuse	7.0 (3)
Report it on their behalf	2.3 (1)
Other	9.3 (4)

Note. N = number of participants of 43 total participants; *%* = percentage of participants.

Experiences of IPV and Help-Seeking. Participants indicated if they have ever experienced IPV (Table 10), and if they ever disclosed to anyone about experiencing abuse in their relationship (Table 11). Almost half of participants (43.1%) had said yes to experiencing IPV. Of these 88 survivors, 77.3% had said they disclosed, and 22.7% said that they had not disclosed.

Table 10

Students who have Experienced IPV

Experienced IPV	Yes	No	IDR
%(N)	43.1 (88)	53.4 (109)	3.4 (7)

Note. N = number of participants of 204 total participants; *%* = percentage of participants; *IDR* = I don't remember.

Table 11

Survivors who Disclosed their Experiences of IPV

Disclosed IPV	Yes	No
%(N)	77.3 (68)	22.7 (20)

Note. N = number of participants of 88 total participants; *%* = percentage of participants.

For the 68 participants who had disclosed (Table 12), most had disclosed to friends (91.2%), family members (55.9%) and other informal and formal support systems. The majority of these survivors had disclosed to more than one support system (82%), most times being a friend alongside other support systems. The average number of support systems that survivors sought help from was 2. Other participants had written that they had also told their current partner, their next partner, a high-school guidance counselor, or others who had experienced abuse from the same abuser.

Table 12

Support Systems to Whom Survivors of IPV Chose to Disclose

Items	*%(N)*
Friend	91.2 (62)
Roommate	27.9 (19)
Family member	55.9 (38)
Health professional	17.6 (12)
Counselor/therapist	48.5 (33)
Student Health Centre	7.4 (5)
Sexual assault advocate	4.4 (3)
Professor/staff member	10.3 (7)
Campus security	2.9 (2)
Campus administration	1.5 (1)
Local police	7.4 (5)
Call centre	1.5 (1)
Other	11.8 (8)

Note. N = number of participants of 68 total participants; *%* = percentage of participants.

Of the 20 participants who did not disclose (Table 13), approximately half of participants chose not to disclose because they were embarrassed (40%), the abuse was not physical (45%), or they did not think what happened was serious enough to talk about (60%). There were several other reasons why survivors decided not to disclose and many survivors had multiple reasons why they did not disclose (90%). The average number of reasons that participants had for not disclosing was 4.

Table 13

Reasons Why Survivors of IPV Chose not to Disclose

Items	*%(N)*
I was embarrassed/ashamed	40.0 (8)
It is a private matter – I wanted to deal with it on my own	50.0 (10)
I didn't want my partner to get it trouble	15.0 (3)
I didn't think what happened was serious enough to talk about	60.0 (12)
I wanted to forget it happened	25.0 (5)
I didn't know how to talk about it	25.0 (5)
There was limited support available	20.0 (4)
The abuse was not physical	45.0 (9)
My partner would not let me	5.0 (1)
I loved my partner	30.0 (6)
I thought I would be blamed/judged	25.0 (5)
I did not want others to know	35.0 (7)

Table 13 *(Continued)*

Items	*%(N)*
I had other things to focus on (class, work)	15.0 (3)
I did not think reporting/disclosing would help	40.0 (8)
I did not recognize the situation as abuse	5.0 (1)

Note. N = number of participants of 20 total participants; *%* = percentage of participants.

4.1.2 Bivariate Analysis

Understanding IPV. Chi-square analyses were run to explore if various demographic factors (gender, age, year of study, faculty, sexual orientation, disability, and mental illness) had an association with how participants understood myths, behaviours, and scenarios of IPV.

Gender has an association with perceptions of IPV. Participants identifying as female and gender diverse consistently had a better understanding of IPV myths, behaviours, and scenarios than males. Female and gender diverse participants were consistently more likely to reject IPV myths than males (Table 14). For example, there was a significant association between gender and the myth "leaving the relationship will end the abuse" in which 87.9% of females and 100% of gender diverse participants disagreed and only 74.2% of males disagreed. Female (89.4%) and gender diverse (80%) participants were also significantly more likely to disagree that "victims do not have any legitimate reasons for staying in an abusive relationship" compared with males (76.6%). Another significant association in this study demonstrated that males were significantly less likely to disagree (48.4%) that "men and women experience IPV equally" when compared with females (71.8%) and gender diverse (100%) participants.

Table 14

Participants' Rejection of IPV Myths by Gender

	% Disagreed (N)			*P-Values*
Myths	Male	Female	LGBTQ+	
IPV only consists of physical abuse.	90.8 (59)	96.2 (127)	100.0 (5)	0.588
IPV is a private matter that only concerns the people in the relationship.	92.4 (61)	93.2 (123)	100.0 (5)	0.918
Men and women experience IPV equally.	48.4 (31)	71.8 (94)	100.0 (5)	0.010
IPV is only a momentary loss of temper.	89.2 (58)	97.0 (128)	100.0 (5)	0.220
Drinking/drug use causes IPV.	19.7 (13)	29.8 (39)	20.0 (1)	0.265
The victim can always walk away from an abusive relationship.	78.5 (51)	90.8 (119)	100.0 (5)	0.142
Men are the only abusers.	97.0 (64)	96.9 (127)	80.0 (4)	0.092
If the victim doesn't leave, the situation must be tolerable or emphasized.	90.8 (59)	93.9 (124)	80.0 (4)	0.297
Victims do not have any legitimate reasons for staying in an abusive relationship.	76.6 (49)	89.4 (118)	80.0 (4)	0.037
IPV is not usually that serious.	95.5 (63)	99.2 (131)	100.0 (5)	0.440
Victims often provoke their partner's abuse.	84.1 (53)	93.9 (124)	100.0 (5)	0.227
IPV is a problem but it doesn't happen in my community.	92.2 (59)	97.7 (129)	100.0 (5)	0.247
Leaving the relationship will end the abuse.	74.2 (49)	87.9 (116)	100.0 (5)	0.015
Those who experience IPV will always tell someone about it.	90.9 (60)	93.9 (124)	100.0 (5)	0.202
Abuse occurs in a married relationship more commonly than dating/common-law relationships.	35.0 (21)	60.6 (77)	40.0 (2)	0.016

Note. N = number of participants; *%* = percentage of participants who disagreed. Italicized items show a significant association.

Gender also had a significant association with how participants understood IPV behaviours (Table 15). Most of the associations were significant and showed that female and gender diverse participants were consistently more likely to agree that the

behaviours were considered to be IPV. For example, 96.9% of females and all 5 gender diverse participants were significantly more likely to agree that demanding sex is considered to be IPV but only 76.9% of male participants. Pushing a partner was significantly more likely to be considered as IPV by 90.1% of females and all gender diverse participants but only 72.3% of male participants. There were also significant associations between gender and behaviours such as driving dangerously with a partner in the car ($p = 0.026$), following a partner while out with friends ($p = 0.015$) , embarrassing a partner in public ($p = 0.016$), not allowing a partner to have money ($p = <0.001$), telling a partner not to hang out with friends ($p = 0.001$), and various others.

Table 15

Participants' Acceptance of Behaviours as IPV by Gender

	% Agreed (N)			*P-Values*
Behaviours	Male	Female	LGBTQ+	
Pushing/shoving partner.	72.3 (47)	90.1 (118)	100.0 (5)	0.005
Punching partner.	98.5 (64)	100.0 (131)	100.0 (5)	0.349
Threatening to kill oneself.	82.5 (52)	88.5 (115)	100.0 (5)	0.721
Driving dangerously with partner in the car.	70.8 (46)	89.2 (116)	80.0 (4)	0.026
Demanding sex.	76.9 (50)	96.9 (127)	100.0 (5)	<0.001
Following partner while out with friends.	76.9 (50)	93.1 (122)	100.0 (5)	0.015
Deliberately embarrassing partner in public.	71.9 (46)	89.2 (116)	80.0 (4)	0.016
Not allowing partner to have money.	81.5 (53)	98.5 (128)	100.0 (5)	<0.001
Repeatedly calling/distracting partner during class.	62.5 (40)	76.9 (100)	60.0 (3)	0.117
Telling partner not to hang out with friends.	66.7 (42)	90.8 (119)	80.0 (4)	0.001
Destroying something belonging to partner.	93.8 (61)	97.7 (128)	100.0 (5)	0.423
Kicking partner.	96.9 (63)	100.0 (131)	100.0 (5)	0.121
Calling partner hurtful names.	84.6 (55)	98.5 (129)	100.0 (5)	0.003
Shaking a finger at partner.	28.1 (18)	46.2 (60)	40.0 (2)	0.072
Slapping partner across the face.	96.9 (63)	100.0 (131)	100.0 (5)	0.121

Table 15 *(Continued)*

	% Agreed (N)			*P-Values*
Not speaking to partner for a long time.	32.8 (21)	65.6 (86)	80.0 (4)	<0.001
Blaming partner for something they did.	62.9 (39)	83.2 (109)	60.0 (3)	0.013
Acting in a way to make partner jealous.	53.1 (34)	68.5 (89)	60.0 (3)	0.093
Bringing up a past issue to hurt partner.	67.7 (44)	76.2 (99)	100.0 (5)	0.491
Threatening partner to get their way.	87.5 (56)	98.5 (129)	100.0 (5)	0.018
Isolating partner from friends and family.	90.8 (59)	99.2 (130)	100.0 (5)	0.045
Making partner feel guilty to gain control.	89.2 (58)	94.7 (124)	100.0 (5)	0.611
Pressuring partner towards unhealthy behaviours.	86.2 (56)	94.7 (124)	80.0 (4)	0.045
Monitoring partner's daily activities.	58.5 (38)	89.3 (117)	100.0 (5)	<0.001
Denying partner's freedom and personal space.	87.7 (57)	100.0 (131)	100.0 (5)	0.002
Making threatening faces at partner.	64.6 (42)	84.7 (111)	60.0 (3)	0.021

Note. N = number of participants; *%* = percentage of participants who agreed that the behaviour was considered IPV. Italicized items show a significant association.

Lastly, gender had a significant association with four of the five relationship scenarios (Table 16). Again, female and gender diverse participants were more likely than males to identify the scenarios presented as IPV. For example, males were significantly more likely to disagree (33.8%) that Tammy and Ben's scenario was considered IPV than female (6.8%) and gender diverse (20%) participants. Males also disagreed significantly more often (12.3%; 18.8%) that James and Stephanie's scenario, alongside Jessica and Tanner's scenario, were considered to be IPV in comparison with female participants (2.3%; 3%).

Table 16

Participants' Rejection of Scenarios as IPV by Gender

	% Disagreed (N)			*P-Values*
Scenarios	Male	Female	LGBTQ+	
Tammy and Ben.	33.8 (22)	6.8 (9)	20.0 (1)	<0.001
Steven and John.	89.1 (57)	95.4 (125)	100.0 (5)	0.322
James and Stephanie.	12.3 (8)	2.3 (3)	0.0 (0)	<0.001
Jessica and Tanner.	18.8 (12)	3.0 (4)	40.0 (2)	<0.001
Jeffrey and Stacy.	13.8 (9)	3.0 (4)	0.0 (0)	0.019

Note. N = number of participants; *%* = percentage of participants who disagreed that the scenario was considered IPV. Italicized items show a significant association.

The Chi-square analysis for the associations based on the age of participants (Table 17) showed that perceptions were relatively similar among all age groups, and that age had relatively no association with how participants understood IPV. Only one chi-square analysis showed a significant association between perceptions and age. Bringing up a past issue to hurt a partner was significantly more likely to be considered IPV by younger students (84.6%) than by older students (59.5%).

Table 17

Participants' Acceptance of IPV Behaviours by Age

	% Agreed (N)				*P-Values*
Items	18-21	22-25	26-29	30+	
Bringing up a past issue to hurt partner.	84.6 (55)	72.1 (31)	78.3 (18)	59.5 (25)	0.016

Note. N = number of participants; *%* = percentage of participants who agreed that the behaviour was considered IPV. Italicized items show a significant association.

Similarly, year of study had little relationship with perceptions of IPV and the results were inconsistent. Two significant associations were found (Table 18). One in which graduate students were significantly more likely to agree (4.9%) with the myth "those who experience IPV will always tell someone about it" than undergraduate students (0%). In contradiction, graduate students were also significantly more likely to

agree (88.9%) that pushing a partner was considered to be IPV in comparison with students in their first two years of university (68.4%).

Table 18

Participants' Acceptance of IPV Myths/Behaviours by Year of Study

	% Agreed (N)			*P-Values*
Items	Y1-2	Y3-5+	Graduate	
Those who experience IPV will always tell someone about it.	0.0 (0)	0.0 (0)	4.9 (4)	0.009
Pushing/shoving partner.	68.4 (26)	87.3 (69)	88.9 (72)	0.022

Note. N = number of participants; *%* = percentage of participants who agreed that the myth/behaviour was considered IPV. Italicized items show a significant association.

Faculty of study was shown to have some association with perceptions of IPV in certain chi-square tests (Table 19), in which art students appeared to better understand IPV in comparison with students from other faculties. Science students (47.5%) were significantly more likely to agree with the myth that drinking and drug use causes IPV in comparison with art students (30%). Art students also were significantly more likely to consider more behaviours as IPV. Pushing or shoving was considered to be IPV by 95.9% of arts students, and fewer science (78.2%) and other (85.4%) students. Following a partner while out with friends, and not allowing a partner to have money were also significantly more likely to be considered IPV by art students (93.9%; 98%), than by science (90.1%; 94.1%) and other students (77.1%; 85.1%). Lastly, art students considered monitoring a partner's daily activities as IPV significantly more often (93.9%) than science (71.3%) and other students (79.2%).

Table 19

Participants' Acceptance of IPV Myths/Behaviours by Faculty

	% Agreed (N)			*P-Values*
Items	Arts	Sciences	Others	
Drinking/drug use causes IPV.	30.0 (15)	47.5 (48)	25.0 (12)	0.011
Pushing/shoving partner.	95.9 (47)	78.2 (79)	85.4 (41)	0.034
Following a partner while out with friends.	93.9 (46)	90.1 (91)	77.1 (37)	0.049
Not allowing partner to have money.	98.0 (48)	94.1 (95)	85.1 (40)	0.041
Monitoring partner's daily activities.	93.9 (46)	71.3 (72)	79.2 (38)	0.037

Note. N = number of participants; *%* = percentage of participants who agreed that the myth/behaviour was considered IPV. Italicized items show a significant association.

Sexual orientation had little to no significant relationship with perceptions of IPV (Table 20). Only one chi-square test was significant in which LGBTQ+ participants were significantly more likely to consider following a partner while out with friends as IPV (98.1%) in comparison with heterosexual individuals (85.3%).

Table 20

Participants' Acceptance of IPV Behaviours by Sexual Orientation

	% Agreed (N)		*P-Values*
Items	Heterosexual	LGBTQ+	
Following a partner while out with friends.	85.3 (122)	98.1 (53)	0.037

Note. N = number of participants; *%* = percentage of participants who agreed that the behaviour was considered IPV. Italicized items show a significant association.

Disability had few significant relationships with perceptions of IPV (Table 22). Those with a disability (31.6%) were significantly more likely to disagree than those without a disability (25.5%) that drinking and drug use causes IPV. Also, participants without a disability (7.1%) were significantly more likely to disagree that the scenario involving Jeffrey and Stacy was IPV than those with a disability (0%).

Table 21

Participants' Rejection of IPV Myths/Scenarios by Disability

	% Disagreed (N)		*P-Values*
Items	Disability	No Disability	
Drinking/drug use causes IPV.	31.6 (6)	25.5 (47)	0.031
Scenario 5: Jeffrey and Stacy.	0.0 (0)	7.1 (13)	0.011

Note. N = number of participants; *%* = percentage of participants who disagreed that the myth/scenario was considered IPV. Italicized items show a significant association.

Mental illness also had some significant relationships with students' perceptions of IPV (Table 22). For example, participants without a mental illness were significantly more likely to agree (8.3%) that victims can always walk away from an abusive relationship than those with a mental illness (0%). Mental illness also had a significant association with whether participants considered behaviours as IPV. Those with a mental illness were significantly more likely to agree that acting in a way to make their partner jealous was considered IPV (77.4%) in comparison with those without (58.3%). Driving dangerously with a partner in the car and pressuring a partner toward unhealthy behaviours was also considered to be IPV significantly more by those with a mental illness (94.3%; 100%) than those without (79.3%; 88.3%). Mental illness had a relationship with IPV scenarios as well, where those with a mental illness (74.1%) were significantly more likely than those without a mental illness (54.1%) to consider Tammy and Ben's situation as IPV.

Table 22

Participants' Acceptance of IPV Myths/Behaviours/Scenarios by Mental Illness

	% Agreed (N)		*P-Values*
Items	Mental Illness	No Mental Illness	
The victim can always walk away from an abusive relationship.	0.0 (0)	8.3 (12)	0.041
Acting in a way to make partner jealous.	77.4 (41)	58.3 (84)	0.024

Table 22 *(Continued)*

	% Agreed (N)		*P-Values*
Driving dangerously with partner in the car.	94.3 (50)	79.3 (115)	0.031
Pressuring partner towards unhealthy behaviours.	100.0 (54)	88.3 (128)	0.031
Scenario 1: Tammy and Ben.	74.1 (40)	54.1 (79)	0.037

Note. N = number of participants; *%* = percentage of participants who agreed that the myth/behaviour/scenario was considered IPV. Italicized items show a significant association.

Experiencing IPV. Chi-square analyses were also run to explore if certain demographic and behavioural factors (age, year of study, faculty, gender, sexual orientation, disability, mental illness, and substance consumption) had an association with participants who had experienced IPV at some point in their lifetime.

There was a significant association between gender and experiences of IPV. Females were significantly more likely to report an experience of IPV (52.3%), followed by those identifying as gender diverse (40%) and males (23.4%).

There was a significant relationship between mental illness and IPV experiences in which those with a mental illness were significantly more likely to report an experience of IPV in comparison with those without a mental illness. Approximately 57.4% of those with mental illness had experienced IPV, and 37.1% of those without a mental illness.

There was a significant relationship between marijuana consumption and IPV experiences. Those who consumed marijuana often were significantly more likely to report an experience of IPV (59.1%) than those who consumed marijuana occasionally (50%) or little to none (38.7%).

Table 23

Participants Who Have Experienced IPV by Various Factors

	% (N)	*P-Values*
Factors	*Experienced IPV*	
Age		0.080
18-21	28.6 (18)	
22-25	41.9 (18)	
26-29	54.2 (13)	
30+	48.8 (21)	
Year of study		0.133
Year 1-2	29.7 (11)	
Year 3-5+	41.0 (32)	
Graduate/Professional	50.6 (41)	
Faculty of Study		0.323
Arts	46.0 (23)	
Science	36.4 (36)	
Other	53.2 (25)	
Gender		<0.001
Male	23.4 (15)	
Female	52.3 (68)	
Gender Diverse	40.0 (2)	
Sexual Orientation		0.380
Heterosexual	40.1 (57)	
LGBTQ+	50.9 (27)	
Disability		0.217
Yes	60.0 (12)	
No	41.1 (74)	
Mental Illness		0.032
Yes	57.4 (31)	
No	37.1 (53)	
Alcohol Consumption		0.456
Never/Rarely	43.3 (26)	
Occasionally	42.2 (49)	
Often	48.0 (12)	
Marijuana Consumption		0.009
Never/Rarely	38.7 (55)	
Occasionally	50.0 (18)	
Often	59.1 (13)	
Drug Consumption		0.862
Never/Rarely	43.0 (83)	
Occasionally	50.0 (3)	

Note. N = number of participants; *%* = percentage of participants who have experienced IPV. Italicized items show a significant association.

