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Women's self-silencing with abusive male partners: A potential risk for important relationship processes

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WOMEN'S SELF-SILENCING WITH ABUSIVE MALE PARTNERS:
A POTENTIAL RISK FOR IMPORTANT RELATIONSHIP PROCESSES

by

Tanja Samardzic

A Thesis
Submitted to the Faculty of Graduate Studies
through Psychology
in Partial Fulfillment of the Requirements for
the Degree of Master of Arts at the
University of Windsor

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2019

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Women's self-silencing with abusive male partners:
A potential risk for important relationship processes

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AUTHOR'S DECLARATION OF ORIGINALITY

I hereby certify that I am the sole author of this thesis and that no part of this thesis has been published or submitted for publication.

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ABSTRACT

Through gender role socialization, some women learn self-silencing behaviours for the purpose of relationship maintenance, and these behaviours may be more prominent among young women experiencing intimate partner violence (IPV). Little research has assessed nonclinical samples of young women who are at most risk of experiencing IPV. In this study, young women aged 17-24 (university: $N = 301$; community: $N = 34$) completed measures online and a series of retrospective path analyses were used with the university sample. More frequent abuse experience was associated with more self-silencing. The association between abuse frequency and self-silencing was hypothesized to possibly be indirect through self-compassion (a trait involving showing oneself kindness which may discourage self-silencing) and this hypothesis was supported. Although momentarily useful, self-silencing has consequences in other areas of the relationship and these consequences were also investigated. The effects of IPV experience and self-silencing on [non-]constructive communication and sexual compliance within the relationship were evaluated. Self-silencing was associated with less constructive and more nonconstructive communication as well as more sexual compliance. When combined in the final model, more frequent IPV experience was associated with more self-silencing, and self-compassion negatively mediated this relationship, resulting in less constructive and more nonconstructive communication, but not sexual compliance. Most of these relationships replicated in the small community sample. These findings suggest that self-silencing is common under the current social conditions and that it fosters relational consequences that are exacerbated by frequent IPV experience. Future mixed-methods research should explore whether self-silencing is context-dependent or longer-lasting, disrupting future relationships. Replication of this study in a larger community sample would allow greater generalization of the findings.

DEDICATION

This thesis is dedicated to my parents, Mladen and Nataša Samardžić, who have always given me unconditional love and support. From the bottom of my heart, thank you.

Ова теза је посвећена мојим родитељима, Младену и Наташи Самарџић,
који су ми увјек дали безусловну љубав и подршку. Од дна мог срца, хвала вам.

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CHAPTER I

REVIEW OF THE LITERATURE

Introduction

Through gender role socialization and societal expectations, women learn that they are expected to put aside what they want and need and tend to the needs of intimate others. Indeed, some may learn *self-silencing* (behaviours that involve over-caring for others and under-caring for oneself) as a way of maintaining intimate relationships¹ (Jack, 1991). This is problematic even in healthy relationships, but particularly in relationships where partners commit *intimate partner violence (IPV)*, which involves physical, sexual, and/or psychological harm (Breiding et al., 2014). Self-silencing may be more common in the context of IPV experience, but the literature on self-silencing (which is quite dated) has not captured the process behind young women's self-silencing in this context. Instead, studies have primarily examined the experiences of married women in their mid-thirties or older (Jack, 1991; Woods, 1999) recruited through nonclinical contexts. Further, few studies have looked at the consequences of coping with IPV experience on important relationship processes, such as communicating with one's partner. Therefore, the socio-cultural context in which IPV occurs is an important consideration to begin to unpack how women come to respond in abusive situations, perhaps by self-silencing, and what that means for other parts of the relationship.

It is unclear whether it is the experience of abuse or other factors (e.g., abuse severity or frequency) that predispose women to self-silencing. This will be assessed first in this study. It may also be that women in relationships with abusive men use self-silencing to "delay the inevitable," or prolong the time until the onset of impending abuse (Thompson, Whiffen, &

¹ "Intimate" and "dating" are used interchangeably to describe young women's relationships with men.

Aube, 2001). Indeed, Woods (2012) warned that although self-silencing may have utility in the moment, it may have consequences in other areas of the relationship. Thus, *reciprocal communication* (constructive and nonconstructive; Christensen & Shenk, 1991) and *sexual compliance* will be assessed as potential relational consequences in the current study. Should one or a few of these hypothesized predictors be associated with self-silencing, the consequences of these behaviours on these important relationship processes will be investigated. Finally, the hypothesized association(s) may be indirect and may be affected by self-compassion, a trait that involves openness to experience and kindness to oneself (Neff, 2003a). Women who show themselves compassion may be less likely to engage in self-silencing behaviours despite experiencing abuse, which then may reduce harmful consequences. The importance of depression will be determined, and its influence will be controlled if necessary, since it is commonly found to be a consequence of IPV experience (Hegarty et al., 2013) and related to higher levels of self-silencing (Jack, 1999).

This study will recruit young women who have and have not experienced abuse and then use a critical feminist lens to (a) establish what associations exist between experiences of intimate male partner violence and self-silencing in a nonclinical sample of young women; (b) investigate the moderating role of self-compassion in the relation between IPV and self-silencing; and (c) compare the effect of intimate male partner violence experiences and self-silencing on two different types of communication [(non)constructive] and sexual compliance.

Review of the Literature

Intimate Partner Violence (IPV)

The World Health Organization (WHO) defines violence against women as any behaviour that causes physical, sexual, or psychological harm to women (World Health

Organization, 2017). Despite increased awareness and efforts, violence against women is still a serious social and public health problem as well as a grave violation of fundamental human rights. One prevalent form of violence against women is intimate partner violence (IPV), which is any harmful behaviour committed by a current or previous intimate partner. IPV can be classified into three broad domains: physical (e.g., hitting and choking), psychological/emotional (e.g., humiliation and insults), and sexual (e.g., forced penetration). Breiding et al. (2014) report on the urgent nature of this epidemic in the National Intimate Partner and Sexual Violence Survey. Among their findings, they report that 27.3% of women have experienced sexual and physical violence by an intimate partner whereas 47.1% have experienced psychological aggression. Of particular concern are young women. In fact, among women survivors, 71.1% had experienced physical or contact² sexual violence before the age of 25 (Breiding et al., 2014). Smith, White, and Holland (2003) conducted a longitudinal study with almost 1,600 university women over a period of four years and found that in the period of adolescence to the end of university, 88% of the women had experienced at least one instance of physical or sexual violence; more alarming is that 63.5% had experienced both forms. Further, the women identified that all the perpetrators of physical abuse were romantic partners and two-thirds of perpetrators of sexual violence were these women's boyfriends (Smith et al., 2003). Therefore, young women are at particular risk for experiencing IPV.

It may be that mere experience of IPV is enough to predict negative outcomes for women; however, there may be other factors that are equally or more influential. These include severity or frequency of abuse. Previous research has demonstrated that young women

² Contact sexual violence involves rape, being made to penetrate a perpetrator, sexual coercion, or unwanted sexual contact. Noncontact sexual violence would include sexual harassment, exposing one's genitalia (e.g., flashing), and sharing sexually explicit images (which may be used as a form of blackmail; Breiding et al., 2014).

experience all forms of IPV and that more frequent and severe abuse experiences predict higher incidence of violence in the future (Bonomi et al., 2012; Coker et al., 2000). Length of stay in an intimate relationship is related to increased incidence and prevalence of IPV (Edwards, Gidycz, & Murphy, 2011). This may be because a longer stay in a relationship also is indicative of higher investment in the relationship and a stronger desire to make it work (Edwards, Gidycz, & Murphy, 2015), putting women at increased risk for longer. These aspects of IPV experience may all play a significant role in predicting the onset of consequences for women.

Women's Lives in Relational Context

Women live in an androcentric (i.e., male-centered) society, one where men are the norm against which women are compared. Men are privileged by their gender, with their experiences accounting for both the positive and the neutral in society; women, on the other hand, are seen as the negative (Bem, 2007). This dichotomous and hierarchical thinking is harmful to women and works to systematically disadvantage them in society. Androcentrism and the systematic disadvantaging of women sets the stage for gender role socialization and the pressure for women (and men) to adhere to socially acceptable behaviours and actions.

Gender is defined as the social construction of characteristics that identify one as a man or a woman, involving norms, relationship formation, and societal roles (WHO, 2018). Gender is socially constructed, fluid, changeable, and heavily dependent on context (Gerson & Peiss, 1985). In many ways, it is an amalgamation of societal acceptance of ideas about how individuals' sense of identity functions and allows for personal agency. As well, it is highly influenced by power differentials between men and women, further nuancing the understanding of gender (Lips, 2016). Fundamentally, gender is something that is *done*, something that one *becomes* through active participation and interaction (Rice, 2014; West & Zimmerman, 1987).

Indeed, children do gender through things like play and dress, which work to create distinctions between boys and girls early on. Children see what is expected of them from close others, such as parents, and react in appropriate and expected ways (Lorber, 1994). In this way, young women learn early in life that they must conform to expectations of them as women or risk negative consequences and this is only heightened in adolescence and emerging adulthood (Rice, 2014).

Relational self theory. The framework underscoring this study is the *relational self* (or *self-in-relation*) theory, the view that the self is social in nature and its basic goal is the attainment of important relationships, particularly intimate ones (Jordan, 1985, 1991, 1997a). Further, it posits that a woman's deepest self is fostered and nurtured in the context of relations with close others, so achievement of human connectedness is understood only as connectedness with an intimate partner. The theory comprises three general statements of understanding: (a) growth occurs within and toward relationships with others; (b) connection with important others is vital for well-being; and (c) mutuality of responsiveness, empathy, and growth are necessary for these relationships to develop and strengthen (Jordan, 1983; Miller, 1984, 1986; Surrey, 1985). Gilligan (1982) highlighted the paradoxical nature of the relational self theory, in that girls and women will include a lot of information about close others when describing themselves as individuals. Similarly, Stern (1990) found that relational styles and skills were major themes in discussions with young women. This is only heightened in adolescence, where it becomes a necessity to prioritize relationships. Indeed, adolescent women are taught that by attending to external expectations and ignoring internal wants and needs, they can achieve their goal of maintaining their intimate relationships. This frame of reference is dangerous in that it sets

young women up to believe that maintenance of intimate unions with men trumps their wants, needs, and safety in their relationships and in society (Jack, 1991, 2011).

In adolescence, women are taught by society and influential models in their lives (for example, their mothers) that they must respond to external expectations while also ignoring their own needs so that they are seen as selfless, giving, and good (Jack, 1991). Through a five-year longitudinal study with 12-year-old girls, Gilligan (2004) noticed a shift over time in girls from when they spoke freely of things they thought and felt with an embedded sense of confidence and strength, to later speaking with unease, unsure of the worth of their thoughts and opinions. Gilligan (2004) noted that it seemed as though entrance to and progression through adolescence caused an about-face, where "...girls were putting on a new set of lenses that reorganized their perception" (p. 135). Gilligan (2004) refers to this as 'riddle of femininity', wherein women must choose between having a voice and having important relationships. Girls experience this paradox and evaluate their decisions against it as they begin to enter adulthood. The paradoxical nature of the societal expectations of women sets them up for creating cognitive schemas that dictate the process of relationship maintenance (Jack, 2011).

Self-silencing. As a consequence of societal expectations, many women become acquiescent in exchange for the ability to maintain important intimate relationship through behaviours collectively called *self-silencing*. In general, self-silencing involves putting aside one's wants, needs, and opinions in intimate relationships as a way of avoiding conflict in order to preserve their relationship (Jack, 2011; Jack & Dill, 1992). There are four components that collectively make up self-silencing: externalized self-perception, care as self-sacrifice, silencing the self, and the divided self. Externalized self-perception taps into the current social climate that encourages and reinforces negative self-judgment and involves judgment through external

standards. Self-silencing of this type is driven by the perception of these standards. Care as self-sacrifice involves ignoring one's own needs in order to secure attachment to one's partner and avoid being perceived as selfish in the relationship. Silencing the self is the act of inhibiting one's verbal expressions and altering one's behaviours to avoid potential conflict and the possible loss of that intimate relationship. Finally, division of self is an experience of two selves that are fundamentally different: the inner self who is wanting to be heard and an outer self that is ascribing to the socially-dictated norms and expectations of how a woman "should be" (Jack, 1991; Jack & Dill, 1992). The outer self becomes the only version that is exposed. The very nature of self-silencing is a reflection of the current cultural values, ones that dictate how women "should be" and "should" relate to others, particularly intimate ones.

Expression of *voice* in an intimate relationship is integral for an authentic connection with one's partner. Voice in this case refers to self-expression (of wants, needs, vulnerabilities, experiences, and feelings) and purposeful hindering of voice in an intimate context is accompanied by low self-esteem, depression (Jack, 1991), and less relationship authenticity (Impett et al., 2008). For example, Cormier (2004) interviewed women aged 22 to 46 and found that they experienced disconnection, a devalued sense of self, and other nonverbal experiences such as depression. In their varied contexts, these women felt pressure to present themselves in ways that were inconsistent with their true feelings. Although some women attempted to regain their voices, many of them felt like they were connected to their own silencing and the experience of the loss of their voice (Cormier, 2004). Loss of voice in a relationship is equated with a loss of self. In Jack's (1991) interviews with 12 depressed women, loss of voice became a way to convey a variety of experiences, including a loss of self while trying to fit others' expectations and a reframing of their words in an attempt to avoid conflict. In this way,

reframing and self-censoring become active processes that women engage in to avoid conflict and the potential loss of connection with intimate partners.

Exploring the Link between Intimate Partner Violence Experience and Self-Silencing

The gender disparity between men and women highlights heterosexual and bisexual women's feelings that their voices are less worthy in the eyes of the men with whom they are intimate. In fact, it tells women that expressing themselves will result in a loss of the relationship. These dangerous lessons that women are taught regarding self-presentation in intimate relationships emphasize meeting expectations and adhering to rules while systematically de-emphasizing women's safety. This line of thinking leaves room for men's violence against the women with whom they are intimate, especially when women are encouraged to keep quiet and reduce conflict or turmoil. However, the development of self-silencing in the context of men's violence against their partners is not well understood. Examining this potential association between IPV experience and self-silencing is necessary in order to understand the consequences of these messages in women's intimate partnerships with men.

Direct association. Perhaps the most likely explanation of the development of self-silencing in the context of IPV is that women engage in self-silencing as a means of 'delaying the inevitable.' This is extrapolated from Thompson et al.'s (2001) study where they surveyed 99 women from the community who were in romantic relationships. Women who perceived their intimate partners as intolerant and critical of them silenced themselves as a way of coping. Indeed, self-silencing was used as an interpersonal strategy that allowed these women to cope with their partners' behaviour. This hypothesis can be applied to the context of IPV in that if women are experiencing abuse at the hands of intimate men, they may also use self-silencing as a way of coping. It may be that beliefs about an abusive male partner's triggers or 'buttons'

prompts women to be careful of what they openly present to avoid saying things to ‘set him off’ (Thompson et al., 2001). This view, presented by Thompson et al. (2001), does not suggest that self-silencing is a positive strategy, nor does it suggest that self-silencing is a fool-proof method of preventing abuse; instead, this viewpoint sees self-silencing as a strategy intended to prevent doing anything that may hasten the expected abuse. This explanation can be linked to the early finding that women who were abused engaged in “walking on eggshells” around abusive partners (Walker, 1979). Belenky, Clinchy, Goldberger, and Tarule (1986) conducted a study with over 130 women aged 16 to 60 years old and focused on addressing significant issues in women’s lives. One woman in their study said that the ever-present threat of physical harm was strong enough to discourage her from speaking with her husband too often. This woman’s experience emphasizes the degree to which words have consequences; women under these circumstances would rather be silent than risk saying the wrong things. Woods (2012), however, provides a word of warning: despite self-silencing’s utility in the moment, it is not without consequences of its own. Specifically, women who self-silence are unable to share the positive aspects of their lives and cannot speak to their joyful moments or their suffering. Being used to not sharing one’s thoughts and feelings – positive or negative – makes connecting with one’s partner difficult and provides the added difficulty of not being able to understand and fully experience one’s own feelings. The idea of “walking on eggshells” and worrying about triggering one’s partner’s anger echoes the sociocultural context that women live in and is evidence supporting the difficulties that women experience in navigating these role expectations.

There have been only a few research studies examining the relation between IPV and self-silencing. Jack (1991) interviewed 12 women, aged 19 to 55, with clinical depression about their experiences with self-silencing, depression, and the added pressures associated with being

women. Seven of the women in the study had experienced (mostly physical) abuse and many of them spoke about modeling themselves after their mothers. After seeing their mothers equating being a good wife or woman with accepting abuse or silencing themselves, these women began to silence themselves in response to the similar situations with their own intimate male partners. Anderson and Arata (1997) found that among their sample of victim-survivors of physical violence at the hands of an intimate partner, self-silencing was prominent. Woods (1999) sampled women (average age = 32 years) with ($n = 52$) and without ($n = 53$) abuse experience. She observed that among the women with abuse experience, physical and emotional abuse was associated with externalized self-judgment, silencing the self, and an experienced division of self among women, all heavily entwined in gender role expectations (Jack & Dill, 1992). Further, abused women experienced much higher levels of self-silencing in general than nonabused women (Woods, 1999). Finally, Thompson et al. (2001) surveyed 99 similarly-aged women in romantic relationships and they found that those women with overly critical and intolerant current partners were more likely to self-silence as a means of coping if the partner was their current one.

There are limitations with the available research. First, despite there being a confirmed association between IPV experience and self-silencing in clinical samples of women, this has not been examined in a nonclinical sample. Second, there are no known studies that assess self-silencing in the context of all three broad types of IPV (i.e. physical, psychological/emotional, and sexual violence) at once. Most of the aforementioned studies included samples of women with experiences of physical and/or emotional/psychological abuse only and none of these studies considered sexual violence as a context for self-silencing. Third, the studies have not been replicated recently. Indeed, a majority of the available studies were conducted in the 1990s.

Fourth, most of the studies were conducted with adult women (i.e., average age in the 30s; Jack, 1991; Woods, 1999) and not with young women, who are the group at highest risk for IPV (e.g., Smith, White, & Holland, 2003). Therefore, research focusing on physical, sexual, and emotional IPV experiences and self-silencing with young women is needed to establish this relation in a nonclinical sample.

Indirect association. Because of the current state of the research, it is difficult to determine whether or not the hypothesized association between IPV experience and self-silencing is direct. Indeed, the employment of self-silencing might be influenced by self-compassion, a protective trait that is built up through the lifespan. Central to the concept of self in context with others is the understanding of self-compassion. Kindness to one's self and understanding that one's experiences are part of a bigger picture, where there are others with similar experiences, are central to the premise of self-compassion. Further, self-compassion challenges gender role socialization and the expectations placed upon women because of the emphasis on being "in the moment" and allowing one's own experiences and needs (as opposed to societal pressures) to guide them (Neff, 2003a).

The scope of self-compassion is nuanced in that it is comprised of openness to the experience of, and reflection on, one's own suffering, accepting kindness from oneself as a means of healing that suffering, and offering oneself a nonjudgmental perspective on failures. Self-compassion includes an acute awareness that suffering and failure are part of the human experience and that one is not alone in their difficulties (Neff, 2003a). In contradiction to the traditional female socialization script that requires sublimation of self and care of others to take priority (i.e., the care as self-sacrifice inherent in self-silencing), care in self-compassion is framed as a motivating factor that is meant to inspire growth and change. Broadly, self-

compassion is comprised of three primary components that capture different facets of the concept: self-kindness, common humanity, and mindfulness. Kindness to one's self involves extending warmth, tolerance, and understanding to oneself. Common humanity entails the understanding that one is not alone in their suffering; instead, it is a part of the collective human experience, and everybody suffers. Finally, mindfulness emphasizes the awareness (but not over-analysis) of one's feelings and experiences and living 'in the moment' as opposed to letting the mind race (Neff, 2003a). Self-compassion has been shown to have positive implications for an intimate relationship, including higher self-esteem and self-efficacy, as well as fewer negative emotion associated with stressful situations (e.g., Leary et al., 2007; Neff, 2003a).

