Young adults' viewpoints concerning helpful factors when living in an intimate partner violence context

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ABSTRACT

This qualitative study examined factors which were considered to be helpful by young adults who were exposed to intimate partner violence (IPV) during their childhood and adolescence. Life course theory was chosen for the analysis framework because it allowed us to look at the factors found in such diverse trajectories as family, friendship, romantic relationships, school, and work. The sample was comprised of 45 young Québec adults from 18 to 25 years old who were exposed to IPV. The participants began by filling out an online questionnaire documenting their victimization experiences (the Adult Retrospective Version of the Juvenile Victimization Questionnaire). They then participated in a semi-structured interview based on their own life history calendar. The results indicated five main types of helpful factors: 1) emotional support, 2) material help, 3) professional help, 4) distancing strategies, and 5) opportunities to experience success and discover one's strengths and abilities. Certain factors were noted in most of the above-mentioned trajectories, whereas others were specific to one or a few trajectories. In conclusion, the need to conduct further research on protective factors is emphasized, with the goal being to improve interventions with young people exposed to IPV and with those close to them, and to positively influence their life courses.

1. Introduction

The World Health Organization revealed in 2013 that 30% of women around the world had experienced intimate partner violence (IPV) at some point in their lifetime. In the Province of Québec (Canada), the place where the present study was conducted, the number is one woman out of 10; the children and adolescents who are exposed to this violence represent 2.8 young Quebeckers out of 1,000 (Clément et al., 2019). Young people can be exposed to different forms of violence, whether they be physical, psychological, verbal, sexual, spiritual, or economic (Cater & Sjögren, 2016; Lessard et al., 2019). Their exposure can be direct, for example when they see or hear violence, or indirect, such as when they observe the consequences it has on their mother (Cater & Sjögren, 2016; Hélie *et al.*, 2017).

For young people who grow up in an IPV context, there are numerous consequences that can affect different areas of their lives, whether it be their physical and mental health, their physical, cognitive, educational,

and identity development, or their social skills and functioning (Bisson & Lévesque, 2017; Cater et al., 2015; Cater & Sjögren, 2016; Chester & Jocelyne, 2018; Dumont et al., 2014; Grasso et al., 2016; Harold & Sellers, 2018; Kiessel et al., 2016; Kimball, 2016; Martinez-Torteya et al., 2009; Lessard et al., 2019; Meijer et al., 2019; Savard & Zaouche Gaudron, 2011; Savard & Zaouche Gaudron, 2014). These consequences can be attenuated or amplified by different factors that can influence the severity and duration of the difficulties experienced by these young people in their life course. Risk factors may increase the vulnerability of exposed youth, while protective factors help to reduce the negative consequences of exposure. According to Paradis (2012), protective factors are those which it is important to use in interventions, since they are likely to favorably influence the life course of young people. They have however been less documented in IPV research than have risk factors (Benavides, 2015; World Health Organization, 2010). It is therefore difficult to know whether these interventions in IPV exposure can bring together all the factors likely to enhance the well-being of

these exposed young people. In keeping with the recommendations put forward by the World Health Organization (2010), the present study examines protective factors, from the point of view of young adults who were exposed to IPV during childhood and adolescence. Before presenting this study's theoretical and methodological bases and results, a summary of the scientific literature on protective factors in IPV exposure is provided.

2. State of knowledge on protective factors for youths in IPV context

The scientific literature on protective factors focuses on the personal characteristics of the exposed children and youths, on the positive parental behavior of the mothers, and on the quality of the mother–child relationship (Bohrman et al., 2017; Buchanan et al., 2015; Fong et al., 2019; Harold & Sellers, 2018; Kimball, 2016; Miller-Graff, 2016; Lessard et al., 2019; Paradis, 2012). Several studies on personal characteristics have focused on the young people's resilience (Anderson, 2017; Bowen, 2015; Bowen, 2017; Fogarty et al., 2019; Martinez-Torteya et al., 2009; Meijer et al., 2019; Miller-Graff, 2016; Yule et al., 2019). It is generally observed that young people qualified as resilient have less adaptation problems than those qualified as non-resilient, for example, in areas such as their interpersonal and romantic relationships. Such personal characteristics as feelings of competency, positive self-perception, good self-esteem, self-regulation, ability to manage stress, good physical and psychological health, and an easy-going and persevering nature are other examples of protective factors (Benavides, 2015; Bowen, 2017; Fong et al., 2019; Fortin, 2009; Lessard et al., 2019; Martinez-Torteya et al., 2009; Paradis, 2012; Yule et al., 2019). Moreover, protective factors can vary accordingly to the gender and the age of the children and the youths (Benavides, 2015; Bowen, 2017; Fogarty et al., 2019; Fong et al., 2019; Lessard et al., 2019; Sonego et al., 2018).