4.2 Interview Findings

Six interviews were conducted to further comprehend the lived experiences and perceptions of student survivors in regard to IPV. Interviews allowed for an in-depth examination of four main themes: understanding IPV, experiencing IPV, disclosing IPV, and barriers to disclosing IPV. There were also several subthemes in the interview data that are identified in the analysis. Within the survivors' understanding, there were certain myths (i.e., IPV is physical and private) discussed that influenced how they viewed and experienced IPV. Survivors also discussed their experiences in terms of the context and normalization of their relationship, types of violence, and the effects and outcomes of their experiences. Disclosures to several support systems were also described in detail and how they may have been beneficial or harmful. Several barriers and reasons as to why survivors did not come to disclose were explained. Survivors also suggested several initiatives that can be done moving forward. The themes were categorized based on the research questions, and the subthemes were highlighted as they were the most common and appeared to be the most important to the survivors.

4.2.1 Understanding IPV

Physical vs. Non-Physical IPV. The difference between physical and non-physical IPV was a theme that emerged for each survivor based on their own understanding or that of the community's. Certain survivors understood that there were several aspects of non-physical violence that could be more harmful and detrimental to one's well-being than physical violence.

> I think in some ways, that kind of abuse is almost worse than physical violence because you can get away from physical violence. (Katy)

Other survivors had a difficult time originally recognizing or identifying the abuse as it was not physical. This is a myth that the general population, including survivors, often accepts in which they believe that non-physical violence does not fall under the umbrella of IPV.

> I didn't really consider what I went through to be violence because when you think of violence you think of like physical stuff. It wasn't anything that I would like to think is that serious. When you guys defined IPV, I was kind of surprised to see that there was a psychological aspect to it, or even emotional, because that's not really what I consider to be violence, but it makes sense now. (Emily)

Education and awareness played a role for survivors in understanding non-physical violence and their experiences. Certain survivors realized that there were signs in their relationship and that education helped to realize them.

> Being able to recognize the signs and the pieces that are evident, that if you know what they are, you'll see them, but if you don't know, you don't know. At the time, I wasn't educated the way I am now. A lot of that knowledge for myself came out through my education because I had been trained in social work back home. I had been counselling a few of my clients on domestic violence and had gone through the power and control wheel with them a few times and was like "oh" and started to make those connections for myself. (Katy)

Survivors also mentioned that many people in society have difficulty identifying and reacting to non-physical violence in comparison with physical violence. They may not comprehend the seriousness of the issue if there is no physical evidence and the warning signs may be harder to recognize.

> People recognize physical violence. People don't know psychological violence or emotional violence. They don't recognize it. (Katy)

> Some people were telling me it was IPV and others were saying it wasn't, I just didn't know what my situation fit into. There's a lot of psychological stuff that can happen and that's a little bit harder to prove.

(Olivia)

Survivors continued to explain how the public often does not understand the severity and consequences of non-physical violence and the long-term harm that harassment, and emotional and psychological violence can cause.

> I was never physically hit by this person. I think it's hard for people to understand that it is still a traumatic experience. I don't feel like it's well understood. (Abby)

> There's different forms of violence and we can't put one over the other. Just because my arm wasn't broken doesn't mean it wasn't traumatic. (Olivia)

Professionals in the community also had a difficult time understanding that non-physical IPV in different types of relationships is still considered to be IPV. Survivors were met with a lack of understanding from support systems who did not consider the non-physical violence they encountered to be IPV. Police thought that Olivia's experience was unique because she did not experience physical violence, even though non-physical violence is the most common. This lack of understanding may have made her problem more challenging to navigate and diminished the severity of the issue.

> The counselor told me technically this wasn't IPV. The police said unless I have reason to suspect that he's going to physically hurt me, there's nothing that they can do and they can't get involved. They were saying it wasn't IPV because I wasn't physically harmed. I kept being told that your situation was unique because there wasn't violence but I don't see why you need to be a victim of physical abuse to get support. (Olivia)

Silence & Secrecy. The notions of silence and secrecy around IPV showed up in the survivors' discussions. Certain survivors accepted the popular myth that is often held in society in which IPV should be kept private and should only involve the people in the relationship and not others in the community. This was demonstrated as one survivor

said they believed that sexual abuse is “private” (Emily). This participant understood that secrecy is a part of IPV and this serves to keep experiences hidden which may leave survivors to struggle with these incidents alone.

Other survivors understood how the notion of secrecy in situations of IPV can be detrimental to survivors. One survivor said, “the biggest way to keep everything down and to really keep someone’s power out of their hands is by making them keep it quiet” (Katy). It was also implied that silence and secrecy is passed down through generations as she also described that her mother taught her “we don’t talk about our feelings”. Understanding how silence is integral to the continuation of IPV and the importance of sharing these experiences with others was important for this survivor to learn as it is a crucial step to seeking help and leaving the relationship.

4.2.2 Experiencing IPV

Throughout the Relationship. All of the survivors had mentioned that they first started experiencing IPV in their later teenage years, or their early 20s, despite the age range of those participants in these interviews. The majority of survivors interviewed also continued to experience IPV past this point, and some had experienced multiple abusive relationships. Survivors were either attending high school, university, or had been working during their experiences. Intimate relationships consisted either of a few dates, relationships (boyfriend/girlfriend), or marriages. This demonstrates that survivors experience IPV early and at any point in their lives, in various types of relationships, while also carrying these experiences with them to university.

One survivor described that depending on one’s identity, experiences of IPV, and structural factors, society’s perceptions and response to IPV are quite different.

> I'm queer, I'm nonbinary and I'm poly. I experienced misogyny differently. Being AFAB[1] and experiencing misogyny when you're not a girl is different. Trans women experience misogyny differently. AMAB[2], nonbinaries experience it differently. (Taylor)

One theme that was identified was that all of the survivors had experienced moments of confusion and disbelief on how they came into an abusive situation. This may demonstrate that IPV is gradual and abusive behaviours slowly develop in a relationship rather than all at once. This graduality and the lack of awareness around IPV risk factors and warning signs may have made these behaviours and experiences more difficult to recognize.

> How I ended up in a situation where somebody made me think that I was worthless, I still don't understand how it happened, it just did. (Katy)

> I still didn't believe that something like that could happen and that I was somebody who experienced that. (Taylor)

> It's the writing that lets me go back and do this analysis of why on earth would I get tangled up in some kind of situation like that. (Mia)

Types of Violence. The most common types of violence that survivors had experienced were non-physical, such as psychological, emotional, and controlling behaviours. Survivors have described the violence they experienced as "manipulation", "coerced to do something you don't want to do" (Emily), "harassment" (Olivia), "gaslighting", and "never physically violent, but very psychologically abusive" (Katy). Abby described the violence as "a lot of aggression but there was never any actual contact against me. It was mostly other things that were broken". Survivors provided

[1] Assigned female at birth.
[2] Assigned male at birth.

further explanations of their experiences with non-physical violence to demonstrate the range of behaviours that can occur and that abuse may not always be straightforward or noticeable.

> I was feeling like I sucked and all of those things he used to tell me. He used to just dress me down all the time. He still found ways to fuck me over and my finances. He's still findings ways on a regular basis to push buttons. (Katy)

> I had like 30 missed calls from him in one night. He would nonstop text me. He started showing up in classes I was supposed to be TAing[3] and started coming to my house. He trashed his (mutual friend) bedroom. He was leaving gifts like rusty pans, weird notes. I moved and had him blocked but he knew where my brother worked so he started showing up and it got to the point where he's coming in and not buying anything. I had a presentation and he would just show up, he wasn't in the class and it wasn't open to the public. He came to my graduation; we weren't in the same ceremony. (Olivia)

> I was with a man who killed himself later. I left the relationship before I really understood how poorly things were going. He had threatened to kill himself and I viewed that as a form of domestic violence. (Mia)

Though it was discussed by fewer participants, certain survivors did experience physical and sexual violence at some point throughout their relationships, in which occasionally the abuser tried to make excuses for their behaviour.

> He punched me last night and I'm just a bit disoriented. I've got quotes from him in the journal where he says "It's the situation. Its nothing that I did. My parents have me under a lot of pressure". (Mia)

> He put his bare hands on my arm and like squeezed as hard as he could and was like "don't you ever fucking do that again". It was painful and I was terrified. There was another time we were horsing around in the backyard and like he straight up kicked me in the stomach. There was another time that I had a boyfriend and he raped me in the back of my

[3] Verb used to describe work being done as a teaching assistant.

mom's car. (Taylor)

Normalization of Violence. Survivors also experienced justification or normalization of the violence, either by themselves or by the community based on societal beliefs about IPV. Most survivors, such as Katy, had to ask themselves on a regular basis "is this normal?" Emily described that the relationship she was in "felt normal" despite the manipulation and that "you kind of make it OK in your head later on" which works to justify the violence. Mia also mentioned something similar: "there's a certain period after it happens where you're trying to accept what's happened, it came to be a pattern in our relationship". These thoughts may be due to the lack of awareness of IPV, as well as gender norms and patriarchy in which women do not want to appear too sensitive or dramatic or are taught to be accommodating.

Violence, patriarchal beliefs, and abusive relationships were also normalized within the family and passed through the generations which thus affected how survivors perceived their experiences, how they sought help, and how they came to realize these patterns.

> There are those ingrained norms that people still may not want to say something because for them that's normal. My mother had a lot of those tendencies so I had allowed myself to get caught in those things so easily because they reflected things that my mom would have me think about myself. The way he would deal with me was the way she would deal with me. My mom lived in a home with a lot of major violence and she never got help, she never talked about it. As soon as I had kids, I was like it stops with me. (Katy)

> I was following along with what I now understand to be a heteronormative hierarchical intensely patriarchal structure of being a woman, studying to be a teacher, going to marry a lawyer and that was going to be a good story from the context that I came from. My mother did that, my grandmother did that. I just thought that getting in a relationship with a man and putting up with the violence was just a part

> of a life being a woman. When you grow up with these traditional patriarchal structured ways of being in the world in your formative years, its hard to work against them. You have to be loyal to a violent male no matter what is what I had grown up believing. Very difficult to unbelieve those things. (Mia)

Professionals working in formal support systems also made comments that worked to normalize and undermine the survivors' situations by trying to explain possible rationales for the behaviours instead of supporting the survivor.

> The police said "he's young, you're young, this doesn't seem like a long time for you and maybe it is for him. He's probably just trying to apologize". Campus security told me that "He's a young guy and he's just trying to figure out how to find love" and I felt like a lot of people had excuses or were trying to help me understand his perspective. Anytime I was dealing with male enforcement essentially they kept trying to be like "oh, it could have been worse" or trying to explain his perspective. (Olivia)

Negative Effects & Positive Outcomes. There were several negative effects during or after the relationship that influenced the survivors' lives. As one survivor described, "it was affecting my life really badly. It was impacting every area of my life" (Abby). Survivors had difficulty with school or professional work because of their experiences. One survivor had mentioned, "I was not able to complete my coursework" (Mia) while another survivor continued:

> I can't do things that could be good for my professional development because he can just walk in. I'm reluctant to continue my education. I don't like being on campus. It's exhausting, this whole process. It takes so much time away from school. I ended up deferring a class because of stress and it postponed my thesis. This actually has implication for academic performance. (Olivia)

Difficulty with mental health and substance use were also biproducts of survivors' experiences with IPV. Katy described dealing with "depression and anxiety and PTSD" and trust issues because of these experiences. Taylor also mentioned "my

mental health took a shit kick; my substance abuse took a shit kick. It was really rough for a long time. I'm still dealing with it".

Despite many survivors experiencing negative effects caused by IPV, their experiences also led to certain positive outcomes. Particularly, the motivation to continue education and help others who have experienced violence so others in the future may not have to experience the same situations.

> In a way, I guess it kind of took me to school because I exited and went into university after that experience. (Abby)

> If you don't have enough education, then your hands are tied with what you're able to do. So, I'm like ok I guess I need to go back to school and do the stuff so that I can help you. I'm gonna fix the system and then I'll get back to helping people. (Katy)

> But I did get an education. I do have a career. I finished my masters. I'm running an informal shelter for newcomer women who don't speak English but need to leave situations of IPV. So that's what I'm doing now, violence plays a major role in my life, but it's from a different angle now. (Mia)

4.2.3 Disclosing IPV

Self-Disclosure. Some found it rewarding and helpful to disclose to themselves first through journaling and note-taking. For certain survivors, this self-disclosure was a way to provide evidence by documenting what had been happening. This was important for survivors to fight back against the manipulation of the abuser, or to be better equipped in reporting.

> At one point, I told him that I had started writing everything down 'cause he was like "no, I told you this and we talked about this", and I'm like "no, we talked about this and I have it written down and you don't get to tell me I'm crazy anymore because I know that I'm not crazy and I have it written down." (Katy)

> The lady I was meeting with asked me to document everything that happened. I wrote down a date by date of what happened. I had all the screenshots. (Olivia)

Other survivors had used journaling to better understand their situation and seek their own help when they were not ready to reach out to others at the time. Self-disclosure is important as it indicates that the survivor is aware of their situation, has recognized the violence and identifies that their situation is not tolerable. This is often the first step to seeking help from others, which was the case for Mia.

> I have all the dates of our altercations, my feelings. I realized that I had began to be more honest with myself and like, disclosing to myself. I had that difficult conversation with myself in writing before I was able to say it out loud. I go into more detail about the violence and after I started practicing saying it to myself I think it was after that I did disclose. I was the first person I disclosed to through my journal. There's something powerful about writing it down in my life. How you come to disclose is such a powerful profound interruption of violence. (Mia)

Informal Support. When survivors did decide to disclose to others, it was most commonly to informal support systems (i.e., friends, peers, family members, religious members, professors) in which there were both positive and negative experiences while disclosing, depending on the response of the member of the support system.

All of the survivors had disclosed to a friend during or after their experiences of IPV, which generally survivors had found helpful and supportive. There were specific behaviours that survivors had found helpful, such as giving advice, listening, reassuring, and support and tangible help. It was significant for survivors to have these support systems around them to make sure they felt validated and not isolated.

> While I was still in the relationship, there was only one person that I spoke to. She was super supportive, definitely pushing me to leave, so it was nice in the sense that there was help if I decided to get out. She kept reminding me what was normal, and what was abnormal about what I

> was telling her which I felt really helped to keep me grounded because at the time I was so confused. Having someone to just say, “that’s not normally what happens when someone cares about you” and like small statements like that made a difference. (Abby)

> I’ve been lucky enough to find a few people to confide in and are super supportive. When I broke up with my girlfriend, I have a great group of friends that are just like “we love you both”. They’re so good, they’re like “you deserve this, this is a good thing and don’t second guess you’re doing the right thing and you’re both wonderful”. I didn’t always have those people that would have been like “this is totally the right decision and like how can I help you? Do you need a place to stay? Do you need help paying your bills? Do you need food?” (Katy)

One survivor did not find some of their friends supportive, specifically their roommate. This friend group was not considered helpful as they were still very connected with the perpetrator and tried to explain and justify his behaviour. The group was also disclosing unauthorized information to the perpetrator about the survivor, such as her whereabouts, which made her feel uncomfortable and unsafe.

> My roommate was dating his roommate, when he started driving by, she’d be like “I just saw you drive by, you need to stop”. But his roommate started feeling bad for him. So, we just don’t talk anymore because I didn’t want to be near people who are near him. He would ask them, “what’s Olivia up to this weekend?” and they would tell him. I don’t think they were doing it intentionally to make me uncomfortable but it was just really hard to be friends with people who I didn’t feel were supporting me and still involved with him. (Olivia)

Some survivors had told family members, particularly parents, about their experiences in hopes of obtaining advice or support. Again, this went one of two ways. Certain survivors felt invalidated and disregarded after disclosing to their parents. These types of negative disclosures act as revictimization for the survivor and adds to the overwhelming stigma around IPV. Specifically, the survivor internalizes that they are

not worthy of help and that they will be judged and looked down upon if they come forward.

> I was in tears and just at my wits end. Just like I don't know what to do, what am I supposed to do? And my dad was just like, "I don't know what to tell ya kid. I'm really sorry you're struggling", was all my dad knew to say. That was a tough one because I really felt invalidated when the conversation was done. After getting off the phone, I had spent the next few days just like, I hate my life. Nobody cares. I did call my mom to tell her that I was getting a divorce and begged her to come and she said that I was a big girl and I made my bed and I could lay in it. I called my dad and he didn't speak to me for over a year after. (Katy)

On the other hand, others felt very safe and supported when disclosing to family members, which of course helps with the survivor's well-being and future help seeking.

> I disclosed to my mom around the time that I decided to come forward with it. She had nothing but good things to say to me. She was really supportive, and again she got really mad. She did a really good job, she listened. (Taylor)

> My family has been really supportive, they've been encouraging like keep talking to people and getting help. (Olivia)

For one survivor, disclosing to a religious group was a terrible experience which kept her from leaving the relationship for many years. When telling their pastor's wife about the abuse, she was told that "no, you can't leave. You made a commitment", in which she was persuaded and manipulated to stay. This negative disclosure was particularly detrimental as it limited other help seeking and essentially forced her to stay with an abusive partner.

> I called my pastor's wife and I said , "I'm leaving my husband, what do I do next?" She was like "hang on I'll bring you a coffee". She sat down and I told her everything and she's like "we'll do counselling with you guys", and I'm like totally, 'cause I don't like to do things halfway. We did everything with them for 3 months. Her and her husband would come over once a week. I still struggle with the idea of pastoral counselling because I feel like they don't know what they're talking about. They

> don't have a clue when they need to hand it over to someone else, because nothing really changed. Huge lack of support from them. (Katy)

Instead, the survivor insisted that the pastor's wife could have been more helpful if other steps were taken.

> She could have been like, "OK, hang on, I'll come over and we'll brainstorm. We'll figure it out" instead of coming over to talk me into staying. She could have figured out why I wanted to leave and maybe come up with a plan. That would have been really nice. (Katy)

The terrible disclosure experience did not stop there. Once Katy did go through the divorce and got into a new relationship, the isolation and lack of support by the church was amplified.

> They told me I wouldn't be able to participate in any ministry for at least a year. When they found out I had an affair, they told me it would be two years. Then they found out that I was having an affair with and moving in with my girlfriend and they told me I wasn't welcome to participate in ministry unless I gave a vow of abstinence and had an accountability partner. (Katy)

Some survivors decided to tell professors about their experiences and were for the most part supported by their chosen confident. They were provided with advice, problem-solving skills, examples on how to move forward, and even assistance to navigate through the reporting system.

> When I did ultimately disclose, it was to a professor. It actually took being at university and disclosing to a professor, but also watching how they lived their lives, that this was not how it had to be. Probably saved my life I would say or save me from a marriage of that kind of continuous physical violence. They thought about it and they helped me, they modeled for me problem solving the way out. She was very pragmatic and I'll never forget the first thing she said was "well, you can't live there anymore. Need to find another place to live". We walked through those steps together and that was profound. She disclosed to me that she had been through something similar and I thought "oh look at where she is now, this is totally possible" so that was also something that helped. She

> guided me out of that cycle. (Mia)
>
> The person that I came to with the problem he listened, he did a very good job. He still checks in with me every now and again which is really nice. He really cared. I would tell anyone to go to the professor that I disclosed to because he's been excellent and been a real person in my corner. (Taylor)

For these survivors, disclosing to a professor was a beneficial experience which exemplifies professors can be essential informal support systems on university campuses.