To date, the one study that looks at self-compassion in the context of IPV is Close's (2013) study of sexual violence survivors, where self-compassion was found to be inversely related to self-criticism and psychological distress. There are a few previous studies that have established a link between self-compassion and abuse, but they focused primarily on experiences in childhood, including emotional and physical abuse (Naismith, Zarate Guerrero, & Feigenbaum, 2019; Tanaka et al., 2011). Given that self-compassion is a newer construct, it is not altogether surprising that research investigating it in the context of IPV is minimal. Instead, most of the available research has examined self-compassion after the fact as a strategy for improving outcomes for those affected by experiences of IPV. For example, Tesh, Learman, and Pulliam (2015) evaluated the effectiveness of mindful self-compassion (MSC) in improving mental health outcomes for trauma associated with intimate partner abuse. Crowder (2016) provided a feminist perspective, arguing for the use of self-compassion in reconstructing women-survivors' sense of self. As for the relation between self-silencing and self-compassion, there exists one known study by Gerber, Tolmacz, and Doron (2015). They surveyed 76 men and 80

women aged 18 to 65 and found that self-silencing and self-compassion were inversely (but not significantly) correlated. However, it is important to note that participants completed the Hebrew version of the Silencing the Self Scale (Jack & Dill, 1992), so a translation of the measure from English to Hebrew may have prevented full understanding of self-silencing. Still, it is difficult to assess the relationship without a replication study.

Despite the lack of previous literature, it is possible to speculate about how this association may function. Self-compassion is a frame of mind but is fundamentally a trait (Neff, 2015), one that grows and develops throughout the lifespan. Because self-compassion is something that continually develops, it seems intuitive to consider it as a protective factor. Self-compassion as a protective factor has been studied previously in different contexts. For instance, Heath, Brenner, Lannin, and Vogel (2018) surveyed 369 undergraduates (190 women with an average age of 19 years) and found that self-compassion buffered the negative effects of perceived public stigma (i.e., criticism and negative messages deriving from others) on anticipated self-stigma (i.e., self-criticism). Here, self-compassion provided psychological resilience against these stigmatizing messages and feelings. In another study, Keng and Liew (2017) surveyed 206 participants from a Singaporean community and found that self-compassion buffered the relationship between gender nonconformity and subjective well-being, anxiety, and depression, respectively. In the abuse context, it may be that women who have experienced or are experiencing IPV but have built up a self-compassion repertoire will be less likely to self-silence than women low in self-compassion. This may be because the women who are high in self-compassion will have built up key aspects such as being kind to oneself and refraining from negative self-judgment. Therefore, it is plausible that self-compassion acts a buffer in the context

of IPV experience that discourages or prevents self-silencing. To date, there is no known study that explicitly looks at self-silencing and self-compassion in the context of IPV.

In addition to testing the association between IPV experience and self-silencing, the proposed study will therefore examine self-compassion's role in the association between experiences of abuse and self-silencing to understand whether it interacts with the use of self-silencing. As well, the effect of depression, the experience of a low mood and an aversion of everyday activities, will be investigated. Self-silencing was first observed in a sample of women with clinical depression (Jack, 1991, 2011) and depression makes self-silencing behaviour more likely. As well, depression is very likely to be experienced by women with abusive male partners (Hegarty et al., 2013). The proposed study will examine the effect of IPV over and above the effects of depression, so the latter will be statistically controlled.

Consequences Associated with Self-Silencing in the Context of Intimate Partner Violence

Intimate relationships in young adulthood are normative and are strongly encouraged for young women as a part of their role in society. This aligns well with the relational self theory, as women become motivated to cultivate intimate unions. As previously mentioned, self-silencing is not a healthy strategy for relationship preservation and maintenance because it inhibits the expression of emotions and experiences that foster healthy connections (Jack, 1991). If there is an association between IPV experience and self-silencing – whether direct or indirect – it is important to next examine how self-silencing then influences relationship processes for women who have intimate relationships with men who have and have not experienced abuse at the hands of an intimate male partner. Two such relationship processes are reciprocal communication and sexual compliance.

Reciprocal communication. Reciprocal communication refers to the exchange of emotional content with another person (Christensen & Shenk, 1991) and is meant to be a trusting exchange where individuals match each other in terms of how much is shared. This constructive communication style is important for sharing daily occurrences like good news or positive thoughts and is associated with higher self-esteem and overall psychological wellbeing (Viejo, Ortega-Ruiz, & Sánchez, 2015). Woods (2012) suggests that open communication with one's partner is associated with authenticity in one's feelings and expression. Further, reciprocal communication is important for dealing with conflicts that arise in the intimate relationship context. Although research on young couples has not been as abundant as research with older and married or cohabitating adults (Christensen & Heavey, 1990; Uebelacker, 2001), there is agreement that effective communication in the intimate context is difficult, requiring emotion regulation and certain interpersonal skills that may be new to younger women (Espelage et al., 2015).

Communication, however, is not always a reciprocal process and there are times where partners engage in unhealthy and even destructive communication styles when attempting to resolve conflict (Heavey, Layne, & Christensen, 1993). An alternative to constructive communication may be the use of nonconstructive strategies, particularly demand/withdraw communication. Demand/withdraw communication involves one partner demanding change, discussion, or resolution of an issue while the other partner withdraws (Christensen & Heavey, 1990). This emerges from literature on married couples, with some research suggesting that there are no significant gender differences in who demands or withdraws in the relationship. Instead, what matters is the structure of the conflict and which partner chose the topic(s) for discussion (Holtzworth-Munroe, Smutzler, & Stuart, 1998).

Nonconstructive communication has primarily been assessed in older married women (Lacković-Grgin, Nekić, & Penezić, 2009; Whiffen, Foot, & Thompson, 2007). However, this relational consequence has not been explored as much within young women's dating relationships with intimate men. There is a general consensus in the literature, though, that dating couples more often use strategies that do not reflect constructive communication strategies. For instance, Shulman, Tuval-Mashiach, Levrán, and Anbar (2006) sampled 40 late-adolescent romantic couples (mean age of 18 years for men and 17 years for women) over a two-year period and found that a popular way of resolving conflict was to downplay, minimize, and forgo discussion about the issue(s). Over 50% of romantic partners preferred this method, which did not involve communicating about or discussing strategies to fix the situation. This need to downplay and minimize the issues and actions of the partner is reflective of the older women in Jack's (1991) study, who spoke of their need to avoid discussing arguments in order to maintain harmony. This also reflects the voices of the women in Belenky et al.'s (1986) study, wherein women felt they were unable to experience that give-and-take process of exchange common in intimate contexts. Finally, Harper and Welsh (2007) studied 211 adolescent couples (average age of 17) and observed that young women who engaged in more self-silencing experienced a more limited ability to communicate with their intimate partners. They also felt less comfortable with conflict in the relationship, leading to relationship dissatisfaction.

It can be argued that language is an extension of gender role expectations and societal power positioning. Thiesmeyer (2003) argued that the sociocultural context works to manipulate language in a way that suppresses opposition to the dominant viewpoints. As women self-silence, they may begin to relinquish hold over their language, which is a powerful reflection of their experience. Conversations with intimate partners become more difficult, especially when

they are underscored with societal messages suggesting that women's thoughts and words are not as important as men's. An attempt to include one's thoughts and opinions may be met with a variety of reactions. Particularly, women's experiences, thoughts, and opinions may be met with devaluation in the form of IPV (Jack, 1991). The research is scant, but the existing findings suggest that women's self-expressions and attempts to communicate are often met with opposition. However, constructive and nonconstructive reciprocal communication as consequences of IPV experience and self-silencing has not been directly studied with young dating women.

Reciprocal communication as a consequence. Gammeltoft (2016) proposes that silencing occurs not because words fail, but because individuals do not want to speak them for fear of being stigmatized or condemned. Despite the hypothesized order of events presented in some previous feminist literature (i.e., lack of reciprocal communication as a precursor to prevent the onset of violence; e.g., Belenky et al., 1986), a reversal of causation is necessary, especially in viewing negative impacts on reciprocal communication as a result of violence experienced by young women. It may be that women experiencing violence at the hands of intimate male partners are silencing themselves as a means of delaying abuse, which prevents the use of reciprocal communication as a strategy for conflict resolution. A focus on delay and prevention of abuse to the best of a woman's ability makes sense and would take precedence over communicating effectively with an intimate partner once abuse occurs. For women experiencing abuse, self-silencing may result in an inability to participate fully in discussions with one's partner in general, not just in the context of conflict (Uebelacker, 2001). Self-silencing might therefore account for the association between IPV experience and both constructive and nonconstructive communication. This would reflect Woods' (2012) warning

that women who self-silence may also not be able to express their authentic feelings and experiences, such as joy and excitement. Therefore, examining whether or not experiences of abuse and silencing of the self work to impede an ability to communicate effectively and constructively with one's partner and promote problematic communication will shed light on the role of reciprocal communication, both in the context of violence and with future relationships.

Sexual compliance. Sexual compliance occurs when an individual neither wants nor desires sexual activity, yet freely and clearly consents to it anyway (O'Sullivan & Allgeier, 1998). The distinguishing factor between sexual compliance and sexual coercion, for instance, is that the former occurs in the absence of coercion or manipulation (Vannier & O'Sullivan, 2010). Sexual compliance is nuanced in its application to committed relationships versus other, less established sexual relationships in that it is viewed as normative, expected, and acceptable. Indeed, it is often viewed in society as a social contract that is upheld by partners in a committed, intimate relationship to maintain the sexual activity that is expected in these sorts of unions (Shotland & Goodstein, 1992; Vannier & O'Sullivan, 2010).

Instances where the sexual activity was not desired tend to be less satisfactory and enjoyable as compared to sex that is desired (Vannier & O'Sullivan, 2010). Sexual compliance is commonplace among youth, particularly women. For instance, O'Sullivan and Allgeier (1998) surveyed 104 men and 96 women undergraduate students (mean age of 19) and found that in a two-week period, 50% consented to unwanted sex while in a committed relationship. Research consistently supports the finding that women participate in more sexual compliance than men in intimate relationships (e.g., Impett & Peplau, 2003; O'Sullivan & Allgeier, 1998). Impett and Peplau (2002) asked a diverse sample of 125 college women (average age of 21) whether they

had consented to and engaged in sexual intercourse without wanting to, and 65% of the women said that they had.

Traditional gender roles combined with power differences between men and women likely explain women's compliance with unwanted sex. Power in interpersonal relationships can be defined as "the ability to affect consciously or unconsciously the emotions, attitudes, cognitions, or behavior of someone else" (Komter, 1989, p. 192). Viewing men as dominant in the relationship may prompt women to feel that they need to "give" men sex, regardless of their own desire to engage in sexual activity and aside from men's overt pressure (Fahs, 2011). As well, endorsement of gender role expectations may lead some women to comply with unwanted sex (e.g., Bay-Cheng & Eliseo-Arras, 2008; Houts, 2005). Nonetheless, this interpretation is incomplete without considering experiences of violence for these women.

Sexual compliance as a consequence. Fear of impending violence may prompt women to comply with unwanted sex. Walker (2000) parallels this by highlighting instances where women fear violence from their intimate male partners and consent to unwanted sex to avoid that. However, it seems that the relationship between experiences of abuse and sexual compliance is not well explained. Jordan (1985, 1991, 1997a) suggests that women are relational beings who seek harmony and comfort in stable connections with intimate others. Women are expected to be selfless to be considered "good," and part of that is attending to their partners' needs (e.g., Jack, 1991). Women may feel that to be good and selfless, they must consent to unwanted sex, especially in the presence of violence. It is important to note that although sexual compliance occurs in the absence of coercion (Vannier & O'Sullivan, 2010), it is still possible for compliance to occur if violence is present in the relationship³. Compliance with undesired sex

³ Though some researchers suggest rightly that this should be categorized as coercion for definitional reasons.

may actually be even more likely in circumstances where nonconsent was overridden or ignored. This leaves room for the possibility of intimate partner sexual violence, comprising rape (e.g., completed forced penetration, attempted forced penetration, alcohol/drug-related penetration) and sexual violence other than rape (e.g., forced sexual conduct like kissing or fondling; Breiding et al., 2014). Sexual compliance is nuanced in that it may target one aspect of IPV that remains less frequently researched.

Compliance with sexual activity may be reinforced by women's silence. Although no study has tested this, it may be that women who are experiencing IPV and are self-silencing as a means of delaying abuse are engaging in more sexual compliance. If women feel that they are at risk of experiencing violence, they may self-silence and comply as a result. However, the ability to be kind to oneself and present in the moment may work to protect against compliance with unwanted sex, regardless of whether or not coercion is present. Therefore, investigating women's compliance with unwanted sex will shed additional light on understanding women's coping strategies in relationships with violent men.

The role of depression. Depression is also relevant to behaviours and experiences in intimate relationships. Namely, women who experience unwanted sexual activity report more depression (e.g., Gerardi, 2007). As well, women who report poorer communication within their romantic relationships experience more depression and less relationship satisfaction (e.g., Li & Johnson, 2018). Therefore, the role of depression will be determined and controlled for.

Purpose of the Current Study

After identifying gaps in the existing knowledge surrounding women at risk of intimate partner violence, the first purpose of this study was to replicate an association between experiences of intimate partner violence and self-silencing in young women. This included

finding the ‘best’ predictor among a number of possible measures of IPV not yet tested: experience of abuse (presence versus absence), severity of abuse, and frequency of abuse. It was likely that one of the measures would account for the most variance in predicting self-silencing, especially given that presence versus absence and severity of abuse variable may suffer from a restriction of range; if more than one measure emerged as important, its (or their) effect(s) would also be tested in the remaining analyses. The second purpose was to test whether the association between the best predictor of IPV experience and self-silencing was direct or indirect, with self-compassion as a potential moderator. The third purpose was to investigate the hypothesized association between self-silencing and two relational consequences: reciprocal communication (divided into constructive and nonconstructive communication styles) and sexual compliance. The final purpose of this study was to amalgamate the above and to test the effects that the best predictor of abuse experience and self-silencing have on the various communication styles and sexual compliance.

This study was largely exploratory in that each step depended on the one before. For instance, if one of the proposed predictors did not have a role in predicting self-silencing, it was not used in further analyses. Only the best predictor of self-silencing was retained for further analyses. Depression was tested as a covariate and its effect was controlled for each of the analyses in which it was significant. Most of the hypotheses were directional but some were exploratory and did not specify directionality of the associations.

Hypothesis 1

The first step was to identify salient measures of IPV (i.e., presence of experience, severity, and frequency) in predicting self-silencing and was based on the following research

question: *What are the best predictors of self-silencing in a nonclinical sample of women with and without abuse experience?* It was hypothesized that:

Hypothesis 1(a) Experience of abuse would be related to self-silencing.

Hypothesis 1(b) Severity of abuse experience would be positively related to self-silencing such that the more severe the abuse, the more women would engage in self-silencing.

Hypothesis 1(c) Frequency of abuse experience would be positively related to self-silencing such that the more frequent the abuse experience, the more women would engage in self-silencing.

Hypothesis 2

The hypothesis in this step was contingent on identifying the ‘best’ predictor of self-silencing from the aforementioned measures of IPV and was based on the following research question: *Does self-compassion offer a moderating role in predicting self-silencing in a nonclinical sample of women with and without abuse experience?* It was hypothesized that:

Hypothesis 2 Self-compassion would moderate the relationship between the ‘best’ measure of abuse and self-silencing, where more self-compassion would result in less self-silencing.

Hypothesis 3

These hypotheses were tested regardless of the results of Hypotheses 1 and 2 as it was important to understand the potential relational consequences of self-silencing. These hypotheses were based on the following research question: *What are the consequences of self-silencing in a nonclinical sample of women with and without abuse experience?* It was hypothesized that:

Hypothesis 3(a) Self-silencing would be negatively related to constructive reciprocal communication such that more self-silencing would result in less constructive reciprocal communication.

Hypothesis 3(b) Self-silencing would be positively related to nonconstructive communication such that more self-silencing would result in more of this type of communication.

Hypothesis 3(c) Self-silencing would be positively related to sexual compliance such that more self-silencing would result in more sexual compliance.

Hypothesized Path Model

The path model was contingent on finding at least one salient measure of IPV as a predictor of self-silencing and investigating the role of self-compassion. Only the relevant hypotheses were tested, however all possible hypotheses are listed here. This model was based on the following research question (see Figure 1): *What are the effects of abuse, self-compassion, and self-silencing on relational consequences in a nonclinical sample of women?* It was hypothesized that:

i) if the association was direct

Hypothesis 4(a) Self-silencing would mediate association between the ‘best’ measure of abuse and constructive reciprocal communication.

Hypothesis 4(b) Self-silencing would mediate the association between the ‘best’ measure of abuse and nonconstructive communication.

Hypothesis 4(c) Self-silencing would mediate the association between the ‘best’ measure of abuse and sexual compliance.

ii) if the association was indirect

Hypothesis 5(a) Self-compassion would moderate the path from the ‘best’ measure of abuse and self-silencing, and self-silencing would mediate the association between the ‘best’ measure of abuse and constructive reciprocal communication such that more self-compassion would result in less self-silencing and more constructive communication.

Hypothesis 5(b) Self-compassion would moderate the path from the ‘best’ measure of abuse and self-silencing, and self-silencing would mediate the association between the ‘best’ measure of abuse and nonconstructive communication such that more self-compassion would result in less self-silencing and less of this type of communication.

Hypothesis 5(c) Self-compassion would moderate the path from the ‘best’ measure of abuse and self-silencing, and self-silencing mediate the association between the ‘best’ measure of abuse and sexual compliance such that more self-compassion would result in less self-silencing and less sexual compliance.

CHAPTER II

METHOD

Participants

Young women ($N = 301$) under 25 were recruited from a pool of students who receive credit for participation in psychology research⁴ (i.e., the Psychology Participant Pool at the University of Windsor; see Appendix A). As well as recruiting from the Participant Pool, recruitment was attempted in the community, particularly on Facebook and Kijiji Volunteers pages Canada-wide. The original sample size recruited from the community was 140; however, only 34 women were deemed to be legitimate participants⁵ and were therefore included. This study took participants no more than 30 minutes to complete and participants were rewarded with either 0.5 bonus points toward an eligible psychology course (Participant Pool) or a \$10 Amazon e-gift card (community).

The 301 women students had an average age of 20 years, were primarily White (78%), living with relatives, and had a relationship history that included an average of 2 committed and 4 casual male partners. The small sample of 34 community women were ethnically similar but were significantly older ($M = 22$ years), more likely to be nonstudents and employed and were more likely to be living with their intimate partners. Table 1 outlines demographic and relationship information about participants, including relevant difference tests between groups

⁴ The original sample was 314. However, after removing four participants for not participating in good faith (i.e., response sets), five empty cases, three women who indicated that they wished to withdraw, and one woman above the age range (i.e., 25), the final sample was 301.

⁵ Most of the participants were determined to be robots because of short survey completion times (e.g., 86 seconds) and nearly identical response sets. Many were contacted to re-do the study in good faith and their email addresses were deemed illegitimate. Also, one woman wished to withdraw from the study. Therefore, after careful screening, only 34 women were retained in the study.

(i.e., chi-square for categorical variables, *t*-tests for continuous variables). Bonferroni correction⁶ was used to protect against the error associated with running multiple tests simultaneously.

Measures

Demographic information (see Appendices C and D). A similar demographics questionnaire was administered to the Participant Pool and community participants to obtain background information about the following: age, education, ethnic background, sexual identity, the number of previous romantic/sexual partners, current relationship information, and how participants came to learn about this study (for community women only).

Experiences of intimate partner violence (see Appendix E). The Conflict in Adolescent Dating Relationships Inventory (CADRI; Wolfe et al., 2001) is a 35-item self-report measure of abusive behaviour experiences among adolescent dating partners. A total (i.e., sum) abuse score establishes type and level of abuse experience (i.e., physical, sexual, relational, verbal/emotional, and threatening), with higher scores indicating more experience of victimization. Although this measure is designed for adolescents, women in this study were between the ages of 16 to 24 years old and were asked to reflect on current or past relationships, which had likely occurred during the period from late adolescence into early adulthood. Therefore, this measure was appropriate for the target sample. Participants responded on a 4-point Likert-type scale from 0 (*Never*) to 3 (*Often*). A sample item was “He insulted me with put-downs.”

It was unclear whether it would be the presence or absence of IPV or other, more nuanced abuse scores that would predict self-silencing. Indeed, it was speculated that presence

⁶ A Bonferroni correction involves dividing the alpha value used for individual comparison (i.e., .05) by the number of tests being conducted (Cohen, Cohen, West, & Aiken, 2003). For the chi-square comparisons, the new alpha value was .006 ($\alpha = .05$, number of tests = 10). For the independent samples *t*-tests, the new alpha value was .017 ($\alpha = .05$, number of tests = 3).