One of the most studied factors regarding IPV exposure is the important role that mothers play in the well-being of their children. It is in particular through their support, kindness, positive parental behavior, and their good mental health that mothers can successfully help their children to adapt, as observed in the measurements of children's social skills and internalizing and externalizing behavior (Bohrman et al., 2017; Bowen, 2017; Cohodes et al., 2017; Fogarty et al., 2019; Fong et al., 2019; Manning et al., 2014; Martinez-Torteya et al., 2009; Pinto et al., 2019; Rosser-Limiñana et al., 2020; Savard & Zaouche Gaudron, 2014). Studies have also highlighted the importance of the grandparents' contribution in the lives of IPV exposed children (Åkerlund, 2019; Gottzén & Sandberg, 2017; Miller et al., 2014). Grandparents can play an important role when parents are no longer able to meet their children's needs (Åkerlund, 2019; Gottzén & Sandberg, 2017). Brothers and sisters can also be helpful (Åkerlund, 2017; Miller et al., 2014). For example, they can play a "guardian" or "protector" role, especially when they are older than their siblings (Åkerlund, 2017). Therefore, family members can be important protective factors, because of the positive relationships young people develop with them, and because of the support and the caring they receive from them (Benavides, 2015; Yule et al., 2019).

The contribution of the social, romantic, and school areas of life in protecting children exposed to IPV has been less explored than the individual or family factors. Recent documentation has shown however that friendships can help to attenuate the negative effects of IPV exposure (Benavides, 2015; Heinze et al., 2018; Mishra et al., 2018). For example, the feeling of safety that young people can have when they go to their friends' homes is important for their well-being (Fellin et al., 2019). Playing alone or with friends provides them with a space where they can put aside their family difficulties and create another world using the imaginary character inherent in games (Fellin et al., 2019). It happens however that control dynamics, violent behavior, and the fearful and tense climate associated with IPV can spread into the children's play and disturb or impede it (Fellin et al., 2019).

As for friends and romantic partners, the scientific literature tends to focus on risk factors for the reoccurrence of violence rather than on protective factors. For example, exposed young people risk being revictimized or perpetuating violence in their own romantic relationships (Forke et al., 2018; Izaguirre & Calvete, 2017; Karlsson et al., 2016). Exposure to IPV also negatively affected the academic success of young people (Cunningham & Baker, 2007; Kiessel et al., 2016; Savard & Zaouche Gaudron, 2011). However, a few elements deserve to be mentioned with regard to associated protective factors. School support can protect young people exposed to IPV (Åkerlund & Sandberg, 2017; Yule et al., 2019). For instance, the support and attention of school personnel made exposed youth feel safer (Åkerlund & Sandberg, 2017). Whether it be with a teacher, a practitioner, or a friend, the fact of being able to talk to someone about subjected violence was valuable help for some children, especially, as highlighted in the study by Izaguirre and Cater (2018), when the confidant is an important person for the child. In her literature review, Benavides (2015) also explained that young people's participation in extracurricular activities within the school can have a positive impact on them.

On a wider scale, young people exposed to IPV can benefit from the social support they receive from people living in their community (Benavides, 2015; Lessard et al., 2019; Paradis, 2012; Yule et al., 2019). This social support can be found in a religious organization or through religious beliefs, and during the involvement of young people in extracurricular activities outside the school (Benavides, 2015; Paradis, 2012; Yule et al., 2019). Community cohesion, the sense of belonging to the community, and culture are also protective factors (Benavides, 2015; Lessard et al., 2019; Yule et al., 2019). In their systematic review, Fogarty et al. (2019) included the non-implication of children in judicial processes with the violent partner as a community protective factor. However, they also explained that protective factors related to the community are not much studied, and this observation is also highlighted by Yule et al. (2019).

Aside from help that people in the children's natural network gave, professional interventions are also essential in accompanying young people exposed to IPV, including primary, secondary, and tertiary interventions (Dumont et al., 2012; World Health Organization, 2006). Primary prevention, for example, addresses the general population. Its main intention is to make people aware of IPV exposure by providing, in particular, information on consequences and risk factors (Dumont et al., 2012). It comprises a promotion aspect centered on protective factors (Côté et al., 2009). For their part, secondary and tertiary prevention programs directly address IPV exposed young people (Dumont et al., 2012). Secondary prevention is used before the consequences of IPV exposure appear, which it tries moreover to prevent. Tertiary prevention, on the other hand, involves treatment and is used with young people living with the consequences of IPV exposure. Even though they are used at different moments in the intervention, these two prevention levels use similar intervention methods and objectives. More specifically, the intervention goals often consist in: 1) informing young people about IPV (e.g., what is control and power?), 2) identifying protection scenarios, 3) improving their ability to express their emotions and resolve conflicts, 4) increasing their self-esteem, and 5) preventing the reoccurrence of violence (Campeau & Berteau, 2007; Côté et al., 2009; Dumont et al., 2012; Lapierre et al., 2019). To respond to these objectives, individual and group intervention methods are used. Group interventions often aim moreover at a particular secondary or tertiary objective, that is to break young people's isolation (Campeau & Berteau, 2007; Côté et al., 2009; Dumont et al., 2012; Lapierre et al., 2019). Some research evaluated secondary and tertiary prevention programs, and they showed that professional interventions can influence positively children and youths' adaptation (Callaghan et al., 2019; Muela et al., 2019; Pernerbo *et al.*, 2018; Romano et al., 2019).

3. Theoretical framework and research question

Life course theory proved to be particularly relevant in examining those factors judged to be helpful by the IPV exposed young people. This theory is based on a holistic approach to human development, including the different life trajectories in which people evolve, namely family, work, friendship, romantic relationships, school, etc. (Bessin, 2009). According to life course theory, all human beings are in constant evolution and each person's life is interrelated with those of the people in their circle (Gherghel & Saint-Jacques, 2013). The development of IPV exposed young people is thus influenced by their victimization experiences, but also by other factors, including events that they or those close to them have gone through and opportunities that they have encountered during their life course.