Formal Support. Similar to informal sources, there were good and bad experiences that arose from disclosing to formal support sources. Counselling services and university resources were used the most often, but certain survivors had reached out to other formal support systems as well (i.e., police, guidance counselor, call centre).

Counselling appeared to be an extremely positive support source in the lives of survivors and helped them to understand and cope with their experiences and look into how these experiences may have come about.

> I went to counselling for a year afterwards. It was really good. There were issues that had been going on long before I got into the relationship that probably made me more susceptible to something like that. It helped me process it a lot. I was much better following that. (Abby)

Counselling was also where survivors started to change their perspective, realize their worth and regain their strength which was extremely beneficial for their well-being. A number of the negative beliefs that society and the abuser may have instilled in the survivor were relieved to an extent during counselling.

> I did undergo some EMDR therapy[4] which was really amazing and was really helpful. I found it life changing and I only did nine sessions. It was the hardest type of therapy that I've ever done. After the first session it took three days for me to recover. I was just so emotionally exhausted. Once we got a few sessions in I started to feel more confident. I started to second guess myself a little less. It was really beneficial and really did improve my quality of life drastically in a really short frame of time. It really was a game changer for me. (Katy)

> They were amazing. She had been around the world and had participated in different Eastern Healing communities and she was really amazing to talk to. They helped with alternative points of view. They offered me different ways of considering my circumstances. That was probably the most profound interruption of my regular thinking. (Mia)

For the survivors who reached out to their university for help, there were some successful aspects but overall, they did not have positive or productive disclosures. They believed their reporting did not amount to anything and that the accused did not have any repercussions. One survivor essentially felt revictimized by the process by relaying the experiences on several different occasions and also felt excluded from the outcome.

> The thing that bothered me the most was the systemic way that my statement was addressed and the fact that I was left with no answer. I had to put faith in the institution that did a shitty job of addressing the problem. I reported to the university's psychological officer. I gave my statement to her and I booked a meeting and she sat and listened and took notes and she did a lot of work. I had to basically offer my statement three different times to three different people, and I had to go back and write my own statement after that. I had to keep reliving this same shit in the same process over and over again which was really difficult. I finally heard something back so there was four months where I didn't hear anything. They sent me a letter that basically said, "we believe you and that corrective action has been taken but because of policy we're not allowed to tell you". I was really frustrated with that because I've literally spilled my guts to you and you can't even grant me the common courtesy to say what actually happened or came of this. Honestly it was probably

[4] Eye movement desensitizing and reprocessing (EMDR) therapy is "a structured therapy that encourages the patient to briefly focus on the trauma memory while simultaneously experiencing bilateral stimulation (typically eye movements), which is associated with a reduction in the vividness and emotion associated with the trauma memories". (American Psychological Association, 2017, para. 1).

> just a slap on the wrist like don't do this again. It was a little unproductive because I didn't necessarily feel safe, I felt comforted but I didn't feel safe. (Taylor)

One survivor noticed the lack of resources and policy surrounding IPV on campus and the shortage of support that is available for these types of situations. The lack of management and repercussion for the perpetrator was also a significant downfall for the survivor in terms of disclosing to the university.

> I reached out to I think the positive space environment. I said, "This is my situation". She got involved and they put a noncontact order with campus security which he violated three times. They advised me to get in contact with City Police since he was graduating and there wasn't anything they could do. The person I was talking with (security), I think they wanted to help and I could tell that this wasn't the first time they had been in a situation like this, but it didn't seem like they had the resources within the institution to properly support people. There was nothing that they could do to keep me safe on campus. They were going to issue a non-trespass order but that never ended up going through. In my mind I did everything I could do in the institution and there was just nothing set in stone how to react to this. He came to my graduation and security didn't think, like why wouldn't they have just been a little extra diligent. Campus was great they're like if you want a professional photographer we can restage the whole thing for you and your friends but I just don't really want that. He graduated the day after and there was no repercussions, he didn't get a slap on the wrist. I did everything that positive space people told me to do. I have a bad taste in my mouth, I'm just not confident that they can properly manage these people. (Olivia)

This is discouraging for the survivor and also leads to a lack of confidence and trust in the university administration by members of the student population. Survivors and their peers need to feel that their university will protect them and that their reporting will make a positive difference in their lives, otherwise it leads to anticipated stigma and suffering in silence.

One survivor had reached out to the police several times, and occasionally they showed compassion and took some action, but other times they did not take the situation seriously and her situation seemed to have been overlooked.

> The police said unless I have reason to suspect that he's going to physically hurt me, there's nothing that they can do. The first police officer I spoke to had said , "sorry you're going through this, maybe he hasn't gotten the message" so he actually called him and was like "I don't know if you're aware but we we're speaking with Olivia and your contact with her has been uncomfortable. This is our warning if you continue to contact her we might have to follow up with criminal stuff". I didn't hear from him but then I reached out to police again because he's still trying to make contact. The new police officer said "he's probably just trying to apologize. here's our number and contact us if anything else happens". I requested to talk to the person who actually deals with IPV but he never took interest. (Olivia)

These negative experiences may lead to invalidation and feeling as if their situations of abuse are not serious enough which may limit help-seeking in the future.

4.2.4 Barriers to Disclosing IPV

Physical vs. Non-Physical IPV. Cultural stigma allows society to believe the myth that IPV is mainly physical and any non-physical behaviours are deemed less important. Survivors occasionally internalize these beliefs. When physical abuse is made a priority, it may be more difficult for survivors to identify non-physical behaviours and realize the severity of the situation. This belief thus acted as a barrier for survivors disclosing to others as their situation was either minimized by themselves or the community.

> I didn't really act on it or anything, 'cause it just didn't really feel too serious at the time. It didn't really feel like a big deal. I kind of made it a smaller thing in my head than it really was. (Emily)

Emily went on to say that she would have disclosed "maybe if it were worse" and "if it was serious enough". This demonstrates that even after she had learned that non-physical violence was a serious aspect of IPV, she still believed that it was not important enough to share. Another survivor mentioned that she did not disclose to police as there was no "actual contact against me, it was mostly other things that were broken" (Abby). Despite experiencing intimidating behaviours, the fact that it was not directly physical towards her person acted as a barrier to Abby reporting. Katy experienced a similar barrier in which the state of the current legislation around abuse, or at least the way it is understood, restricted survivors from reporting as they believed the abuser was not acting in a way that was punishable by law.

> He wasn't doing anything that was breaking the law. He wasn't doing things that they could enforce. (Katy)

These beliefs also acted as a barrier when reaching out for help and trying to obtain support from professionals. Professionals are members of the community and they may also adopt the same societal beliefs about IPV in which non-physical violence is less important. In Olivia's case, these beliefs acted as a barrier to receiving proper support from police as they believed that the situation was not severe enough and that they could not help unless it was physical which should not have been the outcome.

> The police said unless I have reason to suspect that he's going to physically hurt me, there's nothing that they can do. None of my encounters were violent, I understand that sometimes they can become violent, but it just kind of seemed like I had to wait until like I was hurt. I don't see why you need to be a victim of physical abuse to get support. Just because my arm wasn't broken doesn't mean it wasn't traumatic. The last thing you want to do is feel like you're having conflict with this individual and now you have to somehow prove to the people who are supposed to be helping you that you have a legitimate issue. I don't feel

like I have to explain why my issue was severe. (Olivia)

Limited Knowledge & Experience. Another barrier that restricted survivors from disclosing was a limited knowledge and experience concerning relationships and IPV. If healthy relationship behaviour was not a topic of conversation for survivors, they may not have understood the inappropriate behaviours that were occurring in their relationship. This often stems from a lack of awareness on the issue.

> I didn't have much experience with relationships, so it was kind of basically the only serious relationship I knew. I was younger then; I didn't really know any better. (Emily)

Similarly for Taylor, they had not experienced any sexual abuse before. The limited knowledge and the confusing discourse around this topic acted as a barrier to disclosing initially because they were not sure if they had even experienced sexual abuse.

> I spent more time trying to convince myself that it was rape because there's so many people that are like, "oh that's not it". It wasn't like how everybody else was talking about it. (Taylor)

Internalized Stigma. Survivors also displayed a lot of internalized stigma that restricted their help-seeking behaviours, such as shame, self-blame, and low self-esteem from their experiences. Survivors discussed embarrassment as a barrier: "it was one of those things where it was almost embarrassing if I brought it up" (Emily); "I was mostly just embarrassed that it happened to me" (Abby). Katy described that the violence "was enough to make me start to second guess everything that I thought I knew" which may have undermined her self-esteem so that she could not disclose.

Taylor described that "there was a lot of guilt and shame involved". Mia also felt this internalization by believing the abuse was her fault and that she should be ashamed, which represents internalized stigma.

> It was a lot of self-blame and a lot of trying to take responsibility for the violence. When I start talking about this, I feel closed up. I can feel those feelings of being ashamed. (Mia)

Survivors also mentioned that they felt "dramatic" (Olivia) and this restricted their help-seeking by forcing them to essentially be unassertive and more passive.

> Maybe I am just being overdramatic. Maybe I am expecting too much. Maybe I am just a raging bitch. Maybe I am all of these things so I should just like quiet down and do what the good Christian wife is supposed to do and that's what I set out to try and do for a few years. (Katy)

Feeling like a burden was also a barrier to disclosing to others. Survivors did not want to bother anyone else with their struggles in fear that their support systems would leave and they would be abandoned in the process.

> I really try to avoid putting them (friends) in the middle so sometimes I feel conflicted about talking to them. I don't want to make my friends feel uncomfortable. There's a part of me that's afraid that if I do, then they're gonna be gone. I don't wanna bring anybody down. (Katy)

Anticipated Stigma & Fear. Cultural and internalized stigma also creates an anticipated stigma. Many survivors felt that their community did not truly understand or care about IPV. They have experienced or expected to experience a lack of support, trust, judgment, disbelief, or discrimination which acted as a barrier to further disclosing or leaving the relationship.

After having a bad disclosure, Katy believed that "nobody cares", especially when others in her life were taking the side of her abuser. When she did talk with others,

they responded with “what are you talking about, he’s super”. This undermined her willingness to seek additional help. Other survivors had said:

> It’s hard for people to understand that it was still a traumatic experience, so I try not to really tell too many people about what happened. I don’t feel like its well understood. (Abby)

> I never even spoke about half of it to anyone else because nobody believed it. I went eight years without saying anything to anybody because why bother? Nobody’s going to believe me. (Katy)

> People would be like “you need to be a better self advocate”. I eventually stopped talking about it ‘cause I feel everybody would be like, “you should have done this or should have done that”. Not a lot of people were listening to what I was saying. (Olivia)

> I didn’t bring it up to anyone else. I still have a hard time bringing it up to health professionals. I don’t know why. I just don’t think that I trust them very much, especially with something like this because they probably hear about it all the time. (Taylor)

Other survivors did not want to further disclose or discuss their situation as they had not been successful with help-seeking themselves. This restricted from further help-seeking.

> But I don’t want to be like “this happened to me, it sucked. It still sucks”. I didn’t feel comfortable talking about it because I don’t have a positive solution. I don’t want to talk to young women and be like “you could have this happen”. I don’t put my own experience into it because the only thing I’ve learned is that you can essentially be harassed and nothing will happen and I don’t want to tell people that. (Olivia)

Survivors’ limitations to disclosing were also dependent on others’ negative experiences with disclosing. If someone close to them had not been successful with reporting, they adopted this viewpoint as well and anticipated the same outcome.

> I know that my sister every time she called the police and they ended up removing her from the house because by the time they got there, she’s really worked up and he remains calm, and she’s seen as the one that maybe caused the problems. I do feel like she became more hesitant in

> calling them because she felt like she was always punished. (Abby)
>
> My sister had an encounter with it too and they (health professionals) were useless. Nothing ever came of it. And like reporting to the police is the exact same, like they don't do anything. Nothing ever comes of it. There's no protection, so why would I bother? (Taylor)

Survivors also felt a fear of repercussion, mostly from society and what would happen to them if they disclosed. A few survivors were concerned for their career or schooling if they were to speak up:

> I was in a management position at one location of a company and he was a manager at the other location. So, I think us being in higher positions within the same company kind of held me back too because I knew if I brought something up it may end my career in the process. That was definitely the biggest thing for me at the time. (Abby)
>
> I felt like I was being a liar and if anybody found out about this like I'd be in a lot of trouble or I would lose my scholarship. I was told that if I told people about what was going on I could actually get in trouble and threaten the sanctity of the investigation. (Taylor)

There was also the concern that the situation would get worse if they disclosed or reported. When asked why they did not report to the police, a few survivors said:

> I wouldn't know how to make it clear that I was telling the truth about what happened. If there was no evidence, I would be worried that he would be able to talk his way out of it and make my situation worse. (Abby)
>
> The police came to me and I lied. I was afraid. (Mia)

Structural Barriers. Patriarchy was a theme identified in the survivor's understanding of IPV and how it affected their experiences and help-seeking. Specifically, how institutions are still structured in favor of men and women are explicitly or implicitly made to feel like they are lesser than which can lead to situations

of IPV. Patriarchal beliefs and experiences from childhood onward had prevented some survivors from disclosing IPV throughout their lives.

> There were other patriarchal social cultural silencing violent structures that prevented me from disclosing. When you grow up with these traditional patriarchally structured ways of being in the world in your formative years, its hard to work against them. (Mia)

> When I stepped into the university as a youngster and maybe even now it's a man's world. You're stepping into another male led, male privileging, male oriented environment where women are not as valued. I'm just trying to say there's this persistent patriarchy that privileges men over women. It's a lot of pressure on men too, you have to fit into that patriarchal structure that's set out for them. (Mia)

When survivors did decide to come forward, they were still met with these patriarchal ideas that women in general, but particularly in situations of IPV, are simply being too sensitive or too dramatic and that these cases are not as serious as women make them out to be. Again, individuals and institutions often still take the side of the man which is rooted in patriarchal ideology.

> It's such a male dominated sector (faculty) and sometimes people think that you're being sensitive. It's like men and women don't work well while women are excessively sensitive to attention. Anytime I was dealing with male enforcement essentially they kept trying to be like "oh it could have been worse" or trying to explain his perspective. People just think that you're jumping on some bandwagon against men, it's not that. (Olivia)

Lastly, religion, specifically Christianity, appeared to restrict some survivors from disclosing their experiences or leaving the relationship as well, either by the culture of the institution or via the members. For one survivor (Katy), the culture itself made her think "I should just quiet down and do what the good Christian wife is supposed to do". In addition, the members of the church had done their best to keep Katy in the relationship: "basically she came over to talk me into staying". This "huge lack of

support and huge lack of awareness for them" was a significant restriction for further help-seeking and leaving.

> In my personal experience, I saw more of that kind of abuse in the church than I have anywhere else in my professional travels. In my personal experience was where I saw most of it because that's the typical culture. (Katy)

The culture and patriarchy of the church does not only remain inside the walls of the religious institution, as these ideologies manifest in the institution of family as well. The patriarchal Christian family structure has a substantial influence over disclosing situations of violence, specifically IPV. This can be seen through Mia's experiences as this structure acted as a barrier from disclosing to members of her own family.

> There were other violence surrounding me that prevented me from disclosing earlier than I did. There was a patriarchal Christian hierarchical violence that prevented me from disclosing at home. (Mia)

4.2.5 Moving Forward

Awareness & Education. Some survivors believed there has been improvements in terms of awareness and education within society over the years, as said by Olivia, "I know it's probably getting better than it was, hopefully it's better now than it was 30 or 40 years ago". There are also some initiatives on campus already in place that do raise awareness and help to educate the student population on IPV.

> I live in residence and there's signs all over the place about giving consent and stuff like that and that's great. I do think that like things are a little bit less taboo now and people do talk about this stuff more. (Emily)

> I think in terms of like sexual violence and physical violence, I think there's lots of stuff on campus. There's like "are you abused" and information for the women shelter in every bathroom stall. There's definitely stuff if you're experiencing things and you need support, here's the numbers. They sent out lots of emails through campus and they let you know that those resources are there. I definitely think that campus

> does lots to raise awareness and to try and make sure that people are aware of there's resources. (Katy)

> I took a course through the sociology department on IPV which I found to be extremely informative and I really enjoyed that course. (Abby)

Survivors also believe there is much work to do in terms of awareness and education. Emily mentioned that "it's going to take a while for things to change" and that "this stuff starts in childhood, or teenage hood", thus prevention, education, and awareness needs to start at an earlier level of education. A few survivors thought it would be beneficial to share more information about IPV to keep the public, particularly students, educated on the topic. This information should include general knowledge on IPV, such as a detailed definition involving all of the types of violence, warnings signs, and resources available.

> I really do like the way you guys defined IPV and I think people need to know about that definition more because a lot of people like me probably don't realize what they went through was not normal because that definition is all encompassing. (Emily)

> I just don't understand how we can teach astrophysics but why can't we teach people that no means no? There's an issue with the definition. (Olivia)

> I think it would be really nice to see more factsheets go up about the different types of abuse and signs and symptoms. (Katy)

Also, survivors believed that education should help eradicate myths, misogyny, and sexism at an individual or a structural level.

> Really just trying to end rape culture and mentality and victim blaming where it starts which I think is at the root of misogyny and making sure that queer people are not in the same vulnerable positions. I think having lessons on how misogyny influences rape culture and mentality and sexism of course, going along in with that and the objectification of women like maybe like a women and gender studies course everybody

should take. (Taylor)

Certain survivors believe that more discussion and less stigma surrounding IPV would not only be beneficial in helping to raise awareness and education, but to ease survivors in coming forward as well.

> It is definitely a topic that nobody feels comfortable talking about. Making it just a little bit more normal would make it easier for people to talk about. (Abby)

The process for reporting situations of IPV is also an aspect of awareness and education that needs to be improved as survivors and their peers need to be aware of how to reach out and what happens when they do so that they are more at ease while they navigate the system. They also need to be aware of how to protect themselves against these types of situations.

> I think if there were seminars on IPV, it would be really helpful. In welcome week it was like "here's where you can report" but as soon as I started to report I had no information as to how to do that. I had to go to someone else to tell me about where to go. (Taylor)

> More education and more accountability and repercussions for people who do enact these atrocities. I think more education on how those power dynamics influence things like sexual assault, IPV. We're not actually taught how to protect ourselves against these people in positions of authority. (Taylor)

Support and Policies. Survivors also suggested that support systems and policies should be improved moving forward. Providing support is a significant component when trying to improve the lives and experiences of survivors, especially in order to enable help-seeking behaviours. General support can be implicit where there are simply bonds within society in which survivors feel they are cared for and valued, as Mia says below. Support can also be organized in which groups of peers or student are

available to help survivors understand their experiences and guide them forward, as Abby describes below.

> What I really believe interrupts violence and those cycles is that one relationship. I really believe there has to be more relationships. We have lots of great examples of community venues where they are care relationship venues that we should probably take up more than we do. (Mia)

> Maybe peer run committees or groups to make that initial contact a little bit less daunting. I know for a lot of people that first contact with police makes the situation extremely real. So, I think maybe having a group of peers that are there and supportive first to help you navigate what you feel about it before going to an officer or counselor might be a good half step. (Abby)

When survivors do reach out for help from professionals, participants thought it would be beneficial to have professionals trained in matters of IPV assist in navigating through survivors' experiences and emotions, providing information on survivors' options, and then guiding survivors through whichever outlet chosen to best provide support and to help survivors move forward.