Table 1

Comparisons Between Samples on Demographic and Relationship Information

	University (<i>N</i> = 301)	Community (<i>N</i> = 34)	<i>p</i>
	<i>M (SD)</i>	<i>M (SD)</i>	
Age	20.16 (1.53)	22.09 (1.69)	< .001
Number of committed partner(s)	1.83 (2.33)	2.03 (1.09)	.62
Number of casual partner(s)	3.67 (5.01)	4.16 (4.93)	.60
Length of relationship with current partner ^a	23.67 (19.17)	18.96 (18.83)	.23
Length of relationship with previous partner ^b	16.69 (16.91)	15.53 (18.97)	.85
	<i>n (%)</i>	<i>n (%)</i>	
Ethnic origin			.64
White	232 (78.1)	28 (82.4)	
Women of Colour ^c	69 (21.9)	6 (17.6)	
Sexual identity			.69
Heterosexual	266 (88.4)	29 (85.3)	
Bisexual	30 (10.0)	4 (11.8)	
Lesbian	2 (0.7)	–	
Not sure	1 (0.3)	1 (2.9)	
Other	2 (0.7)	–	
Education			< .001
Current student	301 (100)	18 (52.9)	

Table 1

Continued

	University (N = 301)	Community (N = 34)	
	<i>M (SD)</i>	<i>M (SD)</i>	
Second year	78 (25.9)	2 (11.1)	
Third year	78 (25.9)	3 (16.7)	
Fourth year	69 (22.9)	4 (22.2)	
Fifth year	18 (6.0)	3 (16.7)	
Other	2 (0.7)	3 (16.7)	
Living situation			< .001
On campus	23 (7.7)	–	
Alone	77 (25.7)	5 (14.7)	
With relatives	199 (66.3)	10 (29.4)	
With roommates	1 (0.3)	8 (23.5)	
With a partner	–	11 (32.4)	
Other	–	–	
Work situation			< .001
Employed full time	8 (2.7)	9 (26.5)	
Employed part time	224 (74.4)	15 (44.1)	
Unemployed	63 (21.0)	2 (5.9)	
Student	–	7 (20.6)	
Self-employed	2 (0.7)	1 (2.9)	
Other	4 (1.2)	–	
How participants heard about the study			N/A
Kijiji	N/A	12 (35.3)	
Facebook	N/A	18 (52.9)	
Word of mouth	N/A	4 (11.8)	

^aDenoted in months. ^bFor those who were not in relationships at the time of this study. ^cThis encompassed Indigenous, Black-Canadian, East Asian, South Asian, Middle Eastern, Latin-Canadian, and bi-racial individuals.

Note: Significant differences are bolded.

versus absence of abuse experience would likely be crude in that the variable would be dichotomous, thus limiting its variance (Kader & Perry, 2007) if many of the participants identified absence of experience. Therefore, other scores/variables were created from this measure to ensure that these nuances were explored.

Presence versus absence. Any participant who answered with 1 (*seldom*) or higher on any of the abuse subscale questions (i.e., physical, sexual, threatening behaviour, and relational) and/or with 2 (*sometimes*) or higher on the verbal/emotional subscale on the CADRI (Wolfe et al., 2001) qualified for presence of abuse. Conversely, scores of 0 were considered as absence of abuse. Because this was a one-item dichotomous measure and the aim of internal consistency is to examine how items in a scale operate together, calculating reliability was neither possible nor appropriate (DeVellis, 1991).

Frequency. Possible scores on the CADRI ranged from 0 to 105 and the scale for the measure was a frequency scale. Scores were summed across types of abuse. Therefore, higher scores indicated more frequent occurrences of abusive behaviours by intimate partners. Internal consistency was excellent (Cronbach's alpha = .93) and construct validity was established (Wolfe et al., 2001).

Severity. The following categorization scheme was conceptualized for measurement of severity based on previous literature (Marshall, 1992; Wolfe et al., 2001): 0 (*none*), 1 [*verbal/emotional abuse only*], 2 [*relational abuse, (+ verbal/emotional abuse, if applicable)*], 3 [*threatening behaviour (+ relational and/or verbal/emotional abuse, if applicable)*], 4 [*physical abuse (+ threatening behaviour, relational, and/or verbal/emotional abuse, if applicable)*], and 5 [*sexual abuse (+ physical abuse, threatening behaviour, relational, and/or verbal/emotional abuse, if applicable)*]. Although these variables are ordinal, because there are more than three

groups, they behave as continuous (Johnson & Creech, 1983) and were thus treated as such. Internal consistency for this scale was good (Cronbach's alpha = .84).

Self-silencing (see Appendix F). The Silencing the Self Scale (STSS; Jack & Dill, 1992) is a 31-item self-report measure of self-silencing behaviours, including (a) self-judgment by external standards, (b) over-caring for one's partner while under-caring for oneself, (c) hindering one's expressions, and (d) an experience of division of self (i.e., inner, angry self vs. outer, socially compliant self). Higher scores indicated more self-silencing behaviours. Although subscale-specific scores are possible, a total sum score was calculated and analyzed for this study. Participants responded on a 5-point Likert-type scale from 1 (*Strongly disagree*) to 5 (*Strongly agree*). A sample item was "One of the worst things I can do is to be selfish." Internal consistency for the scale was very good (Cronbach's alpha = .90). Construct and face validity have been established (Jack & Dill, 1992). However, Jack and Dill (1992) suggested reporting item-total correlations for items 1 and 11, two of the items comprising the Care as Self-Sacrifice subscale, because they tended to be either negative or zero in previous studies; in this study, they were -.13 for item 1 and .05 for item 11.

The scale instructions were adapted slightly for the purpose of this study, by adding "with respect to your current intimate male partner" at the end of the first sentence. This was done to remind participants to answer the questions with respect to a current intimate partner. However, the remaining instructions reminded them to answer with respect to a previous partner, should they not currently be in an intimate relationship.

Self-compassion (see Appendix G). The Self-Compassion Scale (SCS; Neff, 2003b) is a 26-item self-report measure of one's ability to be kind to oneself through adversity. The measure comprised questions about self-kindness, self-judgment, common humanity, isolation,

mindfulness, and over-identification. Although subscale-specific scores are possible, a total mean score was calculated and analyzed for this study. Participants responded on a 5-point Likert-type scale from 1 (*Almost never*) to 5 (*Almost always*). A sample item was “I try to be loving towards myself when I’m feeling emotional pain.” Internal consistency for the entire scale was excellent (Cronbach’s alpha = .93). Construct and convergent validity have been established (Neff, 2003b).

Reciprocal communication (see Appendix H). The Communication Patterns Questionnaire (CPQ; Christensen & Shenk, 1991; Christensen, 1987, 1988; Christensen & Sullaway, 1984) is a 35-item self-report measure that assesses various communication styles and behaviours when a problem arises, during the discussion of a relationship problem, and after a discussion of a relationship problem. The measure comprises three subscales reflecting possible communication styles: constructive communication, self-demand/partner withdraw, and partner-demand/self-withdraw. A total score for this measure was not appropriate in that the measure assessed both effective and ineffective communication. Research suggests that both men (Goodman, Dutton, Vankos, & Weinfurt, 2005; Pickover et al., 2017) and women (Heavey, Layne, & Christensen, 1993; Uebelacker, Courtnage, & Whisman, 2003) engage in the demand/withdraw style, with the former being associated with inflicting violence on their intimate partner and the latter involving an attempt to speak out in the face of violence. However, for this study, it was of interest to assess the two undesirable communication styles more globally, so the two demand/withdraw subscales were combined into a total nonconstructive style subscale as has been previously done (e.g., Christensen & Heavey, 1990; Cook et al., 2004; Denton & Burlison, 2007). Both constructive and nonconstructive communication were then separately assessed. Participants responded on a 9-point Likert-type scale from 1 (*Very unlikely*)

to 9 (*Very likely*). A sample nonconstructive item was “He threatens/you back down.” Internal consistency for the constructive and nonconstructive subscales were .84 and .89, respectively. Discriminant validity has been established (Noeller & White, 1990).

This scale was altered slightly for the purposes of this study. At the end of the instructions, the word *mutual* was defined for participants’ clarity: Please note that **mutual** means both of you. Also, the wording was changed in each of the questions to be clearer for the participants. “Woman” was changed to “you,” as the participants were all women. As well, “Man” was changed to “he,” in reference to their intimate male partner. This was done previously to accommodate study-specific hypotheses (e.g., changing “Woman” to “Wife” and “Man” to “Husband; Volling et al., 2015).

Sexual compliance (see Appendix I). Sexual compliance was assessed through three self-report items based on the previous literature (Gentzler & Kerns, 2004; Impett & Peplau, 2002; Koss & Oros, 1982). These items, listed below, asked participants to reflect on the number of times they engaged in sexual activity that was not based on desire, but their intimate male partner did not pressure them. Participants answered based on frequency of occurrence. Non-zero scores on one or more of the items were summed and indicated sexual compliance. The three items are as follows:

- i) “How many times have you engaged in consensual sexual activity with your current or previous partner because you felt like if you refused, the relationship would be damaged?”
- ii) “How many other times have you engaged in consensual sexual activity with your current or previous partner even though you didn’t want to?”

- iii) “How many other times have you been in a situation with your current or previous partner in which you consented to engage in sexual activity that you did not desire? In other words, your partner wanted to have sex, you did not want to, but you actually freely and willingly chose to do so anyway.”

Because these questions were modified from previous uses, there were no previous reliability or validity estimates. However, internal consistency for this study was very good (Cronbach’s alpha = .88).

Depression (see Appendix L). The Center for Epidemiological Studies Depression Scale (CES-D; Radloff, 1977) is a 20-item measure of depressive symptomatology within the past week. Items were answered using a scale from 0 (*Rarely or none of the time*) to 3 (*Most or all of the time*), with higher scores indicating more depression. A sample item was “I felt like I could not shake off the blues even with help from my family or friends.” Internal consistency for this scale was very good (Cronbach’s alpha = .92). Concurrent, construct, and discriminant validity have been established (Radloff, 1977).

Procedure

University recruitment. After ethical clearance was obtained from the Research Ethics Board (REB#18-195) at the University of Windsor, the study was posted on the Participant Pool online system, which is housed on the Sona Systems software. At the beginning of each term, eligible students filled out a questionnaire comprised of eligibility/screening questions included because they are necessary screeners for researchers’ studies. Within that mandatory battery of questions were my screening questions that inquired about age, self-reported identity, and relationship status. Participants who answered these questions identifying as women between the ages of 16 and 24, and as being currently or having been previously in an intimate relationship

with a man were eligible to participate in this study and were the only ones who were able to view this study on their dashboard. At first, the general advertisement was employed (see Appendix A), with the study being advertised as “Women’s experiences in intimate relationships with men.” Once it became clear through the researcher’s regular monitoring of participants’ CADRI responses that a very small proportion of the women in the sample were indicating experiences of abuse, the general advertisement was replaced with the more targeted one, which was advertised as “Women’s stressful relationship experiences with men” (see Appendix A). Both surveys, aside from the title, were identical. The goal was to obtain a *roughly* equal proportion of women with and without abuse experience. A roughly equal number of participants were recruited in the Fall 2018 and the Winter 2019 semesters using both forms of the advertisement.

Eligible participants were able to sign up to participate and were provided with a link to the survey, housed on Qualtrics. Once participants signed up for the study, they were presented with the consent form (see Appendix K). After informed consent was provided, participants were directed to the battery of measures. The demographic questionnaire was presented first, followed by the measures of intimate partner violence (CADRI), self-silencing (STSS), self-compassion (SCS), reciprocal communication (CPQ), sexual compliance, and depression (CES-D) in randomized order (see Appendices E-J, respectively).

Once participants completed the survey, they were directed to a separate survey with a post-study information page, detailing the study aims in more detail (see Appendix M). Following that, participants were directed to the resource information page specific to the Windsor/Essex County community (see Appendix N). This page included the resources as a downloadable PDF link and also included a link to a PDF document detailing how participants

could delete their browser history to maintain their safety (see Appendix O for page details). The PDF link was also included at the bottom of the Consent Form (see Appendix K). Finally, participants were directed to the incentive page where they were asked to provide their names and University email addresses in order to receive their bonus points (see Appendix P). The study took participants no more than 30 minutes to complete and they were compensated with half of a bonus point (i.e., 0.5% toward a psychology course grade) for their time and participation.

Community recruitment. The online recruitment advertisement (see Appendix B) was posted on Kijiji Volunteers pages throughout Canada, particularly in main cities in Canada, and was posted on Facebook. The Facebook page that this status update was shared under was a separate page created by the primary investigator titled “Women’s Experiences in Intimate Relationships Study.” This page included information about the study and the primary investigator’s contact information. Similar to the Participant Pool recruitment, a general advertisement was employed (see Appendix B). Participants were able to click on the link provided in the recruitment ad and were taken right to the Consent Form (see Appendix L) and then the survey. Participants were then taken to a separate survey where they were presented with the post-study information (see Appendix M), general, Canada-wide resources (see Appendix N), and finally, to an incentive page where they were asked to provide their name and email addresses in order to receive their gift-card (see Appendix P). The study took participants no more than 30 minutes to complete and they were compensated with a \$10 Amazon gift-card for their time.

The plan was to replace the general advertisement with a more targeted one once it became clear that a very small proportion of the women in the sample were indicating

experiences of abuse (see Appendix B). However, early on into community recruitment, it became clear that participants were not meaningfully participating (e.g., very short completion times, obvious response sets) and many of these ‘participants’ were actually robots. After consulting with the Research Ethics Board on a number of occasions, the following changes were made to attempt to address the problem, one after the other:

(a) additional wording in the consent form reminding participants that the researcher reserved the right to withdraw them: “The investigator may withdraw you from this research if circumstances arise which warrant doing so, like in instances of lack of meaningful response such as not reading the survey questions carefully or filling in random responses. You will be notified if your survey is identified in this way and offered the opportunity to complete it carefully. If you choose not to do so, you will not receive the incentive;”

(b) an email to participants who did not meaningfully participate to re-do the survey and obtain their incentive (see Appendix Q). This was useful in helping us discover that some of the email addresses that were provided were not valid;

(c) the addition of a CAPTCHA (a question used to determine whether a user is a human or a robot) on both the consent form and the incentives pages (see Appendices L and P);

(d) a new advertisement urging interested participants to email the PI to inquire about participation and obtain the survey link;

(e) an email to participants who only entered their incentive information: some participants bypassed the entire survey and only entered their name and email address. These participants were not compensated (see Appendix Q).

Unfortunately, the newest advertisement requiring participants to contact the researcher was not successful and recruitment was slow (i.e., five participants in one month). Therefore,

after careful consideration, community recruitment was halted and the remaining 150 women were recruited from the Participant Pool.

CHAPTER III

RESULTS

Preliminary Data Analyses

Comparison by Sample

SPSS version 25 was used to conduct preliminary data analyses. It was important to first investigate whether participants differed in terms of recruitment, as two advertisements were used to recruit participants. One was a more general advertisement about women's experiences in intimate relationships and one was more targeted about women's stressful experiences in their relationships. There were significant differences in recruitment type, where almost all of the community participants were recruited with the general advertisement whereas just over half were recruited this way in the university sample (97.1% vs. 52.8%, respectively). Additionally, almost all of the women in the community had experienced abuse (94.1%) whereas over two-thirds of the university had experienced abuse (66.8%), and this difference was significant, $p = .001$. The full differences based on recruitment type can be found in Table 2 (recruitment by sample) and Table 3 (recruitment advertisement wording). Although there were differences in the number of participants recruited by the two recruitment methods across the two samples, the targeted advertisement was successful in recruiting for abuse experience indirectly among university women. It is unclear whether it would have been successful in the community because of the aforementioned problems with recruitment in the community. Finally, to determine whether the university and community women differed on the variables of interest⁷, bivariate analyses (chi-square for categorical variables, t tests for continuous variables) were

⁷ The variables of interest were abuse frequency, self-silencing, self-compassion, constructive communication, nonconstructive communication, sexual compliance, and depression and with a Bonferroni correction, the new alpha was .01. There were no significant differences so these are not included in a table. Presence versus absence of abuse and severity of abuse experience differences were tested separately (see Table 2).

Table 2

Recruitment-Based Abuse Information by Sample, Including Difference

	University sample (<i>N</i> = 301)	Community sample (<i>N</i> = 34)	<i>p</i>
	<i>n</i> (%)	<i>n</i> (%)	
Recruitment advertisement			< .001
General	159 (52.8)	33 (97.1)	
Targeted	142 (47.2)	1 (2.9)	
Abuse			.001
Absence of	100 (33.2)	2 (5.9)	
Presence of	201 (66.8)	32 (94.1)	
Severity			.01
1: Verbal/Emotional only	62 (20.6)	7 (20.6)	
2: Relational (and V/E)	8 (2.7)	3 (8.8)	
3: Threatening behaviour (and R, V/E)	6 (2.0)	2 (5.9)	
4: Physical (and TB, R, V/E)	13 (4.3)	1 (2.9)	
5: Sexual (and P, TB, R, V/E)	112 (37.2)	19 (55.9)	
Frequency of abuse experience	<u><i>M</i> (<i>SD</i>)</u> 9.74 (10.71)	<u><i>M</i> (<i>SD</i>)</u> 14.47 (13.56)	.02

Note: Frequency of abuse experience is an average score on the CADRI, ranging from 0 to 105. Significant differences are bolded.

Table 3

Recruitment-Based Abuse Information, Collapsed across Sample

	General advertisement (<i>n</i> = 192) <i>n</i> (%)	Targeted advertisement (<i>n</i> = 143) <i>n</i> (%)	<i>p</i>
Abuse			.71
Presence of	60 (31.3)	42 (29.4)	
Absence of	132 (68.8)	101 (70.6)	
Severity			.71
1: Verbal/Emotional Only	37 (19.3)	32 (22.4)	
2: Relational (and V/E)	8 (4.2)	3 (2.1)	
3: Threatening behaviour (and R, V/E)	6 (3.1)	2 (1.4)	
4: Physical (and TB, R, V/E)	7 (3.6)	7 (4.9)	
5: Sexual (and P, TB, R, V/E)	74 (38.5)	57 (39.9)	
	<i>M</i> (<i>SD</i>)	<i>M</i> (<i>SD</i>)	
Frequency of abuse experience	9.31 (10.40)	11.43 (11.90)	.08

Note: Raw scores are depicted and it is possible for women to have had many different types of abuse experience. Significant differences are bolded.

conducted. Beyond presence versus absence and severity of abuse, no other group differences were observed on key variables (all $ps > .05$).

Testing Assumptions of Regression and Structural Equation Modeling

This study employed several statistical analysis techniques in an attempt to test the outlined hypotheses. Specifically, multiple regression (including testing moderation effects) and structural equation modeling (SEM) were used. Regression is an optimization technique that analyzes the variability of the dependent variable(s) by using information provided by the predictor(s) being used. SEM is a collection of techniques that employ the use of conceptual models and computer algorithms to find the best-fitting model based on various decisions (Kline, 2016). Path analysis, one type of structural equation modeling, seeks to find a model that is consistent with the data and was thus used in this study. In order to conduct the planned analyses, assumptions were tested to ensure lack of violation. Normality of the dependent variables was assessed, with Shapiro-Wilk tests indicating lack of normality for all but self-compassion. However, skewness and kurtosis values were within ± 2 and ± 3 , respectively (Pituch & Stevens, 2016). Visually, most of the variables visually appeared normally distributed, aside from sexual compliance, which was very positively skewed (as expected). There was no multicollinearity, singularity, or homoscedasticity of errors, and both linearity and independence of errors were achieved.

Standardized residual (university) and studentized residual (community) scores were computed to assess univariate outliers. Five participants were identified as outliers in the university sample according to the cut-off of ± 2.5 , and none were identified in the community. Multivariate outliers were assessed using (a) Mahalanobis distance for the university sample

$[\chi^2(8) = 26.12, p < .001]$ and (b) Leverage values⁸ for the community sample (with a cut-off of .52). Six were identified in the university sample and none were identified in the community. Finally, influential observations were assessed using standardized DFBETA, which identifies the degree to which an observation has affected the estimation of the regression coefficient (Cohen, Cohen, West, & Aiken, 2003; cut-off of ± 2) and none were identified in either sample. Because none of the cases were identified as influential observations, none of the cases were removed from the analyses.

Little's MCAR test indicated that the data in this study were missing completely at random, $\chi^2(93) = 99.132, p = .313$. There were no more than 13 data points missing per variable, with the highest proportion of missing data found on the depression measure. There were also no significant patterns of missing data. SPSS Amos (the statistical software package used within SPSS to conduct SEM) cannot compute models if any data are missing. It does have the option to have Amos predict the missing values, but that is problematic. Instead, expectation maximization, which generates imputed values consistent with population values (Schafer, 1997), was used to replace the missing values.