Consistent with the findings drawn from the literature as well as with life course theory, the central question in the present research was the following: what factors were identified as helpful by young adults who were exposed to IPV during childhood and adolescence, and this, in their different life trajectories. Considering that the majority of the studies examining protective factors adopt a quantitative methodology (Benavides, 2015), the "helpful factors" concept was chosen in the present study to emphasize the fact that the associated results focus on the participants' views of what helped them in their exposure to IPV.

4. Materials and methods

Given that we wished to examine the factors that the young adults considered to be helpful, a qualitative approach was considered to be the most appropriate. The sample was comprised of 45 young adults who were exposed to IPV during childhood and adolescence. The participants had to be from 18 to 25 years old and to have acknowledged having experienced IPV during childhood and adolescence. Two main recruitment strategies were used so as to diversify the participants' characteristics as much as possible. The first strategy allowed us to come into contact with young adults from the general population by recruiting them through online advertising (e.g., Kijiji) and emails sent to university and Cégep[1] students. This strategy worked well and allowed us to reach 39 of the 45 participants. The second recruitment strategy was aimed at adults using clinical services. Five participants were recruited through public and community organizations, some of which specialized in IPV or employability. Finally, one participant was recruited through snowball sampling.

Table 1 presents the participants' sociodemographic characteristics. Their mean age was 22.1. The majority were born in Canada (80%), but the sample was still ethnoculturally diversified, given that 41% identified with another origin than solely being Quebecker or Canadian; these were: Indigenous, Latino-American, Afro-Caribbean, Maghrebian, African, European, or Asian. The participants had a relatively good education level insofar as 71% of them had a university education, as compared to the mean for young Québec adults of this age, which is around 50% (Statistics Canada, 2019).

After having obtained permission from Laval University's ethics committee, two data collection methods were employed. The young adults filled out an online questionnaire, that is the French version of the Adult Retrospective Version of the Juvenile Victimization Questionnaire (ARVJVQ) (Elliot *et al.*, 2009; Richmond et al., 2009). The questionnaire allowed us to document 35 types of victimization experienced during childhood and adolescence and to collect sociodemographic data. The types of victimization identified here fell into five categories: 1) conventional crimes, 2) maltreatment, 3) violence perpetrated by siblings and peers, 4) sexual aggression, and 5) exposure to violence, including to IPV. The young adults then participated in a semi-structured

Table 1
Characteristics of the research participants.

Characteristics	Number of participants (%) (*N* = 45)
Age	
18–19 years	6 (13%)
20–21 years	11 (24%)
22–23 years	16 (36%)
24–25 years	12 (26.7%)
Gender identification	
Female	28 (64%)
Male	15 (33%)
Non-binary	1 (2%)
Questioning	1 (2%)
Sexual orientation	
Heterosexual	32 (71%)
Gay or lesbian	4 (9%)
Bisexual, pansexual, poly, queer, asexual, questioning[a]	9 (24%)
Place of birth	
Canada	36 (80%)
Europe	5 (11%)
Africa	3 (7%)
America (other than Canada)	1 (2%)
Ethnic origin[b]	
Quebecker/Canadian	26 (59%)
Other country	11 (25%)
Mixed origin	7 (16%)
Main occupation	
School	38 (84%)
Full-time job	3 (7%)
Unemployed or work stoppage	3 (7%)
Full-time mother	1 (2%)
Highest level of education attained	
Secondary school diploma	11 (24%)
Vocational school diploma	2 (4%)
Cégep diploma	22 (49%)
University diploma	10 (22%)
Annual revenue[b]	
Less than $9,999	20 (45%)
$10,000 to $19,999	15 (34%)
$20,000 to $29,000	5 (11%)
$30,000 to $39,000	3 (7%)
$40,000 to $49,000	1 (2%)

[a] The sexual orientation given here is that which the participants used to define themselves. Some gave more than one sexual orientation, which was accounted for in this category of the table.
[b] One datum was missing for this sociodemographic information.

individual interview about two-hours long conducted by the main researcher or two research assistants trained for qualitative interviews on this topic. The interviews made it possible to explore factors considered as helpful or harmful in the participants' life course. To help these young adults remember these factors, the life history calendar method was used from the beginning of the interview (Nelson, 2010; Yoshihama & Bybee, 2011). The calendar was comprised of six life trajectories: school, work, family, romantic relationships, and friendship, as well as another trajectory which the young adults could use if they wanted to talk about factors or significant experiences that were not related to the first five trajectories. The calendar was then used to further develop exchanges and to draw links with the themes that were discussed in the interview.

The individual interviews were then fully transcribed, anonymized, and analyzed by the researchers and students involved in the project. Content analysis (Braun & Clark, 2006) was conducted with NVivo software. A coding grid was developed in keeping with the theoretical framework as well as with information emerging from the study interviews. Two practitioners specializing in IPV worked with the research team to validate the coding grid, identify topics for analysis, and enrich the interpretation of the results. Given that the individual interviews were anonymized, the names mentioned in the results section are consequently fictional.

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[1] Cégep is a publicly funded, post-secondary, pre-university general and vocational college. It is exclusive to the Province of Québec.