> Community outreach. Send a sexual health representative who knows what this is all about come talk to me and guide me through what my options are. I think social work could really improve by doing more things like community involvement and outreach. (Taylor)

At the institutional level, some survivors discuss how problematic their reporting to the university was and what the administration can work on in terms of resources, policies, protocols, and procedures for a better experience at university. Essentially, more effective reporting protocols are needed and policies that protect the survivor over the abuser. Taylor mentions their experiences (p. 97) and so does Olivia below.

> It didn't seem like they had the resources within the institution to properly support people. There was nothing that they could do to keep me safe on campus. There was not this protocol in place to help students like

> maybe you should kind of amp up what you're doing, cause there's literally nothing. In my mind I did everything I could do in the institution and there was just nothing set in stone how to react to this. There was no repercussions. I don't understand how we have this school that literally teaches about these things in sociology and psychology and you have experts in this local community that advise on how to do these things and we can't even keep our own students safe. We have all these policies that say we have zero tolerance but it just wasn't my experience. (Olivia)

4.3 Summary

In summary, there were several important quantitative findings that developed from this study. The majority of participants disagreed with most IPV myths, although there were certain myths that generated more ambivalence or acceptance (e.g., men and women experience IPV equally). The majority of participants were able to identify physical behaviours, but there appeared to be more difficulty considering non-physical behaviours and scenarios as IPV (e.g., monitoring a partner's daily activities). More than half of participants agreed that IPV was an issue at UNB, though the majority did not have confidence that the UNB administration or their peers at university would help in these situations. Participants also reported limited awareness and resources specific to IPV at UNB. Many participants reported being disclosed to a situation of IPV (21.8%) and responded in several supportive ways. Many participants (43.1%) also reported an experience of IPV and disclosed to various support systems (e.g., friend). Nonetheless, there were certain participants who did not disclose due to several barriers (e.g., did not believe the situation was serious). Although there were several significant associations, the most consistently significant association was between gender and perceptions and experiences. Female and gender diverse participants were more likely to have knowledge and report an experience of IPV than their male counterparts.

There were also a number of key qualitative findings. Certain myths (e.g., IPV is only physical) were found to affect how participants and society understood IPV, though participants were largely able to debunk these myths. Participants also shared similar experiences of IPV (e.g., types/normalization of violence, outcomes) though differed in certain regards (e.g., intersecting identities, context). Most participants had disclosed their experiences of IPV to support systems which led to positive (e.g., validation from friends), and negative (e.g., isolation from church) experiences. In addition, barriers to disclosing were present for these participants, largely due to the effects of stigma (cultural and self). Participants also had ideas and suggestions for how IPV could be prevented or how survivors could be better supported. These qualitative findings helped to corroborate and provide depth to the quantitative findings previously mentioned.

5.0 Discussion

The discussion explores in further detail participants' perceptions and experiences of IPV and is divided into three different sections: 1. How university students understand IPV, 2. How university students experience IPV, and 3. How university students disclose IPV. The first section further explores how myths and behaviours are understood while also demonstrating how the complexity and dynamics of IPV are often misunderstood. It also considers how IPV is understood as an issue at UNB. The second section discusses how students have personally experienced IPV in terms of context, types of violence, and outcomes. This section also examines vicarious experiences with IPV, specifically students' responses to IPV disclosures. The third section explores how survivors have decided to disclose, whom they disclosed to, and reasons as to why they did not disclose. The chapter concludes with limitations of the study, recommendations for moving forward, and directions for future research.

5.1 How do University Students Understand IPV?

The results demonstrate that the majority of participants had a general understanding of the issue (i.e., IPV is serious, consists of many behaviours, can occur in diverse relationships), and did not hold perceptions that tolerate, dismiss, or accept IPV. This is comprehensible as all of the participants were university students and higher education is often correlated with low acceptance of IPV (Gracia et al., 2020; Wang, 2019). Straightforward myths (e.g., IPV only consists of physical abuse) were rejected and several IPV behaviours (e.g., kicking, punching) were identified with ease and certainty. It was clear that participants had an easier time understanding physical violence as part of IPV (Harris et al., 2015; Towler et al., 2020).

Although the overall findings show a broad understanding of IPV among university students, participants also had some difficulty fully comprehending the complexity of IPV. For instance, less than half of participants strongly disagreed that victims could easily walk away from an abusive relationship, that they do not have legitimate reasons to stay, and that leaving the relationship will end the abuse. In addition, approximately 10% of participants were ambiguous or believed that IPV is a private matter, and that victims provoke their partner's abuse. This implies that cultural stigma (negative misconceptions or beliefs about IPV and survivors) does have an effect over students' understanding of IPV, which works to invalidate victims' experiences of IPV and facilitate the belief that survivors are responsible for their own victimization (Overstreet & Quinn, 2013). Similar to past studies (Nabors et al., 2006; Worden & Carlson, 2005; Yamawaki et al., 2012), these results demonstrate limited understanding of the complexities of IPV, especially when it comes to the harm in hiding IPV and why survivors may stay in abusive relationships.

Although participants understood IPV not to be only physical, their response to non-physical violence showed limited understanding of the complexity of IPV situations. Consistent with studies from Towler et al. (2020) or Wang (2019), participants in this study were far less likely to agree that non-physical behaviours (e.g., emotional, psychological, coercive, controlling behaviours) were considered as IPV. This was especially true when behaviours were contextualized and presented as scenarios, which may demonstrate that when information around IPV is more complex (e.g., real life situations), understanding becomes more challenging. Many of the non-physical behaviours listed (e.g., monitoring partner, not letting partner hang out with

friends) are often part of coercive control situations which are very harmful to survivors and appear in many student relationships (Spencer et al., 2017). Coercive control is not always physical and is more difficult to identify and understand (Stark, 2007), which may be why participants did not consider these types of behaviours to be IPV. These findings demonstrate the influence of cultural stigma on participants' beliefs, which insinuates that IPV is primarily physical and non-physical violence is not as harmful (Overstreet & Quinn, 2013).

Interview participants also described how society better understands physical violence, and how they themselves had difficulty recognizing non-physical violence in their own relationship due to the effects of cultural stigma and the normalization of non-physical violence in society (Cortes et al., 2014). Participants also believed it to be more likely that their peers would report physical abuse but not psychological abuse or coercive control. As one participant wrote, "I've seen nothing physical, only mental/emotional, so authorities weren't ever contacted". This statement presents another example of cultural stigma and reinforces how physical violence is understood and responded to differently than non-physical violence. Overall, these findings show that participants had less understanding of the complex and dynamic aspects of IPV.

5.1.1 Identity Influences

As explained above, cultural stigma impacted participants' perceptions of IPV. It is also noted that identity played a role in how diverse groups of survey participants understood IPV. Nonetheless, the only consistently significant difference was between gender identities. Female and gender diverse participants were consistently and significantly more likely to reject IPV myths, consider behaviours to be IPV, and be

empathetic toward the victim than male participants, consistent with the literature (Ferrer-Perez et al., 2020; Towler et al., 2020; Wang, 2019). The difference between male, female, and gender diverse students may be influenced by traditional gender roles or by internalizing sexist and patriarchal narratives. Anderson et al. (2011) and Nguyen et al. (2013) found similar results about the influence of identity on IPV understanding. IPV is an issue that has disproportionately affected women, and women and LGBTQ+ individuals have historically lived through oppression and structural inequalities. Therefore, it is comprehensible that female and gender diverse individuals would better understand IPV as they have had unique experiences in which they may have had more exposure to the issue personally or otherwise.

Although age and year of study did not have any meaningful association with IPV knowledge[5], other factors discussed less throughout the literature (faculty of study, disability, mental illness, sexual orientation), appeared to have some influence on how IPV was understood by participants. As found in Wang (2019), art students had more understanding of IPV possibly due to the different academic goals in the faculties at UNB. Arts courses often focus on social issues (e.g., crime and violence) in comparison to the hard sciences. LGBTQ+ individuals and those with a mental illness or disability did reject IPV myths and acknowledge IPV behaviours more so than heterosexual

[5] These factors were expected to have an association with how IPV was understood based on the literature (Postmus et al., 2011; Waltermaurer, 2012), but these results were not found. The lack of association in this study could be because over half of participants shared many of the same demographic characteristics (e.g., white, female, heterosexual) and were all in a university setting which may have deterred the influence of age and year of study.

participants and those without a mental illness or disability. Considering that individuals with these identities often increases the likelihood of experiencing IPV (Ackard et al., 2007; Son et al., 2020; Whitfield et al., 2017), participants may be more knowledgeable about IPV and more willing to combat IPV stigma. Based on the literature and through an intersectional lens, these findings were expected as these individual identities play a role in shaping unique experiences and comprehension of social issues such as IPV.

5.1.2 Understanding IPV on Campus

A minority of participants strongly agreed that IPV is an issue at UNB, which may coincide with how little IPV is discussed on UNB campus. Few participants knew how to seek help for IPV, have received information about IPV (via campaigns or classes), and were confident in UNB's resources and potential response to IPV situations. These findings demonstrate a lack of awareness, discussion, and attention for IPV as a specific issue on campus and may have contributed to students' lack of understanding of the complexity of IPV. Despite being a serious issue in its own respect, there are far more campus policies and awareness campaigns dedicated to sexual assault and violence. This may be why students believe that UNB would take reports of sexual assault more seriously (73% vs 37%) and protect sexual assault victims (65% vs 45%) more so than in situations of IPV to which there are no specific policies or services (Fuller et al., 2016). In addition, interview participants discussed the lack of support and negative experiences with how universities have responded to their situations.

Participants were not confident in their peers either as fewer than 10% believed that it was very likely that other students would confront, intervene, or report those who had perpetrated IPV. If students believe that their peers are dismissive of IPV or will not

try to protect victims, survivors may then believe their experiences are not serious (internalized stigma), or that their peers will not help them if they come forward (anticipated stigma). Where support and services for IPV are believed to be limited (Sabina & Ho, 2014) or inaccessible (Findley et al., 2016), this may contribute to cultural stigma and lead students to understand that IPV is not an important issue for those in their community. Thus, it is important that IPV cultural stigma be reduced on university campuses through awareness and resources in order for students to feel that IPV is an important matter and that they will be supported by their peers and administration.

5.1.3 Summary of Students' Understanding

To answer the first research question (how do university students understand IPV?), the majority of sampled university students understood the basic elements of IPV, although there were certain components of IPV that university students had difficulty comprehending, which may be due to a lack of awareness about the issue. These components consisted of certain implicit myths, subtle abusive behaviours, dynamics, causes and consequences of IPV, barriers to leaving, and reasons for staying in abusive relationships. These findings support the hypothesis that students will understand the basic elements of IPV but will have some difficulty understanding the full extent of IPV. IPV is a very complex phenomenon that many people struggle to understand in its entirety, especially when the complexity of IPV is not discussed or explained. This study found that cultural stigma had a significant influence over students' understanding of IPV as uncertainty of IPV myths and abusive behaviours has been shaped by negative misconceptions formed within society. Thus, it is important

that IPV is discussed on university campuses and that students are further educated on the complexity and dynamics of IPV in order to reduce the damaging effects of cultural stigma.

5.2 How do University Students Experience IPV?

There is a large proportion of surveyed students who have personally experienced IPV, with similarities and differences involving context and identity. Students have also been shown to experience IPV vicariously via disclosures from their peers. This section explores these experiences in further detail.

5.2.1 Personal Experiences

Results show that a high number of research participants (52% female, 23% male) have experienced IPV at some point in their lifetime. This finding is higher than the global average of 15-30% for females (Gracia et al., 2020) and 5% for males (Towler et al., 2020), possibly due to the fact that university students are considered high risk for experiencing IPV (Cornelius & Resseguie, 2007). It may also be because a detailed definition of IPV was provided at the beginning of the study in which participants may have just learned they were a survivor. This was supported by an interview participant as she described only considering her experiences as IPV after reading the definition. In addition, all of the interviewed survivors had experienced some form of non-physical violence. This was expected as psychological, emotional, and coercive control are often the most common forms of IPV among students (Cho & Huang, 2017; Cho et al., 2020). Certain survivors experienced physical and sexual violence as well, similar to the literature (Branch et al., 2013; Chan et al., 2008).

Most interview participants also described that their experiences felt normal. This may be due to cultural stigma that works to undermine and justify situations of IPV, especially non-physical violence (Overstreet & Quinn, 2013). Stark (2007) also discusses how sanctions against physical violence are better enforced and treated much more seriously in society, thus creating a normalization of non-physical violence. In addition, patriarchal structures and ideologies play a role in normalizing these types of behaviours (Flood & Pease, 2009), by either enforcing narratives that survivors feel compelled to follow, or making survivors feel dramatic or oversensitive to abusive behaviours, as further discussed by survivors. Although participants experienced IPV in various contexts[6], they have continued to feel the effects of these experiences on their physical, mental, and academic well-being (Cho et al., 2020), including their inspiration to fight back against IPV. These findings demonstrate the importance in raising awareness to prevent abusive relationships, to intervene early on and to provide support for students who continue to feel the effects of IPV and wish to reach out.

5.2.2 Identity Influences

Gender identity had the most influence over IPV experiences, as the highest proportion of participants reporting experiences of IPV were female, followed by gender diverse participants and lastly males. The literature and intersectionality helped to anticipate this finding as these sources indicate certain identities (female, LGBTQ+) are more susceptible to violence due to historical oppression and stigmatization. Similar to

[6] Although interview participants were all young (late adolescence, early 20s) when they first started to experience IPV, they also experienced these situations while in different occupations (e.g., university, workplace), locations (e.g., Western Canada), and in different types of relationships (e.g., dating, marriage).

Cho et al. (2020) and Statistics Canada (2018) findings, male participants did experience IPV, though not at the same proportion as females. There were only a few participants who identified as gender diverse thus it was difficult to make a comparison, but they did report more experiences of IPV than males, similar to Scheer & Baams (2019) findings. Patriarchal structures may be a large factor in these differences as women have often been those without power and those who have been systematically oppressed by men (Crenshaw, 1991). The same applies to LGBTQ+ individuals. One survivor supported this finding mentioning how based on various gender identities, IPV and misogyny are experienced differently.

Contrary to the literature, there were no significant associations to report between age[7], sexual orientation[8], and disability[9] with experiences of IPV. In accordance with past studies (Barrick et al., 2013; Cho et al., 2020; Pengpid & Peltzer, 2016; Spencer et al., 2019), there were associations between mental illness and marijuana use with experiencing IPV, in which having a mental illness and more frequent consumption of marijuana were associated with a larger number of experiences of IPV. It cannot be said whether mental illness and marijuana use act as risk factors or responses to IPV, however, it may be that both can be true depending on the situation (Devries et al., 2014)

[7] It was expected that there would be an association between age and IPV experiences, and that IPV disclosures would decrease with age (Barrett & St. Pierre, 2013; Spencer et al., 2019; Towler et al., 2020).
[8] It was expected that sexual orientation would be significant associated with experiences of IPV and that those identifying as LGBTQ+ would report more experiences of IPV (Reuter et al., 2017; Whitfield et al., 2018).
[9] It was expected that there would be an association between age and IPV experiences, where having a disability would be associated with more experiences of IPV (Findley et al., 2016; Porter & Williams, 2011; Scherer et al., 2016; Son et al., 2020).

as interview participants discussed both possibilities[10]. It is important to acknowledge that these factors are part of students' identities and affect how they have learned about their social world and experienced events throughout their lives, including their experiences with IPV.

5.2.3 Vicarious Experiences

Peers are not immune to experiencing the impacts of IPV either, as certain participants (20%) have experienced an IPV disclosure by a survivor. This was lower than other studies which found that upward of 50% of students knew a survivor or had been disclosed to experiences of IPV (Branch et al., 2013; Fry et al., 2013). Despite this, participants who had been disclosed to responded using the most common help-giving behaviours, such as providing emotional help, listening, and providing support and advice to the survivor (Beeble et al., 2008; Branch et al., 2013). This type of response is actually preferred by peers and survivors alike (Gracia et al., 2009; Rose et al., 2000), thus it makes sense that these methods were so commonly utilized. Interview participants mentioned that all of these behaviours were helpful, particularly listening, validating, supporting, and providing tangible help when needed. Thus, if done properly, the way that students responded may have been invaluable to survivors.

Although certain students have provided support to survivors, participants also had difficulty understanding the full complexity of IPV and did not know how to identify or seek help for IPV, similar to other studies (Branch et al., 2013; Harris et al.,

[10] Certain interview participants mentioned that they had issues going on before the violence which may have made them susceptible to IPV, and other survivors believed that their mental illness and substance use took a toll after the violence.

2015). Considering that friends are typically the support system most sought out by survivors, it is crucial that peers know how to respond to situations of IPV as their response may play a large role in how the survivor processes their experiences (Sabina & Ho, 2014). It is also crucial for the peer's own well-being as peers are faced with the challenge of providing support and handling the stress that accompanies disclosure (Fry et al., 2013). Both peers and survivors can also be endangered in the help-giving process. These findings show the importance of educating students on the complexity of IPV and the resources available so that they are better equipped in handling these situations safely and effectively.

5.2.4 Summary of Students' Experiences

To answer the second research question, (how do university students experience IPV?), there is not one specific way in which university students experience IPV as they differ in terms of situation and context. That said, participants often had similar components to their intimate relationships and experiences (i.e., types of violence, normalization, outcomes) which shows a reoccurring issue that must be resolved. This group of university students experienced IPV at alarmingly high proportions when disaggregated by diverse intersectional identities (e.g., female, LGBTQ+). There are also many university students who experience IPV vicariously through their peers which may lead to stress if peers are not aware of the issue and how to support survivors. These findings support the hypothesis that a large number of the student population is experiencing IPV, either personally or vicariously. Thus, it is important that students be made aware of IPV and are given support to make their experiences less daunting or prevent these experiences altogether.

5.3 How do University Students Disclose IPV?

5.3.1 Disclosure

The results show that the majority of students who experienced IPV disclosed their situation (77%) to a wide variety of support systems. This finding was not consistent with the literature which often find that university students do not disclose their IPV experiences to anyone (Cho & Huang, 2017; Sabina & Ho, 2014). This was, however, an important finding as it may demonstrate that survivors may be willing to speak out about their experiences and may be receiving more support than if their experiences were hidden (Banyard et al., 2020). Nevertheless, even though it is found less often, studies show that when students do disclose their experiences, they often choose informal support systems such as friends and family (Ansara & Hindin, 2010; Sabina & Ho, 2014). Although to a larger degree, this is what was found in this study as well. The literature review did not refer to disclosing to professors or religious members. However, these support systems made a substantive impact on participants' disclosures. Positive disclosures (e.g., friends, professors) involved advice, support, and validation which helped to improve survivors' well-being and increased help-seeking (Demers et al., 2018; Edwards et al., 2011). The negative responses to disclosures (e.g., family, religious members) involved trivialization, lack of support and pressure to stay in the relationship, which led participants to develop anticipated stigma in which they were discouraged to continue reaching out for help (Overstreet & Quinn, 2013; Sylaska & Edwards, 2014).