Means, standard deviations, ranges, and inter-correlations among the variables for both the university and community groups are presented in Tables 3 and 4, respectively. Although the formulations of abuse (presence versus absence, severity, and frequency) were all scores created from the same measure (i.e., the CADRI), the correlations between the measures themselves were not high enough to cause concern. Indeed, a prevalent guideline is that correlations over .90 indicate repetition or overlap of information (Tabachnick & Fidell, 2013) and that is not the case with the three abuse scores in this study. Correlations in more instances are the same with most

⁸ Calculated with the following formula (Field, 2013): $2[K+1 / N]$

of the outcome measures between the two samples of women (aside from self-compassion) so pertinent information is not being lost by selecting one of the formulations of abuse as the ‘best’ predictor.

Community sample. There were inherent group differences between the university and community women. Because of the small number of community women and the various differences between the samples outlined above, the focus was placed on the university sample. The analyses became exploratory for the community sample, less emphasis was placed on them, and the results for this subset were streamlined.

Main Analyses

Regression Analyses

Hypothesis I. The goal of the first set of hypotheses was to find the ‘best’ abuse predictor of self-silencing among a sample of young women with and without abuse experience. The three abuse formulations (i.e., presence versus absence, severity, and frequency) and depression were entered to predict women’s self-silencing and these accounted for 35% of the variance, $F(4, 296) = 41.00, p < .001$. Presence versus absence of abuse ($\beta = .04, p = .53$) and severity of abuse ($\beta = -.05, p = .51$) did not emerge as significant predictors of self-silencing. Abuse frequency was the only significant predictor ($\beta = .40, p < .001$) and depression emerged as a significant covariate ($\beta = .35, p < .001$). It is likely that both presence versus absence of abuse and severity of abuse were too crude of measures, particularly given that each had less variance than the frequency measure of abuse. For instance, women tended to either report just verbal/emotional abuse experience or sexual abuse experience, both of which are at opposite poles of the variable. Although presence versus absence and severity of abuse were both significantly and positively correlated with self-silencing, they were not significant predictors of

self-silencing once frequency of abuse was entered as a predictor. Thus, frequency of abuse emerged as the ‘best’ predictor of self-silencing among the available abuse formulations.

Hypothesis 1(a) was not supported in that presence versus absence of abuse was not significantly associated with self-silencing. Hypothesis 1(b) was also not supported; in fact, severity of abuse was inversely related to self-silencing. This may be because verbal/emotional abuse experience was classified as ‘less severe’ in coding and that may be the type of abuse that is most associated with self-silencing. Hypothesis 1(c) was supported such that more frequent abuse experience was associated with self-silencing. Depression emerged as a significant covariate in predicting self-silencing which was expected. Thus, the covariate was retained and was tested further. Frequency of abuse experience emerged as the ‘best’ predictor regardless of abuse type and summed across experiences.

Hypothesis II. The second hypothesis considered the potential moderating effect of self-compassion between the ‘best’ measure of abuse, that is, frequency of abuse, and self-silencing. Depression was a significant covariate ($p < .001$). In step 1, abuse frequency and self-compassion were entered as predictors. Abuse frequency predicted self-silencing, $b = .86$, $SE = .34$ [.18, 1.53]. Self-compassion was a significant predictor of self-silencing, $b = -.38$, $SE = .11$ [-.61, -.16]. Self-compassion was not a significant moderator, $b = -.004$, $SE = .01$ [-.02, .01]. Overall, the moderation model predicted 40% of the self-silencing variance, $F(1, 296) = .41$, $p = .53$, $\Delta R^2 = .001$. On its own, self-compassion was a significant predictor of self-silencing but it did not operate as a moderator. Self-compassion was important in predicting self-silencing separate from abuse experience, so Hypothesis 2 was partially supported.

Hypothesis III. The third set of hypotheses tested the consequences of self-silencing, particularly two types of communication (constructive, nonconstructive) and sexual compliance.

Because three regression analyses were performed, a Bonferroni correction was implemented to prevent against type I error⁹. Reduced engagement in constructive communication was a consequence of self-silencing, $F(2, 298) = 99.04, p < .001, R^2 = .40$; thus, Hypotheses 3(a) was supported in that constructive communication was disrupted ($\beta = -.62, p < .001$) and depression was a significant covariate ($\beta = .56, p < .001$). Higher engagement in nonconstructive communication was a second consequence of self-silencing, $F(2, 298) = 88.08, p < .001, R^2 = .37$. Hypotheses 3(b) was supported in that women engaged in more nonconstructive communication ($\beta = .39, p < .001$) and depression was a significant covariate ($\beta = .57, p < .001$). Finally, compliance with unwanted sex was a third consequence of self-silencing, $F(2, 298) = 48.74, p < .001, R^2 = .24$. Hypothesis 3(c) was also supported in that women complied with more sex they did not desire ($\beta = .18, p = .001$) and depression was a significant covariate ($\beta = .42, p < .001$).

Path Analysis

SPSS Amos software package version 25 was used to conduct SEM. The model was specified based on prior theoretical backing and limited prior research findings and was further supported by the bivariate correlations observed in Tables 3 and 4 and the regression analyses conducted above. The estimation method used was the maximum likelihood (ML) estimation – the default choice for Amos – which uses the estimates that are derived to maximize the likelihood that the data were drawn from the population of interest (Kline, 2016). Standardized path estimates functioned as Pearson's r correlations, or measures of effect size. The fit functions used to evaluate the specified model was related to the discrepancy between the sample's covariances and those predicted by the researcher's model.

⁹ Given that three tests were performed, the new corrected cut-off value was .017.

Many guidelines exist for the sample sizes required in path analysis; a prevailing one is the 20:1 rule that was proposed by Kline (1998). He suggested that 10 or 20 observations per one estimated parameter are needed. Although there are no reliable guidelines, a larger sample size is better. The university sample exceeded the minimum requirement of 160 (8 predictors*20 observations) but the community sample did not. However, Bentler and Chou (1987) argued that as little as five observations were necessary per predictor, which was thus appropriate for the community sample in this study. With this guideline in mind, it was acceptable to test the models on the community sample in an exploratory way in an attempt to find evidence that the results of the university sample could generalize to the larger community. Table 6 details the fit indices against which the models in this study were evaluated. It is important to note that one of the fit indices that is often affected by sample size is the root mean squared error of approximation (RMSEA; Jackson, 2003). Indeed, average RMSEA values tend to be larger with smaller sample sizes.

The model was over-identified and parsimonious, so that an attempt could be made at finding the “best” solution. Amos calculated both unstandardized regression estimates with corresponding significance values and standardized regression estimates, both of which were consulted (although only standardized estimates were reported). The analysis was largely a-priori. Paths were added and/or dropped where applicable, and the analysis became post-hoc and exploratory (Kline, 2016). The effect of depression was controlled for where it was significant and its effect was removed where it was not significant.

Hypothesis IV. The final consolidating model was based on whether the other hypotheses were supported. Based on the previous results, the hypothesized model did not include the moderating role of self-compassion and instead assumed that the relation between the

‘best’ measure of abuse (i.e., frequency) and self-silencing was direct. Based on the results of the analyses for the first three hypotheses, this model was specified as a mediation where the associations between frequency of abuse and the relational consequences (i.e., constructive communication, nonconstructive communication, and sexual compliance) were accounted for by self-silencing (see Figure 1). Despite the importance of depression to this point, it did not emerge as a significant covariate once all the elements were incorporated into the model and it was thus removed from further analyses. Because the association was direct, Hypotheses 4(a) to 4(c) were tested. Hypothesis 4(a) and 4(b) were supported but Hypothesis 4(c) was not ($p = .39$). Self-silencing accounted for the relationship between abuse frequency and both types of communication but not sexual compliance. Instead, there was a direct relationship between abuse frequency and sexual compliance. Overall, the model fit the data well (see Table 7).

Exploratory investigation of self-compassion as a mediator. Self-compassion was hypothesized to moderate the relationship between the ‘best’ measure of abuse (frequency in this case) and self-silencing, but it was not a significant moderator in the university sample. It was, however, a strong predictor of self-silencing on its own (path estimate = $b = -.38$, $p < .01$). For this reason, I then included a path from self-compassion to self-silencing. The model fit the data relatively well (see Table 8) and most of the associations were significant (see Figure 2). The exceptions were the path from self-compassion to nonconstructive communication ($p = .64$) and the path from both self-compassion to sexual compliance ($p = .34$) and self-silencing to sexual compliance ($p = .68$). The model fit is comparable between this model and the model depicted in Figure 1.

Table 4

Descriptive Statistics and Measure Inter-Correlations for University Women (N = 301)

	<i>M</i>	<i>SD</i>	Range	1	2	3	4	5	6	7	8	9
1. Self-silencing Abuse type	79.75	18.43	42 - 145	–	.30**	.33**	.50**	-.45**	-.53**	.48**	.28**	.47**
2. Presence vs. absence			0, 1		–	.75**	.53**	-.16**	-.35**	.44**	.26**	.24**
3. Severity	2.35	2.23	0 - 5			–	.62**	-.17**	-.33**	.47**	.42**	.28**
4. Frequency	9.74	10.71	0 - 74				–	-.23**	-.53**	.73**	.50**	.30**
5. Self-compassion Communication type	52.47	10.58	25 - 84					–	.11	-.21**	-.17**	-.56**
6. Constructive	58.15	13.11	25 - 81						–	-.54**	-.24**	-.26**
7. Nonconstructive	39.73	15.14	18 - 88							–	.43**	.25**
8. Sexual compliance	5.58	3.38	3 - 15								–	.25**
9. Depression	20.05	11.67	0 - 52									–

Note: Self-silencing = Silencing the Self Scale; Presence versus absence = Whether or not women experienced abuse based on scores on the Conflict in Adolescent Dating Relationships Inventory (CADRI); Severity = The severity of the abuse experienced based on scores on the CADRI; Frequency = summed scores on the CADRI; Self-compassion = Self-Compassion Scale; Constructive = Constructive communication subscale of the Communication Patterns Questionnaire (CPQ); Nonconstructive = Amalgamation of the self-demand/partner withdraw and partner demand/self withdraw subscales of the CPQ; Sexual compliance = Questions about compliance with unwanted sex based on previous literature; Depression = Center for Epidemiological Studies Depression Scale. Frequency of abuse (i.e., the 'best' measure of abuse experience) is bolded for clearer interpretation. * $p < .05$. ** $p < .01$.

Table 5

Descriptive Statistics and Measure Inter-Correlations for Community Women (N = 34)

	<i>M</i>	<i>SD</i>	Range	1	2	3	4	5	6	7	8	9
1. Self-silencing Abuse type	83.12	19.33	53 - 121	–	.39**	.16	.49**	-.14	-.66**	.48**	-.01	.54**
2. Presence vs. absence			0, 1		–	.47**	.22	.20	-.35*	.23	.21	-.11
3. Severity	3.47	1.89	0 - 5			–	.47**	.06	-.28	.56**	.47**	.04
4. Frequency	14.47	13.56	1 - 56				–	.26	-.54**	.86**	.31	.42**
5. Self-compassion	52.00	9.80	21 - 68					–	-.29	.26	.05	-.50**
Communication type												
6. Constructive	57.18	13.36	31 - 81						–	-.65**	-.24*	-.15
7. Nonconstructive	47.06	21.82	14 - 99							–	.32	.35*
8. Sexual compliance	6.88	4.02	3 - 15								–	.11
9. Depression	18.83	12.44	0 - 46									–

Note: Self-silencing = Silencing the Self Scale; Presence versus absence = Whether or not women experienced abuse based on scores on the Conflict in Adolescent Dating Relationships Inventory (CADRI); Severity = The severity of the abuse experienced based on scores on the CADRI; Frequency = summed scores on the CADRI; Self-compassion = Self-Compassion Scale; Constructive = Constructive communication subscale of the Communication Patterns Questionnaire (CPQ); Nonconstructive = Amalgamation of the self-demand/partner withdraw and partner demand/self withdraw subscales of the CPQ; Sexual compliance = Questions about compliance with unwanted sex based on previous literature; Depression = Center for Epidemiological Studies Depression Scale. Frequency of abuse (i.e., the 'best' measure of abuse experience) is bolded for clearer interpretation. * $p < .05$. ** $p < .01$.

Table 6

Indices for Evaluation of Model Fit

Type	Description	Indication of good fit
Primary		
χ^2 Goodness-of-Fit	Primary fit measure that is sensitive to sample size	$p > .05$
Absolute		
Standardized Root Mean Square Residual (SRMR)	Square root of the difference between the residuals of the sample covariance matrix and the hypothesized model	$< .08$
Parsimony		
Root Mean Square Error of Approximation (RMSEA)	Pure measure of the degree to which the hypothesized model does not fit the data	$\leq .05$
Incremental		
Comparative Fit Index (CFI)	Compares the hypothesized model to the baseline model	$\geq .95$
Non-Normed Fit Index (NNFI) [also known as Tucker Lewis Index (TLI)]	Compares the hypothesized model to the baseline model, accounting for degrees of freedom	$\geq .95$

Note: adapted from Kline (2016) and Jackson (2003).

Community Findings

Given the small nature of the community sample, the focus in the Results was placed on the university sample. However, exploratory analyses were also conducted to investigate whether the aforementioned findings could generalize to community women. First, many of the correlations between the variables mirrored those observed in the university sample (see Table 5). As in the university sample, frequency of abuse emerged as the ‘best’ predictor of abuse and the first model replicated. Self-compassion did not act as a moderator in predicting self-silencing. Self-silencing did not significantly predict sexual compliance in the community sample so this path was removed in the final model. In contrast to the community sample, depression was not a significant covariate in predicting the relational consequences of self-silencing and was not used in the final model.

Based on the results of the first three analyses of hypotheses, the final model was specified as a moderated mediation. However, the path from the interaction between abuse frequency and self-compassion was no longer significant so only frequency of abuse remained in predicting self-silencing. The final model in the community sample largely replicated the findings from the university sample, aside from sexual compliance, which was not included, and the path from self-silencing to nonconstructive communication, which was not significant for this subset of women. Therefore, although preliminary, there is evidence that the relationships observed among the university sample does generalize to the community.

Table 7

Summary of Goodness-of-Fit for the Hypothesized Final Model Investigating the Association between Abuse Frequency and Self-Silencing Predicting Relational Consequences

	$\chi^2(df)$	SRMR	RMSEA [90% CI]	CFI	NNFI/TLI
University (N = 301)					
Hypothesized model	$\chi^2(3) = 19.28, p < .001$.04	.13 [.08, .20]	.97	.90

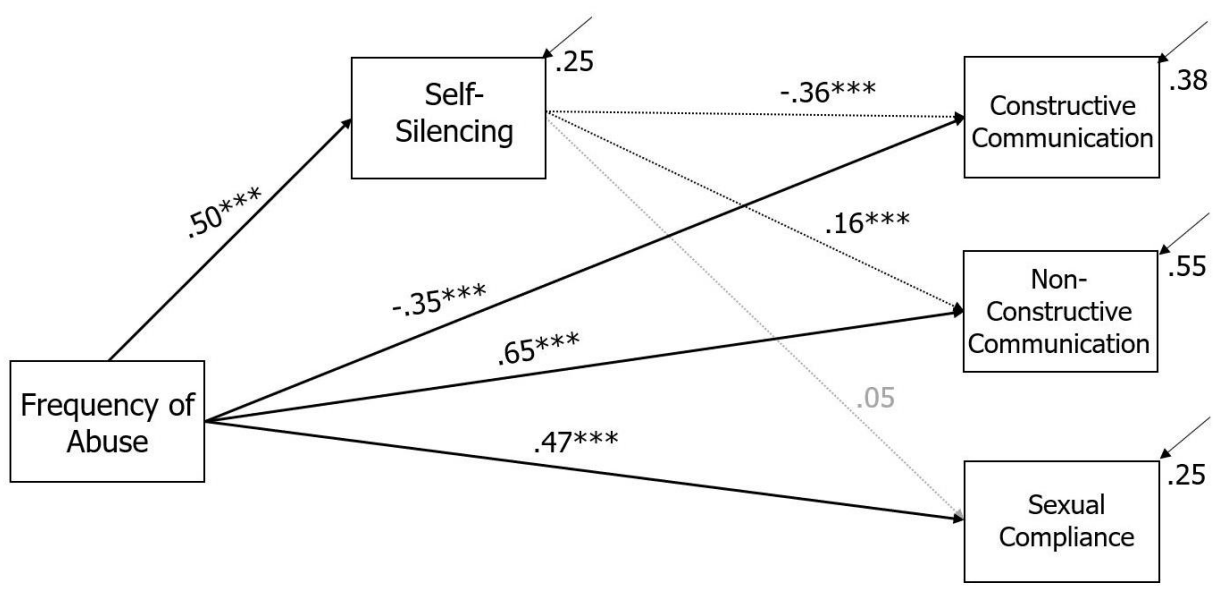


Figure 1. Best-fitting amalgamated model for university women. The darker lines represent the effects from frequency of abuse and the lighter lines (···) represent the effects from self-silencing. Nonsignificant paths have been greyed out for interpretive clarity. Standardized path estimates are denoted. Please note that significance was denoted as $p < .001$ (***)

Table 8

Summary of Goodness-of-Fit for the Exploratory Final Model Including Self-Compassion as an Additional Mediator, Predicting Relational Consequences

	$\chi^2(df)$	SRMR	RMSEA [90% CI]	CFI	NNFI/TLI
University (N = 301)					
Hypothesized model	$\chi^2(3) = 18.78, p < .001$.03	.13 [.08, .19]	.98	.88

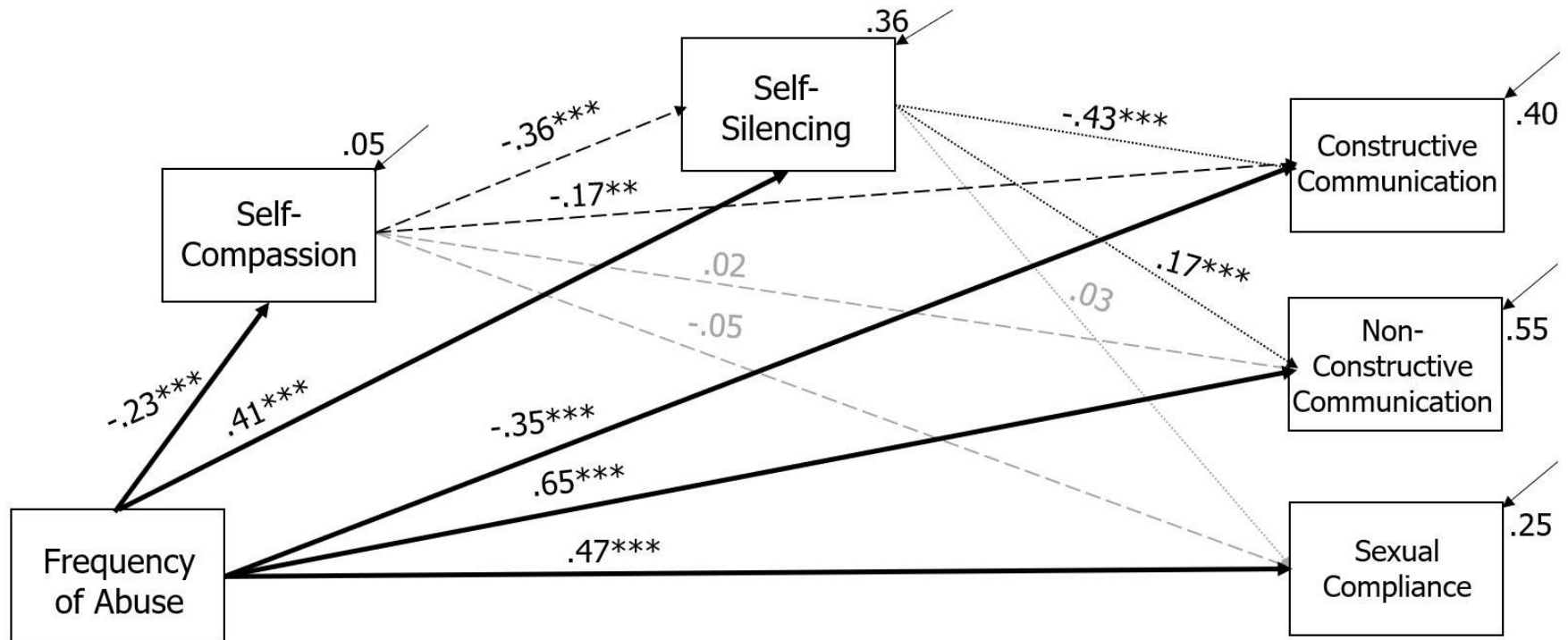


Figure 2. Exploratory model for the university sample including self-compassion as an additional mediator, predicting a number of relational consequences. The thick black lines represent the effects from frequency of abuse, the dashed lines (---) represent the effects from self-compassion, and the thin rounded lines (···) represent the effects from self-silencing. Nonsignificant paths have been greyed out for interpretive clarity. Standardized path estimates are denoted. Please note that significance was denoted as $p < .01$ (**), or .001 (***).