5. Results

According to the participants, different factors helped them to deal with their exposure to IPV. The identified factors were mostly associated with people they described as helpful, but also with life contexts and experiences. The results were grouped into five main types of factors: 1) emotional support, 2) material help, 3) professional help, 4) distancing strategies, and 5) opportunities to experience success and discover one's strengths and abilities. Certain factors were mentioned in most of the trajectories, for example emotional support. Others, however, were specific to one or two trajectories; it was only in the school trajectory, for example, that the participants mentioned access to professional help. In keeping with the chosen theoretical model, the helpful factors are presented below according to the life trajectories with which they are associated, that is family, romantic relationships, friendship, school, work, and "other significant experiences". Before discussing these factors, a summary of IPV exposure and other victimizations mentioned by the young adults is presented.

5.1. IPV exposure and other Victimizations: Sample portrait

The study participants reported having been exposed to different forms of IPV during their childhood and adolescence, whether it be psychological, verbal, physical, sexual, or economic. The violence to which they were exposed sometimes happened between their parents, and sometimes between a parent and stepparent; all of them were in heterosexual relationships. The father or stepfather was identified by the participants as the sole perpetrator of violence towards the mother or stepmother in 75.6% of the cases. The violence was identified as bidirectional in 17.8% of the cases, and by the stepmother against the father in 6.7%. The length of the IPV exposure varied from one participant to the other, and could begin at birth and continue up to adulthood. The majority of the participants were also victims of other forms of violence, including psychological (89%) and physical (76%) maltreatment, sexual abuse by a familiar or unknown adult (24%), and neglect (22%). Almost all the participants (98%) were victims of physical or psychological intimidation by their peers or siblings, and some have been victims of IPV in their own romantic relationships (20%). And whether it occurred in Canada or their country of origin, there were participants who were exposed to gunshots, bombs, and riots (20%); and some (9%) who had lived in war zones.

5.2. Helpful factors in the family trajectory

The study participants reported that members of their nuclear and extended family gave them very helpful support in an IPV context (e.g., mother, grandparents, siblings, cousins). It was particularly the love, emotional support, and concrete help provided by these people that was appreciated. Mathilde stated for example, *"My grandmother helped us a lot [...] she was the official babysitter."* Participants also observed that being able to confide in a family member without fear of being judged was beneficial:

[My sisters] had lived through it [IPV] when they were younger. And that's what they told me, "We understand what you're going through," and they were there to listen to me. They never judged me either [...]. (Charlotte)

Some participants stated that it had been helpful to understand their parents' experiences by talking with them when they were children and now when they are adults, and this, with the goal of better understanding the dynamic of IPV. Some indicated that stepping back from the subject helped them to realize that they were not responsible for the IPV and that it was important to take care of their own needs, even though the violence monopolized them. The participants also said that these discussions or even the simple fact of observing the dynamic of violence between their parents sometimes helped them to understand how they wanted their lives to be different from that of the parents. One participant explained:

I got closer to my father and I understood his background [...]. It doesn't excuse what he did, but it explains it [...]. And I did the same thing with my mother, and that explains it too [...] and if you don't take the time to become aware of this pattern, you end up repeating it, and that's not what I want for my children. (Carole)

Finally, some of the participants adopted strategies that helped them put some distance between themselves and certain family members, and consequently the IPV. The legal autonomy that they gained as they aged helped to make this distancing possible and, hopefully to further decrease IPV exposure and its associated consequences. For example, some participants decreased or cut contact with members of their family, such as Annabelle, who stated *"You know, cutting the relationship with my father helped a lot to control my emotions [and be less aggressive]."* Participants also reported having tried to disconnect mentally and physically from the IPV by diving into art and music and getting out of the family home during episodes of violence. When IPV occurred between a parent and stepparent, the second parent who was not involved in the IPV was identified as helpful by the participants, in particular because it was possible for them to take refuge at the latter parent's place where they could find a nonviolent living environment.

5.3. Helpful factors in the romantic relationship trajectory

Study participants explained that it was helpful for them to try to develop romantic relationships despite the fear that they felt. Some of the consequences of IPV exposure that the participants reported were such things as having difficulties starting a relationship with a partner due to their fear or distrust of men, their fear of commitment and, more generally, their lack of hope in one day having a healthy romantic relationship. To overcome these fears, the participants used online applications (e.g., Tinder) which gave them opportunities to meet potential partners. Other participants decided finally to accept their homosexuality, as stated by Alexandra:

So I think it helped me a lot to give myself a chance to become who I really wanted to be. To say like, "Okay, okay, I'm jumping into the unknown and I'm telling everybody that, well, you know what, I'm a lesbian and I'm dating a girl." (Alexandra)

Consequently, some participants were able to have a romantic relationship with a person who respected them and whom they trusted. Maude said, for example, *"[...] I have a very hard time trusting people. My boyfriend, he's the most loyal guy in the world [...]. He was raised to really respect the woman he's with."* Romantic partners were thus able to help each other, in particular because of their support and love which allowed them to express their emotions, break their isolation, regain confidence in themselves, and get to know themselves better. Given the instability that was created by the IPV in the lives of several participants, it was also mentioned that having a positive routine with their partner that was devoid of unexpected events helped them a lot. The partners' attitude concerning violence was also identified as being helpful when it helped them live a positive, egalitarian relationship. More precisely, these participants appreciated that their lovers took a stand against violence and chose not to use it in their relationships.