Disclosing to formal support systems was rarely utilized by participants in this study, which was consistent with past studies (Findley et al., 2016; Lachman et al.,

2019). This may be because there were no resources available, participants were not sure where to go for help, did not know that the resources available could help in situations of IPV, believed they could handle the situation themselves or had developed anticipated stigma (Overstreet & Quinn, 2013). Nonetheless, counselling services were used by several survivors (Ansara & Hindin, 2010; Barrett & St. Pierre, 2013). Counsellors are trained to handle traumatic situations such as IPV and can help transform internalized stigma into coping and confidence which may be why survivors often disclosed to them and described them as very beneficial. Disclosing to health services was not as common, which could mean that violence experienced by survivors was not physical, or there were other barriers limiting their disclosure (e.g., stigma). Police are often the least likely to be disclosed to (Akers & Kaukinen, 2009; Demers et al., 2018), which proved to be consistent in this study as well as survivors described feeling invalidated by them. The lack of police involvement could also be due to limited legislation around non-physical violence in which survivors believe their case would not be taken seriously. This was supported by some of the interview participants. Disclosures to university administration were also shown to be unhelpful as there were not any policies or procedures in place to truly protect survivors on campus or to help file efficient reports. This demonstrates the need to advertise existing resources to survivors and to improve services, including making them beneficial, accessible, and effective.

5.3.2 Non-Disclosure

A relatively small number of survivors (n=20) in this study did not disclose their experiences of IPV. Most studies find that university students who have experienced IPV do not normally disclose their experiences (Cho & Huang, 2017; Sabina & Ho,

2014). Thus, based on the literature, this number was lower than expected as far more non-disclosures were anticipated. This could be because participants who had experienced IPV were already willing to disclose their experiences, hence their participation in the study. That said, participants who did not disclose their experiences reported several significant barriers, similar to what other researchers had found as well. The barriers were mainly influenced by stigma, consistent with the IPV Stigmatization Model. Many participants believed their experiences were private and not serious enough to be shared with others (Cortes et al., 2014; Wolf et al., 2003). These beliefs are largely influenced by cultural stigma, as society often portrays IPV to be a private matter and that non-physical violence is less important than physical. Non-physical violent behaviours are often normalized in society so can be difficult for survivors to recognize their situations as IPV. This was described by one participant who wrote about the experience not being as serious as it did not involve physical violence. In addition to stigma, the lack of awareness and understanding of non-physical violence is a significant barrier. Addressing this issue among the student population could lead to a better understanding of the gravity and seriousness of their experiences and increased reassurance to seek help (Sabina & Ho, 2014).

Similar to the literature (Arnocky & Vaillancourt, 2014; Sabina & Ho, 2014), many participants were embarrassed to have experienced violence in their relationship which restricted them from disclosing. Embarrassment often came from the participants' confusion on how they ended up in this type of situation, especially after seeing IPV in others' relationships. Thus, cultural stigma and negative societal beliefs developed an internalized stigma in participants as they did not want others to know or to be labelled

as a victim. Participants also experienced shame from the violence they endured which diminished their sense of self-worth and restricted help-seeking. Prior negative experiences of disclosures influenced survivors' internalized stigma as they felt as if their situation was not taken seriously and that their well-being was not a priority. Other examples of internalized stigma that negatively affected how participants chose to disclose included feeling overly dramatic and being a burden on their loved ones. These findings show that by accepting culturally stigmatized notions of IPV, internalized stigma and barriers to disclosing become prominent among survivors and affect their help-seeking.

Participants also decided not to disclose as they thought they would be doubted, blamed, or judged for their experiences, or that they did not think disclosing would help, consistent with the literature (Cho et al., 2020; Wolf et al., 2003). Fear of retaliation by their abuser or fear of consequence by society also acted as barriers. Participants did not feel protected by the local services and the university which may be why they anticipated negative consequences from disclosure. These barriers represent anticipated stigma that work to further restrict disclosure as participants thought they might be discriminated against, invalidated or revictimized if they came forward which would add further distress in their lives (Overstreet & Quinn, 2013). Negative disclosure experiences also acted as a barrier and lead to anticipated stigma as participants believed negative disclosures would continue to happen. As a segment of society, students have been shown to hold negative and dismissive beliefs of victims and accept IPV myths (Nabors et al., 2006; Worden & Carlson, 2005). Participants' anticipated stigma is therefore warranted as they may actually be blamed and judged by their peers as they

come forward with their experiences. Thus, these findings also demonstrate how anticipated stigma affects how student survivors choose to disclose their IPV experiences.

5.3.3 Summary of Students' Disclosure

To answer the third research question (how do university students disclose IPV?), participants demonstrate that university student survivors disclose their experiences in multiple different ways. Many survivors decided to disclose to those closest to them (e.g., friends, family), some survivors tried to seek help from those at a formal level (e.g., counsellors, university administration), and other survivors chose not to disclose due to barriers that deterred their help-seeking (e.g., self-stigma). Positive disclosures were often the result of support and validation which demonstrates a deeper understanding of IPV alongside knowledge on how to properly support someone who has been through traumatic events. Negative disclosures and non-disclosures were often the result of cultural and self-stigma, as well as others' lack of understanding for IPV and its consequences. The findings help to support the hypothesis that students will experience positive and negative disclosure experiences from various support systems, although it does not support the hypothesis that many survivors will not disclose. Thus, in order to increase and improve disclosure experiences, stigma has to be diminished via awareness initiatives, and support systems must be trained to respond more effectively. In addition, the university institution must develop policy that reflects the best interest of the survivor.

5.4 Limitations

Certain limitations were presented through this study's sampling. The sample was quite homogenous in that all of the participants were university students, and the majority were White, female, and heterosexual. Recruiting was done using convenience sampling in which participants were not chosen randomly and specifically chose to participate in the study, thus the findings are not representative of other diverse groups of students. Due to the homogenous sample, it was difficult to analyze and explore the effects of intersectionality, identity, and combinations of various intersections on perceptions and experiences. There may also have been participant bias in which participants may have responded in ways they believed were the most favourable. It could be that participants decided to join the study as they were already interested or had experienced IPV. On the other hand, the sensitive nature of the study may have deterred potential participants from joining or survivors may have been reluctant to discuss their experiences in more detail. Therefore, the findings of this study are limited to its participants due to the nature of the sampling.

There were certain limitations with the data collection methods as well. The syntax data files (.sps, .dat) generated from the survey platform (Hosted in Canada Surveys) were corrupted in which the participant-provided responses were not lined up correctly with the questions. The company fixed this issue by providing another type of file (.sav) where the data was correctly aligned. I also double-checked to make sure each response was in line with the correct variable. The type of file they had sent, however, made it difficult to conduct more complex statistical analyses as the variables began to shift again. More complex analyses were however not necessary as the sample was

homogenous and did not require multivariate analysis, and the univariate and bivariate analyses were able to successfully respond to the research questions. The survey questionnaire involved close-ended questions, thus preventing any additional information or clarification to be provided. The survey questionnaire covered many topics broadly, however, it could have focused more on certain topics to develop a better understanding of specific issues (e.g., how participants understood physical IPV in comparison with non-physical IPV). In terms of the interview process, the researcher had not previously conducted qualitative interviews. Thus, there were areas in the interviews that the researcher had missed which could have been further elaborated on to obtain a deeper understanding of survivors' lived experiences.

5.5 Recommendations

5.5.1 Awareness & Education

Many university students in this research had difficulty comprehending the full complexity and dynamics of IPV. Both the literature and participants describe how awareness and education are essential for better understanding IPV (Branch et al., 2013). Thus, it is highly recommended that UNB provide increased and continuous awareness of IPV through various platforms: awareness campaigns (e.g., posters, emails, social media), seminars, conferences, workshops, and classes. Specifically, initiatives should consist of a detailed definition of IPV, information on misconceptions, an exhaustive list of abusive behaviours with an emphasis on non-physical violence, including coercive control, warnings signs, available support, and resources. It is also recommended that UNB promote the provincial government's campaign "Love Shouldn't Hurt" and encourage students to volunteer. These efforts would help students further debunk

myths, reduce stigma and normalization of violence, increase intolerance of IPV and empathy for survivors, and better understand the complexity of IPV. In addition, by having these initiatives on campus, it could increase students' confidence in UNB's ability to respond to situations of IPV which would help reduce stigma and increase help-seeking.

Increased understanding would also benefit students' experiences in terms of prevention and intervention. When students are aware of the warning signs and know how to identify abusive behaviours, they may be warier of beginning a relationship with a partner who uses these behaviours. Improved knowledge may also help survivors who are currently in abusive relationships to better recognize their situation and seek safety as well as help from those who can assist them to process and heal from their experiences. Friends and peers have been shown to be the most common support system, and knowledge of IPV is correlated with more social support for survivors (Banyard & Moynihan, 2011; Sabina & Ho, 2014). In order to handle these situations safely and effectively, students must be better equipped and provided with the proper resources. Thus, bystander training for IPV is also recommended as it may improve peers' responses to survivors' disclosures. Increased knowledge can also reduce the stress of vicarious experiences by knowing the actions to take and where to refer survivors, as many participants were unaware of the warning signs and where to seek help for IPV. These positive outcomes thus require that awareness initiatives be put into place in order to increase understanding and improve students' experiences, responses, and help-seeking behaviours.

5.5.2 Resources

Many students did not know how to seek help for IPV and were apprehensive of the resources available to help victims of IPV. Thus, it is recommended that resources and support systems be better advertised through campus awareness campaigns, and that students are informed on how these resources may specifically help. With this in mind, there should also be an increase in support systems for IPV. As one participant mentioned, resources should involve developing strong relationships and social bonds with members of the community outside of abusive relationships. As friends are the support systems that survivors utilize the most, it is recommended that volunteers within the established UNB Peer Support Centre be provided with bystander training for IPV. This may allow survivors to seek support and develop strong relationships in their community, while also allowing for initial disclosures to be less daunting.

There is also a need for resources to be specifically catered to IPV survivors as there appears to be a lack of services designed and directed towards IPV both on and off campus. The majority of resources are for general purposes (e.g., Student Health Centre) or for sexual assault (e.g., Sexual Assault Support Advocates). This need was verified by the research as only 8% of students strongly agreed that UNB had resources available to help victims of IPV. Although the services available can be and are helpful in situations of IPV, they are not designed with the unique experiences of IPV in mind. The lack of specific resources also adds to stigma suggesting that IPV is not that serious which may make IPV that much more difficult to discuss. If support systems were designed to specifically help those impacted by IPV, this may help raise confidence and increase utilization. It is recommended and encouraged that specifically trained professionals be

hired to help with situations of IPV on campus (similar to Sexual Assault Support Advocates) or at least have IPV professionals on call for students. In addition, it is recommended that formal support systems on and off campus (e.g., police, campus security) receive additional awareness on IPV as participants have suggested that professionals can often lack the knowledge and empathy to help. Formal support could be more effective by having community outreach professionals who are easily accessible and trained specifically in IPV. These professionals could be the direct source of support for students to understand their experiences and explore their options going forward.

5.5.3 Policy & Procedures

There are several policy adoptions and amendments at the university and legal level that should be made. Firstly, there are no specific IPV policies at Canadian universities despite its prevalence and impact. It is recommended that specific IPV policies and procedures be introduced at UNB, similar to those of sexual assault, as many students do experience IPV or its consequences while at university. By implementing IPV policies, it may allow students to feel more confident that their administration can respond effectively to IPV. It is also recommended that institutional policies alongside legal legislation acknowledge and reflect all types of IPV as punishable offences, including non-physical violence (e.g., controlling, stalking). Policies and procedures must be enforced and understood so that perpetrators are held accountable and that students who experience violence are not dismissed when trying to seek help. Thus, it is recommended that IPV policies and procedures be introduced that reflect the complexity and dynamics of IPV.

In addition, policies should ensure that situations of IPV are taken seriously, enforce zero tolerance, and are handled effectively. Participants have mentioned that they did not feel supported by their university as there were no protocols or procedures in place to keep them safe. The current structures and confidentiality regulations allowed for perpetrators in these cases to continue their abusive behaviours. It is recommended that policies and protocols should be in place that reflect the best interest of the survivor and make their well-being a priority, whether that be by flagging a perpetrator so that they cannot take the same courses as the survivor, enhancing security, or restricting some of the perpetrators' privileges. Essentially, survivors should be protected, perpetrators should be held accountable, and repercussions should be arranged under these policies.

Lastly, there appears to be some complications in the reporting process on university campuses. Participants had difficulty finding out where and to whom they had to report to, which can be stressful and deterring for students who would like to report. Thus, it is recommended that there be clear instructions provided to students on where to formally report situations of IPV. The reporting process itself was found to be problematic as participants were directed to several different departments before locating the right person to report to. By doing so, they had to keep giving statements which revictimizes the survivor by having them relive their experiences. As mentioned, it is recommended that there be a Campus IPV Support Advocate who could explain the system and options available, provide counselling, accompany the survivor to report or to seek help, keep statements and files readily available so the survivor does not have to keep retelling their experiences, and essentially support the survivor in their efforts.

Also, participants for the most part did not know what happened after a report had been made. Survivors should be kept continuously updated on how the process is going while having a say in what they believe would be appropriate corrective action. In addition, it is recommended that when consequences are given to a perpetrator that they actually be enforced, as this was not the case for certain participants. Thus, it is recommended that not only is there policy, procedures, and advocates to make the process clearer and easier to follow, but it is recommended that students remain informed throughout the reporting process and consequences be upheld and enforced.

5.6 Directions for Future Research

It is essential to conduct more research on the three main themes of this study: how students understand, experience, and disclose IPV. Future research should focus on possible explanations as to why university students accept IPV myths (e.g., patriarchal ideologies, media implications, upbringing) and how they understand the complexity of IPV. Specifically, new studies should add several contextual and scenario questions with various components to see if students understand the severity of IPV differently based on behaviours present (e.g., physical, sexual, controlling), dynamics of the relationship (e.g., dating, broken up, power dynamics), and characteristics of the couple (e.g., gay couple, older couple). Future research should also examine the actual experiences of university students (e.g., behaviours experienced, frequency) and whether students are in fact experiencing abusive behaviours but are not recognizing them as IPV. It would also be worth further researching the gradual changes that take place in students' abusive relationships (e.g., "how did I get here?") and the normalization of the abuse as these points of discussions were important to survivors themselves. In terms of help-seeking,

more research should be conducted on how students make the decision to disclose their experiences, and how they choose which support systems to disclose to. Research on barriers to disclosing and how they can be diminished should also continue to be conducted.

It is also very important that peers' vicarious experiences and their help-giving behaviours are studied in further detail as they play an important role in providing support for survivors and they may also suffer consequences of IPV. It would help to understand how peers deal with situations of IPV (e.g., stress, anxiety, fear) and how they believe they should respond to a survivor's disclosure of IPV. It is also crucial to study in more detail whether students have witnessed IPV as this can be a traumatic experience, and their actual and specific reactions or responses to IPV situations. In addition to interviews with survivors, interviews with peers may give a more in-depth representation of how university students understand, experience, and respond to IPV. The IPV Stigmatization Model could be used while researching peers' understanding and experiences as well.

Finally, future research should explore the influence of intersectionality on perceptions, experiences, and help-seeking of IPV among university students. Specifically, future research should be conducted with larger samples in order to better analyze the effects of gender, sexual orientation, age, race, disability, mental illness, and other characteristics as it was difficult to analyze the impact of identity in this study. One aspect of identity that should be included when examining the influence of intersectionality is religious identity as it may alter how individuals come to understand and experience IPV. Future research should also examine how the victim/survivor

identity has affected students' understanding as it appears that experiencing IPV increases knowledge on the issue, although more research is needed in this area. This type of research could be very valuable as it could explore which groups of students need more help in terms of awareness and support, and initiatives and programs could be specifically designed for these groups.

Conclusion

The current research explored how IPV is understood, experienced, and disclosed among university students. The findings demonstrate that the complexity and dynamics surrounding IPV are often misunderstood despite the significant personal and vicarious effect that IPV has on the student population. Although students were aware and considered IPV to be an important issue, the more complicated aspects of IPV (myths, non-physical violence) were more challenging to understand as violence has been widely normalized and tolerated throughout society. These perceptions had negative effects on survivors as their experiences and responses became part of a structural system that misunderstands and dismisses certain situations of IPV. A larger number of university students who had experienced IPV participated in this study which signifies the magnitude of this issue on university campuses. Even though various support systems were disclosed to which amounted to support and validation for survivors, several other disclosures resulted in distressing experiences alongside a weakened sense of well-being. Not all experiences of IPV actually led to a disclosure as there were many barriers, namely the belief that experiences were not serious enough or that others would not understand, that deterred survivors from seeking help from members of their community. In addition, intersecting identities and stigma had significant influential roles in how IPV was understood, experienced, and disclosed among the student population in this study.

Despite a rise in discussion and resources throughout the last few decades, IPV is an issue that continues to affect a large segment of society. This research demonstrates that university students continue to be a high-risk group for IPV experiences and

immediate steps must be taken to help prevent these situations and to better protect and empower students. Government departments, local organizations, and especially the UNB administration must work alongside survivors and researchers to implement initiatives that provide long-lasting and extensive solutions for students and survivors of IPV. It is essential that IPV continues to be researched and efforts to combat IPV are carried out with more ferocity to allow for healthier, safer, and improved campuses and communities.

References

Ackard, D. M., Eisenberg, M. E., & Newmark-Sztainer, D. (2007). Long-term impact of adolescent dating violence on the behavioral and psychological health of male and female youth. *The Journal of Pediatrics, 151*(5), 476-481.

Ahmed, A., Alden, L., & Hammarstedt, M. (2013). Perceptions of gay, lesbian, and heterosexual domestic violence among undergraduates in Sweden. *International Journal of Conflict and Violence, 7*(2), 249-260.

Akers, C., & Kaukinen, C. (2009). The police reporting behavior of intimate partner violence victims. *Journal of Family Violence, 24*(3), 159-171.

American Psychological Association. (2017, July 13). *Eye Movement Desensitization and Reprocessing (EMDR) therapy*. https://www.apa.org/ptsd-guideline/treatments/eye-movement-reprocessing

Anderson, J. R., Chen, W. C., Johnson, M. D., Lyon, S. E., Lee, C. Y., Zheng, F., Ratcliffe, G. C., & Peterson, F. R. (2011). Attitudes toward dating violence among college students in mainland China: An exploratory study. *Violence and Victims, 26*(5), 631-647.

Anderson, K. M., & Danis, F. S. (2007). Collegiate sororities and dating violence: An exploratory study of informal and formal helping strategies. *Violence Against Women, 13*(1), 87-100.

Ansara, D. L., & Hindin, M. J. (2010) Formal and informal help-seeking associated with women's and men's experiences of intimate partner violence in Canada. *Social Science & Medicine, 70*(7), 1011-1018.

Aosved, A. C, & Long, P. (2005). College women's experiences of psychological maltreatment and sexual assault. *Violence and Victims, 20*(5), 577-587

Arnocky, S., & Vaillancourt, T. (2014). Sex differences in response to victimization by an intimate partner: More stigmatization and less help-seeking among males. *Journal of Aggression, Maltreatment & Trauma, 23*(7), 705–724.

Ashley, O. S., & Foshee, V. A. (2005). Adolescent help-seeking for dating violence: Prevalence, sociodemographic correlates, and sources of help. *Journal of Adolescent Health, 36*(1), 25-31.

Aspers, P., & Corte, U. (2019). What is qualitative in qualitative research. *Qualitative Sociology, 42*, 139-160.

Banyard, V. L., Demers, J. M., Cohn, E., Edwards, K. M., Moynihan, M. M., Walsh, W., & Ward, S. (2020). Academic correlates of unwanted sexual contact, intercourse, stalking and intimate partner violence: An understudied but important consequence for college students. *Journal of Interpersonal Violence, 35*(21-22), 4375-4392.