CHAPTER IV

DISCUSSION

This study had four objectives: (a) to replicate an association between IPV experience and self-silencing in a nonclinical sample; (b) to determine whether this aforementioned association was direct or indirect, through self-compassion; (c) to investigate the association between self-silencing and a number of relational consequences, particularly differing communication styles and compliance with unwanted sex; and (d) to amalgamate the findings and derive the model that best represents women's experiences in relationships with abusive male partners. Individual tests were run and the first three hypotheses were tested before combining all of the elements into the final model. The study was largely exploratory and investigated the complex relationships between key constructs of interest to understand women's experiences navigating intimate relationships, particularly those where partners perpetrate abuse.

Replicating the Association between IPV Experience and Self-Silencing

The first aim of this study was to replicate the finding of an association between IPV experience and self-silencing in a nonclinical sample of young women. Although this association has been established in past research, the samples with which these research studies were conducted were largely clinical samples of women (e.g., depressed, Jack, 1991) in their mid-thirties or older (e.g., Woods, 1999). This study did replicate the relationship between IPV experience and self-silencing. It also contributed to the literature in another way, by extending the finding across abuse types. For instance, in Jack's (1991) interviews, the women who had experienced abuse had experienced primarily physical abuse. The participants in Anderson and Arata's (1997) study were also victim-survivors of physical abuse and Woods (1999) only assessed physical and emotional abuse. Thus, the studies to date have not been as comprehensive

in their assessments of women's self-silencing with all three broad types of abuse (i.e., physical, psychological/emotional, and sexual). The abuse measure used in this study (the CADRI; Wolfe et al., 2001) allowed for inquiry into the nuances of abuse experience by asking women to reflect on their partners' behaviours with verbal/emotional, relational, threatening behaviour, physical, and sexual abuse.

This study was successful in recruiting a sufficient number of young women from nonclinical settings who had experienced IPV. Indeed, 66.8% of the university women and 94.1% of the community women in this study had experienced some form of abuse. This was not surprising given the targeted recruitment method (“women's stressful experiences in intimate relationships with men”) that was employed in an effort to subtly recruit women who had experienced IPV.

Finding the ‘best’ measure of abuse experience. To replicate the aforementioned association, it was important to find one or more measures that adequately captured the three types of IPV so as to predict self-silencing. The first measure that was assessed was experience of abuse (i.e., presence versus absence of previous abuse experience). In this way of measuring abuse, women's experiences were being blurred into one score which provided information about whether “it happened before” or not. For both samples of women, there was a positive relationship between experience (i.e., presence versus absence) of abuse and self-silencing; however, this way of measuring abuse was not a significant predictor of self-silencing once frequency of abuse was in the equation. It was not unexpected that presence versus absence of abuse would be too crude an indicator, both because it was a categorical variable (thus limiting its variance; Kader & Perry, 2007) and because it did not differentiate between differing severity and frequency across and within the types of abuse. This was certainly true for the community

sample where there was almost no variability in the responses. This was similar to a study by Harkness, Bruce, and Lumley (2006), who were investigating the stress associated with experiencing a distressing event or threat like abuse. They were unable to rely on their ‘presence versus absence of a severe event’ variable because it lacked enough information regarding events that were not severely threatening. Of course, it is important to note that community women were more likely to be living with their intimate partners, so that may have contributed to the elevated proportion of women who had experienced abuse. There is always variation in women’s experiences and presence versus absence of abuse was not equipped to explore those nuances in this study. Therefore, other “measures” of abuse¹⁰ were explored.

The second method of scoring used was severity of abuse experience. Severity of abuse had been assessed in a previous study by Woods (1999), but only with physical and emotional abuse (as assessed by the Index of Spouse Abuse Scale; Hudson & McIntosh, 1981). Abuse severity in this study was based on items more appropriate for an adolescent sample and provided more information about the women participants’ experiences by ordering the severity of their experiences based on rank-order system developed from previous literature (Hamby & Gray-Little, 2000; Hegarty et al., 2013; Marshall, 1992; Wolfe et al., 2001). The system operated as follows: verbal/emotional abuse only; relational abuse alone or in combination with verbal/emotional abuse; threatening behaviour alone or in combination with relational and/or verbal/emotional abuse; physical abuse alone or in combination with threatening behaviour, relational, and/or verbal/emotional abuse; and sexual abuse alone or in combination with any of the others. Unfortunately, in both samples of women, there was little variance in the middle as the majority of women’s experiences were split between the two extremes: so-called lower

¹⁰ “Measures” of abuse refers to other methods of scoring the CADRI (Wolfe et al., 2001).

severity of abuse and high severity of abuse. Women reported either absence of any abuse experience (33.2%, 5.9% respectively), just verbal/emotional abuse experience (20.6% for both samples), or sexual abuse and the other types of experiences, if applicable (37.2%, 55.9%, respectively). Interestingly, in both samples, there was a negative relationship between severity and self-silencing, where experiences categorized as more 'severe' in this coding system resulted in less self-silencing. Although appearing counterintuitive at first, theoretically, this makes sense given the coding of severity used here. Self-silencing has to do with restriction of thoughts, feelings, opinions, etc. (Jack, 1991) and is entrenched in the context of the intimate relationship (Gilligan, 1982). It is also something that is fostered over time, so women in this study who reported experiencing verbal/emotional abuse sometimes or often likely experience self-silencing to a greater degree than women who have experienced sexual abuse at the hands of their intimate male partner once. This suggests that silencing the self researchers should avoid this type of severity rating as it is unlikely to be productive. Thus, the last measure that was assessed was abuse frequency.

Despite the utility and value of the aforementioned measures of abuse experience, each failed to provide the predictive power provided by frequency of abuse. The frequency of abuse measure assessed both the various types of abusive behaviours committed by intimate partners by summing across all types (e.g., relational abuse, threatening behaviour, etc.) and also how often they occurred (Wolfe et al., 2001). This allowed for investigation of differences between women who had experienced one or more types of abuse along a continuum. Frequency of abuse has been the primary abuse measure in previous studies and has been associated with negative psychological and well-being outcomes (e.g., Follingstad et al., 1991; Hardy, 2016; Woods & Isenberg, 2001). The current study empirically supports this practice. In both samples of women,

frequency of abuse was the ‘best’ predictor of self-silencing, particularly because it was the only significant predictor of self-silencing when all the other measures of abuse were included in the analyses. It was positively associated with self-silencing, which was anticipated. The more often any type of abuse was experienced, the more likely it was that women would adopt and implement self-silencing behaviours. This is similar to the findings from Jack’s (1991) interviews with the self-silencing women who had experienced IPV in that study.

The role of depression. In the process of replicating the hypothesized association between IPV experience and self-silencing, the role of depression in predicting self-silencing was assessed. The concept of self-silencing was initially developed from conversations with clinically depressed women (Jack, 1991, 2011) and previous studies have established a positive association between it and depression (e.g., Jack & Dill, 1992; Whiffen et al., 2007). Similar to previous research, there was a positive association between depression and self-silencing in both the university and community groups of women in the current study. Further, depression was positively associated with frequency of abuse (in both samples of women) and severity of abuse (in the community sample only). This was expected given how entrenched depression is in women’s experiences of abuse (Hegarty et al., 2013). Because the role of depression was important in predicting self-silencing, its effect was controlled for and tested in further relationships. In all analyses, other relationships emerged beyond the effect of depression.

Investigating the Potential Buffering Role of Self-Compassion for Self-Silencing

The second aim of this study was to investigate whether self-compassion served a buffering or protective effect in the association between IPV experience and self-silencing in a group of young women. Self-compassion is a trait, one that grows and develops throughout the lifespan (Neff, 2015). Those who are higher in this trait tend to be more open to experience and

experience more positive emotions (Neff, Kirkpatrick, & Rude, 2007). In this study, more frequent abuse experience was associated with less self-compassion, which aligns with previous findings (e.g., Naismith et al., 2019; Tanaka et al., 2011). There was also a strong negative association between self-compassion and self-silencing, where a greater degree of built-up self-compassion was associated with less engagement in self-silencing behaviours. This aligned with the one previous study that had established this association (Gerber et al., 2015). The effect of depression was significant in predicting self-silencing, and there was a strong inverse association between self-compassion and depression, both of which were anticipated (Jack & Dill, 1992; Krieger, Berger, & Holtforth, 2016). However, as far as can be deduced in this cross-sectional study, self-compassion did not serve as a protective function in the use of self-silencing behaviours for women in relationships with abusive male partners.

Limited previous literature has established an inverse association between abuse experience and self-compassion. For instance, Tanaka et al. (2011) found that greater experience of emotional and physical abuse as a child was associated with lower self-compassion in adolescence. As well, Naismith et al. (2019) found a negative association between abuse experience (measured as emotional, physical, and sexual abuse, as well as emotional and physical neglect) and self-compassion in a sample of adult women with personality disorders. To my knowledge, there are no existing studies that have investigated the role of self-compassion as a potential protective factor in the association between abuse experience and self-silencing in young women. This study was the first to assess this hypothesized relationship.

In this study, self-compassion was conceptualized to operate in a novel way. Although self-compassion did not operate as was originally expected (i.e., as a buffer in the development of self-silencing), it still had an important impact. More frequent abuse experience was

negatively associated with self-compassion in both groups. In the university sample, self-compassion mitigated the negative effects associated with abuse experience by accounting for its association with self-silencing. In the community, this was not the case. However, it is possible that because of the small sample size which led to the analysis being underpowered, this effect was not adequately tested. These findings are compelling, but further investigation is necessary to understand them and to replicate them in a comparable community sample.

Determining the Relational Consequences of Self-Silencing

There are consequences to self-silencing, especially with prolonged use. Uebelacker (2001) pointed out that self-silencing is not effective for the purpose of gaining desired outcomes or eliciting positive changes in the relationship. Previous literature has focused on more general consequences, including higher rates of depression (Uebelacker et al., 2003), lower self-esteem, and negative affect (Clark, 2014). There has been research dedicated to investigating the relational consequences of self-silencing, but primarily with older married women (Lacković-Grgin et al., 2009; Whiffen et al., 2007). For instance, Uebelacker et al. (2003) found that among a sample of married individuals with an average age of 42, self-silencing was associated with higher rates of depression and lower relationship satisfaction. Similarly, Lacković-Grgin et al. (2009) observed that among a sample of married Croatian women, self-silencing was associated with more conflict and lower marriage quality. However, these relational consequences have not been adequately explored within young women's relationships with the men they are dating. Therefore, the third aim of this study was to explore the retrospective effects of self-silencing on two communication styles (constructive and nonconstructive) and compliance with unwanted sex.

In both samples of women in this study, self-silencing was inversely related to constructive communication. This finding was expected because self-silencing, which involves deliberately hindering one's expressions, directly contradicts constructive communication. Fincham and Beach (2002) state that constructive communication is an approach orientation that involves directly engaging issues and carefully listening to the partner. Self-silencing is also an approach orientation but it involves the opposite processes, particularly removing the issues to the periphery and prioritizing the partner's needs over one's own (Jack, 1991, 2011).

Not unexpectedly then, self-silencing was associated with nonconstructive communication. Several studies have found a link between experiences of aggression or abuse and the development of partner demand/self-withdraw communication (e.g., Byrne, Carr, & Clark, 2004; Goodman et al., 2005; Pickover et al., 2017). This communication orientation emerges as a coping strategy designed to placate the abusive male partner in an attempt to resolve the perceived conflict (Goodman et al., 2005). Pickover et al. (2017) conducted a study with women-survivors of intimate partner violence with an average age of 38 years old, most of whom had experienced both physical and psychological abuse. They found that physical abuse was not significantly associated with the partner demand communication style. Rather, this style emerged as a response to psychological abuse where the intimate male partners had verbally attacked, isolated, and/or demeaned their female partners (Pickover et al., 2017). These findings align with the findings in this study, particularly because a majority of the participants had experienced (mostly verbal/emotional) IPV. As well, at the time of this study, 67% of university and 79% of community women were still in relationships with men. It is entirely possible that some of these men with whom they were in relationships with were abusive. The adoption and potential use of this form of communication likely derived from self-silencing, where hindering

self-expressions served to placate the intimate men and thus delay the onset of impending violence.

Finally, it was hypothesized that self-silencing would result in women complying with sex they did not desire, and this was supported among the university women in this study. Fundamental to self-silencing is a fear of “rocking the boat” or doing anything that may disrupt the intimate relationship (Jack & Dill, 1992), so refusing unwanted sex is a threat to the integrity of the relationship. Women may comply with sex they do not want for a variety of reasons, including having sex being easier than saying ‘no’ and fear that their partner will seek sex elsewhere, from somebody else. In Impett and Peplau’s (2002) study, women were most likely to comply with unwanted sex to satisfy their partner’s needs, to promote intimacy, and to avoid tension in the relationship. The small number of community women in this study did not comply with unwanted sex as a result of self-silencing. It is possible that for these women, other consequences were more likely to arise as a result of self-silencing, like problems with constructive communication and a higher prevalence of nonconstructive communication. Alternatively, it is possible that the community analysis is underpowered and thus the smallest effects (like the effect of self-silencing on sexual compliance among the three relational consequences) were the least likely to be adequately tested and therefore replicated (Gelman & Loken, 2014). Therefore, more research with a larger community sample is needed to adequately assess whether the differences observed in this study are indeed a product of group differences or a result of an underpowered community sample.

Depression. The effect of depression in university and community women’s self-silencing and in women’s experiences of each of the relational consequences observed in this study was tested. Depression is highly entrenched in self-silencing (Jack, 1991, 1999) and abuse

experience (Hegarty et al., 2013), and both of these associations have been replicated in the present study. Indeed, more frequent abuse experiences and more self-silencing behaviours were both associated with higher levels of depression as has been demonstrated in previous research. As expected, its effect was also observed on the relational consequences that were examined in this study, but only for the university sample. The fact that depression was not related to the relational consequences that were assessed in this study among the community women was somewhat surprising given depression's prevalence in abuse experience and self-silencing but because the small nature of the community sample may have prevented the discovery of those effects. Given that depression was implicated in women's experiences of abuse and self-silencing, its effect was included in the path model.

The Consequences of Abuse Experience and Self-Silencing in Young Women

The final aim of this study was to amalgamate the findings in a way that could attempt to illuminate women's experiences of self-silencing and the eventual relational consequences that emerge in the context of abuse. Self-silencing accounted for the relationship between abuse frequency and both constructive and nonconstructive communication. Indeed, more frequent abuse experiences was associated with more self-silencing, thus affecting the ability to engage in constructive communication and fostering less constructive or reciprocal communication. Harper (2004) found that in arguments, self-silencing women had poorer overall communication. IPV is associated with many feelings, but a primary one that emerges is fear (Belenky et al., 1986). Fear of impending violence may make young women in relationships with potentially violent men more cautious around them (Thompson et al., 2001) and thus silence themselves more. The context of abuse creates conditions within which one's own capacities are restricted on multiple levels. For women in intimate relationships, self-silencing may hinder them from participating in

the constructive, problem-solving type of communication both because they are actively suppressing their true thoughts and feelings (Jack, 1991) and because they may fear speaking out to disrupt the perception of safety or calm that they have created within their relationship. More generally, constructive communication is incompatible with self-silencing in that it is an active process that requires both partners in the relationship to discuss issues, negotiate problems, express feelings, and come to a resolution derived from compromise (Christensen & Shenk, 1991). On the other hand, self-silencing involves putting the partner first and inhibiting feelings, ignoring issues, and attempting to maintain the relationship no matter the cost (Jack, 1991; Jack & Dill, 1992). Therefore, for the women who were in intimate relationships with abusive men, more frequent abuse experience appears to exacerbate self-silencing which may then prevent women from engaging in healthy communication to resolve conflict in their intimate relationships. These findings largely replicated in the community sample, although self-silencing did not account for the association between abuse frequency and nonconstructive communication. Abuse frequency was still associated with this form of communication style, but the mechanism through which it operated was not self-silencing. Nevertheless, this is an important finding that shows the effect of IPV experience within an intimate union.

There were some differences in sexual compliance among the university and community women. For the university women, abuse experience, no matter how it was measured, was associated with sexual compliance. Once abuse was present, self-silencing was no longer predictive of sexual compliance. It may be that the larger gendered roles inherent in relationships may actually be more influential in women's lives and discourage resorting to self-silencing. Indeed, some women may comply with sex they do not desire because of an overt awareness of the power differences between men and women (Impett & Peplau, 2003), and that may serve as a

powerful motivator (Muehlenhard & Schrag, 1991), particularly for women still in relationships with abusive men. To a more extreme degree, for the women in relationships with violent men, sexual compliance may be a form of survival from the abuse inflicted by their intimate male partners and beyond into other relationships (Walker, 2000). For women not currently in intimate relationships, these gendered roles may still be pivotal to their understanding of what “good” women are expected to do and this understanding may influence their belief system and guide their future behaviours (Impett & Peplau, 2003). For the community women, sexual compliance was also associated with presence versus absence of and frequency of abuse. Unlike for university women, sexual compliance was not related to self-silencing nor was self-silencing the mechanism through which sexual compliance in the context of abuse occurred. It is possible that these findings were the result of the analysis being underpowered due to a smaller sample size (Gelman & Loken, 2014) or because the other consequences, particularly constructive communication, were more central to these women’s experiences.

The role of self-compassion in predicting negative outcomes of abuse. Although self-compassion was not protective for the university women as was originally hypothesized, it was still an important mechanism that may be useful in preventing self-silencing and was thus conceptualized in a different way. Not accounting for self-silencing, more frequent IPV experience was associated with less self-compassion and lower constructive communication. When self-silencing was accounted for, however, more frequent abuse experience was associated with less self-compassion and more reciprocal communication, increasing nonconstructive and discouraging constructive communication. Research has ascertained the importance of self-compassion for general well-being, but less research has focused on its role in intimate relationships. However, it is evident that, in general, individuals who express self-compassion

have more trusting, accepting, autonomy-supporting, and overall supportive intimate relationships, ones with less verbally aggressive or controlling behaviours (Neff & Beretvas, 2013). Integral to self-compassion is being kind and comforting to oneself and being present (i.e., “in the moment”) with one’s thoughts (Neff, 2003a, 2003b). Highly self-compassionate people see hardships as a common human experience and not just their own personal difficulties or suffering (Tirch, 2010), and they are thus able to have healthy conflict resolution skills and be able to see their partner’s perspective on issues (Jacobson, Wilson, Kurz, & Kellum, 2018). It is plausible that women who are experiencing abuse are viewing the debilitating experiences with their violent male partners as something that they are not alone in, and that there are other women who experience these similar hardships as well. That may decrease self-blame which in turn may have protected them against resorting to self-silencing and thus may have mitigated some of the relational consequences that they experienced.

Self-compassion did not protect women from engaging in sexual compliance. Extending compassion toward the self when the suffering that is being experienced is through no fault of the person (e.g., intimate partner violence; Neff & Knox, 2017) may not always be easy or be strong enough to counteract the messages that women have been receiving their entire lives about what “good” women *should* do (Gilligan, 1982; Jack, 1991). Further, more frequent abuse may instead reinforce nonconstructive communication, creating an unhealthy negative feedback loop that is continually reinforced through societal reminders of how women ‘should’ be (Belenky et al., 1986). There has been little research investigating self-compassion as it relates to sexual compliance. One study found a promising negatively related trend between self-compassion and sexual desire among a clinical sample of women with vulvodynia (a painful, chronic vulvovaginal condition; Santerre-Baillargeon et al., 2018). Although self-compassion as

it relates to compliance with unwanted sex has not previously been assessed, it is possible that being compassionate to oneself is not enough to protect against consenting to unwanted sex, particularly where partners continue to request sex under conditions where it is likely to be unwanted.