The partner's family could also, in certain cases, provide support for the participants. Some participants even had the chance to confide in their romantic partner's parents about their family problems. This was greatly appreciated and some mentioned feeling they were understood because one of the parents had also been exposed to IPV. Participants also reported that their partner's parents represented a healthy parental example with whom they felt comfortable. Lilly illustrated this viewpoint, saying, *"[The separation was very difficult for me because it also meant that] I was leaving his perfect little family. And that I was returning to my little atypical family. Letting them go really got me down."*

What helped for some participants was to accept their celibacy and invest in a relationship with themselves. This period helped them to learn to appreciate themselves, to count on themselves, and to take time to get to know themselves.

5.4. Helpful factors in the friendship trajectory

Friends could be very helpful, especially when they supported participants by giving them concrete help (e.g., board) and continuing to be there despite all the difficulties. When they confided in their friends, the participants also appreciated having someone who listened and understood their experiences. In certain cases, this feeling of being understood occurred when their friends had had similar experiences, whereas in other cases, they felt understood by friends who did not. Participants reported that, when talking with their friends, they learned their friends' viewpoints regarding IPV. These discussions sometimes helped them to develop a new understanding of their situation, particularly when their friends took a stand against violence. Others explained that they did not confide in their friends or did not feel capable of doing so. In this context, the simple presence of friends was identified as beneficial since, even if they were not aware of the participants IPV experiences, the friends gave them support:

[…] by the time I got to Cégep, I really wasn't in very good shape. I didn't talk very much either… I really had trouble talking. But even if I didn't talk, she [friend] gave me a lot of support. Like, she could see I wasn't feeling good. But she tried her best […] to help me think about other things, to give me some support, to make me understand that she was there when I needed her. (Julien)

The friends also sometimes gave the participants the chance to take a "break" from the IPV. More precisely, some of the participants left the family home during IPV episodes to go and meet their friends, such as Beatrice who said, "*[When there was IPV] I would leave the house, I would go and see friends, I would go to parties.*". However, leaving the house was difficult for some participants who reported having been strongly controlled by one or both parents about going out and about which friends they would meet outside the home. Just thinking about these friends could help in these cases:

Sometimes when my parents start getting me down, I don't listen to them anymore. It's as if the volume goes down and I watch them talk […] and I think about what I'm going to tell my friends about what they said and did, what we're going to do to forget about all that. Just doing that makes me feel good […] (Fatima)

Some participants reported that they isolated themselves because of IPV. These participants explained that opening up to other people and socializing was what helped them. The degree of the participants' socialization varied considerably; some worked very hard to be able to say "Hi" to their classmates, while others socialized by going on trips. Being encouraged and feeling like people believed in them helped. Aimée, for example, said,

[…] it's a challenge for me to socialize more. […] This year, most of my teachers and classmates at school saw […] that I smiled more often, that I said hello more often. They say I'm like a flower that's … [blossoming]. (Aimée)

One participant reported having started a positive relationship with an older friend. It was identified as helpful because it allowed him to develop a healthy relationship with a friend who was like a father figure. The participant said, "*[…] it's more because of his age that we would compare him to a father. But he's more a friend who I'm quite close to, someone who I can talk to about my personal problems.*" (Jérôme)

5.5. Helpful factors in the school trajectory

To begin with, it is important to remember that the majority of participants had been intimidated. The school environment was mentioned as a place where the participants did not always feel safe, and some even mentioned fearing for their lives. Conversely, other participants stated that school gave them the chance to have experiences and encounters they qualified as helpful. It was, for instance, a place that helped some to put some distance between themselves and IPV. Some participants reported taking refuge at school and returning home as late as possible, like Estelle who said, "*[…] you stay late at school, you go to the*

library, *you study, you go home for supper, and then you go to bed. That way, you see a bit less of all the things that happen [at home].*". For other participants, school allowed them to get involved in activities that they liked and that helped them to feel better. Furthermore, these activities helped them to meet people and make friends. Joanne, for example, explained, "*I don't know what I would have done if I didn't have the [school] orchestra, because it was the only place where I had friends. It was two middays per week, and it really helped me to decompress.*"

The school personnel (e.g., psychologist, speech therapist) were also identified as possible sources of aid that could help the young people deal with IPV and its consequences or refer them to other aid services outside the school. Participants also reported that some teachers served as role models. They also enjoyed being appreciated by these teachers and encouraged by them. The positive relationships that some developed with their teachers led these participants to see school as a positive place where they felt they belonged, could meet challenges, and enjoy accomplishments:

[…] that was one person [teacher] who really pushed me to surpass myself and stay focused on my studies. When I arrived at school, it was like "What happens at home stays at home. And what happens at school, well, that was school." […] then she started really pushing me to study hard and maybe take more school work home. (Jacob)

For some participants, school was helpful since studying was a strategy that allowed them to keep moving forward despite the IPV and the other difficulties encountered. Some worked quite hard to be successful in their studies and decided to pursue these studies in a field or program they found interesting, such as Nathan who said, "*[…] if I want to move forward in life, it's precisely to put distance between me and my past. […] If I feel so good at university, it's because I have the impression that I'm moving forward.*". Some of the participants explained they met with success in their studies because they had received encouragement from those around them and were able to study in a program adapted to their specific needs. This was the case for Aimée, who told us that she would be getting her secondary school diploma despite all the obstacles she had encountered during her time at school: "*At the end of December [a few years back], they suggested I stop school while my files were transferred to an adult education centre […] where I stayed for five years. And now I'm going to get my diploma.*".