Banyard, V. L., & Moynihan, M. M. (2011). Variation in bystander behavior related to sexual and intimate partner violence prevention: Correlates in a sample of college students. *Psychology of Violence, 1*(4), 287-301.

Barrett, B. J., & St. Pierre, M. (2013). Intimate partner violence reported by lesbian-, gay-, and bisexual- identified individuals living in Canada: An exploration of within-group variations. Journal of Gay & Lesbian Social Services: *The Quarterly Journal of Community & Clinical Practice, 25*(1), 1-23.

Barrick, K., Krebs, C. P., Lindquist, C. H. (2013). Intimate partner violence victimization among undergraduate women at historically black colleges and universities (HBCUs). *Violence Against Women, 19*(8), 1014-1033.

Bartholomew, K., Schmitt, M. T., Yang, L., & Regan, K. V. (2013). Norms regarding the acceptability of abuse in heterosexual dating relationships. *Partner Abuse, 4*(4), 463-481.

Beeble, M. L., Post, L. A., Bybee, D., & Sullivan, C. M. (2008). Factors related to willingness to help survivors of intimate partner violence. *Journal of Interpersonal Violence, 23*(12), 1713-1729.

Bettinson, V., & Bishop, C. (2015). Is the creation of a discrete offence of coercive control necessary to combat domestic violence? *Northern Ireland Legal Quarterly, 66*(2), 179-197.

Biddle, L., Cooper, J., Owen-Smith, A., Klineberg, E., Bennewith, O., Hawton, K., Kapur, N., Donovan, J., & Gunnell, D. (2013). Qualitative interviewing with vulnerable populations: Individuals' experiences of participating in suicide and self-harm based research. *Journal of Affective Disorder, 145*(3), 356-362.

Black, B. M., Tolman, R. M., Callahan, M., Saunders, D. G., & Weisz, A. N. (2008). When will adolescents tell someone about dating violence? *Violence Against Women, 14*(7), 741-758.

Bonomi, A. E., Anderson, M. L., Nemeth, J., Bartle-Haring, S., Buettner, C., & Schipper, D. (2012). Dating violence victimization across the teen years: Abuse frequency, number of abusive partners, and age at first occurrence. *BMC Public Health, 12*(1), 1-10.

Borrajo, E., Gamez-Guadix, M., & Calvete, E. (2015). Justification beliefs of violence, myths about love and cyber dating abuse. *Psicothema, 27*(4), 327-333.

Branch, K. A., Richards, T. N., & Dretsch, E. C. (2013). An exploratory analysis of college students' response and reporting behavior regarding intimate partner violence victimization and perpetration among their friends. *Journal of Interpersonal Violence, 28*(18), 3386-3399.

Breiding, M. J., & Armour, B. S. (2015). The association between disability and intimate partner violence in the United States. *Annals of Epidemiology, 25*(6), 455-457.

Bryant, S. A., & Spencer, G. A. (2003). University students' attitudes about attributing blame in domestic violence. *Journal of Family Violence, 18*(6), 369–376.

Bryman, A., & Bell, E. (2019). *Social Research Methods* (Fifth ed.). Oxford: Oxford University Press.

Bucheli, M., & Rossi, M. (2019). Attitudes toward intimate partner violence against women in Latin America and the Caribbean. *Criminology and Criminal Justice, 9*(3), 1–13.

Burke, S. C., Wallen, M., Vail-Smith, K., & Knox, D. (2011). Using technology to control intimate partners: An exploratory study of college undergraduates. *Computers in Human Behavior, 27*(3), 1162-1167.

Campbell, R. (2008). The psychological impact of rape victims' experiences with legal, medical, and mental health systems. *American Psychologist, 63*(8), 702-717.

Capaldi, D. M., Knoble, N. B., Shortt, J. W., & Kim, H. K. (2012). A systematic review of risk factors for intimate partner violence. *Partner Abuse, 3*(2), 231-280.

Capezza, N. M., & Arriaga, X. B. (2008). You can degrade but you can't hit: Differences in perceptions of psychological versus physical aggression. *Journal of Social and Personal Relationships, 25*(2), 225-245.

Carastathis, A. (2014). The concept of intersectionality in feminist theory. *Philosophy Compass, 9*(5), 304-314.

Carbado, D. W., Williams Crenshaw, K., Mays, V. M., & Tomlinson, B. (2013). Intersectionality: Mapping the movements of a theory. *Du Bois Review, 10*(2), 303-312.

Centers for Disease Control and Prevention (CDC). (2020). *Preventing intimate partner violence*. Retrieved from: https://www.cdc.gov/violenceprevention/intimatepartnerviolence/fastfact.html

Chan, K. L., Straus, M. A., Brownridge, D. A., Tiwari, A., & Leung, W. C. (2008). Prevalence of dating partner violence and suicidal ideation among male and female university students worldwide. *Journal of Midwifery & Women's Health, 53*(6), 529-537.

Chandan, J. S., Thomas, T., Bradbury-Jones, C., Russell, R., Bandyopadhyay, S., Nirantharakumar, K., & Taylor, J. (2020). Female survivors of intimate partner violence and risk of depression, anxiety and serious mental illness. The British Journal of Psychiatry: *The Journal of Mental Science, 217*(4), 562-567.

Charkow, W. B., & Nelson, E. S. (2000). Relationship dependency, dating violence, and scripts of female college students. *Journal of College Counselling, 3*(1), 17-28.

Cho, H., & Huang, L. (2017). Aspects of help seeking among collegiate victims of dating violence. *Journal of Family Violence, 32*(4), 409–417.

Cho, H., Seon, J., Choi, G-Y., & An, S. (2020). Gender differences in intimate partner violence victimization, help-seeking, and outcomes among college students. *Advances in Social Work, 20*(1), 22-44.

Cho, S., Crenshaw, K. W., & McCall, L. (2013). Toward a field of intersectionality studies: Theory, applications, and praxis. *Signs: Journal of Women in Culture and Society, 38*(4), 785-810.

Copp, J. E., Giordano, P. C., Longmore, M. A., & Manning, W. D. (2019). The development of attitudes toward intimate partner violence: An examination of key correlates among a sample of young adults. *Journal of Interpersonal Violence, 34*(7), 1357-1387.

Cornelius, T., & Resseguie, N. (2007). Primary and secondary prevention programs for dating violence: A review of the literature. *Aggression and Violent Behavior, 12*, 364-375.

Cortes, L., Bringas, C., Rodriguez-Franco, L., Flores-Galaz, M., Ramiro, T., & Rodriguez, F. J. (2014). Unperceived dating violence among Mexican students. *International Journal of Clinical and Health Psychology, 14*(1), 39-47.

Crabtree, B., & Miller, W. (1999). *Doing qualitative research* (2nd ed.). Thousand Oaks, California: Sage Publications.

Cramer, E. P., & Plummer, S-B. (2009). People of color with disabilities: Intersectionality as a framework for analyzing intimate partner violence in social, historical, and political contexts. *Journal of Aggression, Maltreatment & Trauma, 18*(2), 162-181.

Crenshaw, K. (1991). Mapping the margins: Intersectionality, identity politics, and violence against women of color. *Stanford Law Review, 43*(6), 1241-1299

Daley, E. M., & Noland, V. J. (2001). Intimate partner violence in college students: A cross cultural comparison. *International Electronic Journal of Health Education, 4*, 35-40.

Dardis, C. M., Edwards, K. M., Kelley, E. L., & Gidycz, C. A. (2017). Perceptions of dating violence and associated correlates: A study of college young adults. *Journal of Interpersonal Violence, 32*(21), 3245-3271.

Demers, J. M., Ward, S. K., Walsh, W. A., Banyard, V. L., Cohn, E. S., Edwards, K. M., & Moynihan, M. M. (2018). Disclosure on campus: Students' decisions to tell others bout unwanted sexual experiences, intimate partner violence, and stalking. *Journal of Aggression, Maltreatment & Trauma, 27*(1), 54-75.

Devries, K. M., Child, J. C., Bacchus, L. J., Mak, J., Falder, G., Graham, K., Watts, C., & Heise, L. (2014). Intimate partner violence victimization and alcohol consumption in women: A systematic review and meta-analysis. *Addiction, 109*(3), 379-391.

Dunham, K., & Senn, C. Y. (2000). Minimizing negative experiences: Women's disclosure of partner abuse. *Journal of Interpersonal Violence, 15*(3), 251–261.

Duterte, E. E., Bonomi, A. E., Kernic, M. A., Schiff, M. A., Thompson, R. S., & Rivara, F. P. (2008). Correlates of medical and legal help seeking among women reporting intimate partner violence. *Journal of Women's Health, 17*(1), 85-95.

Edwards, K. M., Sylaska, & K. M., Neal, A. M. (2015). Intimate partner violence among sexual minority populations: A critical review of the literature and agenda for future research. *Psychology of Violence, 5*(2), 112-121.

Edwards, K. M., Gidycz, C. A., & Murphy, M. J. (2011). College women's stay/leave decisions in abusive dating relationships: A prospective analysis of an expanded investment model. *Journal of Interpersonal Violence, 26*(7), 1446–1462.

Etikan, I., Musa, S. A., & Alkassim, R. S. (2016). Comparison of convenience sampling and purposive sampling. *American Journal of Theoretical and Applied Statistics, 5*(1), 1-4.

Fanslow, J., Robinson, E., Crengle, S., & Perese, L. (2010). Juxtaposing beliefs and reality: Prevalence rates of intimate partner violence and attitudes to violence and gender roles reported by New Zealand women. *Violence Against Women, 16*(7), 812–831.

Fass, D. F., Benson, R. I., & Leggett, D. G. (2008). Assessing prevalence and awareness of violent behaviors in the intimate partner relationships of college students using Internet Sampling. *Journal of College Student Psychotherapy, 22*(4), 66-75.

Fehler-Cabral, G., Campbell, R., & Patterson, D. (2011). Adult sexual assault survivors' experiences with sexual assault nurse examiners (SANEs). *Journal of Interpersonal Violence, 26(*18), 3618–3639.

Ferrer, V. A., Bosch, E., & Navarro, C. (2010). Myths of romantic love in Spain. *Boletín de Psicología, 99,* 7-31.

Ferrer-Perez, V. A., Bosch-Fiol, E., Ferreiro-Basurto, V., Delgado-Alvarez, C., & Sánchez-Prada, A. (2020). Comparing implicit and explicit attitudes toward intimate partner violence against women. *Frontiers in Psychology, 11,* 1-16.

Findley, P. A., Plummer, S., & McMahon, S. (2016). Exploring the experiences of abuse of college students with disabilities. *Journal of Interpersonal Violence, 31*(17), 2801-2823.

Flood, M., & Pease, B. (2009). Factors influencing attitudes to violence against women. *Trauma, Violence, & Abuse, 10*(2), 125-142.

Fry, D. A., Messinger, A. M., Rickert, V. I., O'Connor, M. K., Palemetto, N., Lessel, H., & Davidson, L. L. (2013). Adolescent relationship violence: Help-seeking and help-giving behaviors among peers. *Journal of Urban Health: Bulletin of the New York Academy of Medicine, 91*(2), 320-334.

Frye, V. (2007). The informal social control of intimate partner violence against women: Exploring personal attitudes and perceived neighborhood social cohesion. *Journal of Community Psychology, 35*(8), 1001-1018.

Fuller, R. B., O'Sullivan, L. F., & Belu, C. F. (2016). *UNB Sexual Assault Climate Survey*. Retrieved from https://www.unb.ca/initiatives/_assets/documents/sexualassault/assault-climate.pdf

Garcia-Diaz, V., Bringas, C., Fernandez-Feito, A., Antuna, M. A., Lana, A., Rodriguez-Franco, L., & Rodriguez-Diaz, F. J. (2017). Tolerance and perception of abuse in youth dating relationships. *Journal of Aggression, Maltreatment & Trauma, 26*(5), 462-474.

Gill, A. (2018). Survivor-centered research: Towards an intersectional gender-based violence movement. *Journal of Family Violence, 33*, 559-562.

Goffman, E. (1963) *Stigma: Notes on the management of spoiled identity*. Englewood Cliffs, NJ: Prentice Hall.

Gracia, E. (2014). Intimate partner violence against women and victim-blaming attitudes among Europeans. *Bulletin of the World Health Organization, 92*(5), 380-381.

Gracia, E., & Lila, M. (2015). *Attitudes towards violence against women in the EU*. Luxembourg: Publications Office of the European Union.

Gracia, E., García, F., & Lila, M. (2014). Male police officers' law enforcement preferences in cases of intimate partner violence versus non-intimate interpersonal violence: Do sexist attitudes and empathy matter? *Criminal Justice and Behavior, 41*(10), 1195-1213.

Gracia, E., Lila, M., & Santirso, F.A. (2020). Attitudes toward intimate partner violence against women in the European Union: A systematic review. *European Psychologist, 25*(2), 104-121.

Gracia, E., Garcia, F., & Lila, M. (2009). Public responses to intimate partner violence against women: The influence of perceived severity and personal responsibility. *The Spanish Journal of Psychology, 12*(2), 648-656.

Graham, L. M., Jensen, T. M., Givens, A. D., Bowen, G. L., & Rizo, C. F. (2019). Intimate partner violence among same-sex couples in college: A propensity score analysis. *Journal of Interpersonal Violence, 34*(8), 1583-1610.

Greenman, S. J., & Matsuda, M. (2016). From early dating violence to adult intimate partner violence: Continuity and sources of resilience in adulthood. *Criminal Behaviour and Mental Health, 26*(4), 293-303.

Haj-Yahia, M. M., & de Zoysa, P. (2007). Beliefs of Sri Lankan medical students about wife beating. *Journal of Interpersonal Violence, 22*(1), 26–49.

Hancock, K., Keast, H., & Ellis, W. (2017). The impact of cyber dating abuse on self-esteem: The mediating role of emotional distress. *Cyberpsychology: Journal of Psychosocial Research on Cyberspace, 11*(2), Article 2.

Harris, A., Honey, N., Webster, K., Diemer, K., & Politoff, V. (2015). *Young Australians' attitudes to violence against women: Findings from the 2013 National Community Attitudes Towards Violence Against Women Survey for respondents 16–24 years.* Melbourne, Australia: Victorian Health Promotion Foundation.

Henning, K. R., & Klesges, L. M. (2002). Utilization of counseling and supportive services by female victims of domestic abuse. *Violence and Victims, 17*(5), 623–636.

Hines, D. A., & Douglas, E. M. (2016). Relative influence of various forms of partner violence on the health of male victims: Study of a help seeking sample. *Psychology of Men & Masculinity, 17*(1), 3-16.

Ivert, A. K., Merlo, J., Gracia, E. (2018). Country of residence, gender equality and victim blaming attitudes about partner violence: A multilevel analysis in EU. *The European Journal of Public Health, 28*(3), 559-564.

Jennings, W. G., Okeem, C., Piquero, A. R., Sellers, C. S., Theobald, D., & Farrington, D. P. (2017). Dating and intimate partner violence among young persons ages 15-30: Evidence from a systematic review. *Aggression and Violent Behavior, 33,* 107-125.

Johnson, W. L., Giordano, P. C., Manning, W. D., & Longmore, M. A. (2015). The age-IPV curve: Changes in the perpetration of intimate partner violence during adolescence and young adulthood. *Journal of Youth and Adolescence, 44*(3), 708-726.

Kelle, U. (2006). Combining qualitative and quantitative methods in research practice: Purposes and advantages. *Qualitative Research in Psychology, 3*(4), 292-311.

Knickrehm, K. M., & Teske, R. L. (2000). Attitudes toward domestic violence among Romanian and U.S. university students: A cross-cultural comparison. *Women & Politics, 21*(3), 27-52.

Kristiansen, C. M., & Giulietti, R. (1990). Perceptions of wife abuse: Effects of gender, attitudes toward women, and just-world beliefs among college students. *Psychology of Women Quarterly, 14*, 177-189.

Lachman, P., Zweig, J., Dank, M., & Yahner, J. (2019). Patterns of help-seeking behavior among victims of teen dating violence and abuse: Variations among boys and girls. *Journal of School Health, 89*(10), 791-799.

Laing, L. (2017). Secondary victimization: Domestic violence survivors navigating the family law system. *Violence Against Women, 23*(11), 1314-1335.

Langenderfer-Magruder, L., Walls, N. E., Whitfield, D. L., Brown, S. M., & Barrett, C. M. (2016). Partner violence victimization among lesbian, gay, bisexual, transgender, and queer youth. Associations among risk factors. *Child and Adolescent Social Work Journal, 33*(1), 55-68.

Luthra, R., & Gidycz, C. A. (2006). Dating violence among college men and women: Evaluation of a theoretical model. *Journal of Interpersonal Violence, 21*(6), 717-731.

Machado, C., Caridade, S., & Martins, C. (2010). Violence in juvenile dating relationships self-reported prevalence and attitudes in a Portuguese sample. *Journal of Family Violence, 25*, 43-52.

Makepeace, J. M. (1981). Courtship violence among college students. *Family Relations, 30*(1), 97–102.

Marshall, L. L. (1992). Development of the severity of violence against women scales. *Journal of Family Violence, 7*, 103-121.

McKinzie, A. E., & Richards, P. L. (2019). An argument for context-driven intersectionality. *Sociology Compass, 13*(4), 1-14.

Mookerjee, S., Cerulli, C., Fernandez, I. D., & Chin, N. P. (2015). Do Hispanic and non-Hispanic women survivors of intimate partner violence differ in regards to help-seeking? A qualitative study. *Journal of Family Violence, 30*, 839-851.

Moore, B. M., & Baker, T. (2016). An exploratory examination of college students' likelihood of reporting sexual assaults to police and university officials: Results of a self-report survey. *Journal of Interpersonal Violence, 33*(22), 3419-3438.

Moskowitz, H., Griffith, J. L., DiScala, C., & Sege, R. D. (2001). Serious injuries and deaths of adolescent girls resulting from interpersonal violence: Characteristics and trends from the United States, 1989-1998. *Archives of Pediatric & Adolescent Medicine, 155*(8), 903-908.

Nabors, E. L., Dietz, T. L., & Jasinski, J. L. (2006). Domestic violence beliefs and perceptions among college students. *Violence and Victims, 21*(6), 779-795

Nguyen, T. T., Morinaga, Y., Frieze, I. H., Cheng, J., Li, M., Doi, A., Hirai, T., Joo, E., & Li, C. (2013). College students' perceptions of intimate partner violence: A comparative study of Japan, China, and the United States. *International Journal of Conflict and Violence, 7*(2), 261-273.

Obeid, N., Chang, D. F., & Ginges, J. (2010). Beliefs about wife beating: An exploratory study with Lebanese students. *Violence Against Women, 16*(6), 691-712.

Overstreet, N. M., & Quinn, D. M. (2013). The intimate partner violence stigmatization model and barriers to help seeking. *Basic and Applied Social Psychology, 35*(1), 109-122.

Peitzmeier, S. M., Malik, M., Kattari, S. K., Marrow, E., Stephenson, R., Agenor, M., & Reisner, S. L. (2020). Intimate partner violence in transgender populations: Systematic review and meta-analysis of prevalence and correlates. *American Journal of Public Health, 110*(9), 1-14.

Pengpid, S., & Peltzer, K. (2016). Intimate partner violence victimization and associated factors among male and female university students in 22 countries in Africa, Asia, and the Americas. *African Journal of Reproductive Health, 20*(1), 29-39.

Peters, J. (2008). Measuring myths about domestic violence: Development and initial validation of the domestic violence myth acceptance scale. *Journal of Aggression, Maltreatment & Trauma, 16*(1), 1-21.