For women recruited from the community, self-compassion did not buffer the development of self-silencing or the relational consequences observed in this study. It is entirely possible that the smaller nature of the sample hindered the full exploration of the role of self-compassion and the replication of the findings observed within the larger university sample. More research is needed more generally in assessing intimate relationship experiences as they relate to self-compassion and extended to a larger community sample, something that was not possible within this particular study.

The role of depression. Frequent abuse was, as expected, related to higher levels of depression and depression was related to both self-silencing and the relational consequences of abuse. However, depression was shown to coexist with but not to be the mechanism through which those effects were experienced. When other predictors relevant to this study were included in the model with depression, its effect was no longer observed. In other words, the relational consequences of abuse are not simply the byproduct of depression. It is evident that depression is commonly experienced by women who are experiencing IPV but the broader relational consequences are due to other psychological impacts of abuse.

Revisiting Relational Self Theory

Karen Horney, a feminist scholar, spoke about a loss of self and how detrimental it is to women's lives. She equated a loss of the self as departing from the most *alive* part of oneself (1967) and losing that piece of oneself was equivalent to losing meaning and direction in one's

life. Carol Gilligan's (1982) work picked up where Horney's left off, by attempting to understand where women find meaning and direction once again. Women began defining themselves in the context of their relationships and judged themselves on their ability to care for their intimate partners (Gilligan, 1982). This study was based in part on Judith V. Jordan's (1985, 1991, 1997a) relational self theory, and the findings support its utility.

In her book, Gilligan (1982) summarizes young women's experiences in the following quote: "The secrets of the female adolescent pertain to silencing of her own voice, a silencing enforced by the wishes not to hurt others but also by the fear that, in speaking, her voice will not be heard" (p. 51). The defining feature of the relational self theory as it relates to this study's findings is that women will seek to create and maintain connections regardless of the circumstances surrounding those connections. In this way, the development of self-silencing may be a strategic way to maintain intimate relationships and thus fulfill the requirements of good womanhood (Gilligan, 1982; Jack, 1991, 2011). Self-silencing itself, though, leads to a number of negative consequences that women experience in their intimate relationships. Even more central is that women live paradoxical realities; there is a larger reinforcement of silence but there is a push to speak out, which may get then shut down. For instance, it is difficult to conduct constructive conflict management when (a) that directly contradicts the idea that women are meant to be quiet (Jack, 1991) and (b) when speaking out may be perceived to or result in more conflict. Thus, the relational self theory had utility in allowing for a feminist approach to untangling women's experiencing and conceptualizing and framing many of the finding in this study.

An extension of Jordan's previous work with the relational self theory has created *relational cultural theory*, a similar yet nuanced perspective that better accounts for sociocultural

factors in women's experiences. Using a relational-cultural lens may be important in understanding the experiences of women in this study. Relational-cultural theory suggests growth through and toward relationships as opposed to disconnection and loss without relationships (Jordan, 2008). Specifically, the goal is to develop "growth-fostering" relationships (Miller, 1976). These relationships encompass five "good" things: (a) a sense of energy (or *zest*); (b) an increase sense of self-worth; (c) increased clarity about oneself, one's partner, and the relationship as a whole; (d) productivity; and (e) a desire for more connection. Conflict in intimate relationships is a ubiquitous occurrence and power differences between men and women can be exacerbated during tense situations (Jordan, 2008). Thus, in addition to these elements, it is necessary to recognize the power differentials inherent between individuals, particularly women and their intimate male partners. Within the context of the relationship, the less powerful partner (i.e., the woman) may bring forth concerns so they may be effectively resolved. However, the more powerful partner (i.e., the intimate man) may respond in a way that is invalidating, hurtful, or even abusive (like what some of the women in this study have experienced). This is associated with chronic disconnection, including a decreased sense of self-worth and a withdrawal from contribution in the relationship. More concerning, though, is the lesson that women are taught about what happens when they communicate their concerns. Feeling unworthy next to one's male partner and knowing how he will react surely contributes to relational consequences like ineffective communication. It is evident that many of these things map onto elements of self-compassion; thus, relational cultural theory may be one way to understand and help guide the maintenance of healthy unions or help women exit relationships with problematic partners despite these larger sociocultural differences.

Strengths of the Current Study

This study had a number of strengths. First, I recruited 301 university women (201 with abuse experience, 100 without) and 34 community women (32 with abuse experience, 2 without). This far exceeds the sample sizes in many of the previous studies in this area. For instance, Woods (1999) recruited 105 women (53 with abuse experience and 52 without), Impett and Peplau (2002) recruited 125 women, and Harper and Welsh (2007) recruited 211 women. The larger sample size allowed for the use of a sophisticated statistical technique (i.e., path analysis). Using path analysis in this study allowed for the graphical representation of complex relationships, including indirect ones, between constructs of interest, as well as determining the general importance of certain variables over others (Menard, 2010). Another advantage was the ability to specify hypotheses informed by theory and the limited previous research, specifically that self-silencing is a consequence of abuse experience, which then contributes to the occurrence of relational consequences. Another example is that the limited research into the association between self-silencing and self-compassion suggested that self-compassion is something that is built up after-the-fact; in other words, self-compassion has been treated as a solution for self-silencing women or women who have experienced intimate partner abuse (e.g., Close, 2013; Crowder, 2016; Tesh et al., 2015). However, I suspected a different order of events (i.e., self-compassion builds up through the lifespan and can deter the development of self-silencing behaviours) and was thus able to specify my hypotheses into my models to test theoretical concepts and relationships. Therefore, the larger sample allowed me to combine these constructs simultaneously in a novel way so that the most salient relationships could be established individually and parsed when all elements in the model were accounted for.

The second strength of this study was the use of reliable and valid measures. Kline (2016) cautioned that using measures that suffer from major violations of reliability could lead to substantial bias. The high internal consistency of the sexual compliance questions was reassuring given that they were adapted from previous research studies and there were only three questions in total. Therefore, the reliable and valid measures makes replication in the future more likely.

The third strength was the success in indirect recruitment of women who have experienced abuse. The language used in the targeted recruitment advertisement was a nuanced version of the general advertisement with the inclusion of the word ‘stressful’ when describing women’s experiences in intimate relationships with men. Research has shown that studies that name ‘abuse’ in their recruitment materials obtain very different samples than those that use general or euphemistically named descriptions (e.g., ‘stressful’ relationships). This is similar to studies that advertised for alcohol consumption, where participants who were exposed to ‘alcohol consumption’ in advertisements drank more (Snyder, Milici, & Slater, 2006), thus differentiating the samples. Also, many women are not prepared to identify their experiences as “abuse” (Kahn et al., 2003), so the targeted but subtle recruitment advertisement was successful. Indeed, 70.4% of the women recruited with the targeted advertisement (and 33.2% of the total university sample) had experienced abuse. Therefore, this strategic recruitment method was successful and is a preferable option for to encourage participation from women who qualify but who have not labeled their experiences.

The final strength to this study was its assessment of self-silencing in the context of three broad types of IPV (i.e., psychological/emotional, physical, and sexual violence) which included nuances within the types (e.g., relational abuse). Previous research has focused primarily on the latter two forms and no study has directly investigated the role of sexual abuse experience in

women's self-silencing behaviours. Although the hypotheses in this study included all types of abuse as more general experiences, there exists the potential for future research investigating each abuse type's unique contribution in self-silencing and the relational consequences assessed in this study.

Limitations of the Current Study

Although there were many strengths in the design of this study, there were also limitations that warrant mention. Firstly, the main sample in this study was a convenience sample of young women at a mid-sized university who received bonus points toward their psychology courses for participating. Convenience samples are easy to access (Etikan, Musa, & Alkassim, 2016), but are nonrandom and therefore usually not representative of the larger population of women university students or young women of a similar age bracket who do not attend university (either anymore or at all). It is important to acknowledge that unsurprisingly, a sizeable portion of the university women in my study were raised in WEIRD (Western, Educated, Industrialized, Rich, and Democratic) societies, like Canada (Henrich, Heine, & Norenzayan, 2010). The Psychology Participant Pool at the University of Windsor represents a wider range of majors and demographic characteristics than is often presumed, and that was seen in my study, where almost one-quarter of the women in my study were women of colour and almost all of them were completing (or had completed) their education in Windsor, which has many working-class students.

Failure to recruit a sufficient community sample despite my best efforts (see Procedure section for a more detailed description) is also a limitation. According to Kline (2016), path analysis with small samples is difficult because they are often under-powered. Further, Barrett (2007) has warned that reviewers often reject manuscripts for publication where the sample size

is smaller than 200 unless there is a special circumstance, like the target population being difficult to access. Steps were taken to remedy this potential issue in this study (i.e., attempting to tentatively generalize to the larger community), and replication of the most key findings suggest that the results may be robust. However, the analyses can only be seen as tentative and exploratory. I made the decision to include the community sample in this document because I did not want to exclude the experiences that women shared. Some of the key findings did replicate in the community; however, a more thorough replication is needed to assert generalizability beyond the university sample. Still, more research is necessary to more confidently determine the generalizability of the results.

A third limitation was the failure to link the young women's responses of abuse and self-silencing and other outcomes to the appropriate relationship(s). Originally, I planned to investigate whether women's experiences of self-silencing and the relational consequences were in the same relationship (with the abusive male partner) or in other subsequent relationships where abuse may or may not be present. Because the instructions on important measures (like Silencing the Self Scale) did not include instructions that explicitly had women answer about their experiences with abusive male partners, if applicable, there was no way to know who they were responding about. The instructions, particularly on the CADRI and STSS, allowed women to potentially respond about experiences with different partners. Also, it was unclear whether the women who indicated previous abuse experience were still in relationships with those abusive men. Knowing this information was integral to fully understanding some of the important findings in this study. Therefore, in the future, establishing a way to link women's responses with their current or previous partner(s) by specifying in the measure instructions, for instance, will ensure a more nuanced and accurate interpretation of findings.

Future Research

An important finding in this study was that women who experienced more frequent abuse silenced themselves. However, it is unclear why women resorted to self-silencing. The hypothesis that guided this study based on past research conjecture was that women used self-silencing as a way of delaying or attempting to avoid the onset of impending abuse (Thompson et al., 2001). An alternative hypothesis, however, comes from Whiffen et al. (2007). They suggested that women silence themselves when they are unhappily married regardless of the level of conflict present within the relationship. Of course, this assertion came from a study with married women with an average age of 36, but the assumption may still hold for dating women. If young women are unhappy in their intimate relationships with their male partners, they may resort to self-silencing as a way of managing that unhappiness. It would therefore be important to assess the impact of IPV and self-silencing beyond relationship dissatisfaction in future studies. The data collected from this study was quantitative – self-report questionnaires – and thus the attempt to explain why women silenced themselves can only go so far. It could even be argued that the attempted explanation is conjecture. The next step in this line of research, then, is using qualitative methodology to investigate women's reasons for self-silencing in the context of relationships with abusive male partners. A possible avenue is conducting semi-structured interviews with young women about their experiences, similar to Jack's (1991) interviews, only with younger, non-married women. An important next step is to uncover what contributes to women's decisions to silence themselves, whether it be the male partners themselves, other family members, or larger societal messages they received through their development and socialization, or a combination.

Woods (2012) warned that self-silencing came with consequences that are not always immediately apparent. However, because the women's responses in this study were not tied to their appropriate relationship(s), like the relationship(s) in which their male partner(s) was/were abusive, claims could not be made about whether self-silencing emerged from these relationships or whether self-silencing extends more generally beyond this context. Indeed, self-silencing may be temporary and thus context-dependent, specific to their interactions with their current male partner, or it could be longer-lasting. If the relational consequences are indeed longer lasting and persistent, then this has implications for future relationships. Therefore, a fruitful avenue of research would be to investigate whether consequences like communicating with one's partner and complying with undesired sex diminish after leaving relationships with abusive men or if they continue in other relationships with men who may not be abusive. Future researchers should conduct prospective and/or longitudinal research with women who are in relationships with abusive men as well as women who have previously exited relationships with abusive men. Longitudinal research offers many benefits, including the ability to establish the sequence of events and the ability to exclude the effects of recall bias that are common in some retrospective studies (Caruana, Roman, Hernández-Sánchez, & Solli, 2015).

Finally, this study provided evidence that self-compassion could be a fruitful avenue for intervention for women who have experienced IPV. Building self-compassion using a relational-cultural lens could work to undo some of the damage caused by IPV experience. This would not be the first time that self-compassion formed the basis of an intervention. Tesh et al. (2015) suggested the use of mindful self-compassion strategies that embody the principles of self-compassion for victim-survivors of IPV. Here, the focus was on reducing the negative feelings associated with IPV experience (shame, self-blame) through attending sessions about the features

of self-compassion, answering questions, and practicing being compassionate in difficult situations. Allen, Robertson, and Patin (2017) conducted a study with women-survivors of IPV (average age of 33 years old) living in shelters, where they offered a six-week self-compassion support group based in mindfulness-based self-compassion (Neff & Germer, 2013). Gilbert and Procter (2006) presented a group therapy approach based on self-compassion for individuals high in shame and self-criticism. In this approach, the effects of previous abuse experience were mentioned and self-silencing was acknowledged as a coping strategy that some women may have used which then contributed to their self-criticism. Despite the interventions already in existence and the wide use of self-compassion as both a preventative and reparative tool, no current intervention has been framed within a relational-cultural lens to acknowledge women's positionality in society and the additional barriers they face within the context of IPV that may foster the development of self-silencing behaviours. Although more research is needed, it is evident that a program framed within the relational-cultural theory that acknowledges women's position in society in relation to men and attempts to counteract the pervasive morally grounded messages that women receive about their place and worth in society may be an effective avenue for incorporating research into prevention. Incorporation of self-compassion may be one way to achieve these goals and help women heal post-abuse.

Conclusion

This is the first study to comprehensively assess the (a) impact of abuse experience and self-compassion in the development of self-silencing and (b) the subsequent relational consequences of abuse experience and self-silencing in a nonclinical sample of young women. The more often young women experienced male-perpetrated IPV, the less compassion they showed themselves and the more they silenced themselves. These women were also less able to

openly communicate with their partners and were more likely to consent to sexual activity they did not want. This study found self-compassion to be both a consequence and a protective factor in the relationship between IPV experience and the development of self-silencing.

This study expands on the previous literature by assessing a nonclinical sample of young women under 25, who are at most risk of experiencing IPV (Breiding et al., 2014). Previous research in this area had focused on clinical samples of women in their mid-thirties or older (e.g., Jack, 1991), most of whom have been married. The findings in this study suggest that (a) more frequent IPV experience is associated with more self-silencing behaviours; (b) self-silencing has consequences, including engagement in less constructive and more nonconstructive communication and more compliance with unwanted sex; and (c) although not a buffer, self-compassion plays an important role in discouraging self-silencing. The findings of this study suggest that a self-compassion-based intervention framed within a relational-cultural lens that accounts for women's disadvantaged role in society may be fruitful in helping victim-survivors of IPV heal in a way that undoes previous and attempts to prevent future self-silencing behaviours. Further research is necessary to determine whether self-silencing is context-dependent or longer-lasting, with consequences possibly affecting future relationships.

This thesis is my attempt at the revival of research on women's self-silencing as well as a call for more research on women's self-silencing in the context of male-perpetrated IPV. This thesis has reaffirmed how common self-silencing is, particularly for young women who are attempting to navigate the pervasive and incumbent messages about how they 'should be' in a society that is systematically dictating what is deemed 'good' and 'correct.'

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APPENDIX A: ADVERTISEMENTS FOR PARTICIPANT POOL

1. General Advertisement (used first)

Title: Women's experiences in intimate relationships with men

Researchers: Tanja Samardzic, Dr. Charlene Senn

Duration: 30 minutes

Credits: 0.5 bonus point

Description: The purpose of this study is to examine women's experiences in intimate relationships with men. Specifically, we are interested in your sexual and romantic relationship experiences, including the way you communicate with and treat each other, and how you cope with stressful events and experiences that occur. This includes some questions about relationship behaviours that are unwanted. You will be asked to complete a number of questions online pertaining to your personal experiences in intimate relationships. Some questions are personal and relate to unwanted partner behaviours. To be eligible, you need to...

- i) identify as a woman
- ii) be between 16 and 24 years of age
- iii) either currently be or have previously been in an intimate relationship with a man for at least six (6) months

This study will take you no more than 30 minutes to complete and will be completed in one session. If you complete this study, you will be awarded 0.5 bonus point if you are registered in the Participant Pool and you are registered in one or more eligible psychology courses.

2. More Specifically Targeted Advertisement (used in place of the first one when needed)

Title: Women's stressful experiences in intimate relationships with men

Researchers: Tanja Samardzic, Dr. Charlene Senn

Duration: 30 minutes

Credits: 0.5 bonus point

Description: The purpose of this study is to examine women's stressful experiences in intimate relationships with men. Specifically, we are interested in your sexual and romantic relationship experiences, including the way you communicate with and treat each other, and how you cope with stressful events and experiences that occur. This includes some questions about relationship behaviours that are unwanted. You will be asked to complete a number of questionnaires online pertaining to your personal experiences in intimate relationships. Some questions are personal and relate to unwanted partner behaviours. To be eligible, you need to...

- i) identify as a woman
- ii) be between 16 and 24 years of age
- iii) either currently be or have previously been in an intimate relationship with a man for at least six (6) months

This study will take you no more than 30 minutes to complete and will be completed in one session. If you complete this study, you will be awarded 0.5 bonus point if you are registered in the Participant Pool and you are registered in one or more eligible psychology courses.

APPENDIX B: COMMUNITY RECRUITMENT ADVERTISEMENTS POSTED ON KIJJI AND FACEBOOK

1. General Advertisement (used first)

Study Title: Women's experiences in intimate relationships with men

Are you a woman aged 16-24 years old who lives in Canada and is currently or has previously been in an intimate relationship with a man for at least six (6) months? If so, you may be eligible to participate in a study at the University of Windsor.

If you choose to participate, you will be asked to complete a number of questions online pertaining to your personal experiences in intimate relationships. Specifically, we are interested in your sexual and romantic experiences, including the way you communicate with and treat each other, and how you cope with stressful events and experiences that occur. Some questions are personal and relate to unwanted partner behaviours.

This study will take you no more than 30 minutes to complete online, and you will be compensated with a \$10 Amazon gift-card to thank you for your participation.

If you are eligible to participate (that is, you are a 16-24 year old woman living in Canada who has ever been in an intimate relationship with a man for at least 6 months), please email [PI's email] to receive more information.

2. More Specifically Targeted Advertisement (used in place of the first one when needed)

Study Title: Women's stressful experiences in intimate relationships with men

Are you a woman aged 16-24 years old who is currently or has previously been in an intimate relationship with a man? If so, you may be eligible to participate in a study at the University of Windsor.

If you choose to participate, you will be asked to complete a number of questionnaires online pertaining to your personal experiences in intimate relationships. Specifically, we are interested in your general sexual and romantic relationship experiences, including the way you communicate with and treat each other, and how you cope with stressful events and experiences that occur. Some questions are personal and relate to unwanted partner behaviours.

If you are eligible to participate (that is, you are a 16-24 year old woman living in Canada who has ever been in an intimate relationship with a man for at least 6 months), please email [PI's email] to receive more information.

Please note: If you have participated in an online study with the title "Women's experiences in intimate relationships with men" in the past four (4) months, you are not eligible to participate in this study and will not receive the incentive a second time.

APPENDIX C: DEMOGRAPHICS QUESTIONNAIRE FOR PARTICIPANT POOL

*Note: questions 1 and 2 removed participants from the study as they were essential screening questions. If those were not answered with “yes,” the participant was not eligible for this study.

1. Are you currently or have you ever been in an intimate relationship with a man?
 - Yes
 - No

2. Do you identify as a woman?
 - Yes
 - No

3. What is your current sexual identity?
 - Heterosexual (straight)
 - Lesbian/gay
 - Bisexual
 - Asexual
 - Another sexual identity not listed here. Please specify: _____
 - Not sure

4. What is your age (in years)? ____

5. At the University of Windsor, are you currently a:
 - Part time student
 - Full time student

6. What is your year of study?
 - First year
 - Second year
 - Third year
 - Fourth year
 - Fifth year
 - Other: _____

7. What is your major? _____

8. Which ethnic or cultural group do you identify with?
 - White or European-Canadian
 - Indigenous (Metis, Inuit, First Nations)
 - Black or African-Canadian or Caribbean-Canadian
 - East Asian or Pacific Islander or Asian-Canadian
 - South Asian or South Asian Canadian
 - Middle Eastern or Middle Eastern Canadian
 - Latin or Central or South American or Latin Canadian
 - Other (please specify): _____

9. Where are you currently living?

- On campus (residence housing)
- Off campus with family or relatives
- Off campus by myself or with non-relatives
- Other (please specify): _____

10. Which of the following 'best' describes your current work situation?

- Employed full time
- Employed part time
- Unemployed looking for work
- Unemployed not looking for work
- Unable to work
- Self-employed
- Other (please specify): _____

11. How many committed intimate male partners (i.e., more than 6 months) have you ever had, including your current partner(s), if applicable? Please type in the number.