Part of their academic success came, the participants stated, from their personal characteristics, such as being intelligent, having a strong personality, being perseverant, seeing change as something positive, and being aware of their limits. Some participants explained that, even though school was important for them, it was essential that they listen to themselves and, sometimes, take a break from their studies. This type of decision allowed them to help themselves.

5.6. Helpful factors in the work trajectory

To begin with, it is worth noting that not all the participants had had work experience at the time we met them and some had only had a little. Among those who had something to say on this topic, some said they had endured violence from their colleagues or employer, whereas others reported having developed a positive relationship with these people. In the latter case, the positive relationship was qualified as helpful by the participants. Participants explained that IPV exposure affected their confidence and self-esteem, and they appreciated it when their employer and colleagues encouraged them, helped them in their work, trusted them, and appreciated them. In certain cases, this positive relationship allowed them to achieve some success, which they also qualified as helpful. This was the case of Lilly who said, "*[…] for a [research] laboratory to hire a 19-year-old youngster, well, that's an achievement. And soon I'll have my first scientific publication. That's very encouraging, very good for my self-confidence.*".

The opportunity to work in a field they found interesting and stimulating was also identified as helpful. In order to foster their own well-being, participants set occupational goals for themselves, as Rachel

explained:

> *I told myself I was going to do it for me. So I enrolled at university, I made choices for me, I found a job that I liked in what I wanted to do. […] [Before,] my choices involved choosing what would do the least damage at home [and that took priority over what was good for me]."*

5.7. Other helpful factors and significant experiences

Other experiences than those associated with the preceding trajectories also helped the participants. For example, participants noted that IPV exposure had a considerable impact on their mental health and daily functioning and, in this sense, they found it helpful to have a diagnosis and a professional explanation. Gaining access to information about their health led them to look for or accept the appropriate aid, which was qualified as helpful. On this subject, Alexander reported, *"I think I was diagnosed with five different personality disorders, which is kind of hard to manage, especially when you don't know what the problem is. Now I know and I have help, and things are a lot easier.".*

For other participants, it was working to personally reduce the consequences of IPV exposure that helped them. Participants thus tried to see the positive aspects of their difficulties, to draw lessons from past positive and negative experiences, and to step back and think about their personal well-being. To do so, participants engaged in various activities, such as meditation, travel, sports, music, reading philosophy, listening to comedy shows, etc. Samuel, for example, said, *"I do meditation and lots of other self-help things. […] I also took the time to have a good cry […]."*

The participants reported that other people than those associated with the preceding trajectories also helped and supported them, served as positive role models, and had a positive influence on their lives. Mathilde, for example, avoided finding herself out on the street thanks to the owner of an apartment building:

> *[My stepfather threw me out when I was young] and the owner [of the apartment I found] was really nice. He knew I wasn't working right away, that it was my mother who was paying. He was really nice [and I signed the contract the next day].* (Mathilde)

6. Discussion

The goal of the present study was to identify factors considered to be helpful by young adults who had been exposed to IPV during childhood and adolescence. Given that current knowledge on protective factors regarding IPV exposure is primarily limited to the young people's personal characteristics and family trajectory (Harold & Sellers, 2018; Kimball, 2016; Miller-Graff, 2016; Paradis, 2012), the results presented here are novel in exploring aspects of the young people's lives that have been less documented up till now. In this regard, our study has shed light on helpful factors in the different areas of the young people's social environment. For example, the participants associated a wide range of helpful factors to the school, romantic relationship, and friendship trajectories. According to the research results, these trajectories could be used in interventions to better support the exposed young people. The following discussion establishes the relation with the theoretical framework trajectories and the scientific literature on protective factors in IPV exposure.

The factors identified in the study indicate five main types of helpful factors: 1) emotional support, 2) material help, 3) professional help, 4) distancing strategies, and 5) opportunities to experience success and discover one's strengths and abilities. The analyses did not show any difference in the nature of the factors identified by the young adults based on their gender and ethnocultural origins. Conversely, we noted that certain factors were found in most of the trajectories, whereas others were more specific to certain trajectories. The only type that was found in each of the trajectories was emotional support, though it did take different forms depending on the context. For example, in the family, it might mean having the chance to talk about IPV with ones' parents so as to better understand and have the feeling of being listened

to and understood by family members. In the romantic relationship trajectory, the emotional support of the partner, and sometimes the partner's parents, was also important in learning to trust people and to build egalitarian, nonviolent relationships. Emotional support can also be provided by friends and adults at school and work who are willing to listen to the young people talk about their experiences, believe in them, and encourage them. Concerning material help, it was primarily offered by members of the family and friends (e.g., temporary lodging). Few of the study participants received professional services, but when they did, it was generally through the school trajectory. This trajectory, like the friendship trajectory, was quite useful in helping the participants apply different strategies to distancing, that is "take some time off" from IPV, break their isolation, or do activities that they liked. Likewise, the school and work trajectories were those in which the young people could be successful and set fulfilling goals. Furthermore, a recent study with adolescent participants exposed to IPV concomitantly with other parental problems (mental health and consumption) showed that young people at the end of adolescence would have liked more support in concrete aspects of their lives like employment or social network integration so they could get away from their IPV exposure (Lessard et al., 2020).