Porter, J., & Williams, L. M. (2011). Intimate violence among underrepresented groups on a college campus. *Journal of Interpersonal Violence, 26,* 3210–3224.

Postmus, J. L., McMahon, S., Warrener, C., & Macri, L. (2011). Factors that influence attitudes, beliefs, and behaviors of students toward survivors of violence. *Journal of Social Work Education, 47*(2), 303-319.

Puente, A., Ubillos, S., Echeburúa, E., & Paez, D. (2016). Risk factors associated with the violence against women in couples: A review of meta-analysis and recent studies. *Anales de Psicología, 32*(1), 295-306.

Reuter, T. R., Newcomb, M. E., Whitton, S. W., & Mustanski, B. (2017). Intimate partner violence victimization in LGBT young adults: Demographic differences and associations with health behaviors. *Psychology of Violence, 7*(1), 101-109.

Reuter, T. R., Sharp, C., & Temple, J. R. (2015). An exploratory study of teen dating violence in sexual minority young adults. *Partner Abuse, 6*(1), 8-28.

Rose, L. E., Campbell, J., & Kub, J. (2000). The role of social support and family relationships in women's responses to battering. *Health Care for Women International, 21*(1), 27–39.

Ryan, G., & Bernard, H. (2003). Techniques to identify themes. *Field Methods, 15*(1), 85-109.

Sabina, C., & Ho, L. (2014). Campus and college victim responses to sexual assault and dating violence disclosure, service utilization, and service provision. *Trauma, Violence & Abuse, 15*(3), 201-226.

Sakall, N. (2001). Beliefs about wife beating among Turkish college students: The effects of patriarchy, sexism, and sex differences. *Sex Roles, 44*(9-10), 599-610.

Scheer, J.R., & Baams, L. (2019). Help-seeking patterns among LGBTQ young adults exposed to intimate partner violence victimization. *Journal of Interpersonal Violence,* 1-20.

Scherer, H. L., Snyder, J. A., & Fisher, B. S. (2016). Intimate partner violence victimization among college students with and without disabilities: prevalence of and relationship to emotional well-being. *Journal of Interpersonal Violence, 31*(1), 49-80

Sears, H. A., Byers, E. S., & Price, E. L. (2007). The co-occurrence of adolescent boys' and girls' use of psychologically, physically, and sexually abusive behaviors in their dating relationships. *Journal of Adolescence, 30*(3), 487-504.

Shulman, S., & Connolly, J. (2013). The challenge of romantic relationships in emerging adulthood: Reconceptualization of the field. *Emerging Adulthood, 1*(1), 27-39.

Smith, P. H., White, J. W., & Holland, L. J. (2003). A longitudinal perspective on dating violence among adolescent and college-age women. *American Journal of Public Health, 93*(7), 1104-1109.

Smith, D. L. (2008). Disability, gender and intimate partner violence: Relationships from the behavioral risk factor surveillance system. *Sexuality and Disability, 26*(1), 15-28.

Smith, B. A., Thompson, S., Tomaka, J., & Buchanan, A.C. (2005). Development of the intimate partner violence attitude scales (IPVAS) with a predominantly Mexican American college sample. *Hispanic Journal of Behavioral Sciences 27*(4), 442–454.

Son, E., Cho, H., Hyun Yun, S., Choi, J., An, S., & Hong, S. (2020). Intimate partner violence victimization among college students with disabilities: Prevalence, help-seeking, and the relationship between adverse childhood experiences and intimate partner violence victimization. *Children and Youth Services Review, 110*, 1-9.

Spencer, C. M., Morgan, P., Bridges, J., Washburn-Busk, M., & Stith, S. M. (2017). The relationship between approval of violence and intimate partner violence in college students. *Journal of Interpersonal Violence,* 1-20.

Spencer, C. M., Stith, S. M., & Cafferky, B. (2019). Risk markers for physical intimate partner violence victimization: A meta-analysis. *Aggression and Violent Behavior, 44*, 8-17.

Stark, E. (2007). *Coercive control: The entrapment of women in personal life*. New York: Oxford University Press, Inc.

Stark, E. (2009). Rethinking coercive control. *Violence Against Women, 15*(12), 1509-1525.

Statistics Canada. (2011). *National Household Survey 2011-N1*. Retrieved from: https://www23.statcan.gc.ca/imdb/p3Instr.pl?Function=assembleInstr&lang=en&Item_Id=114641

Statistics Canada. (2015). *Section 3: Police-reported intimate partner violence*. Retrieved from: https://www150.statcan.gc.ca/n1/pub/85-002 x/2018001/article/54893/03- eng.htm

Statistics Canada. (2018). Police-*reported violence against girls and young women in Canada, 2017*. Retrieved from: https://www150.statcan.gc.ca/n1/pub/85-002-x/2018001/article/54981-eng.htm

Statistics Canada. (2021). *Intimate partner violence in Canada, 2018.* Retrieved from: https://www150.statcan.gc.ca/n1/pub/85-002-x/2021001/article/00003-eng.htm

Stickley, A., Kislitsyna, O., Timofeeva, I., & Vagero, D. (2008). Attitudes toward intimate partner violence against women in Moscow, Russia. *Journal of Family Violence, 23*(6), 447–456.

Straus, M. A., & Ramirez, I. L. (2007). Gender symmetry in prevalence, severity, and chronicity of physical aggression against dating partners by university students in Mexico and USA. *Aggressive Behavior, 33*, 281–290.

Sylaska, K. M., & Edwards, K. M. (2014). Disclosure of intimate partner violence to informal social support network members: A review of the literature. *Trauma, Violence & Abuse, 15*(1), 3-21.

Tausch A. (2019). Multivariate analyses of the global acceptability rates of male intimate partner violence (IPV) against women based on World Values Survey data. *International Journal of Health Planning and Management, 34*(4), 1155–1194.

Towler, A., Eivers., A., & Frey, R. (2020). Warning signs of partner abuse in intimate relationships: Gender differences in young adults' perceptions of seriousness. *Journal of Interpersonal Violence, 35*(7-8), 1779-1802.

Tran, T. D., Nguyen, H., & Fisher, J. (2016). Attitudes towards intimate partner violence against women among women and men in 39 low- and middle-income countries. *PLoS ONE, 11*(11), 1-14.

Tsai, A. C., Kakuhikire, B., Perkins, J. M., Vorechovska, D., McDonough, A. Q., Ogburn, E. L., Downey, J. M., & Bangsberg, D. R. (2017). Measuring personal beliefs and perceived norms about intimate partner violence: Population-based survey experiment in rural Uganda. *PLoS Medicine, 14*(5), 1-19.

Umana, J. E., Fawole, O. I., & Adeoye, I. A. (2014). Prevalence and correlates of intimate partner violence towards female students of the University of Ibadan, Nigeria. *BMC Women's Health, 14*, 131.

UN Women. (2019). *Facts and figures: Ending violence against women.* Retrieved from: https://www.unwomen.org/en/what-we-do/ending-violence-against-women/facts-and-figures.

United Nations. (n.d.). *What is domestic abuse?* Retrieved from: https://www.un.org/en/coronavirus/what-is-domestic-abuse

Van den Hoonard, D.K. (2015). *Qualitative research in action: A Canadian primer*. Oxford: Oxford University Press.

Vázquez, G. V., & Castro, R. (2008). "¿Mi novio sería capaz de matarme?" Violencia en el noviazgo entre adolescentes de la Universidad Autónoma Chapingo, México. *Revista Latinoamericana de Ciencias Sociales, Niñez y Juventud, 6*, 709-738

Velopulos, C., Carmichael, H., Zakrison, T., & Crandall, M. (2019). Comparison of male and female victims of intimate partner homicide and bidirectionality: An analysis of the National Violent Death Reporting System. *Journal of Trauma and Acute Care Surgery, 87*(2), 331-336.

Waller, M. W., Iritani, B. J., Christ, S. L., Kovach Clark, H., Moracco, K. E., Tucker Halpern, C., & Flewelling, R. L. (2012). Relationships among alcohol outlet density, alcohol use, and intimate partner violence victimization among young women in the United States. *Journal of Interpersonal Violence, 27*, 2062–2086.

Waltermaurer, E. (2012). Public justification of intimate partner violence: A review of the literature. *Trauma, Violence & Abuse, 13*(3), 167-175.

Wang, L. (2019). Education, perception factors, and prevention of intimate partner violence: Empirical research on Chinese university students' perceptions and attitudes concerning intimate partner violence. *Journal of Interpersonal Violence, 34*(8), 1611-1632.

Wang, L. (2020). Education, gender, residence, and attitude toward intimate partner violence: An empirical study. *Journal of Aggression, Maltreatment & Trauma, 29*(7), 808-825.

Wathen, C. N., MacGregor, J. C. D., Tanaka, M., & MacQuarrie, B. J. (2018). The impact of intimate partner violence on the health and work of gender and sexual minorities in Canada. *International Journal of Public Health, 63*, 945-955.

Webster, K., Pennay, D., Bricknall, R., Diemer, K., Flood, M., Powell, A., Politoff, V., & Ward, A. (2014). *Australians' attitudes to violence against women: Full technical report*. Victorian Health Promotion Foundation, Melbourne, Australia..

Whitfield, D. L., Coulter, R. W., Langenderfer-Magruder, L., & Jacobson, D. (2018). Experiences of intimate partner violence among lesbian, gay, bisexual, and transgender college students: The intersection of gender, race, and sexual orientation. *Journal of Interpersonal Violence*, 1-25.

Wobschall, S. M. (2014). Recognition of and attitudes toward intimate partner violence among sampled university students. *Theses, Dissertations, and Other Capstone Projects*. Paper 324.

Wolf, M. E., Ly, U., Hobart, M. A., & Kernic, M. A. (2003). Barriers to seeking police help for intimate partner violence. *Journal of Family Violence, 18*(2), 121-129.

Worden, A., & Carlson, B. (2005). Attitudes and beliefs about domestic violence: Results of a public opinion survey: II. Beliefs about causes. *Journal of Interpersonal Violence, 20*(10), 1219-1243.

World Health Organization. (2012). *Intimate partner violence*. Retrieved from: https://apps.who.int/iris/bitstream/handle/10665/77432/WHO_RHR_12.36_eng.pdf

World Health Organization. (2017). *Violence against women*. Retrieved from: https://www.who.int/news-room/fact-sheets/detail/violence-against-women

Wright, K. B. (2005). Researching internet-based populations: Advantages and disadvantages of survey research, online questionnaire authoring software packages, and web survey services. *Journal of Computer-Mediated Communication, 10*(3).

Yamawaki, N., Ostenson, J., & Brown, C. R. (2009). The functions of gender role traditionality, ambivalent sexism, injury, and frequency of assault on domestic violence perception: A study between Japanese and American college students. *Violence Against Women, 15*(9), 1126-1142.

Yamawaki, N., Ochoa-Shipp, M., Pulsipher, C., Harlos, A., & Swindler, S. (2012). Perceptions of domestic violence: The effects of domestic violence myths, victim's relationship with her abuser, and the decision to return to her abuser. *Journal of Interpersonal Violence, 27*(16), 3195–3212.

Yilmaz, K. (2013). Comparison of quantitative and qualitative research traditions: Epistemological, theoretical, and methodological differences. *European Journal of Education, 48*(2), 311-325.

Appendix A: Survey Questionnaire

Intimate partner violence refers to behaviour by an intimate partner or ex-partner that causes physical, sexual, or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviours. An intimate partner refers to both current and former spouses and dating partners, or those involved in a romantic relationship.

Section 1: Perceptions and Understanding of Intimate Partner Violence

This section is related to your opinions and perceptions around intimate partner violence based on what you currently know or believe.

1. Do you agree or disagree with the following statements?

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
Intimate partner violence only consists of physical abuse.					
Intimate partner violence is a private matter that only concerns the people in the relationship.					
Men and women experience intimate partner violence equally.					
Intimate partner violence is only a momentary loss of temper.					
Drinking/drug use causes intimate partner violence.					
The victim can always walk away from an abusive relationship.					
Men are the only abusers.					
If the victim doesn't leave, the situation must be tolerable or emphasized.					
Victims do not have any legitimate reasons for staying in an abusive relationship.					
Intimate partner violence is not usually that serious.					
Victims often provoke their partner's abuse.					

Intimate partner violence is a problem but it doesn't happen in my community.					
Leaving the relationship will end the abuse.					
Those who experience intimate partner violence will always tell someone about it.					
Abuse occurs in married relationships more commonly than dating or common-law relationships.					

2. Do you agree or disagree that it should be considered intimate partner violence when one partner…

	Strongly Disagree	**Disagree**	**Neither Agree nor Disagree**	**Agree**	**Strongly Agree**
Pushes or shoves their partner?					
Punches their partner?					
Threatens to kill themselves?					
Drives dangerously with their partner in the car?					
Demands sex?					
Follows their partner while out with friends?					
Deliberately embarrasses their partner in public?					
Does not allow their partner to have money?					
Repeatedly calls their partner during class to distract them?					
Tells their partner not to hang out with their friends?					
Destroys something belonging to their partner?					
Kicks their partner?					
Calls their partner hurtful names?					
Shakes a finger at their partner?					
Slaps their partner across the face?					

Doesn't speak to their partner for a long time?					
Blames their partner for something they did?					
Acts in a way to make their partner jealous?					
Brings up a past issue to hurt their partner?					
Threatens their partner to get their way?					
Isolates their partner from friends and family?					
Makes their partner feel guilty to gain control?					
Pressures their partner toward unhealthy behaviours?					
Monitors their partners daily activities?					
Denies their partner's freedom and personal space?					
Makes threatening faces at their partner?					

3. Do you agree or disagree with the following scenarios being considered as intimate partner violence?

	Strongly Disagree	**Disagree**	**Neither Agree nor Disagree**	**Agree**	**Strongly Agree**
Tammy and Ben have been dating one another for 4 months. Tammy often times worries what Ben's reaction will be to the outfits she chooses to wear. Ben has told Tammy to change before they go out on several occasions.					
Steven and John have had an on again, off again relationship for the past 2 years. When they are together they believe that they should have equal say in the decisions they make. Often					

times they will not agree but will come to a compromise.					
James and Stephanie have been married for 3 months. James has a history of fighting, losing his temper quickly and often time's brags about how many fights he has "won". While dating he had never hit Stephanie or been physically violent towards her. After a friend's birthday party, where drinks were consumed, James becomes angry at Stephanie for "flirting" with his friend. When they arrive home, James raises his hand to Stephanie and says she deserves to be slapped, however never actually slaps her.					
Jessica is routinely late to class. Her boyfriend Tanner says he will give her rides to campus but is late on a consistent basis. Jessica suggests getting to campus another way, but Tanner apologizes and says it won't happen again. When Jessica states it's an issue Tanner suggest she stop going to school so they can spend more time together. Tanner says her degree isn't as important as their relationship right now.					
Jeffery and Stacy have been dating for 1 year. Stacy has a tendency to be very jealous and possessive. If Stacy is at work Jeffery is not supposed to have friends at their apartment. Jeffery has to ask Stacy if he can go out with friends. If he goes out without asking her,					

she often times ignores his text and phone calls.					

Section 2: Intimate Partner Violence on Campus

This section is related to your opinions and perceptions concerning intimate partner violence at the University of New Brunswick.

1. Do you agree or disagree with the following statements concerning intimate partner violence at UNB?

	Strongly Disagree	**Disagree**	**Neither Agree nor Disagree**	**Agree**	**Strongly Agree**
Intimate partner violence is an issue at UNB					
Intimate partner violence does not affect UNB students					
Intimate partner violence does not affect a student's academic career					
UNB would take the report of intimate partner violence seriously					
UNB would take steps to protect the safety of the person making the report					
If requested, UNB would forward the report outside campus to criminal investigators (police)					
UNB has resources available to help victims of intimate partner violence					
I know where to go to seek help for intimate partner violence					
I have had a class that discussed intimate partner violence at UNB					
I have seen/heard campaigns discussing intimate partner violence at UNB					

2. How many of the support systems and resources were you aware of that could help with experiences of intimate partner violence at UNB or locally? *(check all that apply)*

On Campus	Off Campus
• Counselling Services	• Sexual Violence NB
• Student Health Clinic	• Emergency Line 911
• Office of Human Rights and Positive Environment	• RCMP/Local Police
• Campus Police	• Shelters
• Campus Ministry	• CHIMO Helpline
• Campus Sexual Assault Support	• Mobile Mental Health Crisis Services
• Wellness Coordinator	• Helplines
• Real Campus	• Victim Services
• Other, please specify: _____	• Other, please specify: _____

3. What do you believe is the current rate of intimate partner violence at UNB?
- 1-20%
- 21-40%
- 41-60%
- 61-80%
- 81-100%

Section 3: Help-Giving Behaviours

This section is concerning how you believe other students would or should act concerning intimate partner violence.

1. How likely do you think students at UNB would engage in these behaviours in situations concerning intimate partner violence?

	Very unlikely	Unlikely	Neither Unlikely nor Likely	Likely	Very Likely
Confront other students who make inappropriate comments or jokes, or tell stories about their use of intimate partner violence					
Report other students who physically or sexually assault their intimate partners					
Report other students who psychologically abuse and control their intimate partners					
Allow personal loyalties to affect reporting intimate partner violence					
Choose not to report IPV out of concern that they will also be punished or retaliated against					

Be interviewed or serve as a witness in an IPV case if they knew relevant information					
Physically intervene if they saw IPV taking place					
Try to persuade the victim to leave the relationship					

2. Do you agree or disagree with the following statements involving help-giving behaviors?

	Strongly Disagree	**Disagree**	**Neither Agree nor Disagree**	**Agree**	**Strongly Agree**
It's important to intervene when you see a friend being abused by his/her intimate partner					
I know how to get help for someone who has been victimized by intimate partner violence					
I know how to identify intimate partner violence in a peer's relationship					
I am aware of the warning signs for intimate partner violence					
I would only give someone help if they asked for it					

3. Has anyone from university disclosed to you that they have experienced intimate partner violence?

- Yes (Q4)
- No (Skip to Section 4)

4. *How did you respond to this disclosure? (check all that apply).*

- Listened
- Talked with them abut the abuse
- Provided emotional support
- Provided advice
- Suggested talking with authority
- Directed to professional agency

- Offered financial support
- Provided place to stay
- Encouraged victim leave relationship
- Called helpline yourself
- Gone with your friend to receive help
- Talked with mutual friends about violence
- Talked to partner directly about violence
- Report it on their behalf
- Other, please specify: _____

Section 4: Experiences with Intimate Partner Violence

This section is related to your personal experiences with intimate partner violence.

Intimate partner violence refers to behaviour by an intimate partner or ex-partner that causes physical, sexual, or psychological harm. An intimate partner refers to both current and former spouses and dating partners, or those involved in a romantic relationship. This may include stalking (a pattern of repeated, unwanted attention and contact by a partner that causes fear or concern for one's own safety or the safety of someone close to the victim), controlling behaviours (when one person expects, compels, or requires others to cater to their own needs, even at others' expense), psychological aggression (the use of verbal and non-verbal communication with the intent to harm another person mentally or emotionally and/or to exert control over another person), physical violence (when a person hurts or tries to hurt a partner by hitting, kicking, or using another type of physical force), or sexual violence (forcing or attempting to force a partner to take part in a sex act, sexual touching, or a non-physical sexual event (e.g., sexting) when the partner does not or cannot consent).