12. How many casual intimate male partners (i.e., less than 6 months) have you ever had, including your current partner(s), if applicable? Please type in the number.

13. Are you presently involved in a romantic relationship(s) with a man or men?

- Yes
- No

13. a) (if yes) How long, in months, have you been with this/these intimate male partner(s)? ____

13. b) (if no) How long, in months, was your last previous romantic relationship with an intimate male partner? ____

14. Are you presently involved in a sexual relationship with a man or men?

- Yes
- No

14. a) (if yes) Is this the same man (or are these the same men) as above? Yes No

14. b) (if yes or no) How long, in months, have you been involved in this/these sexual relationship(s)? ____

APPENDIX D: DEMOGRAPHICS QUESTIONNAIRE FOR COMMUNITY SAMPLE

*Note: questions 1, 2, and 3 removed participants from the study as they were essential screening questions. If those were not answered with “yes,” the participant was not eligible for this study.

1. Do you identify as a woman?

- Yes
 No

2. Do you live in Canada?

- Yes
 No

3. Are you currently or have you ever been in an intimate relationship with a man?

- Yes
 No

4. What is your current sexual identity?

- Heterosexual (straight)
 Lesbian/gay
 Bisexual
 Asexual
 Another sexual identity not listed here. Please specify: _____
 Not sure

5. What is your age (in years)? ____

6. (a) Are you presently enrolled as a student?

- Yes (If yes, branch to 6. (b) – (d))
 No (If no, branch to 7.)

6. (b) Are you enrolled as a:

- Part time student
 Full time student

6. (c) What is your year of study?

- First year
 Second year
 Third year
 Fourth year
 Fifth year
 Other: _____
 Not Applicable

6. (d) What is your major? _____

7. Which ethnic or cultural group do you identify with?

- White or European-Canadian

- Indigenous (Metis, Inuit, First Nations)
- Black or African-Canadian or Caribbean-Canadian
- East Asian or Pacific Islander or Asian-Canadian
- South Asian or South Asian Canadian
- Middle Eastern or Middle Eastern Canadian
- Latin or Central or South American or Latin Canadian
- Other (please specify): _____

8. Where are you currently living?

- Alone
- With roommates
- With parent(s), relative(s), or guardian(s)
- With an intimate partner
- Other (please specify): _____

9. Which of the following 'best' describes your current financial/work situation?

- Employed full time
- Employed part time
- Unemployed looking for work
- Unemployed not looking for work
- Student
- Unable to work
- Self-employed
- Other (please specify): _____

10. How many committed intimate male partners (i.e., more than 6 months) have you ever had, including your current partner(s), if applicable? Please type in the number.

11. How many casual intimate male partners (i.e., less than 6 months) have you ever had, including your current partner(s), if applicable? Please type in the number.

12. Are you presently involved in a romantic relationship(s) with a man or men?

- Yes
- No

12. a) (if yes) How long, in months, have you been with this/these intimate male partner(s)? ____

12. b) (if no) How long, in months, was your last previous romantic relationship with an intimate male partner? ____

13. Are you presently involved in a sexual relationship with a man or men?

- Yes
- No

13. a) (if yes) Is this the same man (or are these the same men) as above? Yes No

13. b) (if yes or no) How long, in months, have you been involved in this/these sexual relationship(s)? ____

14. How did you hear about this study?

- Kijiji
- Facebook
- Word of mouth
- Other (please specify): _____

APPENDIX E: CONFLICT IN ADOLESCENT DATING RELATIONSHIPS INVENTORY
(CADRI)

The following questions ask you about things that may have happened to you with your intimate male partner while you were having an argument. Check the box that is your best estimate of how often these things have happened with your current or ex-partner. Please remember that all answers are confidential. As a guide, please use the following scale:

Never: this has never happened in your relationship

Seldom: this has happened only 1-2 times in your relationship

Sometimes: this has happened about 3-5 times in your relationship

Often: this has happened 6 times or more in your relationship

During a conflict or argument with my partner in the past year:

1. He gave reasons for his side of the argument.
2. He touched me sexually when I didn't want him to. (S)
3. He tried to turn my friends against me. (R)
4. He did something to make me feel jealous (V/E)
5. He destroyed or threatened to destroy something I valued. (T)
6. He told me that he was partly to blame.
7. He brought up something bad that I had done in the past. (V/E)
8. He threw something at me. (P)
9. He said things just to make me angry. (V/E)
10. He gave reasons why he thought I was wrong.
11. He agreed that I was partly right.
12. He spoke to me in a hostile or mean tone of voice. (V/E)
13. He forced me to have sex when I didn't want to. (S)
14. He offered a solution that he thought would make us both happy.
15. He threatened me in an attempt to have sex with me. (S)
16. He put off talking until we calmed down.

17. He insulted me with put-downs. (V/E)
18. He discussed the issue calmly.
19. He kissed me when I didn't want him to. (S)
20. He said things to my friends about me to turn them against me. (R)
21. He ridiculed or made fun of me in front of others. (V/E)
22. He told me how upset he was.
23. He kept track of who I was with and where I was. (V/E)
24. He blamed me for the problem. (V/E)
25. He kicked, hit, or punched me. (P)
26. He left the room to cool down.
27. He gave in, just to avoid conflict.
28. He accused me of flirting with another guy. (V/E)
29. He deliberately tried to frighten me. (T)
30. He slapped me or pulled my hair. (P)
31. He threatened to hurt me. (T)
32. He threatened to end the relationship. (V/E)
33. He threatened to hit me or throw something at me. (T)
34. He pushed, shoved, or shook me. (P)
35. He spread rumors about me. (R)

Subscales

(T) - Threatening Behaviour: 5, 29, 31, 33

(R) - Relational Abuse: 3, 20, 35

(P) - Physical Abuse: 8, 25, 30, 34

(S) - Sexual Abuse: 2, 13, 15, 19

(V/E) - Verbal/Emotional Abuse: 4, 7, 9, 12, 17, 21, 23, 24, 28, 32

(F) - Filler questions: 1, 6, 10, 11, 14, 16, 18, 22, 26, 27 – *do not include*

-If a participant answered 1 or above on any of the questions from the threatening, relational, physical, and/or sexual subscales and/or 2 or above on any of the questions from the verbal/emotional subscale, it was indicative of abuse experience

Note: Permission has been obtained to reproduce this scale.

APPENDIX F: SILENCING THE SELF SCALE (STSS)

Please select the number that best describes how you feel about each of the statements listed below with respect to your current intimate male partner. If you are not currently in an intimate relationship, please indicate how you felt and acted in your previous intimate relationships.

Strongly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Strongly Agree
1	2	3	4	5

1. I think it is best to put myself first because no one else will look out for me. **(R)**
2. I don't speak my feelings in an intimate relationship when I know they will cause disagreement.
3. Caring means putting the other person's needs in front of my own.
4. Considering my needs to be as important as those of the people I love is selfish.
5. I find it harder to be myself when I am in a close relationship than when I am on my own.
6. I tend to judge myself by how I think other people see me.
7. I feel dissatisfied with myself because I should be able to do all the things people are supposed to be able to do these days.
8. When my partner's needs and feelings conflict with my own, I always state mine clearly. **(R)**
9. In a close relationship, my responsibility is to make the other person happy.
10. Caring means choosing to do what the other person wants, even when I want to do something different.
11. In order to feel good about myself, I need to feel independent and self-sufficient. **(R)**
12. One of the worst things I can do is to be selfish.
13. I feel I have to act in a certain way to please my partner.
14. Instead of risking confrontations in close relationships, I would rather not rock the boat.
15. I speak my feelings with my partner, even when it leads to problems or disagreements. **(R)**
16. Often I look happy enough on the outside, but inwardly I feel angry and rebellious.
17. In order for my partner to love me, I cannot reveal certain things about myself to him.
18. When my partner's needs or opinions conflict with mine, rather than asserting my own point of view, I usually end up agreeing with him.
19. When I am in a close relationship, I lose my sense of who I am.
20. When it looks as though certain of my needs can't be met in a relationship, I usually realize that they weren't very important anyway.
21. My partner loves and appreciates me for who I am. **(R)**
22. Doing things just for myself is selfish.
23. When I make decisions, other people's thoughts and opinions influence me more than my own thoughts and opinions.
24. I rarely express my anger at those close to me.
25. I feel that my partner does not know my real self.
26. I think it's better to keep my feelings to myself when they do conflict with my partner's.
27. I often feel responsible for other people's feelings.

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28. I find it hard to know what I think and feel because I spend a lot of time thinking about how other people are feeling.
29. In a close relationship, I don't usually care what we do, as long as the other person is happy.
30. I try to bury my feelings when I think they will cause any trouble in my close relationship(s).
31. I never seem to measure up to standards I set for myself. (Branch to 32 if participant answers with 4 or 5)
32. Please list up to three standards you feel you don't measure up to.
 - 1.
 - 2.
 - 3.
 - 4.

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Subscales

Externalized Self-Perception: 6, 7, 23, 27, 28, 31

Care as Self-Sacrifice: 1R, 3, 4, 9, 10, 11R, 12, 22, 29

Silencing the Self: 2, 8R, 14, 15R, 20, 24, 26, 30

Divided Self: 5, 13, 16, 17, 19, 21R, 25

Note: Question 32 cannot be statistically analyzed (meant for exploratory purposes only)

R – reverse coded items

Note: Permission has been obtained to reproduce this scale.

APPENDIX G: SELF-COMPASSION SCALE (SCS)

Please read each statement carefully before answering, then indicate how often you behave in the stated manner, using the following scale:

Never	Rarely	Sometimes	Often	Always
1	2	3	4	5

1. I'm disapproving and judgmental about my own flaws and inadequacies. **(R)**
2. When I'm feeling down, I tend to obsess and fixate on everything that's wrong. **(R)**
3. When things are going badly for me, I see the difficulties as part of life that everyone goes through.
4. When I think about my inadequacies, it tends to make me feel more separate and cut off from the rest of the world. **(R)**
5. I try to be loving towards myself when I'm feeling emotional pain.
6. When I fail at something important to me, I become consumed by feelings of inadequacy. **(R)**
7. When I'm down, I remind myself that there are lots of other people in the world feeling like I am.
8. When times are really difficult, I tend to be tough on myself. **(R)**
9. When something upsets me, I try to keep my emotions in balance.
10. When I feel inadequate in some way, I try to remind myself that feelings of inadequacy are shared by most people.
11. I'm intolerant and impatient towards those aspects of my personality I don't like. **(R)**
12. When I'm going through a very hard time, I give myself the caring and tenderness I need.
13. When I'm feeling down, I tend to feel like most other people are probably happier than I am. **(R)**
14. When something painful happens, I try to take a balanced view of the situation.
15. I try to see my failings as part of the human condition
16. When I see aspects of myself that I don't like, I get down on myself. **(R)**
17. When I fail at something important to me, I try to keep things in perspective.
18. When I'm really struggling, I tend to feel like other people must be having an easier time of it. **(R)**
19. I'm kind to myself when I'm experiencing suffering.
20. When something upsets me, I get carried away with my feelings. **(R)**
21. I can be a bit cold-hearted towards myself when I'm experiencing suffering. **(R)**
22. When I'm feeling down, I try to approach my feelings with curiosity and openness.
23. I'm tolerant of my own flaws and inadequacies.
24. When something painful happens, I tend to blow the incident out of proportion. **(R)**
25. When I fail at something that's important to me, I tend to feel alone in my failure. **(R)**
26. I try to be understanding and patient towards those aspects of my personality I don't like.

Subscales

Self-Kindness: 5, 12, 19, 23, 26

Self-Judgment: 1R, 8R, 11R, 16R, 21R

Common Humanity: 3, 7, 10, 15

Isolation: 4R, 13R, 18R, 25R

Mindfulness: 9, 14, 17, 22

Over-Identified: 2R, 6R, 20R, 24R

R – reverse coded items

Note: Permission has been obtained to reproduce this scale.

22. You are physically aggressive

After discussion of a relationship problem:

- 23. Mutual understanding
- 24. Mutual withdrawal (**R**)
- 25. Mutual resolution
- 26. Mutual withholding (**R**)
- 27. Mutual reconciliation
- 28. He feels guilty/you feel hurt
- 29. You feel guilty/he feels hurt
- 30. He reconciles/you withdraw
- 31. You reconcile/he withdraws
- 32. He pressures/you resist
- 33. You pressure/he resists

Subscales

Constructive Communication: 1R, 2, 6, 8, 23, 24R, 25, 26R, 27

Partner Demand/Self-Withdraw: 3, 9, 11, 13, 17, 19, 32

Self-Demand/Partner/Withdraw 4, 10, 12, 14, 18, 20, 33

The partner demand and self-demand subscales were combined for a total “nonconstructive communication” subscale.

R – reverse coded items

Note: Permission has been obtained to reproduce this scale.

APPENDIX I: SEXUAL COMPLIANCE QUESTIONS

Please read the statements below and indicate the number of times you have been intimate under these circumstances, using the following scale:

0 times 1-2 times 3-4 times 5-7 times 8 or more times

1. How many times have you engaged in sexual activity with your current or previous partner because you felt like if you refused, the relationship would be damaged?
2. How many other times have you engaged in sexual activity with your current or previous partner even though you didn't want to?
3. How many other times have you been in a situation with your current or previous partner in which you consented to engage in sexual activity that you did not desire? In other words, your partner wanted to have sex, you did not want to, but you actually freely and willingly chose to do so anyway.

Scoring: summed (a non-zero answer on any item indicated presence of sexual compliance)

APPENDIX J: CENTER FOR EPIDEMIOLOGICAL STUDIES DEPRESSION SCALE
(CES-D)

Below is a list of the ways you might have felt or behaved. Please tell me how often you have felt this way **during the past week.**

Rarely or none of the time: less than one day

Some or a little of the time: 1 to 2 days

Occasionally or a moderate amount of time: 3 to 4 days

Most or all of the time: 5 to 7 days

1. I was bothered by things that usually don't bother me.
2. I did not feel like eating; my appetite was poor
3. I felt that I could not shake off the blues even with help from my family or friends.
4. I felt I was just as good as other people. **(R)**
5. I had trouble keeping my mind on what I was doing.
6. I felt depressed.
7. I felt that everything I did was an effort.
8. I felt hopeful about the future. **(R)**
9. I thought my life had been a failure.
10. I felt fearful.
11. My sleep was restless.
12. I was happy. **(R)**
13. I talked less than usual.
14. I felt lonely.
15. People were unfriendly.
16. I enjoyed life. **(R)**
17. I had crying spells.
18. I felt sad.
19. I felt that people disliked me.
20. I could not "get going."

R – reverse coded items

Note: Permission has been obtained to reproduce this scale.

APPENDIX K: CONSENT TO PARTICIPATE IN RESEARCH FORM FOR PARTICIPANT
POOL SAMPLE



CONSENT TO PARTICIPATE IN RESEARCH

TITLE OF STUDY – Women’s experiences in intimate relationships with men (General Ad)
Women’s stressful experiences in intimate relationships with men (Targeted Ad)

You are asked to participate in a research study conducted by **Tanja Samardzic** under the supervision of **Dr Charlene Senn** from the Department of Psychology at the University of Windsor. The results from this study will form the basis of a Master’s thesis research project. If you have any questions or concerns about this research study, please feel free to contact **Tanja Samardzic** (519 253 3000 ext. 4703) or **Dr. Charlene Senn** (519 253 3000 ext. 2255).

PURPOSE OF THE STUDY

The purpose of this study is to examine women’s experiences in intimate relationships with men. Specifically, we are interested in your sexual and romantic experiences and coping with stressful events and experiences that occur. This includes some personal questions about your relationships(s) and about situations where behaviours from your partner may have been unwanted.

PROCEDURES

If you volunteer to participate, you will be asked to answer questions about your former or current relationships, including the way you communicate with and treat each other, and how you cope with stressful events. Once you finish, you will be led to a separate page from the survey where you will enter your name and e-mail address, so you can receive your incentive. This study should take no more than 30 minutes to complete.

POTENTIAL RISKS AND DISCOMFORTS

There are minimal risks to participating in this study, but some of the questions will ask about unwanted experiences with men in romantic or sexual relationships. Thinking about these experiences may bring up negative emotions related to some of your past or current experiences. If you experience discomfort during or following your participation in this study, please contact someone from the list of community and online resources we will be providing for you at the end of the survey. As well, completing this survey in a public place or a place in your own home when other people are present makes it possible that someone else will see your answers. **Therefore, we recommend that you complete this study in private.**

POTENTIAL BENEFITS TO PARTICIPANTS AND/OR TO SOCIETY

By participating in this study, you are contributing to research on women’s experiences in their intimate relationships and how they cope with positive and negative partner behaviours.

COMPENSATION FOR PARTICIPATION

You will receive 0.5 bonus points.

CONFIDENTIALITY

Any identifying information will remain confidential and will not be disclosed without your permission. The web page that requires your identifying information so that you can be given your incentive will be stored separately from your answers once the meaningfulness of survey completion has been assessed and your incentive determined. Only the researchers working on this project (i.e., Tanja Samardzic and Dr. Charlene Senn) will have access to the information that you provide. The anonymous data will be stored in a password-protected file, on a secure computer, in a locked office. Identifying information will be destroyed within 4 months of the end of the study and once bonus points have been given to you.

PARTICIPATION AND WITHDRAWAL

You can choose whether to participate in this study or not. If you volunteer to participate, you can refuse to answer any question(s) and continue the study. We recommend you do this survey when you are alone or in private so no one else sees your answers. You may withdraw from the survey at any time by either closing your browser window or continuing through the survey to the end without answering any more questions. There, you will be asked whether you wish to withdraw your data from this study; if you choose this option, you will still be compensated. However, once you submit a page, the data cannot be withdrawn. If you close your browser window without getting to the last page, we will not have your contact information and so we will not be able to give you your incentive. If you close your browser, your answers provided to that point will be retained.

The investigator may withdraw you from this research if circumstances arise which warrant doing so, like in instances of lack of meaningful response such as not reading the survey questions carefully or filling in random responses. You will be notified if your survey is identified in this way and offered the opportunity to complete it carefully. If you choose not to do so, you will not receive the incentive.

FEEDBACK OF THE RESULTS OF THIS STUDY TO THE PARTICIPANTS

A summary of the results of this study will be available to you online by September 30th, 2019. You can access the results here: <http://www.uwindsor.ca/reb/study-results>

SUBSEQUENT USE OF DATA

These data may be used in future studies, in publications and in presentations involving the named researchers.

RIGHTS OF RESEARCH PARTICIPANTS

If you have questions regarding your rights as a research participant, contact: **Research Ethics Coordinator**, University of Windsor, Windsor, Ontario, N9B 3P4; Telephone: 519-253-3000, ext. 3948; e-mail: ethics@uwindsor.ca

SIGNATURE OF RESEARCH PARTICIPANT

I understand the information provided for the study "**Women's experiences in intimate relationships with men**" (General Ad); "**Women's stressful experiences in intimate relationships with men**" (Targeted Ad) described herein. My questions have been answered to my satisfaction, and I agree to participate in this study. I confirm that no coercion of any kind was used in seeking my participation in this research project and that I have read and fully understand the purpose of the research project and its risks and benefits.

Please print a copy of this consent form for your records.

Before continuing, we have provided a document (in PDF format) that details how to clear your browsing history on any computer or device. This has been provided for your safety. We suggest that you click to open this now and the document on erasing your browsing history will open in a new tab. This can be saved and accessed later. If you do not want to download this now, it will be presented again on the resource information page near the end of the survey.

Clearing your
Browser
History.pdf

Windsor Essex
Resource
Page.pdf

- I agree to participate in this study (directed to "Demographics Questionnaire" page)
- I do not agree to participate in this study (directed to "Thank you for considering participation in this study. We appreciate your time." page)

APPENDIX L: CONSENT TO PARTICIPATE IN RESEARCH FORM FOR COMMUNITY
SAMPLE



CONSENT TO PARTICIPATE IN RESEARCH

TITLE OF STUDY – Women’s experiences in intimate relationships with men (General Ad)
Women’s stressful experiences in intimate relationships with men (Targeted Ad)

You are asked to participate in a research study conducted by **Tanja Samardzic** under the supervision of **Dr Charlene Senn** from the Department of Psychology at the University of Windsor. The results from this study will form the basis of a Master’s thesis research project. If you have any questions or concerns about this research study, please feel free to contact **Tanja Samardzic** (519 253 3000 ext. 4703) or **Dr. Charlene Senn** (519 253 3000 ext. 2255).