Our study showed that the school and social environment can provide support for the exposed young people. Other studies likewise indicated that the different environments frequented by young people can foster the development of significant, positive relationships with adults from outside of the family (e.g., teachers, health professionals, etc.) as well as with their peers (Åkerlund & Sandberg, 2017; Benavides, 2015; Heinze et al., 2018; Izaguirre & Cater, 2018; Lessard et al., 2019; Mishra et al., 2018; Paradis, 2012; Yule et al., 2019). As with the present study, Chester and Joscelyne (2018) indicated that adults, including stepparents, can serve as nonviolent models for exposed young people, show them that it is possible to develop healthy relationships, and let them see alternative positive family models. From this perspective, the romantic trajectory also showed itself to be particularly important in our study. The results demonstrate that this trajectory can help young people experience a positive and egalitarian relationship with a partner, and be hopeful about creating healthy romantic relationships. This result is particularly interesting as the scientific literature tends to approach this life trajectory from the angle of the risks it comprises in reproducing violence among exposed young people (Forke et al., 2018; Izaguirre & Cater, 2017; Karlsson et al., 2016).

One of the helpful factors that was mentioned several times in the different life trajectories referred to the affective or material support. This support came both from people who were close (e.g., mother, siblings, grandparents, friends) and those who were not (e.g., lessor, employer), and was offered without the person necessarily knowing about the participants' IPV exposure. Other studies highlighted the importance of this type of support because it meets needs that are difficult for the family to satisfy in an IPV context (Åkerlund, 2017; Åkerlund & Sandberg, 2017; Gottzén & Sandberg, 2017). It is important for young people exposed to IPV to know that someone cares about them, which helps them to feel safer and protected (Åkerlund, 2017; Åkerlund & Sandberg, 2017). In the context of the present study, the young adults explained that this support was very useful in helping them feel liked, appreciated, encouraged, and valued. The results also indicate that there are possible relationships between the different factors identified as helpful by the young adults. For example, being able to confide in one's friends or a trusted adult can also help to break their isolation and provide a positive, constructive moment away from IPV situations (distancing strategy).

As previously mentioned, certain needs seemed to be particularly important as they were mentioned by the participants as being present in several life trajectories, most notably the need to confide in someone about IPV. According to certain studies (Åkerlund & Sandberg, 2017; Callaghan et al., 2019; Graham-Bermann et al., 2011; Pernebo et al., 2016), confiding in someone in a safe environment could help young

people to decrease their fear, their feeling of loneliness, and the weight of IPV exposure, as well as to develop a better understanding of IPV and the aid that is available. In the research participants' minds, they also had to feel understood if they were to qualify the act of talking about their experiences as being helpful. They furthermore appreciated it when their interlocutor took a stand against violence. These results were corroborated by other studies (Åkerlund, 2019; Callaghan et al., 2019; Izaguirre & Cater, 2018; Pernebo et al., 2016). Izaguirre and Cater (2018) add moreover that talking with someone was helpful when the confidant was a person who played an important role for the child or who developed a strong tie with the child. These results indicate that it is important to provide a safe space where young people exposed to IPV can confide in another person. Direct interventions conducted with exposed young people in secondary or tertiary prevention now offer this type of space, in particular in shelters for women who are IPV victims as well as in some social services (Callaghan et al., 2019; Graham-Bermann et al., 2011; Lapierre et al., 2019; Muela et al., 2019; Perbeno et al., 2018; Romano et al., 2019). Most of the services provided are nonetheless given in individual interventions (Lapierre et al., 2019). This intervention method must continue to be updated. On the other hand, our research results suggest that it would also be interesting to conduct more group interventions, whether it be formal groups to foster aid between young people who have been exposed to IPV, or informal groups that break isolation by creating amicable relationships that help people to emancipate themselves from violence. The role of peers (e.g., friends, siblings, intimate partner) in responding to this need was important for the participants in this study, as it was in other studies (Callaghan et al., 2019; Pernebo et al., 2016). They told us that they appreciated talking with peers who understood them, and underlined the importance of breaking their isolation and making friends. That being said, for the young people to have access to this type of support, it is important that their parents support them in this regard. A recent study conducted with adolescents from 12 to 17 years old who were exposed to IPV showed that both young children and adolescents often depended on their parents to have access to aid (Lessard et al., 2020). And this despite the fact that, in the Province of Québec, the law gives young people 14 and up the right to access social and health services without the authorization of their parents. IPV is often kept a secret in families and the fact of talking about it to a third person can exacerbate the violent behavior of the IPV perpetrator if he comes to know that this secret has been revealed (Morris et al., 2012). To gain access to such services, children and adolescents thus have to be supported by their parents. This implies that the parents acknowledge that there is IPV in the home, that it can have consequences for their children, and that their children must be supported.