1. Have you ever experienced intimate partner violence?
   - Yes (Q2)
   - No (Skip to Section 5)
   - I don't remember (Skip to Section 5)

2. Have you ever told anyone about experiencing abuse in your relationship?
   - Yes (Q4)
   - No (Q3)

3. What was the reason(s) you chose not to disclose your experiences of abuse? *(check all that apply)*
   - I was embarrassed/ashamed
   - It is a private matter – I wanted to deal with it on my own
   - I was fearful of my partner
   - I didn't want my partner to get in trouble
   - I didn't think what happed was serious enough to talk about
   - I wanted to forget it happened
   - I did not know how to talk about it

- There was limited support available
- The abuse was not physical
- My partner would not let me tell
- I loved my partner
- I thought I would be blamed/judged
- I did not want others to know
- I have had negative experiences with reporting in the past
- I had other things to focus on (class, work)
- I did not think reporting/disclosing would help
- Other, please specify: _____

4. How many of the following have you disclosed your experiences to? *(check all that apply)*

- Friend
- Roommate
- Family Member
- Religious Member
- Health Professional
- Counsellor/Therapist
- Student Health Centre
- Sexual Assault Advocate
- Professor/Staff Member
- Campus Security
- Campus Administration
- Residence Hall Staff
- Local Police
- Helpline
- Other, please specify: _____

Section 5: Demographics

1. Please indicate your age as of today: _____

2. Please indicate your year of study.
   - First Year
   - Second Year
   - Third Year
   - Fourth Year
   - Fifth Year +
   - Graduate/Professional Degree
   - Other

3. Please indicate your faculty of study.
   - Arts

- Business
- Computer science
- Education
- Engineering
- Forestry
- Kinesiology
- Law
- Leadership
- Nursing
- Science
- Unsure

4. Please identify your relationship status.
   - Single, not dating
   - Single, dating
   - In a relationship (e.g., boyfriend/girlfriend)
   - Common-law
   - Married
   - Separated/Divorced
   - Widowed
   - Other, please specify: _____

5. Please identify your gender.
   Transgender refers to one's personal identity and gender not matching the sex that was given at birth.
   Gender fluid refers to one's personal identity that does not identify with having a fixed gender.
   - Male
   - Female
   - Transgender male
   - Transgender female
   - Non-binary
   - Gender fluid
   - Other, please specify: _____
   - Unsure

6. Please identify your sexual orientation.
   - Heterosexual
   - Gay
   - Bisexual
   - Lesbian
   - Asexual
   - Other, please specify: _____

- Unsure

7. Please identify your racial or ethnic group (*check all that apply*).
   - White
   - Indigenous (e.g., First Nations, Métis, Inuit)
   - Black
   - Latin American
   - South Asian (e.g., East Indian, Pakistani, Sri Lankan)
   - Chinese
   - Filipino
   - Arab
   - Southeast Asian (e.g., Vietnamese, Cambodian, Malaysian)
   - West Asian (e.g., Iranian, Afghan)
   - Korean
   - Japanese
   - Other, please specify: _____

8. How would you describe the location of your permanent residence?
   - Small (population of 1000-29,999)
   - Medium (population of 30,000-99,999)
   - Large (population of +100,000)
   - Other

9. Where do you currently live?
   - On campus in residence
   - Other on campus housing
   - Off campus with roommates
   - Off campus alone
   - Off campus with intimate partner
   - Off campus with family
   - Other, please specify: _____

10. Do you have a disability?
    - Yes
    - No

11. Do you currently have a mental illness that you have been diagnosed with?
    - Yes
    - No

12. How often do you consume…

	Never	Rarely	Occasionally (i.e., once in a while)	Often (i.e., more often than not)	Very Often (i.e., almost all the time)
Alcohol?					
Marijuana?					
Other drugs?					

Thank you very much for participating in this study! Your time is truly appreciated.

If you would like to obtain the results of this study, please contact the researcher and the results will be provided in the fall of 2021.

If any questions caused you distress, or if you or someone you know needs help concerning intimate partner violence, below is a list of resources and services.

Fredericton Campus	**Saint John Campus**
Counselling Services	
(506) 453-4820 counsel@unb.ca	(506) 648-5656 sjcounsellor@unb.ca
Student Health Centre	
(506) 453-4837	(506) 648-5656
Campus Ministry	
(506) 453-4527	unbsj.multifaith@unb.ca
UNB Security	
(506) 453-4830	(506) 648-5675
24 Hour Sexual Assault Support Line	
(506) 454-0437	(506) 454-0437
Campus Sexual Assault Support Advocates	
(506) 453-4530	(506) 648-2309
Other Services	
Emergency Line: 911 Mobile Mental Health Crisis Services: 1-888-811-3664	

CHIMO Helpline: 1-800-667-5005
Crisis Text Line: Text “HOME” to 686868
Domestic Violence Outreach: (506) 649-2580 or (506) 632-5616
Real Campus (UNB Saint John): 1-877-390-7325

Appendix B: Interview Schedule

Deciding to Disclose

1. Have you ever told anyone about your partners behaviour or the abuse you experienced from your relationship?
    - *If yes, who?*
        - How did you come to the decision to tell others? How was your experience gaining the courage to tell someone (beforehand) and then with disclosing your experiences to this person?
        - *Prompts:* What promoted this help-seeking? How did they respond? Who was the best support system for you? Was there anything holding you back from disclosing?
    - *If no:*
        - What inhibited/held you back from disclosing? How was your experience with not disclosing? Is there anyone that you would have liked to have told?
2. Have you gone to any agencies to discuss about you experiences (health centre, counselling, etc.)?
    - *If yes:*
        - Which agencies did you chose to discuss your experiences to? How did you come to the decision to reach out to this agency? How was your experience with disclosing your experiences to this agency, how did they respond?
    - *If no:*
        - What inhibited/held you back from disclosing? How was your experience with not disclosing? Is there anyone that you would have liked to have told?
3. How do you feel about your decision to disclose/not disclose? How was your decision beneficial and/or how would you have done it differently?

Police Reporting

1. Have you ever reported your experience to the police?
    - *If yes:*
        - How was the process and your experience with reporting? What were the pros and cons of reporting to police? Had anyone encouraged you to report your experience?
    - *If no:*
        - What were the reasons that limited you from reporting/what influenced this decision? Would there have been anything that would have you helped you support? Is there anything you would change about the reporting process that would make it easier to do so?
2. How do you feel the police respond to cases of intimate partner violence in general?

Resources on Campus

1. What were the resources available to you on campus? How do you feel/how were your experiences with these resources?
2. How was your experience as a student on campus going through this type of relationship?
3. How do you find the education and awareness around intimate partner violence on campus?
4. How were campus resources helpful and how could they improve? What else would you like to see on campus to support students who have experienced intimate partner violence?

Is there anything else you would like to share about your experiences?
Do you have any questions?

Appendix C: Survey Letter of Invitation

Invitation to Participate in a Sociology Research Study

You are invited to participate in an online survey on university students' perceptions and attitudes toward intimate partner violence (IPV). This study is a component of my master studies in the Department of Sociology at the University of New Brunswick under the supervision of Dr. Carmen Gill.

The data collected from this study will develop an understanding of how university students perceive, recognize, and experience IPV. This will help to gain a better understanding of students' perceptions and attitudes toward IPV, and the effects of IPV on campus.

Participation in the study is completely voluntary and participant information will remain anonymous. You may withdraw from the online survey at any time or refuse to answer any questions included. If you or someone you know needs help concerning IPV, there is a list of resources on the survey link.

If you are 18 years of age or older, and interested in participating in the online survey, which will take no more than 15 minutes, please click on the following link: https://pvcampussurvey.hostedincanadasurveys.ca/167811?lang=en#

Should you have any questions regarding the research project and your involvement, please contact Jo-Anne Fullerton (Principal Investigator) at joanne.fullerton@unb.ca or Dr. Carmen Gill (Supervisor, Professor in the Department of Sociology) at cgill@unb.ca or 506-452-6367.

This project has been reviewed by the UNB Research Ethics Board and is on file as REB-2021-002.

Thank you for your time and consideration,

Jo-Anne Fullerton

Appendix D: Survey Consent Form

PERCEPTIONS AND UNDERSTANDING OF INTIMATE PARTNER VIOLENCE AMONG UNIVERSITY STUDENTS

INFORMED CONSENT FOR STUDY PARTICIPANTS

You are invited to participate in an online survey regarding perceptions and experiences of intimate partner violence at university. I, Jo-Anne Fullerton, am conducting the research as part of my Master studies in the Department of Sociology at the University of New Brunswick under the supervision of Dr. Carmen Gill.

The online survey will take approximately 10 minutes to complete and will ask about perceptions of intimate partner violence, in general and on campus, experiences surrounding intimate partner violence, and demographic characteristics. The overall aim of this project is to gain a better understanding of university students' perceptions and attitudes towards intimate partner violence, and the effects of intimate partner violence on campus. Participation is completely voluntary, and you may withdraw from the survey at any time. You may also choose not to answer any question that you do not want to answer. There are no known or anticipated risks associated with participation in this research. If certain questions cause you an emotional response, there are resources listed below. This research may provide university administration with a deeper understanding of how students understand and experience IPV in order to better provide both preventative and supportive services to students and survivors in the future.

Please feel assured that we are committed to ensuring your anonymity in completing the survey. Only the principal investigator and supervisor will have access to your individual responses. A code number will also be assigned to your survey and will not be linked to your name or other personal information. Analysis of the data gathered for all publications will be reported in the aggregate and results will be presented in a way that readers cannot identify individuals or agencies. Some survey questions do request more personal information; however, this is for the sole purpose of identifying respondents who may be interested in participating in a follow-up interview. This information will not be used for analysis, and like all additional survey questions, responses are voluntary. Employing these techniques will maximize the anonymity of the information that you share and ensure confidentiality to the best of our ability.

The software program being used to collect this data over the internet is called Hosted in Canada Surveys. If you are interested in this software's privacy policies, please see their security statement: https://www.hostedincanadasurveys.ca/privacy/data-security-protection-statement

All collected data will be downloaded and stored in a password protected electronic data file, and accessible only to Jo-Anne Fullerton (principal investigator) and Dr. Carmen Gill (supervisor) at the University of New Brunswick.

If you wish to receive the final results of the study, the principal investigator may disseminate the findings via mail or email (as per the participants preference). Individual results will not be available, and all information will be summarized in the aggregate to protect participants identity and location. As the study is part of the principal investigators Master dissertation, results may also be shared with academic journals and conference presentations.

If you have any questions regarding this research, please feel free to contact the principal investigator, Jo-Anne Fullerton at joanne.fullerton@unb.ca, or Dr. Carmen Gill, Professor in the Department of Sociology at cgill@unb.ca or 506-452-6367.

This project has been reviewed by the Research Ethics Board of the University of New Brunswick and is on file as REB 2021-002. Related concerns should be directed towards Dr. Lucia Tramonte (Chair, Department of Sociology) at 506-458-7257.

I have read the above information and have been given the opportunity to ask questions by contacting the principal investigator and/or supervisor. I understand that I can withdraw myself, and my information at any time during this study without penalty.

You may print a copy of this consent form for your records. By agreeing to this consent form and proceeding to the survey: *(Disclaimers that participants must click before proceeding)*

- You have read the above information
- You voluntarily agree to participate
- You are 18 years of age or older

Thank you for your part in our research.

Appendix E: Interview Letter of Invitation

Invitation to Participate in Interviews

You are invited to participate in an individual interview regarding the support systems present to you during or after your experience with intimate partner violence. Questions will be asked in which you may elaborate on the support that you have received on or off campus, reasons for disclosing or not disclosing, and the benefits and consequences of seeking out these supports. The information collected from this individual interview will create an understanding of how university students seek help or disclose their experiences with others, and what support systems are beneficial or need to be improved. Your participation will assist in the completion of Jo-Anne Fullerton's Master's thesis.

Participation in the study is completely voluntary and participant information will remain anonymous. You may withdraw from the study at any time or refuse to answer any questions included in the interview. Questions in the interview may be sensitive for certain participants, please consider how your involvement in this study will affect you before participating. If you or someone you know needs help concerning intimate partner violence, there is a list of resources at the beginning of this study.

If you are interested in participating in the interviews or have any questions or concerns regarding the research project and your involvement, please contact Jo-Anne Fullerton (Principal Investigator) at joanne.fullerton@unb.ca. Inquiries may also be made to Dr. Carmen Gill (Supervisor, Professor in the Department of Sociology) at cgill@unb.ca or 506-452-6367. This project has been reviewed by the UNB Research Ethics Board and is on file as REB-2021-002.

If you would like to be contacted about participating in the interviews, please leave your email address below:

_____

Thank you for your time and consideration,

Jo-Anne Fullerton
Graduate Student
Department of Sociology, University of New Brunswick

Appendix F: Emailed Interview Letter of Invitation

Good afternoon ☺

My name is Jo-Anne and I am a Master's student at the University of New Brunswick Fredericton in the Department of Sociology.

First of all, I would like to thank you so much for participating in my survey on intimate partner violence (IPV). I truly appreciate your time! I have also seen that you have left your email address to be contacted about potentially participating in a follow-up interview.

The interview would involve discussing the support systems present to you during or after your experience with IPV. Questions will be asked in which you may elaborate on the support that you have received on or off campus, reasons for disclosing or not disclosing, and the benefits and consequences of seeking out these supports. This information will help to create an understanding of how university students seek help or disclose their experiences with others, and what support systems are beneficial or need to be improved.
Just a reminder that participation in the study is completely voluntary and your information will remain anonymous. You may withdraw from the study at any time or refuse to answer any questions included in the interview.

If you are still interested in participating, I have attached the consent form to review, and we can set up a time to meet through Microsoft Teams (with or without video, your preference!). If you have any questions or concerns, please feel free to ask myself or my supervisor, Dr. Carmen Gill, at cgill@unb.ca or 506-452-6367.

Thank you again for your time and consideration!

Appendix G: Interview Consent Form

PERCEPTIONS AND UNDERSTANDING OF INTIMATE PARTNER VIOLENCE AMONG UNIVERSITY STUDENTS

INFORMED CONSENT FOR STUDY PARTICIPANTS

You are invited to participate in a telephone/video interview regarding the informal and formal support systems present to you after your experience with intimate partner violence. I, Jo-Anne Fullerton, am conducting the research as part of my Master studies in the Department of Sociology at the University of New Brunswick under the supervision of Dr. Carmen Gill.

The interview will take no more than 30 minutes to complete and audio will be digitally recorded. Pertaining to your experience of intimate partner violence, questions will be asked in which you may elaborate on the support that you have received on or off campus, reasons for disclosing or not disclosing, and the benefits and consequences of seeking out these supports. There are no known or anticipated risks associated with participation in this research. If you do feel an emotional response while answering these questions or afterwards, please contact one of the resources listed below. This research may provide university administration with a deeper understanding of how students understand and experience IPV, how they decide to report, and which resources were the most beneficial for them in order to better provide both preventative and supportive services and resources to students and survivors in the future.

Participation is completely voluntary and you may withdraw from the interview at any time. You may also choose not to answer any question that you do not want to answer. If you wish to withdraw, all audio information that has been collected will be deleted and will not be used in the analysis.

All collected data will be securely stored. Digital files and electronic transcripts will be stored on a password protected computer and accessible only to Jo-Anne Fullerton (principal investigator) and Dr. Carmen Gill (supervisor) at the University of New Brunswick. All digital files and interview transcripts will be saved under a pseudonym. No identifying information or direct narratives from the interviews will be included in the dissemination of findings that might allow others to deduce a participant's identity or agency in which they are employed. Employing these techniques will maximize the anonymity of information and ensure confidentiality to the best of our ability.

If you wish to receive the final results of the study, the principal investigator may disseminate the findings via mail or email (as per the participants preference). Individual

results will not be available and all information will be summarized in the aggregate to protect participants identity and location. As the study is part of the principal investigators Master dissertation, results may also be shared with academic journals and conference presentations.

If you have any questions regarding this research, please feel free to contact the principal investigator, Jo-Anne Fullerton at joanne.fullerton@unb.ca or Dr. Carmen Gill, Professor in the Department of Sociology at cgill@unb.ca or 506- 452-6367.

This project has been reviewed by the Research Ethics Board of the University of New Brunswick and is on file as REB 2021-002. Related concerns should be directed towards Dr. Lucia Tramonte (Chair, Department of Sociology) at 506-458-7257.

Thank you for your part in our research.

Appendix H: Research Ethics Board Approval

Dear Ms. Fullerton,

As Chair of the Research Ethics Board (REB), I have reviewed your ethics application for the project entitled "Perceptions and Understanding of Intimate Partner Violence among University Students" which has been assigned the file number REB #2021-002. On the basis of the review, I consider your project to be eligible for delegated review, since any risk to participants that might exist appears not to exceed the "minimal risk" outlined in the Tri-Council Policy Statement, 2nd edition (TCPS2). I am also pleased to inform you that, in my opinion, your project is in compliance with TCPS2 and the University Policy on Research Involving Humans (UPRIH). Accordingly, please consider this E-mail to represent official notification of REB approval of your project for a period of three years from the date of this E-mail.

David Coleman
Chair • Research Ethics Board
Professor Emeritus (Retired) • UNB Fredericton
T 506 453-5189 **E** dcoleman@unb.ca

Appendix I: Research Ethics Board Modification Approval

To Jo-Anne Fullerton,

I have reviewed your request for a modification of your previously approved application to the UNB Fredericton Research Ethics Board (“Perceptions and Understanding of Intimate Partner Violence among University Students” -- REB #2021-002) for its compliance with Tri-Council Policy (TCP) and with UNB Policy (UPRIH). On the basis of the review, I am pleased to inform you that, in my opinion, your project appears to be still in compliance with TCP and UPRIH. Accordingly, please consider this E-mail to represent notification of the continuation of the previous REB approval of your project.

This approval is based on my understanding that the underlying nature of the research itself has not changed; your proposed modifications involve using a wider variety of UNB email and social media platforms to do a more effective job of attracting a larger and more diverse collection of survey participants.

David Coleman
Chair • Research Ethics Board
Professor Emeritus (Retired) • UNB Fredericton
T 506 453-5189 **E** dcoleman@unb.ca

PANEL ON RESEARCH ETHICS

Navigating the ethics of human research

TCPS 2: CORE

Certificate of Completion

This document certifies that

Jo-Anne Fullerton

has completed the Tri-Council Policy Statement:
Ethical Conduct for Research Involving Humans
Course on Research Ethics (TCPS 2: CORE)

Date of Issue: **2 March, 2018**

Curriculum Vitae: Jo-Anne Fullerton

Education and Professional Development

Master of Arts, Sociology (September 2019-Present)
University of New Brunswick

Certificate of Honours Standing, Criminology (May 2019)
St. Thomas University

Bachelor of Arts; (Maj.) Criminology & Psychology (May 2017)
St. Thomas University

Employment History

Teaching Assistant (September 2019-Present)
Department of Sociology, University of New Brunswick

Research Assistant (May 2020-September 2020)
Department of Sociology, University of New Brunswick

Teaching Assistant (September 2017-May 2019)
Department of Criminology, St. Thomas University

Conferences

St. Thomas University (2018)
Confidence in the Criminal Justice System: A Statistical Analysis of Student Perceptions at an Eastern Canadian University
Student Research and Ideas Fair, Fredericton, NB

Awards:

Magee-Third Century Postgraduate Merit Award (2019)

Department of Sociology Graduate Assistantship (2019)

St. Thomas University Student Scholars Award (2013-2017)

Gene Hayes Award (2013)

Publications

N/A