PURPOSE OF THE STUDY

The purpose of this study is to examine women’s experiences in intimate relationships with men. Specifically, we are interested in your sexual and romantic experiences and coping with stressful events and experiences that occur. This includes some personal questions about your relationships(s) and about situations where behaviours from your partner may have been unwanted.

PROCEDURES

If you volunteer to participate, you will be asked to answer questions about your former or current relationships, including the way you communicate with and treat each other, and how you cope with stressful events. Once you finish, you will be led to a separate page from the survey where you will enter your name and e-mail address so you can receive your incentive. This study should take no more than 30 minutes to complete.

POTENTIAL RISKS AND DISCOMFORTS

There are minimal risks to participating in this study, but some of the questions will ask about unwanted experiences with men in romantic or sexual relationships. Thinking about these experiences may bring up negative emotions related to some of your past or current experiences. If you experience discomfort during or following your participation in this study, please contact someone from the list of community and online resources we will be providing for you at the end of the survey. As well, completing this survey in a public place or a place in your own home when other people are present makes it possible that someone else will see your answers. **Therefore, we recommend that you complete this study in private.**

POTENTIAL BENEFITS TO PARTICIPANTS AND/OR TO SOCIETY

By participating in this study, you are contributing to research on women’s experiences in their intimate relationships and how they cope with positive and negative partner behaviours.

COMPENSATION FOR PARTICIPATION

You will receive a \$10 Amazon e-gift card.

CONFIDENTIALITY

Any identifying information will remain confidential and will not be disclosed without your permission. The web page that requires your identifying information so that you can be given your incentive will be stored separately from your answers once the legitimacy of responses has been assessed and your incentive determined. Only the researchers working on this project (i.e., Tanja Samardzic and Dr. Charlene Senn) will have access to the information that you provide. The anonymous data will be stored in a password-protected file, on a secure computer, in a locked office. Identifying information will be destroyed within 4 months of the end of the study and once your e-gift card has been given to you.

PARTICIPATION AND WITHDRAWAL

You can choose whether to participate in this study or not. If you volunteer to participate, you can refuse to answer any question(s) and continue the study. We recommend you do this survey when you are alone or in private so no one else sees your answers. You may withdraw from the survey at any time by either closing your browser window or continuing through the survey to the end without answering any more questions. There, you will be asked whether you wish to withdraw your data from this study; if you choose this option, you will still be compensated. However, once you submit a page, the data cannot be withdrawn because it is anonymized, and we cannot identify yours. If you close your browser window without getting to the last, we will not have your contact information and so we will not give you your incentive. If you close your browser, your answers provided to that point will be retained.

The investigator may withdraw you from this research if circumstances arise which warrant doing so, like in instances of large survey incompleteness, like in instances of lack of meaningful response such as not reading the survey questions carefully or filling in random responses. You will be notified if your survey is identified in this way and offered the opportunity to complete it carefully. If you choose not to do so, you will not receive the incentive. You may also be withdrawn and will not receive the incentive if you do not meet the study's eligibility criteria listed on the study advertisement.

(Only for targeted ad: **If you have participated in a study titled "Women's experiences in intimate relationships with men" in the past four (4) months, you are not eligible for this study.** You will be notified if our records indicate that you have participated in the aforementioned study and you will not receive the incentive.)

FEEDBACK OF THE RESULTS OF THIS STUDY TO THE PARTICIPANTS

A summary of the results of this study will be available to you online by September 30th, 2019. You can access the results here: <http://www.uwindsor.ca/reb/study-results>

SUBSEQUENT USE OF DATA

These data may be used in future studies, in publications and in presentations involving the named researchers.

RIGHTS OF RESEARCH PARTICIPANTS

If you have questions regarding your rights as a research participant, contact: **Research Ethics Coordinator**, University of Windsor, Windsor, Ontario, N9B 3P4; Telephone: 519-253-3000, ext. 3948; e-mail: ethics@uwindsor.ca

SIGNATURE OF RESEARCH PARTICIPANT

I understand the information provided for the study "**Women's experiences in intimate relationships with men**" (General Ad); "**Women's stressful experiences in intimate relationships with men**" (Targeted Ad) described herein. My questions have been answered to my satisfaction, and I agree to participate in this study. I confirm that no coercion of any kind was used in seeking my participation in this research project and that I have read and fully understand the purpose of the research project and its risks and benefits.

Please print a copy of this consent form for your records.

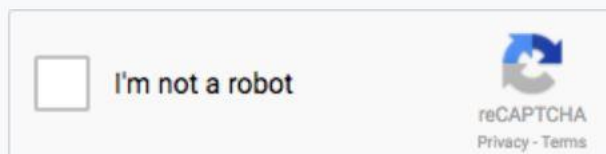
Before continuing, we have provided a document (in PDF format) that details how to clear your browsing history on any computer or device. This has been provided for your safety. We suggest that you click to open this now and the document on erasing your browsing history will open in a new tab. This can be saved and accessed later. If you do not want to download this now, it will be presented again on the resource information page near the end of the survey.

Clearing your
Browser
History.pdf

Community
Resource
Page.pdf

- I agree to participate in this study (directed to "Demographics Questionnaire" page)
- I do not agree to participate in this study (directed to "Thank you for considering participation in this study. We appreciate your time." page)

Please complete verification then click "NEXT."



APPENDIX M: DEBRIEF/INFORMATION PAGE

Thank you so much for participating in this study!

Before you continue, we wanted to provide you with a bit more information about the purpose of this study. The goal of this study is to investigate young women's experiences of self-silencing with intimate male partners who engage in negative or abusive behaviours, and its consequences on other relationship processes. If you have never experienced negative behaviour from a male partner, your responses were important to the study to act as a comparison group.

Self-silencing means putting yourself and what you want or need aside in order to put your partner first. It is a learned behaviour that women often develop through the influence of important role models in their lives, like their mothers and fathers, and women's role in our current society. Self-silencing has been shown in research to have many consequences, including a reduced ability to experience authentic emotions in an intimate relationship. You were asked questions about negative partner behaviours for the purpose of investigating self-silencing in the context of intimate partner violence (IPV). IPV can be physical (e.g., hitting, shoving, slapping, biting, etc.), sexual (e.g., threats so that you will engage in sexual activity, threats if you refuse sexual activity, etc.), or emotional/psychological (e.g., controlling behaviours, insults or put-downs, swearing, etc.). Negative or abusive behaviour by a partner has been shown in some studies with older women to increase the likelihood that women will silence themselves and suppress their own needs. We think it is important to find out whether this is true for younger women as well.

We are also interested in learning about how self-silencing in the presence of IPV affects other things, like consenting to unwanted sexual activity your partner initiates and reciprocally exchanging emotional content with your partner. Finally, we want to see whether kindness to oneself and a knowledge that you are not alone in your suffering can reduce some of the consequences of self-silencing for women in these situations.

Your participation in this study is valuable and we thank you! Please click **NEXT** to be taken to a list of resources.

APPENDIX N: RESOURCE PAGES

1. Participant Pool Resource Page (Windsor specific)

You will need to read the information below and then click NEXT to be taken to a page to enter your information to receive your incentive. **Please don't forget to do this or we will not be able to give you your incentive.**

Thank you again for participating in this study. If you have any questions, please feel free to contact:

Tanja Samardzic
519 253 3000 ext. 4703

Dr. Charlene Senn
519 253 3000 ext. 2255

If you have any questions about your rights as a researcher, please contact:

Research Ethics Coordinator

ethics@uwindsor.ca
519 253 3000 ext. 3948

It is often helpful to speak to somebody about any difficulties or problems you may be experiencing, and there are several community resources available. All of these resources have your safety and privacy as a top priority. **Once you have reviewed these resources, please remember to scroll down to the bottom and click NEXT to proceed to the incentive page.**

UNIVERSITY OF WINDSOR RESOURCES

SITE	CONTACT INFORMATION	ADDITIONAL INFORMATION
University of Windsor Student Counselling Center	519 253 3000 ext. 4616	-Located on the 2nd floor of the CAW Student Center, room 293 -Free to students -8:30am - 4:30pm Monday to Friday (closed from 12-1pm)
University of Windsor Peer Support Center	519 253 3000 ext. 4551 http://www.uwsa.ca/uwsa-services/psc/	-Located on the 2nd floor of the CAW Student Center, room 291 -10am - 6pm Monday to Friday, every non-holiday day during the Fall and Winter semesters
UWindsor Sexual Assault and Sexual Misconduct Resources	http://www.uwindsor.ca/sexual-assault/	-Dr. Dusty Johnstone, Sexual Misconduct Officer dustyj@uwindsor.ca

WINDSOR/ESSEX COUNTY RESOURCES

Hiatus House	519 252 7781 Toll Free: 1 800 265 5142	-Crisis intervention services are available on the phone and in person 24 hours a day, 7 days a week -Shelter for victims of domestic violence
Sexual Assault Crisis Center	519 253 9667 (24-hour crisis line)	-9am - 5pm Monday to Friday (9am - 8pm on Wednesdays -For crisis intervention, counselling, and support
Sexual Assault Treatment Center	519 255 2234	-9am - 5pm Monday to Friday -For emergency medical treatment following sexual assault, collection of evidence for assault kits, STI testing, and ongoing intervention -24-hour service available through hospital emergency room (ER)
Distress Center of Windsor/Essex County	519 256 5000	-12pm - Midnight every day
Canadian Mental Health Association	Downtown: 519 255 7440 Leamington: 519 326 1620 https://cmha.ca/	-8:30am - 4:30pm Monday to Friday
24-hour Crisis Line	Windsor: 519 973 4411 ext. 3003 Leamington: 519 973 4435	-Available 24 hours
Teen Health Center	519 253 8481	-9am - 6pm Monday and Thursday -9am - 8pm Tuesday and Wednesday -9am - 5pm Friday -Available to those aged 12 to 24
Good2Talk	Toll Free: 1 866 925 5454	-Mental health hotline for students only

WEB RESOURCES

Resources for Women and Survivors of Sexual Assault

- Sexual Assault Crisis Center: <https://saccwindsor.net/>
- Ontario Coalition of Rape Crisis Centers: <https://sexualassaultsupport.ca/>

General Resources for Women and Survivors of Intimate Partner Violence

- <http://makeitourbusiness.ca/resources/internet-resources-for-domestic-violence>
- <http://endingviolencecanada.org/getting-help/>
- www.LoveisRespect.org

If you are in immediate danger:

Windsor Police: 911
University of Windsor Campus Police: 519 253 3000 ext. 4444

Before continuing to the incentive information page, we have provided a document (in PDF format) that details how to clear your browsing history on any computer or device. This has been provided for your safety. Please click to open it, save it, and/or print it. We have also provided the following resources as a separate link that you can download and print. Click the links below to download the documents.

Clearing your
Browser
History.pdf

Windsor Essex
Resource
Page.pdf

Please click "NEXT" to continue.

2. Community Resource Page

You will need to read the information below and then click NEXT to be taken to a page to enter your information to receive your incentive. **Please don't forget to do this or we will not be able to give you your incentive.**

Thank you again for participating in this study. If you have any questions, please feel free to contact:

Tanja Samardzic
519 253 3000 ext. 4703

Dr. Charlene Senn
519 253 3000 ext. 2255

If you have any questions about your rights as a researcher, please contact:

Research Ethics Coordinator

ethics@uwindsor.ca
519 253 3000 ext. 3948

It is often helpful to speak to somebody about any difficulties or problems you may be experiencing, and there are several community resources available. All of these resources have your safety and privacy as a top priority. **Once you have reviewed these resources, please remember to scroll down to the bottom and click NEXT to proceed to the incentive page.**

RESOURCES

SITE	CONTACT INFORMATION	ADDITIONAL INFORMATION
Shelter Safe	http://www.sheltersafe.ca	-Available to help find shelters, maintain your safety, and access support all over Canada
Canadian Association for Sexual Assault Center	Toll Free: 1 866 863 0511 OR Text #7233 on any Bell, Rogers, Fido, or Telus mobile device http://www.casac.ca	-Access to sexual assault centers Canada-wide
Good2Talk	Toll Free: 1 866 925 5454	-Mental health hotline for students only

WEB RESOURCES

- <https://sexualassaultsupport.ca/>
- <http://makeitourbusiness.ca/resources/internet-resources-for-domestic-violence>
- <http://endingviolencecanada.org/getting-help/>
- <http://www.LoveisRespect.org>

If you are in immediate danger: call 911

Before continuing to the incentive information page, we have provided a document (in PDF format) that details how to clear your browsing history on any computer or device. This has been provided for your safety. Please click to open it, save it, and/or print it. We have also provided the following resources as a separate link that you can download and print. Click the links below to download the documents.

Clearing your
Browser
History.pdf

Community
Resource
Page.pdf

Please click "NEXT" to continue.

APPENDIX O: CLEARING YOUR BROWSER HISTORY

*Note: this was presented as a PDF on the Consent Form and on the Resource page.

To ensure your safety, we are providing you with instruction on clearing your browsing history. If anyone has access to your computer or mobile device, they will be able to see which websites you have visited unless you erase your tracks. Please find the instructions that are applicable to the browser you are using and follow them.

PC Windows – Internet Explorer

(Before closing the Browser)

Step 1: Select the Tools in the menu bar. Open the Internet Options Dialog Box and select the General Tab.

Step 2: In the Temporary Internet Files, click Delete Files. Check the "Delete all offline content" and click OK.

Step 3: In the History, click Clear History.

Step 4: In Temporary Internet Files, click Delete Cookies and then OK.

Step 5: Click OK to exit the Internet Options Dialog Box.

PC Windows – Mozilla Firefox

(Before closing the Browser)

Step 1: Select the Tools in the menu bar, then select the Options.

Step 2: Click on the "Privacy" Option, with the picture of a padlock.

Step 3: Select the "History" tab. Click on "Clear Browsing History Now".

Step 4: Select the "Cache" tab. Click on "Clear Cache Now".

Step 5: Click "OK" to exit the Options dialogue box.

PC Windows – Netscape

(Before closing the Browser)

Step 1: Select the Edit in the menu bar, then select the Preference.

Step 2: Under the Category, select Navigator. Then click Clear History as well as Clear Location Bar.

Step 3: Under Privacy & Security, select Cookies. Then click View Stored Cookies. Lastly, click Remove All Cookies.

Step 4: Under the Category, select Cache under Advanced. First click the Clear Memory Cache followed by the Clear Disk Cache.

PC Windows

(right click the mouse on the Start at the bottom of the menu bar, select Explore)

Step 1: Select Windows in the C drive.

Step 2: Open the Temporary Internet Files Folders. Select all the files inside this folder and delete.

Step 3: Open the History folder (e.g. c:\windows\history\today in Win 98), select all the files inside this folder and delete.

Step 4: Open the Cookies folder (e.g. c:\windows\cookies in Win 98), select all the files inside this folder and delete.

Step 5: Disable the Auto-Complete in the windows and/or browser options.

Step 6: Finally, after completed the above deletions, you should also empty the recycle bin.

Mac – Safari

(Before closing the Browser)

Step 1: Go to "history" tab on the main menu.

Step 2: Scroll down to "clear history".

Mac – Firefox

(Before closing the Browser)

Step 1: Go to "preferences" under the "Firefox" tab in main menu.

Step 2: Click on "Privacy" tab then go to the "Private Data" section on the bottom.

Step 3: Click "Clear Now".

Mac – Netscape

(Before closing the Browser)

Step 1: Go to "Edit" menu and select "Preferences".

Step 2: Select "Navigator" under the "Category" listing.

Step 3: Select "Clear History" in the "History" area.

Step 4: Click "OK" to erase history.

Remember:

When you clear the cache and the history list, you erase ALL information that had been previously stored there. If your partner notices that the cache and history list have been deleted, he or she will realize that you know how to delete your tracks as well as possibly thinking that you have something to hide.

A way to avoid suspicion is after clearing the CACHE and HISTORY LIST spend some time visiting sites that you think your partner wouldn't object to. This way, the cache and history list start to get filled up and your partner might be less likely to notice that old information is missing.

Email

If an abuser has access to your email account, he or she may be able to read your incoming and outgoing mail. If you believe your account is secure, make sure you choose a password that's difficult to guess. If an abuser sends you threatening or harassing email messages, print and save the messages as evidence of this abuse and report it to police.

A woman's partner can often tell when she makes up her mind to stop the abuse. Do not underestimate your partner. Always erase your tracks.

Telephone Safety

When you call any organization that assists abused women, you must be careful to use a telephone that will not keep a record of the number you called. If you call long distance, the phone number will appear on the bill. Even if you call locally, if you use an Internet-based telephone system, with a name like VOIP or SKYPE, records of the call will be kept. If your partner has access to the system, he or she will be able to identify who you have called. Cell phones can also keep records of the numbers that have been called.

A local call made on a regular telephone line will not produce a record of the call. However, many telephones have a "redial" button, and you may want to call a friend or other "safe" number after you make any call you don't want your partner to know about – they can check up on you just by pressing "redial".

One way to be sure your home telephone uses a regular telephone line is to check your telephone bill. It will come from a Telephone Company, such as Bell or Sprint. It will not list any local numbers, only long distance. If you still aren't sure, you should use extra caution. The safest way to call or to receive calls from us is from a friend's phone, a public phone, a work phone, or any telephone that has nothing to do with your partner.

If you are in danger, call 911.

This document was obtained verbatim from Huron Women's Shelter Second Stage Housing and Counselling Services: <http://huronwomensshelter.ca/hidden-internet-activity/>

APPENDIX P: INCENTIVE INFORMATION PAGES

1. Participant Pool

In order to receive your 0.5 bonus points, please fill out the following information. Any information provided will be kept strictly confidential.

First and Last Name (e.g., Anna Smith): _____

University of Windsor Email Address (e.g., domain@uwindsor.ca): _____

Re-enter Email Address: _____

2. Community

In order to receive your \$10 Amazon gift-card, please fill out the following information. Any information provided will be kept strictly confidential.


First and Last Name (e.g., Anna Smith): _____

Email Address (e.g., domain@gmail.com): _____

Re-enter Email Address: _____

Please complete verification then click "NEXT."

I'm not a robot


reCAPTCHA
Privacy - Terms

APPENDIX Q: ATTEMPTS AT PREVENTING FRAUDULENT COMMUNITY RESPONSES

(a) Email to Participants who did not Meaningfully Participate

Dear [first name],

You recently participated in a study titled “Women’s experiences in intimate relationships with men.” As we explained in the Consent Form, there are ways researchers are able to know when participants are not reading questions carefully and thoroughly. Based on these indicators, your survey has been identified as problematic. You now have two options:

- i) You may re-take the survey within 24 hours ensuring that you read the questions carefully and provide your responses. If you choose this option, the survey link is provided here: **[INSERT LINK]**
- ii) You can decline to answer the survey and will forfeit your incentive. In this case you do not need to do anything else.

Thank you for considering participation in the study.

Sincerely,
Tanja

(b) Email to Ineligible Participants

Dear [first name],

You recently participated in a study titled “Women’s experiences in intimate relationships with men” OR “Women’s stressful experiences in intimate relationships with men.” In our Consent Form, we detailed that we may withdraw somebody from the study or a variety of reasons. Unfortunately, you do not qualify to participate in this study and will therefore be excluded. This means that you will not receive the incentive.

We apologize for any inconvenience and thank you for your consideration in this study!

Sincerely,
Tanja

(c) Email to Participants who Only Entered Incentive Information

Dear [first name],

You recently submitted your name and email address to be credited for a study titled “Women’s experiences in intimate relationships with men.” Our records indicate that you did not complete the survey at all and you only entered your information. To be given the incentive, you need to have completed the survey in some capacity. Therefore, you will not be credited.

Please let me know if you have any questions regarding this matter.

Sincerely,
Tanja

VITA AUCTORIS

NAME: Tanja Samardzic

PLACE OF BIRTH: Trebinje, Bosnia and Hercegovina

YEAR OF BIRTH: 1994

EDUCATION: Honourable W.C. Kennedy Collegiate Institute
Windsor, ON
2008 – 2012

University of Windsor, B.A. (Honours)
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2012 – 2016

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2017 – Present