It has furthermore been demonstrated in our results that young people looked for reassurance from trustworthy people who did not necessarily have IPV training. This finding highlights the need for primary prevention that is developed to make the general population aware of IPV exposure (Dumont et al., 2012; Gewirtz & Edelson, 2007). In our opinion, greater social awareness should lead people to take young people who confide in them seriously, to recognize the signs and consequences of IPV exposure, and to help young people find resources that specialize in IPV aid for themselves and their mothers and fathers. Schools would be a good place to conduct such work (Dumont et al., 2012), since they reunite, in the same place, the different people in whom the young adults who participated in this study confided, whether or not these people were associated with the school, romantic relationship, or friendship trajectories.

Finally, several helpful factors identified by the participants referred to the importance of IPV exposure coming to an end. As Hines (2015) also explained in her *meta*-synthesis, youth living in an IPV context use strategies to shelter themselves from IPV. Those mentioned by the participants of our research are the following ones: decreasing contact with one or both parents, distancing themselves physically or mentally from the IPV, having projects that allowed them to advance in the opposite

direction of their IPV exposure, and taking personal steps to help them reduce the consequences of IPV exposure. In this sense, it is essential to intervene with IPV perpetrators so that they take responsibility for the violence they exert, acknowledge its consequences for their children in the short, medium, and long term, and meet their children's needs (Labarre et al., 2016; Stover & Morgos, 2013). This is especially the case regarding the consequences of IPV on mothers, which can hinder their ability to respond to their children's needs (Cleaver et al., 2011; Evans & Feder, 2016; Lapierre & Côté, 2011; Lessard et al., 2019). Indeed, the present study shows that mothers are among those who can be helpful in an IPV exposure context. It is thus essential to support them with regard to the consequences they are experiencing (Lapierre & Côté, 2011; Fong et al., 2019; Rosser-Limiñana et al., 2020). Numerous actors notably recommend mother–child dyad interventions, given that a positive mother–child relationship is acknowledged to be an important protective factor (Bohrman et al., 2017; Buchanan et al., 2015; Lessard et al., 2019; Miller-Graff, 2016; Rosser-Limiñana et al., 2020; Savard & Zaouche Gaudron, 2014).

7. Research strengths and limitations

The study examined the experiences of people who were directly concerned by the research subject and was conducted with a sample size large enough to reach empirical saturation in a qualitative study (Ouellet & Saint-Jacques, 2003), which constitutes two of the study's strengths. Moreover, the choice of using life course theory as the theoretical framework allowed participants to have a more holistic view of their experiences and thereby to identify helpful factors in the different trajectories of their life course. As the sample was composed of volunteer participants who were for the most part recruited in the general population, it is possible that the young adults met here were among those who had dealt the best with IPV exposure, and that they had more access to helpful factors in the last few years than did other young adults exposed to IPV. Given the research subject, this constitutes both a strength and a limitation, since the results can not necessarily be transposed to all young people who have been exposed to IPV. Another limitation would be that the population sample was primarily composed of women, even though an effort was made to recruit more men, for example by choosing recruitment sites that were exclusively or primarily frequented by men. Finally, the residential life trajectory was not included in the life history calendar of the present study. This constitutes a limitation, since the results show a relation between IPV exposure and this life trajectory, for example when a participant mentioned the support received from the owner of an apartment building. Future research would therefore benefit by integrating the residential trajectory (Gherghel and Saint-Jacques, 2013).

8. Conclusion

The study highlighted the relevance of conducting more studies on factors that protect against IPV exposure. There are few studies on the subject compared to studies focusing on risk factors, but they nonetheless help to direct and nourish the preventive, intervention actions designed to foster the well-being of young people exposed to IPV (Benavides, 2015; Laforest et al., 2018; World Health Organization, 2010). The study also shows the relevance of conducting more studies with adults who were exposed to IPV during childhood and adolescence, since the consequences can last into adulthood (Cater et al., 2015; Turner et al., 2017). Unfortunately, we as yet know little about the experiences of this specific population, especially with regard to the strategies that young adults employ to deal with these long-term consequences. For example, the work trajectory went relatively unexamined in our study, given that some of the participants had little or no work experience. And given that work plays an important role in the life of adults, it would be interesting if future studies looked at this trajectory with older participants, so as to better understand how work can be

helpful or not for the people concerned (e.g., participants in the present study have been revictimized at work). Finally, when they talked about the provision of formal aid, the participants talked more often about services provided by a professional at their school when they were young, and not about specialized IPV resources. It is thus possible to wonder whether they will have access to other types of resources when they leave school and, if so, to what type? In the Province of Québec, there is currently little specialized aid for young adults who have been exposed to IPV. This shows why it is important to better understand the specific needs of young adults concerning IPV exposure and the resulting services that should be provided.

CRediT authorship contribution statement

Pamela Alvarez-Lizotte: Validation, Formal analysis, Investigation, Writing - original draft, Writing - review & editing, Visualization, Project administration. **Sophie M. Bisson:** Validation, Formal analysis, Investigation, Writing - original draft. **Geneviève Lessard:** Conceptualization, Methodology, Validation, Investigation, Resources, Writing - review & editing, Supervision, Project administration, Funding acquisition. **Annie Dumont:** Conceptualization, Methodology, Validation, Formal analysis, Investigation, Writing - review & editing, Project administration. **Chantal Bourassa:** Conceptualization, Methodology, Validation, Writing - review & editing. **Valérie Roy:** Conceptualization, Methodology, Validation, Writing - review & editing.

Declaration of Competing Interest

The authors declared that there is no conflict of interest.

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